# "PRACTICING IN SLOW MOTION":

# THE DEVELOPMENT AND ASSESSMENT

# OF AN INTERPROFESSIONAL CLINICAL EDUCATION CURRICULUM

# FOR LAW AND SOCIAL WORK STUDENTS

By

LYN K. SLATER

A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

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Abstract

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Lyn K. Slater

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Interprofessional and interagency collaboration are currently considered to be essential features of professional practice for the provision of effective health, education and human services. Most major professional organizations have now acknowledged the importance of working collaboratively with other professions and have advocated that education programs prepare students to collaborate across professions through the development of interprofessional education programs. At this time there is little evidence to show that when professionals learn together that this enables them, in practice and in the future, to work more collaboratively to achieve client goals.

There is a gap in the current evaluation literature that fails to explain the link between interprofessional education teaching and learning, student outcomes and changes in actual and future practice. This research sought to address these limitations by examining an interprofessional clinical education curriculum developed for law, social work and psychology graduate students with the goal of identifying useful information for further curriculum development and begin to try and establish the theoretical links between interprofessional education outcomes and improved client outcomes.

The outcome of a descriptive and developmental process known as evaluability assessment, logic modeling was used in this study as a tool to both describe the curriculum and to estimate the likelihood of curriculum success prior to attempting to confirm effectiveness through outcome evaluation. This study extended the evaluability assessment design to include a process evaluation to assess whether the curriculum was delivered as planned by faculty. There were findings of high implementation fidelity of the curriculum.The curriculum was examined over a period of three academic semesters using mixed methods of qualitative research that produced a detailed curriculum description. Logic modeling was used as the framework to organize and analyze the data.

Findings reveal that in this curriculum, there exists a plausible theoretical relationship between interprofessional curriculum activities, interprofessional student outcomes and curriculum resources. The process evaluation also provided more information about the relationship between teaching and supervision methodology, change in knowledge, skills, behaviors and attitudes in students and the influence of those changes in how practice was carried out. Students report the learning of profession specific competencies, shared competencies and collaborative competencies. Recommendations for curriculum change and future outcome evaluation are presented.

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# CHAPTER 1

## INTRODUCTION TO THE STUDY

This study is concerned with using evaluation research methods to study the development, implementation and feasibility of an interprofessional clinical education curriculum. The curriculum was conceived and implemented by faculty from three professional graduate schools: the School of Law, Graduate School of Social Services and Applied Developmental Psychology  situated in a private, urban university. Clinical education is a method used in the education of professionals that aims to integrate theory or classroom learning with the actual practice of the profession. In interprofessional clinical education individual students are given opportunities to learn with and from students from other professions and to apply and extend their interprofessional learning by practicing together with live clients under the supervision of University faculty.

The site of the curriculum implementation is a legal services clinic, *Family Advocacy Clinic*, serving low-income families who are confronted with barriers in accessing appropriate social, educational, health, mental health, housing and income related services for themselves and their children and to which they are legally entitled. The *Family Advocacy Clinic* is one of eight clinics that comprise the School of Law's clinical education program. Students from each of the collaborating schools are placed in the clinic and work in interprofessional teams. The clinic is considered to be a fieldwork placement for social work students and a practicum placement for psychology students. There two are full-time law and one social work faculty based in the clinic to provide on-site supervision.

The outcome of a descriptive and developmental process known as evaluability assessment, logic modeling was used in this study as a tool to both describe the curriculum and to estimate the likelihood of curriculum success prior to attempting to confirm effectiveness through outcome evaluation. Logic models depict assumptions about the activities and resources needed to realize the intended outcomes of an intervention. This study extended the evaluability assessment design to include a process evaluation, or implementation assessment, to assess whether the curriculum was delivered as intended to participating students.

The remainder of this chapter will discuss the policy and practice context of the study, conceptual definitions of key terms, conceptual and methodological limitations of the literature relevant to interprofessional education evaluation, culminating in the development of a problem statement. The relevance of the problem statement to social work and law will be described, followed by a brief description of the purpose and goals, evaluation design and the research questions to be addressed in the study.

*Policy and Practice Context of the Study*

Interprofessional and interagency collaboration are currently considered to be essential features of professional practice for the provision of effective services that address the social and individual problems facing low-income families and children (Bronstein, 2003; Claiborne & Lawson, 2005; Corrigan & Bishop, 1997; Lawson, 2004). These services may include public health, mental health, child care, pre-school, early intervention, elementary, secondary and special education, family support, legal advocacy, income maintenance, vocational training and child protection (Brandon & Knapp, 1999).

Policy, outcomes accountability and fiscal pressures have caused these fields to re-structure their organizations and the ways in which services are delivered (Brandon & Knapp, 1999). Class action lawsuits on behalf of clients in child welfare, special education, mental and behavioral healthcare, homeless services and welfare have documented failures in program implementation, service provision and lack of compliance with regulations, many of which can be traced to problems in collaboration, coordination and communication (Broadbent & White, 2003; Madden, 2000; Preston-Shoot, Roberts & Vernon, 1998; Tracy & Pine, 2000; Zlotnick, 1998).

There has been acknowledgement that stand-alone professionals and agencies are not equipped to meet the co-occurring and interlocking needs and challenges faced by low-income families and professionals and agencies must depend on each other in order to facilitate improved outcomes (Bronstein, 2003; Claiborne & Lawson, 2005). This acknowledgement has also been informed by increasing evidence that adverse health, mental health, education, welfare and child welfare outcomes for low-income families can also be traced to social factors such as insufficient income, unemployment, poor housing and unequal access to health care, requiring an ecological approach to the solution of client problems (Zuckerman, Sandel, Smith & Lawton, 2004).

An increasing number of federal, state and local policymakers now recognize that new, culturally competent and mutual relationships at the family and community level must be developed among clients, schools, universities, health agencies, legal service agencies and other human service organizations to address these concerns (Chahine, van Stratten & Williams-Isom, 2005; Corrigan & Bishop, 1997; Lawson, 2004). The goals of a systemic and coordinated approach are to improve service access, quality, efficiency

and effectiveness by addressing collaboration failures, reducing service fragmentation and duplication, conceptualizing and responding to client problems in a bio-psycho-social or comprehensive manner and engaging clients as partners with valuable knowledge and expertise about their own problems (Claiborne & Lawson, 2005).

*The Growth of Interprofessional Education*

Whether the new models of service provision are called collaborative, comprehensive, linked, family centered or coordinated, they all require that professionals work together in some kind of interprofessional approach with families as a way of meeting needs, providing services and achieving goals and objectives (Lawson, 2004). Most major professional organizations have now acknowledged the importance of working collaboratively with other professions and have advocated that education programs prepare students to collaborate across professions (American Academy of Pediatrics, 1994; American Association for Counseling and Development; National Association of School Psychologists; National Association of Social Workers, 1990; American Bar Association, 1993 and American Psychological Association, 1997).

Increasing numbers of professional schools such as social work, psychology, education, business, management, public administration, medicine, allied health professionals and law are initiating and participating in higher education interdisciplinary initiatives, many also involving communities as partners which has led to the re-framing of collaborative working as interprofessional (Brandon & Knapp, 1999; Corrigan & Bishop, 1998; Forgey & Colarossi, 2003; Johnson & Kahn, 1995). College and university courses, field practicum and clinical education focused on collaboration, integrated services and coordinated services are proliferating in the U.S. (Brandon & Knapp, 1999;

Corrigan, 2000; Claiborne & Lawson, 2005; Forgey & Colarossi, 2003; Tourse, Mooney, Klein & Davoren, 2005).

Interprofessional education or, "occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of service for clients" (Barr, Koppel, Reeves, Hammick & Freeth, 2005, p. 31) has been advocated as the way to address interprofessional conflict, the increasing complexity of social problems and problems in interprofessional communication that have emerged in critiques of professional practice and professional education in recent years (Barr, 2000).

The interprofessional education movement has also corresponded with the increasing use of evidence-based practice. Evidence-based practice in its simplest form means that professionals must evaluate and critique the research on various interventions for clear evidence of benefit based on appropriate level of research design and method to the client before they suggest an intervention (Swinkels, Albarran, Means, Mitchell & Stewart, 2002). A number of social work educators are advocates of this approach and advocate a more expansive conceptualization of what evidence-based practice means for social workers (Zayas, Gonzalez & Hanson; Gambrill, 2003). Under this conceptualization evidence-based practice is thought to refer to, "the process of posing a question, searching for and evaluating the evidence, and applying the evidence within a client or policy-specific context" (Regher, Stern & Shlonsky, 2007). Evidence-based practice highlights the broader ecological context and involves the client in a collaborative process with a social worker to consider the available evidence or lack of evidence and is thus compatible with the aims and goals of interprofessional education and collaborative practice (Regher, Stern & Shlonsky, 2007).

Concurrent with the growth of interprofessional education generally and specifically within the University and also influenced by the evidence-based practice movement, is the need for evaluation studies that can begin to move the field forward. While interprofessional education has been viewed positively by policymakers and educators evidence of its effectiveness and of the impact of interprofessional learning on professional practice has not yet been clearly established (Hammick, 2000; Zwarenstein et al., 2005).

*Why Law and Social Work Need To Collaborate*

During the last two decades policy and practice initiatives, federal court orders and settlements in child welfare, domestic violence and special education have resulted in greater regulation and oversight of social work practice and administration in these arenas because of increasing general and specific legal regulations at the local, state and federal level. Class action lawsuits have documented failures in program implementation, service provision and lack of compliance with regulations (Broadbent & White, 2003; Madden, 2000; Preston-Shoot, Roberts & Vernon, 1998; Tracy & Pine, 2000; Zlotnick, 1998).

This has resulted in a practice condition where social and human service systems and professions that in prior years had regulated and monitored themselves, have now become overlaid with legal requirements and duties (i.e. mandated reporting, specific timelines for service provision) and monitored by judicial over-sight (Malin, 2000). This state of interdependence between the social welfare and legal systems and the professionals who staff them has resulted in the need for increasing levels of professional collaboration between lawyers and social workers in order to obtain client, professional

and organizational objectives (Bronstein, 2003; Forgey & Colarossi, 2003; Madden, 2000; Weil, 1982; Whittington & Bell, 2003).

Effective social work practice in these arenas now demands the ability to collaborate, and specific to this investigation, to work cooperatively with lawyers in order to understand and incorporate statutory requirements and administrative law into one's professional decision-making process in a pro-active way that can maximize the achievement of client and professional goals and secure social work values such as empowerment, fairness and social justice (Broadbent & White, 2003; Preston-Shoot, Roberts & Vernon, 1998). It also means that social work and psychology decision-making that ignores legal requirements related to the practice area the professional is working in can be unlawful and open to legal challenge (Broadbent & White, 2003).

Many adverse health and mental health conditions for low-income families can be traced to social factors that can potentially be remedied with enforcement of existing laws and regulations (Zuckerman, Sandel, Smith & Lawton, 2004). An example related to the *Family Advocacy Clinic* is research that suggests that inadequate or inappropriate special education services can lead to school failure for children with learning disabilities and behavior problems resulting in mental illness or a worsening of a physical or emotional condition (Kube & Shapiro, 1996).

Conversely, legal professionals in these practice arenas are called upon to access social work, psychology and thus social science knowledge, as part of legal analysis, decision-making and advocacy (Forgey & Colarossi, 2003; Forgey & Moynihan, 1999; Gallowitz, 1999; Madden, 2000). This means that social workers must become

knowledgeable about and skilled in the assessment of the quantity and quality of social science research that relates to their area of practice (Gambrill, 2003; Madden, 2000).

Social workers are acknowledged to be the experts in assessing family needs and finding appropriate resources for families but by their own reports are often frustrated in attempts to address barriers towards accessing services (Furman, 2003; Jarman-Rohde & McFall, 1997). Lawyers, who are the experts in advocacy and the assessment of right's violations, can offer assistance or even train the social worker in knowing how to more effectively advocate for the services families need for stability (Zuckerman, Sandel, Smith & Lawton, 2004). While working together lawyers learn more about what families may need from professionals qualified to make such decisions and thus mitigate tendencies towards decisions about need being made on the basis of values or attitudes rather than social science evidence (Broadbent & White, 2003).

Additionally, knowing specifically why a family may need particular services, through the social worker using evidence-based assessment and practice, can assist the lawyer in both targeting issues and justifying their client's position and thus enable them to become more effective in their advocacy work. Social workers learn more about what rights a family is due and how that knowledge can empower them as a professional as well (Duncan, Piper & Warren-Adamson, 2003; Zuckerman, Sandel, Smith & Lawton, 2004).

*Collaboration between Law and Social Work*

There are very few studies that exist that investigate collaboration between lawyers and social workers and studies that do exist are over two decades old. Much of the early research looked at how attitudes of members of the legal profession and how

attitudes of social workers contributed to conflict between the two professions. These attitudes translated into widely held stereotypes such as “lawyers are too analytical’ and “social workers are too emotional” (Fogelson, 1970; Sloane, 1967; Weil, 1982). Other studies looked at the division of roles and responsibilities as causing competition and conflict between social workers and lawyers (Fogelson, 1970; Russell, 1988; Smith, 1970). As is the case with many other professional groups, differences in professional culture have also been found to contribute to conflict and problems in collaboration for lawyers and social workers (Hall, 2005; Russell, 1988).

Taylor (2006) argues that an overlooked cause of the conflict between lawyers and social workers involves differences in how they are socialized into their professional cultures during the course of their professional education. Using qualitative research methods, the author observed a number of law and social work classrooms and found differences in regard to classroom environment, teacher-student interactions, educational technique and group process (Taylor, 2006). The author suggests that these differences can influence attitudes about authority, discretion and collaboration and subsequently these attitudes can exert an influence on future interprofessional work.

*Social Work Education and Interprofessional Education*

Results from of a survey of schools of social work (N=226), studying the extent of interdisciplinary collaboration in social work education, reported that less than half those schools surveyed collaborated with other disciplines in educational endeavors and less than one-fourth reported collaborating in some aspect of clinical or field education (Berg-Wagner & Schneider, 1998).

Part of the reluctance of social work educators to engage in interprofessional education may be the difficulty of articulating exactly what interprofessional learning and collaboration are and what they mean specifically for a social worker. Interprofessional education and practice pose challenges to the development and maintenance of professional identity and may introduce risk, uncertainty and potential loss especially for social work because of its long struggle to define itself, articulate what it is to others and difficulty with issues related to professional status in host settings (Bronstein, 2003; Whittington, 2003).

Social work professors and students do not have access to a knowledge base of models and concepts of interprofessional practice or methodologies for teaching, learning and assessment for interprofessional education that could potentially reduce feelings of uncertainty and risk and allow them to be in charge of their interprofessional role and narrative (Whittington, 2003). The lack of models that identify either the components of, or the influences on, interprofessional education make it difficult to develop curriculum or to articulate, quantify or measure the outcomes of interprofessional education in relation to improved client outcomes. Though there exists a rich social work literature on interdisciplinary teamwork, interprofessional education is not conceptually synonymous with teamwork (Freeth, Hammick, Reeves, Koppel & Barr, 2005).

Berg-Wagner & Schneider (1998) recommend that schools of social work specifically target field and clinical education for the development of interprofessional education because the concept of collaboration can be taught and modeled and collaborative processes can be studied and defined in those settings. Clinical and field education settings have the potential to bring together two lines of currently divergent

program evaluation significant to interprofessional education and the meaningful evaluation of social work education: evaluations of the impact of interprofessional education on professional knowledge, skills and attitudes and evaluations that address the question of whether the interprofessional learning transfers into practice and ultimately produces better outcomes for children and families (Brandon & Knapp, 1999).

## Conceptual Definitions

*Interprofessional Education* is defined as occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of service for children and families, the suggested definition used in systematic reviews of interprofessional education (Freeth, Hammick, Reeves, Koppel and Barr, 2005; Interprofessional Education Consortium, 2000). Within this framework, interprofessional education is an initiative to secure interprofessional learning (Freeth et al., 2005).

*Interprofessional Learning* is "learning arising from interaction between students of two or more professions" (Freeth et al., 2005, p.15).

*Program Theory* is "a chain of causal assumptions linking program resources, activities, intermediate outcomes and ultimate goals" (Wholey, 1987, p.78).

*Curriculum* is an overarching term for all those aspects of education that contribute to the experience of learning, in this case interprofessional learning: objectives or goals, content, activities designed to deliver content and facilitate learning, and assessment (Freeth et al., 2005). This conceptual definition of curriculum is comparable to that of program theory. A curriculum is the "theory" about how and what students learn and identifies activities and methodologies that will be used to achieve the

objectives and goals of the educational experience and assess whether or not they have been met. In this study program theory and curriculum will be used interchangeably.

*Resources* are the human, financial and organizational inputs required to support the curriculum such as faculty and computers.

*Activities* are the processes, tools, events and technology, such as a reading, used to achieve the goals of the curriculum.

*Outcomes* are the specific changes in a student's behavior, knowledge, skills and level of functioning that lead to the long-term goal.

*Long-term Goal* or impact is the fundamental change intended in systems or organizations and that rely on the achievement of short-term and intermediate goals (Kellogg Foundation, 2004).

*Performance Indicators* are measures or data that can be used to describe how well a program is meeting its' objectives.

*Evaluability Assessment* is a process of negotiation and investigation undertaken jointly by the evaluator, the evaluation sponsor, and possibly other stakeholders to determine if a program meets the preconditions for evaluation and, if so, how the evaluations should be defined to ensure maximum utility (Rossi, Freeman & Lipsy, 1999, p. 426).

*Process Evaluation* is a form of program monitoring designed to determine whether the program is delivered as intended to the targeted recipients and is also known as implementation assessment (Rossi, Freeman & Lipsy, 2004, p.190).

*Stakeholders* refer to persons, who have an interest in, an impact on, or special knowledge about the program and the program's evaluation (Smith, 1989).

*Outcome Evaluation* is a process used to identify the results of a program's effort.

## Problem Statement

According to the early theorists of interprofessional education, the underlying assumption is that if professionals learn about and from each other in structured ways, and at an earlier point in their professional socialization process, they will be better able to collaborate to improve the quality of practice and thus provide more effective services for families and children (Corrigan & Bishop, 1998; Freeth, Hammick, Koppel, Reeves & Barr, 2002).

At this time there is little evidence to show that when professionals learn together that this enables them, in the future and in practice to work better together (Zwarenstein, Atkins, Barr, Hammick Koppel & Reeves, 1999). Furthermore there is little evidence to show how interprofessional education benefits organizations and service users (Hammick, 2000). Conducting useful evaluation research has been difficult because of the difficulty in finding common definitions of what interprofessional education actually is, what its goals are and how it is actually conducted in practice (Barr, 2000; Brandon & Knapp, 1999; Hammick, 2000).

The interprofessional education evaluation literature also provides evidence that a number of context factors, or variables both external and internal to the program that are not under the curriculum developers control but exert an influence in either a positive or negative direction, can impact the development and implementation of interprofessional education interventions and can influence faculty, program stakeholder and student attitudes, behaviors, values, expectations and outcomes (Barr et al., 2005; Freeth et al., 2005).

In relation to clinical education in particular, the physical environment, political influences, organizational culture and ethos and the quality of the relationship between the supervisor and the student were all regarded as having an impact on the development of a clinical education environment conducive to interprofessional collaboration for learning and practice (Hilton & Morris, 2001). This means that measures of effectiveness need to also take into account the context of an initiative and the specific context variables at work in that particular setting (Freeth et al., 2005).

Systematic reviews of interprofessional education evaluations set out a number of important limitations and gaps in the evaluation literature with implications for evaluation design: the absence of the identification of clear aims and goals for educational development and student learning, the lack of reports of theory driven and pragmatic curriculum decisions, a lack of the development of a theoretical base for interprofessional pedagogy that is linked to actual practice outcomes and poor designs, for example, evaluations with methodologies that are inappropriate to answer the questions being asked (Freeth et al., 2001; Freeth et al., 2005; Hammick, 2000; Lawson, 2004; Whittington, 2003).

These limitations can be associated with the "black box phenomenon" or "evaluation of program outcomes without the benefit of an articulated program theory to provide insight into what is presumed to be causing these outcomes and why" (Rossi, Freeman & Lipsy, 1999, p. 49). Part of the challenge when it comes to designing evaluations for interprofessional education is: there are two interdependent "black boxes", each having its own individual cause and effect relationship to be sorted out and then connected to the other. The first "box" is the relationship between interprofessional

education and interprofessional learning, or the intermediate outcome and the identification of possible contextual influences on that relationship (D'Amour & Oandasan, 2005). The second "box" is the relationship of interprofessional learning to improved outcomes for children and families, the long-term outcome, and the identification of contextual influences in a particular locale that can also influence the relationship between learning and client outcome (D'Amour & Oandasan, 2005).

Researchers in the field of interprofessional education and practice suggest that interprofessional practice that will improve client outcomes cannot be developed by pursuing interprofessional education and practice evaluation research separately. There is a need to develop evaluation studies that explore interprofessional education and practice across many professions and begin to illuminate the interdependency of interprofessional education and practice in order to result in more effective client outcomes (D'Amour & Oandasan, 2005). Clinical education, sitting at the intersection of education and practice and controlled by faculty, presents a unique opportunity to develop evaluation research that can illuminate the interdependent relationship between interprofessional education and practice.

The problem that this dissertation will address is that the lack of models and descriptions of curriculum theory and the use of inappropriate research methodology, based more on methodological choice rather than curriculum design, has impeded the development of a sound theoretical and conceptual base for interprofessional education that would allow the causal links between interprofessional education and client outcome to be established and to subsequently be reliably measured and tested. The lack of a theoretical base can also inhibit pro-active social work participation in the

interprofessional education and practice movement (Bronstein, 2003; Claiborne & Lawson, 2005; Freeth et al., 2005).

This study will attempt to address this problem by developing a logic model of the relationship between interprofessional education and interprofessional learning along with the identification of key contextual influences relevant to this particular setting. The study will also identify hypotheses that curriculum stakeholders have about the relationship between interprofessional learning, practice and client outcome. Logic models show what intermediate results are critical to achieving program outcomes (Millar, Carnevale & Simone, 2001). This will allow for the sorting out of the relative influence of curriculum design and context in regard to the challenges of model replication and future testing for effectiveness of the model.

The description of the curriculum being implemented in the *Family Advocacy Clinic* will contribute to the development of a theory of interprofessional education and pedagogy and will provide a focal point and evaluation model for future curriculum development and research in the field of interprofessional education. Because this interprofessional curriculum is being implemented in a clinical education setting, building upon the results of this dissertation, subsequent evaluation studies can be designed that develop and test a model of the relationship between interprofessional learning and client outcomes.

*Evaluation Design*

In order to competently assess an intervention and evaluate its effectiveness the program must first be described (Rossi, Freeman & Lipsy, 1999; Smith, 2005; Weiss, 1998). Smith (2005) maintains, “Descriptive processes in program evaluation have a

scientific basis and can lead to explanations and causal inferences about the program and its effect" (p.9). In beginning to organize an evaluation so that it is a responsible test the evaluator needs to understand the theoretical premises, or cause and effect relationships, on which the program or in this study, an interprofessional curriculum, is based (Weiss, 1998, p. 55).

Systematic reviews of evaluations of interprofessional education note that the consequences of poor design and inappropriate methodologies were the wasting of valuable resources and failure to provide trustworthy evidence (Freeth et al., 2005). The purpose of evaluability assessment is to discover whether a program is ready to be evaluated so that costly outcome evaluations are not conducted prematurely; that is before there are logical links between a program's resources, activities and outcomes (Wholey, 1987).

Understanding the concerns, interests, responsibilities, values and professional and information requirements of collaborating partners and areas of disagreement or difference, both within and between schools, as well as the presence and impact of context variables that are not directly under control of the faculty, is essential to the successful design of program evaluation in interprofessional education because evaluations may be designed that are not relevant to policy and curriculum decisions or information may be gathered that faculty is unable or unwilling to use (Rossi, Freeman and Lipsey, 1999; Wholey, 1987).

The process and outcome of evaluability assessment and logic modeling builds a common understanding of the program and expectation for resources, activities and results and is a method for sharing ideas, identifying assumptions, team building and

communication and telling a program's "performance story" (McLaughlin & Jordan, 1998). These characteristics make evaluability assessment and logic modeling a compatible method for use in the evaluation of interventions that depend on the collaboration of various professional groups as a method of achieving positive intervention outcomes for program participants, such as interprofessional education and practice (Millar, Simeone & Carnevale, 2001). Another expected outcome of evaluability assessment is "to create a climate favorable to evaluation work and an agreed-on understanding of the nature and objectives of the program that will facilitate evaluation design" (Rossi, Freeman & Lipsey, 1999, p. 158).

This study extends the evaluability assessment design by including a process evaluation that allows data to be collected about whether the curriculum is actually being implemented in the way faculty have planned. A process evaluation will also reveal significant factors in the educational environment that may have an impact on the actual delivery of the intended curriculum as well as identify any unintended outcomes. In a clinical education setting, a process evaluation may also yield data that illuminates the processes involved in the transfer of interprofessional learning outcomes into actual practice with clients.

## Purpose and Goals of the Evaluation Study

The main purpose of this study was to conduct an evaluability assessment and implementation assessment of the interprofessional clinical education curriculum being implemented in the *Family Advocacy Clinic*. The clinic was evaluated from the perspective of being a university-based clinical education placement setting in which an interprofessional educational intervention for professional graduate students, involving

the collaboration of three schools, was being implemented. An objective of this study was to discover if there is an evaluable model of the curriculum theory of the educational intervention implemented in the *Family Advocacy Clinic.*

Through the use of logic modeling this study tried to establish a direct cause and effect relationship so the curriculum impact could be reliably evaluated in the future. In addition, this study also assessed whether the curriculum included an effective balance of interprofessional and single professional learning and practice and whether the individual goals and information needs of all three collaborating schools were compatible, with a particular focus on the experience of social workers.

An evaluable model of the program theory includes only those identified outcomes that are both plausible and measurable considering the reality of program activities and resources (Smith, 1989). A program is plausible if it has clearly identified goals and objectives, a logical set of well-defined activities and the necessary resources to implement the activities (Smith, 1989). Outcomes are measurable if they are clearly stated, have identifiable indicators of successful performance and have identifiable sources to provide evidence of performance (Smith, 1989, p.116).

The development and documentation of an evaluable model of this interprofessional curriculum is critical for program stakeholders because it can be used to support and guide decision-making related to curriculum development, curriculum modification, funding and the need for and design of future curriculum evaluation. An evaluable model will also increase curriculum visibility and credibility and enhance the likelihood of curriculum replication (Cooksy, Gill & Kelly, 2001).

## Evaluation Questions

The primary evaluation questions are

1. What are the short-term, intermediate and long-term goals of the interprofessional clinical education curriculum planned for the *Family Advocacy Clinic*, desired student learning outcomes, outcome indicators and activities planned by faculty from the professional schools?
2. What are the short-term, intermediate and long-term goals of the interprofessional clinical education curriculum implemented in the *Family Advocacy Clinic*, reported student learning outcomes, outcome indicators and activities implemented by the clinical faculty members from the professional schools?
3. Are there any context factors related to this specific setting that are identified as impacting either positively or negatively, the goals, activities or outcomes of the interprofessional clinical education curriculum?
4. Is the design of the interprofessional clinical education curriculum implemented in the *Family Advocacy Clinic* logical, plausible and measurable considering current level of activities and resources and consistent with the interprofessional education evaluation literature?

## Limitations of the Evaluation Study

One of the criticisms of evaluability assessment is that it is based on an underlying assumption of rationality and that in practice many of the underlying assumptions of rational models of programs do not hold (Smith, 1989). Similar concerns have been expressed about logic modeling in that it may be used as a rigid statement of a

program's plan thereby limiting the program's responsiveness to new information and that it can be used to assume that compliance with the model is a measure of the quality of the program ignoring unintended effects that aren't part of the program theory (Cooksy, Gill & Kelly, 2001).

This study included logic modeling of both the planned and delivered curriculum as a way of trying to capture those context influences or "irrational" processes and factors that may impact the "rational assumptions" of the theory of interprofessional education. The use of evaluabilty assessment in conjunction with logic modeling has been recommended as a way to minimize the inflexible use of logic models. In evaluability assessment the planned curriculum may change based on evidence from the delivered curriculum (Cooksy, Gill & Kelly, 2001).

Another concern related to evaluability assessment is that there are many perceptions of program reality that relate to decisions about who should be involved and "whose conception of reality is to be tested" (Smith, 1989, p. 147). This becomes an issue when it comes to "validating" the program model and "who" does the validating. This study attempted to address this concern by having representatives from each stakeholder group be part of a Work Group.

The chapters that follow are described. Chapter 2 presents a literature review that summarizes the findings of a number of systematic reviews of evaluation studies of interprofessional education and identifies the limitations of the research. Chapter 3 will explain the research design and methodology used to conduct this evaluation. Chapter 4 will present the background for the evaluation study and the implementation history of the curriculum. Chapter 5 will present findings that address Research Question 1 and will

describe the curriculum as planned by faculty and is represented by a Preliminary Logic Model of the curriculum. Chapter 6 will present the findings that were the outcome of the process evaluation and identify context factors that impacted the implementation of the curriculum, answering Research Questions 2 & 3. A Final Logic Model of the interprofessional clinical education and casework curriculum will be used to represent and organize the findings and Chapter 7 will present the findings from the evaluability assessment, respond to Research Question 4 by discussing the plausibility of curriculum activities and curriculum resources in achieving the goals of the curriculum and finally present recommendations for curriculum change, future evaluation research and implications of the findings for social work education and practice.

# CHAPTER 2

# REVIEW OF THE LITERATURE

## Interprofessional Education and Evaluation Research: Systematic Reviews of the Evaluation Literature and National Surveys

Since interprofessional education is an evolving concept, universal definitions, concepts, models, theories and evaluation methods are in a state of flux (Hammick, 2000). Aspects of interprofessional education draw from multiple literatures including those that address teamwork, group dynamics, adult learning, professionalization and interdisciplinary service delivery (Barr, 2000; Barr, Koppel, Reeves, Hammick & Freeth, 2005). This results in a wide variety of programs with differences in timing (in what stage of professional education), form, duration, location of the educational experience, composition of students and content (Barr et al., 2005; Bradshaw, Coleman & Smith, 2003; Hammick, 2000; Interprofessional Education Consortium, 2002).

Although there is some increasing evidence from the health, education and human service fields that the provision of collaborative services results in better outcomes for clients (Schmidt, 2001; Zwarenstein, Reeves & Perrier, 2005) there is not much reliable evidence to answer the question of whether, if and how educating professionals together effects this outcome (Barr et al., 2005; Freeth, Hammick, Koppel, Reeves & Barr, 2002; Zwarenstein, Reeves, Barr, Koppel, & Atkins, 2000).

The Joint Evaluation Team (JET) is comprised of an interprofessional group of researchers from different universities in the U.K. who have been working together to establish an evidence base for the effectiveness of interprofessional education. So far, there have been four different but related pieces of research that have been undertaken:

The Cochrane systematic review, the Parallel Review and a review of U.K. programs that was commissioned by the British Educational Association and the Center for the Advancement of Interprofessional Education. Reeves (2001) conducted a systematic review that looked only on the effects of interprofessional education on professionals involved in the care of adults with mental health problems as a sub-study of the Parallel Review.

Although these systematic reviews originate from scholars in the U.K, the majority of the literature (54%), actually reviewed is from the United States. The authors have continued to refine and update the reviews (Barr et al., 2005; Freeth et al., 2002; Zwarenstein, Reeves, Barr, Hammick, Koppel & Atkins, 2000; Zwarenstein, Reeves & Perrier, 2005). Hugh Barr, the leading scholar and theorist of interprofessional education is a social work professor.

In order to assess the usefulness and applicability of the U.S. studies various U.K. researchers compared contexts, conditions and evaluation methods and found some reasonable degree of confidence studies could be applied cross culturally (Barr, Hammick, Kopel & Reeves, 1999). In both the Cochrane and Parallel Review the authors extensively documented both the processes and the procedures they rigorously developed for both the selection of studies and interpretation of the findings including descriptions of reflective and iterative processes for data abstraction and coding, procedures for evaluating quality and discussions of the limitations of their reviews. Databases used were Medline, CINAHL, ERIC, Psychlit and the British Education Index (Barr, 2000; Freeth et al., 2002; Zwarenstein et al., 2000).

Evaluations included in these reviews had to meet the criteria of each review as well as the Joint Evaluation's team criteria; that the education initiative was interprofessional which the authors defined as, "Occasions when two or more professions learn from and about each other to improve collaboration and the quality of practice for the benefit of the client" (Freeth et al., 2002, p.12).

In addition, the initiative had to be of an organized nature. The educational nature of the initiative was interpreted widely and the only requirement was that the explicit intention was to create an opportunity for professionals and would be professionals to learn together. This means a wide range of settings was included, work-based and university-based.

Each of the reviews focused very explicitly on evaluation approaches and quality of design and method (Barr et al., 2005; Freeth, Hammick, Koppel, Reeves & Barr, 2002; Zwarenstein, Reeves, Barr, Koppel, & Atkins, 2000; Zwarenstein et al., 2005). The Cochrane Review required that methodologically the evaluations had to be either randomized, controlled trials; controlled before and after studies or interrupted time-series studies (Zwarenstein et al., 1999; Zwarenstein et al., 2005). Additionally, the reported outcomes had to directly relate to client benefit or to changes in the organization of service. No evaluations met both of these criteria and this led to the conclusion that there is no evidence to support the conclusion that interprofessional education either, "promotes interprofessional collaboration or improves client relevant outcomes" (Zwarenstein et al., 1999, p. 422). In an updated review conducted by Zwarenstein, et al., (2006), the authors found some preliminary evidence that improved collaboration in work

–based programs could result in improved client outcomes for certain client groups when the interprofessional education intervention resulted in improved collaboration.

In response to these findings and the idea that widening the Cochrane criteria might yield useful insights on the development of interprofessional education, a Parallel Review was instituted that included more process-oriented and participative designs and both qualitative and quantitative methods of data collection. The objectives of this evaluation became to try and establish what would be considered acceptable evidence of the effectiveness of interprofessional education and explore the relationship of outcome to curriculum design (Freeth, et al., 2002; Hammick, 2000). The question addressed by the Parallel Review was, "What types of interprofessional education, under what circumstances, result in what kinds of outcomes?" (Barr et al., 2005, p.42).

A number of researchers in the U.S. interested in the development of interprofessional education and collaboration have collected survey data and descriptive case studies of various interprofessional initiatives (Aiken, Prue & Hasazi, 1999; Brandon & Knapp, 1999; Hawaii Medical Association, 1998; Interprofessional Education Consortium, 2002; McCroskey and Einbender, 1998). Universities that have been working interprofessionally have been forming consortia and developing standardized evaluation protocols (Interprofessional Education Consortium, 2001). More recently, teams of health care researchers in the United States, including a social worker, have been publishing evaluations of the evidence for interprofessional education (Remington, Foulk & Williams, 2006). Information from the surveys, case studies, consortia, the systematic reviews and individual evaluation studies has been used to inform the following discussion.

*Evaluation Design and Analytic Approaches*

In the initial round of the Parallel Review, largely because a number of reports did not note an evaluation design (12%) or analytic approach (21%) or were post intervention studies only, the reviewers pulled out a subset (53 studies) of higher quality studies (Barr et al., 2005; Freeth et al., 2002). The majority of studies were quantitative (32), although only 16 of the studies reported tests for statistical significance. Mixed methods of both qualitative and quantitative accounted for 23% of the studies reviewed and qualitative only 2%. Even at this higher quality level some of the studies did not report an analytic approach or discuss the issue of bias and attempt to control for it (Barr, 2000; Freeth et al., 2002; Freeth et al., 2005).

The majority of studies in the higher quality group had sound design features that included the collection of data at more than one point in time (before-during-after) and mixed method studies (Annandale et al., 2000; Barnes, Carpenter and Dickinson, 2001; Spencer, 1987). A small number (15%) of the studies included control groups (Spencer, 1987) and only one randomized control study was reported. A U.S. review of the literature included only those studies that were prospective, controlled trials (Remington, Foulk & Williams, 2006). A major overall weakness of the literature was the lack of longitudinal studies and qualitative studies (Barr, 2000; Freeth et al., 2002; Hammick, 2000; Reeves, 2000). The majority of the published evaluation literature developed by consortia in the United States used a mixed method case study design (Corrigan & Bishop, 1998; Interprofessional Education Consortium, 2002; McCroskey and Einbender, 1998).

The pragmatic and methodological difficulties of incorporating a control group into the design given the level of complexity associated with all of the variables involved with this phenomenon, was acknowledged (Freeth et al., 2002; Freeth et al., 2005).

*Shape and Forms of Interprofessional Education*

The majority of studies (79%) reviewed programs that occurred after professional education, or work-based programs (Barr et al., 2005). In the Parallel Review, social workers participated in 36% of the total programs reviewed (Freeth et al., 2002). At least 20% of the programs reviewed occurred prior to graduation. Of these, 25% were located in an institution of higher education (Barr et al., 2005; Freeth et al., 2002).

Authors of the review predict an increase in numbers of graduate programs that offer or participate in interprofessional initiatives as government policy in the U.K. and Canada is requiring and promoting some interprofessional education prior to qualification (Barr, et al., 2005). Supporting the growth in interprofessional education in the United States are new eligibility requirements for funding from the federal government that require evidence of interprofessional collaboration, training and education (Bureau of Health Professions, U.S. Department of Education, 1995). The federal government has also funded multi-year, interprofessional community and university initiatives (Hawaii Medical Association, 1998). Private foundations such as: The Annie Casey Foundation, the John A. Hartford Foundation, The Ewing M. Kaufmann Foundation and The Spencer Foundation have also taken a key leadership role in both encouraging and funding interprofessional education and community based initiatives. Despite these endorsements, interprofessional education in the U.S. is still fairly limited (Remington, Foulk & Williams, 2006).

The U.S. survey data looked specifically at higher education and found that the programs surveyed were equally divided between undergraduate and graduate levels with some schools offering post-graduate certificates (Interprofessional Education Consortium, 2002). These choices depend in part on the universities focus (undergraduate or graduate education), the size of the institution and the interests and numbers of faculty (Aiken, Prue & Harazi, 1998; Berg-Wagner & Schneider, 1998; Brandon, Knapp, 1999). Most involve providing a few courses or arranging collaborative placements and do not result in degrees. On average the programs served 25 students per year and include 3-8 full-time and part-time faculty members (Interprofessional Education Consortium, 2002).

In the United States, the primary providers of interprofessional education have been large universities that have schools of health and medicine, education, law and social work. The majority of programs are geared towards professionals who will practice in health care and education settings. Some of the leaders in the interprofessional education movement in the U.S. are: University of Minnesota, University of Washington, St. Louis University, University of Hawaii, University of Pennsylvania and the University of Southern California.

The more extensive programs in the United States involved free-standing centers with full-time administrators, 3 or more professions or departments and a series of courses with an articulated set of knowledge and competencies and significant private and government funding (Brandon & Knapp, 1999; Council on Social Work Education, 1999; Interprofessional Education Consortium, 2002; McCroskey & Einbender, 1998). About half the programs were focused on the involvement of the local community as partners in collaboration with the goal of developing and providing client-centered health,

human and educational services and less frequently but occurring, legal services particularly prevalent in the areas of child welfare, domestic violence and community economic development (Hawaii Medical Association, 1998; Hooper-Briar & Lawson, 1996; Interprofessional Education Consortium, 2001, McCroskey & Einbender, 1998).

A number of law school clinical education programs offer field placements for social work students to assist law students in providing services for clients. These law schools include but are not limited to: University of Maryland, New York University, University of Pennsylvania, University of Nevada at Las Vegas, City University of New York, Fordham University, Rutgers University, Syracuse University, University of California at Berkeley, University of St. Thomas, University of Washington at St. Louis, Yeshiva University, University of Chicago and Northwestern University.

Most of these programs employ non-faculty field instructors to supervise social work students in the provision of services to clients and are conceptualized more frequently as practice placements rather than educational initiatives. The University of Michigan and Fordham University are the only programs that have full-time social work faculty members teaching in, and developing interprofessional clinics.

*Program Goals*

The most frequently stated objectives of the programs, and they were not always clearly stated (Barr, 2000; Freeth et al., 2002; Interprofessional Education Consortium, 2002; Remington, Foulk & Williams, 2006) were improving interprofessional collaboration, improving the quality of care or service provision or both. Sub-goals included modifying attitudes and perceptions, enhancing motivation and finding common competencies and knowledge bases.

In the Parallel Review, 21% of the studies did not identify the goal of the educational intervention. During the reviews, three central foci for interprofessional education emerged. The first focuses on the individual and preparing them to participate in interprofessional practice and to have positive attitudes towards collaboration. The second focus is on cultivating collaborative and team skills and the third focus is on improving the quality of service for clients. Reviewers found that the most frequently reported focus (47%) was individual preparation, followed by improving service (41%). The least reported focus (12%) was cultivating team collaboration (Barr et al., 2005; Freeth et al., 2000).

Components of focus one, individual preparation were identified as: acquiring common and comparative knowledge, developing positive attitudes and formulating collaborative competencies. Focus two, cultivating collaborative skills, identified the development of collaborative skills with and between professional groups, within and between organizations, with clients and with communities as components. The components of focus three, improving client service includes quality improvement and the institution of reflective practice (Barr et al., 2005; Freeth, Hammick, Reeves, Koppel and Barr, 2005).

*Competencies for Interprofessional Practice*

There are three major sources of competencies for interprofessional education and practice inferred from the literature. The first are common competencies, or those held in common among professions, such as attention to ethical values. The second are complementary competencies, or those that are necessary for the professions to work together (Barr, Koppel, Reeves, Hammick & Freeth, 2005). The third source is

collaborative and these competencies are explicitly interprofessional (Barr, 2002; Whittington, 2003). These include the ability to recognize, observe and respect other professionals; recognizing and observing the constraints of ones own roles, responsibilities and competence yet perceiving needs in a wider context; work with others to assess review, plan and provide service for clients; facilitate interprofessional conferences and meetings; providing assessments of client need upon which other professionals can act; ensuring your professional point of view is heard; evaluating another practitioners assessment; describing ones roles and responsibilities to another profession and discharging them to the satisfaction of those others; working with other professions to review and evaluate services, effect change, improve standards, solve problems and resolve conflict in the provision of services (Barr et al., 2005; Freeth & Reeves, 2004).

Most of the programs in the U.S. survey clearly articulated desired outcomes and competencies for specific practice areas that addressed value bases (such as family centered practice, outcome oriented or results-based accountability, cultural competence, integrated service) knowledge (understand ecological systems views of family development) and skills (resolve problems using conflict resolution skills) and most frequently included all three foci of interprofessional education (Corrigan & Bishop, 1997; Council on Social Work Education, 1999; Interprofessional Education Consortium, 2001, 2002).

*Educational Content*

Goals were reflected in the educational content and ranged from a completely integrated curriculum to a balance between common and comparative content and

helping students relate common and comparative learning to a particular field of practice such as gerontology or family-centered service provision. (Barr, 2000; Corrigan & Bishop, 1996; Freeth et al., 2002; Interprofessional Education Consortium, 2001).

*Teaching and Learning Methods*

Teaching and learning methods reported in the systematic reviews included; case study, clinical practice experiences, interprofessional team teaching, support seminars for students, interactive learning between faculty and students, role play, simulation-based learning, joint home visits, "shadowing" or observation-based learning, joint research or problem based learning, distance learning, action-based learning, exchange-based, small group learning and received learning, or lecture (Annendale, McCann, Natrass, Regen De Bere, Williams & Evans, 2000; Barr, 2000; Barr et al., 2005; Crow & Smith, 2003; Fowler, Hannigan & Northway, 2000; Freeth et al., 2002; Oandasan & Reeves, 2004; Reynolds, 2003).

Practice-based learning, such as clinical education, was used in 19% of the studies in the Parallel Review (Freeth et al., 2002) and in 29% of the U.S. surveyed programs (Interprofessional Education Consortium, 2002). The U.S. evaluation of the literature in health care found that the majority of studies in their review included a combination of didactic learning paired with clinical training (Remington, Foulk & Williams, 2006). There is little or no discussion in the evaluation literature of incorporating service users into the actual delivery and design of interprofessional education despite some work showing that this may be beneficial for students, practitioners and clients (Reeves, 2000; 2001; Regen De Bere; 2003).

The most frequently reported method was learning based on the exchange of information and the sharing of experiences, but rarely was only one educational method used (Freeth et al., 2002). Significantly, one study that employed qualitative method with the goal of obtaining information about the subjective and inter-subjective experience of participants found that without structures or opportunities for students to interact, debate and understand various knowledge and value bases beyond just sharing, there was little or no increase in knowledge or skills related to collaborative working (Reynolds, 2003). One study expressed the need for a process that allowed the students to come to common conceptual understandings in order for change in knowledge, attitude and behavior to occur (Fowler, Hannigan & Northway, 2000).

*Theoretical Approaches*

The authors of all of the systemic reviews note that very few evaluations articulated or discussed an educational philosophy or theory that underpinned the teaching and learning method. The studies that do identify a theoretical approach or educational philosophy cite adult education theories, problem-based learning, action science, situated cognition and contact theory (Barr, 2000; Freeth et al., 2002; Hammick, 2000).

Various theories used to explain other social phenomenon have also been suggested for application to interprofessional education but these theories are more related to interpersonal processes and influences on student and practitioner working rather than student or practitioner learning, a significant distinction. These include; psychological and social psychological theories about attitudes, perceptions and stereotypes (contact theory), team working, collaboration and networking, systems

theory, social exchange theory, psycho-dynamic group and organizational perspectives, and theories about professionalization (Barr, 2000; Council on Social Work Education, 1999).

*Outcomes of Interprofessional Education*

In order to understand the outcomes reported in the studies that qualified for the review the authors developed a typology of outcomes. Level 1 outcomes include reactions, or learner's views on the experience and its interprofessional nature. Level 2a outcomes are identified as modifications in attitudes and perceptions between participant groups and towards the value of a team approach. Level 2b outcomes include acquiring knowledge and skills, including those linked to interprofessional collaboration. Level 3 outcomes are behavioral changes, or the transfer of interprofessional learning into professional practice. Level 4a are outcomes that are reflected in change in organizational practice, or making change in the organization or larger service systems, and Level 4b outcomes result in benefits to clients, or improvement in the well-being of the client (Barr et al., 2005, p.43).

## Overview of Findings

There were no negative findings and a small number of mixed findings relating to Level 4a (organizational change) and 4b (benefit to client). Most studies reported outcomes at more than one level (Barr et al., 2005; Freeth, et al., 2002). There was a predominance of positive findings across all six outcome categories. It is important to note almost half of the studies (47%) reported outcomes at Level 1, reaction, followed by changes in Level 4a, organizational practice (42%) and Level 2b, gaining of knowledge

and skills (38%), with the least amount of studies having outcomes in Level 3, behavior change and Level 4b, client benefit.

Some studies reviewed found negative outcomes at Level 1 and 2 related to lack of opportunity to discuss, debate and process interprofessional information (Fowler, Hannigan & Norway, 2000) inappropriate modeling by teachers (Aiken, Prue & Hasazi, 1999) and the persistence of stereotypes and perceived status differences despite the intervention (Barnes, Carpenter & Dickinson, 2000).

The majority of university-based (as opposed to work-based initiatives) outcomes were concentrated in Level 1 and 2a, reaction and changes in perceptions and attitudes and some changes in Level 2b, knowledge and skills and 4a, organizational practice (Crowe & Smith, 2003; Freeth et al., 2002; Reynolds, 2003; Spencer, 1987; Symons, Cullen & Frasier, 2003; Torkington et al., 2003). Work-based programs tended to report outcomes or change in Level 4a and 4b, organizational and system change and benefit to clients. There is some beginning evidence to suggest that work-based interprofessional education could have positive effects on client outcome when the outcome is improved collaboration (Zwarenstein et al., 2005).

Studies that were jointly university and work-based (such as clinical education) tended to report more Level 3 outcomes, changes in behavior. University programs that incorporate a practice-based component also resulted in higher levels of change in knowledge, skill and behavior (Annandale, et al., 2000; Freeth et al., 2002; Hilton & Morris, 2001; Torkington et al., 2003). The U.S. review indicates that interprofessional education at the university level is likely to improve learner's short-term knowledge, skills and attitudes but also report there is little or no evidence to suggest persistent

improvements or behavioral change among learners (Remington, Foulk & Williams, 2006).

At the level of reaction, the quality of the learning experience was related to facilitator input and enjoyment of the interprofessional interaction. Reactions were typically gleaned from questionnaires that recorded ratings or levels of satisfaction (Crow & Smith, 2003; Torkington et al., 2003). Studies reporting Level 1 reactions tended to be positive but there were five studies that reported mixed (positive and negative reactions). Changes in perception and attitudes were measured in relation to views about the professional competence of others, roles and function and confidence in teamwork and collaborative working (Barnes, Carpenter & Dickenson, 2000; Freeth et al., 2002; Reynolds, 2003; Symonds, Cullen & Fraser, 2003; Torkington et al., 2003).

Changes in knowledge and skills were related to an enhanced understanding of the roles of others, the nature of teamwork, and the use and development of collaborative skills (Barr, 2000). Changes in behavior, when reported, tended to focus on assessment of interprofessional collaboration, such as an increase in the likelihood of consulting with another professional. Changes in organization were usually concrete concerns like reduced turnover time, discharge related improvements, more appropriate intake and admission decisions and fiscal savings. Benefits to clients included higher levels of client satisfaction and improved health outcomes (Barr, 2000; Corrigan & Bishop, 1997; Freeth et al., 2002). Within the work-based studies with the goal of quality improvement most of the evaluations that reported change in behavior also reported change in organizational change and those that reported benefit to client also reported change in behavior and organizational change (Annandale et al., 2000; Freeth et al., 2002).

*Summary of Findings Related to Outcomes*

Many of the findings indicate that there are differences related to outcome between university and work-based interprofessional programs (Freeth et al., 2002). University programs appear to ready students for interprofessional practice while work-based programs sometimes facilitate actual change in organizational practice (Annandale et al., 2000; Freeth et al., 2002; Hilton & Morris, 2001; Spencer, 1987; Torkington et al., 2003; Zwarenstein et al., 2005). These differences can be seen as complementary but university educators committed to interprofessional education must argue convincingly that it will eventually result in improved professional service delivery and client outcomes. This can only be done by developing research that illuminates the process involved in the transfer of knowledge into actual practice contexts (Freeth et al., 2002; Hammick, 2000). Clinical education programs that contain both education and practice components and are controlled by faculty, offer the opportunity to conduct research that allows the link between theory and practice to become visible.

In all of the systematic reviews there were very few reports of longitudinal studies so there was limited evidence about the sustainability of changes resulting from interprofessional education or for persistent improvement or behavior change among learners over time (Barr et al., 2005; Remington, Foulk & Williams, 2006). Spencer (1987), using a control group, found that two-four years after graduation students who had participated in interprofessional courses were more likely to report specific examples of interprofessional activities and more likely to participate in interprofessional activities.

The provision of structured opportunities to collaborate, the linking of interprofessional initiatives with already existing quality improvement efforts within

communities and organizations, the linking of work-based programs to opportunities to secure academic credit or professional recognition and the translation of interprofessional working and improvement as part of everyday practice has been found to greatly enhance and impact the educational experience and result in changed behavior and practice (Annandale et al., 2000).

These findings support the need for integration with work-based interprofessional education that results in organizational and practice change and argues for increasing levels of integration between university and community-based organizations as is being advocated by several of the universities and constituency groups in the U.S. (Brandon & Knapp, 1999; Lawson & Hooper-Briar, 1994; McCoskey & Einbender, 1998).

*Methods of Data Collection and Sources of Data*

Studies were able to report outcomes at more than one level because the same research tool, i.e. questionnaire could collect information about several different outcomes at the same time (Freeth et al., 2002). The authors of the systematic reviews suggest that multiple methods should be used to collect data to ensure a more comprehensive and inclusive insight into the nature of the initiative. Methods used were questionnaires, interviews, clinical audits and observation (Barr et al., 2005).

Sources of data were most usually individual program participants, client records, journals, reflective logs and teachers (Crow & Smith, 2000; Hilton & Davis, 2001; Reynolds, 2003; Torkington et al., 2003; Trevillion & Bedford, 2003). The students' perspective was considered exclusively in 58% of the studies, and 10% obtained the client perspective (Freeth et al., 2002). While learner perspective was always obtained directly from the student, the client perspective was typically obtained from case records.

Only four studies included data from clinical teachers, faculty or staff. Also interesting was the lack of use of documentary evidence such as student handbooks and syllabi (Barr et al., 2005).

Outcomes related to participant reaction were most frequently measured by feedback questionnaires or self-reports. Where changes in attitudes and perceptions were assessed it was with few exceptions by the use of questionnaire. There was very little information provided about the development, validity or reliability of the instruments used (Freeth et al., 2002; Freeth et al., 2005).

Most studies measured changes by comparing attitudes before and after the intervention. A small group of studies in the work-based group used follow-up measures to monitor persistence of change. Changes in knowledge and skills were more frequently assessed from questionnaire responses although some studies used interviews, observations and documentary analysis of reflective logs and journals to assess change.

The use of self-reports was challenged since there is some evidence to suggest that self-reports are only weakly related to measures of performance (Kern, Thomas, Howard & Bass, 1998). However, there was acknowledgement that measurement of student outcomes could also be obtained through written or observation based assessments (Remington, Foulk & Williams, 2006).

*Evaluation Instruments*

Recent progress has been made in the development of evaluation instruments for use in evaluating interprofessional education programs (Freeth et al., 2005). The Interdisciplinary Education Perception Scale (Leucht et al., 1990) was developed in the U.S. as a pre-test and post test tool to measure changes in learners' attitudes resulting

from a practice-based interprofessional education course. The scale is constructed around four factors: professional competence and autonomy, perceived need for collaboration, perceptions of actual collaboration and attitudes towards the contributions of other professions.

The Interprofessional Attitudes Questionnaire Carpenter (1995a, b) and Carpenter and Hewstone, (1996) was developed for their evaluations of interprofessional courses for medical and nursing and medical and social work students. Designed as a pre and post test it allows participants to rate their own profession, other professions, their own profession as seen by others and measures changes in attitudes of participants towards others with whom they are participating in interprofessional education.

The Readiness for Interprofessional Learning Scale (Parsell & Bligh, 1999) was developed to measure student attitudes to interprofessional learning. The scale consists of 19 statements arranged in three sub-scales, teamwork and collaboration, professional identity and roles and responsibilities. Large scale validation of the scale is on-going drawing on cross cultural data from various countries (Freeth et al., 2005).

## Limitations in the Evaluation Research and Future Recommendations by the Systematic Review Teams

The reviewers set out a number of limitations they found while reviewing the literature (Freeth et al., 2002). Over half of the studies reviewed did not report limitations of the study. Additionally 81% of the studies did not discuss ethical considerations. Barr et al., (2005) after reviewing the evidence suggests the need for prospective evaluations ranging from case studies to systematic longitudinal comparisons of types of interprofessional education and their outcomes. Quasi-experimental models, such as controlled before and after and interrupted time series studies were suggested as being

most realistic. Strong arguments were made for combining qualitative methods to measure change and quantitative data to measure outcome (Barr, 2000; Hammick, 2002; Regen De Bere, 2003).

What is most striking is that although studies were more often explicit about the service outcomes that were desired in very few of the evaluations from all the sources drawn upon for this literature review, was there any articulation or discussion of an educational philosophy or theory that underpinned the design of many of these interprofessional learning opportunities in regards to student learning or teaching (Barr, 2000; Freeth et al., 2002, Hammick, 2000). U. S. reviewers recommend that optimal curricula for interprofessional education should be designed to effect learner behavior, attitude, knowledge and skills in clinical settings in ways demonstrated to improve client outcomes (Remington, Foulk & Williams, 2005).

Rather than recommend one form of research design over another many of the reviewers advocated the need to widen the use of methodology and to strike a balance between evaluating process and outcome. In-depth case studies need to be developed which can provide a base from which to conduct comparative studies (Freeth et al., 2002). This appears to be the stage of evaluation research being generated in the U.S. The authors of the Parallel Review recommend a greater focus on research that can illuminate the processes of interprofessional education:

> "Given the nature of the questions that need answering in relation to interprofessional education, we would have liked to find a greater number of studies based in the interpretive and critical paradigms, more emphasis on process and more examples of qualitative data collection…we feel there is much to be learned from ethnographic, phenomenological and action-based research studies that focus on the successful social ingredients of interprofessional education from multiple perspectives" (p.44).

Hammick (2003) qualifies this recommendation by stating that sound study designs that include rigorously implemented qualitative research and attention to how results are reported are essential to ensure confidence in the research process.

Although there have been evaluation studies of interprofessional education using qualitative methods, this researcher has not come across any studies that use logic modeling, evaluability assessment and process evaluation as a way to describe interprofessional education programs as a method to evaluate curriculum theory and plan for future outcome evaluation or as a method that could begin to illuminate the relationship between student outcomes and changes in professional practice. The following chapter will describe the research design and methodology used to conduct this evaluation study and to address some of the methodological limitations identified in the systematic reviews of interprofessional education evaluation studies.

# CHAPTER 3

# METHODOLOGY

This chapter will discuss the steps and activities involved in conducting an evaluability assessment and an implementation assessment or process evaluation, along with the intended purposes and outcomes of each step (Smith, 1989; Rossi, Freeman & Lipsy, 1999). Data collection instruments and procedures used to facilitate each activity, the methodology used for data analysis and construction of logic models and limitations of the data will also be described.

## Evaluability Assessment, Process Evaluation and Logic Modeling

The evaluability assessment approach mapped out by Wholey (1987) and further explicated by Smith (1989) represents the most fully developed set of concepts and procedures available in the evaluation literature for describing and assessing a program's theory, or in this case a curriculum theory (Rossi, Freeman & Lipsey, 1999). Smith (1989) sets out a series of ten steps for conducting an evaluability assessment:

1. Determine the purpose of the evaluability study, secure commitment for it, and identify work group members who will help guide the evaluability assessment.
2. Define the boundaries of the program to be studied
3. Identify, obtain and analyze program documents
4. Develop and clarify the program theory
5. Identify and interview stakeholders
6. Describe the stakeholders perceptions about the program
7. Identify stakeholder needs, concerns and differences in perceptions

8. Determine the plausibility of the program model
9. Draw conclusions and recommendations
10. Plan for utilization

This study modifies this protocol in several ways: it combines various steps, it represents the curriculum model as a logic model, it creates two different logic models of the curriculum theory to extend the design to include process evaluation and it adds a context assessment to the utilization plan. Congruent with elements necessary to describe a curriculum theory, a logic model has the following components: resources, activities, outputs, persons served, outcomes and key contextual factors that influence performance (McLaughlin & Jorden, 1999).

The logic model links outcomes with curriculum activities and the theoretical assumptions and principles of the curriculum. The two logic models are the result of the step in an evaluability assessment that develops and clarifies the curriculum theory. The models are then used as a tool in the evaluability assessment process that allows the evaluator to assess the logic of the linkages (Cooksy, Gill & Kelly, 2001). In this way evaluability assessment as a process, in conjunction with the program logic models as outcome, will be used as a conceptual and integrating tool for the facilitation of data collection, data analysis, communication, discussion and decision-making among work group and curriculum stakeholders (Millar, Simeone, Carnevale, 2001).

The first logic model represents the curriculum that was intended by the program stakeholders or the articulated program theory (Patton, 2002). An articulated program theory is an explicitly stated version of program theory and is presented in program documentation and verbal statements of program stakeholders (Rossi, Freeman & Lipsey,

1999, p. 154). Intended program theory can be equated with the term used in interprofessional education, “planned curriculum”. Planned curriculum is defined as “the agreed upon education package that is anticipated to achieve the desired learning by participants” (Freeth et al., 2005, p. 42).

The second model developed represents what did or did not occur as intended or the implicit curriculum theory (Millar, Simeone & Carnevale, 2001, Patton, 2002). The implicit program theory is the unarticulated assumptions, expectations, unintended outcomes and intervening variables that can occur in the course of applying an intended model to an actual practice context, the program implementation phase. In interprofessional education this is defined as the “delivered curriculum” or, “the curriculum from the perspective of the faculty and learners, once the curriculum becomes a concrete experience for faculty and learners” (Freeth et al., 2005 p.42).

Representing the curriculum logic model as administrators and other stakeholders intended it, then representing how it is actually implemented and experienced by faculty, students and support staff is not only a method for collecting relevant data and organizing data analysis but is also a way to identify disconnections between curriculum theory as intended and the actual realities of practice and implementation, including unintended outcomes and factors that impact outcomes but may be outside the control of the faculty and students and extends the evaluability assessment design to include a process evaluation. If there are disconnections between the two models, the curriculum should not be evaluated for effectiveness until the inconsistencies have been resolved (Millar, Simeone & Carnevale, 2001; Wholey, 1987). A context assessment is a way to analyze the influential and frequently determining factors of contextual influences on policy

decisions in complex organizations where research is being performed and engage stakeholders in a process of targeting and addressing these factors prior to outcome evaluation (Oandasan & Reeves, 2005).

The following steps and activities were used to conduct the evaluability assessment and process evaluation of the interprofessional clinical education curriculum being implemented in the *Family Advocacy Clinic*:

1. Preparation
2. Study and Modeling of the Planned Curriculum
3. Study and Modeling of the Delivered Curriculum
4. Assessment of the Curriculum
5. Exploration of Evaluation Options
6. Recommendations and Utilization

Each step will be described below and illustrated in Table 1, *Steps in Conducting the EA and Process Evaluation*, found on the following page. The table identifies each step in the evaluability assessment process, the relationship of that step to the research questions, the process activities associated with each step and the anticipated outcome.

## Step 1-Preparation for the Evaluation Study

The first steps in planning and organizing an evaluability assessment are: to determine the purpose of the study and define program boundaries, identify a group of stakeholders. gain commitment and permission for the study, identify a sub-group of stakeholders to function as a steering committee/work group to work with and guide the evaluator and to identify the necessary resources to conduct the study (Rossi, Freeman & Lipsy, 1999; Smith, 1989)

Table 1

*Steps in Constructing the EA and Process Evaluation*

| **Steps in EA Process and Purpose** | **Relationship To Evaluation Questions** | **Process Activities Including Data Collection, Analysis And Theory Validation** | **Anticipated Outcome** |
|---|---|---|---|
| **Preparation** – to develop the conditions needed to conduct the evaluation | Identify specific evaluation questions | Identify stakeholders<br>Determine the purpose of the evaluation<br>Secure program permissions<br>Define program boundaries<br>Identify necessary resources to conduct the evaluation | Identify specific evaluation questions<br>Administrative and IRB approval<br>Identify EA work group members<br>Recruitment and training of a Research Assistant |
| **Study and Modeling of the Planned Curriculum** To develop an understanding of how the curriculum was intended to operate | 1. What are the short-term, intermediate and long-term educational goals, desired student learning outcomes, outcome indicators and the activities for the curriculum intended by the professional schools? | Identify, review and analyze curriculum documents<br>Interview stakeholders<br>Produce and analyze interview transcripts | Logic Model of Planned Curriculum<br>Overview of the Curriculum, Curriculum Rationale and Purpose, History, Sponsorship and Goals |
| **Study and Modeling of the Delivered Curriculum** – to develop an understanding of the curriculum as it is actually being delivered | 2. Same as above but as implemented by clinic faculty<br>3. Are there any context variables related to the setting identified as impacting, either positively or negatively program goals, activities and outcomes? | Identify, review and analyze written curriculum outputs<br>Interview stakeholders<br>Transcribe and analyze interviews<br>Transcribe and analyze observation notes | Logic Model of the Delivered Curriculum<br>Context Assessment |
| **Assessment of Curriculum Theory** – to determine if the model is evaluable and plausible | 4. Is the design of the intervention plausible and measurable and consistent with the evaluation literature? | Present Models to Work Group and Identify Concerns and Differences<br>Context Assessment<br>Assess evaluability of model<br>Compare model with professional literature | Determination of Work Group as to what extent curriculum is or could achieve objectives<br>Resolution of any identified inconsistencies between models<br>Validation of Model of Curriculum Theory |
| **Exploration of EA Options** | Were data and evaluation needs of collaborating partners met by the study? | Analyze interview transcripts of program stakeholders<br>Meet with work group to present and discuss evaluation options<br>Context assessment | Resolution of any identified inconsistencies in data and evaluation needs of collaborating partners<br>Plan to address contextual influences |
| **Recommendations and Utilization Plan** | Report of findings related to each question | Meet with work group to determine course of action and future evaluation plans | Decision by work group to evaluate, change, terminate or take no action regarding the curriculum |

In Spring 2004, one of the law professors teaching in the *Family Advocacy Clinic* suggested that the researcher evaluate the clinic as a dissertation project. The idea was brought to a clinic staff meeting and the other two law professors agreed with the proposal. Faculty expressed a great interest in figuring out if the program was actually doing what the faculty intended in regard to the student outcomes they hoped were achieved. Faculty believed that they had achieved some level of stability about goals, methodology and desired student outcomes.

The researcher then met informally with a number of different persons having a current or past affiliation with the clinic: former students, clinic faculty, the Director of Clinical Education, social work field advisors and members of the Interdisciplinary Center for Family and Child Advocacy Steering Committee who had been the initiators of the interprofessional clinic. Faculty from all the schools who were members of the Steering Committee of the Interdisciplinary Center wished to see the model replicated and transferred to other university settings. Clinic faculty, or more immediate stakeholders were very interested in finding out "if what we think is happening is really happening" and "what's happening for the students and the clients".

Increasingly other law school clinics were asking the *Family Advocacy Clinic* faculty if they had written materials describing how to facilitate and implement collaborations with schools of social work or written protocols that described how the clinic addressed particularly sensitive issues such as ethical conflicts. In order to respond to all of the issues raised, the interprofessional clinical education curriculum needed to be described and assessed and the development of a curriculum manual was required for future curriculum replication and dissemination.

Since clinic faculty agreed to the study, the researcher then began by meeting with, explaining the study and obtaining written permissions to conduct the study from the Director of Clinical Education in the Law School and the Associate Dean of the Graduate School of Social Services. Commitment from senior program staff is essential to the conducting of a useful evaluation because research has found that evaluabilty assessment results were incomplete and minimally used when that commitment was lacking (Smith, 1989).

A number of key committed individuals were identified to form the Work Group. The Work Group for this evaluation included all four clinic faculty (2 clinical law, 1 clinical social work and 1 psychology fellow), the Director of Clinical Education for the School of Law, a tenured social work professor from the Interdisciplinary Center not working directly in the clinic, the social work field advisor, the research assistant for this study a joint degree JD/MSW student and the clinic support staff person, also a student. Each of the Work Group members was educated about the process, procedures, purpose and potential use of evaluability assessment and process evaluation (Smith, 1989). The Work Group played a critical role in relation to concerns that emerged about questions of bias, reliability and validity in relation to the findings because of the insider role of the researcher in this study.

The tasks of the work group in regard to preparation include: helping the evaluator frame specific questions to be asked in interviews, deciding on what differences in perspectives about the curriculum are important, understanding the curriculum history and where it may fit within the larger structure of the University and providing

information about how the curriculum is actually intended to operate (Cooksey, Gil & Kelly, 2001).

The first question related to defining boundaries of the program was; how many semesters should the evaluation encompass? For law students the clinic is a one-semester placement so the program cycle of intervention is completed within one semester. The social work and psychology students are placed in the clinic for one year and so receive a different "dose" of the intervention than do law students. Dosage is the threshold level of participation in the intervention in terms of intensity and duration that is needed to produce the intended effects (Smith, 2005). Addressing this difference is significant for future evaluation planning in regard to attempting to evaluate outcomes and designing valid and reliable outcome measures.

By collecting data from the Fall 2004 semester and Spring 2005 semester, the same social work students could be tracked for a year. By collecting data from the Fall 2005 semester, a different group of social work students could be observed for one semester and differences related to time in program could be compared both within the social work student group and between social work and law student groups to begin to collect data and assess which effects may happen within one semester and which may be related to a year long placement. Also each of the three semesters presented a new combination and cohort of students that also allowed the researcher to try and assess what effects, if any, were related to a specific group of students.

Step 2 & 3-Study and Modeling of the Planned and Delivered Curriculum

The second step in the evaluability assessment process is the study and modeling of the planned curriculum. The purpose of this step was to develop a logic model, or a

picture, of how the curriculum was supposed to be delivered. The third step in the process is to develop a model of the delivered curriculum or what occurred when the curriculum was actually delivered to the students. This is the point where the evaluability assessment becomes a process evaluation or implementation assessment.

The qualitative methods of document review, stakeholder interviews and field observations were how data was collected and program logic modeling was the primary analytic tool used for data analysis. These steps consist of four activities: a review of documents related to the curriculum, interviews with curriculum stakeholders, observation of the curriculum in operation and preparation of a logic model. The following procedures of data collection, data analysis and program modeling were used in developing both models of curriculum theory.

*Document Review*

The document review conducted during an evaluabilty assessment can provide information that gives an evaluator a basic idea of the intent of the program and a beginning idea of program goals, activities and resources (Smith, 1989). The document review can also reflect elements of a program that are promised but not actually delivered during the implementation phase and provide information about things that cannot be directly observed such as what came before the evaluation was conducted. The document review can also assist the evaluator in the development of questions for use in constructing the stakeholder interview protocols (Patton, 2002).

For this study, a number of documents were collected that are relevant to developing an understanding of the planned and delivered curriculum. Relevant documents were identified with the participation of the Work Group and a review of the

literature. Four different categories of documents were identified and within each category a total of 37 different types of documents were identified and obtained. The various types of documents and their relationship to particular schools are illustrated in Table 2, *Documents Identified, Obtained and Analyzed in the Study.*

Table 2

*Documents Identified, Obtained and Analyzed in the Study*

| **Document Type** | **Law** | **Social Work** | **Psychology** | **Common** |
|---|---|---|---|---|
| **Authorizing Documents (N = 6)** | Standards of Approval of Law Schools of the American Bar Association | Council on Social Work Education; Educational Policy and Accreditation Standards | American Psychological Association: Guidelines and Principles for Accreditation of Programs in Professional Psychology | Student Practice Order from New York State Supreme Court (1) |
| **Individual School and Clinic Requirements for Placement (N=10)** | School of Law Clinical Education Handbook<br>Application to the Clinical Education Program<br>Student resumes | Graduate School of Social Services Field Handbook<br>Student Applications to Field<br>Student resumes | Department of Psychology Practicum Guide<br>Student resumes | Family Advocacy Clinic Syllabus<br>Family Advocacy Clinic Role Integration Protocol<br>Faculty memos |
| **Interdisciplinary Center Reports (N=3)** | Annual Report of the Dean 2000-2005 | Annual Report of the Dean 2000-2005<br>Evaluation Study 1999<br>Evaluation Study 2001 | Evaluation Study 2003 | Annual Report of the Interdisciplinary Center<br>Mission Statement of the Interdisciplinary Center 1997-2005 |
| **Written Outputs Produced in The Family Advocacy Clinic as a Result of Faculty and Student Activities (N=18)** | Legal memos and briefs<br>Individual Assignments<br>Grades<br>Clinic Brochure<br>Clinic Budget | Social Work Assessments<br>Research memos<br>Fieldwork evaluations<br>Educational agreements | Psychological assessments<br>Consultation summary | Agendas<br>Final Integrated memos and briefs<br>Collaborative written assignments<br>Written student self-evaluations<br>Faculty Meeting Notes<br>Pre and Post Class notes |

There are documents that are common to all professions and documents that are specifically relevant to an individual profession. The first category of documents is authorizing documents or those that officially sanction the educational programs relevant to the clinic. Documents include: the standards and procedures that the professional accrediting bodies of each of the professions have for clinical education, field education and psychology practicum, and the student practice order from the State Supreme Court that both authorizes and limits how law students may practice while in the clinic. The interprofessional education literature points out the salience of competing accreditation demands and regulatory frameworks as variables that can become barriers to successful interprofessional education and therefore should be included as part of the context assessment of this initiative (Barr et al., 2005; Brandon & Knapp, 1999; Freeth et al., 2005).

The second category of documents relate to the requirements, policies and oversights imposed on faculty and students by the particular professional schools in this university. Documents that convey expectations of students and expected educational outcomes while participating in the *Family Advocacy Clinic*, such as the clinic syllabus, were also reviewed. These documents reflect the individual professional requirements, goals and expected outcomes specific to each professional group and the interprofessional requirements, goals and expected outcomes for all clinic participants.

Documents in this category include: the clinic handbook (policies, procedures and educational objectives for all law students involved in clinical education), the field handbook from the Graduate School of Social Services (polices, procedures and educational objectives for all social work students involved in field education), the

syllabus for the integrative seminar (the class social work students must attend outside of the clinic), and the social work and law student clinic and field application forms completed by each student participating in this study.

The interprofessional education literature suggests that interprofessional education must strive for a balance between interprofessional and individual professional education and this is significant for the development of effective interprofessional practice (Freeth et al., 2005). Competing curriculum demands and the addition of interprofessional content and assignments can potentially overload faculty and students. This group of documents can provide data that will allow for some assessment of the balance between students' individual professional and interprofessional education needs in the *Family Advocacy* clinic's curriculum. This is a particular concern for social work students as this placement is in a legal setting. A question in both the student and stakeholder interview protocol asking how the respondent saw the goals of the clinic fitting into the individual goals of legal, social work and psychology education will also provide data that will contribute to this assessment.

The third category of documents is formal documents prepared for distribution to the public and key stakeholder groups. These documents include the annual report and mission statement of the Interdisciplinary Center for Family and Child Advocacy during 1999-2005 and provides a formal description of major activities, including the *Family Advocacy Clinic,* and accomplishments for the prior year and the goals for the upcoming year, the Dean's Reports from the respective Schools during 1999-2005 that show the place of the Interdisciplinary Center and the *Family Advocacy Clinic* within the broader efforts of the individual schools, instruments and reports of previous evaluation studies in

the clinic and a promotional brochure for the School of Law's Clinical Education Program.

The final category of documents are the written outputs that are a result of faculty and student activities in the *Family Advocacy Clinic*: completed student applications and student resumes, the clinic syllabus, a sample of written assignments completed both individually and collaboratively, group supervision agendas and minutes, student self-evaluations, internal program evaluations, student educational agreements, law and psychology student grades, social work student field evaluations, faculty teaching outlines and debrief notes, faculty meeting agendas and minutes, the clinic brochure and the clinic budget. Some of these documents may provide data that could assist in the development of a more formalized articulation of desired outcomes and facilitate the development of outcome measures for use in future evaluations.

Document review was conducted using the two step process recommended by Smith (1989); do a read through for a feel of what the general intent and purpose of the program may be and then do a more structured analysis that uses the categories or elements set out by evaluability assessment and logic modeling.

The researcher began the document review by reading through each of the documents and then using a document review form suggested by Miles and Huberman (1994) to summarize initial impressions and findings. The form describes the document, gives it a code, identifies the event or activity the document is related to, the significance of the document and how it may relate to other data such as field notes or interview transcripts, a brief summary of the contents and the relationship of the document to key research questions. This form clearly identifies the context and purpose of the document

so that it can be taken into account during data analysis and interpretation and helps identify possible bias related to the document (Rossi, Freeman & Lipsy, 1999). There is an important limitation of relying on program documentation that must be kept in mind; program documents are usually written for a particular purpose and therefore have a certain degree of bias attached (Rossi, Freeman & Lipsy, 1999).

*Stakeholder Interviews*

In developing the models of program theory a number of interviews were conducted with program stakeholders (N=46). Stakeholder identification took place in consultation with the Evaluability Work Group. In this study, maximum variation sampling was used as a strategy to capture and describe both shared and different experiences related to key elements and outcomes and to capture variations both within and across members of the three professional schools and varying status positions of participants (Patton, 2002).

After consultation with the Evaluability Work Group, a decision was made that the primary stakeholders significant to this project and that needed to be formally included as subjects in this study were: law, social work and psychology faculty on the Center Steering Committee, law and social work faculty based in the *Family Advocacy Clinic*, students from each of the professional schools based in the *Family Advocacy Clinic,* the social work faculty who are and were faculty advisors to the clinic social work students and who facilitated an interprofessional integrative seminar as part of field education and clinic support staff. The breakdown of the sample in terms of professional school, role and status position can be found in Table 3, *Characteristics of Stakeholder Interviews.*

Table 3

*Characteristics of Stakeholder Interviews*

| **Group** | **Total N of Group** N=46 | **Status Position** | **Appendix of Interview Protocol** |
|---|---|---|---|
| **Law Faculty** | 5 | 2 tenured<br>3 clinical | C |
| **Social Work Faculty** | 7 | 3 tenured<br>1 tenure track<br>1 clinical<br>1 adjunct | C |
| **Psychology Faculty** | | 1 doctoral fellow | C |
| **Law Students** | 24 | 13 2L<br>11 3L | D |
| **Social Work Students** | 8 | 6 second year<br>2 advanced standing | D |
| **Psychology Student** | 1 | 1 doctoral | D |
| **Clinic Support Staff** | 1 | Law Student | C |

The interviews were conducted and transcribed by the researcher and a research assistant. A joint degree law/social work student, who had already completed Research I and II, was recruited for the position of research assistant. The student completed required human subjects training, was given, read and processed readings with the researcher relating to qualitative interviewing and the process and goals of evaluability assessment prior to conducting any interviews. Decisions about who would conduct interviews of what stakeholders were made on the basis of the degree of interpersonal contact and the nature of the power relationship subjects had with the researcher in order to minimize interviewer bias effects. The research assistant interviewed clinic students, clinic faculty, clinic support staff and the social work field advisor. The researcher

interviewed more distant stakeholders such as administrators and steering committee members and peripherally related social work faculty members.

All but two of the subjects agreed to be audio-taped. All interviews were subject to the informed consent procedures approved by the IRB at the University in which the study was located and CUNY Graduate Center.

The interviews were conducted using standardized open-ended interview protocols. The use of standardized interview protocols are appropriate in this study because developing program models requires that the same information needs to be gathered from each of the program stakeholders and because the individual responses from the stakeholders need to be compared (Patton, 1990). The objective is to find similarities and differences on a particular element of the curriculum theory, such as resources, across stakeholder groups. Questions need to be standardized to ensure reliability so that differences in responses cannot be attributable to differences in the questions asked each respondent. It is also appropriate for use when there is more than one interviewer (Patton, 2002).

Although a standardized instrument was used, both the researcher and the research assistant had the flexibility to explore information relevant to the study, but not captured by the protocol that may have emerged in the context of the interview as a way of allowing the interviewers to explore topics that may not have been anticipated and to access individual differences (Patton, 2002).

There were two interview protocols: one for students (see Appendix C, one for administrators and faculty with four additional questions relevant only to clinic faculty (see Appendix D). The interview protocols were developed in consultation with the Work

Group, the information needs relevant to evaluability assessment, the elements necessary for the development of logic models, the evaluation questions, the evaluation literature related to interprofessional education and the results of the document review. All interviews were conducted one-to-one, in a private place and during a time convenient to the stakeholder.

An explanation of the purpose of an evaluability assessment was provided at the beginning of each interview with a clear statement that the interview itself was not part of an outcome evaluation but would offer information that would help plan an evaluation and assist in program improvement. It was clearly stated that the interviewees themselves were not being evaluated in an attempt to minimize individual anxiety related to the interview (Smith, 1989).

The handling of interview data was based on the following guidelines (Smith, 1989). First, immediately after the completion of each interview, the interviewer completed a contact summary form suggested by Miles and Huberman (1994). This form summarized main themes or issues occurring to the interviewer, a brief summary of information the researcher got or failed to get on each of the questions, additional items that were salient or illuminating, and any new or remaining questions for follow-up in another contact. Second, interviews were transcribed. Two copies were made, one unused master and one for use in data analysis. Third, the transcripts were reviewed for evidence of accuracy, interviewer bias and relevance to the evaluation questions.

After several student interviews were conducted and transcribed the researcher met with the research assistant to review the accuracy of the transcriptions. Inaudible parts of the transcripts were checked again with the interviewee for resolution. The

wording of one question that seemed to cause confusion was changed. The researcher also listened to the actual tapes to assess for interviewer bias. It did appear that the research assistant had some personal feelings about both law and social work education that were evident in what themes and issues she chose to explore with student stakeholders.

It was decided that the researcher would interview the research assistant about her experiences with law and social work education as a way of identifying potential bias as well as allowing the research assistant to check this researchers interviewing and transcription for accuracy and possible bias. This experience was a fruitful one for both parties in that both became very clear about the preconceived notions they each had about the strengths and limitations of both law and social work education. This assisted both to retain a more reflexive stance in future interviews.

*Observations*

Observations were primarily carried out by the research assistant and the researcher and involved the following events: seminar classes, group supervision and the physical lay out of the clinic. Observations of the students interacting during unstructured times were also conducted. Observations were also focused on gathering data relevant to each of the elements related to developing the curriculum theory.

During seminar and group supervision faculty members, including the researcher, record their observations of activities and events, note levels and quality of student participation, their own performance, their colleagues performance, identify any overarching themes that emerge, any issues to be addressed on an individual basis and any disconnects between the plan for the activity and the actual implementation of the

activity. Certain program structures such as formal meetings before and after each seminar class and each group supervision session, called debrief, facilitate accuracy in the recollection and recording of observations.

Because these written observations by faculty could be an important source of data, observations conducted by the research assistant and researcher were used as a way of testing the validity and reliability of faculty observation notes by comparing the two sets of notes and noting both the presence and frequency of areas of agreement or disagreement. Notes were written during the observation and summarized immediately after. The same two-step process of review was applied to observation notes; a general read through noting general issues and themes and then an application of the coding template.

*Data Analysis: Constructing the Logic Model*

The primary categories for attention during data analysis were the broad categories relevant to evaluability assessment and logic modeling: curriculum goals, persons served, resources, outputs, curriculum activities, outcomes and context factors. These categories generally corresponded to specific interview questions in the interview protocol.

In this study a cross-interview, cross-category approach to data analysis was used. In this method, interview data from different stakeholders, data from the document review and observation data were grouped together by question or category. In this way different perspectives on key aspects of the model, including between planned and delivered curriculum and between and within individual professional schools could be highlighted and reported. In this way the logic model provided a framework for

considering the nature and extent of convergence of different kinds of data on a single program element (Cooksy, Gill & Kelly, 2001).

A coding template was developed using the results of the initial review of documents, stakeholder transcripts and field observation notes described above. As the data were initially reviewed sub-categories within each of the larger elements of the model became clear. The coding template was shared with and validated by the Evaluability Work Group. The documents, transcripts and observation notes were re-reviewed and systematically coded. The coded data strips were then placed into each of categories relevant to the construction of the logic model. The frequency of references was noted.

These categories were represented graphically as columns in a table. A table was completed for the planned curriculum (based on results of program document review and some stakeholder interviews) and the delivered curriculum (based on the results of faculty and student interviews, documents generated as the outputs of curriculum activities and observations). The patterns of the relationships found in the delivered curriculum were then compared to the pattern of relationships found in the planned curriculum (Cooksy, Gill & Kelly, 2001).

Assessment of the validity of the data involved determining the extent to which the curriculum stakeholders agreed, both within and between schools, on the curriculum goals, activities and outcomes. Prior to validity testing the evaluator identified areas of consensus and disagreement among and between the various stakeholder groups that had emerged as a result of data analysis. The first step in this process involved the re-contacting of stakeholders for clarification and understanding regarding the differences.

If differences were not resolved they were brought to Work Group for negotiation and conflict resolution until there was consensus about a logic model of the curriculum theory.

*Research Memos*

Throughout the process of data collection and data analysis, the researcher wrote a number of research memos as themes or coding ideas emerged. Memos were written that identified gaps in information resulting in a need to collect more targeted information and clarification by obtaining other documents or as topic for exploration in a stakeholder interview, when contradictions or inconsistencies were noted, and when the data resonated with the professional literature and theoretical concepts the researcher had read during the literature review. Memos were also written that integrated other memos written earlier in the study and when a topic for exploration with the Work Group emerged ((Miles and Huberman, 1994; Strauss & Corbin, 1998).

## Step 4-Assessment of Validated Model of Curriculum Theory

The fourth step in the model involved the assessment of the curriculum theory as represented by the validated logic model. For this study the theory was assessed in relation to two frameworks: evaluability and comparison to the research and practice of interprofessional education (Rossi, Freeman & Lipsy, 1999).

According to Rossi, Freeman & Lipsy (1999) the most important test of a program's theory is whether or not the program relates in an appropriate and effective manner to the actual nature and circumstances of the social problem it is designed to address in order to meet the needs of a particular target population, in this case the

professional students. The crucial aspect of this process is specificity; that is describing in detail the particular details of how the program activities address the problem.

One way to increase the specificity is to separately assess the curriculum impact theory or the sequence of the causal links between delivered curriculum and the actual outcomes and the program process theory describing the interactions expected (planned curriculum) between the target population and the program and the functions the program is expected to perform (Rossi, Freeman & Lipsy, 1999). The initial construction of two models of curriculum theory facilitated this process. This process determines if the reported student outcomes of the curriculum do in fact achieve what the curriculum developers intended for the students.

The first assessment question was to determine whether or not there was an evaluable model of the curriculum theory implemented in the *Family Advocacy Clinic.* An evaluable model of the program theory includes only those identified outcomes that are both plausible and measurable considering the reality of program activities and resources (Smith, 1989). A program is plausible if it has clearly identified goals and objectives, a logical set of well-defined activities and the necessary resources to implement the activities (Smith, 1989).

Outcomes are measurable if they are clearly stated, have identifiable indicators of successful performance and have identifiable sources to provide evidence of performance (Smith, 1989, p.116). Questions such as what data is collected, who collects data, what kind of data (qualitative or quantitative) is collected, how the program manages and stores data and whether or not additional data needs to be collected to complete an evaluation are all relevant to assessing evaluabilty (Rossi, Freeman & Lipsy, 1999).

The second framework used to assess the program theory was to compare it to the interprofessional education evaluation literature and to explore "best practice" literature to assess the degree that the curriculum theory is congruent with practice experience and research conducted elsewhere (Rossi, Freeman & Lipsy, 1999).

## Step 5-Exploration of Evaluability Assessment Options

The fifth step in the model involves the exploration of evaluability assessment options. The purpose of this step is the exploration of future evaluation options including potential uses and users of evaluation information, kinds of evaluation questions and type of information required and possible evaluation methods (Smith, 1989). Suggested recommendations usually addressed by evaluabilty assessment include several alternative courses of action: decide to evaluate all or parts of the program, decide to change the program, decide to take no further action or decide to stop the program (Smith, 1989). It should be noted that throughout the process of conducting an evaluabilty assessment conclusions were being drawn as a continuing process. Conclusions cover the questions asked in the evaluation and anything else of significance that has emerged from the study.

The involvement of the Work Group was crucial to this step, both as a method of minimizing evaluator bias and stakeholder bias and as a way of increasing the probability of future utilization and implementation of recommendations. In this step, data analysis results related to the information and evaluation needs of the program stakeholders were presented to the Work Group. Differences and inconsistencies both within and between groups were highlighted and negotiated as they related to future evaluation activities. Recommendations and conclusions were then developed based on evidence from the study and in consultation with the Work Group.

In order to facilitate the process of developing realistic and practical recommendations and increase the likelihood of future utilization, a context assessment was completed. Using information primarily obtained from stakeholder interviews and field observations, not only the identification but also the assessment of contextual influences, both internal and external to the program, was completed. Factors that exerted both a positive and a negative influence were highlighted.

A context assessment also has the benefit of capturing data that may not easily fit into the elements that are part of describing a program theory. Identifying the unique factors significant in settings where the model may be replicated will increase the likelihood of more effective implementation and outcome evaluation. A context assessment has substantive value because it serves to guide and direct program planning and evaluation activities and helps to ensure that these activities have true practical utility to the faculty and the institution for which the evaluation is designed (Mahler, 1998). The context assessment is directly related to Step 6, Recommendations and Utilization Plan because it identifies the decisional determinants that may impact the proposed recommendations.

## Step 6- Recommendations and Utilization Plan

A final curriculum model and a series of recommendations prepared by the evaluator were presented to the clinical faculty and the administration of the clinical education program. In making this final determination the evaluator provided a curriculum description and model developed as a result of a detailed analysis of the curriculum based on data collected during the evaluation.

## Limitations of the Data

There are a number of limitations relevant to this study relating to the following: the role of the researcher and questions of reliability and validation of data collection instruments. The limitations specific to this study and how the evaluator attempted to minimize effects are discussed.

The evaluator's role is influenced by what choices are made about research paradigm and methodology and therefore researchers must acknowledge their own influence on evaluations (Freeth et al., 2005). Evaluability Assessment procedures and process specific to this study include both a change paradigm and an interpretative paradigm. In a change paradigm the evaluator works collaboratively with participants through cycles of inquiry and action. In an interpretative paradigm the evaluator becomes immersed in the data to produce an inductive, synthesizing interpretation of the data set. The choice of these two research paradigms has both strengths and limitations in regard to this study and implications for the role of the evaluator (Freeth et al., 2005).

In evaluability assessment cycles of enquiry and action are achieved through and with the structure and membership of a Work Group. It has been suggested in the interprofessional evaluation literature that the change paradigm "is particularly suitable for a teacher wishing to evaluate the course he or she is involved in" (Freeth et al., 2005, p. 46). This characterization accurately describes the role of this researcher in relation to this project. The change paradigm acknowledges the position of the evaluator as an insider. A benefit of insider-conducted evaluations is that the researcher is well-placed to feed evaluation findings into program development and can be more effective than an

outside evaluator in enabling and supporting change in the actual course and organization in which the evaluation is taking place (Freeth, et al., 2005).

In an interpretative paradigm the evaluator becomes immersed in the data that has been collected to produce an inductive, synthesizing interpretation of the data set. This presents the possibility that the insider/evaluator will not be able to obtain candid responses from participants and to be objective about the data and interpret it from a variety of perspectives. This position can also result in the evaluator's comments and recommendations being given less weight and credibility than an impartial evaluator (Freeth, et al., 2005).

In this study, a Work Group composed of representatives from each stakeholder group has functioned throughout this evaluation as a check on the evaluator's perceptions and interpretations. The Work Group was only able to see aggregated data because of confidentiality issues. A research assistant who was approved along with the dissertation chair and the principal investigator by IRB to view the raw data was utilized to collect data from stakeholders who had an equal or less powerful position than the evaluator in an attempt to minimize interviewer effects on how honest participants felt they could be.

The research assistant also participated in data analysis and validation. The use of a research assistant in conducting this evaluation also allowed the evaluator to use check coding as a procedure for reliability checking the raw data (Miles & Huberman, 1994). Check coding is when more than one evaluator codes a data set and the results are then compared to see if the evaluators use the same codes for the same blocks of data. This process was used in the beginning and middle phases of data collection. The research assistant and researcher took selected pages from observation notes, interviews and

documents. Both independently coded and then reviewed the documents together for areas and frequencies of agreement and disagreement. This process also assisted the evaluator with checking the validity of the two stakeholder interview protocols. The research assistant and the evaluator conducted several interviews and then met to review the consistency of information received from the guide.

In an additional effort to reduce threats to the reliability and validity of the data, the use of document review and observations were used as a triangulation procedure rather than relying solely on interview data. In logic modeling, evidence from the different data sources and collection methods are organized by element rather than by source or method so the consistency of findings can be examined and in this way logic modeling facilitates the process of triangulation (Cooksy, Gill & Kelly, 2003). In addition, a heterogeneous group of stakeholders (law, social work, psychology) with varying status positions in relation to the curriculum (student, tenured, untenured and adjunct faculty, administrators and support staff) were identified and included both as subjects in the study itself and as members of the Work Group. This heterogeneity was used as an additional means of triangulation.

Following the recommendations of various qualitative researchers (Miles & Huberman, 1994; Strauss & Corbin, 1998), this researcher kept a research journal that recorded comments made by others, insights, reflective process, concerns, reactions and responses of stakeholders, questions for the Work Group as the evaluability assessment and process evaluation were implemented as well as the personal reactions and responses of the researcher to the data. The researcher also used the questions recommended by the authors of systematic reviews of interprofessional education regarding the standards of

trustworthiness for conducting qualitative evaluations in both the individual process reported in the researchers log and the during meetings with colleagues (Freeth et al., 2005). These questions were asked throughout the evaluation process on an ongoing basis. Negative case analysis was also used as a way to check emergent theories.

During the course of preparing to conduct this study, there were some ethical issues that were raised because of the researcher's position as a program "insider" and because some of the subjects in the study were students.

*Human Subjects Issues*

Because the subjects of this research study involved students and faculty from a different university than the one that the researcher was attending as a doctoral student, Institutional Review Board approval to conduct the research was required and received from both universities (see Appendix A).

The central concern from a human subject perspective that needed to be addressed in the IRB approval process was the role of the researcher in relation to the students who participated in the study. Because of these issues funding and hiring a research assistant was a necessary resource in order to conduct this evaluation study ethically.

This researcher is responsible for supervising the social work component of the clinic. In this role the researcher co-teaches, along with two law professors and a doctoral fellow in psychology, half of the total seminar classes. If it is determined that there is a need for social work services in a case the researcher provides case supervision jointly with a law professor. Law students are assigned to one of the two law professors who are responsible for assigning students a grade for casework and the seminar. Social Work students are assigned a faculty advisor, someone other than the researcher, in the

Graduate School of Social Services who meets with them on a regular basis, reviews their work and assigns them a grade for the field placement (casework, seminar and other requirements outside the clinic). Although the researcher gives feedback to the law and social work faculty, the researcher does not have the power to assign a grade to any student participating in the clinic or potentially participating in this research project. The students were aware of the nature of the researchers' role in the clinic in relation to which participating faculty members have the power to assign final grades.

Because the researcher had some evaluative relationship to the students the following precautions were developed to minimize to the greatest extent the possibility that students may feel coerced to participate in the research. After an introductory email from the researcher was sent that introduced the research assistant and briefly explained the purpose of the study, the research assistant who has no affiliation with the clinic, came at the end of a clinic seminar class. After faculty left the room, the research assistant further explained the study to the students, discussed, distributed and collected the informed consent forms. The research assistant then conducted and transcribed interviews of students who had agreed to participate. There were separate consents forms for general participation and student interviews, including permission to be audio taped (see Appendix A).

The consent forms clearly state that participation is voluntary, that participation in either direction will have no bearing on a student's grade, status in the university or any other benefits students are entitled to, that they may withdraw participation at any time and that informed consent forms will be kept in a locked cabinet in The Director of Clinical Education's office and will not be accessible to the researcher until after the

other faculty have submitted final grades. It is clearly stated in the informed consent that the researcher will not know who has agreed to participate until after final grades and evaluations were submitted. Because the researcher is sometimes asked to give employment recommendations for social work students after they are no longer in the clinic, social work students were given a written and signed recommendation from the researcher prior to the researcher knowing who agreed to participate or viewing interview transcripts. Consent forms were also developed for stakeholder interviews including permission to audiotape (see Appendix B).

# CHAPTER 4

## BACKROUND FOR THE EVALUATION AND CURRICULUM IMPLEMENTATION HISTORY

This chapter will provide a background for the evaluation that is the subject of this dissertation and will consist of a description of the sponsors of the interprofessional clinical education curriculum, a description of the policy context of the intervention, a description of the curriculum implementation setting and the implementation history of the curriculum planned by faculty for the *Family Advocacy Clinic*. Sources of data used for this part of the data analysis include: interviews with the Steering Committee members (N=5) of the Interdisciplinary Center for Family and Child Advocacy Center who had initiated the clinic and clinic faculty (N=5). Documents that were reviewed include: Interdisciplinary Family and Child Advocacy Center Annual Reports to the Deans from 1997-2005, clinic faculty memos, meeting minutes and class planning and de-brief notes (2001-2004), clinic syllabi (1998-2005), clinic handbooks (1999-2005) and internal evaluation studies (1998, 1999 & 2000).

In 1998, the School of Law, the Graduate School of Social Services and the Department of Developmental Psychology joined together for the purpose of developing and providing students with a structured opportunity to collaboratively practice and learn together in a clinical legal education program. Curriculum developers (N=5) were in agreement that the broad goal of the initiative was "to teach students from different professional groups to learn how to work together as 'equal teams' and collaborate more effectively so that they could harness the power of both professions to provide holistic

legal representation" (Interdisciplinary Center for Family and Child Advocacy Steering Member Interviews).

## Curriculum Sponsors

The faculty who initially developed the clinic had come together through their affiliation with the Interdisciplinary Center for Family and Child Advocacy. The interprofessional clinic was and is considered to be an activity of the Interdisciplinary Center. The Interdisciplinary Center for Family and Child Advocacy was created in 1995, by two faculty members: one from the School of Law and another from the Graduate School of Social Service in response to faculty being challenged by administration to seek new ways that the University could serve society's most needy children. Soon joined by an additional social work professor and clinical law professor, faculty established a purpose for the initiative:

> To provide a forum in which Schools within the University could work with one another and with the professional community to develop the interdisciplinary delivery of services to better meet the needs of at-risk children and their families in their community (Interdisciplinary Center for Family and Child Advocacy Executive Report, 1999, p. 1).

The clinic appears in the Center's Annual Report each year under a review of graduate education initiatives (Annual Reports 1999-2005). Identified as a "University-based Interdisciplinary Clinic" the Center description focuses on providing service to clients in a "holistic" way or with the idea that legal rights and psycho-social needs should be addressed simultaneously and synergistically:

> Law, social work and psychology students provide professional services directly through the School of Law's clinical program. Since the Fall of 1998, students assigned to the *Family Advocacy Clinic* have been providing service to families and children with cases involving intimate partner violence, child welfare and special education and children's disabilities. Students' work on interdisciplinary teams supervised by law,

> social work and psychology faculty. Teams address the legal needs of clients and the psycho-social issues raised by those needs. (Interdisciplinary Center for Family and Child Advocacy, Annual Report, 2004).

The second sponsor for the *Family Advocacy Clinic* is the clinical legal education program in the School of Law. The interdisciplinary clinic in its various forms has appeared each semester in the clinical education program's brochure (Clinical Education Brochures, 1998-2004). The clinical education program is the implementation setting and primary funding source of the interprofessional clinic. The clinical education program in the School of Law has a dual purpose: providing legal services to clients and the education of professional students. There is both a classroom (seminar) and practice component (casework), contained within the same structure and supervised and taught by the same person, a faculty member from the School of Law. The dual nature of the clinical experience is conveyed to students in the clinic handbook:

> This is *a law firm within an educational setting* and we will therefore have the luxury of spending more time preparing cases, providing supervisory critiques and addressing underlying issues than might be available in other practice settings. You will participate in individual and team review sessions with supervisors, have regular opportunities for collaboration with other students and receive preparatory classroom instruction (Clinic Handbook, 2004, p.15).

During the period that this evaluation was conducted a description of the *Family Advocacy Clinic,* as well as the other clinics in the program, appears each semester as part of the recruitment and application process for law students in a clinic brochure. The primary focus is on student learning and the development of professional knowledge and skills. *The Family Advocacy Clinic is* described as an experience that will give law students:

> An opportunity to look systematically at the professional challenges of representing families and children and does so in three ways. First, students learn the basics of client representation by working directly with their client, handling all aspects of a client's case from interviewing through counseling, discovery and negotiation to final settlement or litigation. Cases may take students into administrative forums and into N.Y. state and federal trial and appellate courts. Second, students learn a collaborative, interdisciplinary practice, as they join students in Fordham's doctoral psychology and social work masters' programs, using business and industry models as a framework for problem-solving and conflict resolution. The array of cases is broad, but the core of cases involves children's disability, special education, foster care and adoption and state intervention into family life. Third, students learn how to take on policy and legislative issues when client problems can best be solved by such approaches (School of Law, Clinic Brochure Fall 2004).

Influences from both of the sponsoring organizations, one emphasizing service to clients, the other emphasizing student learning, problem-solving and skill development, can be seen in the current program description that is found in the syllabus for the *Family Advocacy Clinic.* The description calls attention to the interactive nature of professional knowledge (seminar) and professional practice (casework) with a focus on both student and client. "Providing services" and "legal representation" are translated into "practice", "advocacy" and a focus on client self-determination, common concepts shared by each of the professions:

> The *Family Advocacy Clinic* seminar complements your clinic fieldwork. In the casework students engage in a multidisciplinary practice working in teams to advocate on behalf of families and children in areas including domestic violence, benefits and services, children's disability, special education, child protection and child custody. The integration of legal, social and psychological services to families is based on the premise that legal interventions in family issues are more effective when clients have an opportunity to fully assess their situation from a legal, social and psychological perspective and have legal, emotional and psychological support to carry through on the decisions they make during this process. Our work with clients will respond to the clients' decisions about their individual circumstances and will also implicate policy, legislative and community service issues that arise in our clients lives (Family Advocacy Clinic, Fall 2004 Syllabus, p. 2).

The key idea or practice theory, is to broaden or "more fully assess" a client problem by several professionals contributing knowledge about the problem with the objective of increasing the options and outcomes, including solutions on a systems level. A key aspect of the theory is the conceptualization of *the client as key decision-maker.* The theory also acknowledges that there are social and psychological aspects to the decisions being made that go beyond the legal aspects of the case and the individual system level.

A fuller description of the two sponsors and their individual goals and objectives is crucial to understanding the *Family Advocacy Clinic's* current curriculum theory, structure, goals and desired outcomes.

## The Interdisciplinary Center for Child and Family Advocacy

### *Policy Context*

The Interdisciplinary Center for Family and Child Advocacy was conceived in part, in response to a number of highly sensationalized local child abuse and fatality scandals citing massive failures in professional communication and collaboration that resulted in a widely publicized and nationally watched class action lawsuit (Steering Committee Law Faculty A Interview). In addition, both the lawsuit and evaluations from the monitoring agency appointed by the federal court as part of a settlement agreement, found an unsatisfactory level of professional practice and collaboration between social workers and lawyers assigned to work with families in the Family Court and pointed out the adversarial nature of professional interaction that served to interfere in successful and timely outcomes for children. The legal and social service systems that had been designed

to address the rights and needs of children and families were working in parallel, and were often in conflict (Final Report, Special Child Welfare Advisory Panel, 2000, p.35).

Since the 1980's, federal legislation had been requiring more judicial oversight of child welfare decision-making (Adoption Assistance and Child Welfare Act, 1980). Major new federal child welfare policy legislation also fueled the initiative (Adoption and Safe Families Act, 1997; Interdisciplinary Center for Family and Child Advocacy Report to the Deans, 1999). The current child welfare legislation required shorter time frames and increased judicial monitoring of service delivery that necessitated increased levels of, and more frequent, collaboration between lawyers and social workers (Adoption and Safe Families Act, 1997).

These factors served to shape and influence the identified social problem, the lack of professional collaboration resulting in delayed and fragmented service provision to families with children, that the Center was created to respond to:

> While the intersection of law and social work in cases involving the welfare of at-risk children and families is easily identified, that identification has not led to successful collaboration among the disciplines. This professional split permeates the systems designed to address the problems of women and at-risk children. Courts, judges and lawyers work in systems that parallel those set up to deliver care, services and protection. When these systems intersect at all, they do so poorly. The result is needless and damaging delays in court, and in decision-making institutions that are not set up to permit the legal and social needs of at-risk children and families to be holistically addressed (Interdisciplinary Center for Family and Child Advocacy, Dean's Report, 1997, p.5)

The first idea to develop an interdisciplinary center in the University in response to this practice condition came from a tenured law professor who was an advocate for legal services for the poor and suggested a solution to the adversarial nature of the relationship between the professionals practicing in the in child welfare arena:

The concept was simple; to use the University as a neutral ground for all

> the players in the field, all presumably good intentioned people, to come to a neutral environment so they could discuss their problems and solve them cooperatively instead of beating each others brains out or bringing class action lawsuits and all of that so I went to the Deans with that idea (Steering Committee, Law Faculty A Interview)

The condition of service fragmentation and delay, need for more effective collaboration between legal and social work professionals and more integration between the two service systems, was responded to by the Center's decision to better meet the needs of at-risk children and their families by improving interdisciplinary collaboration and that became the overarching mission and intervention theory of the Center.

The Center provided the following rationale for its creation and its vision of an appropriate role that would move beyond the current adversarial approach between the two professions and would intervene at the system level:

> The Center responds to the clear need for service among some of society's most vulnerable populations and to the equally clear need to reduce the lack of interdisciplinary collaboration that has served as a barrier to providing needed services to at-risk children and families in their communities. A University-based Center, as a neutral party, is uniquely situated to develop collaborative approaches among the professions, private institutions and government, each of whom share the common, yet elusive goal of supporting and serving at-risk children and their families (Interdisciplinary Center for Family and Child Advocacy (Annual Report, 2000-2001, p.1).

*Center Activities and Interventions*

Two factors occurred that shaped the early activities in the direction of professional graduate education as an intervention method for improving interdisciplinary collaboration. The two social work professors had received funding to support the graduate education and training of child welfare workers so the early focus was on graduate education and continuing education (Steering Committee, Social Work Faculty B Interview). Additionally, rather than wait for institutional funding the faculty decided

to proceed. The following narrative is an example of the way involved faculty approached challenges and the problem-solving style that is evidenced throughout this study by various faculty members. One of the founding members described how the Center activities actually began:

> I told the group the Deans were going to get the money but it is going to take time so why don't we go without the money? What have we got to offer? We are all teachers and we can teach the courses, and we can do them on an interdisciplinary basis and so within our capacity as teachers we can get the course on the schedule and recruit from the school of social work and the law school and we can team teach and we got the thing going (Steering Committee, Law Faculty A Interview).

The first interdisciplinary course, "Interdisciplinary Approach to Child Abuse and Neglect", co-taught by a law professor and a professor of social work, was offered to 15 law students and 15 social work students in Fall 1996. With the addition of a clinical law professor and another social work professor with an expertise in domestic violence as affiliated faculty, another course, "Interdisciplinary Approach to Domestic Violence", was offered to students in Spring 1997.

The second initiative faculty members began in 1996 was the creation of interdisciplinary externships for law students and field placements for social work students with a required interdisciplinary seminar. Law and social work students were co-located in community-based legal services agencies and participated together in a seminar co-taught by a social work and law professor, with the stated purpose of exploring the barriers to interdisciplinary partnerships posed by "mandatory reporting statutes, differing ethical obligations, education and the historical divisions among the professions" (Center for Family and Child Advocacy, Annual Report, 1999, p.11).

The Center also extended community linkages by planning and participating in a number of university-based interprofessional conferences that addressed current practice and legislative issues in child welfare from the perspectives of each profession. Interprofessional faculty teams also began to collaboratively write articles and participate in presentations about the interdisciplinary work of the Center in forums outside of the university (Center for Family and Child Advocacy Annual Report, 1999, p.11; Forgey & Moynihan, 1999).

In 1997, the Department of Developmental Psychology joined the initiative as well as the Director of Clinical Legal Education. At this time a formal Center structure was created. Advised by a Steering Committee with faculty representatives from each of the participating Schools including the founding members (1 tenured law professor, three clinical law professors, 3 tenured social work professors, one tenured developmental psychology professor), two faculty from the School of Law and the Graduate School of Social Services served as Co-Directors (Center for Family and Child Advocacy Annual Report, 1999, p.8). With an organizational structure in place, the Center articulated the three major activities that it viewed as being necessary to achieve its mission of improving interdisciplinary collaboration: graduate education, university-community linkages and evaluation research (Center for Family and Child Advocacy Mission Statement, 1999-2001, p.1). The Center received no financial support from the University until 2000.

After extensive advocacy by the Steering Committee, the University in 2000, designated approximately $100,000 in funding per academic year to the School of Law and the School of Social Services to be used to support the Center activities and staff

(Interdisciplinary Center for Family and Child Advocacy, Annual Report, 2001).

Developmental Psychology as a department received no financial or other support from the Graduate School of Arts and Sciences to participate and coupled with the fact that faculty was geographically separated from the other two schools because of their physical location on a campus in another borough, greatly influenced the extent and degree of Developmental Psychology's participation and influence (Interdisciplinary Family and Child Advocacy Center Annual Reports, 1999-2004). The Steering Committee Member from Applied Developmental Psychology did not respond to requests to be interviewed for this study nor were there responses to requests for documents and materials. This has resulted in this evaluation study being primarily focused on the collaboration between the School of Law and the Graduate School of Social Services.

The Center currently assists the Family Advocacy Clinic in the recruitment of law, social work and psychology students, provides elective coursework that could supplement the clinic curriculum, provides career development services for students that participate in the Center activities, organizes and facilitates conferences and community linkages that promote clinic student and faculty development and networking and provides information and interprofessional resources to the clinic through its website and thus functions as a resource (Interdisciplinary Center for Family and Child Advocacy Annual Report, 2005).

At the time this evaluation began, the major activities of the Interdisciplinary Center, and the place of the clinic within them, as one of three methods of graduate education is described:

> By promoting the development of interdisciplinary electives, field/externships and *clinic opportunities*, the Center gives the University the capacity to profoundly influence a student's knowledge and skill in forming collaborative relationships that involve other essential professionals and families being served. The Center also helps meet the University's responsibility to contribute to the limited knowledge base on collaborative work by engaging in the systematic evaluation of the impact of Center initiatives on students, community professionals and clients. Lastly this University-based Center can share knowledge about collaboration through continuing education, conferences and its website (Annual Report to the Dean's, Interdisciplinary Center for Family and Child Advocacy, 2004).

*Genesis of an Interprofessional Clinical Education Curriculum*

Curriculum developers believed that the creation of an interdisciplinary clinic was a natural extension of the graduate education and community activities the Center had already initiated. The majority of law faculty on the Steering Committee (N=3) were clinical law professors already teaching in live client clinics in the clinical education program of the School of Law, facilitating the issue of access.

Another significant stimulus was that the next major task of the Center that had been identified as having a high priority was to achieve the goal of obtaining institutional and outside sources of funding and the Social Work Faculty who were members of the Steering Committee believed that the development of research initiatives was central to this task (Interdisciplinary Center for Family and Child Advocacy Report to the Deans, 1999).

Despite the high degree of collaboration required by the new child welfare policy legislation, there was a lack of available and current research investigating the challenges of collaboration faced by lawyers and social workers in the child welfare arena (Taylor, 2006). The social work faculty members (N=3), of the Steering Committee conceived of the clinic as "laboratory where you could study the interaction between professionals and

then figure out how to facilitate it" and that would be under the control of the university minimizing barriers to access for research purposes. This would result in faculty being able to articulate "a model of teaching transferable to other universities and a model of practice, transferable to the field" (Steering Committee, Social Work Faculty B Interview).

A Steering Committee Member, Social Work, described the evolution of the idea and the thinking of the Steering Committee Members regarding the rationale for a clinic:

> We had stand-up classes, these came first, classes in place to support the placement, then placement and seminar and then why not our own clinic as interdisciplinary? The original thinking was to develop a model for the field, both a model of education and a model of practice for the field. Compared to field placements there could be an overall plan to have more structured contact between the disciplines. We were looking for something that could be transferable to real life, moving from a consulting model to a true integrative equal team model. The clinic would be a laboratory, where we could develop and tease out the model, get it into the field and into other universities (Steering Committee, Social Work Faculty A Interview)

The vision for the clinic, or in the words of one Steering Committee member, "aspirational model" of an equal team was an attempt to move away from a model where lawyers decided when and how to have social workers work with them on a case to having both professions assume responsibility for a case by working collaboratively on client legal problems as an "equal team" to "harness the power of both professions to achieve a client goal".

*Levels of Faculty Agreement on Early Goals and Objectives*

One goal the majority of faculty on the Steering Committee, both law and social work, agreed upon was that the clinic could be a vehicle that could counteract what they believed was unprofessional socialization practices and the level of professional defensiveness, competition and sub-standard practice in the field. Faculty teaching the

integrative seminars were finding that co-location in the field placements alone was not enough to facilitate effective collaboration:

> The challenge is in placements where the team is not an equal collaboration; social work students express dissatisfaction with feeling lower on the totem pole in comparison to attorneys. You know they feel they are being put in a position where they are doings things, skills, below a Masters level (Social Work Field Advisor Interview)

The solution to this was "having more control over placements by academia to manage interdisciplinary tensions and allow students to develop and learn best practice" and to develop the aspirational or "equal team" model of interprofessional practice (Steering Committee, Social Work Faculty B Interview).

A goal shared by faculty from both schools was a desire to produce "well-rounded professionals" that not only have some working knowledge of other disciplines but also a working knowledge of what kinds of information other professionals have. Students would need to know how to obtain another profession's knowledge when they confront a situation in practice where they need to know it to better meet the needs of the client. Center faculty believed that the work in the arenas of child protection and domestic violence were by their very nature interdisciplinary and therefore non-lawyers should know about the law and the lawyers should know about social science, thus making each better at their own professional practice and better able to communicate and collaborate with each other.

Key skills that would need to be to be developed by students were identified as: re-framing one's professional knowledge base for a lay audience or someone not of your profession, learning to tolerate the anxiety of interacting with another profession coming from a different point of view and learning how to reflect, process and plan for a client

together as an interdisciplinary team (Steering Committee Member Social Work Faculty A Interview). Social Work faculty stressed the need to define and understand the roles, duties and responsibilities of each profession so students could work more efficiently in interdisciplinary settings and be more open to working in interdisciplinary settings after graduation.

The law faculty believed that the clinic could create positive socialization experiences that would encourage law students to do pro bono work in the future and "to expose law students, many of who have never been exposed, to the kind of people from our client population" (Steering Committee Member, Law Faculty B Interview). Some law faculty members were also much more focused on how working with other professions could assist law students in more aggressively obtaining their clients goals and broadening the scope of their professional analysis or knowing "something more" as a result of the interprofessional interaction. The law faculty saw interprofessional education as an opportunity for knowledge and option expansion:

> One goal is to expose students to other disciplines. To the methods of analytic thinking in which other disciplines engage, to learn from one another in that regard. It's not just analytic thinking or substantive knowledge, it's also methods of operation, procedural. Students from the Graduate School of Social Services would have knowledge of how to operate, how to manage or manipulate the system and law students would benefit from knowing that. (Steering Committee, Law Faculty B Interview)

*Theory of Interprofessional Education*

The dynamic federal and local child welfare policy scene and a systems perspective energized the initiatives of the Center and provided a common area of interest and a place of integration for the students, faculty and the different program activities. Although not clearly articulated as such in program documents, analysis reveals that at

the heart of all the educational innovations was the theory that primary learning, or "interprofessional learning" would occur *by and through the interaction of students from both professions,* when students were physically placed together, or *co-located*, in the classroom and in the field and the resulting *reflection, dialog and practice* that could occur when the interaction *was facilitated by faculty from both professions*:

> We talked about the law and some of the state legislation that created the system and what some of the issues created by that were, and we both worked to help the law and social work students place themselves within the system and the Family Court system. Law and social work students were at the time able to be placed together in the same agencies and that greatly facilitated the dialog between the lawyer-social worker collaboration in different settings (Steering Committee, Social Work Faculty A Interview).

A second aspect of the theory was using the system arena as a lens or vector from which to view interprofessional practice. As a way of minimizing the climate of professional defensiveness that had occurred as a result of the preceding events and promoting its stance of neutrality, the Center faculty continued to use language and frameworks that focused on the systems professionals were working in as the lens from which to view professional practice rather than on the professionals themselves:

> From the beginning, and I don't know how much of this was me and how much the law professor but we were very interested in framing this from a systems perspective and trying to think of this in terms of placements, of students being placed in agencies that represented the child welfare system as a microcosm as a way to talk about how they might work together (Steering Committee, Social Work Faculty A Interview).

All of the Center activities involved key structures that appeared regularly: law and social work students were always co-located in the classroom or in a field setting, teaching of classes and seminars and faculty oversight of the field placements were always provided by both a law and social work faculty team, there were interdisciplinary learning assignments so law and social work students could work together and faculty

always appeared as interprofessional teams when providing training, outside consultations, attending conferences or writing.

An analysis of the interdisciplinary course syllabi and Interdisciplinary Annual Reports from this period, suggest that the above structures were implemented regularly and consistently. What was not described is the nature of the interaction that occurred between the students, between the faculty and between the faculty and students and was therefore unpredictable. These interactions could be identified as a contested space where differences between faculty members began to emerge.

Key questions and conflicts were to what extent the dialog and reflection of the students should be controlled or directed by faculty and whether the students were learning the content in parallel or whether content was being used as a lens or vector to also learn how to work in synergy or collaboratively. A Steering Committee Member, Social Work Faculty B, identifies the complementary nature of, but also the tension that existed, in the interdisciplinary seminar to maintain a balance between, the imposition of structure and the allowing of an organic process to unfold stemming from student reflection and dialog:

> There is always a tension in the interdisciplinary seminar between the need to instruct and teach and the need to process and it swung one way or another at different points in time. At times there was the feeling it was out of balance and then we would have to do some correcting.

An illustration can also be found in the difference between the two interdisciplinary courses. The Interdisciplinary Approach to Child Abuse and Neglect, originally a lecture course, when taught by different faculty teams, evolved into a simulation course. A simulation course is a course where students are presented with a problem case in the classroom and then as interdisciplinary teams actually work through

the professional analysis, develop their professional roles and "simulate" or "act out" interprofessional interactions and interactions with clients. A simulation course has less focus on content and more on the process between the different groups of professional students around particular issues such as child neglect and how students apply content to practice (Interdisciplinary Approach to Child Abuse and Neglect Syllabi, 1997, 1998).

In contrast, the Interdisciplinary Approach to Domestic Violence was organized as a lecture course that identified parallel law and social work roles at various phases of practice and was focused more heavily on content and suggesting appropriate roles lawyers and social workers might play when they collaborate in a case of domestic violence (Interdisciplinary Approach to Domestic Violence Syllabus, 1997). These are examples of competing discourses that then impacted the ideology and thus, teaching methodology employed in the interprofessional education activities that existed at the time the clinic was being initiated. These competing discourses would have an impact in both positive and negative ways on the development of the interprofessional clinical education curriculum.

Trevillion and Bedford (2003) offer a useful way to conceptualize the competing ideologies that surface in discussions about the definitions and goals of interprofessional education. Interprofessional educational ideology can be a *utopian* discourse in that it explores alternatives that can move beyond existing constraints, contradictions and relationships to others to create new knowledge. The primary emphasis is on thinking, abstraction and some kind of future ideal or greater knowledge. This would describe the aspect of the Center's theory that "sought to harness the power of both professions to achieve a client goal", promote and facilitate interprofessional dialog and that would

result in a “holistic approach” increasing the options and outcomes for a client and create system change.

When the focus of interprofessional education is on roles and relationships such as the need to address problems relating to inequality, stereotyping, miscommunication and the inadequacies of current service provision, it reflects a *pragmatic* discourse or an emphasis on dealing with the real world of practice as it currently exists (Trevillion & Bedford, 2003). The primary emphasis is on the actual experience of working with others. This discourse is representative of the “equal team” and “improving interdisciplinary collaboration” aspect of the Center’s theory of interprofessional education and practice.

Trevillion & Bedford (2003) suggest that the two discourses of interprofessional education; utopian and pragmatic, can be seen as different but complementary aspects of the same phenomenon, each having their own epistemological and ontological leanings. Although complementary, in their own research, the authors found that one or the other ideology is usually predominant and significantly influences the curriculum and subsequently the teaching and learning is organized to reflect this (Trevillion & Bedford, 2003). In this study it was found that both theories were in operation during the shaping of early educational activities of the Interdisciplinary Center and resulted in different teaching methodologies and curriculum activities. The utopian discourse more accurately reflected the ideology of the law faculty and the pragmatic discourse was more reflective of the views of social work faculty.

*The Issue of Power*

Though not articulated as such, the notion of "equal team" and "holistic" representation represented an attempt by the Steering Committee to destabilize existing social relations both between professionals and professionals and their clients. Other research has found, particularly in public interest law and social work, that individuals often have deep emotional and moral connections related to their professional identity that are connected to human reasoning (Costello, 2005). For this reason cognitive and rational approaches such as "equal team" or "holistic representation" are unlikely to immediately change professional cultures or destabilize existing social relations (White & Featherstone, 2005).

In Steering Committee faculty interviews for this study, the words "equal team" had different meanings for law professors and social work professors. Social work professors used words or phrases when describing why the model was important, like: *"lower on the totem pole*", "social workers not being able to have their voices heard or acknowledged within interdisciplinary settings that are *dominated* by lawyers", social workers are still "professionals *subordinated* within the legal structure" and "*power differential"*. One faculty member suggested a goal for social work students would be to learn how to develop an ability "*not to cave*", when interacting with different professions. Here we see social work faculty being most preoccupied with aspects of the pragmatic discourse such as inequality.

Law faculty used different terms to describe what they meant by "equal team" such as *"equal decision-making"* and having *"joint responsibility"* for client outcomes. The encrypted issues of power and status in the words "equal team", and the very real

fact that the three professional schools did not have equal power in the University as represented by salary differentials for both professors and alumni, different access to resources and the allocation of space granted to the schools by the University, was not addressed directly by the Steering Committee.

There was also a lack of acknowledgment of the different gendered histories of the two professions and the historical fact that since the 1970's the primarily female based professional social work practice of child welfare had been increasingly regulated by the Court and legal system (Swift, 1995). Other evaluation research conducted in interprofessional health care settings also suggests that gender and class differences that underlie professional histories also underlie current challenges to collaboration (Hall, 2005).

The fact that many of the recent lawsuits had been initiated against social service professionals and institutions by lawyers and the increasingly negative critique in the media of social workers and social work practice, particularly in regard to child deaths, placed social work faculty in a highly defensive position and thus one could understand why they might be more concerned with issues relating to a pragmatic discourse focusing on inequality and stereotyping and a need to ensure their status position in the new initiatives. Law faculty members were not in such a defensive situation, did not need to shore up their status position and could focus more on a utopian vision that looked to new ways to solve client problems.

As acknowledged retrospectively by all faculty members interviewed for this study these factors created an underlying tension throughout all of the negotiations related to the early development of the Interdisciplinary Center and the interprofessional

clinical education curriculum and were not identified or addressed until late in the developmental history of the clinic. The following narrative suggests that changes related to professional stereotypes can be experienced by faculty after they have been involved in an interprofessional experience that incorporates a historical discussion about professions, begins to focus more on what knowledge can be brought to the understanding of a client problem and when faculty can deal with difference productively. A clinical law professor and program founder looking back acknowledges:

> So, I came to this with a lack of humility, I said, "Wait a minute, lawyers can do that". When looking now at the array of social work skills and tools that are brought to bear it took me awhile to appreciate that all I was bringing was a citizen's knowledge and that there was knowledge base of which I was totally unaware that I believe would have helped me as a professional. So that was personal, but I also learned about the increase in regulation around the professions, a little bit more about the histories of our professions, understanding why our professions were driving us in certain kinds of ways and an awareness of overstepping professional bounds and from that then inculcating in myself a more humble attitude (Steering Committee, Clinical Law Faculty E Interview)

## Clinical Legal Education Program of the School of Law

It is important to understand some background about how clinical legal education was theorized and practiced in the School of Law where the interprofessional clinical education curriculum would be implemented. The organization and setting of a program can have profound effects on a program and its development and for this reason must be fully described (Smith, 2005).

The curriculum or program setting for this study is the clinical education program of the School of Law. The clinical program at the School of Law provides free legal services to primarily low-income clients through Lincoln Square Legal Services, a non-profit law firm that also serves as the field and practicum placement site for social work

and applied developmental psychology students (Clinic Handbook, p.1). The Family Advocacy Clinic is one of eight clinics offered to law students as part of the clinical education program.

*Physical Description of the Clinical Education Program*

The dual purpose of the clinical program, client practice and education of students is evidenced in the geography of the program (Site Observation Notes, 2005). The clinical education program of the law school is physically located on a floor of a building one block away from the main law school building and the building that houses the Graduate School of Social Services, and a block away from access to bus and subway transportation. The psychology department and faculty are primarily based on a campus located in another borough. Proximity for both law and social work faculty and students facilitated on-site participation and was an obstacle in the achievement of full participation on the part of students and faculty affiliated in the Department of Developmental Psychology.

The clinic perimeter is in the shape of a large square with a smaller square in the middle of the space. One-half of the internal square is a small, enclosed library with two glass doors. The library is used for research and is furnished with a large conference table and chairs, and has bookcases from floor to ceiling on two of the walls. The space is also used for meetings, group supervision and special events with students, such as beginning and end of semester luncheons.

The other half of the square is 5 rows of rectangular tables and chairs each table having 4 computers and 4 telephones for the students to use in conducting business. This area is completely open and often very noisy as students are talking with each other and

are on the phone. Faculty offices are located around two outer perimeters of the space and have a long window next to the door, so the office is open to the outside even when the door is closed. Each faculty office is equipped with a round table and chairs to facilitate team discussions, a desk, computer and a television monitor to view simulations. Across the hall from faculty offices are open cubicles for support staff and student workers.

One of the remaining two outer perimeters is the reception area and the front desk. The last outer perimeter is flanked by number of private rooms, called simulation rooms, furnished with conference tables and chairs for the purpose of meeting with clients and conducting student simulations. Each of these rooms is equipped with video cameras and monitors for the purpose of conducting simulations. Off to the back of the far left side of the space is a small kitchenette, with a round dining table and chairs, available to both faculty and students. Adjacent to the kitchenette is a copying and document preparation workroom.

There are no individually assigned private offices for students. Students have an individual mailbox and each clinic has a file cabinet for students to put personal possessions or leave books or other documents. The individual clinics all share the same space and have anywhere from 8-25 law students per clinic depending on the number of faculty affiliated with each clinic. This means that at any given time, there are significantly more law students in the space than social work and psychology students (Observation Notes, 6/15/05). The physical space, the sense of openness and furniture of the clinic suggest a culture that encourages collaborative work. The only completely private spaces in the clinic are where client meetings are held.

The organizational culture of the clinic for students and faculty is driven by an emphasis on professional autonomy and is administered as a law firm. Hours of operation are: 7 a.m.-11:50 p.m. M-F and 8 a.m.-5:50 p.m. Sat. and Sun. (Clinic Handbook, 2004). These flexible business hours allow for the reality that many students are taking classes during usual business hours, faculty and students may be in court or in other appearances and allows students the ability to meet with working clients in the evenings or on the weekend. In a law firm, research, writing and other tasks are often done after court hours. Students and faculty can be found working at 10 p.m. or on a Saturday afternoon, often dropping in between classes or meetings (Observation Notes, 11/5/05). Take-out food is delivered to the clinic at various times of the day and evening, ordered by both faculty and students. There are not set meal or break times.

Another aspect of "time" that is relevant to the program is that of academic time. Although the actual practice continues throughout semester breaks and the summer when cases are covered by faculty, there is far more client involvement and work being done on the cases during the academic year when the students are working in the clinic. This also means that clients who have cases that take longer to resolve may be working with multiple teams of students. The effects of this condition on the client experience has been under-explored but was repeatedly raised as a concern by students while being interviewed for this study.

The hybrid education/practice culture of the clinic can also be observed in how faculty and students dress. On the days that faculty are teaching seminar or having outside appearances they will dress formally in a suit. When there is not a professional contact or task for that particular day, one may find faculty casually dressed in jeans or

less formal attire. Students are generally dressed casually as they would for usual classes unless they are meeting with a client in the clinic or attending meetings or appearances outside the clinic when the attire will be formal and professional such as a black suit and white shirt for male and female law students and dress pants or skirts and shirts or sweaters for female and male social work students (Observation Notes, 12/5/05).

There is a Director of Clinical Education and an Office Manager who oversee the general administration of the practice (law firm) and educational (clinical legal education) components. Each clinic is also assigned an administrative support staff to assist the faculty and students with case management and provides administrative support to faculty around the classroom component of the clinic and other scholarly work (Clinic Handbook, 2004, p.26-27).

*Purpose of Clinical Legal Education*

The clinical education program in the School of Law, like many professional clinical education programs, has a dual purpose: service to clients and education for students**,** each aspect having different authorizing bodies (State Supreme Court; American Bar Association Standards for Accreditation, 2005), but contained within the same structure and supervised and taught by the same person, a faculty member. There is both a classroom (seminar) and practice component (casework) and the experience is not tied to the rest of the law students' current course work with the exception of a course that is a pre or co-requisite for taking a clinic, Fundamental Lawyering Skills (Clinic Brochure, 2004).

The overall purpose of the clinic experience is to broaden and deepen students' awareness of the professional processes in which they are engaged, as they practice with

clients. Readings, classroom discussions, simulations and writing assignments in the clinic seminar are all geared "to help you explore your work with clients in a focused, critical and reflective manner" (Clinic Handbook, p.15). There is a heavy focus on professional socialization, self-reflection and professional autonomy. Students working on interdisciplinary teams are admonished to use the experience of working with other professionals "to identify the unique aspects of practice in interdisciplinary legal settings and to enrich your understanding of the relationship between the practice of other disciplines and your own professional practice" (Clinic Handbook, 2004, p.15).

Learning objectives for clinical education that are articulated in the clinic handbook also reflect the dual purpose of clinical education. There are some objectives related to thinking, reasoning and analytic process: to develop critical judgment and problem-solving, to effectively apply legal reasoning and research, to gather data and do fact analysis, to analyze the purpose and function of the law, and self-reflection, or to constantly learn from ones own experiences. The remainder of learning objectives are related to skill development or the practice of a profession: development of professional responsibility, effective attorney (professional)/client interaction, collaboration or to learn to work well with others, to develop respectful professional relationships with others outside the clinic and effective communication, both orally and in writing (Clinic Handbook, 2004, p.16-17).

*Theory of Clinical Education: Non-Directive Supervision*

The approach to teaching and learning about practice in the view of clinical legal education is called, "non-directive", emphasizes professional autonomy and discretion, links theory and practice and is illustrated by the following:

> Our goal is to give you as much responsibility for the representation and casework as you are capable of undertaking and is consistent with the Code and ethical rules of social work and psychology. In our experience the best learning environment is one in which you think and act like the client's lawyer, social worker or psychologist, not one where you are told what to do every step of the way (Clinic Handbook, 2004, p. 15).

This theory of professional education contains three ideas, "thinking" and "acting" and not being told what to do, code for professional autonomy. All professional education includes the learning of both theory and practice and contains dual discourses, similar to those in interprofessional education. Student-directed, and not faculty controlled, learning is also a key aspect of the theory of clinical education.

## Field Education-Graduate School of Social Services

### *Purpose of Field Education*

The clinic is also a field placement, or field site, for social work students. The purpose of field education in the Graduate School of Social Services also includes a focus on education and service to clients and on the integration of theory and practice:

> The purpose of field instruction is to provide students with a supervised practice experience within the context of service. It is the mutual responsibility of the School and the cooperating agencies to provide the student with relevant practice and its theoretical base (Graduate School of Social Services Field Instruction Manual, 2004, p. 3).

In social work field education most placements are in an outside social agency and practice and classroom instruction are seen as two complementary but distinct processes. Students take coursework that in theory is designed to complement their field experience:

> Paralleling the classroom curriculum, the chief objective of the field experience is to provide the student with the opportunity to engage actively in professional tasks that complement and reinforce classroom learning (Field Education Handbook, Graduate School of Social Services, p.3).

Further indicating the parallel nature of the experience is the practice of assigning social work students a faculty member, apart from the field instructor or supervisor, who assigns a grade and functions as "the bridge between the student, the field placement and the school" (Field Education Handbook, Graduate School of Social Services, p. 20).

Unlike clinical legal education where both the education and practice aspects of the experience are under the complete control of the School of Law and one faculty member, numerous individuals could potentially influence and impact the field education experience. Field is directly tied to both required and elective courses the social work student is concurrently taking. In addition to a field instructor and a field advisor, several other faculty members could be giving students assignments and content to be used in their field placement, regardless of the context of the placement. In field agencies the primary focus will be on the client and secondarily the learning needs of the student.

In contrast to learning objectives for the clinical experience laid out in the Clinic Handbook, general field instruction learning objectives include much less focus on thinking and analysis, more emphasis on content, particularly about clients and places the responsibility for achieving the objectives on the field instructor rather than on the student: help students apply theory to practice, inculcate a spirit of scientific inquiry and evaluation about assumptions, develop the student's commitment to the professions values and ethics, provide students with a generalist view of social work agency based practice and an opportunity to concentrate in an advanced practice method, introduce students to diversity of culture, ethnicity and class and appreciate impact on clients, provide students with opportunities to engage diverse client populations and systems through dynamic assessment and increase student's awareness of the political,

environmental, organizational and economic influences on the delivery of social services and work with, around and against those forces on behalf of clients (Field Education Manual 2004, p. 5).

*Theory of Field Education*

In contrast to the model of "non-directive teaching and supervision" employed in clinical education the role of the field instructor envisioned by the Graduate School of Social Services is:

> The field instructor is a professional role model for the student. The field instructor conveys specific and general knowledge and skill, provides a stimulus for the student's systematic and reflective thinking about social work theory and practice and serves as a source of control and direction. (Field Instruction Manual, p. 24).

Another key difference related to level of professional autonomy is reflected in who has responsibility for the evaluation of practice. In clinical education the responsibility for the evaluation of ones own practice is placed on the individual student and the goal is to inculcate a life long habit of self-reflection and critique of ones professional practice. The role of the supervisor is to assist the student in developing the habits of mind and the skills to internalize this process. In contrast:

> There are evaluation forms provided by the School for Advanced Practice placements in the clinical concentration. Evaluations should be discussed jointly after student and field instructor have each reviewed the semester's work. However, while the student should have input into the process it is the field instructor's evaluation of the student (Field Instruction Manual p. 27).

Differences between Social Work Field Education and Clinical Legal Education

Numerous studies illustrate that differing school structures and individual school requirements of both faculty and students have been found to exert an influence on the planning and delivery of interprofessional education (Freeth, et al., 2002). It is significant

to note, that many of the expectations, accreditation standards and requirements of each of the participating schools, were not known to clinical faculty, including the author, until the research and writing of this dissertation and would not have come to faculty attention without the writing of this detailed curriculum description. During the carrying out of this evaluation, it was found that these differences did in fact impact the educational and work experience of students and faculty, but were not always framed as competing curricular demands, but rather as professional stereotypes.

A very concrete example of one of the ways these different requirements impacted the clinical education experience is how work "hours" was viewed. One of the goals of providing a practice experience for professional students is socialization into the work cultures of their professions. A focus on individual practice and autonomy was a key aspect of the socialization process for lawyers. Social work students are generally taught to collaborate, participate and cooperate within an agency-based organizational framework. One of the overall objectives of the second year field placement is to "understand the social work purpose and role in the agency setting" (Field Instruction Manual, 2004).

Aside from clinic seminar and case review meeting times determined by the legal supervisor, law students have complete discretion about when they worked in the clinic, where they put in their hours, how many hours they worked and were expected to be flexible in responding to the needs of the case however many hours that required. This is reflected in the following:

> Work in this firm, unlike work connected to standard coursework imposes professional demands on you. Because you are professionally responsible for your work with clients you are required to be "on-call" as necessary to fully meet your obligations to clients. Interns must be prepared to meet case demands—

> whether during holiday breaks, on weekends or during evenings-in a manner that is consistent with the standards of your profession. (Clinic Handbook, 2004, p. 4)

Again differences in how each profession viewed the nature of practice experience in relation to the culture of their professional work settings and thus impacting the clinical experience is reflected in the structure of the social work field placement:

> Field instruction normally takes place during weekday business hours. Students observe agency holidays, except for Thanksgiving, Christmas and Spring recess when students ***will not*** be in Field Instruction" (Field Instruction Manual, Graduate School of Social Services, p. 25).

The way this impacted and influenced the practice experience in relation to the early integration of non-law students into the clinic, and the ability of social work students to participate as an "equal team" member, is evident in the following statement made by a social work student:

> We are told this is a 14-hour placement and some weeks I put in way more than that. I think the law is very different you know they have to work the hours. If there is something to be done there are no boundaries for that and then from our side how can we say sorry no? (Social Work Student Interview, 2000)

Initially when the author was first assigned to the clinic, this concern on the part of social work students was framed by law professors in a way that suggested that social workers had "overly rigid boundaries". The social work student is also suggesting that law has "no boundaries". This is an example of a "cultural misunderstanding" that was framed as a professional trait or stereotype, rather than a curricular or work culture difference that could be identified, problem-solved and negotiated. This issue was subsequently identified as a curricular conflict and resolved in 2003, by giving the social work students some flexibility over how and when they wanted to allocate their field hours to allow them the opportunity to fully participate in the context they were working

in, without imposing an extra burden at the same time. Currently, the only set requirements for hours are for weekly seminar and case supervision and social work students must complete the total number of hours required for 14 or 21-hour week placements by the end of the year.

## Implementation History of the Interprofessional Curriculum

This section will provide a description and overview of the implementation history of the interprofessional clinic envisioned by the Steering Committee of the Interdisciplinary Center. Context factors that impacted the initiative, in positive and negative ways, will be identified and discussed. Because it is important information for future curriculum replication, how faculty responded to barriers and challenges that emerged throughout the development and implementation of the curriculum will also be described.

The history and development of the interprofessional clinic is characterized by the clinical faculty's efforts to implement the two concepts central to the "aspirational model" of clinical education envisioned by the Steering Committee of the Interdisciplinary Center: "equal team" and "holistic representation" within a clinical legal education setting. Each of these concepts and highly charged attempts by clinic faculty, students and clients, to implement them in practice, then became the defining feature of two distinct cycles of clinic or program development.

These two cycles of development can both be described as having three distinct periods: a new implementation challenge triggering a period of turbulence or disorganization lasting for an academic year, adaptation to the new situation lasting an academic year and self-organization resulting in a stable, emergent response consisting of

the consistent implementation of structures and content designed to facilitate interprofessional practice and education.

*Integrating Other Professionals into Clinical Education-1998-2001*

In 1998, the first social work students and psychology interns (N=5) were placed in three free-standing clinics in the School of Law's clinical program: Family & Child Protection Clinic, Special Education and Children's Disabilities Clinic and Battered Women's Rights Clinic. In preparation for the placement of social work students, a part-time social work supervisor with clinical expertise, but no experience in legal settings was hired by the Graduate School of Social Services to supervise students on-site in the two clinics (Steering Committee Social Work Faculty Interview). Three psychology interns received supervision off-site by a professor from the Developmental Psychology Department. Practicum for the psychology intern also involved participation in an off-site practicum seminar and design of a research project that was related to the field site (Developmental Psychology Practicum Materials, Department of Applied Developmental Psychology).

The first cycle, 1998-2001 was focused on the integration of other professional staff and students into a clinical legal education setting and the interprofessional experience consisted of social work and psychology students being assigned to separate and already existing clinics. It can be said that the central task was the conceptualization of the "equal team" component of the Center's "aspirational model", or how the professions would work together. The focus was primarily on what students and faculty would "do" with each other and the client and what the role of the social work supervisor would be in the clinical legal education program.

The data analysis reveal issues that emerged as obstacles and challenges to the Center's "equal team" vision after the first year were: what was the role of the social worker in a clinical legal setting and how and when to represent that to the client, who is most competent to decide if social work services are needed on a case and should the clinic take a case when the client does not want social work services? Client resistance to social work involvement based on prior and current negative experiences with social workers impacted the early integration and development of the social work role (Internal Focus Group, 1999).

Identified context factors that impacted the implementation of the curriculum were: scheduling issues raised by the limited days and times the social workers were placed in the clinic conflicting with the more autonomous, client driven scheduling of law students, a disconnect for social work students between what they were learning in the classroom and what the needs of the host setting were particularly in the area of assessment and the meaning of "clinical" social work, the limited availability and knowledge about client and legal systems of the part-time social work supervisor and discomfort expressed by law professors about having to supervise social work and psychology students on cases where the part-time social worker could not be present or in the cases where the student was supervised off-site (Student Interviews, Internal Clinic Evaluations, Spring, 1998; Fall 1999; Clinical Law Faculty Interviews, 2005, Steering Committee Interviews, 2005).

The outcome of this period was the institutionalization of a full-time social work professor into the clinical legal education program and the development of the two major curriculum structures: interprofessional casework and an interprofessional seminar that

comprise the context within which teaching, supervision, practice and interprofessional learning occur. These structures and the initial goals, activities and outcomes related to them, were formalized and identified in program documents such as a social work role integration protocol, clinic syllabi and internal curriculum evaluations.

*Faculty Response to Challenges-1998-2001*

A review of syllabi and clinic handbooks from 1998-1999 reveal that social work students and the part-time social work supervisor were "grafted" onto the structures already in place in the clinical education program and initially their role was confined primarily to the practice or casework aspect of the three clinics. Social Work students attended the first seminar class where there was a general introduction to each clinic and an introduction to interprofessional work. Throughout the rest of the semester, social work students attended two additional seminar classes. In an uncanny foreshadowing of the future, these classes were identified in individual clinic syllabi as: "Joint Class – Meeting of the Family Advocacy Clinics". These classes were attended by law and social work students from each of three clinics and the social work supervisor and taught by the law professor (Clinical Law Professor, Faculty Observation Notes, 1998).

A faculty advisor who was a social work student placed in one of the clinics during the first year describes the experience of "disorganization" and being "added on":

> In the beginning, the first year I was there, it was strictly a legal component to the seminar and the social work students simply attended some seminars. There wasn't one clinic, there were several all having different law professors and approaches and it was very disorienting to social work students (Social Work Field Advisor Interview)

At the end of the first semester, a tenured faculty member from the School of Social Services on the Steering Committee of the Interdisciplinary Center began to be

more involved in the clinic because the integration was not proceeding as smoothly as faculty had planned (Clinical Law Faculty Interviews, Social Work Faculty C Interview).

*Early Center Involvement in the Interprofessional Clinical Education Curriculum*

It was believed by the social work faculty on the Steering Committee that the development and use of a formalized social work role integration protocol would address many of the issues and concerns that had been identified by faculty and students in the first year of program implementation. The purpose and function of the integration protocol was identified as "an educational tool, a place to look at differences, a way to reduce anxiety and create a process of coming together and figuring out how will we do this" (Steering Committee, Social Work Faculty C Interview). The protocol first appeared in Fall 1999 and was attached as an Appendix to the Clinic Handbook.

The role integration documents how the social work supervisor and the law supervisor would make decisions about whether or not a case presented with both law and social work issues. The collaborative involvement of law and social work interns would be reflected in the client representation agreement that would also reflect the client's consent to social work involvement and their consent to information sharing among team members.

The interaction between the social work intern and the law intern "is the core of the interdisciplinary model" (Social Work Role Integration Protocol, 1999). Any case that met the criteria for law and social work involvement would be referred to an interprofessional team of law and social work students. Students were required to participate in weekly team meetings with each other and weekly case supervision meetings together with the social work and law supervisors. The protocol reflects the idea

that once a case was assigned to an interdisciplinary team, that team was expected to meet regularly, share information, jointly make decisions and collaboratively develop products such as legal memos and briefs, psychosocial assessments, agendas and minutes and action memos relevant to the case.

Roles identified for the social worker were: supportive services focused on assisting the client in understanding his/her legal needs and emotionally supporting the client in his/her interactions in the legal system, individual and short-term crisis intervention and short-term family intervention with family members relevant to the case, case referral, case management, advocacy, negotiation, monitoring and evaluating, systems advocacy, resource information management, identification of potential expert witnesses and social work research related to issues coming up on the case (Social Work Role Integration Protocol, 1999). Both law and social work students were also required to take responsibility for case recording and file management.

At this time social workers in the clinic were believed, after a legal analysis, to be covered by the lawyers' rules regarding confidentiality. Under this analysis social workers working in legal settings were not bound by mandated reporting (Social Work Role Integration Protocol, 1999). Since the passage of the state licensing law for social workers in 2004, the social workers in the clinic are considered to be mandated reporters.

The protocol attempts to guide the interaction between the students, faculty and clients. The working out of the protocol and resolution of these issues was reported by law and social work faculty to be stressful and contentious (Steering Committee, Social Work and Law Faculty Interviews). While faculty were in general agreement about the program structures within which the interprofessional learning would occur, such as

interprofessional team meetings, the major disagreements were around the level of control exercised by faculty over what should occur during student interactions with each other and with the clients, or the idea that there should be pre-defined roles. Particularly contentious to clinical law faculty was the inclusion of a very structured social work assessment protocol, including a mental status exam. Law faculty objected to the use of the same assessment protocol with every client, particularly if the client was not presenting with emotional distress.

The issue of individual social work supervision was also contentious and addressed in the protocol both because of the requirement from the Graduate School of Social Services that students receive 2 hours of social work supervision and the law professors concern that social work students meeting separately would contribute to negativity and an "us/them" climate in the clinic (Clinical Law Faculty Interview). The compromise is reflected in the language of the protocol:

> Part of this supervision time will be individual supervision to discuss the social work student's process recordings and to provide technical support on specific issues related to carrying out the social work role. Role issues, team process and clinic process may also be the subject at times of individual supervision but it is critical that these kinds of issues be directed to the case review meetings or clinic seminars where they may be more appropriately addressed (Social Work Role Integration Protocol, 1999)

In retrospect, many earlier misunderstandings in this initiative can be traced to social work faculty and supervisor viewing the clinic as a practice experience only and not having a clear understanding of what clinical legal education was in practice. Social work faculty saw the clinic only as a place where social services could be provided and conceptualized the clinic in the same way they viewed non-University based social work field placements. For example while the law professors refer to the clinic seminar as a

"course" the early social work role protocol identifies seminar as "formal training involvement" (Social Work Role Integration Protocol, 1999).

Conversely, law faculty did not fully understand the way that field was regulated and structured in ways that controlled how the social work supervisor was required to work with and evaluate students and how other faculty had input and control over the students in regard to how and what to practice and grading. A key example relating to this is that clinical social work students were required to take a clinical practice course and a course on assessment and diagnosis, both having assignments that required students to complete "assessments" and "diagnoses" of clients in their field placements (Clinical Practice Master Syllabus, 2004; Assessment and Diagnosis Master Syllabus, 2004).

The final issue, the lack of fit, limited availability of the current supervisor and the need for a social work supervisor who was academically grounded in the Graduate School of Social Work and familiar with research was resolved by the Steering Committee advocating for a clinical social work faculty based in the clinic with some additional teaching in the Graduate School of Social Services. The University agreed to a clinical line in the Graduate School of Social Service that was subsequently funded in Fall 2000 (Interdisciplinary Center for Child and Family Advocacy, Annual Report, 1999). Lessons learned are reflected in the description of the ideal characteristics for the new hire and a move away from specialization in a clinical practice area to a more generalist method of social work practice:

> An orientation to generalist practice, appreciation of environmental influences and not a narrow clinical, individual focus, yet knowing the times it is appropriate for a clinical perspective, experience with the system of services, the legal system and an idea of what research contributes to this endeavor. (Steering Committee, Social Work Faculty C Interview).

Internal clinic evaluations, both qualitative and quantitative conducted during this time indicate that while students were scheduling and physically participating in the program structures outlined in the protocol, they were very resistive to using the protocol as a way to determine what they would do or what their role should be on any particular case or having their roles be static or determined in advance.

Results from an internal qualitative evaluation in 2000-2001 indicate that while students were disregarding or not using the "protocol" the "unwritten" program theory, the idea that if students were placed together and the contact was facilitated by professors from both professions that interprofessional learning would occur, was in fact yielding several different kinds of outcomes. Students participating in the evaluation reported the following outcomes: the deconstruction of professional stereotypes about each other and the client, increased knowledge about and empowerment within their own professions, report feeling able to be more creative about assessing and solving a client problem and gained a more realistic view of client systems (Internal Evaluation Study, 2000-2001).

*Collaborating Within the Same Profession and the Development of Holistic Practice-2001-2004*

In Fall of 2001, because of low law student enrollment and decreasing interest in the family and poverty law clinics, the Director of Clinical Education mandated the merger of four separate clinics: Welfare Rights, Child and Family Protection, Battered Women's Rights and Special Education and Children's Disabilities. The new clinic was named Child and Family Litigation Clinic and continued the involvement of students from social work and psychology. Faculty was four law professors, one from each former clinic, and the social work professor. Each law professor was assigned anywhere from 6-8 law students to practice in their specialty area and was responsible for most of the

supervision. There were four social work students and each social work student was assigned to a practice area.

Functionally each of the practice areas was run as if it was still an individual clinic which presented many challenges and contradictions for the social work faculty and law and social work students. The clinical program was not administratively structured to accommodate a "holistic" practice. The case management system assigned faculty and students to individual matters that were organized into practice areas, not the Child and Family Litigation Clinic. In fact the casework part of the Welfare Right's practice area took place in a different geographical location, a community based organization in a different neighborhood. Casework and supervision proceeded as if each of the practice areas was still a separate clinic.

In order to encourage students to think more "holistically" about the needs of the clients, students were also assigned a case or a project in another practice area. For example, a student may have the majority of their cases in the Welfare Rights practice area and would also be assigned a case or a project in Family and Child Protection.

The place where all of the students and faculty assigned to the Child and Family Litigation Clinic came together was the weekly seminar. All students, including social work and psychology were required to attend. For the first year all five faculty planned and attended every seminar, with the idea of integrating the practice areas and the professions within the seminar. A review of the syllabus for Fall and Spring semesters of the first year show the incorporation of the three interprofessional classes developed in period one, more social science readings but the topics and content of the syllabus still primarily being "lawyer centric" (Child and Family Litigation Syllabi, 2001-2002).

As in the prior period, the first year of the Child and Family Litigation Clinic was extremely turbulent and charged and as before, was intensified by various context factors. Identified context factors influencing this period of development include: the involuntary nature of the collaboration; different and sometimes conflicting approaches to teaching, learning, supervision of casework and stance towards the client among law professors; a lack of a common vision and goal for the clinic; work overload for the social work professor; scheduling difficulties related to the greater number of students in the clinic as a whole and the idea of primary and secondary areas and the different education and practice requirements among the schools (Faculty Meeting Minutes, 2002; Student Self-Evaluations, 2001).

The outcomes of this period were the development and formalization of faculty structures and processes of collaboration and conflict resolution; a formal structure for faculty to evaluate their teaching and practice; the development of an interprofessional language for seminar and fieldwork that transcended profession-specific and practice areas and a syllabus that integrated law, social work and psychology and spanned practice areas (Child and Family Litigation Clinic Syllabi, 2001-2004; Faculty Meeting Minutes and Agendas, 2002-2004).

*Faculty Response to Challenges-2001-2004*

While the focus of the first period of development had been on developing collaborative structures for students to assist them in figuring out how to work with each other and clients, this period was more concerned with how faculty could work together and re-conceptualizing the number and kind of issues the clinic would take on for clients. During Spring 2002, the professors met to plan for the next year and evaluate the

previous year. This is the first time that faculty began to document their process, their decisions and to address their own collaboration by deciding to meet on a weekly basis, having minutes and agendas and to keep class planning and debrief notes.

It is interesting to note that while faculty had scrupulously provided for, since 1999, consistent structures within which the students could communicate, collaborate, resolve conflict, negotiate and evaluate their own practice, that this was the first time the faculty had provided such support or structure for themselves. This may explain the findings in the internal evaluation study that while faculty was very concerned about providing guidelines for the students, students felt extremely comfortable in allowing their practice and roles to emerge more organically because they had consistent and stable work structures like weekly team meetings and case supervision (Internal Evaluation study, 2000-2001).

In Fall 2003, students were not accepted into or assigned to the Welfare Rights practice area while the instructor was out on paternity leave. A decision was made not to re-integrate this practice area for the Spring 2004 semester.

*Family Advocacy Clinic*

During Summer 2004, remaining faculty met in an attempt to come together on finalizing the development of the educational vision for the clinic. A decision was made to re-name the clinic, *The Family Advocacy Clinic*. A decision was also made that no changes would be made to the syllabi that had been developed the previous year and faculty would work on fine-tuning and improving the already existing seminar classes.

The key curriculum change that occurred during the Fall 2004 semester was that one of the law professors decided to experiment with a group supervision model of case

supervision, putting aside a block of two hours for the students to review cases that would facilitate peer learning and also relieve the social work supervisor from having to attend so many individual case review meetings. It also allowed the social work professor, social work students and psychology doctoral student to contribute social science knowledge to cases that had not able to be assigned a social work student under the "equal team" model.

Also during this academic year the faculty began to develop their vision of "professional knowledge" and critical thinking and the practice became more focused on identifying, accessing, analyzing and communicating professional knowledge rather than listing or focusing on tasks and roles. Writing was central to this vision and faculty developed the practice of requesting students to write memos that would integrate the legal and social science research with the facts of their individual case. This analysis would then assist the students in identifying legal and non-legal ways to solve the client problem. The name given to this process was developing the "theory of the case".

The faculty also developed a number of small group experiences designed to facilitate team and collaborative relationships, a social work student/ law faculty orientation dinner, frontloading seminar with lunch and scheduling opportunities for students to get to know each other and the inclusion of additional small group exercises and simulations in seminar class. Twice during the semester during the regularly scheduled seminar time there was no class and students were given this time for fieldwork and had to be in the clinic. Faculty incorporated more classes specifically focused on learning collaborative skills; such as teamwork, group process and addressing

and enhancing collaboration through the use of technology such as email and developing a referral for a consultation.

The remaining faculty also agreed there could be a certain level of flexibility about the role of the social work students so that they could consult on certain cases for a particular issue as well as be assigned to teams and that they would meet weekly as a group with the social work professor to emphasize research and clinical issues that would better assist them in integrating field and classroom assignments as well as assisting them in the articulation of their professional knowledge and assessment issues. This flexibility extended to law students who could be assigned to an already existing team for a particular part of a case and being supervised by the other supervisor for the work on that case was also no longer an issue.

The clinic was staffed by three remaining law professors for Fall, dropping to two in Spring 2004 and Fall 2005, a social work professor and a psychology doctoral fellow to assist with teaching the seminar and consult on cases, with 4 social work students continuing and 10 law students coming into the program for the Spring 2004 and four social work students and 15 law students in Fall 2005 and Spring 2006.

The other significant change that occurred was that the law professors no longer maintained discrete practice areas as a result of having to cover each others cases during vacation times and the clinical professor who was not returning having her cases re-assigned. Both clinical law professors were becoming knowledgeable about the different type of cases, those involving administrative law across child welfare and special education venues. This meant that the clinic had finally achieved the goal of holistic

representation. Increasingly the population that was being served by the clinic was families with children who had special needs.

The next chapter will specifically describe the planned curriculum that was in place at the time this evaluation study commenced. There is a curriculum description and logic model that represents more concretely and in detail the curriculum that was the result of the unified vision and goals, new activities and new syllabi developed during the final period of curriculum development.

# CHAPTER 5

## PRELIMINARY LOGIC MODEL OF THE PLANNED CURRICULUM

This chapter will present a description and Preliminary Logic Model of the planned interprofessional clinical education curriculum developed by clinical faculty and in use at the time this evaluation study began. Data used for this part of the analysis include: interviews with clinical faculty (N=5), clinic administration and support staff (N=2), Document review of Annual Budget for the *Family Advocacy Clinic*, 2004-2005, student practice orders, client representation agreements, clinic application forms, clinic syllabi, 2004-2005 and student evaluation forms. Documents that identified professional standards were also included in the analysis: American Bar Association Standards for Accreditation (2005), Council on Social Work Education, Accreditation Standards (2004), School of Law Clinic Handbook, 2004, Graduate School of Social Services Field Instruction Handbook, 2004).

The logic model was constructed using the methods that are described in Chapter 3, Methodology. The logic model organizes and presents the findings that are related to Research Question 1

1. What are the short-term, intermediate and long-term goals of the interprofessional clinical education curriculum planned for the *Family Advocacy Clinic*, desired student learning outcomes, outcome indicators and activities planned by faculty from the professional schools?

The Preliminary Logic Model presented in Table 4, on the following page, portrays the interprofessional clinical education curriculum as a very complex intervention. The table should be read from left to right. The first column, beginning on

Table 4

*Preliminary Logic Model of the Interprofessional Education Curriculum*

| Resources | Activities Faculty | Activities Students | Short term Outcomes | Intermediate Student Outcomes | Projected Client Outcomes |
|---|---|---|---|---|---|
| **Funding-Law School**<br>Salary and Benefits<br>Clinical Law faculty (2-3)<br>Clinical Social Work Professor-adjunct pay for seminar and summer (1)<br>Developmental Psychology Student -stipend<br>Administrative staff (1)<br>Student workers (2-3)<br>Student research assistants (3)<br>Actors for simulations<br>Professional development (conferences, books, software)<br>Administrative Costs<br>Space and office furniture (clinical program, seminar classroom)<br>Clinic is open 17 hrs. daily, 13 hours Sat. and Sun.<br>Office and legal supplies<br>Office equipment<br>Postage and delivery<br>Petty cash<br>Technology<br>Computers<br>Software<br>VPN remote access<br>Case Management Database-Time Matters<br>Groupwise Email and Scheduling | Recruitment and Selection of Students<br>Participate in student recruitment efforts<br>Interview candidates<br>Confirm acceptance and convey program expectations<br>Clinic Intake and Case Assignment<br>Review existing cases for new assignment<br>Review new referrals for appropriateness for the clinic and interprofessional issues presented<br>Assign cases to interprofessional teams<br><br>Orientation of Students<br>Schedule technology training<br>Plan introductory lunch for students<br>Schedule and teach frontloaded seminar classes to orient students to each other, cases and clinic<br>Provide student with Clinic Handbook and Social Work Integration Protocol | Orientation to Clients<br>Prepare for first client meetings | Faculty will select cases that offer optimal learning opportunities for students<br><br>Students will be understand expectations for fieldwork and seminar<br>Students will learn to use program case management and electronic communication systems<br>Students will learn how to conduct a joint interprofessional client interview<br>Students will be exposed to other professionals and their body of knowledge | Students will be assigned cases that demonstrate the interprofessional nature of the client problems | Clients will have an integrated approach to their presenting problems<br><br>Clients will be responsibly represented |

Table 4 continued

| Resources | Activities Faculty | Activities Students | Short term Outcomes | Intermediate Student Outcomes | Projected Client Outcomes |
|---|---|---|---|---|---|
| Library<br>Printers<br>Blackberrys<br>Video recorders<br>Audio recorders<br>Digital cameras<br>**Funding Graduate School of Social Service**<br>Salary and Benefits<br>Clinical Professor of Social Work (1)<br>Integrative seminar adjunct professor (1)<br><br>**Institutional Support**<br>University<br>Library<br>Technology Assistance<br>Interdisciplinary Center for Family and Child Advocacy<br>Publicity and Student Recruitment<br>Supporting Interprofessional Coursework and seminar<br>Support for research, conferences and community networking<br>Job Postings for students<br><br>**Referring Agencies**<br>Provide clients for purpose of receiving service and student learning | Teaching<br>Collaboratively develop and prepare a 14 week interprofessional clinic seminar syllabus each semester<br>Collaboratively teach with other profession<br>Select readings<br>Develop written assignments<br>Develop simulations<br>Develop lecture and discussion points<br>Develop thematic case rounds for peer learning<br>Monitor attendance and grade class participation<br>Administer course on Blackboard<br><br>Supervison<br>Read case progress notes<br>Read student agendas<br>Read and comment collaboratively on student written work product<br>Use supervision to monitor ethical representation and service to client and give feedback on student decisions<br>Identify and address team and interprofessional issues<br>Facilitate peer learning<br>Model collaboration<br>Law faculty must attend outside appearances with law students<br>Social work supervisor must | Seminar<br>Attend class<br>Complete readings and written assignments on time<br>Prepare for and participate in interprofessional simulations<br>Prepare for and participate in interprofessional discussions<br>Complete self-evaluation of participation in seminar 2x per semester<br><br>Casework<br>Schedule and participate in weekly team meeting with partners<br>Both professions prepare together for weekly group supervision<br>Assume responsibility for case management tasks<br>Make decisions for supervisory review and approval<br>Generate questions | Students will be oriented to client systems<br>Students will connect as teams | Students will be able to work with the client to develop a plan to solve the client problem<br>Students will expand the number and kind (legal/non-legal remedies available to solve the client problem<br>Students will be able to work with other professions to assign tasks and roles and deliver a professional service to a client<br>Students will learn limitations of own profession in addressing client problems<br>Students will understand complexity of client problems<br>Students will understand how to intervene in client systems by understanding administrative law<br>Students will learn practice skills for legal setting: interviewing, fact investigation and how to collect data from various sources, case theory development, negotiation and oral and written advocacy | Client systems will be more responsive to client needs<br><br>Clients will be heard and understood when interacting with students and with client systems<br><br>Clients will feel more satisfied with their representation<br>Law students will become professionals who do more pro bono work<br><br>Clients will feel "in-charge" |

Table 4 continued

| Resources | Activities Faculty | Activities Students | Short term Outcomes | Intermediate Student Outcomes | Projected Client Outcomes |
|---|---|---|---|---|---|
| **Community Based Legal Service Agencies**<br>Information and networking<br>Take referrals from clinic | Social work supervisor must schedule and conduct bi-weekly individual supervision and comment on process recordings<br>Schedule individual and uni-professional supervision as needed<br><br><u>Evaluation and Monitoring Activities</u><br>Meet weekly to review class, group supervision, case issues and faculty collaborative process, write and file agendas and meetings class plan and debrief notes<br>Participate in Peer Supervision<br>Read student self-evaluations 2x per semester and meet individually with students to review progress<br>Meet at the end of each semester for grading<br>Review student evaluations of faculty<br>Review class de-brief notes before planning next semester<br>Design last class of each semester to receive feedback and constructive criticism of program<br>Attend conferences and professional development activities | for group supervision<br>Plan for and facilitate client contact<br>Conduct interviews<br>Conduct client counseling sessions<br>Represent and support clients in outside meetings and forums<br>-conduct fact investigation<br>- conduct and prepare a preliminary assessment<br>-conduct professional research relevant to the case<br>-write memos to communicate results of research, fact investigation and analysis<br>-participate in negotiation sessions<br>Client advocacy with agencies and systems the client is involved with, through writing and verbal communication | Students will use cognitive tools for problem-solving and thinking during their analysis and assessment of cases<br><br>Students will be able to work with other professionals to assess a client problem and obtain client goals | Students will be able to work with another profession to develop a plan to solve the client problem and obtain the client goals (Case Theory)<br>Students will learn how to minimize the effect of bias and judgments on their work with clients and other<br>Students will have increased awareness and insight about low-income clients<br>students will be reflective about their own professional performance and practice learning autonomous, independent practitioners who use evidence-based practice and professional knowledge and values in their work<br>Students will critically examine client systems and understand the pros and cons of government in a clients life | Clients will advocate for their families in the future |

the left describes the resources that are available to implement and support the interprofessional curriculum. In the following column faculty activities are described. The two major activities for the faculty are teaching the seminar and supervising the casework. The next column describes the student activities that can be expected as a result of faculty activities. The two major activities for students are participating in seminar and in casework. The short-term and intermediate outcomes are those outcomes that faculty believes will result from students' participation in the interprofessional clinical education curriculum.

Although specific data related to client outcomes was not collected as part of this study, a decision was made to incorporate the projected client outcomes hypothesized by faculty if students achieved the intermediate goals and objectives of the interprofessional education intervention. Projected client goals are described in the last column. This decision was based on a review of the evaluation literature that revealed parallel research evaluation tracks for interprofessional education and interprofessional practice that did not address the interdependency or connection of interprofessional education outcomes to client outcomes. Therefore this logic model can serve as a theoretical model for the design of future outcome research that specifically links student and client outcomes. Each aspect of the Logic Model will be described in more detail in the following section.

Purpose and Goals of the Interprofessional Clinical Education Curriculum

*Student-related Goals and Objectives*

The theory of "interprofessional education" or the skills and knowledge students need to learn in order to be "holistic" practitioners are illustrated in the learning objectives of the curriculum and emphasize the interactive nature of theory and

professional practice. Both seminar and casework share the same goals and are represented in the columns of the model delineating the short and intermediate outcomes of the curriculum. The focus of the interprofessional clinical curriculum is first on collaborative and critical thinking and analysis at both the individual and systems levels, client-centered practice and then on the development of effective skills of collaborative professional practice:

- To develop our ability to collaborate with team members
- To examine critically the professional role of lawyer, social worker and psychologist in legal settings, the complexities of "client-centered practice, client as team member and more traditional models of professional practice and the complexities of professional-to-professional relationships
- To promote self reflective skills
- To critically examine the systems with which our clients deal, and
- To facilitate the development of student skills in a family law practice including interviewing, counseling developing the client story, assessment, negotiating and hearing and trial advocacy in interdisciplinary settings (*Family Advocacy Clinic Syllabus*, Fall, 2004)

The theory and goals of the interprofessional clinical education curriculum developed by clinical faculty reflects the influence of its two sponsoring agencies: the Interdisciplinary Center for Family and Child Advocacy and the Clinical Education Program of the School of Law, the historical critique of professional practice, the inadequacies and failings of service systems that were part of the social context at the time the interprofessional clinical education curriculum was conceived and the structures and procedures developed during the implementation history of the clinic. Reflecting the influence of the theory of clinical legal education and the critique of professional practice, the clinical faculty most frequently identified the purpose and primary goal of the curriculum as preparing critical and independent thinkers, professionals who have the

ability to find solutions to client problems and challenge assumptions and stereotypes. This is a goal that is relevant to each of the professions:

> I think the skill of independent thinking, critical thinking, being able to analyze problems and be creative about problems cuts across both professions and I think if we can leave students with that then I think we prepare them to have other skills. Having students become reflective practitioners whether they practice in social work or the law. Educating professionals who challenge assumptions(Clinical Law Faculty C Interview)

The social work professor identified particular aspects of this goal she believed were most relevant to each profession:

> I would like social workers to see if they use professional knowledge and do a good analysis they will have more credibility in the outside world. For the law students I would like them to leave seeing these situations are really complex and though the law may say there is a right or wrong answer that they really begin to hear the client and that there are multiple levels of client goals (Clinical Faculty Social Work Interview).

The primary goal of the interprofessional aspect of the experience is to use the exposure to the knowledge and practice of another profession, the knowledge of the client and exposure to the inner workings of service systems as a way of achieving the primary program goals of becoming critical and independent thinkers who then collaborate to achieve better solutions for clients:

> This is achieved by exposure to the thinking of other professionals, exposure to the lives of clients who are different than they and exposure to public systems, child welfare, education, the court system so they have a realistic, rather than idealistic view of what it is like for people to be involved in those systems (Clinical Law Faculty C Interview)

Content or professional knowledge bases are conceptualized as "different problem-solving models" that allows the focus of the program to be on using professional knowledge and reflective judgment before "jumping to action". The idea is that the student will grow in their own profession as a result of their interaction with another

profession. This is then tied to the theory of interprofessional practice or the idea that the more and different ways to solve the problem the better the outcome for the client:

> Using the content of a number of fields and by fields I mean social work, law, developmental psychology and fields like communication, group work, task management to give students the ability to use the content of their own and other professions and to educate students in a way that allows them to identify and communicate their knowledge base in a way that other professionals and the client can have the benefit of that knowledge base and the flip side giving them tools by which you can elicit the knowledge base of others relating to a client problem (Clinical Law Faculty E Interview)

The position of the faculty is that rather than provide specific content, or substantive knowledge related to social identity, oppression, the professions or the fields of practice it is more important for them to teach students habits of thinking and give them professional tools that will allow them to correct for stereotyping and personal bias. A third goal that had a high degree of faculty consensus (N=5) was:

> An awareness of our cognitive schema, our pre-dispositions and bias and the degree to which they are influencing our actions with other professionals and clients and to give more tools beyond self-awareness to diminish the impact of that on our work with clients and other professionals. An ability to be aware of judgments and how judgments interfere with doing good work because analysis isn't happening when you are making judgments (Clinical Law Faculty E Interview)

Faculty also shared more pragmatic goals that were relevant to the actual work environments students would be facing after their graduation:

> So being exposed to another profession, understanding how to communicate with another profession, understanding when you might need to consult a lawyer or social worker, when someone might have a right to be protected, a need to be addressed, when you might want to refer a client to another professional, those are the things we hope students leave with (Clinical Law Faculty D Interview)

> Since much of the world of work now involves a lot of different kinds of collaborating that our students will be very comfortable in the work environment that exists now where you are constantly reaching out to

> specialists and having to share and process knowledge in a whole host of settings, not just legal (Clinical Social Work Faculty Interview)

*Purpose and Goals of the Interprofessional Clinical Education Curriculum – Client Related Goals and Objectives*

The theory of interprofessional practice is that client problems, particularly in the arenas the clinic works in, are generally not confined to one issue, are multifactorial in origin and "have complex issues that can't be solved by one profession". An understanding of the multiple causes and potential solutions to the client problem is essential to fully resolve it. Families may be involved with a number of different service providers, often not communicating with each other and resulting in delayed and fragmented service provision. Although specifically not identified as "an ecological approach" or addressing a client problem on multiple system levels, this is in fact, the theory of practice:

> We try to illustrate the various processes that one must go through to fully address a client issue, whether they are legal, social, organizational, family dynamics, It is our goal to instill in students the understanding that when a client comes into this clinic, or any other kind of setting where they are asking for help that generally there will be more than just what the presenting issue might be and it is not just about the client's individual issues (Family Advocacy Clinic, Developmental Psychology Fellow).

The desired client related outcomes are described in the last column of the *Preliminary Logic Model*, Table 4 p.121. The client related objective is to give clients access to the best possible knowledge they need to make a decision and to get that knowledge as accurately as they can from the professional most qualified to give it. Qualitative outcomes such as the client will feel heard and the client will feel in-charge, were also included.

## Description of Faculty Requirements and Professional Education Standards

The clinical legal education program must conform to requirements set out by the American Bar Association Standards for Accreditation (2005). Social work field instruction must conform to the requirements set out by the Council on Social Work Education, Accreditation Standards (2004) and Psychology Practicum must conform to the American Psychological Association Guidelines and Principles of Programs for Professional Psychology (2005).

Clinical law faculty must be a member of the law school faculty and the American Bar Association. Two of the law professors working in the clinic at the time of the evaluation had experience working in legal services for the poor prior to coming to the School of Law and the other had experience working as both a private family law attorney and as a local government lawyer. All three of the law professors were females, two white and one African-American.

The social work supervisor (field instructor) must have a masters level degree from a CSWE accredited school of social work and have three years post-masters experience (Council on Social Work Education, 2004). In this locality social work field instructors must complete a mandatory seminar, “Seminar in Field Instruction” (Field Instruction Manual, p. 21). The social work supervisor was also a full-time clinical professor in the Graduate School of Social Services, hired specifically to teach and work in the Interdisciplinary Center for Family and Child Advocacy activities. The social work supervisor has worked in the field of child abuse and neglect and most recently had worked in an interdisciplinary law firm that represented children in Family Court. The social work professor is a white female.

There has not been developmental psychology students placed in the clinic, or faculty involvement since 2004. In Fall 2005, a former clinic student was given a stipend by the School of Law to work as doctoral fellow in the clinic and currently assists with teaching the seminar and provides some case consultation. The doctoral fellow is a Hispanic male.

The following section will describe each of the activities reported by faculty for themselves and the planned activities in place for students, represented in the second, third and fourth column of the Preliminary Logic Model presented in Table 4: Recruitment, Clinic Intake and Case Assignment, Orientation, Seminar, Casework and Evaluation and Monitoring.

## Recruitment and Description of Students

In the School of Law there is a central application system for all of the clinics and students are requested to identify their top three preferences. Only second and third year law students may apply. Taking a clinic or other practice experience is not mandatory for law students (American Bar Association Standards for Accreditation, 2005). Faculty interview students who are interested in taking their clinic as a top first choice, and if there is available space interview students not accepted into their first choice clinic (Clinic Brochure, 2004, 2005). The average law student enrollment in the *Family Advocacy Clinic* during the period covered by this evaluation is 15 per semester.

The Graduate School of Social Services in this study has a Social Work and the Law specialization and students are required to take interdisciplinary electives developed by the Interdisciplinary Center and a one-year placement in a legal setting. All social work students are required to take two years of a practice experience (Council on Social

Work Education, Accreditation Standards, 2004). The clinic only accepts second year social work students. Social work students are in either the clinical concentration or client centered management (an advanced generalist practice). The Interdisciplinary Center's Placement Coordinator will pre-screen interested applicants who are then sent to the Clinical Professor of Social Work for an interview (Interdisciplinary Center for Family and Child Advocacy, Annual Report, 2004-2005). The student enrollment for social work is 4 per academic year. More specific characteristics of both law and social work students who participated in this study will be described in the next chapter as part of the process evaluation findings.

*Dosage of the Interprofessional Clinical Education Intervention*

Dosage is the threshold level of participation in the intervention in terms of intensity and duration that is needed to produce the intended effects (Smith, 2005). For law students the clinic is a one-semester placement so the program cycle of intervention is completed within one semester. The social work and psychology students are placed in the clinic for one year and so receive a different "dose" of the intervention than do law students.

## Intake and Case Assignment

The *Family Advocacy Clinic* uses teams of law, social work and doctoral psychology students to represent low-income families who have children with special medical, psychological, educational and emotional needs. These needs can include but are not limited to cerebral palsy, deafness, autism, mental retardation, psychiatric diagnoses such as Attention Deficit Disorder, learning disabilities such as receptive and expressive language disorders and behavior management problems (End of Semester

Progress Memos, 2004-2005). Clients may also be at risk of involvement with child protective services. The clinic addresses client's rights to timely and appropriate services and the social, psychological and educational needs implicated in their individual case simultaneously (End of Semester Case Progress Memos, 2004, 2005).

Referrals to the clinic are made by advocacy organizations for parents of children with special needs, former clients, former students, preventive service agencies and other community-based legal service agencies. Clients are represented by student teams in venues such as: Committee for Special Education Reviews, treatment team meetings, mediation sessions, administrative impartial hearings at the local and state level and state and federal trial and appellate courts. The clinic serves approximately 30 clients per academic year (End of Semester Progress Memos, Fall and Spring 2004, Fall 2005).

Student interprofessional teams assist biological, adoptive and foster parents, who are identified as the client, in their attempts to obtain financial resources, appropriate and meaningful assessment and evaluation and evidence-based treatment and instructional methods for their children. One of the practice goals of the clinic is to engage, support and educate the client as "key decision-maker" for themselves and their children (Clinical Law faculty Interview).

Financial resources may include social security disability insurance, increased foster care rates of payment and adoption subsidy rates. Appropriate assessment may mean independent evaluations by competent evaluators who are credentialed, rely on best practice standards and professional protocols and are multidisciplinary. Finding evidence-based treatment and instructional methods may mean that children need to be treated privately outside of public schools and services. The majority of cases the clinic takes

involve children who have not been progressing for a number of years because of sub-standard evaluation, treatment and educational services (End of Semester Case Progress Notes, 2004-2005).

Laws that guarantee entitlements such as a "free and appropriate public education" (Individual Education Disabilities Act, 2004) and laws that structure the reporting of child abuse and neglect, also include procedures for "due process" or opportunities for the client to challenge or disagree with administrative decisions that are made. The systems are all public and bureaucratic institutions that are often difficult to navigate and make it difficult for clients to obtain and access resources they desperately need for their families and children. This forum of legal practice is called administrative law.

Students work primarily in administrative forums that are set up to allow clients to address concerns with and challenge evaluation and social and educational service provision decisions made by other professionals in the special education system, child welfare system in regards to preventive services, foster care rates and adoption subsidies, prior reports of neglect as they may relate to current employment and Social Security Disability Insurance claims. Often clients are not apprised or fully understand their rights to services or their right to challenge professional decision-making (End of Semester Case Progress Memos, 2004-2005; Orientation to Client System Class, 2004-2005).

At times the clinic may chose to handle a immigration, housing, child support, custody or adoption matter that is relevant to the representation. The clinic also seeks to avoid client involvement with child protective services by addressing family crisis' that are exacerbated by inappropriate evaluation and treatment or delayed and fragmented

service provision causing parents already overwhelmed by their special needs children and parenting in poverty to be further stressed (End of Semester Progress Memos, 2004-2005). There is the realization that there are goals clients may have related to social justice that are related to "their desire to be heard" and their sense of violation by the system. The interprofessional or "holistic" approach to practice acknowledges and accepts the idea that clients have many goals they want from the lawyer and many of them are not necessarily legal, just as they wish social workers to be aware of and respect their legal rights (Clinical Faculty Interviews).

## Orientation

Prior to the clinic beginning all incoming students are sent a copy of the Clinic Handbook, and must attend a case data base and technology training at the clinic. There is a meeting scheduled to review and introduce students to the systems the clients are involved with and the legal frameworks within which the clinic will be most engaged. Social work and law students are also given a copy of the preliminary assessment that social work students must complete on each client (Welcome Letter *Family Advocacy Clinic,* 2004-2005; Clinic Support Staff Interview).

Students are required to submit schedules for the purpose of faculty assigning students to teams, to cases and scheduling group supervision times, Students are assigned any where from 3-5 cases with social work students sometimes having more due to their smaller numbers. Faculty members are the first reviewers of referrals to the clinic and attempt to choose cases that offer opportunities for both individual professional and interprofessional learning. Social Work students are invited to a dinner the week before the semester starts to meet with and connect to the law supervisors in a more intimate

way and address any concerns they may have before the larger group of law students arrive (Clinic Syllabi, 2004, 2005; Welcome Letter, *Family Advocacy Clinic*, 2004-2005).

During the first two weeks of the new semester, as a way of orienting the students to the clinic and getting them ready to start casework, seminar classes are "frontloaded" or there are four classes presented during that week. The first two classes are attended by all faculty members and involve an orientation to the clinic handbook, an orientation to interprofessional practice using a mock case referral as a springboard for students to begin to identify tasks, roles and research and to describe their profession to the other. This is followed by an overview of the practice arenas and administrative law relevant to the cases. The classes are followed by a luncheon for the purpose of informal team building (Clinical Faculty Interviews, Clinic Syllabi, 2004-2005, Class 1, 2).

The last two classes of the orientation involve a simulation, with an actor, that assists the student's in preparing to jointly interview a new client, actually conducting a joint interview with a client and self-evaluating as well as receiving feedback from peers and the "client" about their performance. Students work in small interprofessional groups that simulate actual team meetings, to prepare for and carry out the simulation. The small groups report back their plan for the interview and faculty facilitate a group discussion structured to simulate group supervision (Clinic Syllabi Fall 2004, 2005, Class 3,4).

## Seminar

All students, law, social work and psychology must participate in the clinic seminar, held in the School of Law on a weekly basis. The seminar has a Fall semester and Spring semester syllabus consisting of assigned readings, written assignments and

simulations that are supposed to be theoretically relevant, and provide substantive material related to the cases the students are working on in the casework or practice aspect of the clinical experience (Clinical Faculty Interviews). Faculty has complete discretion over the content of the seminar (Clinic Handbook, 2004).

In the *Family Advocacy Clinic*, two faculty members are assigned to teach each class and to the extent that it is possible, the two faculty members are an interprofessional team. Students are required to attend the weekly seminar lasting 2-3 hours, depending on the particular lesson plan. The seminar classes use "a combination of lecture, simulations, and discussion, supported by a variety of reading, writing, oral advocacy assignments and theme-based case rounds where a topic is identified and students talk about that topic in relation to their current cases." Most classes include readings from both law and social science (Clinic Syllabi, 2004-2005).

The purpose of the seminar in the Family Advocacy Clinic is "to provide students with a forum to: explore the issues that arise in an interdisciplinary practice setting, conduct simulations of all the activities you will be doing on your cases and discuss legal and social science issues, strategy decisions, problem solving techniques and ethical dilemmas that may arise on your cases as well as developing the skill of self-reflection" (*Family Advocacy Clinic* Welcome Letter, 2004, 2005).

*Seminar Activities*

A review of the clinic syllabi reveals that the majority of classes usually contain some written or oral analysis of substantive material such as applying a statute or law to a "mock" case for the law students and applying a social science reading to the case on the part of social work students. Classes also focus on developing students' analytic abilities;

provide opportunities to identify and practice professional skills such as interviewing, assessment and data-gathering, provide written assignments that help students develop a "theory" of the law or social science about the case and integrate information (Clinical Faculty Interviews).

This kind of learning is also known as problem-based learning. Problem-based learning is a form of curriculum that is increasingly popular in medical education and is very similar to the approach of non-directive supervision used in clinical legal education. Problem-based curricula are structured around practical problems or cases that are presented to students before detailed teaching about a subject (Reynolds, 2003). Students take an active role, working in small groups, for seeking out relevant information and research findings and sharing this with the group to achieve a more adequate understanding of the problem. This information is then applied to some aspect of the case such as assessment or fact investigation. The role of the facilitator is not to be an expert and provide information but rather facilitate group discussion to the appropriate depth. The process continues throughout the life of the case to permit discovery of further issues that need clarifying, a continued literature search and an evolving understanding of the problem (Reynolds, 2003). This type of curriculum is very consistent with the learning and practice goals of evidence-based practice in social work (Kam Pun Wong & Oi Bing Lam, 2007).

Practice skills identified in the clinic syllabi include client interviewing and counseling, fact gathering and assessment, facilitating an interprofessional conference, witness and hearing preparation and conducting an actual hearing. Students are encouraged to identify and develop their professional roles and responsibilities

throughout the exercises and to make connections to what is happening in their actual casework (Clinic Syllabi, Fall 2004, 2005, Class 5,9,13,14; Spring 2005, Class 7, 11,13,14; Class Planning and De-Brief Notes, 2004-2005).

> We have a syllabus for seminar which really integrates learning some substance, some theory, learning skills and doing it in such a way that it is connected to case work. We have created opportunities in seminar to grow both outside of their cases and work off a scenario that also allows us to pull out things that do relate to their cases (Clinical Law Faculty D Interview)

At least two or three times during the semester there are linked classes. These classes usually involve a phased professional process conducted in small, interprofessional groups involving the following steps: collecting and assessing information about the case, applying some professional standard (law or social science) to the collected data and sharing that analysis with the other profession to generate a fuller range of ideas about both the problem itself and consequently the available solutions. Students as interprofessional teams then use that expanded analysis as the framework for carrying out a simulated professional task with an actor such as counseling a client, or preparing a client for a hearing and thus practicing that particular skill (Clinic Syllabi, Fall 2004, 2005, Class 3/4, 7/8, 11/12; Spring 2005, Class 4/5/6; 8/9/10; Class Planning and De-Brief Notes, 2004-2005).

At least one time during the semester there is a class on teamwork and collaboration that presents readings from the teamwork literature such as task group facilitation, use of problem-solving techniques such as brainstorming, conflict resolution and tools for positive collaboration (Clinic Syllabi Fall 2004, 2005 Class 6; Spring 2005, Class 3). In addition, there are two classes that present students with reading material and tools from cognitive psychology to assist them in the identification of bias, individual

assumptions and stereotypes that can impact and inform professional decision-making about their own profession, other professions and their clients (Clinic Syllabus, Fall 2004, 2005, Class 3, 10; Spring 2005, Class 5; Class Planning and De-Brief Notes, 2004-2005).

The final class of each semester is attended by all faculty members and is structured to allow students to reflect upon successes they have achieved during the semester. The second half of the class is called "re-do" where students and faculty are called upon to simulate interactions with each other, a client, other professionals such as judges that if they had the opportunity to do over they would. This class offers and allows students and faculty to put some closure on situations that did not go as planned and results in rich material that might not otherwise come out in written evaluations. It is also designed to continue to encourage the self-reflection that is the cornerstone of clinical education (Class Planning and De-Brief Notes, 2004-2005).

The language used in the clinic syllabi to title the classes and identify learning goals is for the most part neutral and professionally specific jargon free. Examples include the titles of the following classes: "Initial Client Meeting: Ms. Brown and Professionals Try to Get the Picture", "Working in Teams", Counseling in the King Case: Preparing for a Conference", "Making Judgments" "The Case of Lucy: Looking at Theory and Testing Our Knowledge", "A Client Meeting: Some Interviewing, Some Counseling, Some Client Decision-making" and "Holistic Practice" (Clinic Syllabi, 2004-2005).

*Evaluation and Monitoring of Seminar*

The Clinic Syllabus (2004-2005) contains the evaluative criteria faculty has agreed upon for the seminar:

- Reflective class participation (critical analysis of issues raised in assigned readings and willingness to participate in thoughtful class discussion in large and small group and case round formats
- Written class assignments
- Preparation for in-class simulations
- Ability to be self analytical as reflected in mid-semester and end of semester self-evaluation
- Attendance (which is mandatory)

## Casework

The interprofessional aspect of the practice is also expressed in the clinic handbook noting the law firm:

> May also provide social work and psychological services in cases where a client agrees that such services will help meet his or her legal needs (Clinic Handbook, 2004, p.1)

A major focus of the clinical education program is on the development of professional responsibility and autonomy for the handling of cases and to assist the student in becoming self-reflective and thus enrich their understanding of "the multidimensional aspects of becoming a responsible, effective and ethical practitioner". In the Clinic Handbook (2004) the responsibility of both the legal intern and the social work intern in regard to casework focuses on individual responsibility and accountability. Student ownership of the case was thought to be the most significant aspect of the learning for the student:

> I would hope that first and foremost the main driver to learning in my experience has been the student relationship to the client in the case. Getting the student ownership of their case and client is absolutely essential and that then is an amazing motivator as far as the learning process goes (Clinical Law Faculty E Interview)

There is repeated emphasis throughout the clinic handbook on developing a strong professional identity that will produce a student who "thinks and acts like a lawyer". For law interns, "while your work will be supervised you bear the ultimate

responsibility to provide thorough, quality representation to your individual clients" (p.1). Social work students, "although you are a member of a team and will work under supervision you are individually and ultimately answerable for identifying and achieving the social work objectives in your clients cases" (p.2). Psychology interns "will assume professional responsibility for the consultative functions for which you are retained by the team representing the client" (p. 2).

The practice operates under a "Student Practice Order" issued by the Appellate Division, First Department, of the State of New York. All faculty members must be admitted to the New York State Bar. The social work supervisor must be a State licensed social worker. The practice order permits law students to practice law under close faculty supervision and in certain kinds of cases. Prior to representing clients under this order law students must have completed one year of full-time study in law school. Whenever students are appearing in any official capacity in court or administrative hearings the law supervisor must be present and when appearing in any court, civil, criminal and appellate, the court must consent to the student appearance and any documents submitted to these forums must be reviewed and approved by faculty.

Law faculty members are required by law to uphold the Code of Professional Responsibility, or their ethical code. At the end of the year a report on the number and kinds of cases that students worked on must be sent to the Court (Student Practice Order, Appellate Division, First Department, State of New York). The mandatory guidelines for the social work supervisor are included in the state licensing requirements and in the law through mandated reporting.

The case work and practice aspect of clinical education requires all law students to participate in three major activities: team meetings with fellow students assigned to the case to plan and coordinate casework, case review meetings or meetings where the student's work is reviewed by faculty supervisors and at times individual meetings with a supervisor. The *Family Advocacy Clinic* casework component operates under these general structures and expectations except that the casework is jointly supervised by a social work professor and law professors; student teams are comprised of law, social work and psychology students and many written products such as agendas, interview plans, research memos, memos memorializing client meetings, social work assessments, and legal briefs, are expected to be completed collaboratively (Writing a Memo to the File, p.1-2).

*Non-directive Supervision*

Once assigned to a team, team meetings should be used to " brainstorm, identify roles, the work to be done, create time tables to complete work, prepare agendas for case reviews, review drafts of written documents and make preliminary decisions" (Clinic Handbook, 2004, p.2). The "non-directive" approach to learning is also incorporated into how faculty supervises and gives the team responsibility for reaching their own determination about how a case should proceed and how students should interact with each other:

> While faculty is here to help, it is important to your own development that you first try to answer questions and concerns on your own. Those of you participating on interdisciplinary teams may feel additional anxiety as you work to define the appropriate professional role you should play with clients. You should expect some intricate interdisciplinary issues to arise as a natural part of your work. You will learn much more if prior to asking your supervisor you try to answer questions with your team mates and reach an initial determination of how you should proceed (Clinic Handbook, 2004, p.15)

*Case Supervision*

Among the purposes of case supervision meetings are: discussion of the work plan; discussion of relationship with clients, team members and supervisors; review of documents; reflection on work done and obtain approval for decisions (Clinic Handbook, p.2). The supervisory approach to case review is to use that forum to give students feedback on decisions that have already been processed by the team or to re-direct students when they present with questions:

> Trying to keep supervision an "ok" process, like I'm "okaying" what you are saying or go brainstorm, have more process, here are some tools or guidance about research (Clinical Law Faculty E Interview)

Since Spring 2004, rather than individual case supervision meetings, a two-hour group supervision meeting, co-facilitated by the social work and law professor, with required attendance for law and social work students occurs. Student teams review their cases and receive feedback and suggestions from their peers as well as faculty members. The non-directive approach informs the faculty idea of group supervision:

> If we set up a structure to allow them (the students) to engage in exchanges with each other about, exchanges of ideas about how to approach cases, exchange of analysis of law and social work, they do it. It is a great way to engage students in the learning process because eventually they will feel empowered to take risks, be creative and support alternative hypotheses and do independent analysis (Clinical Law Faculty C Interview)

Faculty prepares for supervision by reading student agendas and case progress notes, called "chron notes". Supervising faculty also has the discretion to schedule an individual case review for a team that may need more intensive supervision or schedule a private supervision for a particular student when needed (Clinical Faculty Interviews).

Faculty has discretion about whether the case supervision meetings were on a weekly basis or "as-needed" basis (Clinic Handbook, 2004, p.2).

*Focus on Writing-Case Memos*

There is much more focus on thinking and analysis than on what students will "do" with the client and each other with a heavy focus on doing the thinking and analysis by writing. The majority of the five clinic faculty interviewed were in agreement when asked about program activities that writing was a key program activity, "Writing and more writing, writing assignments for seminar, writing research memos, writing memos on case theory to prepare for supervision".

Case Memos are one of the most significant activities related to achieving the purpose and goals of interprofessional education and practice. A case memo is "a tool that allows two or more people to address together a case related issue and is written not to advocate but to describe, explore and analyze". A case memo is put together by identifying and describing facts related to the case, conducting research and identifying research relevant to the issue at hand, analysis or looking at how the research facts apply to the client facts. The analysis component is where the benefits of interprofessional collaboration may be most significant and expresses the utopian discourse of interprofessional education:

> A research psychologist or social worker who works with inductive methods may be able to identify sampling or statistical methods that render a particular research finding inapplicable to client facts. A lawyer trained mainly deduction and analogy may show the degree to which case law is or is not analogous to a client's situation. An interdisciplinary team may bring a combination of skills to a question that may otherwise not be available to a client. The analysis section provides fertile ground for such an explanation (Writing a Memo to the File, p.2)

The faculty memo to the students, called “Writing a Memo to the File” does address some of the practicalities of working together on the writing of case memos by advising the students that “a writing team needs to decide early on how it is going to communicate about the creation, writing and editing of the memo”. Suggestions such as using email, telephone conferences and chat rooms on Blackboard are also given as suggestions about practically how to work together, reflecting the pragmatic discourse of interprofessional education.

Through the structures of team meetings and group case supervision meetings, students’ carry out a range of case work related activities including but not limited to: jointly planning for and facilitating client contact, assessment and fact investigation (collecting data); conduct professional research relevant to the problem at hand; writing memos that conveys the results of research, fact gathering and analysis to other team members, clients and professors; generate legal and non-legal solutions to the clients problem; representing and supporting the client in outside meetings and forums; crisis intervention; client advocacy with systems and agencies both in writing and orally; providing referrals to and evaluation of experts and other service providers; case management including documentation in case data base; monitoring and self-evaluation of practice and case progress; parent education for advocacy training and presenting decisions to peers, faculty and clients for feedback and or approval (End of Semester Case Progress Memos, 2004-2005; Student Case Review Agendas, 2004, 2005).

## Evaluation and Monitoring

The two faculty members teaching each seminar class meet before and after each class to plan and debrief the delivered class. Planning and debrief notes are written up

and placed in an administrative file in the computer so that these documents can be used for future planning and evaluation of classes. Attendance, level of class participation and written assignment grades are also filed (Class Planning and Debrief Notes, 2004-2205). Information obtained from student self-evaluations and faculty evaluations is also used to evaluate and monitor the syllabi.

Faculty members in the *Family Advocacy Clinic* are the only faculty in the clinical education program that meet together on a weekly basis at a regularly scheduled time and meet with students at a regularly scheduled time. In general, the *Family Advocacy Clinic* is more structured than other clinics:

> We have to be a bit of a boot camp sergeant in the sense that we do meet every week, we do have agendas…sort of impose a little bit of structure to move the process along, if they are creating agendas and have to meet, then they need to think about what it is they have to talk about (Clinical Law Faculty E Interview)

The faculty meeting is used to report on the weekly seminar and identifies teaching points that need to be carried over into supervision, to discuss case supervision issues, do trouble-shooting and early identification of any student team issues, faculty conflict resolution and problem-solving and the identification and assignment of administrative tasks (Clinical Faculty Interviews). Minutes are taken to memorialize decisions made and placed in an administrative folder on the computer (Faculty Meeting Notes, 2004-2005). The social work and law supervisors also schedule a time on a weekly basis to review and respond to documents submitted by the students.

Law students in the clinic receive two grades, one for coursework (3 credits) and one for seminar (2 credits) and are graded by the Clinical Professor of Law. In the Family Advocacy Clinic because all of the assigned law professors and the social work professor

co-teach seminar and co-supervise teams, grades are awarded after a collaborative process that incorporates input from all faculty. The same collaborative process is done for the completion of the social work evaluations (Faculty Meeting Notes, Fall 2004, Spring, 2005 and Fall 2005). There are some general recommendations about minimum number of hours expected, 12 to 15, but the amount of hours is ultimately up to the student if the cases are being handled responsibly. Law students are required to evaluate in writing their own and their teams performance twice a semester (Clinic Handbook, 2004, p.16):

> In addition to regular case conferences, each law intern, at least once a semester will meet with clinic faculty individually to discuss and critique the student's performance and general experience in the clinic. Law students will be expected to give a thoughtful analysis of the strengths and weaknesses of their work.

Law students are evaluated on their professional development in both case work and class work in the following areas: professional responsibility, critical judgment and problem-solving, legal reasoning and research, factual analysis, theoretical perspective, attorney client interactions, communication, management of effort, professional relationships, collaboration, self reflection and personal development (Clinic Handbook, 2004, pgs. 18-19.)

Social work students receive a pass/fail for field, receive 9 credits and the grade is given by a faculty advisor from the Graduate School of Social Services who also facilitates a seminar class five times during the semester for all social work students in legal placements. Social Work students do have specific hourly requirements and they may have either, a 14-hour a week placement extending into the summer, or a 21-hour placement (Field Instruction Manual Graduate School of Social Services, 2004 p.4). The social work students also must participate in the clinic seminar for which they do not

receive a grade but the hours involved in preparation and participation are applied to the required number of field hours.

Social work and psychology interns "will be graded in accordance with standards of their respective schools" (Clinic Handbook, p.16). The social work supervisor will complete, twice an academic year, a formal evaluation generated for all second year students by the Graduate School of Social Services. Areas of evaluation include: engagement, assessment, contracting and goal-setting, intervention skills, termination, student learning, professional stance, communication, responsibility for assignments, professional relationships, professional values and practice evaluation skills (Field Instruction Manual, Graduate School of Social Services, 2004). Social work students are also required to hand in process recordings, a way for them to evaluate and reflect upon an interaction with a client. Social work students in the clinic are also required to evaluate their own and their teams' performance, in writing, twice a semester.

*Student Self-Evaluations*

Both law and social work students are required to prepare a two-page memo, two times during the semester that describes their reflections on their work in both the seminar and casework aspects of the experience. Students are asked to describe their level of preparation and participation in class, the level of initiative and responsibility they have taken for each of their cases, the level of responsibility they have taken to ensure effective collaboration and the level of preparation and participation in team meetings with partners and case review meetings with faculty. Students are encouraged to reflect on what skills they have developed, what challenges they have faced, how they have met them and future goals for learning (End of Semester Self Evaluation Form, 2004-2005).

## Curriculum Resources

The first column in the *Preliminary Logic Model* of the curriculum presented in Table 4 p.121 identifies the resources that are available to implement the curriculum and will be more fully described in this section. The clinical program provides funding for the salaries and professional expenses of all personnel with the exception of the annual salary of the clinical professor of social work, provided by the University through the Graduate School of Social Services. The clinical education program pays the social work professor additional funds as an adjunct to teach the interprofessional seminar, cover cases during the summer and provides her with an office, computer and support staff (*Family Advocacy Clinic* Annual Budget, FY, 2004-2005). The program also pays the stipend for a developmental psychology doctoral fellow to assist with teaching and case supervision.

In addition, the clinical program covers all administrative costs for clinic operation such as maintaining and providing the space, office supplies, necessary equipment and technology and all case-related professional expenses. Travel expenses for scholarship purposes incurred by faculty, including the social work professor, are fully reimbursed by the School of Law. The annual budget of the *Family Advocacy Clinic* is $250,000 (*Family Advocacy Clinic* Annual Budget FY 2004-2005).

Because of the large number of students who are enrolled in the clinical education program, there is often competition for computer access. The case management system is computerized and uses a case management system designed specifically for law firms, “Time Matters”. Student hours are imported directly into this program. Hours are tied to a specific task or activity related to the case and must be clearly identified. Again this reflects a law firm culture that operates on the concept of “billable hours”. The positive

aspect of this for the supervisor is that student hours can be pulled up and faculty can see exactly how students are allotting their time in the clinic.

Scheduling and email is done through a program called “Groupwise”. This system enables participants to input schedules and queries can be put out to a group for scheduling purposes. Administrative staff set up groups so that faculty can email students or other clinic faculty easily. Faculty uses Blackboard Learning System for the seminar component of the clinic. Students and faculty have remote access to all of these programs, facilitating work from home. At the beginning of each semester the administrative support staff conducts data base training for all incoming students. Placement in the clinic requires a high degree of interaction with computer technology (Welcome Letter Family Advocacy Clinic, 2004, 2005).

Access to numerous datum bases, such as Lexis, Westlaw and hundreds of electronic social science journals are also provided. The clinic library also provides access to general legal and other professional texts such as the Physicians Desk Reference and the Diagnostic and Statistical Manual-IV. There are also student workers available for translation services and administrative tasks related to practice such as delivering and preparing documents for court. During the summer law students are hired as research assistants for the law professors.

## Chapter Summary

The *Preliminary Logic Model* identifies both student and client related objectives and outcomes. The planned goals and outcomes of the clinical education curriculum include objectives related to each of three foci of interprofessional education identified in

the literature: individual preparation, cultivating collaborative skills and improving client service.

Components of the interprofessional clinical education curriculum were identified as: recruitment, case assignment, orientation, seminar, casework and evaluation and monitoring. There did appear to be some theoretical connections being made between education and practice outcomes on the part of faculty developing the curriculum. Evidence of the influence of both curriculum sponsors, the Interdisciplinary Center for Family and Child Advocacy and the Clinical Education Program in the School of Law on the current curriculum was found.

Activities associated with seminar include: linked classes, simulations, small group experiences or exchange-based learning, integrated written assignments, interprofesssional readings, team teaching and a problem-solving orientation to practice. The theoretical approach in regard to teaching and learning conveyed by the interprofessional clinical education curriculum was identified as being most compatible with problem-based learning.

Casework activities facilitated by faculty were non-directive supervision, group supervision, individual supervision, memo writing and evaluation of student performance. Interprofessional student teams are assigned to clinic cases and practice together. Student teams provide service to families who have children with special needs in their attempts to obtain financial resources, appropriate and meaningful assessment and evaluation and evidence-based treatment and instructional methods for their children. One of the practice goals of the clinic is to engage, support and educate the client as “key decision-maker” for themselves and their children. The theoretical approaches to practice

were identified as collaborative, ecological, solution-focused and evidence-based practice orientations.

Students carry out a range of case work related activities including but not limited to: jointly planning for and facilitating client contact; assessment and fact investigation (collecting data), conduct professional research relevant to the problem at hand; writing memos that conveys the results of research, fact gathering and analysis to other team members, clients and professors; generate legal and non-legal solutions to the clients problem; representing and supporting the client in outside meetings and forums; crisis intervention; client advocacy with systems and agencies both in writing and orally; providing referrals to and evaluation of experts and other service providers; case management including documentation in case data base; monitoring and self-evaluation of practice and case progress; parent education for advocacy training and presenting decisions to peers, faculty and clients for feedback and or approval.

Substantial amounts of resources were reported to be available to the faculty to carry out and monitor the curriculum. Faculty, administrators and support staff also identified a number of resources available to students to support both the educational and practice activities they are engaged in during their placement in the clinical education program.

The next chapter will present the findings from the process evaluation portion of this evaluation study. The process evaluation will assess whether or not the Preliminary Logic Model of the planned curriculum described in this chapter was implemented as faculty intended and whether the curriculum components identified by the faculty can plausibly and logically achieve the planned outcomes of the curriculum.

# CHAPTER 6

## PROCESS EVALUATION RESULTS AND IMPLEMENTATION ASSESSMENT OF THE CURRICULUM

This chapter will present the results of the process evaluation of the planned interprofessional clinical education curriculum described in the last chapter. The Preliminary Logic Model was refined using data collected during the course of the implementation assessment. Outcomes specifically related to the interprofessional intervention will be identified and described as well as the shared, profession specific and interprofessional outcomes reported by students and faculty. Sources of data that could indicate successful performance were also identified and described as performance indicators. Context variables that exerted an influence on the education and practice intervention as well as unintended outcomes will be identified and described. As in the previous chapter, a logic model will be used to represent and organize the findings. This chapter will present the findings for Research Questions 2 and 3

2. What are the short-term, intermediate and long-term goals of the interprofessional practice curriculum implemented in the Family Advocacy Clinic, reported student learning outcomes, outcome indicators and activities implemented by the clinical faculty members from collaborating professional schools?
3. Are there any context factors related to this specific setting that are identified as impacting either positively or negatively, the goals, activities or outcomes of the interprofessional curriculum?

Thirty-two students agreed to participate in the study. Sources of data used for the process evaluation include interviews with law, social work and psychology students (N=24), interviews with clinical faculty (N=5), interview with clinical director (N=1), interview with social work field advisors (N=2) and interview with clinic support person (N=1). Documents that were reviewed include student mid and end of semester self evaluations, social work field evaluations, law student grades, student applications and resumes, faculty class planning and de-brief notes, faculty meeting minutes and agendas, student agendas, student written assignments, faculty ratings of class participation, attendance sheets, printouts of casework hours and activities and end of semester case progress memos. Observation notes of group supervision and seminar classes were also reviewed.

Because student self-evaluations were completed at the middle and at the end of a semester, data was captured over a period of a year for some social work students and returning law students (law students who chose to apply for a second semester of work in the clinic) and at different points in time over the semester and the year. The same procedures for logic modeling described in the previous chapter were used to analyze the data for use in this process evaluation.

## Theoretical Model of the Interprofessional Clinical Education and Casework Curriculum

The following table, Table 5 *Final Logic Model of the Interprofessional Clinical Education and Interprofessional Client-Centered Casework Curriculum* illustrates how the education and practice components of the curriculum are thought to be related. Qualitative data analysis of student interviews yielded a much more nuanced description of the practice or casework experience for the students and allowed the part of the model

related to casework to be more fully illuminated than had been previously described in the planned curriculum.

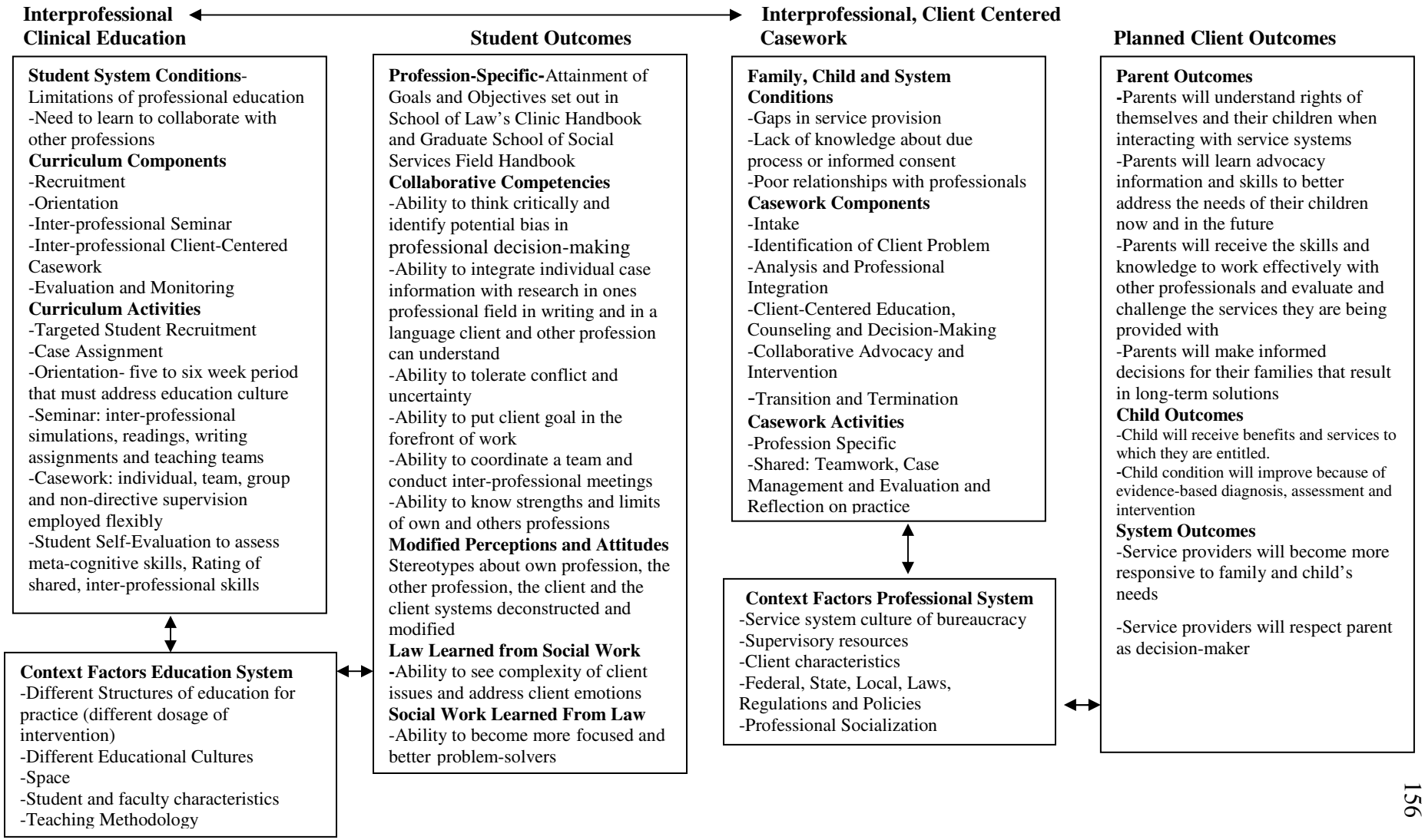
The model is constructed to indicate the interdependence of the education and practice or casework aspects of the model. The left hand side of the model focuses on the clinical education aspect and the main focus is on the student, student learning and the faculty interaction with students. The second half of the model on the right hand side focuses on the casework or practice aspect and is centered on the students' experience of practice with the clients. Student outcomes are in the middle of the model and have an impact on practice activities and potentially client outcomes.

Components relevant to clinical education are: Recruitment, Case Assignment, Orientation, Seminar, Casework Supervision and Evaluation and Monitoring and reported Student Outcomes. The process components students experienced while practicing with clients or Casework Components include: Intake; Identifying the Problem; Analysis and Professional Integration; Client-centered Education, Counseling and Decision-making; Collaborative Advocacy and Intervention and Transition or termination.

Context factors that were found to influence the educational experience and the practice experience are underneath the respective aspects of the model and can influence both the implementation of the planned education and practice curriculum as well as outcomes.

Table 5

*Final Logic Model of the Interprofessional Education and Interprofessional Client-Centered Casework Curriculum*



The following section will begin with a discussion of the student and client related goals of the curriculum, describe each of the components identified in the two aspects of the model, identify and describe activities that are associated with each component and identify curriculum resources available to faculty and students for implementing the student and client related goals of the curriculum.

## The Family Advocacy Clinic Mission and Curriculum Goals

### *Dual Mission and Goals*

There were high levels of agreement among students (88%), clinical faculty and support staff (100%), social work faculty advisors (100%) and program founders (80%) about the overarching mission of the clinic: the clinic educates students from different professions for practice (student outcomes) and provides comprehensive or inter-professional service to clients (client outcomes). The remaining students identified the practice aspect of the mission only.

There were no differences by profession in both the student and faculty sample in relation to the understanding of the mission and goals of the curriculum. Steering Committee Members who were not directly involved in the current administration of the clinic were not able to comment on the more discrete goals of the education and practice aspects of the program mission beyond identifying a generalized “model of interdisciplinary education and model of interdisciplinary practice”, again supporting the necessity of developing the detailed program description that was part of the design of this study and reported in the two previous chapters.

The majority of students interviewed (83%), clinical faculty, social work field advisors and support staff (100%) identified both interprofessional educational goals:

"giving students real world experience to learn how to practice and engage with clients and other professions" and interprofessional practice goals: working with other professionals to provide a comprehensive approach to client problems":

> It has several goals. It's trying to educate students in a way they would not be educated in a classroom because you learn a lot of things when you are confronted with a problem that is not in a textbook. It's also trying to help people who need help and since you hook up with social workers they are trying to promote the interdisciplinary approach to cases and the sharing of information across different professional bases (Law Student L Interview)

> I think the Family Advocacy Clinic is trying to educate students in interdisciplinary practice and to serve clients. They are trying to teach us to think critically, how to examine problems, how to self-critique, how to work with each other, respect each other, use all different modes, in all of our practices and use them together (Social Work Student F Interview)

> Gosh it's… diverse. It's not just one goal. The goal of the clinic educationally for the students is to introduce them to the field, to the law, the process but also the interdisciplinary component between law and social work in family advocacy practice. Gaining an understanding of their own profession in the work they are doing, in the services they are providing but at the same time having an understanding of the other profession with the goal of providing exceptional service to clients by using the interdisciplinary model in practice (Social Work Faculty Advisor)

*Student Related Goals*

Most students (78%) and clinical faculty (80%) agreed that an important goal of the clinic was to develop critical thinkers who challenge assumptions and understand why and how they are making decisions as a professional:

> I can say from my own experience that the clinic is trying to make students sort out their reasons for the decisions they make and the student acting as a professional should not encourage the client to do something because it accords with their particular belief about how the world should be or what people should do or act but rather think carefully about the legal or social work ramifications about what one is doing for clients (Law Student C Interview).

> I think as far as the educational purpose of the clinic on the students both

> legal and social work is to teach us to approach each problem with an open mind and of course use our experience to the benefit but at the same time don't make any assumptions about the client until we get into their background and story (Social Work Student A Interview)

Students also linked the development of critical thinking and the use of professional knowledge with professional autonomy and independence addressing curriculum developers' goal of providing a positive socialization experience that would result in more confident and critically reflective practitioners who would make a commitment to on-going professional learning:

> I think they are teaching us to build our confidence as lawyers, as social workers, I think they encourage us to take charge, to speak up and I think to step back and think through an issue before we just jump in and deal with it and I think they are teaching us to be very client centered also (Law Student D Interview).

> I think the environment, even though it was practice, was really a good environment education-wise. I mean in a lot of things, doing research, in using the data base to find articles. I can't believe that I learned how to do that in the clinic and not in school. So it just really opens it up for someone who really wants to learn to learn (Social Work Student C Interview)

The students also reported how the clinic expands the vision of a reflective practitioner to include critical reflection not only on the encounter between client and practitioner but to the context or the systems relevant to that encounter. This was highly consistent with that goal as articulated by the majority of clinical faculty (80%). Students clearly expressed that exposure to clients, other professions ways of thinking and the systems the client interacted with are all part of reflective practice and critical thinking:

> To open our minds to the kind of work that we can do to help our communities, pro bono work and just to show us, I think at least personally I learned a lot about the problems in the system. They may sound like they work well but you start finding all the problems and its eye opening (Law Student S Interview).

> I think we have a subtext in all our work with clients that there is a piece that is exposure to the thinking of other professionals…exposing students

> who may or may not have been exposed to the lives of clients who are different than they are whether that means poor people, immigrants, people of color, having exposure to help with the critical thinking piece. And also exposing them to public systems…so they have a realistic as opposed to idealistic view of what that world is like for people who have to come in contact with those systems (Clinical Law Faculty C Interview)

*Client Related Goals*

Students, clinical faculty, support staff and social work faculty advisors were also asked what they thought the program was trying to achieve more specifically in regard to clients. There were high levels of agreement between students and clinical faculty about the idea that client problems were complex and multi-factorial, requiring a collaborative approach to practice. This is consistent with the Interdisciplinary Center's vision of "holistic practice" but offers more detail about what "holistic" legal and social work service might entail:

> I guess it is just a more wholesome approach to solving client problems. I will go back to the client where I had a social worker student. The person was being evicted, depressed, having problems with her kids, it was all part of the money problems, part of it was separate but they were interconnected too and we helped her with the legal side and also the social worker helped her talk through the other problems at the same time and helped her and at the end she was much happier. Thank God (Law Student L Interview)

> I think the clinic is trying to achieve well-rounded service, acknowledging the fact that because of the subject matter that we are dealing with, there is a lot more going on than just the legal issues that come up if somebody is going through a custody or special education thing, its such personal subject matter the social work goes hand in hand. A lot of people who are in that position the law component is dealing with also have other issues that come up with it like public assistance or other things that you don't need a lawyer to address but it goes hand in hand with the work (Law Student R Interview)

Most students (83%) and all clinical faculty members (100%) agreed that goals for the client would include: giving client's information that would assist them in solving

their problems, activating and informing them of their rights and teaching clients skills that could be applied to future problem-solving:

> To empower clients so that they are able to take some of the steps that they are sort of unable to take without legal or social work assistance so to give the client the information or knowledge they need to do things on their own, to take steps on their own in the future (Law Student Q Interview)

> To empower clients, to let them know they have rights and there is a process for them to challenge decisions they do not feel are right for their family (Social Work Student H Interview)

*The Issue of Power*

The underlying sub-text of the faculty goal for students of becoming "critically reflective practitioners" in regard to identifying their own assumptions and being realistic about the effectiveness of client systems was related to the issue of power, but in different ways for the two professions. Two of the three clinical law professors in their interviews identified their awareness of the status that historically and currently the profession of law has been assigned by society. One law professor framed the law as "having the power to shape our society in a lot of ways, law really governs the way people move around in the world" and because of this it was the responsibility of legal education to prepare students to acknowledge and take on that responsibility "with the highest ethical standards and a sense of the seriousness of that responsibility". The other clinical law professor framed this as having a sense of "humility" about your professional limitations and what one can or should do as a lawyer.

The social work professor framed the idea of "critically reflective practitioner" as a way for the social work profession to rehabilitate or gain status in society as well as become aware of the power they do have when it comes to clients, particularly poor clients. Her view of social work education was to assist social work students to practice

ethically and competently and this meant that social work practice should be based on some standard or evidence, some analysis and that ethical practice demands an informed consent and a discussion with a client about the strengths and limitations of the options or interventions presented to a client. This would result in greater respect of the profession.

Student narratives suggest an awareness of the faculty critique of the professions and professional education:

> I do think I have a lot more respect for my own profession. I don't think I was clear about what social work really was until now. I think we do have a good research base and I think we need to use it. I mean we don't have to get crazy about it but research does support the profession and so when some one speaks as a social worker, it's not just like "oh they are just a caseworker" (Social Work Student H Interview)

This understanding emerged in responses from students related to curriculum goals as well as reported outcomes:

> To restore their (the clients) faith in professionals and systems by being able to provide them with resources they need and to help people who have already been hurt in so many ways already and have little or no confidence in professionals, both law and social work (Law Student I Interview)

*Areas of Disagreement: Mission and Goals of the Family Advocacy Clinic*

The least frequently identified goal of those documented in the clinic syllabi was "to facilitate the development of student skills in a family law practice including interviewing, counseling, developing the client story, assessment, negotiating and hearing and trial advocacy in interdisciplinary forums". Although both students and faculty report the exposure to and the practicing by students of these particular skills as practice activities and outcomes, there was disagreement among clinical faculty about the degree to which skills could be taught during the course of a semester:

> I think they get exposed to a lot of skills here…they get exposed to interviewing, they get exposed to client counseling, negotiation but to think

> that we have a program that teaches them to do these skills is unrealistic. You can never really say "I have client counseling skills" because you develop them over time and reflect on what you have done in any particular client counseling or interviewing session. And yes some are more skilled than others but I don't think its anything that you can put in a box of fourteen weeks and have a student come out and say "Now I have that skill"(Clinical Law Faculty C Interview).

*Tension Related to Balancing the Clinic Goals of Educating Students and Serving Clients and Possible Negative Effects for Clients*

One clinical faculty member reported feeling that there is "always a tension" in trying to balance the dual mission of the clinic: educating students and providing service to clients. The other clinical faculty (N=4) expressed having curiosity about how the clients experienced working with students and whether or not they were satisfied with the service they had received from the clinic but this was not identified as a source of tension or concern. However, a small percent (9%) of students reported that when faculty provided case coverage over the summer students experienced the faculty as being "controlling" of the case during the Fall semester. This finding suggests that when faculty had more direct involvement with clients the tension between meeting the needs of clients and meeting the needs of students intensified even if faculty themselves did not identify it.

Students however were highly concerned with the question of whether and how the educational mission of the clinic impacted the clients. One student openly acknowledged the idea that the clients were not just receiving service they were also being engaged to teach students and could be viewed as participants in an experiment:

> I feel the clinic is less client-centered than student-centered. Like for example sometimes things take a lot of time because of the supervision that is necessary and that may not be in the best interest of the client. If the client wasn't in a clinical setting things would get done faster. So, I feel like you are trying to do things for the client but it is more like the client is

> volunteering to be part of a study and they are not taking medicine but what they are taking is our legal advice and service. So I feel like the clinic is more for us than it is for them (Law Student B Interview)

A substantial number of students interviewed (71%) believed there were some negative effects on clients because of the educational mission of the clinic. The most important concern students reported was questioning the impact of clients working with multiple student teams over the time period it took to address their legal issues. Some student teams and clients develop very intense working relationships and then have to begin again with all new students or in the case of second semester a continuing social work student and new law students. Secondary to the relational concern was the length of time it took for students to orient themselves to the client case and the necessity of clients "telling their story" to repeated teams of students:

> First of all the clients rely on students for help and they (students) don't know what they are doing, sometimes we are taking a longer route to a conclusion which can cause harm for a client. Some clients I think get very attached to the first student group that they either meet or actually does something for them that has an effect on their lives. I had one case like that where I was part of a new team and she just wouldn't talk to us because we weren't the people she had been dealing with (Law Student J Interview).

A smaller group of students (25%), including some social work students, did not believe there were negative effects for clients. Some students believed that although there could be a negative impact, the fact that the services were free and that clients were fully informed before accepting representation that students would be providing representation and services, balanced the negative effects.

Clinical faculty (N=5) acknowledged that during the evaluation period they had been primarily engaged in working on developing the clinic seminar and the other educational activities that were related to the clinic such as the use of group supervision

and writing as a tool to stimulate critical thinking. Faculty believed that the investment in developing the curriculum for the students would ultimately result in better outcomes for clients.

*Performance Indicators*

There are currently a number of sources to provide evidence of performance in achieving the mission and goals of the Family Advocacy Clinic. For the profession specific educational aspect of the mission, sources already in place are law student grades and social work field evaluations. Sources in place related to interprofessional education goals are: student mid and end of semester self-evaluations, written seminar assignments that require integration of the law and social science content assigned in readings and individual class summaries that note attendance, level of class participation and written assignment grades. As described in the previous chapter, the clinic handbook and the Family Advocacy Syllabus contain identifiable criteria of successful performance.

For the interprofessional practice aspect of the mission sources of evidence of student performance that already exist include: memos and legal documents that include and refer to social science, agenda for group supervision, end of semester case progress memos that summarize the legal and social work completed on a case during a semester, social work assessments identifying multiple client issues, case data base summary of individual student hours identifying what tasks were performed and client outcomes entered into the case management data base.

The clinic handbook and the social work field education manual contain identifiable criteria for successful performance relevant to individual professions. The social work field evaluation includes a scale that attempts to measure levels of

performance from beginning to advanced practice on each of the performance criteria. Law Students performance evaluations are shared verbally and are not in writing. Currently there are no formal or identifiable criteria for demonstration of successful collaborative performance in casework or in seminar.

The current criterion used for assessing client outcomes is achievement of a client's articulated goals. This standard is not realistic or measurable because client goals often change throughout the course of the representation based on new information and changing life circumstances. Faculty suggested other more qualitative criteria that could be used to indicate successful performance of client outcomes: that the client felt heard, the client felt in-charge, the client received all the information and variables that were needed in a decision, the client felt they received options that they had not thought of and clients boundaries and their limits were respected. Additional suggestions were: the client has been able to undertake a plan to solve the problem and that the solution is lasting and addresses the multiple levels of a problem.

## Recruitment

### *Description of Students*

During the time period this evaluation was conducted, a period of three consecutive semesters, a total of 45 students were enrolled in the *Family Advocacy Clinic.* Of those enrolled, a total of 32 students, or 71% of all students enrolled, representing all of the professions, agreed to participate in the study. All of the social work students (N=8) were in the advanced or second year of their social work education. Three were enrolled in the clinical concentration and five in the client-centered management concentration. Seven of the social work students were also enrolled in the

social work and law specialization. Social work students had all completed one year of supervised practice experience prior to coming into the clinic (Social Work Field Placement Applications and Resumes, 2004-2005).

Of the 24 law students participating in the study, thirteen were 2L or in the second year of law school and eleven were 3L or in their final year of law school. The majority of law students (88%) had some prior externship or internship experience in a law firm or a public interest law setting (Law Student Clinic Applications and Resumes, 2004-2005). Five law students had no prior internship experience. The developmental psychology student participating in this study was in Level One of a doctoral program.

In terms of gender, race and ethnicity both law and social work students participating in the study were predominately female (75%) and Caucasian (72%). In this sample, there were eight males, one of whom was a social work student and another, a psychology doctoral student, and twenty-four females. In regard to race and ethnicity, 25% of law students (1 African-American, 2 Asian-American, and 3 Hispanic) were racial and ethnic minorities as were 38% of social work students (1 Asian-American and 2 Hispanic). Seventy-five percent of the law students and seventy-two percent of social work students were white.

*Reported Motivation for Enrolling*

The most frequently reported motivation for enrolling in the clinic for social work students participating in this study was "to obtain a better knowledge of the law and legal advocacy in order to enhance their ability to advocate on behalf of their clients". Second in importance relevant to motivation was being enrolled in the social work and the law specialization that requires a placement in an interdisciplinary legal setting. One

student saw participation in the clinic as being helpful in their desire to obtain a job in a social policy institute. One student already had a law degree and wanted to find a fit between the two professions. The majority of social work students (75%) participating in the clinic had high GPA's of 3.5 and above. The two students who had lower GPA's were also struggling in their coursework during the period of their field placement in the clinic. One of these students also did not perform well in field while the other did (Social Work Field Evaluations, 2004-2005).

A majority (63%) of the social work students who participated in this study expressed dissatisfaction with their social work education thus far, either in the classroom or the field or both and this contributed to motivation in that they were seeking a more challenging experience in coming to the clinic. There is some indication that social work students may have viewed placement in the clinic as a way to improve their status position. Two social work students expressed wanting to explore the possibility of law as a profession and saw participation in the clinic as a way to improve their chances of being accepted into law school. Two other social work students in the study reported being told by a social work faculty member not affiliated with the clinic, that the clinic was a place for "strong" students:

> The social work professor made it sound like lawyers were really smart and you are coming in to help and you better be able to speak your mind, you better have writing skills you better be smart or else, not like some of the other social workers we have here that aren't (Social Work Student D Interview)

For the law students, most respondents (92%) stated that obtaining "hands-on" or practical legal experience that involved working with clients was their primary motivation for applying to a clinic. The majority of law students reported GPA's of 3.0 and above.

Law students who had chosen *Family Advocacy Clinic* as a first choice also expressed a desire to "help others and work with families". This motivation was frequently framed in reaction to the educational experiences they had experienced in law school so far, such as "law school makes me feel useless". A number of law students had undergraduate degrees in psychology or had prior experience working with children and wanted to use this knowledge to benefit families. Three law students expressed a desire to do pro bono work in the future and believed the clinic experience would be helpful. Two law students were undecided about what kind of law they might want to practice and thought participating in a clinic was a good way to explore the question and one student expressed some doubt about practicing law at all. Two law students stated that the primary motivation was to work with other professionals although all law students, with one exception, reported that they knew at the time of application that they would be working with social work and psychology students. Several law students had family members, friends or roommates who were social workers or psychologists. One law student saw the interprofessional collaboration "as a perk".

The developmental psychology student also expressed the desire to have practical, client oriented experience and particularly expressed an interest in working with children and their families.

*Prior Experience and Coursework*

Law students interning in a law firm reported they learned writing and drafting skills and students interning in public interest firms learned how to interact with clients and procedural knowledge or how to negotiate the client system including working with social workers. Both types of internships had reported limitations, lack of client contact

or lack of legal analysis that students were attempting to address by applying to the clinical program. Neither type of experience allowed law students the opportunity to have complete professional ownership of a case:

> I really enjoyed client contact and caring about the case because I knew all the facts and all the issues about the case. Much of the work I have done in other legal settings was a component of a larger project so I did not know the client and did not know everything that was going on in the case (Law Student B End of Semester Self Evaluation)

> I had some experience with direct representation before but never did I feel or have the level of responsibility I had here in terms of being the attorney for the client or for what would happen to them. There was guidance of course but I had no idea I would feel such a level of responsibility (Law Student R Interview)

General or non-legal professional work experience was found to be helpful in dealing with supervisors and teams. Coursework that was found to be helpful in relation to the legal practice of the clinic was: Family Law, Professional Responsibility, Administrative Law, Civil Procedure, Drafting and general knowledge about legal research and writing. Half of the law students in this sample report Fundamental Lawyering as helpful when it was taken as a pre-requisite, rather than co-requisite for the clinic. The remaining half report some redundancy when taken simultaneously with clinic seminar and of those students, 25% report preferring to learn the skills covered in clinic seminar.

About half of the social work students reported having a positive foundation year field experience that they believed helped them in the clinic placement. This was usually related to high levels of client contact and quality supervision. One social work student who was a member of an ethnic minority group reported that her experience of being a minority group member in her foundation year placement prepared her for the experience

of being a social worker, or a minority, in a legal host setting. Social work students also reported that professional work experience in general was helpful in terms of relating to co-workers and supervisors.

Coursework identified as supportive to the clinical experience was: Social Work Practice with Individuals, Families and Groups; Client-Centered Management; Clinical Assessment and Diagnosis; Social Policy; Social Work and the Law and Clinical Practice Seminar when it included a focus on brief treatment modalities.

*How Students Were Recruited*

It has been increasingly difficult to recruit law students and clinic applications have decreased during the evaluation period. Although the clinic has been able to function at capacity during the period of this evaluation, there was a need to go to the pool of students who had not been accepted in their first choice clinic and had ranked the *Family Advocacy Clinic* as either a second or third choice.

The most frequently reported method of recruitment by law students (80%) was the email sent out by the clinical education program announcing the time frame for applying for any clinic in the fall and spring semesters. The second most frequent method was looking at the clinical education website that contains descriptions of the clinics offered by the clinical education program. One law student had worked as a summer research assistant for one of the clinical professors and one stated that at orientation to the law school program the Dean "had really pushed clinics". One student reported hearing about the clinic from other students, or "word of mouth":

> I think participating in a clinic should be more actively encouraged. It's a really great experience and needs to be pushed more. I had spoken to students and they were like "oh yeah, you should take it" but I think we only got an email about it and unless you really take the initiative about it,

it could really pass you by (Law Student C Interview)

Law Students also indicated that aside from not knowing about the clinical program, hearing from other students that "it was really competitive" and that it is "a ton of work and a ton of time", influenced students' decision to participate in a clinic:

> I think a lot of students want to take it but they shy away from it. Everyone feels so crunched for time. There are so many classes you think you have to take to pass the bar exam. There is also that course requirement that you have to take for a clinic and people say, Oh well, I didn't take Fundamental Lawyering" (Law Student Q Interview)

A large percentage (67%) of law students who were interviewed, believed that participating in a clinic should be mandatory for all law students and remarked that they were the only profession that did not require some kind of practice or clinical experience prior to graduation:

> I think it would be better if the clinic was a mandatory course because I think it is strange that unlike pretty much any other profession you can graduate law school without ever having tried being a lawyer. If you are going to be a doctor you have to spend some time as an intern and then a resident. If you are going to be psychologist or social worker, you have to spend some time doing a practicum of some sort. I think even priests have to spend time being a student minister or something (Law Student A Interview)

For social work students, being exposed to the social work and the law specialization was the primary method of recruitment for the clinic. Participation in the specialization offered a pool of students who were mandated to have an interprofessional fieldwork experience. Also having a placement coordinator who was affiliated with the Interdisciplinary Center and primarily focused on recruitment of social work students meant that the burden of recruitment was not placed on individual clinic faculty.

There has not been a psychology student placed in the clinic since Fall 2004. Recruitment involved one of the clinical legal faculty members going to the outside

campus to talk about the clinic as a placement. Applied developmental psychology faculty was minimally involved in the recruitment process as they were in all aspects of the clinic program and its development.

Clinic faculty reported not being involved in recruiting efforts aside from participating in an information session for students who had applied to the clinic as a first or second choice. There does not seem to be a difference in feelings of satisfaction at the end of the clinic experience based on whether or not the clinic was the first choice of the student (Clinic Applications, Student Interviews and Student Self-evaluations 2004-2005).

*Performance Indicators*

There are in place sources from which to collect evidence regarding the success of recruiting activities. Currently the clinical education program has a web-based program that allows faculty to have access to numbers of all law students applying to the program and identifies their first, second and third choice clinics. Student applications are also done on line and are available to clinic faculty. The application contains information about why the student applied to the clinic program and why they put a clinic as first choice (Clinic Support Staff Interview). Criteria for successful performance of recruitment activities would be having a large enough pool of first choice applicants from both professions to fill the clinic each semester.

## Case Assignment

*Optimal Number of Students*

Students reported that in order for the clinic to be a successful experience there needed to be opportunities to work directly with students from the other profession.

Students indicated that two person interprofessional teams worked better than three person (two law students and one social work student) teams and that a smaller group of total participants in the curriculum made the experience more satisfactory:

> I think a three-person team is harder than a two-person team, it's the competitive edge sort of thing when there are two law students and the social work student is over there. But when you just have two people on a team they have to speak to each other (Law Student K Interview)

> Last semester there were a lot more people in the clinic and this semester it is smaller and I think it is much better with a smaller group (Social Work Student A Interview)

*Assignment to Interprofessional Teams.*

During the period of this evaluation not all law students were assigned a case with a social worker, primarily because there were not enough social work students to be placed on every case. A total of five law students did not work on a team with a social work student. Although, because of the curriculum activities of group supervision and seminar, these law students were exposed to social work students and social science knowledge, they still report feeling they would have benefited by having social workers on their cases and team:

> My only complaint is that I did not have the opportunity to work with a social work intern until the final week when I got a social worker to consult on the case. I would have appreciated a social work intern on that case from the start because it was the interdisciplinary input on the case from group supervision and seminar that was crucial and truly helped us develop a theory of the case (Law Student S End of Semester Self-Evaluation)

Several law students (33%) also reported that the most rewarding part of their casework experience was working with a social work student. Some law students reported enjoying working with social work students because they were less competitive and thought more broadly than law students:

> I felt social work students cared and worked just as much as law students but they were more laid back and easier to work with (Law Student L Interview)

> Having the social workers around was pretty important not only because it gives you a broad sweep and a better perspective on how to look at things but because it's kind of fun to meet people that you don't go to law school with so that was interesting and I am still friends with two of the social workers I met in the clinic. They are really interesting people and they are different from you and I feel like that's not something I am going to see too much of in my future as a lawyer (Law Student V Interview)

*Context Factors*

Different structures of field and clinical education impact the ability to have two-person interprofessional teams and recruit more social work students. The law to social work student ratio is based on the number of clinical faculty assigned to the clinic. Law faculty members carry a supervision load of eight students per semester. Generally how and when supervision occurs is at the discretion of the individual faculty. Social Work supervisors have requirements that they provide a certain number of hours of weekly individual supervision, assign social work students process recordings they must evaluate and review and twice a year complete lengthy written evaluations of students. These requirements exert an impact on how many social work students can be taken on during an academic year by one social work supervisor.

There are not identifiable criteria for making case assignment decisions on the part of faculty. Informally, the law and social work supervisor assess the case for interprofessional issue potential before assigning the case to students for an intake interview. There are also no identified criteria for case assignment and this decision is most frequently made pragmatically on the basis of availability and the schedules of students (Clinical Faculty Interviews).

## Orientation

A majority of students (75%) reported they were not satisfied with the orientation phase of the clinic as implemented, primarily because students believed they needed more direction and concrete information up-front in order to get started on cases:

> They throw you out there like in the lion's pit. They don't really tell you what to do and when you ask they say, this is clinical education figure it out yourself. And these are real people with real problems that we have to help. And if faculty know how to solve their problems in two hours and it would take me three weeks to figure it out, like why are we causing this person three weeks of no sleep? (Law Student V Interview)

This finding can also be related to the level of complexity in regard to the number and variations of presenting issues for clients referred to the clinic as well as students not being sure about what to expect. This was also related to the anxiety students had reported earlier in this chapter regarding their perceptions of the negative effects of the model of clinical education that might accrue for clients.

### *Beginning Student Anxiety: Professional Differences*

Students both law and social work, reported high levels of anxiety and frustration with supervisors related to not knowing "what to do" or "figuring out where to start" on behalf of a client in the beginning of the semester. For the law students this anxiety was centered on not knowing the relevant law or how to even begin to evaluate or address a client problem, the belief that there was a right or wrong answer and the fear their "ineptitude" would harm the client:

> I had NO IDEA what to do with a client. Especially my client that had a hearing in the first weeks of the semester. It was like we just started, we've all got acquainted with the computer. Okay your client has a hearing in two weeks. Bring her in here, interview her, prepare a case and go. I was like I don't know how to do any of this at all (Law Student K Interview)

> I think one of my problems to start with was that I didn't want to do

> anything until I was sure I was right. I realized later that the best way to figure out what to do is to just start trying things, researching, looking for a solution and eventually you are going to find one (Law Student D Interview)

For social work students the anxiety was centered not on dealing with problems a client might present or the client themselves but rather "what do I do in a legal setting", "what is my role here" and how to identify and apply social work knowledge to practice:

> Through at least the first month, I found the pressure to put on my "social work hat" and draw on aspects of a knowledge base that I do not feel I always have access to has been very challenging. I have become aware I have no practice in applying theoretical frameworks to client practice. Numerous times I have wanted to engage in discussion from a social work perspective but have fallen short (Social Work Student B Mid Semester Self-Evaluation)

For the social work students their prior socialization to, and expectation of, directive supervision, feelings of intimidation because of their lack of knowledge of "law" and difficulty in articulating relevant social work knowledge or not having learned it also contributed to early dissatisfaction and anxiety:

> I think one of the basic things we should know is assessing a client. One of our major responsibilities here and what we needed to do to get going was to do assessments when clients came in because you know we could focus on what their needs were, It was really, really difficult to figure out what goes into an assessment when you've never been taught what goes into one before or you didn't have a good field placement and never got to practice doing them. This made it hard for some of us in the beginning because if you can't do that, you don't know what you should do (Social Work Student C Interview)

> The biggest thing I had to learn in the beginning was how to self-motivate. Up until now I have been told what to do or given a set of tasks to apply. Here it is up to you to figure out what to do. You have to brainstorm and that's what I learned, brainstorming is how you figure it out (Social Work Student A Interview)

*Early Challenges for Students*

A majority of the students (94%) in this study report having a much longer and difficult period of orienting themselves to the clinical experience than the two-week "frontloading " period identified by faculty in the planned curriculum. It appeared from analysis of student self evaluations that students at mid-semester were just getting an idea of the issues and potential interventions relevant to their individual cases. Students identified multiple challenges that occurred in the early weeks of the experience: figuring out the setting, understanding the client systems, learning program technology, figuring out how their own profession would go about solving a client problem as well as learning about how another profession might solve it, feeling that they were responsible for "knowing what the other profession should do" and adjusting to a "new" educational culture and way to relate to faculty as faculty and as supervisors. Students identified that they began to mobilize and know what to do about five weeks into the experience:

> I mean in first semester we are all stumbling along together but you don't really figure out what is going on until the fourth or fifth week and then you have ten weeks to go and it's over (Law Student I Interview)

*Student Recommendations for Orientation*

When asked about recommendations students had for faculty about the curriculum, responses were solely targeted to what occurs in the beginning of the experience. The majority of students (81%) recommended that when students first began the clinic there should be more direction up front, more substantive law up-front, greater information about the client systems in general and more substantive content on what is social work and what do social workers do. This finding emerged consistently throughout interviews, self-evaluations and a seminar assignment reflecting on termination.

These recommendations were directly related by students to the use of non-directive supervision, the number and complexity of client issues, law and social work students initially expecting that there would be a role for social workers that was separate and discrete from law students, lack of a uniform format for end of semester progress memos and hard copy file organization and a one semester placement for law students.

The parts of the orientation to the program that were reported by a majority of students (88%) to be most effective were the "frontloading" of seminar classes that involved a simulation of preparing for and conducting the first interprofessional interview of a client and orientation to the casework activities of the clinic such as client data base, case records, team meetings, group supervision, research and writing:

> The seminars in the beginning definitely helped. I think the identifying the issues and how to approach them and the role play that we do in how to interview a client. I think that definitely helped in the beginning (Law Student P Interview)

Some students appear unable to tolerate the feelings of uncertainty and anxiety that came from not knowing and wanted faculty to go one step further and tell them what "to do" or identify the specific tasks that ought to occur with each other and the client within those structures as well as give them explicit content and direction:

> I would have liked clear guidance in the beginning on "this is what you guys do together" or "this is what you do separately" or "this is a social work task" or "this is a law task". I know it might seem juvenile to be pointing out exactly what you should do, but it is a learning clinic. The whole reason I went to a clinic is that I would be taught not thrown into a job without guidance. I understand the clinic's methodology with sort of "throw the bird out of the tree and try and fly yourself" because you tend to learn more. For me, I don't think that is the best approach to take with everything (Law Student R Interview)

An unexplored question is the role that interacting with clients, who are frustrated and overwhelmed when they come to the clinic, may play in regard to student's sense of

urgency about meeting client needs and the subsequent feelings they report of being overwhelmed. From a clinical perspective one could argue that the curriculum theory of students being open to hearing and addressing multiple client needs may in and of itself be a disorienting and overwhelming experience as students, who are novices at identifying and managing feelings that may emerge in the course of professional interactions, come into contact with clients who report feelings of being overwhelmed, depressed and highly stressed (Social Work Assessments, 2004-2005).

*Changing Professional and Educational Culture*

An unanticipated finding that emerged from both law and social work student interviews significantly impacting the orientation component was the need for students from both professions to both figure out and adjust to, a change of "educational culture" and/or previous experience with a "professional work culture". This is analogous to the findings in Chapter 4 that identified the need for faculty to be aware that their prior experience of professional socialization and orientation to work setting can have an impact on the expectations they might have for how interprofessional education and practice may or should be done and the way they may perceive and frame the cultures of other professions.

In addition the hybrid nature of the clinical experience being both a practice and education setting also made it hard for students to figure out what kind of relationship they should be having with faculty/supervisors and student/colleagues:

> In supervisory meetings at first I wasn't sure if was supposed to seek general answers or ask for specific guidance. I learned very quickly that I had to be more proactive in seeking solutions and brainstorming next steps (Law Student N Mid-Semester Self Evaluation)

Past experiences with professors and fellow students in the classroom and for those who had worked or had previous practice experience, with their supervisors and colleagues, entered into the experience, yet did not provide sufficient guidance and made it difficult and confusing for students to know how to relate in a culture that was not either education or practice, neither individual or collective but was both/and:

> When I began I did not know one single thing about my cases and I felt like I was expected to become an expert not only in the legal provisions but also in what was going on. I felt hopelessly lost and feared that if I didn't come across as confident to the professor and others I would be in great trouble. This caused for a great amount of stress and anxiety (Law Student E Mid-Semester Evaluation)

> I never had a case where the supervisor didn't tell me what to do. I found that working in the clinic I had to look at the case and determine for myself which tasks were necessary to meet the client's goals (Social Work Student E Mid-Semester Self-Evaluation)

Past professional work experiences, particularly past supervisory experiences also shaped student expectations in a way that may account for the levels of dissatisfaction with non-directive supervision in the beginning of the clinical experience:

> I think sometimes your expectations depend on what experiences you have had in the past. If you have worked somewhere where they've showed you what to do and told you what to do and that's been your supervision than that may be what you expect from your supervisor. So it is a completely different experience when you go to a supervisor and they say "Go figure it out on your own" (Law Student C Interview)

Differences in how students experienced educational cultures emerged on two levels. The first was identified as different approaches to legal education and social work education generally and supports the findings of Taylor (2006) that there are differences in how professionals are educated and that these differences could potentially impact interprofessional working:

> The seminar is mostly run by professors and it's more structured than

> social work classes. You have to be more theory-based and know your professional vocabulary. In most of my social work classes so far they have been run like a group and the agenda comes more from the students. I think in those classes students are more practical and sometimes we don't know where we are coming from with our ideas. People support their ideas with "I feel or I think" but it may be better if people supported their ideas with something. You have to learn here when someone questions what you say it is not a sign of disrespect (Social Work Student H Interview)

> I guess I didn't really know about the different way that social work students learn. Everything is discussed, a lot of work is done in groups, they do projects…at first I didn't realize how enmeshed I was in law school and how that is more about getting things done, and checking things off my list to progress. The difference was frustrating in the beginning (Law Student R Interview)

The second level of difference related to the educational culture of a usual law class and the experience of clinical education:

> A lot of times I think of law school being an equation that I can take a certain class, I can get notes and create notes, create an outline, go to the exam and get at least a B or hopefully an A and sort of add it up. Whereas in the clinic, sometimes I would spend an hour or two hours working on something, not knowing where to turn or where to go and then realizing that didn't add up and go anywhere and trying something new. Sometimes I could be on a wild goose chase (Law Student O Interview)

Students also expected that the other professional students would be more knowledgeable about their own professions. Law students and social work students both report being surprised to discover that both professions were not clear or confident about what to do in the beginning of the clinic experience:

> I started to realize that this is the first experience for many law students practicing law, so they seem to need a lot of guidance and I am just getting that…that as confident as they seem and as they act that they really aren't as confident or knowledgeable as I thought they would be (Social Work Student H Interview)

Law students reported different experiences of working with social work students during first and second semester as social work students became better able to articulate what needed to be done and were oriented to the setting and the client:

> My hope was that social work students knew more about social work than I knew about the law and that was not true. I think in all fairness those law students who go into it second semester have the advantage of having social workers who knew the ropes and that seemed to make a huge difference among the people I have talked to. Second semester law students kind of figured it out a lot more quickly and the ropes were explained to them from a student perspective by students who had already gone through it (Law Student V Interview)

Another educational cultural adjustment that social work and psychology students had to make was the requirement that they attend seminar. The dual nature of the field placement, classroom education and practice was different than their previous notion of "fieldwork" and non-law students did not receive credit for the seminar. This initially created some feelings of resentment but these appeared to dissipate over time, particularly when it was found to helpful in adjusting to a legal context:

> In the beginning when I first started taking the clinic, I felt somewhat resentful because other students in their placement did not have to do this extra reading or all this extra work. I found myself actually enjoying seminar, I found it a useful forum for expressing your ideas and figuring out where to kind of fit your professional experience into the greater legal issues (Psychology Student Interview)

Clinical faculty also expressed an awareness of the professional and educational cultural differences. However, beyond noting it, faculty members did not identify a need to address this more directly as part of the orientation to the clinic:

> I suspect that for social work students coming in their curriculum isn't as saturated as the law school's first year curriculum in what I an going to loosely and perhaps incorrectly call critical thinking, taking a critical approach, being challenged to actually challenge stuff. So I think I have seen for the social work students some discomfort, some perplexity at that approach. So for social work students I have seen a real change here, a move to more quickly challenge and to second guess the opinions of other professionals. The law students come in here prepared to do that, maybe even too much and learn what I call "the need for humility" in that you should not take on issues your own profession does not prepare you for (Clinical Law Professor E Interview)

Several students however, expressed the belief that an introduction and discussion of the cultural differences, particularly around educational differences, and the different knowledge bases would help students move beyond professional stereotypes and should be part of the orientation experience:

> We talked a little about it (law and social work education) but there really needed to be more in the beginning. I mean as a law student I could have used two-hours on like, This is why social work school is different than law school." It's not just teaching technique or that it's more touchy-feely but more like "They are going to know this when they come out and you are going to know that". They may be apples and oranges but you can work together and I could have used a couple of hours just on this is the difference between what you are studying and what they are studying (Law Student R Interview)

## Seminar

All students in this study (N=32) indicated that they had attended clinic seminar. Attendance records confirm this finding (Class Attendance and Participation Forms 2004-2005). There was also agreement that the primary learning activities associated with the seminar were readings, simulations, written assignments, class discussion and co-teaching. Several students (19%) identified that observing others and listening to others while they themselves were silent during class was a powerful learning method that is not acknowledged by the majority of faculty as a learning activity in seminar. Silence is not privileged in this context because students are assessed on the quality and quantity of their class participation. Silence and observation were particularly important learning activities when students were struggling with role or team issues and could watch other students identify and enact different roles and ways to interact as team members:

> I think some of the best seminars are those when we do simulations in class and especially where you can see a law student and a social work student doing an interview. This was so helpful to me in observing the role a social worker plays in an interview. It seems like we have differences in

> the type of information we are trying to get from the client but both kinds of information are important in understanding the client problem (Law Student M Interview)

Levels of satisfaction for students and faculty members increased over the three semester period of evaluation. Students on the whole were least satisfied with seminar during Fall 2004 and most satisfied during Spring 2005. Some social work students (50%) reported increasing levels of satisfaction with the seminar with the addition of more social science material and believed that "the focus of seminar has allowed for an emphasis on law and social work as equally important and valuable professions, which has been great". Faculty satisfaction with seminar also improved over time:

> I'm actually happy with…I think we can grow, we can always grow…but I am actually happy with the way seminar is conducted now and we have put a lot of effort in being clear about what our teaching goals are and trying to make sure that what we say we are going to do is what we actually do (Clinical Law Faculty D Interview)

> In the transition over the last three semesters we've all taught the different classes and sort of made them our own in a particular way, regardless of who was developing them a few years ago. So I think the feeling of integration was better for us and I think for the students the feeling of integration was better than it was before (Clinical Social Work Professor)

*Simulation and Linked Classes*

Classes that were reported by a majority of students (85%) to be most satisfying and most helpful to the performance of casework activities were "trilogies" or three linked classes and assignments that identified issues, applied a professional standard to be used for analysis and finished with a simulation of an interaction with a client or a witness based on the results of that analysis:

> I have found the best part of seminar to be those classes that take a brainstorm to the issues, developing a case theory from the readings and ending with an actual interviewing or counseling session (Law Student P End of Semester Self-Evaluation)

Linked classes made use of discussion, writing, readings, small group exercises and simulations. Students report that these classes were very helpful in "teaching us to conduct research, organize memos, provide counseling to clients and talk to other professionals":

> The simulation classes all had a social work subject, like a diagnosis or some condition a child might have. Issues such as evaluation, medication were all related to the legal issue like what the kid was classified as or the idea that African-American students keep getting classified as "emotionally disturbed" more than other students. The regulations or what the classifications said was good for us to know and the information about diagnosis the law student had to know. So there was something for us to know, something for us to contribute and what I liked the best about these classes was that I was learning something but I was also learning how to take something that was useful to me as a social worker and apply it to a legal setting (Social Work Student H End of Semester Self-Evaluation)

This narrative is reflective of the theoretical perspective, problem-based learning, that faculty used to think about the teaching and learning methods they employed to help them realize the achievement of student objectives.

*Interprofessional Readings*

Many students reported enjoying readings from both law and social science that were part of the trilogy classes. The social science readings were reported to be helpful for both law and social work students in regard to class discussion and knowledge transfer into their individual cases:

> The social science readings have helped with understanding concepts such as "mentally disturbed" and "learning disabled" and this has served as a guide in being more sensitive to clients and their often troubling situations. It was very useful from a legal perspective to understand the difference between truancy and absenteeism and since I have a case involving these issues I feel better able to understand my clients needs and concerns (Law Student M Mid Semester Self Evaluation)

Social Work students also reported that reading and understanding regulations helped them to better advocate for their clients:

> The seminar materials have been tremendously helpful in working with clients. I have referred to the special education materials on numerous occasions to educate myself and my client regarding special education rules and regulations and the rights of parents with children who have special needs. I will use this in the future with other clients (Social Work Student E Mid Semester Self-Evaluation)

*Class Discussions*

Class discussions were also reported to be an important source of learning, particularly in regards to role development, issue identification and the identification of personal bias and assumptions students bring to various issues:

> I think the open discussions within seminar that allow for both professions to analyze a case has been really useful. It allowed me to be able to see a case from both lenses, and has been a beneficial way of approaching assessment and intervention (Social Work Student E Mid Semester Evaluation)

> I think the interdisciplinary approach to seminar is refreshing. Class discussions have helped me to look at issues from a broader perspective and has therefore helped me to better expand problem and issue identification. The Case of Lucy (a case involving child sexual abuse and expert testimony) was a good exercise in evaluating an issue from an interdisciplinary perspective. It helped me understand the general difficulty people have with such sensitive issues, the bias we bring to the table, differing opinions and the way to come out a winner by effectively identifying and addressing our biases (Law Student G Mid-Semester Self Evaluation)

*Written Assignments*

A small percent of students interviewed (13%) reported that there was "too much homework", especially when they compared it to what they were hearing from some peers participating in other clinics. The clinic support staff person also reported that unlike other clinics where you "go, show up and listen" she tells students who ask that the Family Advocacy Clinic seminar "is a lot more involved" in terms of amount of reading and writing. Some social work students (N=2) reported a desire to have more seminar assignments that were specifically geared towards social work. One seminar class, where students were divided into professions to work on a task, rather than interprofessional groups, was reported to be highly satisfying to the social work students who had participated.

Despite the workload some students report the value of written assignments as a way to synthesize and integrate information and professional knowledge in that it helps them understand the content themselves as well as communicate it to others:

> The first assignment in this class series taught me how to dissect a statute and use social science practice guidelines. The second and third assignment forced me to articulate the legal and social science references for each question I was asking and the third involved figuring out how to explain that connection in simple English and this was one of the most valuable lessons of the semester (Law Student G Mid Semester Self Evaluation)

Rather than eliminate certain classes students suggested moving the class to a different time during the semester, more in tune with what they would actually be doing on their cases. An example of this was the frequent recommendation that the "theory of the case" and "dissecting a statute" class be moved to the beginning of the syllabus.

> I thought they should teach more about how to actually do a case upfront. They did have some really great classes at the end that I think they should

> move forward like case theory, was like six weeks in. That would've been great to have six weeks earlier (Law Student T Interview)

*Faculty Level of Agreement with Seminar Activities*

Clinical faculty reported feeling generally satisfied with the clinic seminar syllabi but felt that although they had made much progress they had not yet achieved an acceptable level of integration with casework. Faculty Meeting minutes reveal faculty's preoccupation with attempting to integrate seminar with casework especially during group supervision.

Faculty disagreed on whether the development of practice skills should be the focus of seminar classes, how much of the focus should be on thinking and analysis, how much substantive content should be assigned and the amount of written assignments:

> There is always a difference in the degree to which faculty members adapt to a common set of goals set by a teaching team. Having three or four different faculty instructors presenting material there is going to be different messages sent and that might be frustrating to students. I think that is an area that still needs work (Clinical Law Faculty C Interview)

*Outcomes Attributed by Students and Faculty to Specific Seminar Activities*

Students did identify several outcomes that they believed were specifically the outcome of seminar activities. Students reported an increased level of confidence in working as a team and increased confidence in interacting with client through interviewing and counseling:

> The best aspect of seminar has been the simulations and most importantly the critiques afterwards. Each opportunity I have had to interview a client, particularly Sharon Brown and Kimberly Powers, I have learned about my weaknesses and how to improve them. I have learned to pay exceptionally close attention when someone speaks, particularly the client, to utilize active listening skills and not to shy away from difficult questions. I have also learned not to ask questions merely out of curiosity but to ask questions that relate to the legal issue and to explain to my client and others why I am asking those questions (Law Student S End of Semester

Self Evaluation)

Students also reported increased confidence in knowing what to do on a case and that they had learned to identify assumptions and correct for personal bias. Most significantly for a practice curriculum, students learned how to apply professional knowledge, not personal opinion, to a case:

> The readings, assignments and discussion on client/case theory have helped me to apply theoretical frameworks to client practice. Seminar helps with the extremely difficult challenge of utilizing and applying my knowledge and skill base within a legal "host organization" (Social Work Student B Mid-Semester Self Evaluation)

Other reported outcomes include learning to dissect a statute, learning to develop a "theory of the case" (what the client problem is and how to solve it) and learning that the law and social science are ambiguous and open to interpretation:

> The Carol Johnson case is proving to be a good exercise more from a strategy than a subject matter point of view (the fact that the subject matter is on point for many of the cases is extremely helpful). I like the statute exercise as it helps to highlight the ambiguities that are prevalent in statutory language. I have also understood how easy it is to fall into the trap of assuming meanings of terms and how difficult it is to interpret such language to anyone (Law Student N Mid Semester Self-Evaluation)

Many students (85%) report that seminar classes "helped me find my role" and resulted in better communication with other professions:

> I feel the seminar has been helpful in facilitating communication because of collaborative group discussions, articulation of complex ideas and issues and consideration of alternative approaches to problem-solving. The group collaboration in class, whether a brainstorming exercise or discussing a case or a cross-examination exercise has forced me to take a more thoughtful consideration of other ideas, perspectives and approaches. Breaking into groups of law and social workers has allowed me not only to listen to others opinions and incorporate them into my own thinking but to better articulate my own viewpoints so others can understand me and my feelings (Law Student H End of Semester Self-Evaluation)

> The seminar has helped me identify my role as a group member by making me aware of my responsibility to be prepared to have a discussion as a professional. This has happened through having to read assigned materials, by working on my verbal skills and writing and by giving and receiving feedback in ways that are constructive and supportive. I am using critical thinking to evaluate how I think about and what I do with clients and other professionals (Social Work Student A Mid Semester Self-Evaluation)

These reported outcomes are consistent with the objectives identified in the clinic syllabus for seminar as well as the following outcomes identified in the planned curriculum found in Table 4 *Preliminary Logic Model of Interprofessional Clinical Education Curriculum*: students will understand how to intervene by understanding the law; students will learn practice skills, interviewing, counseling, case theory development; students will be able to work with other professions to develop a plan to solve a client problems; students will apply research to practice; students will learn how to minimize the effect of personal bias and judgments on their work and students will be reflective about their own professional performance and practice learning.

*Performance Indicators*

There are a number of sources of evidence that demonstrate the attainment of seminar objectives: portions of self-evaluations relating to seminar, written assignments, faculty observations and ratings of class participation and simulation performance and law student grades. Participation in seminar, particularly written assignments and simulations can be used as well as casework to evaluate and rank practice skills and professional performance indicators that are part of the social work field evaluation form.

There are also identifiable assessment criteria for students clearly stated on the seminar syllabus: effective class participation, analysis of issues in assigned readings as evidenced in class discussion or in written assignments, quality of written assignment,

level of preparation for simulations, ability to be self reflective as evidenced by mid and end of semester evaluations and attendance.

The clinic support staff reported that she had seen a change for the better in the syllabus and that faculty has a "good attitude towards evaluation and change" in that she had observed that student recommendations about seminar were being incorporated over time into the clinic syllabus (Clinic Support Staff Interview).

*Context Factors*

Social Work students did not receive a grade for their participation in the seminar although seminar was credited towards the total number of field hours. This did appear to have an impact on social work students' motivation and attendance during times when they were facing multiple demands related to graded classes i.e. midterms and finals. When faced with coursework, including integrative seminar, and casework demands the social work students generally opted not to attend seminar class that week.

## Supervision of Casework

All students (100%) participating in the study identified the following as teaching and learning activities they had participated in as part of casework: group supervision, individual and team supervision, writing and non-directive supervision. Again, as in seminar, individual students assigned differing values to each of these activities and had different experiences as individuals with the same supervision activities and same supervisor.

*Non-directive Supervision*

In this study, the majority of students (75%) had the most to say, had the strongest feelings, and the most recommendations for change, about the method of non-directive supervision. Students expressed the greatest amount of dissatisfaction, frustration and

feelings of stress around what they referred to as “the clinical method” of non-directive supervision or the idea that students would be challenged to think about and try to identify and solve problems on their own before coming to supervisors with a question. This finding appears to also be related to several context factors: law students being in the clinic for one semester, the complexity and wide variety of issues presented for each case, the length of time it tales to resolve a matter because of bureaucratic delays, unsatisfactory prior learning experiences and having to adjust to different educational cultures and the “hybrid” education/practice culture of the clinic.

As already reported this was most intensely a frustration for students in the in the beginning of the semester but for at least three quarters of the students participating in this evaluation, the feeling of frustration continued throughout the experience and after as the majority of students were interviewed after the completion of the semester during which they had participated in the clinic:

> I think sometimes the clinic produces a kind of frustration in students. While the reflection and figuring it out for yourself can be very valuable one can also feel as if whatever one says, maybe its not quite the right answer or there is always a counter answer. I know that can be valuable but it ends up feeling very frustrating and sort of may turn the student off, so that they just don’t want to do this anymore because it is so frustrating (Law Student J Interview)

> I think a big part of the clinic is letting us know that we are doing this on our own and we find the answers and we develop the strategy and all that stuff, but it would have been helpful to know that we could have come to our professors with questions without getting the answer, you know “you figure it out”, that kind of thing (Law Student D Interview)

Students who report being most frustrated with non-directive supervision also expressed feeling high levels of stress and anxiety and consequently experienced non-directive supervision as manipulative and withholding:

> There is definitely a strong undertone they want you to do it on your own. But it would have been nice to have an overview because it's frustrating to feel like you conquered all this stuff and then someone already knew it, like you find the gold and then realize that someone was sitting on the gold all this time (Law Student I Interview)

> I know this is clinical education, you are supposed to learn by doing but there are some things that you know I can look it up in a book and try to figure out what it means but if they know what it means why can't they just tell me? (Law Student K Interview)

> The social work professor was good at suggesting where to start and that was helpful but she would not add her experience and knowledge. It was frustrating because she knew the answers (Social Work Student G Interview)

Students that report being able to move beyond the early feelings of frustration came to the realization that many of the questions students were grappling with did not have concrete answers to be given and used peers and colleagues to support them through the experience:

> Sometimes I had the feeling that the professors did know the answer and were waiting for you to do research and stuff to get the answer. But I'm not actually sure they always knew the answer…I did have instances where it was like "Oh she's not giving the answer because there is no real concrete answer here right? You know she doesn't really have the answer up her sleeve, so I had to learn that lesson (Law Student I Interview)

> Our group bonded right from the beginning because the law professor did not give any answers so we needed each other. We bonded together to share the information we were finding (Law Student K Interview)

Although a majority of law students (83%) reported being dissatisfied with non-directive supervision, the majority of social work students (88%) report being satisfied with non-directive supervision at the end of the clinic experience. This finding may be related to the dosage of the intervention as students participating in the clinic for one year, both law and social work, report being more satisfied with non-directive supervision:

> I think one experience that can't be beat is taking control of your cases, where you're the person responsible for figuring out what to do and for doing the work and the supervisors are there for guidance but you know it lies on you to get whatever goal the client wants you to achieve and what you want to achieve done (Social Work Student C Interview)

> I think that the professors want us to find the answer first and I think it is good because we get a lot of chances to brainstorm with others and to think and to read. They guide us so its not like they tell us what to do or that we have to do what they want so I think they allow us to look at each case differently (Social Work Student A Interview)

Non-directive supervision was re-conceptualized by law students as "hard not negative" or "frustrating but not a negative effect", after participating for a year in the clinic. Students, both law and social work, remaining in the program for one year (N=11) reported generally being more satisfied, self-confident and perceived non-directive supervision as more positive than students remaining for one semester:

> I think faculty is helpful when they do not tell you what to do. I think that it pushes you to fully participate in the clinic and figure it out on your own which I think is a positive aspect even though it is extremely frustrating at times. I think that faculty encourages you to participate and having complete control of your case, even when there are decisions to make, is an amazing experience (Law Student C Interview)

> The best thing that I like about the clinic is that the students are treated with a lot of respect, that they are treated as professionals in charge. You have guidance but you don't really have someone, like choking you or looking down on you which is the experience other people have in their field placements (Social Work Student A Interview)

*Group Supervision*

Students on the whole (86%) reported feeling satisfied with group supervision. Students enjoyed hearing about other student's cases and learning from the experience of their peers as well as their own. Regarding the structure and function of group supervision there were high levels of agreement between faculty descriptions of group supervision as planned and student descriptions of the experience:

> Generally all of us would speak. The meetings were good for brainstorming. Each case would be presented and there was an opportunity to share. It wasn't just the professors giving their opinions, the students led the discussion. The meetings were held weekly and there were updates on every case (Law Student T Interview)

> It was two professors, a law professor and a social work professor and it was the same group every time. My group had three student teams so there were eight students all together and two professors. We met once a week for a couple of hours. It was good because everyone got a chance to say what they thought should be happening, students and professors (Social Work Student A Interview)

Students report that group supervision was helpful for a number of different reasons: it was instructive sharing case strategies and resource materials, it "increased the range of ideas about what we could do", when there was only one student from each profession it provided the opportunity to brainstorm with other members of their own profession and when an individual team had reached a roadblock in knowing where to go or what to do:

> Group supervision was helpful in a number of ways. We got opinions from the other students which were often very helpful, enlightening. Oftentimes if the other students were having similar difficulties people had overcome those difficulties in a certain way so they would tell us how, which was great. Also it was very helpful in sort of predicting troubles that may lay ahead and sort of preparing for those troubles or avoiding those if possible. Also feedback, it was a great way to know whether you are doing the right thing and moving in the right direction (Law Student Q Interview)

> It (group supervision) was helpful so much of the time. I think because we are a novice in approaching some of these cases you know, at times we just don't know where to go, or what to pursue and I think in group that gets clarified a lot and in that respect it is helpful because I know at least for me its nice to get guidance because you could pursue several directions at one time but if you are told "why don't you concentrate on this" it makes it a lot easier to handle (Law Student P Interview)

A number of students also reported that group supervision allowed them to be "off the hook" when they disagreed with a team member about a strategy or approach to a case:

> What was really good about group supervision was if my partner was going down an avenue that I did not agree with, the professor, the supervisor would bring it out, "How does that further your client's goal?" so I didn't have to cause any friction in the group. Students and professors would ask pointed questions to make sure we were going down the same track, the same route (Law Student I Interview)

Students also report experiencing during group supervision a sense of collegiality and enjoyment of the collaborative culture it seemed to promote:

> What was good about group supervision is that I got to know a lot of other people in the clinic and we helped each other a lot because you'd have, even if you didn't have a case that was similar, you'd have some piece of information or I felt comfortable asking them things like when I would see them in the clinic. And I feel like if I didn't see them in group supervision I wouldn't have felt comfortable, wouldn't have had the camaraderie (Law Student B Interview)

Clinical faculty members for the most part reported high levels of satisfaction with group supervision primarily because it presented a realistic solution to the amount of time that would be required to provide individual team supervision for each case and was a much more realistic model for interprofessional practice in community-based legal service organizations. Faculty also believed the students learned a great deal from each other, it was a safer environment to take risks and it let professors "off the hook" because

students could also challenge other students and share the burden of "helping them along" .

Students were dissatisfied with group supervision when teams reported on tasks they completed rather than engaging the group with questions or substantive case related issues and when some case presentations went on too long. Students also felt uncomfortable when a team or individual appeared to be struggling and reported that when faculty addressed or challenged a team of students or a particular student was struggling in front of the group that it made other group members feel uncomfortable.

*Individual and Individual Team Supervision*

Because of these feelings of discomfort during group supervision, a number of students (33%) expressed the opinion that individual supervision and individual team supervision was helpful when an individual student or team was having learning challenges. For social work students challenges were identified as: not knowing how to focus, how to identify relevant research tasks and to address the challenge of finding their role. Social workers identified individual supervision as being helpful in "re-framing social work issues so I can present them better". Because these limitations resulted in a sense of vulnerability, these issues should be addressed privately:

> For each social worker in the clinic, each one of us wasn't good at one thing, and another one wasn't good at another…and we have all talked about it. She (social work supervisor) helped us with each of our individual weaknesses and she did it privately and individually in supervision (Social Work Student F Interview)

Law students also identified individual supervision as helpful when they did not know where to begin and were unable to make use of their peers:

> I think it was my own inabilities and stuff that caused me to think group supervision was going no where. I would have done a couple of hours of

> research on something, not come up with anything, come into the supervision meeting and being asked why I had not come up with anything and then I'd be told "Well maybe you should try this or this" and it would be no different than anything I tried before. And it didn't feel like I was in the right direction and then finally the professor met with me, put it on a silver platter and after that it only took a few more instances and I was able to build a case. I am a fan of independence and working alone (Law Student O Interview)

Individual team supervision was identified as being most effective when a team was having trouble collaborating and was "stuck" in trying to address the problem. Individual team supervision was also recommended, "when there is a lot going on in a case and a lot of detail-oriented work has got to be done".

The two students, one law and one social work, who reported the highest levels of dissatisfaction with the curriculum overall, both report an inability to make use of their peers, expressed a preferred desire to work alone and wanted faculty to tell them directly what to do. They were unable to formulate roles or tasks for themselves without concrete and explicit directives from supervisors or clients and also expressed anger and frustration at supervisors' attempts to re-direct them to peers or to research. Faculty meeting notes reveal faculty supervisors feelings of frustration with the two students and this sometimes resulted in very unproductive supervisory sessions. Faculty should in the future, attempt to identify these kinds of students at an earlier point and accept that in order for students with these characteristics to have a successful experience they may need more coaching and scaffolding from faculty, particularly in the beginning of the semester.

*Supervision and Students' Experience of Time*

Students report experiencing supervision as "slow" in the beginning of the semester and more "intense" at the end of the semester. It appears from student narratives

that faculty and students felt different levels of urgency at different times; students at the beginning of the semester and faculty at the end.

> In the beginning of the semester it was so slow…I felt like I could do one baby thing a week and then it wasn't until the end when the court dates were coming up and the professors were more like, "Okay, We need to schedule this extra meeting" or "We need to do this." "We need to do that." I felt a lot more urgency about things in the beginning than the professor did (Law Student D Interview)

Like many other recommendations in this study, comments and suggestions about supervision were directed at the early phase of the clinical experience. Several students suggested that the different methods of supervision were more effective at different times during the semester and recommended "not doing away with one or the other" but having more individual team meetings in the beginning of the semester, with group supervision being most useful in the middle phase and individual team supervision again when a group was preparing for a hearing or court dates were coming due:

> Supervision should be much more intensive at the beginning than at the end rather than the other way around. The supervision became more and more intense as time was running out with multiple individual team supervision (Law Student T Interview)

Students did not have the same sense of time that comes from experience as did their professors and therefore found having to wait for answers and prioritizing tasks a much more difficult job than perhaps faculty was aware of:

> It was hard because questions would come up when I was doing the work and a lot of times, saving it until supervision meeting meant delaying things even longer. Just by nature of being a student and not having done anything before I would think that something would need to be done right then when really it didn't have to be done for two weeks. I had a hard time grasping what the timing should be (Law Student E Interview)

*Individual Supervisors and Non-directive Supervision*

Despite these comments about non-directive supervision, students had many positive things to say about the individual supervisors. Feelings of frustration seemed to be directed more towards the supervisors' adherence to a particular method than the supervisors themselves. Students report supervisors as being helpful in guiding them through difficult times, helping to set deadlines, providing structure like the use of agendas, being accessible and treating students as individuals:

> Some of our best conversations with her were sort of spontaneous, you know, where it was just like "Let's just drop by her office and maybe she can help us", and that was really useful and fruitful (Law Student J Interview)

> Faculty were quick to let us know when we had done something well and of course that helped in terms of our confidence and motivation to continue the hard work. Again they did tell us we were on the right track, when we weren't, they did provide that kind of guidance (Law Student Q Interview)

> As a student you are given a lot of support and a lot of flexibility in trying out different methods of helping your client. This is great especially if you are trying something new or isn't standard. You are not totally alone in figuring out how to help the client and that is good it helps you take more chances (Social Work Student D Interview)

Many students took great pains to qualify their comments by stating that they wanted to be clear that it was about the method not that supervisors weren't providing supervision; "that's not to say supervision didn't happen, it always happened" or "it is a policy argument, not an issue of competence".

*Outcomes Attributed By Students and Faculty to Supervision Activities*

Both faculty and students report that the most beneficial aspect of individual and group supervision and team process was that it provided a structure for self-reflection, brainstorming, guidance and support. The desire for feedback and direction that seems to

be a product of non-directive supervision made these structures particularly important. Both individual and group supervision were spaces that were particularly helpful in figuring out the multiple challenges presented to students in the clinic. Peers were seen as resources, role models and support figures particularly for two person interprofessional teams.

## Interprofessional Client-Centered Casework

Data analysis reveals that many of the students reported common components that they experienced, and activities they performed, while practicing with clients. Each component, representing an aspect of the process of practice, and the activities reported to be associated with each component will be described. Process components of practice were identified as: Intake; Identifying the Problem and Assessment; Analysis and Professional Integration; Client-Centered Education, Counseling and Decision-making; Collaborative Advocacy and Intervention and Transition. Each component involved specific tasks and activities and are represented by the *Interprofessional Client Centered Casework* part of the *Final Logic Model* found in Table 5, p. 157.

The significance of this more fully illuminated and articulated view of casework practice lay in its relationship to earlier findings that students experienced some of the educational activities as being "out of sync" with casework and practice. Examples were certain seminar classes, the need for individual team supervision and more direction in the beginning of the clinic experience.

It may be helpful and useful for faculty to understand how and when students experience practice components with clients as this is overwhelmingly reported to be the most salient experience for students during their enrollment in the clinic. Up until this

point in the clinic development faculty has focused primarily on developing the curriculum of the clinic from an educational perspective and quite clearly from previously reported results has achieved a high level of successful implementation. The problem as reported by students is not in the substance or content of these activities but rather in the timing in relation to practice imperatives.

By focusing in on and understanding how students experience the components of practice, faculty may be better able to target, focus and sequence curriculum activities that support the students' development of the knowledge and skills that are particularly salient for that component of practice. While faculty has been primarily focused on the education components of the clinic, students are most heavily engaged in the casework and interaction with clients.

During this study, students were asked to describe what activities they participated in and what tasks they had actually performed while working on their cases. Components of practice and corresponding activities that were shared and profession specific were identified. Students reported that practicing the activities they identified, both shared and profession specific, resulted in the development of an increased level of confidence in the performance of skills related to each practice component. A more detailed representation of the practice components and activities is represented below in Table 6 *Casework Practice Components and Shared and Profession-Specific Activities.*

Table 6

*Casework Practice Components: Shared and Profession-Specific Activities*

| Practice Component | Legal Activities | Social Work Activities | Shared Activities |
|---|---|---|---|
| **Identifying the Problem** | Discovery (obtaining information)<br>Subpoena records<br>Going to court to review legal records<br>Reading and analyzing transcripts of prior Proceedings | Preliminary Ecological Assessment<br>Reading biospychosocial records and evaluations<br>Identifying client feelings and level of stress | Client interviews and meetings<br>Read case files<br>Fact and data collection from other professionals<br>Reading records |
| **Analysis and Professional Integration** | Researched law and case law<br>Writing legal memos<br>Translating legal terms and explaining legal processes to social worker | Assessment and diagnosis<br>Analyze client dynamics, using clinical theory to explain client behavior impacting on case<br>Researching client systems<br>Researching client conditions and diagnosis<br>Researching EB interventions<br>Translating psychosocial and educational records for law students | Share findings with team verbally and in writing<br>Present findings and theories in group supervision for feedback |
| **Client-Centered Education, Counseling and Decision-making** | Explain the relevant law to client in language they can understand<br><br>Make sure client understands due process rights for activation now and in the future | Addressing client feelings and providing emotional support<br>Providing client education around diagnosis', conditions and evidence-based evaluation and intervention in a language client can understand<br>Application of short-term clinical interventions; cognitive-behavioral, solution-focused crisis intervention and narrative techniques | Presenting and discussing with client pros and cons of proposed legal and social work solutions and remedies for client problem<br>Provide to client in writing pros and cons and allow client the opportunity to discuss with family and other supports |
| **Collaborative Advocacy and Intervention** | Using legal forms<br>Document drafting<br>Preparing litigation papers<br>Compiling and preparing evidence<br>Writing direct and cross examination questions<br>File legal petitions and applications<br>Writing opening and closing statements<br>Conducting impartial hearings<br>Writing and submitting motions<br>Negotiation<br>Conversations with adversaries | Analyze the credibility of evaluators and expert witnesses through using expert practice guidelines<br>Client referrals to mental health and concrete services<br>Addressing client feelings and behaviors impacting on the legal case | No action taken on behalf of a client without their consent<br>Preparing client to testify<br>Client is kept informed and updated on case progress on a regular basis<br>Preparing client to give testimony<br>Advocating for and communicating in writing and by phone with other professionals on behalf of the client<br>Making advocacy phone calls and sending letters |
| **Transition** | Highlighting legal deadlines<br>Arrange for transition to law professor | Final social work assessment<br>Providing content to team on terminating with clients | Case Progress Memo<br>Terminating with client<br>Explaining transition to new team or supervisors |

The table identifies the various components of practice and both the shared and professions specific activities students reported they participated in during each component. Components and activities will be described in more detail below.

*Shared Activities*

*Intake* was an activity jointly shared by faculty and students, with faculty doing the screening of referrals and students conducting an intake interview to make an assessment of whether the clinic could meet the clients' legal and social work needs.

*Case Management* activities spanned all phases of practice, were shared by all students and included the following tasks: documenting all case activities and contacts in the client data base system, uploading agendas, documents, memos, assessments and summaries of client interviews into the client data base file, maintaining and monitoring important dates and client timelines, managing and organizing the hard copy file, entering hours into the case management data base and maintaining regular contact with the client. These tasks were usually reported by students to be delegated pragmatically, dependent on student availability and interest.

*Evaluation and Case Monitoring* was also on-going throughout practice and were incorporated into team meetings, group supervision and mid and end of semester student self-evaluations. All students gave and received feedback to and from each other throughout the semester. Student plans for client interviews and contacts usually incorporated questions that allowed for client feedback.

## Client Centered Casework Components

*Intake and Description of Cases*

During the period of this evaluation, the clinic served a total of 30 low-income parents in matters involving 38 of their children. All clients, except for one family, were ethnic and racial minorities (End of Semester Progress Memos 2004-2005). In all cases except for one, client contact was primarily with a mother or grandmother. Seventeen of the clients were the biological parents of the children involved and fifteen were foster or adoptive parents. Two clients were grandmothers raising grandchildren (End of Semester Progress Memos, 2004-2005). Clients were primarily referred to the clinic by other legal service organizations (N=14) and an advocacy program for parents of children with special needs (N=13). Two referrals came in by phone and one client was referred to the clinic by a former client.

A wide range of exposure to children's disabilities were reported by students including: cerebral palsy, medical issues resulting in immobility and the need for a wheel chair, autism, pervasive developmental disorder, brain injury, seizure disorders, mental retardation, a range of learning and communication disorders (expressive-receptive language disorders, reading disorders, speech and language delays) and psychiatric and behavioral disorders (Attention Deficit Disorder, Reactive Attachment Disorder, Conduct Disorder, Depression, Bi-Polar, Oppositional Defiant Disorder, Post Traumatic Stress Disorder and Psychosis NOS) (Social Work Assessments, 2004-2005). Parents frequently presented with stress related medical problems and reported to students feeling both stressed and depressed about managing their children and dealing with disrespectful and unresponsive system providers. Many parents reported never having been told the

diagnosis of their children's condition or having seen evaluation results until they began to work with the professional students in the clinic (Student Interviews, 2004-2005).

Students reported their cases involved a range of legal issues such as: eviction and housing related problems, sealing and expungement of prior child maltreatment reports in order to obtain employment, child support, foster care and adoption subsidy rates (based on the special needs of a child and the level of care by a parent required to meet them), adoption, guardianship, child custody, paternity, child neglect, domestic violence, Social Security Disability Insurance, immigration, death benefits, welfare benefits, juvenile delinquency, threat of child protection involvement and special education matters such as appropriate and/or independent evaluation and testing, accessing private related services (speech, language and physical therapy, assistive technology, counseling, specialized interventions), appropriate placement in public school, placement in private school (Student Interviews, 2004-2005). When asked directly about what kind of cases students had, they report a wide range of case types and issues:

> I had three cases. One dealt with foster care rates and taking care of disabled children, One dealt with finding an appropriate education for a autistic child and finding outside services. And one really was a mix of a whole bunch of things, It was some Social Security issues, some educational issues and a little bit of housing too (Law Student P Interview)

> I guess you might start off with one issue and after a lot of meeting or something like that you realize what the real issues are. Some of these cases it seems it starts with one thing and then it just… it can start with adoption subsidy and then it will turn into one of the kid's special education thing…or like another case that was a custody and turned into a neglect and special education case and you are dealing with all different issues at one time (Social Work Student H Interview)

Students reported practicing in the following forums: Court of Appeals (Federal), Court of Appeals (State), Supreme Court (State), Impartial Hearings at both the state and

local levels, Family Court, Surrogates Court, informal court conferences and negotiation sessions, formal resolution sessions at the Board of Education, Committee for Special Education Review Meetings, Disciplinary Hearings, Child Protective Services Elevated Risk Conferences and Service Plan Reviews at foster care agencies (Student Interviews, Student Self-Evaluations 2004-2005).

Students also report interacting with a wide range of government agencies on behalf of clients: state and local Offices of Child and Family Services, State Office of Developmental Disabilities, Department of Homeland Security, Social Security Administration, Public Assistance, Medicare and Medicaid, local Housing Authority, State Attorney General's office, Transportation Authority, Veteran's Administration, County Department of Probation, state and local Department of Education, the local Police Department and the Department of Corrections. Students also interacted with a number of health and social service agencies including hospitals, parent advocacy organizations, mental health clinics, after school programs and other legal service providers (Student Interviews, Student Self-Evaluations and End of Semester Progress Memos 2004-2005). Students were also exposed during the course of their work to a number of different professionals: psychiatrists, pediatricians and medical specialists, psychologists, teachers, administrators, caseworkers, mental health therapists, police and adversaries or opposing attorneys.

*Client Characteristics*

Client characteristics also contributed to students' feelings of satisfaction and dissatisfaction. Client characteristics that impacted negatively on the experience were: a lack of perceived motivation, being non-communicative, not returning phone calls, being

unavailable, not showing up for appointments, inadequate termination with prior student teams, bypassing students and going to a supervisor and a negative experience with a prior student team. Client characteristics that supported a successful experience were: being motivated and pro-active, good communication skills, availability and feeling comfortable disagreeing with students.

*Context Factors*

A context factor outside of the control of the clinic that is related to both case type and exposure to multiple agencies was the amount of bureaucratic obstacles students were presented with. This was also directly relevant to the question of dosage and throughout this study a number of participants recommended that the clinic should be a year placement for law students. Although students frequently showed creativity in addressing these barriers a negative result of case type was that law students were often not able to resolve a matter during the time they were enrolled in the clinic. Students recommend that in order to make the experience more satisfactory faculty had to assign at least one case that could realistically be concluded within the one semester time frame.

> Provide an opportunity for each student who is in the clinic to have one case or matter that comes to fruition within the period of the semester, within the time frame of the semester, because it is good to see the outcome, to participate in the outcome. I think that would really contribute to the experience (Law Student S Interview)

*Performance Indicators*

There are a number of sources that can be used as evidence of achievement of the outcomes identified for intake and case assignment. These include: student self-evaluations, end of semester progress memos and social work assessments. These documents all describe client matters, work completed and systems and forums students

interacted with and practiced within. The case data management program includes identifying information about case handlers, each case and the number of matters related to an individual client. There is also a case assignment sheet developed by faculty in the beginning of the semester.

*Identification and Assessment of the Problem*

When asked during interviews how they knew what to do to begin work on their cases the majority of students (92%) from all professions reported, not necessarily all in the same order, the following activities: read the case files, met the client, did research, talked with their teammates, brought questions to group supervision, brainstormed with all their peers, wrote a memo about what they had learned, got guidance from law and social work professors and assigned tasks to themselves and their teammates. These tasks and activities were shared by all of the professions. Consistent with findings already reported in the section of this chapter describing Orientation, students found the beginning of practice particularly challenging. Challenges to working as interprofessional teams and identifying the client problem were sometimes related to the law and social work students initially not knowing what a social worker could or should do in the clinic. Interestingly, the role of the lawyer was simply assumed and implied, when in fact data suggests that law students were similarly uncertain about what to do or how to apply legal knowledge to a client problem.

The issue of role blurring, or the idea that roles were not often clear and distinct and that this could create tension or conflict, emerged as a condition during the beginning component of practice, particularly in the evaluation findings from Fall 2004. This finding could be related to the fact that the clinic is an advocacy setting and client

advocacy is a role shared by both professions. Many of the "tasks" relevant to client advocacy such as making phone calls, writing letters, case management and case recording, contacting service providers, obtaining evaluations and records can be done by either profession:

> I had no idea what to do in the beginning, it was hard to tell what tasks belonged to who, things I thought were social work tasks didn't necessarily have to be, it was confusing (Social Work Student D Interview)

In addition, in the beginning of the practice both professional groups of students were receiving overviews and very general introductions to client systems because of the clinic's engagement with multiple client systems. Much of the information students were receiving and finding on websites was very broad and could be used by either profession to think generally about the problem. More discrete professional knowledge such as relevant laws and regulations and evidence-based interventions were not available immediately to the students because the "clinical method" and problem-based learning, suggest that students need to find this information on their own. In the beginning faculty found both law and social work students resistive to conducting research. For social work students this seemed related to gaps in past learning experiences and for law students, a desire to be more action-oriented and "do" rather than think or research.

Consistent with other data that suggest students feel immobilized in the beginning of the clinical experience, the beginning phase of practice involved a period of hesitation or inaction as students attempted to mange feelings of uncertainty. Interestingly, rather than focus on what their own profession could bring to the table, law students tended to focus on trying to figure out what social workers could do on a case and social work students were trying to learn about the law. Focusing on the "other" seemed to be a way

of addressing the anxiety both groups of professional students felt in the beginning about accessing and applying their own professional knowledge base as a way of thinking about and analyzing the client problem.

Non-law students in the beginning were experienced by some law students as "passive" but interview data reveal they were actively assessing, observing and thinking about the context and figuring out how they could best participate and adapt to a new setting:

> What has been challenging in casework is finding the fit between law and social work on a case, staying with my practice areas of social work, bringing what I know to the table while at the same time respecting the law and its experience. For someone who likes to work alone. I have learned how to negotiate, speak up and work with others (Social Work Student H Mid Semester Self-Evaluation)

> It was going through this whole thing to try and figure out what a lawyer is like. It is this professional school process that had to work itself out. I was trying to feel around and see how the other person thinks and where the boundaries are and so at first we couldn't really decide what to do. I didn't verbalize this because I was waiting and seeing, when you go someplace new you have to feel things out (Developmental Psychology Student Interview)

Initial anxiety for law and social work students appeared to be generated by different concerns. Law students were anxious about interacting with clients and articulating a legal problem that they could then research and social work students were anxious about identifying, verbalizing and applying social work knowledge to the problem. Some of what was experienced as "passive" behavior on the part of social work students was simply that social work students did not feel the same level of intensity about client interaction as did law students:

> When preparing for the first client interview some of the law students might have been a little high stressed because they're like, "Okay how should we do this? Should you ask the question first and I ask the question second? Should we break it up into sections?" My first reaction to

> that was "you are so tightly wound up, you need to calm down." So I said, "When I am asking questions and you feel as though I am not covering something please feel free to elaborate." Ironically when we actually did the interview I ended up taking a more active role than my partner did (Social Work Student C Interview)

> It took a little while for the law students to figure out how we approach things, because they may have had some preconceived idea about social work and in the beginning they did not know what to do with us. They were sort of like "What are you going to do on the case". And we were like, "We'll do social work. We'll work it out" (Social Work Student F Interview)

Conversely, social work students expressed surprise when they found out that law students were just as unsure about what to do. Some of the passive behavior manifested by social work students and identified by law students, was related by social work students to their inability to verbalize their professional knowledge and their lack of awareness of law students feelings of uncertainty and desire for their input:

> Maybe it's different for people with more experience but I was sort of at a lack for professional words. I really didn't have ideas from my profession, sometimes I just couldn't articulate it, so I just chose to say nothing and go along, it didn't feel good at the time. I found out later, the law student was just as unsure and would have liked me to intervene. At times I had a hard time expressing myself professionally. I needed to work my own role more to make a contribution (Social Work Student G Interview)

Challenges for law students were also centered on having to digest the large case files of ongoing cases and pick out legal issues they may or may not have any familiarity with. Learning how to frame and identify the issues within a legal framework was reported to be a difficult task and suggests that legal roles and tasks were not something law students knew when coming into the clinic:

> My biggest challenge was figuring out exactly what the next steps were in each of my cases, but in different ways. In Case 1 there was so much information in the file, and it took a long time to understand it all and to realize procedurally what had to happen next. Also it was difficult to understand and to eloquently express the issues on the case. In Case 2, new case, it was just as difficult to proceed. Although the issues were

> clear, the problem became gathering the necessary information and figuring out exactly what to do with the information (Law Student S End of Semester Self Evaluation)

A law student beautifully articulates the early challenges for students in trying to identify the problem and describes what she believes is the unique learning challenge for each of the professions. She articulates the difference between the approach to professional education that informs how the students identify, reason and approach a client problem:

> Social workers just have this massive field of knowledge about so many different things. I think law students know how to research and find the answer and not so much about actual knowledge. When we come into a case we educate ourselves once we know what the problems is. Social workers did have the knowledge, for them it was just a question of knowing how to narrow it down and apply something to this particular problem (Law Student V Interview)

Students also reported some profession specific tools that assisted them in gathering and obtaining information to be used in problem identification. Law students reported engaging in "fact investigation" which consisted of reading legal case materials such as prior transcripts of proceedings, prior legal decisions, legal documents in the case file, going to court to review past court records, identifying and talking to people with relevant information about the case and creating and issuing subpoenas' for records from individual treatment providers or the agencies such as the Department of Education. Law students also had the additional struggle in the beginning of understanding and interpreting regulations and law that was not clear cut and open to interpretation:

> Learning about Family Law was very challenging especially because there appears to be few guidelines and too much judicial discretion. The lack of consensus over key terms was a little unnerving at first. However once we began to discuss and confront these issues, they were no longer amorphous but things that could be somewhat managed and understood (Law Student G Interview)

Social Work students used a preliminary assessment process that was focused on gathering information that would assist in identifying the presenting problem, the history of the problem and prior attempts to solve it, developed an eco-map that would identify and explore the client's relationship with past and current service providers as well as an understanding of the client's past experiences with lawyers and social workers, an assessment of any physical, cognitive or emotional conditions that would impact the client's working relationship with the clinic or impacted the legal case and an assessment of the urgency of the problem or the level of structural risk of outside intervention to the integrity of the family or any of its members:

> The assessment would be a statement about what the client wanted, any social or environmental factors that could be impeding the client from obtaining the goal they wanted, like any stressors in her life, what the client had done if anything to reach the goal on their own, general history, family members, where they live, information about how to develop a working relationship and what could impact that and other specific factors that might be included, specific research that needed to be done (Social Work Student C Interview)

Social work students would also read any prior social work assessments if this was an ongoing case or any other reports and/or evaluations submitted by medical doctors, social workers, psychologists or psychiatrists.

*Analysis of the Problem and Professional Integration*

Students report that relief begins to come maybe five to six weeks into the experience when they meet with clients, "get over the fear", started brainstorming as a team, sharing research findings and then were able to develop a course of action or "theory of the case". It is at this point that both social work and law students can begin to verbalize and articulate their professional knowledge and actually begin to have meaningful interprofessional conversations and conversations with the client. Once a

"theory of the case" or an action plan of client options was formulated it was translated into documents such as written interview plans and charts that summarized research about the law and laid out pros and cons of each potential solution. This served to focus and ground students during their interactions with clients:

> When I had to meet the client the first time I was so nervous about what to say and how to behave. I tried to be polite but found it overwhelming when the client had so many questions and expected confident answers from me. The client would go on and on and sometimes it was not the information I needed. I eventually learned that everything depended on preparation. When I was better prepared, I was better able to give the client the answer she sought and to keep the conversation on the relevant topic. It helped to have an agenda, a case theory, and visual charts. I learned how to probe for information because I was sure that I was after something I really needed to know (Law Student R Interview)

Social work students report a number of professional activities that support them in their analysis of a client problem. These include assessment and diagnosis, analyzing client dynamics and using this information to explain client behavior that may be impacting the legal case, researching how client systems are administered, researching client conditions and diagnosis, researching possible interventions to solve client problems, complete assessment and share it with law students and client verbally and in the form of a memo and translating psycho-social and educational records for law students and clients:

> With respect to this particular case, I believe I utilized a number of social work theories in my practice with the client. I utilized the life model to incorporate a multi-level understanding of all the stressors in her life and how they contributed to the presenting problems. I also utilized crisis intervention and solution-focused models of brief treatment to respond to the client's difficulty in functioning and communicating. I also conducted research about her son's diagnosis and condition, the pros and cons of using medication and child developmental stages to assess where the client's son began to have trouble. (Social Work Student E End of Semester Self-Evaluation)

Law students report researching law and case law, researching the statutory frameworks for client systems and relevant administrative law, writing legal memos and sharing this information with the client and social work students and translating the law and explaining legal terms to the social workers and clients:

> Basically everything I did, you don't learn in any class in law school. All of the practical things you have to do, like go to court, negotiate with other attorneys, call up agencies, you don't learn in law school. You don't learn how to write court documents. Even when you learn the law you don't learn it in the same way as when you have to learn it for the client. All of these things I learned in clinic (Law Student P Interview)

> I explained the actual law to social work students. Rather than just know the social work standards, it is important to know that too when you are advocating. It's one thing to say, "Okay this kid has problems and requires a lot of supervision". Its another thing to say, "Okay here are the standards for supervision that actually can get you a higher foster care rate"(Law Student L Interview)

Activities shared by both professions were team meetings, brainstorming solutions and presenting analysis in group supervision for peer and supervisory review.

*Client-centered Counseling, Education and Decision-making*

Students consistently report their understanding that the client is the key decision-maker and driver of the process. This is consistent with the goals set by clinical faculty that the client be "in-charge" and that students learn the ability to hold their personal judgments and bias to the side. Students also consistently report being involved in collaborative processes with the client where they give knowledge to and receive knowledge from the client, present and discuss the various options available to the client and lay out the pros and cons of potential choices:

> I think the picture I am getting is that you need to advocate for what the client wants, not have your own agenda in there, just make sure you know all sides of a case and you know how to present all of them, even though you feel or know it

> might turn out one specific way anyway you still have to plan for all of those sides and present to the client all of those sides (Law Student S Interview)

> On this case my teammate and I counseled the parent in understanding the options available for her son. We spent a lot of time explaining legal procedure and research about his condition and discussing the pros and cons of her choices (Social Work Student H End of Semester Self-Evaluation)

Despite their best intentions to be client-centered, at times students would still attempt to control the client and not include client input in the development of plans and strategies. Particularly when students were anxious about meeting with outside adversaries, they would have a tendency to over-plan the interaction with both the client and the adversary and were sometimes surprised at the result:

> We had a plan for a meeting outside the clinic we were having with the client and some Department of Education people. So we had our client interview plan to tell her about the meeting plan. So we sit down and she says "I see the plan but I'm not going to follow it". This is what I've got to say and it was as simple as that. And this was a very important lesson in working with this client or any other client, who's plan is it? We came to know this because we reflected on it after the client meeting (Social Work Student F Interview)

The preceding narrative highlights the importance of creating structures for students to de-brief and analyze their interactions with clients. Team meetings and group supervision were actually "live" versions of social work process recordings, an analytic tool used to educate social work students. This is a process where social work students report and reflect on an interaction they had with a client in writing for supervisory review.

Social Work students report a number of profession specific tasks associated with this phase of practice: identifying and addressing client feelings and providing emotional support, providing client education about children's conditions and evidence-based evaluation and intervention in a language the client can understand. Social Work students

played an important role at this phase in using their assessment to help the law students understand the best way to present information to the client and in how to conduct an effective counseling session:

> The social worker knew a lot about how the client worked, she (the client) tends to work in crisis mode and the client needs, to the extent that you can, don't bring up an issue until it needs to be brought up because the client has a lot on her plate and that was helpful because if I didn't know what was going on, I would have bombarded the client with too much information (Law Student D Interview)

Social work students report an increased level of confidence and a greater understanding of how to use social work assessments and research in their practice as a tool to assist in the analysis of a problem as well as an aid in determining a social work role on a specific case:

> I have begun to rely much more on research at the same time I have been improving my people skills which include listening skills and observation skills. Research is a tool that I want to become even more familiar with as I have recognized how important it is in working with clients and to the process of critical thinking (Social Work Student A End of Semester Self-Evaluation)

> I learned this year much more about how to do a social work assessment. I have much greater confidence in using that to think about my professional role, what to research and how to think about what to do on a case (Social Work Student E Interview)

Law students identified having to explain the relevant law and legal processes to the client in a language they could understand and both social work and law students participated in processes to make sure clients understood their due process rights for activation now and in the future:

> I feel like I have learned how the process of going to court works and explaining that to the client. I am more comfortable counseling a client on things, I know when to be more definitive and when not to be and how to deliver bad news to a client and I learned these things by doing them (Law Student R Interview)

> By receiving our help, particularly the kind of counseling we do, the client comes to understand that these are things that they can do for themselves, that they can

> advocate for themselves. If they have a dispute with a school or agency they can advocate for themselves to get their children what they need, so a type of empowerment is sown in our counseling (Social Work Student C Interview)

Shared tasks include: presenting and discussing with the client pros and cons of proposed legal and social work solutions and remedies for the client problems and provide to the client in writing the pros and cons so they may be able to discuss their decision with family members and other significant parties.

*Collaborative Advocacy and Intervention-Implementing Legal and Social Work Problem Solutions*

Once the client had agreed upon a proposed course of action students were able to proceed with a number of different activities. Many of the solutions to client problems that had been generated by the students and clients entailed both a law and social work component. The following narrative shows how the law and social work students had formed a legal theory as well as a clinical theory about why the client was having difficulty in dealing with her situation:

> First I had to explain to my partner why it was important legally for our client to admit what she had done because legally we had to prove she was rehabilitated. In a non-legal setting this might not be so important. My partner understood and had a theory about why the client didn't want to talk about it, or what had made her repress a lot of her feelings and explained that to me. My social work partner helped her work through the feelings so she could acknowledge what happened and we were able to get the goal the client wanted at the hearing (Law Student N Interview)

For law students this began a very intensive period of work. Law students also report a heightened anxiety level as cases come to the hearing phase and then the feeling of relief and confidence when they realize they are competent to carry out their professional role:

> I learned so much in terms of actually going to court, what to do before going to court. There are a gazillion rules and things you have to follow and you think that you are not going to know what to do and fall flat on

> your face and the client's going to look at you and say, "What the heck you'd do for me?" And then you actually go and you see the judge is okay, she even smiles a little bit and you know you realize at that point that things are doable" (Law Student O Interview)

Activities and tasks identified by the law students during this period include: document writing and drafting, using legal forms, preparing litigation papers such as filing legal petitions and applications, writing and submitting motions, compiling and preparing evidence or discovery, writing direct and cross-examination questions, preparing affidavits, writing opening and closing statements, conversations with adversaries, preparing for and conducting impartial hearings, preparing for and participating in resolution sessions and CSE meetings:

> I feel I got better at drafting subpoenas, affidavits of service, I drafted notices of appearances. I did a lot of legal research, SSI regulations and paternity issues and the child support statute. I gained experience breaking down the regulations because I had to do a lot of interpretation, especially with the child support statute (Law Student U Interview)

Social Work students facilitated referrals to evaluators, service providers and concrete service providers that were relevant to both the legal and non-legal solutions to the problems, they carried out brief-treatment strategies that were essential to obtaining information, preparing clients for testimony and supporting them emotionally during the period the interventions were being carried out and assisted the attorneys in analyzing the credibility of evaluators and expert witnesses through using expert diagnosis and practice guidelines and literature reviews of evidence-based interventions:

> A couple of times I counseled the client, individually counseled the client to help her with her emotional issues. I taught her some techniques, cognitive-behavioral techniques, breathing, focusing on the solution, focusing on how she coped in the past and helping her to process some of the stuff she was angry about before she actually showed up in court and lost it (Social Work Student H Interview)

Shared tasks included: keeping client informed and updated on case progress on a regular basis, preparing client to give testimony, advocating for and communicating in writing and by phone with other professionals on behalf of the client.

*Transition*

Periods of transition or termination at the beginning of each semester were reported to be difficult for both students and clients. For clients that had on-going cases in the clinic, the period after the summer break when they may or may not have had contact with supervising professors, in the Fall was thought by students to be a particularly difficult transition point because "nobody knew what they were doing". Students had to rely on written documents such as case notes and documents in the file left by the preceding team which may or may not have been written in a way that provided direction about how to proceed.

Another significant, yet overlooked component of transition times is the impact that can occur when law students leave in the middle of case, prior to its resolution when the curriculum depends very much on the establishing and nurturing of relationships with colleagues and clients for the achievement of student learning objectives and client goals:

> Second semester is kind of negative. I got very used to working with one person, we had to get used to each other, figure out how to work together and now I have to get used to different personalities. I feel like I have to start all over again in terms of starting a partnership (Social Work Student A Interview)

> You know you develop a strong relationship with a client and then all of a sudden the semester is up which isn't a real life situation and then you're torn apart and you have to re-tell everything to a new group that might not know anything about your case. This is so difficult for my client (Law Student K Interview)

*Evaluation, Monitoring and Self-Reflection*

Students in the clinic report multiple opportunities to engage in critical thinking and self-reflection as part of practice. Each phase of practice was accompanied by opportunities to evaluate and validate ones thinking by professors, fellow team members, the client and the rest of the clinic colleagues. A student describes this process as "learning in slow motion" and it is here that the integration of "thinking" and "doing" takes place:

> I think that for students enrolled in the Family Advocacy Clinic, the clinic is trying to give those students the opportunity to do exactly what fieldwork is supposed to do which is to give them a chance to engage in real practice with real clients and also have a chance to reflect on that practice so that before a student takes a step they think about the ramifications of that step, their intentions in doing it and what the effect will be on the client and the clinic down the road. So it sort of gives…it's almost like practicing in slow motion…it gives you the opportunity to learn and do at the same time (Law Student Q Interview).

Students engaged in this process both before and after client interviews, during group and individual team supervision, during seminar and privately during the two times during the semester that they engaged in written self-evaluations. Social work students also had required numbers of process recordings to complete throughout the year. Some students also report never having had this experience in other work or learning settings:

> One thing I have learned is the importance of critical thinking skills. I now take a more critical and thoughtful approach to what I am actually doing in the client interaction. I think that my position in a foster care agency did not necessarily encourage thought or reflection, and so I am starting to realize, or remember, the importance of self-evaluation and insight into practice (Social Work Student E Interview)

Students also report that having to create an agenda for group supervision also assisted them in monitoring the case and evaluating progress on a weekly basis and this keep the process moving. When stuck on the achievement of an objective, students would

use group supervision as an opportunity to problem-solve and brainstorm their way to a solution.

One of the interesting findings in this study was about the reliability of student-self-evaluations to give accurate feedback and information about the program to faculty. When comparing student self-reflections to the anonymous student interviews, there were high levels of congruence between students' negative statements about the program in self-evaluations and what they revealed in interviews. This means that students who were critical in confidential interviews about orientation were also critical in the mid and end of semester self-evaluations that would be read by faculty. The climate of critique in the clinical program does seem to foster a comfort level with the giving and receiving of both positive and negative feedback in both directions, between faculty and students and students to faculty:

> It is very clear you are here to learn. If you make mistakes, you make mistakes. I think as long as you recognize that it's a mistake and you learn not to repeat it, that's what you are here to do. A lot of the time that is difficult because you don't want to make a mistake and the practice is real, like the things you do have a consequence. But you have to keep in mind that even when you go into the professional world, if you make a mistake, and you're going to make a mistake, you just learn from it. I think you get over your own pride and to just understand that is really a big help (Social Work Student C Interview)

Curriculum documentation supports the idea that faculty also met weekly to evaluate and assess their performance in both seminar and casework and used the faculty meeting to brainstorm and problem-solve case and/or supervision issues. Faculty would also give and receive both positive and negative feedback to and from each other after teaching seminar class (Faculty Meeting Notes 2004-2005 and Class De-brief Notes,

2004-2005). An example of the self-reflective process engaged in by faculty is the minutes from a class de-brief:

> Case theory discussion was clear. Connections between classes 7 and 8 made clear. Could do a better job on the readings next time, Assign either the IEP reading or re-evaluation, not both. Only one of the social work readings was needed. The fact pattern worked for the most part but we may want to eliminate the threat of neglect issue for next year. In the role play we did not really have enough time for the client counseling. Perhaps assign topics for each group to cover next time. We probably talked a little too much during critique of the simulation (Faculty De-Brief Notes, Class 8, Fall 2005).

Findings indicate that there is in fact a parallel process of self-reflection about ones practice that is engaged in by students and faculty. There is a "mirroring" of what is expected by faculty members from students in their own process. This extends the learning for both students and faculty in an on-going loop where both groups are continuously learning from their experience. After de-briefing faculty might return to an issue or interaction that they believed had been inadequately addressed or inappropriately handled and share these reflections with students, mirroring how to evaluate and self-correct ones practice.

## Integrating Concepts and Tools

### *Client Centeredness as an Integrating Concept*

Social work students were able to make much more of a contribution to the setting once they became engaged in client contact. Social work students believed that the knowledge and skills of conducting a social work assessment and having the skill to listen to the client in a more comprehensive way facilitated problem identification and this belief was also validated in law student narratives:

> Social work students taught me about seeing the client in a more humane way. They had the ability to really listen to them, to what was really bothering them, to get out what their real goals were and why (Law Student M Interview)

> The social worker on my team did some assessments of clients and this is one of the things social workers are much better at than law students. This assessment really got a grip on our client who had been a victim of domestic violence, really understanding what had happened, where she lived now and how this impacted the way she would work with us now (Law Student Q Interview)

As law students gained experience in the art of conducting joint client interviews they began to be aware that the clients were coming to them as a legal professional because clients were aware that something was not right, that there was some essential "unfairness", that their child was not getting what they needed or that there had not been due process, but were unable to articulate or frame the problem as a specific legal one. Students began to understand that it was their responsibility to listen to the client and to begin to figure how to identify and frame a "client's story" as a legal or social work problem:

> Clients need students that are willing to sit down and actually listen to them and be willing to understand they are not going to be able to come and lay out, "This is exactly my problem", but rather give a narrative and the students have to be able to look through the narrative and pull out what their problems are (Law Student P Interview)

When this "deep listening" to clients began to occur, students were able to move beyond inaction and shift their focus away from themselves and onto the client. For law students, being able to identify a specific problem that they could then apply the skills of legal research and writing they had learned in their previous education assisted them in moving forward and in understanding how they might make a contribution to the case. While engaged with the client in this way, knowledge and skills that had previously been

unable to be accessed on demand were "remembered" and able to be used for problem identification by both law and social work students:

> When we started sitting with the client and she would be talking about the case, all of sudden I began to realize she has these needs and problems and I started to say. "Oh that is something I know about, that is something I can help her with" or "I have the skills to research that", and so I started to say in meetings, "I'm interested in that, I'll take that" (Social Work Student D Interview)

> I mean as soon as I was meeting with a client and she was telling me what her goals were that really helped to clarify things, Once I had gotten the green light for how I needed to think about how to advocate for her, then things could start falling into place in terms of how I could begin to prepare (Law Student O Interview)

Also when "deep listening" occurred on the part of both professions, law students sometimes assisted social work students in remembering information that was helpful in completing their psychosocial assessment. Social work students because of their skills in being able to listen to multiple levels of a client problem were sometimes able to issue spot a related legal issue that could have an influence on the specific case the clinic was working on. The following narratives shows how having more than one professional in the room can enhance the issue-spotting and problem identification process from both professional perspectives:

> The law student was asking, "What's an assessment?" I thought, "Why not ask him questions?" So I asked him, "How do you think she deals with conflict?" and he said, "Oh like when we were in the meeting and the client says she puts it behind her or stuffs it away?" He remembered that and I didn't and so I got in the habit of writing these with him and checking things out (Social Work Student G Interview)

> I think the opportunity for the client to have "two people" in the room, a law student and a social work student is so important. I did a preliminary assessment on a client and even though we were working on a different problem, I found out that the client has a immigration issue the client or the law student wasn't even thinking about but that could have an impact on our legal case (Social Work Student A Interview)

*"Theory of the Case" as an Integrating Concept*

Students also report that the concept of "theory of the case" functioned as a common idea and concept that transcended profession specific roles and gave guidance and focus for students to think about, apply and share professional knowledge:

> The professors would try to focus us on the issue at hand by making us clearly enunciate a theory of the case. Each team had to do it. Law students have to write a theory of the case memo which makes you have to look at the law and see how it applies to the facts of your case. Even though that may be more of a law thing social work students do it too when they do research about what can help the client with this kind of problem and then write a memo about what they had found (Law Student S Interview)

What appeared to allow students to "get over the fear" and begin to have confidence in their ability to function in a professional role was when they began to have and express professional opinions that were the result of research, writing, sharing and receiving information from others:

> When there is an objective or goal, instead of just rushing to fix it, a professional must take certain steps to ensure validity by going through a process. I can back up what I want to say, I can back it up with organized information, with research. (Social Work Student G Interview)

This process of developing a professional judgment also moved students beyond just expressing a personal opinion about the case. Informed professional opinions also served to increase the level of trust and confidence that team members began to have about the opinions and suggestions of others:

> I think social workers get exposed to statutes and we get exposed to the social science literature and that is really important because you have to delve into the literature from law or social science before you can understand the mindset of where they are coming from when they give an opinion in a team meeting or in group supervision when we are identifying potential theories of how to help the client achieve their goal (Law Student N Interview)

> Every bit of research that was done, I shared with my team because the research was done to help the client and to help the team progress. The team process was important in knowing what to do with the client. For example in our case the law student would research the adoption process and wrote a memo, then I would read the memo. I would do research on some of the issues that come up for families about adoption, I would give that to the law student and then we could have a real discussion about what to do (Social Work Student H Interview)

Student's perceptions also indicate that when they were better prepared and informed by a professional analysis, it also increased the level of client trust in working with the student team:

> This semester I experienced gaining the client's trust. Our client was a difficult client in the beginning but as we got to know her better we were better able to understand her. She opened up more when we kept to our word to do what we said we would. She liked getting answers and she liked to know that things were going in the right direction. In the end I think that it was not that she was a demanding client but that she had to know the law better and we had to gain her trust by giving her that information (Law Student M Interview)

*The Importance of Writing in Integration and Analysis*

Writing emerged as a powerful tool for thinking and analysis and one that appears to help the students feel more competent and gave them a platform from which to speak and contribute and consequently served to reduce student anxiety. An unexpected finding was that when students collaborated on document drafting and writing tasks it also facilitated communication both between professionals and between clients and professionals because language had to be "plain English" and easily understood:

> Document drafting we (law and social work student) both did together and this was very helpful at least in having another pair set of eyes and also in that it really made me remember I am not just writing this for another lawyer necessarily, and I shouldn't use all of this scary jargon which would have been scary to me too before first year (Law Student G Interview)

## Interprofessional Teams as a Structure for Practice

Having to work and meet in teams was reported to be a dynamic process that presented both challenges and benefits to the students. Similar to other curriculum activities already reported, teamwork was also experienced as a process rather than an isolated event or activity.

Students report that teamwork is challenging when there is conflict among team members, when availability of partners is limited and this makes it difficult to schedule meetings, when students are on two different teams and don't always work with the same students, and figuring out what role to play when a team is not moving forward or, "how can I provide leadership without being controlling?"

Team conflict when reported by students (19%), was more frequently attributed to "personality" problems or poor work ethic, such as "a dead weight partner" and was more frequently not related to a difference of profession:

> No matter how much the faculty support team process and they do, they want to see in seminar and in group supervision that everybody is making the same effort and working as a team. No matter how much they try to promote it, the individual is the individual and some people just have certain difficulties and no matter how much you talk to them, it's just not going to work (Law Student J Interview)

> Law student teammates sometimes would not do anything. Social Work team mates were always good. Twice on my teams law students would show up and divide tasks but they just wouldn't do them or they would just go lazy or do it in a bad way, you know unusable work product (Law Student L Interview)

Because law students knew they were being graded they were hesitant to report team problems to the law supervisor. Students who experienced this problem report that they would usually handle the conflict by doing the work themselves. Individual students who worked through team issues successfully report that they viewed problems with team

members as “a personal responsibility” that they should assume as an individual rather than blame others for failures of teamwork:

> I felt that dealing with the problem on my team was a test of my own character and I was like, well this is why I am in a clinic. I’m learning to deal with different personalities and I have to deal with them. Sometimes you meet people you click with and sometimes you don’t and you have to work with any of them so I just decided to use that approach to work with people (Law Student R Interview)

Student characteristics most frequently reported as being correlated with tension and conflict include: personality conflicts, poor work ethic, desire to work alone, competitiveness, too many outside commitments and resulting unavailability to the team, jumping to action without thinking, lack of commitment to the client and competition over client contact.

*Student Characteristics Reported to Facilitate Teamwork*

Students identified characteristics of their peers that were associated with having a positive experience in the clinic, well functioning teams and making collaborative participation in clinic activities more successful. These include: “being laid back but serious”, “be open to learning something new”, “flexibility”, “putting the client first”, “knowing about your own profession”, “ability to handle not knowing something”, “taking a risk and ‘diving in’ when you don’t know what you are doing”, “being respectful and caring towards clients and team members”, “trusting team members”, “self-motivation”, “good communicator” and “being open to having fun”.

*Successful Team Working*

Student interprofessional teams that felt successful report being able to move beyond the concept of role, or saw their roles as similar and framed differences between

professions as much more related to perspective and knowledge that could be applied to problem-solving than towards what the professionals would "do":

> My team had a very strong social work student. Our personalities worked well together and mostly because we were equal contributors. We didn't hold to roles, we were all students together. I did not distinguish based on who was a law student and who was a social work student but rather on the times we came at things from very different perspectives (Law Student K Interview)

> It's a real dynamic kind of process, I mean I don't think that anyone in any of my cases said you are the lawyer and you are going to do this or you are the psychologist and this is your role. I think it is much more of a dynamic process it is not static like role. It's more about what you bring to the situation (Developmental Psychology Student Interview)

This shift away from role and towards what knowledge a professional can contribute to problem-solving is very consonant with the utopian view of interprofessional education, discussed in the last chapter. The utopian view suggests that new approaches by professions to solving a client problem need to move beyond existing professional constraints such as prescribed roles and that this kind of holistic approach will result in more creative options for clients.

Being client centered and focused was also reported to be a way that conflict and role confusion was diffused and assisted in the development of the interpersonal trust that was necessary for effective teamwork. Putting clients first and professional interests to the side appeared to be the trigger that propelled teams into full engagement and facilitated the development of trust:

> We had a common goal regardless of profession and that was getting the client what they wanted and always keeping the interests of the client in mind. If my partner had what I consider a traditional "fix-it" professional mentality it would have been a decidedly different chemistry (Law Student W Interview).

> Rather than coming into a team and saying I am a social worker and this

> is what I do and I am a lawyer and this is what I do, it was more here is our client, we are listening to her, this is what I can do to get her what she wants and the other person is saying that to. It is really being driven by the needs of the client and secondarily by our relationship and the trust we had that the other person would do what they said they could (Social Work Student D Interview)

The development of interpersonal trust was a key variable in the development of cohesive and functioning interprofessional teams. Behaviors that appeared to facilitate the development of interpersonal trust were: commitment to the client, allowing the client to lead the process, demonstration of professional competence and reliability or "doing what you agree to do".

> When you are trying to come to a decision, what makes the process work is the trust that everyone does really care about the client, that everybody is there for the client and not their own personal advancement. It is knowing we all have the same interest in helping the client (Social Work Student C Interview)

Trust and respect was also a significant characteristic that allowed students to view conflict as productive and the resolution of it as enhancing the potential for expanding the teams understanding of the client:

> As you get to know them you can see that lawyers have psycho-social minds too. Sometimes there might be a conflict between what I think is going on and the lawyers gut reaction. You can't disregard the feelings of someone you like and respect so it ends up in discussion. At the end of the process people feel listened to, no one feels exploited and you actually understand the issues better (Social Work Student D Interview)

*Supportive Structures for Facilitating Teamwork*

Because of initial anxiety, a majority of students (84%) report the required activities of having to collaboratively create a team agenda and have a team meeting, prior to group supervision were helpful tools in negotiating the team process and it was here that students had to work through some of the challenges of having to work on a task

with others who may be different in terms of work habits, personalities and approaches to solving problems:

> Team assignments are good because students are forced to work with others, they are forced to engage in a dialog that maybe would not happen if they didn't have to. It's also one on one or a small group and it gives you much more freedom of expression without worrying that someone is going to judge you like when you are in front of a classroom or large group (Law Student E Interview)

Particularly in the beginning phase of practice when students were feeling most anxious and overwhelmed, they report that mandatory structures such as weekly team meetings and collaborative agendas, that "force" some kind of interaction, thinking and talking, even when they did not want to, was essential to the development and early functioning of the teams.

Students report the benefits of teamwork as being: "shared sense of responsibility for case is comforting", "reassures me that everyone is on the same page", "great resource for getting ideas about what to do", "improved my group work skills", "made me organize and focus my ideas so I could communicate more efficiently" and "learned how to develop and play different roles on different teams". A law student describes the difference between the collaborative team environment found in the clinic and previous law school experiences:

> In the first year of law school it is all about who is going to stand on everyone else back to be on top. In the clinic you felt a lot of trust towards your colleagues. That is the key to the experience, the students. The experiences we had and the way we learned from each other, talking to other students about their cases, bouncing ideas off one another, in the team, out of the team, in group supervision it didn't matter. It was really a collegial environment and like you could really sit down and say" Gosh I am really having a problem with this and before I bring this half-assed idea I have to a professor, let's just talk it over". This was critical, I cannot over-emphasize it enough. It was such a synergistic environment, not like law school (Law Student V Interview)

*Performance Indicators*

Identifiable criteria for successful performance of casework and practice activities are presented in the clinic handbook and the field handbook for social work students. Law students receive a grade for case work performance and social work students receive a pass/fail and receive a formal written evaluation form that assesses their performance along a number of practice parameters from beginning to advanced range of practice.

Clinical faculty, as evidenced in faculty meeting notes and interviews struggled to find a more objective way to assess the law students progress in regard to practice than the current practice of each faculty assigning their own students a grade. It seems once again, the hybrid culture of clinical education, being neither education not practice but some combination of both, presents students and faculty with what seem at times like very paradoxical challenges:

> I know there were differences among faculty about the factors that should be used for grading and I must say in my own mind have difficulty articulating a rational and defensible grading system for practice. So one of the answers may be by faculty let's look at objective criteria. But when you look at that it becomes reduced to things that I find totally unrelated. My argument with grades was that grades could reward excellent performance and a grade can also reward excellent growth and that there needs to be some way to evaluate student growth (Clinical Law Faculty E Interview)

A social work student shared a similar perspective and put forth the idea, previously expressed by clinical faculty, that there is far more value in being motivated by the common goal of helping the client:

> I think the law school should make this pass/fail. I don't think it would hinder them in anyway in the work that they would do because we are all here for a common goal that is to help the client. I think it would relieve a whole lot of the pressure they feel about everything because the social

> workers are here with a pass/fail and we don't sit back and put up our feet and say "Yeah you law students you go do whatever you want it doesn't matter to us" I mean we're in there, putting in the time, putting in the effort to get the work done and I think the law students would be the same way (Social Work Student C Interview)

Although this study did not specifically seek to address client outcomes there are a number of sources of information already in place that could be used to collect data about client outcomes once they are more clearly identified. The case data base includes documents and chronological notes that provide a wealth of information about many case related tasks and activities. Additionally case outcomes are recorded as well as memos that outline client goals. End of semester progress memos identify goals achieved and those that may be on-going and social work assessments in the beginning of the semester and an updated assessment at the end identify progress made on solving or mitigating client problems.

There are several potential outcomes for cases: the client can achieve their goal, the client can not achieve their goal, part of the goal may be achieved or the client re-frames the original goal based on client information and counseling. Many of the hypothesized goals and outcomes for clients in the program model speak to the qualitative experience of the client, for example, "that the client will feel in charge" or the "client will feel heard" and this data can not be achieved by looking only at case outcomes. This issue will be further addressed in the final chapter that will present recommendations for future evaluation.

*Context Factors*

Context factors related to educational structures such as the fact that casework was graded for law students did exert an influence on teamwork and practice in how

students thought about and dealt with conflict and assigned work tasks and provided what faculty described as an "unfortunate motivation" that caused students to do things simply for the sake of obtaining a good grade. Student data supports this idea:

> The only real tension in the clinic between students is grades and professors don't realize that. It's interesting because they see it as a work environment and the students see it as school. They know they are getting graded on everything. I worked with a law student that didn't do any work, didn't meet deadlines, didn't do what he said he would do. I could have talked to the professor but when you are in law school and there's grades you don't want to be responsible for that person getting a bad grade especially when the person is your friend or kind of friendly towards you (Law Student L Interview)

> Grades did impact my work with my partner. I know in some of my cases my partner said "I don't have enough hours, do you mind if I write up this memo?" and I would be "Fine I don't mind at all" or I would say "Do you need to take this one", because they were worried about their grade. In a way I don't understand why law students are graded for casework at all, I mean how can you really grade the amount of or the kind of work one does for the client when so much depends on the client and other people you are working with? (Social Work Student H Interview)

Students, both law and social work, who had to work outside the clinic were at a disadvantage in this setting both because it limited their availability during business hours and was out of sync with the schedules of full-time students. The schedules of working students however were more often consonant with the availability of the client so in terms of client meetings this was not an issue. However, the time needed for teams to plan, process and reflect in person about case theories, interventions and team functioning was difficult for working students to fit into already busy schedules.

The two context factors that most significantly influenced client practice were the bureaucratic nature of the systems the students and clients were engaged with and the difficulty of engaging very overwhelmed clients:

> The only challenge I have faced in fieldwork is scheduling time with my

> clients. Obviously they have incredibly busy schedules as do we. However with the CSE process we are dependent on parents to provide us with the necessary information and we frequently need to contact them for discussion and approval of certain issues. In the limited time period of one semester, I am beginning to feel I will not experience the satisfaction of achieving a client goal. To overcome this I have learned to deal with smaller accomplishments and have realized the process is always longer than anticipated (Law Student S Mid Semester self-Evaluation)

The length of time it took to obtain and receive information or just getting in contact with staff who worked in many of the agencies clients had to deal with was a huge issue for the cases in the clinic. Initially law students found it hard to understand why the clients appeared so defeated, "why can't they just do A, B, or C?" Students learned first hand the difficulties clients faced when they themselves would go to some of the service agencies to advocate after many attempts to address an issue by phone:

> Last semester I had to go to the a welfare center in the Bronx to try and get a client a one-shot deal and we sat there for eight hours waiting for someone to help us. They just blatantly lie to you and tell you they are getting the document to you and then say, "That's not my job" It's all very bureaucratic, all of these agencies (Law Student C Interview)

## Student Outcomes

Students and faculty reported a number of outcomes that were in fact consistent with those presented by faculty in the planned curriculum. These outcomes can be fit into the three levels of competencies identified in the literature: common, complementary and collaborative or specifically interprofessional (Barr et al., 2005).When students reported outcomes they were able to identify specific program activities that they believed had created the outcomes. However, even when students reported the same outcome, they frequently identified different activities as being responsible for the outcome, suggesting once again that activities as an integrated whole create the outcome and individual

students had preferred activities that suited the different learning styles and needs of students participating in the clinic experience.

When students were asked open-ended questions about the curriculum such as how they had come to know something they reported as new learning, the majority of students listed more than one curriculum component as contributing to an outcome. In the following narrative, a student identifies learning to be more self-reflective about their practice and then goes on to attribute that to a number of different curriculum activities:

> I learned to be very self-reflective about my cases. At different points during the semester there were writing assignments about "reflect on this, how does this apply to your cases?" Sometimes in seminar or a group supervision there would be a specific topic and we would have to relate it to our cases. We had mid and end of semester evaluations where we would have to write about our experiences and then meet with our professor (Law Student M Interview).

One of the limitations of the findings related to student outcomes is that they are the result of student self-reporting, questioning the reliability and validity of the findings as a measure of program impact. This evaluation study was not designed to measure and evaluate outcomes, but rather to illuminate the range of potential outcomes and begin an exploration into whether or not curriculum activities may logically result in planned curriculum outcomes. In addition student self-reports were supplemented in this study by written assessments and observations by faculty (Field Education Evaluations 2004-2005, Faculty Meeting Notes and de-brief of group supervision, 2004-2005, case-related memos, 2004-2005).

*Outcomes Indicating Common Competencies*

Students who participated in the clinic report a number of outcomes that were related to general competencies that would be expected from any professional education

program and were not specific to either law or social work education. Common competencies include: ability to state the basis for a professional opinion, ability to construct a "theory of the case" and feeling more confident as a professional.

The majority of students participating in this study (94%) stated that they had increased confidence in their interactions with clients, colleagues, other professionals and their ability to practice their profession:

> Throughout the fieldwork experience I have learned a lot about how to better deal with people as a professional. Meeting with clients was great and being able to talk about the interviews during our supervisory meetings made me realize what went right and how to improve. The fact that I am not yet an attorney has effected how some people dealt with me in that they showed less respect. I think this actually helped me because it forced me to not act like a student and get what I need by being the attorney regardless of the attitudes of people I was dealing with (Law Student B End of Semester Self-Evaluation)

As evidenced in the prior findings related to what allowed students to feel confident in moving forward on a case and in developing a professional opinion was the activity of researching, analyzing and applying professional knowledge to a case and putting the results in writing. These activities served to increase the confidence level of the students and assisted them in identifying and carrying out a professional role. These activities appeared to serve the function of containing students' anxiety and their immediate desire to take an action without the benefit of analysis:

> Being a social work intern at the clinic is teaching me to think before I speak and to be prepared to have done research before jumping to conclusions. I am learning to support my thoughts with research. I am using some previous work experience with the difference that I added research on stress and anger management. This not only better helped me to assist my client but it helped me increase my knowledge and understanding beyond the general (Social Work Student A End of Semester Self Evaluation)

*Outcomes Indicating Collaborative Competencies*

A majority of students (87%) report feeling more comfortable about their ability to work in teams and learning skills of group work, such as the importance of having some goals and structure and an understanding of how team work can result in a more expansive understanding of how to work with a client:

> The clinic definitely allowed me to develop my skills working on a team. Even though I have theoretically enjoyed working in a group, I did not have much group work experience. I have learned more about structure and working from an agenda. Team meetings gave me much food for thought about what is effective or not in dealing with clients (Law Student J Interview)

Even when individual teams did not have a social work student assigned the law students report being exposed to other social work students in seminar and group supervision and their interaction with the social work professor resulted in them becoming more familiar with a social worker could do:

> Honestly, before the clinic I had no idea what social workers did. During the clinic I certainly got a picture of what social workers do. I learned this through observation of their roles in cases, the tasks they took on, how they were able to handle them and what they did in client interviews (Law Student S Interview)

This learning resulted in a majority of law students (98%) responding that they felt competent in their ability to know when to refer a client to a social worker. Social work students also report learning the value of knowing laws and entitlements in regard to their being better able to advocate for clients to get services they needed to achieve social work objectives on the case and knowing when to suggest to a client that they should consult with an attorney.

*Outcomes Demonstrating Complementary Competencies*

The following discussion of complementary, or interprofessional learning outcomes provides an illustration of how social work and law students observed, utilized and incorporated each professions primary approach to problem-solving and client interaction: social work and its primary focus on process and the law's more goal-oriented approach. This resulted in a shared outcome of students from both professional groups becoming more balanced in their approach to practice with clients, focusing equally on achieving goals with much more attention to process and client interaction. The following narrative illustrates the balance:

> We used to think like people and now we think like lawyers. We tend to be totally focused on one problem, finding a solution for the one narrow question which is not great, I guess if you are a social worker but it was interesting for them to see that this focus could be applied in their own work. She could focus, usually the thing is with social workers they have a wealth of knowledge, they can come in and see it is not just one thing, there are ten horrible things going on in the client's lives and its really hard to deal with them all at once so I think the social workers got a sense, there is a way to go about this systematically. Break it down into ten problems, prioritize the problems and focus all of your attention on one problem at a time because then it gets solved faster and more effectively so that was new for her to learn and new for me to learn was about looking at the bigger picture (Law Student V Interview)

Both law and social work students revealed during the interview process that they both entered the clinic experience having pre-conceived ideas about the other profession and about the clients. After participating in the clinic students report both knowing more factual information about the other profession but actually changing the stereotypes and assumptions they had about others when they began the experience:

> I have to admit originally I thought working with social workers would be a waste of time and it would be distracting to work with them. This was really my own prejudice about the profession, that they would be more touchy-feely than goal-oriented, that they would be concerned about what the

> client felt, not what the client needed and what I found at the end was that many of the issues we had interpreting what was going on in our case were related to social work and having that resource available to turn to and say "What should we do here?", was absolutely necessary (Law Student T Interview).

Social work students report that stereotypes of lawyers being driven to win and unscrupulous were challenged by the level of dedication, care and commitment to the clients that they observed in the law students as well as their dawning understanding that law students despite their bravado were "just students too".

Another outcome that was frequently reported by all students was the ability to identify when they were making assumptions about clients and about other professionals and to check their thinking as they were processing interactions with a client or with another professional:

> I can do a lot of things better. I can much better stop and think carefully about a case and try really hard to separate my own personal beliefs about what is right or wrong, or what is important or not from what the client wants and what the client needs so I think I am much more conscious of that and will really continue to parse that out (Law Student Q Interview)

> Remembering to continuously check our judgments is important. An example this semester was understanding that even though I had developed a relationship with the client last semester my team mates had not. Therefore I realized that having them question me about my intentions or my ideas was their desire to keep the interests of the client in mind. They wanted to hear from the client that what I was communicating was accurate and they could proceed with the legal tasks, I didn't take it personally (Social Work Student H End of Semester Self-Evaluation)

A majority of students reported learning outcomes that they attributed to the process of attending seminar, group supervision and working on teams with students from another profession. Specifically social work students described what they had learned from law students that helped them grow as a professional social worker and in

their perception enhanced their work with clients. Law students also reported outcomes that they believed made them better lawyers and they attributed to having learned by observing and interacting with social work students in all the various program activities.

*Social Work Student Reports of What They Learned From Law Students*

The most frequently reported interprofessional learning outcome for social work students participating in this study was learning how to focus their knowledge base and to prioritize client problems. By watching and observing the very problem focused and goal oriented approach law students would bring to the process, social work students report the benefits of having a structure and framework, or limits to the vast amount of potential social work knowledge that could be brought to bear on a client problem:

> At first I just wanted to jump ahead and get to the lesson and ignore the process but the clinic has been really helpful, doing everything, breaking it down into steps and stuff like that. I can look back and I see how each part contributed like to us winning the adoption subsidy case. It was really clear how everything we did supported it and fit together. I knew the legal criteria in the case and then from me knowing that I was able to do social work research on diagnosis and stuff like that to support the legal criteria. It was a clear mixing of what we had to do, I mean I really knew what I had to do to participate (Social Work Student H Interview)

Social work students learned to appreciate the value of applying research to a problem and observed how it focused the law students as well as gave them a certain amount of credibility that they had not observed while interacting with their own profession:

> I think what was most impressive about the law students were how they used research and the law – they really set their foundation for solving the problems. In that same way I learned that social workers can't just depend on their own personal opinion about a problem but they need to support what they say with something. Even with counseling, a lot of it can be based on "I feel" and a lot of should be based on research about what technique is right for this, it has to be based on something, the information you relay to the client should be based on something, social work needs to do that too (Social Work Student C Interview)

> Law students just knew how to get the job done, they had such an ability and the skills to just get the information, to narrow down the problems, who to contact, getting the records. I learned how to do a timeline which is a very valuable tool in understanding a case, in linking everything up in one place (Social Work Student H Interview)

Social work students also report learning content knowledge about the law that they incorporated into their practice with clients. Law students were able to interpret and break down the law in ways that social work students could understand and think about using in their advocacy practice.

Social work students also learned to become more comfortable with having their knowledge challenged, to feel better and more empowered in more competitive and collaborative situations, to not personalize when other professionals were challenging them, to be more pro-active and risk taking and to feel more creative in how they approached solving problems with and for clients:

> I learned that it is okay to be who I am and that what social work has to contribute is valuable. I learned to come from my strength instead of victimizing myself. Just like I have learned how to validate my clients experience, I can validate my own experience. I have learned when to speak up, when to let go, that there is a need for balance and how to set boundaries with others and clients. I have learned to feel the fear but act anyway. I developed a thicker skin. I learned I didn't have to do everything perfectly and what was not fun in the moment turned out to be a great learning experience (Social Work Student H End of Semester Self-Evaluation)

> I learned that I am capable of working with other professions and that social work should be working with other professions that it is inherent in the profession to be working with other groups of people that it is a really neat process to do so and it is definitely more helpful to our clients if we engage other people in our work. It is empowering too. To have the knowledge of the law and the legal system and all the different forces that are really influencing our clients lives, to really understand them allows us to really help our clients working with the environment gives us that knowledge and it is vital I think. I feel like I just know a lot more, I really feel like I have gone somewhere that a lot of social workers have not been able to explore. And that is to just look really closely at what is going on to

> analyze the situation instead of getting in a rut and dealing with them the same old way that you have always dealt with them (Social Work Student D Interview)

Student responses provided evidence of cross-validation in that professional students were asked to describe both how they believed their knowledge and skills assisted the other profession in thinking about a client problems and how the knowledge and skills of the other profession assisted them in thinking about a client problem.

*Law Students Reports of What They Learned From Social Work Students*

Law students learned about social science content as well as process with clients from working with social work students. The following example shows how social workers provided important information as well as shared a particular skill:

> I wanted to interview a child but didn't want to intimidate the child. I met with the social work student and she was so helpful in giving me information about interview techniques for children and child development (Law Student K Interview)

The outcome most frequently reported by law students and attributed to working with and observing social work students was the ability to see the "larger picture" and gained a more complex understanding of the client and the client's behavior. This was particularly true when law students had the realization of how client emotions could impact the legal decisions and processes they were having to participate in and address with clients:

> It is so easy to focus on just the one thing you are good at, or the one thing that you do so that you do not pick up on the other things going on, like picking up only three issues and finding out there are really seventeen and asking no follow-up questions about those things. But this is a particularly dangerous thing as a lawyer because you can miss some huge facet of the case and have it totally unexplored and then the other side kills you with it. So being able to look at things from many different angles not only helps your case but also helps your client because you also know better that they need to be referred to somebody because they need help in a different way that you can't see because you are tunnel vision with the law. So I thought that was good about the clinic and

> working with social workers because they could see that (Law Student O Interview)
>
> The most rewarding part of my work on my cases has been working with a social worker. It brings a completely different perspective to the case and for me, sheds light on areas that I as a lawyer I would not consider (Law Student M Mid Semester Self-Evaluation)

The second most significant outcome reported by law students in regard to what they had learned from social work students was the ability to have higher degrees of comfort and spontaneity during interactions with clients. Law students became more spontaneous and much more sensitive to the multiple issues and problems of the clients as well as becoming more comfortable with client emotions:

> One of our clients was so beaten down by the system, she was crying. I realize I am a sympathetic person but don't know how to deal with someone "sympathetically" in a professional environment. I'd say, "Here's a tissue, I'm sorry, I know this sucks but can we just get back…" But the social work student understood where to take it and how to explain things to someone that upset. She showed us how to let her (the client) be upset but then bring her back. I was really goal-oriented but it was so interesting to see how the social worker took the time to appreciate where this woman was at but then go from A to B to C and by doing this bring the woman back. It was obvious to me she had a skill set I did not have (Law Student L Interview)

Law students talked about becoming aware because of their conversations with social workers how social workers understandings of client dynamics helped them to think in different ways about a client's behavior and in ways that were important in moving the case forward:

> Social workers were good at being able to pinpoint, for example if a client acted in a certain way, that, you know is a common defense mechanisms, that is why they are acting that way, this is why they are doing that and that is not something a law student would have been able to know; that it is not something about the character of that individual but there is a reason they are behaving this way (Law Student R Interview)

Law students admitted to initially being skeptical about what social work students could contribute to a case. This seemed to be related to a lack of understanding or a misunderstanding of what social work actually was or of what value social work could play in a legal setting. As the semester went on this attitude began to shift:

> Towards the beginning of the clinic I was skeptical because I felt like my cases were extremely legal, so I didn't really see the purpose of having a social work student. But then I had a situation happen in my case where the social work student was the one who figured out what was really going on and what needed to be done so it turned out to be a cool experience from both sides. The social worker figured out all these things that needed to happen like neurological testing and different services that would apply and that was a huge "Ah-ha" moment (Law Student S Interview)

It appears from student data that when social work students targeted their knowledge in ways that helped the legal process move forward and assisted the law students in understanding the case and the client that social work students began to have more credibility than when they were talking in more general terms about social work. Once social workers had shown their utility in achieving the goals of the organization they were able to exert more power and influence over the cases they had been assigned:

> Now it is totally different than it was in the beginning with law students. They ask me very specific questions like…"Will you look at this for me and give me an assessment and let me know what it means?" or maybe, Can you investigate this for me and give me a synopsis?" Now they can ask me for something specific and now I can say, "I think we should look down this road" (Social Work Student F Interview)

Social work students validated law student reports of what they learned from social workers such as receiving important social science content as well as learning different ways to think about a client's behavior:

> As a social work student I understand the concept of person in environment. The law students were ready to judge the client, for example being frustrated and angry when a client would miss a meeting. I would assist the law students in exploring the reasons why a client may have

> missed a meeting and what to do about it (Social Work Student G Interview)
>
> They wanted me to contribute, it was like I needed to know the legal criteria for a case, or the standard, or what the law is, they really wanted to hear the research on bipolar disorder, the research, the symptoms, like they really wanted to have it. (Social Work Student H Interview)

*Performance Indicators*

The program has enormous amounts of raw data that could be utilized to collect information about student outcomes. The major issue is that there are not formalized criteria for the achievement of the interprofessional outcomes planned by faculty and articulated by students. Also there are not in place ways to collect and capture data that could be easily used for on-going program monitoring and outcome evaluation. This issue will be addressed in more detail in the final chapter when presenting recommendations for future evaluation.

## Sufficiency of Curriculum Resources

Both faculty and students reported overall satisfaction with the resources provided in the clinical program. Extended and weekend hours, being able to access the client data base from home and the low faculty to student ratio were all identified by students as examples of why they believed the clinic was well resourced.

The most problematic issue in terms of sufficiency of program resources was the small physical space of the clinical education program. A number of students (N=24) raised issues relating to space. All of the clinic faculty and the support staff identified space as a major concern. Students complained the clinic was often crowded, it was sometimes hard to get near a computer or a phone, there was a lack of private space for teams to meet, the space was frequently quite loud and some students reported that they

could not concentrate or work in the clinic. A number of students expressed frustration with broken printers and computers.

A central concern for several students was the level of noise in the clinic and the effect that this had on students' ability to concentrate on their work:

> The clinic was so loud there was no way to get anything done. It was a three-ring circus, full all the time. People are talking to each other because they are collaborating on cases but it just created a cafeteria hub-bub environment so I could not focus at all. I couldn't make phone calls there because I couldn't find a phone or when I did I couldn't hear the person on the other end. I spent as little time there as I could (Law Student V Interview)

This condition creates a significant impact on the curriculum's objective of developing a collaborative culture and having students spending significant time together discussing, processing and collaborating. Students tended to rely more on technology, conference calls and emails to communicate than in-person meeting. Data analysis reveals that electronic communication was effective when teams were well functioning and had developed the interpersonal relationship and trust needed for a cohesive team. Even when there was a good working relationship, teams needed some face-to-face contact, particularly during the integration phase of practice. Individual tasks and assignments could be shared and reported on electronically but the discussions necessary for professional integration seemed to need in-person discussion.

Teams that were struggling or having interpersonal issues had a tendency to avoid meeting or were unable to meet regularly because of one or more members' unavailability or schedule conflict. In general when teams had less frequent interpersonal communication faculty noted some impairment in team functioning and case integration.

Faculty identified time related to workload as an important resource and not having enough of it as a resource deficiency. This was related to the level of intensity and

complexity of the program and the high demands that faculty had for both themselves and their students:

> Time is always, feels like the biggest enemy. I think the fact that we have a one semester clinic given all the goals we have identified is insane. I mean it is amazing that we are able to do what we do despite that. When we have the high expectations the students do rise to it. The work the students have done this semester is unbelievable, the amount of writing, the amount of analysis, but it also means it's more intense for us, more reading, more feedback (Clinical Law Professor C Interview)

Clinical law faculty also identified needing another social work supervisor in order to increase the number of social work students so every student team could have a social work student assigned.

## Summary of Process Evaluation Findings

### *Student and Faculty Satisfaction with the Overall Curriculum*

Most students (91%) report being satisfied with curriculum and casework components and activities at the end of the clinic experience. Overall student and faculty satisfaction with curriculum components and activities increased over the three semesters time period during which this evaluation was conducted. Faculty attributed this finding to the clinic becoming smaller and the "small group feel" of the clinic supported a more collegial and integrated environment, faculty perception they were more in agreement on key objectives and were "less confusing", faculty feeling of greater satisfaction with the clinic syllabi and in their ability to make connections between seminar and casework more clear, faculty addressing the learning curve related to learning new areas of practice and relevant knowledge bases, the switch away from a focus on "who does what" to "what research in my field do I have to do to know what to do" and an increased

emphasis on writing (Clinical Faculty Interviews and Faculty Meeting Notes, 2004-2005).

With the exception of two students who expressed dissatisfaction with the overall curriculum, students with different preferred learning styles were able to find something in the array of clinic activities that was an effective learning opportunity and that allowed them to feel satisfied in general with the curriculum activities. It appears from the analysis of the data that the activities as a whole and in interaction created program outcomes rather than isolated components having specific outcomes achieved by all students.

Data collected from student interviews, student self-evaluations and faculty meeting notes suggest that feelings of satisfaction with program activities were variable and individualized: that there were certain periods of frustration, dissatisfaction, high anxiety, particularly in the beginning and indicate students' perception and experience of the curriculum is dynamic and changes over time.

Because of context factors relating to the kinds of cases and matters the clinic took on, the level of complexity of client issues, issues in client engagement, the adherence to non-directive supervision or "the clinical method" and the level of complexity of curriculum objectives, law students were sometimes able not to resolve a case within the time frame of one semester. Students who participated in the clinic for one year, all social work students and some returning law students, reported higher levels of satisfaction with the curriculum particularly because they could achieve a concrete outcome for their clients within that time frame and had more opportunities to put their learning into practice.

*Levels of Faculty and Student Agreement on the Goals of the Curriculum*

There were high levels of agreement between faculty and students on the "dual" mission of the curriculum: educating professional students to practice and learn from each other and practicing collaboratively with clients to give a more integrated service. There were high levels of agreement between the goals identified by students and those in curriculum materials such as the clinic syllabi and those identified for students and clients by faculty in the planned curriculum represented in the Preliminary Logic Model. However faculty and students disagreed on who should be the primary focus and target of the curriculum during implementation. Students believed that more attention was paid to their learning needs sometimes at the expense of the clients.

## Clinical Education Components

*Recruitment*

Recruitment strategies for law students are minimal and do not result in effective recruitment. Materials describing the clinic do not seem to be targeted for the kind of law student who may be interested in this clinic based on reports of student motivation to enroll in clinic by law students. Recruitment for social work students has been improving and this is related to the institutionalization of a social work and the law specialty and a placement coordinator who does outreach and recruitment. Lack of faculty involvement and failure to provide qualified supervision results in unsuccessful recruitment of psychology students (no student recruited since 2004).

*Case Assignment*

There are no formal intake criteria for clinic cases. Cases are screened by law and social work professors for potential interprofessional issues. A small minority of cases do

not present with social work issues but faculty are generally successful in capturing cases that show the complexity, interprofessional nature and multiple system involvement of clients. Not all law students (13%) were assigned to work with social workers and although they reported exposure in other activities that gave them an understanding of social work, still expressed a desire to have a social worker on their team. Cases also achieved the curriculum goal of giving students a realistic rather than idealistic view of client systems.

*Orientation*

A majority (75%) of students reported dissatisfaction with the curriculum orientation, although there was achievement of some orientation outcomes identified in the model of the planned curriculum: students will understand expectations for seminar and casework, students will be oriented to program technology and students will learn how to conduct an interprofessional interview. Based on student responses the other goals identified by faculty for the orientation period in the planned curriculum cannot be realistically achieved during a three week orientation period.

*Seminar*

All students reported participating in and identified each of the seminar activities in the intended curriculum: readings, written assignments, class discussion, simulations and co-teaching. Over the time period covered by this evaluation, students report higher levels of satisfaction with clinic seminar, particularly with the use of simulations. Overall students (85%) are most satisfied with the "trilogy classes" that combine issue identification, application of a professional standard to analysis and practicing a skill related to communicating with a client. Students report seminar to be most satisfying

when it includes reading materials, written assignments and simulations that can be directly applied to casework.

*Supervision*

Law students report high levels of dissatisfaction (83%) related to non-directive supervision. Social work students and law students remaining for one year report being more satisfied with non-directive supervision. Students were more satisfied (86%) with group supervision but also reported times when individual and individual team supervision would better meet their needs. Students felt very positively towards individual supervisors despite their frustrations with the method of non-directive supervision.

*Evaluation*

There are considerable sources in place that provides evidence of performance for all curriculum and practice components. Most components have established criteria for successful performance. There are however very few established methods of systematically collecting data that would allow on-going program monitoring. Both students and faculty report that the use of grades as a performance indicator for practice for law students was found to be an unsatisfactory measure of performance.

## Casework Practice Components

Process evaluation finding were able to more fully illuminate the practice experience for students experienced during Casework. Students report consistent processes they engaged in with fellow students and professionals and reported the performance of both profession specific and shared practice activities. Process components include: Identifying the Problem and Assessment; Analysis and Professional

Integration; Client-centered Education, Counseling and Decision-making; Collaborative Advocacy and Intervention and Transition. Students reported that practicing the activities they identified, both shared and profession specific, resulted in the development of increased level of confidence in the performance of skills related to each practice component. Students consistently reported having a client-centered approach to their practice and the qualitative data suggest that placing the client goal at the forefront of the work may serve to facilitate collaboration as it acted as a common and unifying vision for the work and minimized interprofessional competition. Another integrating concept that provided structure for collaboration was "theory of the case" or a code for applying professional research and knowledge to the particular facts of each unique client situation.

When students' opinions and professional roles began to be informed by research, writing, team discussions and analysis they report feeling more confident about talking to and presenting their ideas to the client and other professionals and could better appreciate the value of what the other profession had to contribute.

Students report some difficulty with role blurring in the early phase of team process but are able to move beyond it when they focus first on research and analysis of the problem and then allow tasks and roles to flow more organically from the individual needs of the client and the use of professional knowledge. There is an identifiable process of problem-focused interprofessional practice with specific activities for each component reported by students that are both profession specific and shared.

## Levels of Integration: Education and Casework Activities

Although all students participated in each of the curriculum and practice components and activities, they had different rankings for those that were most effective in achieving outcomes for themselves and varying levels of satisfaction with each component and individual activity. This finding suggests that although there is stability in regard to the implementation of curriculum and practice components and activities, individual students had different experiences of learning while participating within curriculum and practice components and activities. Students also reported that at times educational and supervision activities were "out of sync" with what was happening in their cases.

A very important finding from this process evaluation was the extent and degree that students evaluated curriculum activities from the perspective of whether or not the activity assisted them in their practice with clients. Unlike faculty, who were far more concerned with providing professional socialization and general professional skills and competencies, students were much more focused on the client and receiving information that could directly assist them in helping the client. Even when student's received high praise for a legal brief or social work assessment, this was not valued as much as the experience of obtaining a concrete benefit for their client. This thinking also applied to how student assessed the significance of information given to them by the other professional.

## Student Outcomes

The majority of students participating in this study (94%) stated that they had increased confidence in their interactions with clients, colleagues, other professionals and

in their ability to practice their own profession and work collaboratively with others. Both groups of professional students report increasing their communication skills, developing profession specific skills and becoming more self-reflective and critical thinkers.

Social work students report learning to become more focused and problem solving from their interaction with law students and law students report becoming more process oriented and seeing "the bigger picture". Both groups however report the benefit of incorporating some of the skills and knowledge of the other profession into their own professional repertoire. In the final analysis students from both professional groups report having more of a balance between being goal oriented and problem-focused and process focused and having a more complex understanding of client problems.

Social Work students particularly report that in the process of working with others they learned more about their own profession and how to articulate the knowledge base of social work to others. Students from both professional groups report having a clearer understanding of what the other profession did and an increased knowledge of when to refer a client to the other professional. Students also learned how working with another professional could assist their own professional objectives. Both groups also report learning valuable content about the law and social science from each other.

## Curriculum Resources

The clinic is generally well resourced except in four specific areas: student space is reported to be over-crowed and too noisy, student computers and printers are unreliable, the experience is time intensive for students and faculty and the need for more social work students that would require additional non-law supervisory resources.

# Chapter 7

## Analysis of Findings and Comparison to the Literature Review of Interprofessional Education

The overarching goal of interprofessional education is to improve the level of collaboration between various professional groups in the service of improved client outcomes by intervening at the level of professional education (Barr et al., 2005). There is evidence that effective collaboration does improve client outcomes in some populations (Schmidtt, 2001; Zwarenstein, Reeves and Perrier, 2005). There remains little evidence however to show that interprofessional education is effective in promoting collaboration that will eventually result in improved client outcomes. Researchers in the field suggest that interprofessional education that improves client practice cannot be developed by conducting interprofessional education and practice evaluation research separately and advocate the development and use of theoretical models that focus on the interdependence of education and practice (D'Amour & Oandasan, 2005).

### Interdependent Model of Education and Practice

As indicated in Chapter 1, one of the goals of this evaluation study was to respond to this gap in the literature by developing a logic model of the curriculum planned for and implemented in the *Family Advocacy Clinic*. The model developed as a result of the evaluation study can be found in Table 5 *Final Logic Model of the Interprofessional Education and Client-centered Casework Curriculum* p. 156. The model describes education and practice or casework as two separate yet connected aspects of the curriculum each having its own intervention theories, components and activities as well as identifies factors from the education and practice context that influenced the

intervention. These findings indicate that faculty had in fact developed an implicit, interdependent theory of education and practice.

One possible explanation as to how faculty was able to develop an interdependent model of education and practice is the setting of the intervention. Situating the intervention in a clinical education setting that had both a classroom (seminar) component and a practice (casework) component created a situation where faculty had to address and theorize education and practice concerns simultaneously. This finding supports recommendations found in the literature that clinical education settings are ideal settings for the implementation of interprofessional education and as sites that offer the most potential for interprofessional education to effect student outcomes that result in improved service for clients (Berg-Wagner & Schneider, 1998; Hilton & Morris, 2001: Remington et al., 2006).

At this time this author has not come across any studies that incorporates logic modeling or the theoretical framework proposed by researchers and therefore this study extends the evaluation literature that calls for such a model (Barr et al., 2005; D'Amour & Oandasan, 2005; Oandasan & Reeves, 2005; Remington et al., 2006). In the following discussion the model that was developed as a result of this study will be compared to the available literature evaluating interprofessional education and practice and discussed at length in Chapter 8 as a way of assessing the logic and plausibility of the model.

## Purpose and Goals of the Model

The literature lays out three goals for effective interprofessional education: preparing individuals with the knowledge, skills and attitudes for collaborative practice, learning how to collaborate as a member of a team or group and participating in

collective action to effect change and improve the quality of service for the client (Barr et al., 2005). College based programs most frequently showed outcomes related to the purpose of individual preparation and outcomes related to improved collaboration and improving the quality of care was more frequently evidenced in practice-based programs.

### *"The Family Advocacy Clinic Is Educating Students In Interdisciplinary Practice and Serving Clients": The Interdependence of Education and Practice*

Almost half the studies in the systematic review of the literature by Freeth et al. (2002) and reported in Barr et al. (2005), reported a focus on the goal of individual preparation only with the other half reporting the goal of improved service only, suggesting the separation of education from practice both conceptually and in evaluation research design. Even more striking is that only 12% of the studies focused on cultivating group or team collaboration suggesting that the place of team collaboration in an interdependent model of education and practice has not yet been fully theorized (Barr et al., 2005). Many studies did not identify a goal for the educational intervention.

Findings in Chapter 4 and Chapter 5 that identify and describe the purpose and goals of the curriculum, indicate the presence of all three goals of effective interprofessional education: to teach students from different professions to collaborate more effectively as equal teams in order to provide a more holistic and client-centered service for clients. Findings from Chapter 6 that describe the outcomes of the process evaluation indicate that faculty was able to effectively communicate this vision to the students. The majority of students participating in the curriculum identified the dual mission and goals of the curriculum and reported the achievement of student and client-related objectives and outcomes related to all three goals. As a result of the process

evaluation there was a more fully illuminated understanding of the casework activities of the curriculum, including the process of working in teams and groups.

*"It's A Real Dynamic Kind of Process": The Importance of Learning to Collaborate in a Team or Group*

As mentioned above very few studies reviewed include as a purpose or goal learning to collaborate within a team or group. Barr et al. (2005) suggest that all three of the goals are interconnected and mutually reinforcing and the absence of interprofessional curricula that focuses on team and group collaboration presents a serious gap in the literature. This study contributes to the literature in that process evaluation findings show that faculty had developed theories about the significance, purpose and function of "interprofessional teams" and had developed a number of activities, policies and tools designed to facilitate collaboration within a team or group structure.

Findings related to the history of the curriculum and described in Chapter 4 illustrate that curriculum developers viewed "equal teams" as the vehicles that would "harness the power and knowledge of both professions". It was the product of that collaboration that would result in improved client outcomes through the generation of greater knowledge about the problem to be solved and thus the generation of more possible options for problem solution. Findings from Chapter 4 and Chapter 5 describe the faculty view that the interprofessional team is the "core of the model" and is the structure that provides the opportunity to interact, debate and understand various knowledge bases with the goal of creating a greater understanding of the client problem. Later in the implementation history of the clinic, the interprofessional seminar and group

supervision would also became the structures through which students would learn the knowledge, skills and attitudes required to effectively work in teams and groups.

This understanding of the role of the group or team as the place where knowledge is shared, tested, integrated and applied to practice is the link between interprofessional education and interprofessional practice. Faculty who developed this curriculum saw collaboration as both a process and a product and therefore attention had to extend to the process of collaborating as well. This conceptualization is supported by findings in the literature suggesting that without structures and processes that allows students to go beyond just sharing, there will be no increase in knowledge, skills or attitudes necessary for effective collaboration (Fowler et al., 2000; Reynolds, 2003).

The vision of "equal team" had four important components: both professions had joint responsibility for client outcomes; both professions were equally important for a positive outcome to occur; the team was student, not faculty directed and the team was required to reflect together on both their own interactions and those that occurred with the client verbally and in writing. This curriculum offered students additional tools and structures that were reported by students to guide and support effective team and group interaction such as: requiring written memos that summarized research findings; sharing written findings; having to collaboratively develop supervision agendas, work plans and other work products and requiring team meetings prior to supervision. Seminar activities included working in teams to complete assignments and simulations and having large group discussions. Student narratives described in Chapter 6 indicate the importance of having mandatory structures that require collaboration with others, particularly during the beginning of the placement.

Other studies and reviews of the determinants of successful collaboration, advocate the use of structured role protocols to facilitate team and group collaboration (Claiborne & Lawson, 2005; Lawson 2004; San Martin-Rodriquez et al., 2005), Findings that emerged during the review of the implementation history of the clinic presented in Chapter 4 found that students were resistive to a structured protocol and report a preference for more flexible guidelines for team interaction that allowed them to be more creative, collaborative and client-centered and flexible (e.g. allowed me to play different roles on different teams). The developmental psychology student describes the team process: ”it’s not static like role, it’s what you bring to the situation”.

A number of student reported outcomes described in Chapter 6 that were directly related by students to learning that occurred while working in a team or group. These reports are summarized and include: learning how to talk to another professional, ability to see different perspectives, better understanding of my professional role and how to play different roles on different teams, brainstorming, predicting and preparing to address obstacles in practice, learned how to ask for help and guidance from peers, improved communication and organization skills, ability to articulate my knowledge to another and allowed me to be more creative and problem-solving.

During the period of this evaluation not all law students were assigned a case with a social worker, primarily because there were not enough social work students to be placed on every case. A total of five law students did not work on a team with a social work student. Although, because of the curriculum activities of group supervision and seminar, these law students were exposed to social work students and social science knowledge, they still report feeling they would have benefited by having social workers

on their cases and team. Law Student S explains: “my only complaint is not having the opportunity to work with a social worker. I would have appreciated a social worker on that case from the start because it was the interdisciplinary input that was crucial” validating the important learning that can occur within a team.

This study found that having a vision and structure for team and group collaboration was equally, if not more important for faculty participants. Findings describing the implementation history of the clinic and presented in Chapter 4, indicate that it was not until faculty created such structures for themselves that they were able to develop shared concepts and understandings, have the ability to both acknowledge and address power and status difference, address conflict and to develop a common conceptual framework about their education and practice. The significance of this findings is that poor modeling by faculty of interprofessional interactions, unidentified and unresolved power and status differentials and different professional “world views” has found to be related to negative student outcomes in some interprofessional education initiatives (Aiken, Prue & Hasizi, 1999; D’Amour & Oandasan, 2005; Freeth & Reeves, 2004 and Oandasan & Reeves, 2005).

*“The Clinic is Less Client-Centered Than Student Centered”: Compatibility of Aims and Objectives*

This study also found however, that having a curriculum with a dual focus on education with the student as target, and practice with the client as the target poses a challenge for facilitators and created a significant amount of tension for students. All but one of the faculty members participating in this study report being more focused on the educational aspects of the initiative and less so on client practice. Students believed this had a negative effect on the client experience and therefore must be acknowledged,

addressed and managed by faculty in a model that strives for educational outcomes that result in improved client outcomes. Students also reported dissatisfaction when faculty was too involved in client practice.

The need to maintain a balanced focus on both the student and the client outcomes was a significant challenge for faculty/supervisors that they were not always aware of and that has not been identified in the literature as a concern. With the strong advocacy for interdependent models of interprofessional education and practice that currently exists in the literature, how to best identify and manage this tension on the part of faculty warrants further exploration and study.

## Educational Content

Similar to other studies described in the systematic reviews of the literature the goals of the program were reflected in the educational content of the curriculum (Barr et al., 2005). Findings from the document review of clinic syllabi described in Chapter 5 reveal the presence of both comparative and common content. Comparative content includes readings and materials specific to each of the professions. The syllabi included regulations and statutes relevant to the client systems and law review articles as well as social science and psychology peer reviewed journal articles reporting research relevant to particular client problems allowing for a more comprehensive view of the client problem.

### *" Social workers Get Exposed to Statutes and We Get Exposed to Social Science": The Importance of Common and Comparative Content*

Common content includes content that can be used by all professions and in this curriculum, included readings and materials about teamwork, tools for effective collaboration (e.g. brainstorming and conflict resolution skills, overviews of client

systems and social policies, and readings from cognitive psychology giving students tools for critical thinking and the identification of potential bias in their professional decision-making and in their attitudes towards their own and other professions. This content reflects the goals of learning to collaborate as a team or group and individual preparation.

Student responses to seminar activities described in Chapter 6 indicate that they viewed the common and comparative content as being balanced and reported favorable reactions to the activity of reading the others literature. Student narratives presented in Chapter 6 describing the implementation of seminar activities report transferring knowledge learned from the literature of the other profession into their understanding of the client problem and into their professional practice. Importantly the findings also reveal that the inclusion of comparative content in the syllabus supported the student perception that law and social work seen by faculty as "equally valuable professions".

## Teaching and Learning Approaches

Almost 50% of the studies reviewed during the systematic review of the literature by Freeth et al., (2002) and Barr et al., (2005), report a single approach to learning. The remaining studies report 2-3 approaches with a small percentage reporting 4. Other researchers however, advocate for the use of a range of approaches and methods (Oandasan & Reeves, 2005).

### *"If We Set Up A Structure to Allow Students to Engage In Analysis of Law and Social Work and Ideas About How To Approach Cases; They Do It": Learning and Teaching Activities*

Chapter 5 describes a wide range of teaching and learning methods planned for use by faculty in this curriculum. Approaches to learning identified by both faculty and students include: case study, interprofessional team teaching, role play, simulation-based

learning, joint home visits, joint research or problem based learning, exchange-based (group discussions), small group learning and received learning, or readings. These approaches are found in descriptions of other interprofessional education programs reporting favorable outcomes (Annandale, McCann, Natrass, Regen De Bere, Williams & Evans, 2000; Barr, 2000; Barr et al., 2005; Crow & Smith, 2003; Fowler, Hannigan & Northway, 2000; Freeth et al., 2002; Oandasan & Reeves, 2004; Reynolds, 2003).

Chapter 6 describes student reports of participating in each of these activities, suggesting successful implementation of the planned curriculum. In addition these activities reflected the key characteristics of effective interprofessional education methods that are described in the literature: collaborative, egalitarian, group directed, experiential, reflective and applied (Barr et al., 2005). The majority of the curriculum activities, with the exception of self-evaluations, independent research and writing assignments and occasions of individual supervision, were collaborative.

For seminar these activities included the analysis of cases and problem-based exercises, simulations, class discussions and some written assignments. Casework was carried out in teams with all participants assuming responsibility for solving the client problems, all research was shared and discussed and cases were reviewed during group supervision and was attended by both law and social work students suggesting the egalitarian and collaborative stance of the curriculum. Student teamwork, group supervision and non-directive supervision by faculty of casework are indicative of the group and student led nature of the learning as well as a less hierarchical relationship between faculty and students. Team meetings, group supervision, exercises during seminar that identify assumptions and bias and written student self-evaluations are

indicative of the reflective and applied nature of the curriculum as these are opportunities to continuously reflect on and learn from experience.

During this evaluation, when students identified changes in knowledge, skills and attitudes, they were asked to identify the curriculum activities that they believed created these outcomes. Findings related to this question and described in Chapter 6 indicate that even when reporting the same outcome, such as being self-reflective in practice, students reported more than one curriculum activity as being responsible for the learning. Students also identified different curriculum activities than did other peers reporting the same outcome These findings confirms the idea set out in the literature that students have different learning styles and needs (Freeth & Reeves, 2003). Employing a wide range of teaching and learning methods allowed faculty to meet the preferences and needs of a wide range and majority (91%) of students who report satisfaction with the curriculum.

## Theoretical Approach

It was unusual for any of the 107 studies in the Freeth et al. (2002) review to refer directly to a particular theoretical framework for interprofessional education. Only 24 studies cited a specific theory that underpinned development of the curriculum and many of these were under the general framework of adult learning theories. Process evaluation findings reported in Chapters 4 & 5 are consistent with this finding in that theoretical frameworks about learning were most often implicit or not specifically tied to a formal theory.

Theories that were frequently used in clinical legal education that were based on adult learning theories focusing on development of the “reflective practitioner” and student directed learning as evidenced by non-directive supervision, were assimilated into

the curriculum. The clinic handbook provides evidence of a focus on reflection: activities are geared "to help you explore your work with clients in a focused, critical and reflective way", and "to enrich your understanding of the relationship between the practice of other disciplines and your own professional practice" and describes the process of student-led learning.

### *"Educating Professionals Who Challenge Assumptions, Analyze Problems and Are Creative About Solutions": Theory of the "Critically Reflective Practitioner"*

However, the unique contribution that this faculty made to theoretical development was to extend the idea of "reflective practitioner" to include the application of the tools of critical thinking and reflection to not just professional practice with an individual client but towards interactions and experiences with their own profession, other professions and towards client systems of helping. This theoretical approach provided a common conceptual link and framework that could inform all three goals of effective interprofessional education: individual preparation, collaborating in teams and groups and improved client service.

Critical thinking is an approach to practice that begins with the understanding that all individuals have predispositions and cognitive schema based on their own experience and identities through which they filter and interpret experience. As professionals these schema can impact and influence professional decision-making (Hall, 2005; D'amour et al., 2005). A critically reflective approach to practice was presented to students in "trilogy classes" during seminar and during group supervision and was adopted by students in their casework. This approach begins by surfacing, without judgment, ones associations and assumptions about an issue, a client, another profession or professional or ones own profession. Students must then identify where their knowledge comes from

promoting transparency about what one knows and how they know it and knowledge is challenged in this way.

*"It's a More Wholesome Approach to Dealing with Clients": Practice Theory*

The theory embraced by faculty in regard to practice with clients was that the kinds of problems presented in this arena by families were co-occurring and nested in each other in such a way that one problem can't be solved without solving the others. These problems were not amenable to being solved in a linear way. Social Work Student H explains: "I guess you might start off with one thing and after meeting you realize what the real issues are…it can start with one…turn into another… and you are dealing with different issues all at one time."

One of the outcomes of the process of participating in a process evaluation was that faculty began to articulate a theoretical approach that was tied to more formal theories identified in the literature such as "ecological" approach to practice and "critically reflective practitioner".

## Outcomes of the Model

Unlike the systematic reviews where there were reported to be a predominance of positive findings across all six outcome categories (Barr et al., 2005; Freeth et al., 2002), students and faculty participating in this study reported positive, negative and mixed outcomes across the outcome categories. The typology of outcomes developed by scholars who conducted systematic reviews of the evaluation literature was described in Chapter 2 and will be used as a framework to discuss the outcomes of model as well as possible explanations for those outcomes.

*Level 1: Learner Reaction to the Intervention: "I Really Enjoyed the Client Contact and Caring about the Case"*

At Level 1 or learner reaction to the experience, a majority of students report being satisfied with the overall curriculum. The majority of students also report enjoying the interprofessional interaction and many of the interprofessional activities such as simulations, interprofessional class discussions, working in teams and group supervision. Law Students particularly report enjoying client contact and social work students report especially enjoying the level of autonomy and independence they were given for the case.

Law students report being dissatisfied with not being able to achieve a tangible outcome for the client and non-directive supervision. A majority of both student groups report being dissatisfied with the orientation activities. Students reported higher levels of dissatisfaction with the curriculum when they perceived seminar and casework as being "out of sync", indicating the interdependent nature of education and practice. Two students, one from each profession, report an overall negative outcome in that after curriculum participation both preferred to work alone.

There were a number of conditions reported in the literature found to have had an impact on student learning. Findings described in Chapter 4 related to the implementation history of the clinic and in Chapter 6 reporting on curriculum implementation validate the findings in this literature and highlight the importance of faculty paying attention to these conditions when planning and designing effective interprofessional education.

These conditions were found to include: students' prior learning experiences and beliefs about learning, group size, group stability, duration, the role and attitude of faculty towards teaching and practice, the willingness of faculty to identify, understand and address power and hierarchy connected to everyday practice, the

educational/institutional context and supportive conditions for faculty development. Faculty attitudes towards professional socialization can enable or impede students' opportunities to gain collaborative competencies learning (Barr et al., 2005; D'Amour et al., 2005; D'Amour & Oandasan, 2005; Freeth & Reeves, 2005; Hall, 2005; Steinert, 2005; Oandasan & Reeves, 2005; Torkington et al., 2003).

The duration of the experience for law students enrolled for one semester, played a crucial role in feelings of dissatisfaction. Both law and social work students report having higher levels of satisfaction with the experience, after participating in the curriculum for one year. This issue will be addressed at greater length in the following chapter that lays out recommendations for curriculum change. Duration was also related to social work students reporting some feelings of dissatisfaction during second semester related to "starting over" with new law students, supporting findings in the literature that stable group membership is more favorable to interprofessional education (Oandasan & Reeves, 2005). As already reported in the earlier discussion of team process, group composition related to professional mix, was related to student satisfaction. Some students also reported feeling more satisfied with two person teams and preferred seminar and group supervision to have 8-10 students.

Prior learning experiences figured heavily into the high levels of reported dissatisfaction with orientation activities. Findings from this study support those reported by Taylor (2006) that found significant differences between how social work students and law students were educated and hypothesized that these differences could impact collaboration between the professions. The following narrative by Law Student R summarizes the key differences: "I guess I didn't really know about the different way that

social work students learn. Everything is discussed, a lot of work is done in groups, they do projects…at first I didn't realize how enmeshed I was in law school and how that is more about getting things done, and checking things off my list to progress. The difference was frustrating in the beginning".

Law and social work students report that prior experiences in field placements and in externships contributed to their expectations about how they would be supervised by faculty. Law students attributed some of the feelings of dissatisfaction with non-directive supervision as directly related to supervisory experiences where students "were shown what to do, told what to do". Prior experiences in profession-specific classrooms that students believed did not adequately prepare them for the setting also contributed to feelings of anxiety and dissatisfaction in the beginning of the experience. These feeling dissipated over time as students became more confident and acclimated to the setting.

Student motivation to participate in interprofessional education and expectations for the experience has been identified as impacting interprofessional education (Freeth & Reeves, 2004; Oandasan & Reeves, 2005). For all of the students in this study the work with clients was the most salient factor in regard to motivation. Since law students' primary motivation for taking the clinic was "to do something useful for clients" one can understand why there might be the presence of negative findings if they were not able to achieve that goal.

*Level 2a: Modifications in Perceptions and Attitudes: "Law and Social Work Are Important and Equally Valuable Professions"*

Changes in attitudes or perceptions towards another profession, towards interprofessional collaboration and about teamwork were reported in 30% of the studies (N=32) included in the systematic reviews of the literature (Barr et. al., 2005; Freeth et

al., 2002). There were no studies reporting completely negative outcomes but 11 studies reported mixed or neutral outcomes, or no change at all. Students participating in this study reported positive changes in attitude and perceptions towards their own profession, the other profession, the client and the client system. Overall students report the development of trust towards the other profession, increased understanding and respect for the client and a valuing of teamwork and interprofessional collaboration. These findings differ from some research findings in this area that found the persistence of stereotypes and status differences despite the intervention (Barnes, Carpenter & Dickinson, 2000). In this study, 2 students in the sample (N=32) report having a negative attitude towards collaboration after participating in the curriculum.

The existing literature focuses primarily on perceptions and stereotypes related to the other profession (Barr et al., 2005). This study extends those findings in that students in this study report having a number of different stereotypes and expectations that could potentially impact the goal of collaborative, client-centered practice for improved service that were not limited just to the other profession. These include stereotypes and preconceived ideas about their own profession, the client and the client helping systems.

Interestingly, some students in this study appear to have internalized negative perceptions and attitudes towards their own profession that were identified and changed during participation in the curriculum. Examples of this are the following statement by Law Student V: “In the first year of law school it’s all about who is going to stand on everyone else’s back to be on top. In the clinic you felt a lot of trust towards your colleagues”. Social work students report having been told or believing that social work students were “not as smart as law students”. The following statement by Social Work

Student H reflects both an internalized negative view of the profession and the change that occurred after participating in the curriculum: “I have a lot more respect for my own profession and earned that research does support the profession and so when someone speaks as a social worker, it’s not just like ‘oh they just are a caseworker”.

Internalized negative perceptions about and negative experiences with one’s own profession may explain the findings in Chapter 6 that when conflict or tension was reported, it was more frequently reported to occur between law students. Expectations of and feelings related to competition and grades among some law students were reported to effect team collaboration in that they impacted the ability of law students to seek help from the law professor when they were struggling with working with another law student, seek help from other law students and influenced the delegation of team tasks. Socialization experiences during the first year of law school as suggested by Law Student V, offers a possible explanation for this finding.

Student narratives described in Chapter 6 presenting student outcomes reveal that students from both professions report having stereotypes and preconceived ideas about the other profession prior to participating in this curriculum. The kinds of attitudes and stereotypes reported by law and social work towards each other’s profession were found to be consistent with prior research that examined the influence of attitudes and perceptions on interprofessional conflict between lawyers and social workers (Fogelson, 1970; Sloane, 1967; Weil, 1982). Law students report coming into the experience believing social workers: “ have a fix-it mentality”, “would care more about what the client felt rather than what they needed” and “working with social workers would be distracting”. After participating in the curriculum law students report knowing much

more about what social work skills and knowledge were and reported the belief that "social workers were essential to understanding the issues".

Social work students report having the belief that lawyers were smarter than social workers and would know exactly what to do when coming into the clinic, that lawyers were ruthless and driven to win and that they would not care about the client, only their own self-interest. Reported changes in these perceptions after curriculum participation include: believing that law students did indeed care for the client and were committed to achieving client goals, Understanding that law students did not have much knowledge or experience with actual practice and "were just students too" and that law students were able to value the knowledge and skills of social work.

Both law and social work students report experiences of initially distrusting client's motivations, particularly around accessing money, making negative judgments about behaviors such as showing up for appointments late or not at all and putting more faith in the reports of other professionals rather than the client. As reported in Chapter 6, many of these judgments were related to student's inexperience with how the client helping systems actually functioned in practice and therefore not understanding "why can't they just go and do it". Although social work students had prior experiences with the inefficiency of client systems they still reported making personal judgments about individual client behavior and motivation.

After being exposed to the actual workings of client systems, as one student suggests: "a hellatious bureaucratic nightmare" where no one does what they say they will, students report feelings of greater empathy and understanding towards their clients.

Law students report that information provided by social workers, such as an understanding of common defense mechanisms, helped them to see that client behavior was not “a flaw in that person’s character”. Social work students report that understanding what the law actually says and discovering how other professionals were not discharging their obligations under the law, assisted them in having a greater understanding of client motivation and client feelings of anger and injustice.

Findings described in Chapter 6 that illuminate the casework and team process experienced by students in this study suggest that the development of interpersonal trust towards colleagues from the same and other professions was related to three factors: a perceived competence and mutual respect of the other profession, a joint commitment to achieving the client goal and reliability or “doing what you say you will”. Competence in this study was related to the ability of each profession to have knowledge or skills that could increase the possibility of achieving client outcomes.

Social work student’s perception of law student competence was enhanced when law students demonstrated the ability to have a greater understanding of the complexity of client issues resulting in increased empathy for the client (e.g. when they have psycho-social minds too). Perceptions of the competence of law students by social work students, was enhanced when law students successfully challenged and negotiated client systems (e.g. just got the job done) and evidenced behavior that suggested they cared about the client. Law students’ perception of the competence of social work students occurred when social work students demonstrated the ability to: identify and offer knowledge that helped achieve the legal outcomes of the case, an ability to put the client goals before their own and when they assisted law students in effectively managing the client. These

findings offer some insight into what processes or experiences may result in the necessary conditions for change.

This finding validates other research studies reporting the finding that mere exposure to other professionals, clients and client systems is not enough to change perceptions and attitudes and that there must be pre-existing conditions in order for change in attitudes and perceptions to occur. Conditions supportive to changing interprofessional attitudes and perceptions identified in the literature mirror those reported by students in this study: successful joint working, shared goals, an equal status manifested by perceived competence of the other profession, supportive organizational structures and a focus on understanding differences a well as similarities.

Another condition that has been identified as being necessary to achieve change in perceptions and attitudes is having the ability to perceive other participants as 'typical' of the profession they represent (Dickinson, 2003). Findings from this study challenge this idea in that students in this study did not typify or generalize their experiences and saw problems in collaboration as related to individual characteristics such as poor work ethic or unavailability rather than an attribute or aspect of a certain profession. Although students in this study report having had some negative experiences on individual teams with members of their own profession, other professionals and clients, they did not generalize their negative experiences.

One possible explanation for this finding is that the structures of interprofessional seminar and group supervision provided students multiple opportunities to interact with members of their own profession and the other profession beyond their interprofessional team. The continuous application of critical thinking and reflecting on interactions with

the client and others may have also contributed. Another explanation may be that law and social work students report the belief that the curriculum presented the two professions as equally valuable and that they accepted the inherent value of the professions.

These findings suggest that a perception of the equal value of a professions ability to contribute to the solution of a client problem, rather than a perception of the equal status of a profession can be a precondition for changes in attitude and perceptions to occur. It also suggest the importance of not viewing professions as homogenous entities but rather as groups that may have internal differences in perspectives, different levels of competence of its members and different priorities about professional values. These explanations support findings from the literature that a respect for and appreciation of difference make it more likely for favorable attitude change to occur (Dickinson, 2003).

*Level 2b: Acquiring Knowledge and Skills Linked to Interprofessional Collaboration: "There Was Something For Us To Know and Something For Us To Contribute"*

Among studies reviewed for the systematic review conducted by Freeth et al., 2002), 38% reported changes in knowledge and skills thought to be important for effective collaboration. Changes were identified as an increased understanding of the roles and responsibilities of other professions and the development of teamwork skills. Findings from Chapter 6 reveal that students identify and report having practiced and achieved a wide range of knowledge and skills beyond the two most frequently reported competencies in the evaluation literature.

Competency standards are codified sets of competencies that relate to an individual profession or area of practice (Braithwaite et al., 2005). Competencies have been defined as knowledge, skills and attitudes that learners must acquire to perform within each domain at a pre-determined level. Both the legal and social work professions

have adopted a discipline-specific, competency-based approach to professional education (Council on Social Work Education; American Bar Association). Therefore it is useful to think of interprofessional education in terms of competencies as well (Barr, 2002).

As presented in the review of the literature discussed in Chapter 2, Barr (2002) distinguishes between three categories of competencies relevant to interprofessional education: common, complementary and collaborative. Common competencies are those found to be common to all participating professions. Complementary competencies are those that distinguish one profession from another and collaborative competencies are those necessary to work effectively with others. The findings related to the curriculum implementation presented in Chapter 6, suggests that students achieved competencies in all three categories.

There were a number of common competencies that all students regardless of profession report. The first includes having the ability to apply research from their professional knowledge base to practice. Law students report learning how: to "dissect a statute" in such a way that it can be explained and used practically in practice. Social work students report the use of theories (e.g. life model) and evidence from research to inform assessments and interventions. The concept that is used to represent this competency is called "theory of the case". This common conceptual understanding is the idea that professionals should use some "evidence" from their professional knowledge base to inform practice.

A majority of students from both professional groups also report the development of critical thinking and self-reflective skills during their participation in this curriculum. All students report feeling more knowledgeable about, and more competent in the

practice of their own profession, even the two students who report preferring to work alone. Finally students report high levels of agreement with the idea that client goals should drive the process and this concept is identified as being “client-centered”. These competencies were discussed and demonstrated in both seminar and in casework and in this study served as powerful tools for the integration of student learning and group cohesion.

The literature does not pay much attention to the idea of common competencies and focused primarily on describing collaborative competencies. Findings from this research suggest that it is equally important and valuable for faculty to theorize and attend to common competencies because it is here that there can be the development and teaching of common language and concepts. The presence of common conceptual understandings has been found in the literature to be a key determinant of effective collaboration (Claiborne & Lawson, 2005; Lawson, 2004; San Martin-Rodriquez, 2005).

Student narratives and analysis of written products described in Chapter 6 show that students participating in this curriculum identified a number of complementary, unique competencies for each professional group. Significantly, students in this study went beyond just identifying differences in competencies but adapted those differences for use in their profession-specific practice. Student narratives provide evidence of the incorporation of knowledge and skills learned through working with and observing another profession into profession-specific practice ultimately serving to increase their feelings of confidence and satisfaction in the practice of their own profession.

Throughout Chapter 6 as students are describing their experience working together there are indications that students learned knowledge and skills from each other

that increased the scope of what they saw with clients and how they came to understand problems and how to solve them. This finding also set up a condition that facilitated students' ability to contribute to the knowledge and development of another profession, a competency necessary for the outcome of improved service to clients to occur (Barr et al., Oandasan & Reeves, 2005). Specific findings for each professional group are summarized below.

Law students report incorporating knowledge and skills they learned from social workers. This knowledge and these skills are described in Chapter 6 at greater length and can be summarized as: the ability to see "the larger picture" and the complexity of client issues, the ability to become more spontaneous and comfortable with emotions during client contact, having a more complex understanding of client behaviors resulting in greater empathy towards the client, a greater understanding of how emotions and behaviors could effect the legal decision-making process and social science content that assisted them in better understanding the issues clients faced.

Social work students report incorporating knowledge and skills they learned from working with and observing law students into their own practice. This knowledge and these skills described in Chapter 6 and summarized here include: increased problem-solving skills, a greater ability to prioritize client problems, the use of research to better focus their knowledge on a particular problem, an ability to be more assertive in challenging other professional and a more comprehensive knowledge and understanding of the law that allowed them to feel more empowered in their advocacy work.

These findings support those found in other research that suggest that students' practice was significantly richer because of participation in interprofessional education

than if they had been in a regular, profession-specific field placement or externship Torkington et al., 2003). There are those educators that also suggest that effective interprofessional education should result in the empowerment of each profession and students in this study provide reports of increased feelings of empowerment about the practice of their own profession (Braithwaite et al., 2005).

There are a number of possible explanations as to why these findings may have occurred: curriculum structures that facilitated the articulation and sharing of profession-specific knowledge, the focus of the curriculum on knowledge and research rather than role and action and curriculum activities and assignments in both seminar and casework that required the deconstruction of professional jargon and required students to verbally and in writing share their research findings and analysis with each other and with the client. The structure of group supervision allowed exposure to a greater number of students from each profession and expanded the amount of profession-specific knowledge that could be available to all students. The mandated requirement of individual and collaborative research, evidence-based practice and writing were crucial components of the curriculum and facilitated this outcome.

These structures and approaches appeared to assist students in moving more quickly to a state of what some in the literature call “professional adulthood” or the idea that professionals must feel sufficiently confident in their roles, their identity and know their knowledge base in order to feel safe enough to share knowledge and defer to other professions (Molyneux, 2001). Research that explores specifically the issue of timing or when to offer interprofessional education states that effective interprofessional education cannot occur until students have achieved a certain level of familiarity with the

knowledge, values and skills of their own profession (Freeth & Reeves, 2004; Oandasan & Reeves, 2005). Written research reviews and memos that applied research to each specific case appeared to give students a platform from which they felt more comfortable to contribute profession-specific knowledge and feel comfortable in challenging the knowledge of another.

The final category of competencies are collaborative; or knowledge and skills that have been identified as being necessary to collaborate effectively. These competencies can be further divided into those that support interprofessional working generally and those that are specifically relevant for working in a defined team or group.

During curriculum participation students demonstrated the ability to: recognize and observe the constraints of one's own knowledge and competence (e.g. she had a skill set I didn't have"), to provide an evidence-based assessment of a problem on which other professionals could act (e.g. get rid of scary jargon), to evaluate and challenge another professionals assessment, to contribute to planning, monitoring and review of client plans and to coordinate a team and conduct case review meetings. These competencies are consistent with those identified in the literature (Barr et al., 2005).

Student narratives and document analysis of case progress memos that describe the casework component of the curriculum and describe intake and description of cases found in Chapter 6, suggest high levels of student interaction and collaboration with many different client systems, many different professionals and within many different professional forums. Since all but three of the 30 clients served did obtain their legal objectives, there is some indication that students were able to collaborate effectively

within a number of different systems and forums and that they understood when to access more adversarial proceedings when collaboration was not effective.

Student narratives described in the section of Chapter 6 that addresses the significance of mandating team structures as part of the curriculum offer an expanded understanding of what competencies and conditions result in being effective collaborators within a team or group. Students report the following competencies that assisted them in being effective team members: the ability to mange role blurring, having a common goal, the ability to facilitate meetings regularly and consistently, the ability to deal with conflict, the ability to negotiate, the ability to be flexible, the ability to deal with uncertainty, the ability to give and receive feedback, the ability to brainstorm and problem-solve. These competencies were found to be essential for both effective teamwork and for effective participation within group supervision.

*Conditions Supporting the Development of Collaborative Competencies*

Researchers who have evaluated the knowledge base that identifies the determinants of successful collaboration and effective interprofessional education indicate that there needs to be first and foremost a rationale for collaboration and an acknowledgment by involved professions of an interdependent relationship (Claiborne & Lawson, 2005; Lawson, 2004 and San Martin-Rodriquez et al., 2005). The implementation history of the curriculum presented in Chapter 4 describe a federal and local policy environment that was calling for higher levels of attorney and social work collaboration while simultaneously identifying problems in collaboration between the two professions as being the cause of poor outcomes for clients. This policy context created a condition where the law and social work profession in this locale and in this

arena of practice had to acknowledge their independence. This acceptance is indicated by the belief expressed by the Interdisciplinary Steering Committee and articulated by Social Work Faculty A: “that child welfare was by its very nature interdisciplinary and that social workers need to know the law and lawyers should know about social science”.

The literature also suggests that professional cultures and power relationships at a societal level have been found to exert a negative impact on effective interprofessional education and collaborative practice (Hall, 2005). Outcomes from this research that indicate high levels of collaboration indicate that the faculty members who implemented this curriculum were able to prevent these barriers from creating a negative influence on collaboration in education and practice. Although faculty report being concerned that differences among them could negatively impact the curriculum this concern was not shared or identified by students.

Findings from Chapter 4 describing the implementation history of the curriculum show that in fact there was the presence of power differentials, cultural misunderstandings, theoretical and methodological disagreements and at times desires not to collaborate at all. Faculty members responded to this condition by creating structures such as weekly faculty meeting and class planning and de-brief meetings.

Document analysis of minutes and notes from these indicate that faculty used these structures as a way to contain tension, brainstorm and problem-solve and work out these very thorny issues. An example of a challenging issue that was successfully solved was the acknowledgment of salary differentials and advocacy for more money for the social work professor by the law professors. These findings suggest that the barriers that have been identified in the literature, in and of themselves do not have to result in poor

collaboration. Rather there needs to be there be a structured and consistent process that enables faculty to identify and then creatively respond to challenges and barriers.

There were several conditions at the institutional level that also served to foster a climate of collaboration, many the result of the setting of the interprofessional education intervention: clinical legal education. The culture of this particular clinical legal education setting already had in place many conditions that were supportive to faculty theories of education and practice and found in the literature to be determinants of successful collaboration and effective interprofessional education (Barr et al., 2005; D'Amour & Oandasan, 2005; Lawson & Claiborne, 2005; San Martin-Rodriquez et. al., 2005).

These conditions were found to include: spatial arrangements that supported collaboration and co-location, administrative support, the provision of resources for the initiative, a client-centered culture based on the notion of a reflective practitioner, a climate of trust, integrity and responsibility that gave faculty and students high levels of autonomy, low caseloads allowing faculty and students time to meet and process, provision of a classroom component that allowed students time to reflect and process, a unified and standard case data base and the formalization of procedures identified in the clinic handbook.

These conditions are evidenced concretely in the hours of clinic operation, the design of student workspaces and faculty offices, the substantial budget of the clinic in comparison to number of students and clients served and the provision of a clinic support administrative support staff person. Trust and autonomy is evidenced by the use of non-

directive supervision, “while faculty is here to help it is important to your own development that you first try to answer questions and concerns on your own”.

## A Note On Profession-Specific Competencies

It is also important to note that contrary to the criticism that interprofessional education can compromise the individual learning necessary for the individual professions to practice competently (Braithwaite & Trevaglia, 2005), this curriculum resulted in individual professional students’ feelings of greater competency in the practicing of their profession, an improved ability to identify and articulate their own profession-specific knowledge base, and a greater understanding of the roles, responsibilities and limitations of their own profession. Students report the use of many profession-specific tools, created profession-specific products and utilized profession-specific skills and knowledge and are summarized and identified in *Table 6 Practice Components and Shared and Profession-Specific Activities*, p. 204. There are numerous examples in student narratives described throughout Chapter 6 that describe profession-specific learning. Examples were when social work students talked about identifying and using specific interventions such as cognitive-behavioral treatment and when law students talked about “dissecting statutes” and explaining the law to clients.

### *Level 3: Behavioral Change or the Transfer of Knowledge into Practice: “It’s Like Practicing in Slow Motion…It Gives You the Opportunity To Think and Do At the Same Time”*

Only 25% of studies reviewed by Freeth et al. (2002) and reported in Barr et al., (2005), reported outcomes at this level. These studies tended to focus on assessments of interprofessional cooperation and communication. Overall findings from this study support findings in the research that suggest that when there are opportunities for

translation of interprofessional working and improvement into practice alongside interprofessional education that the potential for interprofessional learning is enhanced and is more likely to result in changes of behavior that are manifested in practice (Annandale et al., 2000).

Student reports and faculty notes and documents show that during the interprofessional seminar students participated in many collaborative activities: class discussions identifying issues and preconceived understandings, simulations that involved interviewing, counseling and preparing clients for legal proceedings and reflection on the process and using profession specific readings as a base from which to work together in the completion of writing assignments that were required to be completed collaboratively.

Student narratives presented in the description of the casework or practice component of the model in the second part of Chapter 6 report a number of collaborative behaviors with each other and with the client. When students participating in this study were asked how they knew what to do when they were first assigned a client, a majority of students (92%) reported engaging in the following behaviors: read the case file, met with the client, did research, talked with their teammates, brought questions to group supervision, got guidance from law and social work professors and assigned tasks to themselves and to teammates. These behaviors indicate that students approached practice as a collaborative as well as profession-specific activity.

When asked about what activities and behaviors students had engaged in during casework generally, students describe: jointly interviewing and counseling clients, reflecting together after client interactions, sharing and explaining profession-specific

knowledge with each other and the client both verbally and in writing, seeking out each other in order to obtain a professional opinion (e.g. they can say evaluate this report and I can say we need to look down this road) and collaborating on the production of documents or "document drafting". Documents included letters, legal briefs, memos and psychosocial assessments. All of these activities were reported to occur within the formal structures of team meetings and group supervision.

These findings suggest that students who participated in this curriculum from both professions were able to transfer learning from seminar into actual behaviors that were evidenced during their practice with each other and with the clients. When describing their experiences during seminar and casework activities students interchangeably and consistently use common language and concepts such as "theory of the case", "client story", "critical thinking and self-reflection" and "professional standards or knowledge". These common ideas and processes appeared to be the way that students were able to make conceptual linkages between education and practice that facilitated the transfer of learning into behaviors. Additionally structures and processes that faculty introduced in the seminar within which learning should occur (e.g. interprofessional team assignments for simulations and written assignments and interprofessional group discussion) mirrored the structures and processes faculty wanted students to employ during practice.

Social work and law students who had prior practice experiences were able to describe changes they were making in their professional practice after participating in this curriculum when they were given the opportunity to describe what those prior experiences were. Students were also asked after curriculum participation to identify what they could do now as a professional that they could not do before.

Law students report that in contrast to other externship experiences, this curriculum allowed them: to see all of the issues and facts related to a specific case; have many more opportunities for contact with the client and other professionals, to learn about caring and interacting with the client and despite having prior experience with direct representation, to have the opportunity to exercise autonomy and independence. Law Student R explains: “Never did I have the level of responsibility I had here in terms of being the attorney for the client or for what would happen to them”

Social work students report that in contrast to prior field placements participation in this curriculum allowed them to have much more autonomy and independence (e.g. “learning to self-motivate and “figuring out what to do on my own”), obtaining practice in applying research and theoretical frameworks to practice, learning how to do evidence-based assessments and basing professional opinions on “something other than I feel or I think”. Social Work Student D explains: “I feel like I have gone somewhere that a lot of social workers have been able to explore and that is to just really look closely at what is going on to analyze the situation instead of getting in a rut and dealing with them the same old way”.

An interesting finding was that in this sample some students also report meeting informally outside of the usual clinic structures supporting the recommendation made by some educators that informal opportunities to interact during interprofessional education offer the possibility of learning that is not just related to faculty facilitation (Freeth et. al., 2002: Freeth et al., 2005). In addition students report extensive use of technology such as cell phones and email to enable continued collaboration when schedules or outside commitments prevented in-person meetings or when a situation emerged that needed the

immediate attention of the team. Only two students in the sample reported acting unilaterally outside of the team structure and this was only because partners were unavailable or had not followed through on important tasks.

A possible explanation for the finding of positive outcomes at this level related to the application of learning to practice may be the manner in which faculty came to theorize the curriculum. Contrary to the way that curriculum are usually developed; that is identifying theory and content to be applied to practice, the starting point for this faculty was a critique of professional practice in the child welfare arena. Findings described in Chapter 4 indicate that faculty theorized a vision of a collaborative and holistic practice that would result in improved client outcomes (e.g. a more timely, less fragmented provision of necessary service). Faculty then identified innovations in the education of professions as the solution and subsequently developed classroom, field and teaching interventions that would support that particular vision of practice (e.g. co-location of students and team teaching).

These outcomes lend support to the idea advanced in the literature that theoretical models for effective interprofessional education that will result in real change in practice needs to conceptualize the interdependent nature of education and practice with improved collaboration being the outcome of the educational component (D'Amour & Oandasan, 2005).

*Level 4a: Change in Organizational Practice or in Larger Systems: "Learning to Learn"*

Changes at this level were reported in 43% of the studies included in the review and tended to occur in practice-based programs (Freeth et al., 2002; Barr et al., 2005). Outcomes were described as changes in referral patterns and inter-organizational working

patterns. Law students in this study reported both a better understanding of when to refer a client to a social worker, what social work actually was and report being more likely to refer a client to a social worker rather than attempt to do tasks they now identified as "social work" themselves. Social work students reported becoming more aware of times a client might need to be referred to an attorney and when they themselves might want to consult with a lawyer. Students from both professions also report knowing when, how and actually making referrals on behalf of their clients to other professional groups such as doctors as well as using knowledge obtained form other professionals in their practice and in conceptualizing "theory of the case".

Findings from Chapter 4 that describe the implementation history of the clinic report that faculty made many changes to their prior practices in the movement towards collaboration within and between professions and in the development of "holistic service" for clients. Faculty describe moving away from specialized practice areas to a more generalist practice so they could be deployed more effectively and provide coverage for each other. Faculty also developed new collaborative structures that were different from the ones they had previously used in their individual practice. Examples are meeting on a weekly basis and the development and use of a model of group supervision. Document analysis also revealed adaptations were made to clinic syllabi, clinic procedures and documents such as the client representation agreement in order both reflect and facilitate collaborative practice

Students contributed to organizational or curriculum change in that there is evidence to suggest that faculty responded to student input and made changes to the curriculum based on student feedback about the various teaching and casework activities.

This was validated by the clinic support staff person in her report that over time she had seen changes to the syllabus based on student critique. In Chapter 6, Social Work Student F describes a situation where collaboration with the client resulted in a student team changing their approach and strategy based on feedback from the client. The student relates the ability to achieve this kind of collaboration to the process of reflecting together on client interaction and to have a structure where that is the expectation.

This finding highlights the importance of both faculty and students having structured opportunities to both reflect on and evaluate education and practice activities or ongoing opportunities where group members "learn to learn" and can make adaptations and changes to practice that are the result of collaborative input. Work-based innovations such as continuous quality improvement and action learning organizations are analogous to this kind of culture

*" Level 4b: Benefits to Client or Improved Service: "We Helped Her With the Legal Side and the Social Worker Helped Her Talk Through the Other Problems At the Same Time and At the End She Was Much Happier"*

Since data was not obtained directly from clients it is impossible to suggest that positive outcomes for clients were directly related to the outcomes for students reported in the prior discussion. However the literature has suggested a number of competencies believed to result in improved client outcomes and this will be the framework used to evaluate the potential of the reported student outcomes of this curriculum to result in improved client service and outcome.

Competencies that are thought to lead to improved client outcomes within collaborative interventions include: providing patient-centered care, share decision-making and management, work in interdisciplinary teams, employ evidence-based

practice and best research alongside clinical expertise and patient values, apply continuous quality improvement and to utilize informatics. Patient-centered care is described as the ability to: listen to, clearly inform, communicate with, and educate clients. Continuous quality improvement is described as having a structured process that identifies errors and evaluates practice continuously. Utilizing informatics is described as the ability to use information technology to communicate and manage knowledge and support decision-making (Barr et al., 2005; Braithwaite et al., 2005).

In the description presented in Chapter 6 of the casework components of the curriculum, there are numerous accounts in student narratives of the idea or concept of being "client-centered". Both law and social work students report experiences of explaining legal procedures and information about diagnosis to their clients. There are reports of presenting clients with the pros and cons of decisions that needed to be made on behalf of themselves and their children. Students facilitated this practice by presenting to the client charts and materials in writing that identified relevant laws and translated them into an accessible language, evidence from social science and websites, pros and cons of various decisions and laid out a knowledge-based, informed decision-making process for the client. Materials such as psychological evaluations were shared and explained to clients in a language they could understand and make use of to better advocate for their children

Most importantly, many narratives suggest student understanding of the idea that it was the client's goal, not the professional's goal that directed the process. In this study this understanding served to reduce and facilitate the resolution of conflict, served as a

source of direction in the absence of direction from faculty (because of non-directive supervision) and it assisted teams to have a common goal.

The narrative of Law Student N in Chapter 6 that is describing her work in an interprofessional team is reflective of the incorporation of shared knowledge into the management of a case and does report a positive client outcome: “First I had to explain to my partner why it was important legally for our client to admit what she had done. My partner understood and had a theory about why the client didn’t want to talk about it. My partner helped her acknowledge what had happened and we got the client the goal she wanted at the hearing”. The findings in Chapter 6 that describe the casework component of the curriculum also offers many examples of social work students’ use of and incorporation of social science or evidence into their into their assessments and analysis of client problems. Law students talk about “dissecting statues” and “explaining the law in a language others can understand”.

Findings already described in the preceding discussion of collaborative competencies and teaching and learning methods show that students were able to work effectively in teams and groups and had been given and used cognitive tools and reflective structures that assisted them in the ongoing evaluation of their practice.

Finally, the significant amount of resources available in the program for students such as: a shared case data base, electronic case files, a shared communication network, accessible electronic access to professional knowledge bases such as social science journals and Lexis, all accessible at work and at home supported students use of technology in their practice. Some students, particularly the social work students,

reported feeling much more comfortable with technology after participation in the curriculum.

## Evaluation Design and Methodology

Interprofessional education involves two levels of 'practice': that occurring between faculty when they are teaching, supervising and developing a curriculum together and that between students when they are providing services with and for clients. Since practice knowledge is frequently implicit, the implication is that in order to access this particular kind of knowledge there must be a research design and method that allows 'tacit' understandings to emerge and become transparent and articulated.

It is widely acknowledged that practice knowledge, or knowledge that emerges during the processes of practice is embedded in action and therefore it is more often 'tacit' or implied but unexpressed (Fook, Hawkins & Ryan, 2000; Redmond, 2004). This suggests that knowledge about interprofessional education and practice may exist but that it may not be easily accessible, or able to be articulated on demand. This researcher experienced this proposition to be true in regard to students and faculty during the course of conducting this evaluation study, suggesting the importance of methods of data collection that have the ability to access tacit knowledge.

### *Evaluation Design*

Process evaluation as a research design that has as its major purpose the goal of eliciting unarticulated assumptions, theories and outcomes, culminated in a very detailed description of both the education and casework or practice aspects of the curriculum. The use of this design enabled a greater articulation of faculty and student practice and illuminated the hypothesized theoretical relationship faculty had constructed between

educational outcomes and improved client practice. Unlike other studies in the review that reported mixed outcomes but could not speculate why, findings from this study could be used to determine the conditions that occurred during implementation of the curriculum and that were reported to cause particular outcomes.

This gave faculty much more information about what curriculum activities and conditions were contributing to certain outcomes allowing them to make modifications to the curriculum that would better facilitate favorable outcomes. This process also advanced the faculty project of determining whether or not they had developed a "testable" model of the curriculum.

Unlike some limitations of other studies included in the systematic review this evaluation study reported an analytic approach, described limits of the study, included procedures to control for bias and addressed ethical concerns (Freeth et al, 2005). Overall limitations of this study were discussed in Chapter 1 and 3 and limitations relevant to findings will be discussed at greater length in the following chapter that discusses recommendations for curriculum change and future evaluation.

*Methods of Data Collection and Sources of Data*

The use of qualitative method that gave students and faculty the opportunity to both reflect on and articulate their tacit understandings of their respective practices and processes of collaboration through the interview process allowed a wealth of knowledge and information about the activities and components of collaborative or interprofessional education and collaborative practice to become remembered, visible and accessible and to provide some insight into the relationship between education and practice. Much of the literature that looks at the determinants of successful collaboration found that true

collaboration is evidenced by modification of language systems, changes in power relations and the development of shared concepts (Lawson, 2004; Lawson & Claiborne, 2005; San Martin-Rodriquez et al., 2005).

Qualitative interviews across various stakeholder groups, from different professions with various positions of power, allowed for the assessment of changes in discourse and power relations and the presence of shared conceptual understandings; conditions found to be determinants of successful collaboration. It is also important to note that while the systematic reviews reported few if any studies including the perspective of the faculty, faculty perspectives were critical to capture because of the parallel process that seemed to occur between students and faculty in this study.

Not using program documents as sources of data during evaluation studies was also identified as a limitation relevant to methodology (Barr et al., 2005). Content analysis of curriculum documents and materials that were the results or products of collaborative processes such as student assignments and student memos additionally illustrated the presence of shared understandings and professionally neutral concepts and ideas that were understood by both the professions, such as “theory of the case” and negotiated joint products such as the clinic syllabus and the preliminary assessment that was tied to the legal context of the practice intervention. In fact one might suggest that the existence of documents that used a common language, reflected common rules, knowledge and concepts, common goals and outcomes in and of itself could be “objective” evidence that validates the reported occurring of collaboration on the part of faculty and students. Many of the program documents such as faculty meeting minutes,

student evaluations, and class de-briefs were used for triangulation of student self-report data.

## Summary and Conclusions

Scholars in the field of interprofessional education have advanced the following principles for effective interprofessional education: works to improve the quality of care, promotes interprofessional collaboration, encourages professions to learn with, from and about each other, enhances practice within professions, respects the integrity and contribution of each profession, focuses on service users, involves service users and increases professional satisfaction (Barr et al., 2005). Findings from this evaluation and discussed in the previous sections of this chapter indicate that this curriculum comports with each of these principles. Comparison with the evidence-base that currently exists and that describes "best practices" for interprofessional education suggests that the model curriculum this faculty has developed is highly plausible and presents an effective and logical model of interprofessional education that can potentially result in improved client outcomes and benefits in service.

## Implications for Social Work Education

Interprofessional and interagency collaboration are currently considered to be essential features of professional practice for the provision of effective services that address the social and individual problems facing low-income families and children (Bronstein, 2003; Claiborne & Lawson, 2005: Corrigan & Bishop, 1997; Lawson, 2004). Systems involved in the provision of services to families and children all serve as host settings or organizations that both employ and provide field placements for large numbers of social workers. Reviews of social work curriculum suggest that schools have been less

than effective in preparing students for collaborative learning and practice (Andrews, 1990; Bronstein, 2003; Whittington & Bell, 2001)

In addition many of collaborative models of service provision are requiring the use of evidence-based practice (Claibourne & Lawson, 2005; Lawson, 2004; Swinkels, Albarran, Means, Mitchell & Stewart, 2002). Various social work educators have expressed concern that schools of social work are not effectively preparing student for the realities of practice, including the use of evidence-based practice. Consequently current trends related to collaborative service delivery and the increasing use of evidence-based practice are particularly relevant for social work and need to be acknowledged and responded to by social work educators (Allen-Meares, 1998; Bronstein, 1999; Tracy & Pine, 2000: Whittington & Bell, 2001).

There is beginning to be a movement in social work education to incorporate evidence-based practice into the classroom curriculum and in fact some schools of social work have begun to re-organize and re-focus their curriculum and field education around the use of evidence-based practice (Edmond, Megivern, Williams, Rochman & Howard, 2006). This remains a difficult task when research shows evidence of a very large gap between students' experience of what they are learning in the classroom and what they are facing in actual practice and the conflict that is present in the field of social work about the issue of evidence-based practice (Lager & Robbins, 2004; Wayne, Bogo & Raskin, 2006).

A number of articles in the social work literature have expressed concern about the ability of schools of social work to provide high-quality field experiences in light of changes in the context of professional practice, changes at the University level and

changes in the student body and express the need for radical change (Wayne, Bogo & Raskin, 2006). The pressures of the academic environment for faculty to produce scholarship have resulted in faculty becoming less engaged with field teaching and field advising and the proliferation of part-time field liaisons, increasing the danger of field becoming peripheral to classroom instruction and widening the split between classroom and field (Wayne, Bogo & Raskin, 2006).

One of the difficulties that must be addressed before designing both classroom and field experiences that can address new practice imperatives is the lack of rigorous evaluation studies of social work education generally. Gambrill (2001) argues persuasively that exploring the effects of professional education programs in relation to the quality of service graduates provide to clients is a challenge for all helping professions but one that should be a priority if social work educators are truly concerned with developing meaningful evaluations of social work education.

Findings from this evaluation study suggest that developing interprofessional education initiatives could provide an effective response to these critiques of social work education. Social work students who participated in this intervention report the consistent incorporation of research and evidence-based practice into their practice with clients. Importantly, they report feeling much more competent and confident in the practice of their professions. Social Work students were able to be highly collaborative with another profession yet did not lose the core of their professional identity; in fact they report developing a stronger professional identify that was based on an understanding of professional knowledge and skills and felt much more competent and comfortable articulating both what the profession of social work actually was and what comprised it's

knowledge base. The use of research and writing to inform analysis and intervention increased social work students' ability to be assertive, pro-active and challenge the knowledge and opinions of other professionals when necessary.

The level of competence reported by social work students in this study was validated by law students who report at the end of participation that social workers were "essential to solving the client problems". Law students and clients initially held negative perceptions about the social work profession and after participation in this curriculum perceptions were changed in a positive direction. Interestingly, although students consistently used research and evidence-based practice this did not compromise attention to key social work values such as social justice and client-self-determination, in fact the attention to these values was strengthened after participation.

Effective interprofessional education also allows for faculty to be able to theorize and study research and practice simultaneously, a project that can serve to decrease the marginalization of research about social work education as opposed to the more valued research into practice. This focus on both education and practice will allow schools of social work to meet the critique regarding the evaluation of social work education and potentially engage many more full-time faculty members back into an interest in field education.

Interprofessional education can and is being practiced in a number of settings including classroom, clinical education and community-based field placements that can address both education and practice. An interesting example is the recent initiative reported on by Tourse, Mooney, Klein & Davoren (2006) where faculty from a school of social work and a school of education developed an interprofessional clinical placement

within local public schools. Social work students and student teachers were co-located in a classroom with the objective of addressing learning and behavioral needs simultaneously. Students participated in an interprofessional seminar co-led by faculty from each school. This suggests the theorizing of education interventions that not only train students for their professions but have great potential to achieve learning that advances practice.

The movement towards a more collaborative, holistic method of service provision by all helping professions and the co-occurring movement towards evidence-based practice in social work provide a unique opportunity for social work to use long time experience and new knowledge in empowering ways. Incorporating the use of evidence-based practice alongside its commitment to social justice, understanding of person-in-environment and lessons learned from decades of collaborating with others can enhance social works ability to articulate why and how it is attempting to achieve outcomes for clients, what social factors are significant to problem etiology and service outcome and define how social work wants to collaborate with others. Providing leadership in interprofessional program development and evaluation resulting in the development and testing of replicable models will allow social work to be actively in charge of determining their professional identity and discourse in relation to interprofessional education and practice as well as support their own professional interests in developing high quality and creative field placements for social work students.

The following chapter will present recommendations for curriculum change, findings from the evaluability assessment of the curriculum model and recommendations for future evaluation.

# CHAPTER 8

## EVALUABILITY ASSESSMENT AND RECOMMENDATIONS FOR CURRICULUM CHANGE AND FUTURE EVALUATION

This chapter will present the results of the evaluability assessment of the nterprofessional clinical education and practice curriculum planned and implemented in the *Family Advocacy Clinic*. Building on the results of the evaluability assessment, recommendations for program change and future evaluation will be presented. This chapter will present the analysis that addresses Research Question 4

4. Is the design of the interprofessional clinical education curriculum implemented in the *Family Advocacy Clinic* logical, plausible and measurable considering current level of activities and resources and consistent with the interprofessional education evaluation literature?

To review, evaluability assessment is a method for "examining a program to assess its structure, to determine the plausibility of the program achieving intended goals and the utility of implementing further evaluation of the program" (Smith, 1989, p.11). This study expanded the parameters of an evaluability assessment by also incorporating a process evaluation. In this study two frameworks for assessing the curriculum theory will be utilized: assessment of logic and plausibility and assessment through comparison with research and practice (Rossi, Freeman & Lipsy, 1999).

Evaluation Needs Identified By Faculty and Met By Current Evaluation Study

Steering Committee members who were tenured and tenure-track professors more frequently related positive feelings about the evaluation being conducted as a way of beginning to address their concerns about funding, research, model replication and

program visibility. The following statement also reveals that although Steering Committee Members referred to the clinic as a "model", they were very unclear about what the "model" actually was:

> Right now I think where we want to position ourselves is to get funding to do an increasingly sophisticated level of assessment and analysis and I know that right now we are not ready. I would actually really be interested in understanding the structure of the model because I have really realized that I do not understand it well and that before I could begin to think about outcome data I would need to get a better sense of how it is actually implemented and what its structure is so I am very happy we are taking this step (Steering Committee Social Work Faculty A Interview).

This evaluation need was met through the development of a logic model of the planned curriculum and the articulation of a very detailed program description. The added dimension of including a process evaluation also illuminated the question of how the program was actually implemented and whether or not the planned curriculum could realistically achieve the outcomes intended by curriculum developers.

Clinic faculty, clinical professors in their respective schools and a doctoral fellow, expressed positive feelings related to the evaluation because they viewed the evaluation as a way of attempting to better understand the student experience and to assess if there was agreement between faculty and student perceptions regarding the curriculum experience. Clinic faculty and faculty advisors were more frequently focused on their role as teachers and supervisors and as such, cared more about knowing about the effectiveness of their teaching methodology, what was going on for the students and how the clients experienced working with students. Again, these findings remained consistent across status position rather than professional school affiliation

> I think this study is a great thing because it will help us see if some of our goals are actually achieved, what the students say they've learned and are they saying the same things we're saying? (Clinical Law Faculty C Interview)

> I am very happy about it because I think that everyone has different opinions about it – whether it's good, whether it's not good, whether it's effective for students or not – and I think it is a very time consuming undertaking so I am very excited about getting some concrete data that begins to let us know minimally from the students what they are getting from it (Clinical Social Work Faculty Interview).

> I am really curious, how close what the stuff I've just said is to the perceived reality of other faculty and the students or are we, you know, doing 'Alice in Wonderland' here (Clinical Law Faculty E Interview)

The design of this evaluation study, developing a description and model of the curriculum as planned by faculty and the curriculum as it was actually implemented and experienced by students and clinical faculty, allowed for this evaluation need to be met. Clinic faculty appears to be satisfied in using the results of this study to improve their teaching and supervision, Steering Committee members wish for this to be a "national model". Prior to the design of future evaluation, this difference will need to be sorted out.

Clinical faculty also expressed the desire to use the evaluation findings for more pragmatic reasons: increasing their resources within the university by attracting the attention of administrators and using the data to address student recruitment. Unlike tenured faculty who were more concerned about program visibility outside the university, some clinical faculty were supportive of the evaluation because they wished to use the results to explain and receive validation for the curriculum from within their own faculty and administration:

> I'm supportive of it because it would be very nice to have data that you could take for example to the law faculty, as a whole they are tolerant of this, indeed they are supportive of this but I don't think they have a clue about what all of this is about since most of them have not practiced or practiced with individual human being (Law Faculty B Interview).

> I don't know what most of the people in the Graduate School of Social Service think, if they are even aware that they have students doing

> placements here, I don't know what they think that looks like or how this is different from other field placements…I would like to influence the Dean of the Law School, the Dean of the Graduate School of Social Service and the Dean of the Graduate School of Arts and Sciences so they send us more students and give us more resources (Clinic Law Faculty D Interview).

Faculty members and students also expressed positive feelings about an evaluation study because they believed it could be used as a tool for student recruitment and because it would enhance student's future job prospects:

> Publishing these outcomes and making them available to students as consumers is also an important aspect of the benefit of doing this because law students are concerned with finding a job and if we have data that reframes the skills they can get in this clinic even though it's a poverty law clinic it will make it more credible in the eyes of big firms and how you talk about it in the interviews (Clinic Support Staff Interview).

> The Family Advocacy Clinic on your resume when you are doing second summer interviews or corporate interviews may not be so exciting to some of these firms but if there was an evaluation or some information about the clinic and the skills your honing it may become more credible even in the eyes of those who don't practice in the field (Faculty Advisor-Former Law Student).

These evaluation needs have also been met by this study and does give faculty data and information that can better meet their pragmatic concerns. How this information can be used and incorporated into an advocacy tool for faculty will be addressed in recommendations for curriculum change and development. This evaluation design successfully met the articulated evaluation needs of all the curriculum stakeholders interviewed for this study.

The following section will present the findings from the evaluability assessment of this study and answer the question of whether or not the program is ready for outcome evaluation.

## Assessment of Logic and Plausibility of the Model of Interprofessional Clinical Education and Collaborative, Client-Centered Practice

The central concern while conducting an evaluability assessment is to determine whether or not a program is plausible or answer the question, is there some evidence that sufficient conditions exist for a program to achieve the results it intends to achieve? These conditions have been identified as: the program intends to bring about a change, its goals and intent are clear, its planned activities are reasonable and can be expected to influence the outcome, that the activities are sufficient in quality and quantity to exert that influence and resources are present in sufficient amounts for the activities to be implemented as planned (Smith, 1989, p.115).

### *Goals and Outcomes*

#### *Are the mission and goals of the curriculum clear?*

The mission and goals of the interprofessional clinical education curriculum were clear and able to be articulated by all curriculum stakeholders with the exception of one student who reported that the goals of the clinic were not clear. There were high levels of agreement between all curriculum stakeholders: curriculum developers, clinical faculty, support staff, social work field advisors and students regarding the primary mission of educating students from different professions to practice collaboratively and providing a problem-focused interprofessional service to clients. The one goal that needs further clarification is the question of whether or not faculty view the clinic as a "model" to be replicated and tested in other settings or whether or not the faculty want to confine assessment and evaluation to the provision of a "best practice" experience within the University. This decision has implications for recommendations about future evaluation.

*Is there agreement about the intended outcomes?*

The objectives and outcomes reported by the majority of the students, clinical faculty and support staff during the process evaluation are also highly consistent with the objectives of the curriculum identified in the clinic syllabus: to develop our ability to collaborate, to examine critically professional roles and the complexities of client-centered practice, to promote self-reflective skills and to critically examine the systems with which our clients deal (Clinic Syllabus, Fall 2004, Spring, 2005, Fall, 2005).

The objectives and outcomes reported by the students and faculty were also consistent with those reported in the evaluation literature and the following objectives for both students and clients identified in the model of the planned curriculum developed from written documents and program developer interviews presented in Chapter 5: students will learn to work with other professionals and deliver a professional service to a client, students will be able to work with another professional to assess a problem and develop a plan to address the problem, students will expand the number and kind of solutions available to solve the client problem, students will learn how to minimize the effect of bias and judgments on their work with clients and others, students will become reflective about their own practice, students will become autonomous practitioners, students will critically examine client systems and students will grow in their own profession through their contact with another profession.

The objectives and outcomes reported by students and faculty during the process evaluation that relate to the development of profession-specific skills and competencies that are identified in the clinic handbook and the field handbook for law students and social work students were also found to be in agreement. For law students these skills

include: professional responsibility, critical judgment and problem-solving, legal reasoning and research, factual analysis, theoretical perspective, attorney client interactions, communication, management of effort, professional relationships, collaboration, self reflection and personal development (Clinic Handbook, 2004, pgs. 18-19).

For social work students areas of evaluation include: engagement, assessment, contracting and goal-setting, intervention skills, termination, student learning, professional stance, communication, responsibility for assignments, professional relationships, professional values and practice evaluation skills (Field Instruction Manual, Graduate School of Social Services, 2004). Documentation of the identification of and practicing of these skills can be found in Chapter 6, Table 6, *Practice Components and Shared and Profession Specific Activities.*

This curriculum was found to be in compliance with the requirements for field education set by the Council of Social Work Education (2004) and the Field Department of the Graduate School of Social Services and the requirements for clinical education set by American Bar Association Standards for Accreditation (2005) and the Clinical Education program in the School of Law.

The client related objectives reported by students and faculty were also consistent with the following objectives hypothesized for clients in the planned curriculum: clients multiple needs will be identified along with client rights, clients will receive knowledge to use in their decision-making, clients legal rights will be understood by both professions and activated, clients will learn to advocate effectively on behalf of their families and clients will make decisions that result in long term solutions. A complete evaluability

assessment of client goals is not possible at this time because no data was collected from the clients regarding their participation and perception of the curriculum.

*Is it clear who are the targets of the curriculum?*

The majority of students reported there being no negative effects for students participating in the program. However a majority of students (71%) did report a belief that clients were negatively affected because of the educational needs of students. Students on the whole believed they benefited from the clinic experience but raised concerns that these benefits were at the expense of clients. Although program documentation and faculty interviews appear clear that the target of the curriculum is both the students and the client, process evaluation findings reveal that clinical faculty during the period of this evaluation was much more focused on students as the target of the intervention.

Faculty themselves acknowledged that they were more heavily involved in developing and evaluating the educational components and activities of the program and are now satisfied with the results of their efforts. It is recommended that faculty now turn their attention to the client population and pay more attention to the actual practice activities and knowledge bases relevant to the particular population the clinic is now engaged with: low income families that have children with special needs.

*Is the Model of Interprofessional Clinical Education and Collaborative Client-Centered Practice based on effective interprofessional education and practice programming?*

The analysis described in Chapter 7 indicated that the Model of Interprofessional Education and Collaborative Client-Centered Practice is based on effective interprofessional education and practice programming.

*Overall Curriculum Model Plausibility*

The dual mission and goals of the clinic to provide interprofessional education to students and interprofessional service to clients is particularly challenged by several contextual variables over which faculty has little control: law students are placed in the clinic for one semester, client legal matters typically take longer than one semester to address, frustrating bureaucratic delays and obstacles presented by the systems the clinic was working within, clients are reported to be overwhelmed from the challenges of both parenting children with special needs and accessing appropriate services and entitlements effecting motivation to participate, the sensitivity of the issues that parents having disabled children have to address, feelings of mistrust from clients' interactions with other professionals, all leading to a longer period of early relationship building and affecting the ability of students to obtain information from the clients.

Having a mix of new students and returning students second semester also increased the likelihood that seminar classes would be experienced as "out of sync" with casework activities during the second semester as students had very different learning needs and were at different points along the casework component and developmental learning spectrum. Although new second semester law students report less of an orientation challenge because returning students "show them the ropes", students still report disappointment at not seeing a case through to a result.

These reported context variables call into question whether it is feasible for the *Family Advocacy Clinic* curriculum to be implemented successfully during the period of one semester. Although many of the curriculum goals and objectives for the students as targets were achieved, client objectives were not able to be achieved during that time period and this significantly impacted law students' level of satisfaction with the curriculum. Although law students appreciated the educational value of the experience, data reveals that because their primary motivation for taking a clinic was to help others, not achieving a client outcome was a disappointing experience:

> It took me a really long time to feel like an asset to my client and by the time I really knew what I was doing and could be an asset, there was only one month left (Law Student F Interview)

> I think the clinic should be a one-year requirement because it would allow teams to see certain cases come to an end. If it was do a clinic for one year or no clinic at all, I would have done it because I really wanted to do a clinic. I mean more could happen in a year then in just one semester (Law Student S Interview)

When asked if the clinic should be a one-semester experience for social work students too, a social work student confirms that learning in the clinic is developmental and there is a much longer preparation time for actual practice:

> I don't think the clinic should be one semester. I think I learned a lot last semester but I think that this semester is where I am really showing what I have learned (Social Work Student A Interview).

When individual curriculum components and activities were found to have questionable plausibility, the cause was most frequently tied to the issue of the curriculum being a one-semester placement for law students. The reported tension and concern reported by students and at least one clinical faculty member in regard to balancing the mission of the clinic introduces the question of whether the planned

activities are sufficient to successfully achieve both aspects of the clinic mission within the time frame of one semester.

The results of the process evaluation and the evaluability assessment of the interprofessional clinical education and collaborative client-centered model support a recommendation that the *Family Advocacy Clinic* become a year clinic for law students. Findings from this process evaluation suggest the following rationale for making the clinic a one-year clinic: learning and practice appears to be developmental and more likely unfolds over the period of two semesters, the achievement of planned education and practice outcomes strengthen over the period of one-year, the systems the clinic work in rarely complete a matter within the time frame of one semester and the nature of the matters with clients involve multiple issues and high levels of complexity and are very sensitive, requiring longer time to develop working relationships and for issues to emerge and be researched by students.

In addition, because of the interprofessional relationships that need to be developed in the beginning phase between law and social work students, the adjustment and socialization challenge related to participating in a new educational culture and the mastering of information about several client regulatory systems that also involve a huge degree of discretion, the learning curve is steep and the material takes a longer time than one semester to be fully internalized.

Finally, given the findings that law students' primary motivation for taking the clinic is to see a client result and do something "useful" and the students overall concern about the effect of multiple law student turnover on the learning experience of social work students and returning law students and on the relationship and experience of the

client, suggests that students and clients would be better served and would be more satisfied with the experience if the clinic was a year-long clinic for all students.

As part of the evaluability assessment process, the researcher collected data from other clinical legal education programs around the country through posting a query on the law clinic list serve, asking how many schools offered year long clinics and what their rationale was for having them. Over twenty-five clinical programs responded that they offered some year long clinics. The rationale presented for this decision was highly consistent with the findings of this process evaluation.

The rationale offered by clinicians fell into three categories: the idea that learning was developmental and occurred more effectively over a year-long period, the systems the clinics were engaged with rarely completed cases in less than a year and the complexity and sensitivity level of client problems were high and thus client-student relationships took longer to develop and were more vulnerable to having negative impacts related to more frequent transitions. Credits given for clinic participation during the period of one year ranged from 8-14 credits. Populations and areas of law most frequently represented by one year clinics were: children's rights and family law, domestic violence survivors, immigrant and refugee rights, human rights, federal litigation, juvenile delinquency and innocence projects.

The developmental process was laid out most commonly as "first semester involves inputs regarding substantive law, the necessary lawyering skills and background instruction" and second semester involves the integration of learning, assuming increasing levels of responsibility for the case and building a developing and changing

relationship with clients, colleagues and institutions as well as to see the consequences of decisions and choices made along the life of the case.

One clinician expressed her belief, validated by the findings in this process evaluation that, "It is in the second semester that most interns attain a significant level of confidence and sophistication in dealing with issues that are complex and not easily resolved. The capacity to see the consequences of choices enables students to have a full year for the development of reflective and critical thinking" (Bryant, 2006, personal communication).

It is also notable that many clinicians reported receiving pressure from administration to make clinics one semester so they could be offered to more students. The "practice wisdom" of the clinicians who responded to this question and the results of this process evaluation suggest that rather than limit all clinics to one semester, year long clinics should conduct and use process evaluation research to support and advocate for the hiring of more clinical faculty to expand the clinic offerings to students rather than short-change the educational experience for students and the service experience for clients.

This recommendation and findings from other clinical law programs are consistent with the recent recommendations of The Carnegie Foundation for The Advancement of Teaching that emerged from their study and analysis of legal education: there is a lack of attention to practice or how to use legal thinking in the complexity of actual practice that needs to be addressed through curriculum change. The Foundation further notes that, "the assessment of student learning remains undeveloped and therefore "formative assessments (process evaluations) directed towards improved learning should

be a primary form of assessment in legal education" (Carnegie Foundation for the Advancement of Teaching, 2007 pgs. 6-7).

Process evaluation findings suggest that student's experience phases of casework with clients and their interaction with clients is the most important motivation and salient experience and driver for learning. Students identified specific practice activities and tasks that were both shared between the professions and specific to the professions. These phases were identified as: identifying the problem; analysis and professional integration; client-centered counseling, education and decision-making; collaborative advocacy and intervention and transition. Case management and self-monitoring and evaluation occurred throughout the phases.

Up until this point in the clinic development faculty has focused primarily on developing the curriculum of the clinic from an educational perspective. The problem as reported by students is not in the substance or content of these activities but rather in the timing in relation to practice imperatives. It is strongly recommended that faculty turn their attention to the casework component of the curriculum and use the process components identified in the *Collaborative Client-centered Casework* part of the model as a way to better deploy resources and target the educational activities such as seminar classes and the various kinds of supervision to the knowledge, skills and values most relevant to each component of practice. This will make the relationship between education and practice activities more clear and increase the logic and plausibility of the curriculum activities by making educational outcomes more specifically targeted to practice outcomes.

## Individual Plausibility Assessment: Curriculum Components and Activities

### *Are individual components and activities plausible?*

#### *Recruitment*

There is a very general purpose of recruitment and that is to secure enough students from each profession to participate in the interprofessional education activities and provide casework services to clinic clients. Recruitment activities are also identified: sending a general email to all law students, placing social work students from the social work and the law specialization, and presenting off-site to potential psychology students.

Plausibility of the current recruiting activities for law and psychology students is questionable as there were decreasing first choice applications from law students during the period this evaluation was conducted and no psychology student participation since 2004. Given the fact that it has been increasingly difficult to recruit law and psychology students into the *Family Advocacy Clinic* one must first assess the efficacy of current recruiting strategies. Because of a shrinking pool of law students interested in obtaining public interest jobs due to an increasingly onerous debt load, clinic faculty understand that most likely law student recruits will not be going into public interest law. The focus should be shifted more to achieving the curriculum goal of socializing and producing law students who will actively engage with and do pro bono work in the future than preparing lawyers for public interest jobs.

The current clinic description attempts to make the case that the skills law students learn in the *Family Advocacy Clinic* are generic and competitive and can be applied to any legal setting and is attempting to target students that are going into corporate settings. Clearly the methods currently being used, sending out a general email

from the clinical program and the current clinic description on the website are not adequate for engaging law students interested in taking a clinic in applying to the *Family Advocacy Clinic* as a first choice.

Findings from the process evaluation indicate that the primary motivation for law students applying to the *Family Advocacy Clinic* as a first choice was because they wished for a different experience that was more client-centered, focused on helping children and families, being ”useful”, and less competitive and stressful than how they had experienced law school thus far. Some of this motivation to connect to clients and do something useful was related to the fact that most of the law students were going to large firms and wanted to do some meaningful work prior to going:

> I have enjoyed having a lot of client contact. Since I am going to be working in a large firm when I graduate it was nice to get this in before I am locked in a room doomed to researching obscure provisions of some archaic law (Law Student B Mid Semester Self Evaluation)

Many students also report a history of community service as well as undergraduate degrees in psychology or sociology. Several students reported their desire to do pro bono work in the future. It appears that there is a law student ‘narrative’ of making a contribution that came before law school, emerges again during law school and a desire to continue in the future that can be used to both target students and develop recruitment materials.

Problems in the recruitment of psychology interns appear to be related to the lack of commitment of developmental psychology faculty to program development as well as the failure of the developmental psychology department to provide faculty and financial resources needed to provide appropriate supervision by a credentialed psychologist for the interns’ casework duties. A decision needs to be made by the clinic faculty about

whether or not psychology is necessary to the model of interprofessional client-centered practice. Findings from the process evaluation indicate that participation from developmental psychology in developing the curriculum and practice models is minimal. Faculty may want to explore with the Graduate School of Education whether or not faculty and doctoral students in special education or educational psychology may be better suited to participate in the collaboration.

Available resources that can be better exploited for recruitment purposes include a web-based application process, clinical program website, money available for a clinic brochure and an interdisciplinary center placement coordinator who needs to be more engaged in law student recruitment. Performance indicators would be sufficient numbers of applicants to meet clinic enrollment and meet client needs.

*Intake and Case Assignment*

Some aspects of the purpose of intake and case assignment are identified and clear and are described in the model of the planned curriculum: students will be assigned cases that demonstrate the interprofessional nature of client problems and students will understand the complexity of client problems. Process evaluation findings that describe the range of presenting problems, legal and social work, interaction with client systems and the range of practice forums and interactions with professionals groups suggest this purpose is achieved. It appears that current referral sources as resources are working well in terms of achieving these outcomes and capturing cases that are consistent with the goals and outcomes planned for intake by faculty. The third objective identified in the planned curriculum, faculty will select cases that offer optimal learning opportunities for students, does not clearly define what faculty means by “optimal learning opportunities”.

Activities are clearly defined in that there is a process in writing about how the faculty will collaborate interprofessionally in determining whether or not a case is appropriate for the clinic. However there is not a formalized or written process for identifying specific characteristics faculty may look for when deciding to accept a case, or what specifically makes a case "interprofessional". Although there are 'tacit' understandings of what kinds of cases may result in the intended outcomes and it appears from the process evaluation findings that that faculty have successfully identified those that do, it would be beneficial for curriculum replication and future implementation by other faculty to be more specific about what sorts of cases do provide the kind of learning opportunities, both profession specific and interprofessional, that support the overall goals of the curriculum.

Process evaluation results show that not all law students worked on a team with social work students. Although law students who worked solo report knowing more about social work and when to refer a client to a social worker from observing social work students in seminar and group supervision, they do not report the same outcomes in terms of learning about process, the contribution of client emotions to case outcomes and legal strategies and an increased understanding of the complexity of client issues, that law students who worked, discussed and interviewed clients with social work students, report. In order to achieve outcomes that are the result of interprofessional learning as these are, all cases should have a law and social work team.

If faculty clearly identify the criteria of what kinds of cases present optimal learning opportunities for students to achieve the goals of the curriculum, it will be easier to identify cases that have both social work and legal issues at the time of intake.

Performance indicators/sources are in place and appear plausible if criteria and standards are identified for intake by faculty and efforts are made to assign every law student to work with a social work student. Since the conducting of this evaluation study, and beginning Fall 2006, the clinic has one law professor and one social work professor. This has improved the law-social work student ratio, making it 8-4, and allows for a social work student to be assigned to every team. Resources do not allow for every team to be a two-person team as students recommend.

*Orientation*

There is a clearly identified purpose and related goals for Orientation. Students reported the achievement of some of the orientation outcomes identified in the model of the planned curriculum: students will understand expectations for seminar and casework, students will be oriented to program technology, and students will learn how to conduct an interprofessional interview. Based on student responses the other goals identified by faculty for the orientation period: students will be oriented to client systems, students will connect as teams, students will be exposed to other professionals and their body of knowledge, students will engage clients as collaborators and clients will be engaged in the program cannot be realistically achieved during a two week orientation period. Process evaluation findings suggest these outcomes are more likely to occur around the fifth or sixth week of the semester.

Activities are identified, but plausibility is questionable. The central plausibility question regarding this activity for clinical faculty seems to be whether or not they need to be more directive in both their supervision and teaching (by giving more specific content) in the orientation period. To be considered in this decision are findings that

suggest that over time students begin to characterize their early experience as “hard not negative”. Student narratives also revealed that the non-directive method of supervision, in conjunction with a concerted approach by most clinical faculty to shift the focus away from supervisor as “authority” to peers and the client, did result in students having no choice but to turn to team members and clients to find answers and obtain relief from their feelings of uncertainty and thus encouraged a more collaborative and client-centered approach to practice.

Because of the multiple issues the clinic addresses it may be necessary at a minimum for the clinic faculty to identify and introduce students to the “universe” of statutes and regulations relevant to the majority of case issues as well as the particularly relevant social science and social work knowledge bases, i.e. identifying journals specializing in children’s disabilities. The vagueness of orientation materials is most likely related to the clinic’s history of merging five different practice areas and the resulting necessity of having to develop more generic materials for orientation and seminar.

Process evaluation findings suggest that a large part of the students feeling overwhelmed in the orientation period can be attributed to the adjustment that must be made to the new experience of interacting with different professional educational cultures as well as to a hybrid culture or one that is not either/or but both/and, as is the case with clinical education. The curriculum goals and program founders set the curriculum up to be an opposing force to the socialization that students have received up until this point and the further away from that socialization, the more challenging it becomes for students and the more “incoherent” they may find the experience (Costello, 2005).

Faculty need to more directly explain upfront what some of the "professional cultural differences" are between prior education, clinical methods of teaching and supervision and between law and social work education and have students engage in discussion about this as part of orientation. Process evaluation findings suggest that at this initial phase neither professional group of students can articulate how to practice their profession or talk about role, but they can discuss what has been going on educationally for them up until this point. Talking about what content they are learning in classes and have learned in class, will begin to re-orient them to the specific knowledge bases of their professions as well as reflect on how this has impacted their own socialization and ways they have learned to relate to colleagues and professors/supervisors. These reflections can then lead into a discussion of possible implications when the professions begin to work together and with clients.

Clinical faculty and support staff also report that both law and social work students seemed intimidated and unsure about how to begin to research relevant professional knowledge or even identify what knowledge might be implicated by the case. At the same time the students are becoming oriented to the clinic data base, faculty should schedule a formal orientation with a librarian from the law school library and the university library to re-orient students to effective research strategies and relevant data bases. This will also achieve the purpose of putting the skills of accessing and using professional knowledge at the forefront of the experience.

Some of the difficulty expressed by students that must take on on-going cases is the lack of uniform procedures to inform how case files should be organized and what content or information should be in end of semester case progress memos. Again this

difficulty appears to be a residue of the clinics multi-clinic history and can easily be addressed and clarified by faculty.

In the event that the clinic remains a one-semester placement for law students' faculty must provide more structure, content and direction in the beginning phase of casework. Students should be given practice guidelines already compiled by legal and social work professionals working in this field of practice. An example of this might be the relevant state regulation regarding the conditions when a parent with a child in special education may request an independent evaluation and for social work students published guidelines relevant to the assessment and treatment of various conditions by organizations such as the American Academy of Child and Adolescent Psychiatry.

Resources are in place and sufficient it is more a question of how faculty are using or deploying them. Performance indicators/sources and criteria are in place but some outcomes cannot be reasonably attained in the two-week time period suggested by faculty. It may be more useful to target orientation materials to the specific tasks, activities and skills students must use during the first component of practice; identifying the problem.

*Seminar*

The purpose of seminar is clearly identified in the *Family Advocacy Clinic Syllabus.* Activities related to seminar are also clearly identified on the syllabus: simulations, discussions, readings and written assignments and there is agreement by students and faculty about the implementation of these activities. Process evaluation findings suggest that these activities are plausible in achieving the outcomes for seminar identified in the clinic syllabus and in the curriculum model intended by faculty.

Plausibility was even further strengthened when students perceived seminar activities as being temporally synchronized to their casework activities, suggesting again that using the components of casework model as an integrating vision can better target educational activities to enhancing the practice knowledge and skills relevant to each component of practice. A review of the syllabi reveal that certain classes are temporally "out of sync" with casework components and the sequence of classes should be changed to correspond with practice phases and this would result in tighter integration between education and practice. It was also determined that faculty employ a problem-based learning perspective to the development of their teaching and learning methodology.

There may be a need to focus some of the seminar activities on profession specific development in the beginning of the semester, particularly for social work students. Given the complexity of learning tasks it may be more effective to assign profession specific written assignments and profession specific readings and then come together in the classroom to integrate the two knowledge bases with faculty facilitation. This would also cut down on the perceived feeling of students that the seminar involved too much work.

Resources are clearly identified and sufficient. Clinic faculty members report increasing levels of satisfaction with their collaborative process in developing and teaching the clinic seminar. Over the time period of this evaluation the number of classes taught per semester by interprofessional teaching teams increased from 8-14. Performance indicators/sources are identified and there are standards identified on the clinic syllabus for successful performance. Faculty has in place ways to document and evaluate simulations, class participation, attendance and written assignments. However

the criteria are very broad and at this point the criteria remains fairly subjective and does not specifically identify what are the characteristics and qualities looked for during class participation. It is also difficult for faculty to make assessments of class participation and skill levels while they are simultaneously teaching the class.

It is recommended that faculty videotape a range of classes, including a complete series of a "trilogy" class, watch the tapes together without the pressure of teaching and develop standard criteria for assessing a student's level of skill during simulations as well as develop criteria for assessing class participation.

*Casework*

The purpose of casework is also identified in the clinic syllabus. Casework supervision activities were also described in the planned curriculum and validated by the process evaluation findings and these include: individual supervision, individual team supervision, group supervision and non-directive supervision. In addition results from the process evaluation allowed for the identification and description of casework practice activities performed by students with clients that more clearly elucidated the activities that would result in the planned casework outcomes.

Given the current structure of a one-semester clinic for law students, the plausibility of achieving casework objectives is compromised, but still possible, by both non-directive supervision and the lack of faculty attention to the difficulty posed by case transition periods for both returning students and clients. Although many students reported dissatisfaction with the clinical method of non-directive supervision it is important to note that students self-reported in the process evaluation findings attainment of many of the outcomes and objectives intended by faculty in the planned curriculum,

produced all of the outputs and practiced all of the activities listed in the logic model of the planned curriculum.

Again, it is recommended that clinic faculty use the components of casework practice model and the results of the process evaluation to employ the various methods of supervision more flexibly and individually. In the beginning phase when students have high levels of anxiety and difficulty knowing where to begin, as well as struggle with client engagement and connecting to each other as team members, it may be more helpful to use individual team supervision in lieu of group supervision and alternate weekly for the first few weeks of the placement. Group supervision seems best suited for the middle or integrating and analysis component of practice. Similarly, when anxiety levels increase again at the end of the process when there is an upcoming hearing or more detail-oriented work is required, individual team supervision may again be more effective. Finally when an individual student is having learning challenges, individual supervision is the most respectful method of addressing a student weakness.

The least developed aspect of the components of casework practice model is the transition phase or termination phase. Faculty should develop uniform procedures for case file organization and end of semester progress memos. Transition from spring semester to fall is most difficult for on-going clients and disrupts the continuity of the client relationship with the clinic. Faculty should consider ways to have some regular communication with clients over the summer whether it is to send them a summary of where their case is at or at the same time welcome letters are going out to students, letters should go out to on-going clients reminding them the semester will be starting and preparing them to re-engage.

For students the transition from fall to spring semester is most difficult and if faculty incorporate the recommendation that there be more individual team supervision in the beginning, transition issues for returning students that have to incorporate new team members, as well as transition issues for clients may be more easily identified and addressed. Resources are sufficient to carry out casework related activities.

*Evaluation and Monitoring of Student Performance*

The seminar component of the curriculum is the only component of the curriculum where data is systematically collected and entered into a grid for tracking student progress. Individual attendance, level of class participation, performance in seminar and written assignments are entered on a form at the end of each class. A spreadsheet containing data for each student, for each of the 14 classes, is distributed to faculty for grading purposes. Additionally faculty de-brief notes are maintained in an administrative file. Student mid and end of semester self-evaluations also include the student's self-analysis of their participation in clinic seminar. These three different kinds of data allow for faculty to use triangulation or different sources of data to use in determining a students' grade or in the case of social work student, ranking on a scale of performance in their field evaluation. There is usually an average of 1-2 students per semester who present self-evaluations that are not in agreement with faculty assessments.

Evaluation of casework is a much less developed process and at this time there is not a Management Information System (MIS) in place that collects information that can track either client or student progress through casework. As reported, there are many qualitative sources of data from which relevant information can be collected but there is not in place a way or standardized system to collect them. The client case management

system does allow faculty to collect total numbers of hours for each individual student and also shows the specific activities associated with the hours. Faculty should meet with Information Technology personnel to better understand and explore what capacity the current case management system has to produce aggregate data about clients and student activities. Resources are sufficient but current technology needs to be explored for its potential to support curriculum evaluation and monitoring.

Process evaluation findings suggest that grades are not a reliable indicator or measure of casework growth and development. Social work students are evaluated twice a year, using a form that identifies intended goals and objectives relating to knowledge, skills and values to be achieved during a second year placement. Using the curriculum logic model and the model of interprofessional practice as well as findings related to outcomes in the process evaluation, it is recommended that faculty use the social work field evaluation as a model to develop a uniform casework assessment instrument.

For many of the goals articulated by faculty relating to the developing of meta-cognitive skills such as critical thinking, learning to deal with complexity and the solving of complex problems, student self-evaluations, particularly with the assistance of structured protocols, are the recommended assessment tool in the higher educational evaluation literature (Wolcott, 1999; King & Kitchener, 1994). The challenge for faculty is finding a way to standardize student self-assessment.

Faculty now has available information to use and can identify shared professional competencies (such as developing critical thinking skills), competencies that are unique to one's own profession (filing a motion, identifying an evidence-based intervention) and interprofessional competencies such as knowing when to refer a client to another

professional. Ratings for these competencies can be given by both students and faculty before, during and after participation in the curriculum; Students can also use this form to self-evaluate their own skills more precisely and better develop specific learning objectives for themselves. These forms can also be used to collect data over a period of a year to more specifically target and pinpoint components of client practice and developmental stages of student learning.

The concern in terms of developing future impact evaluation is that there is currently no formal method of assessing students' skill and knowledge level prior to coming into the clinic aside from grade point average and that is not a reliable indicator of someone's ability to collaborate with others or ability to practice. Faculty should explore the use of techniques that have been used in other interprofessional education programs such as "standardized patient", critical incident analysis and videotaping of simulations with a standardized rating scale. There are also a number of instruments and research scales developed specifically for the evaluation of interprofessional education that are available to collect quantitative data and may be compatible with the curriculum theory designed for this clinic. These instruments, more fully described in Chapter 2, include: The Interdisciplinary Education Perception Scale (Luecht, et al, 1990), Inter-professional Attitudes Questionnaire (Carpenter & Hewstone, 1996, Readiness for Inter-professional Learning Scale (Parsell and Bligh, 1999) and Problem-based Learning Attitudes Questionnaire (Reynolds, 1999).

More data about the client experience must be collected through qualitative measures in order to complete the model and begin the process of seeing if there is a relationship between student learning outcomes and improved client outcomes. At that

time intake and exit surveys can be constructed that can collect data about curriculum activities and client change. Additionally it does seem from student reports that clients enter the experience with high levels of stress related to the challenges of dealing with systems and the multiple demands those systems make upon parents who are already challenged by children with special needs. One way of evaluating the curriculum success with clients may be to explore various ways to conceptualize and do pre and post measures of parental stress levels when having a child with special needs.

At this time the clinic does not collect longitudinal data that keeps track of student and client outcomes after they participate in the clinic. Clinic faculty has access to alumni contact information and client information and it is recommended that faculty also attempt to survey former students and clients to obtain some longitudinal data about whether and how students and clients may be using the tools and skills the clinic hoped to give them in their current professional practice and in their advocacy for their children.

## Evaluability Assessment of the Interprofessional Clinical Education and Practice Model Pertaining to Future Outcome Evaluation

In order for a program to be ready for an outcome evaluation several conditions must be met: measurable outcomes, defined service components and their hypothesized relationship to outcomes, an established recruitment and participation process, understanding of the target population and program environment, ability to collect and maintain information and adequate program size (Smith, 1989).

Findings suggest that some, not all of the curriculum outcomes are measurable (particularly because currently not all students receive the same “dose” of the intervention), there are defined education and practice components that have a hypothesized relation to outcomes as established in the curriculum logic model, faculty

have an understanding and have identified the needs of the target population of students but must collect data to better understand the needs of the client population, there needs to be further development of a management information system to provide easily accessible information about program activities, students and clients and the small size of the clinic would make it difficult for an evaluator to obtain statistically significant results.

The following section will advance some recommendations for curriculum change and modification and more immediate recommendations for evaluation that would better position the curriculum for future outcome evaluation.

## Review of Recommendations for Curriculum Change Prior to Conducting a Outcome Evaluation

### *Overall Curriculum Recommendations*

1. The clinic should become a year-long placement for law students and faculty should streamline and use the results of the findings of this study, recommendations regarding how to improve legal education by expert panels and findings from other clinical programs, to strongly advocate for this position.
2. In the event that a year-long placement is not achieved, faculty should make sure that each law student be assigned some matter or part of a case that can be resolved during a semester and faculty must be more directive and provide more content in the beginning of the casework experience. Findings suggest that the curriculum is plausible in achieving planned outcomes for students during one-semester, but levels of student satisfaction are negatively impacted.

3. Clinic faculty members need to make a decision about using clinic resources to keep a psychology fellow when participation, supervision and support by psychology faculty is not forthcoming, and explore the possibility of collaboration with the Graduate School of Education.
4. Faculty need to come to agreement about whether or not they want to view the curriculum as a replicable model to be disseminated into other universities or adapted for practice settings or just keep evaluation research at the level of educational assessment of an internal university curriculum offering. This decision will significantly impact the kind of impact evaluation research design that can be recommended.
5. Faculty should turn their attention to the practice aspect of the model and client experience and use the casework components, identified in the Final Logic Model, as a structure to facilitate the targeting and further development of educational and supervisory activities. Showing that the curriculum can achieve student outcomes that result in improved client outcomes will greatly increase the clinic's ability to attract resources and funding.
6. Develop a standardized instrument that faculty can use to evaluate student professional and interprofessional outcomes, knowledge and skills.
7. Develop a MIS that can track activities, interventions and outcomes for use in tracking student and client outcomes and to provide curriculum monitoring information for faculty.

## Review of Recommendations by Curriculum Components

*Recruitment*

1. Recruitment strategies and materials should be re-written to be more client and client problem focused first, skill and knowledge development second and not attempt to portray the clinic as being "competitive".
2. Recruitment needs to be more targeted and focused towards the motivation to enroll reported by law students participating in the clinic. Clinic faculty members need to be more active in recruitment efforts such as: targeting particular student groups, classes and working more closely with the placement coordinator of the Interdisciplinary Center.

*Intake and Case Assignment*

1. All law students should have one team with a social worker assigned
2. Develop more formal intake criteria that identify characteristics of cases that allow faculty to meet educational and practice goals of the curriculum.

*Orientation*

1. Faculty should provide more direct information about what clinical education is and as part of the orientation include opportunities for law and social work students to share and process information about the differences in how they are educated, what content they have and are studying and the implications for practice.
2. As part of the technology training provided during orientation, faculty

should include an orientation to both professions' datum bases (Lexis, Social Work, Sociology and Psychology journals) and/or an orientation with library staff.

*Seminar Activities*

1. Review sequencing of classes and use casework components to change sequence of individual classes to better integrate the skills and knowledge needed by students to effectively carry out the component of casework.
2. Faculty should develop more specific performance criteria for general class participation and participation during simulation exercises.
3. In the beginning classes have students focus on their own profession for reading and writing assignments and facilitate and model information integration in the classroom.

*Casework and Practice Activities*

1. Faculty should employ supervision methods in a flexible manner geared towards individual student need.
2. Faculty should focus more on the Transition phase of the casework model and develop uniform procedures for the organization of case files and identify what information should go into end of semester case status memos

*Evaluation and Program Monitoring Activities*

1. Faculty should meet with Information Technology personnel to explore and better understand the case management data base and its potential to produce aggregate data related to program activities, interventions and outcomes for students and clients.

2. Using the results from the process evaluation and the Final Logic Model of the curriculum, faculty should develop a standardized evaluation tool for casework that can evaluate desired shared, profession specific and interprofessional competencies found in the clinic handbook, field education manual and the interprofessional education evaluation literature. This tool can collect data before, during and after the clinical experience to better evaluate student growth and development over time.

Recommendations Regarding Future Curriculum Evaluation

1. Extend the process evaluation by designing structured interview protocols and interview former clients, referral sources and institutions the clinic works with on a regular basis and conduct a document review of case related data (chronological notes, evaluations, memos summarizing client contact). Based on this information, design client entrance and exit survey
2. Using the findings of this study, design a survey instrument that can collect data about the long-term (longitudinal) effects of the curriculum on former students' professional practice and clients' ability to successfully advocate for their children.
3. Explore the use of standardized instruments developed and validated in other interprofessional education programs for use in evaluating this curriculum and compatibility with measuring outcomes relevant to the program theory and design.

## APPENDIX A-INFORMED CONSENT FOR STUDENTS

INFORMED CONSENT FORM FOR GENERAL STUDENT PARTICIPATION

My name is Lyn Slater and as you know, I am a Clinical Professor in the Graduate School of Social Services and in the Family Advocacy Clinic at the School of Law . I am also a doctoral student in the Social Welfare Ph.D. Program at the Graduate Center of The City University of New York. I am the Principle Investigator of this project entitled, *Exploring Learning In an Interprofessional Clinical Education Setting; an Activity Theory Perspective.* My dissertation will be based on the research I conduct and will focus on evaluating the collaborative teaching and supervision methodology used by faculty in the Family Advocacy Clinic.

The educational goals of fieldwork in The Family Advocacy Clinic are to provide tools and structures that can assist you in learning how to apply your professional knowledge to cases involving actual clients and to learn when and how collaborating with another profession could expand the ways you might think about and provide services to clients. In order for faculty to better meet these goals we are going to conduct an educational assessment. I would specifically like your permission to use the data collected during the assessment for my doctoral dissertation.

The faculty are interested in finding out how the tools and structures that have been designed to facilitate collaboration such as joint supervision, assignment to interdisciplinary teams, joint interviews, participation in an interprofessional seminar and simulations to name a few, are being used and to what extent they are in fact helpful to you in learning how to collaborate with another professional. We are also interested in finding out when the tools are not working so we can make improvements in the future.

If you agree to participate I would like to re-examine any documents that you produced during the course of the semester such as assignments, agendas and memos after grades and evaluations are turned in at the end of the semester by your professors. The purpose of reviewing the documents this time will not be to evaluate you individually for a grade but rather to evaluate the assignment or task itself and to examine whether it helped you and the other students to understand when and how to integrate the knowledge of your own and another's profession. Documents will be identified by code, and you will never be identified by name. Any documents related to this assessment will be kept in a password protected computer file in my locked office. This data will also be open to review by my advisor in the doctoral program.

Participation is completely voluntary and your grade will not be affected either way, if you agree to participate or not participate. Your participation will not affect your status or any other benefits you are otherwise entitled to as a student in the University. I will not be aware of who has agreed to participate until all grades and evaluations are submitted at the end of the semester. You are free to withdraw your participation at any time.

I do not anticipate any risks to you nor will there be any immediate benefit. There will be approximately 30 students taking part in this study and approximately 30 students will be interviewed (and will sign a separate consent form in addition to this one).

I may publish results of this study, but names of people or any identifying characteristics, will not be used in any of the publications. If you would like a copy of this study, please provide me with your address and I will provide a copy in the future.

If you have any questions about this research you may contact me at 212-636-7180 or lslater@law.fordham .edu or my advisor Dr. Mimi Abramovitz at 212-866-2429. If you have any questions about your rights as a participant in research please contact Kay Powell, IRB Administrator, The Graduate Center, CUNY at 212-817-7525, kpowell@gc.cuny.edu.

Thank you for agreeing to participate in this study. I will give you a copy of this form to take with you.
If you agree to the following please sign below:

I have read the above and fully understand the nature of my participation: that my participation is voluntary, that my participation in either direction will not affect my grade or evaluation nor my status or any benefits due me as a student of the University, that the documents I have produced throughout the semester as part of my education in the clinic will not be re-reviewed for the purposes stated above until after grades and evaluations have been turned in by faculty at the end of the semester, that I can withdraw participation at any time and that all information will be kept strictly confidential and that the data will also be used as Lyn Slater's dissertation project.

I voluntarily agree to participate in educational assessment of the Family Advocacy Clinic being conducted by Lyn Slater.

_____ _____ _____ _____

Participant's Signature Date Investigator's Signature Date

# INFORMED CONSENT FORM FOR STUDENT INTERVIEW

My name is Lyn Slater and I am a Clinical Professor in the Graduate School of Social Services and in the Family Advocacy Clinic at the School of Law. I am also a doctoral student in the Social Welfare Ph.D. Program at the Graduate Center of The City University of New York. I am the Principle Investigator of this project entitled, *Exploring Learning In an Interprofessional Clinical Education Setting; an Activity Theory Perspective.* My dissertation will be based on the research I conduct and will focus on evaluating the education methodology used by faculty in teaching the Family Advocacy Clinic. I am requesting your permission to use the data collected during this evaluation for my dissertation project.

The educational goals of fieldwork in The Family Advocacy Clinic are to provide tools and structures that can assist you in learning how to apply your professional knowledge to cases involving actual clients and to learn when and how collaborating with another profession could expand the ways you might think about and provide services to clients. In order for faculty to better meet these goals I would like permission to have a research assistant interview you about your experiences in the clinic this current semester. The questions you will be asked are not significantly different than the questions you may be asked in supervision, in seminar and in clinic self-evaluations. Although I will not be conducting the actual interviews, I have developed the questions you will be asked and I will be reading, analyzing and writing about the data collected from the interviews. This data will also be open to review by my advisor in the doctoral program.

Participating in the interview is completely voluntary and your grade will not be affected either way, if you choose to participate or not participate, nor will your participation affect your status or any other benefits you are otherwise entitled to as a student of the University. I will not be aware of who has agreed to participate until all grades and evaluations are submitted at the end of the semester.

The interview will take from one to one and a half hours. You may skip any question you choose not to answer. With your permission, I would like the research assistant to tape the interview so details can be recorded accurately. Your interview will be identified by code, not by name. You will be asked not to use specific names during your interview. All information will be kept strictly confidential and any tapes or notes will be kept in a locked file cabinet in the Director of Clinical Legal Education's office and will not be available to me or shared with any other clinic faculty until all the grades and evaluations have been submitted to your schools at the end of the Spring 2005 semester. Informed consent forms and tapes will be kept in a locked cabinet in my office for a period of three years and will then be destroyed. Any documents related to this study will be kept in a password protected file in my computer, in a locked office.

I do not anticipate any risks to you nor will there be any immediate benefit. There will be approximately 30 students taking part in this study and approximately 30 students will be interviewed.

I may publish results of this study, but names of people or any identifying characteristics, will not be used in any of the publications. If you would like a copy of this study, please provide me with your address and I will provide a copy in the future.

If you have any questions about this research you may contact me at 212-636-7180 or lslater@law.fordham .edu or my advisor Dr. Mimi Abramovitz at 212-866-2429. If you have any questions about your rights as a participant in research please contact Kay Powell, IRB Administrator, The Graduate Center, CUNY at 212-817-7525, kpowell@gc.cuny.edu.

Thank you for agreeing to participate in this study. I will give you a copy of this form to take with you.

If you agree to the following please sign below:

I have read the above and fully understand the nature of my participation; that my participation is voluntary, that I can choose not to answer any question, that my participation in either direction will not affect my grade or evaluation nor my status or any benefits due me as a student of Fordham University, that the data from this interview will not be available to the investigator until after grades and evaluations have been turned in by faculty, I can withdraw participation at any time, that all information will be kept strictly confidential and that the data will also be used for Lyn Slater's dissertation project.

I voluntarily agree to be interviewed as part of educational assessment of the Family Advocacy Clinic being conducted by Lyn Slater.

I agree to have this interview taped [circle one]
Yes No

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Participant's Signature Date Investigator's Signature Date

## APPENDIX B – INFORMED CONSENT FOR FACULLTY AND STAFF

INFORMED CONSENT FORM FOR STAKEHOLDER INTERVIEWS

My name is Lyn Slater and as you know, I am a Clinical Professor in the Graduate School of Social Services and supervising social worker in the Family Advocacy Clinic at the School of Law. I am also a doctoral student in the Social Welfare Ph.D. Program at the Graduate Center of The City University of New York. I am the Principle Investigator of this project entitled, *Exploring Learning In an Interprofessional Clinical Education Setting; an Activity Theory Perspective.* My dissertation will be based on the research I conduct and the purpose of this project is to conduct an evaluability assessment, or an evaluation of the program design related to the educational and interdisciplinary aspects of the Family Advocacy Clinic.

As part of the evaluability assessment, I would like your permission to interview you in order to obtain your understanding of and opinions about the goals, objectives and activities of the Family Advocacy Clinic. The interviews will be conducted by me, or by a research assistant. Although I will not be conducting some of the actual interviews, I have developed the questions you will be asked and I will be reading, analyzing and writing about the data collected from the interviews. This data will also be open to review by my advisor in the doctoral program and will be used for my dissertation.

Participation is completely voluntary. Your participation will not affect your status or any other benefits you are otherwise entitled to as a current or past employee of the University. You may withdraw your participation at any time.

The interview will take from one to one and a half hours. You may skip any question you choose not to answer. With your permission, I would like to tape the interviews so details can be recorded accurately. If you agree to be taped you will be given the opportunity to review the completed tape. You may request that either all or part of the tape may not be used.

Your interview will be identified by code, not by name. You will be asked not to use specific names of students, faculty or clients during your interview. All information will be kept strictly confidential and any tapes or notes will be kept in a locked file cabinet in the Director of Clinical Legal Education's office. Any information gathered from you will be combined in a cumulative form with information from other interviews without identifying names. Informed consent forms and tapes will be kept in a locked cabinet in my office for a period of three years and will then be destroyed. Any documents related to this study will be kept in a password-protected file in my computer, in a locked office.

I do not anticipate any risks to you. Potential benefits to you as a stakeholder may be that results and recommendations from this evaluability assessment can provide data that can increase the effectiveness of this educational program.

I may publish results of this study, but names of people or any identifying characteristics, will not be used in any of the publications. If you would like a copy of this study, please provide me with your address and I will provide a copy in the future.

If you have any questions about this research you may contact me at 212-636-7180 or lslater@law.fordham .edu or my advisor Dr. Mimi Abramovitz at 212-866-2429. If you have any questions about your rights as a participant in research please contact Kay Powell, IRB Administrator, The Graduate Center, CUNY at 212-817-7525, kpowell@gc.cuny.edu.

Thank you for agreeing to participate in this study. I will give you a copy of this form to take with you.

If you agree to the following please sign below:

I have read the above and fully understand the nature of my participation; that my participation is voluntary, that I can choose not to answer any question, I can withdraw participation at any time, that my participation in either direction will not affect my status or any benefits due me as a past or current employee of Fordham University, that I will be given the opportunity to review completed tapes, that I may request that all or part of the tapes may not be used that all information will be kept strictly confidential and that these data will be used for Lyn Slater's dissertation.

I voluntarily agree to be interviewed as part of educational assessment of the Family Advocacy Clinic being conducted by Lyn Slater.

I agree to have this interview taped [circle one]
Yes No

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Participant's Signature Date Investigator's Signature Date

## APPENDIX C-INTERVIEW PROTOCOL FOR STUDENTS

INTERVIEW GUIDE FOR STUDENTS

OPENING STATEMENT: *The educational goal of fieldwork is to give you an opportunity to practice what you have learned during your professional education by working with actual clients. In order to better meet this goal, we would like to ask you some questions about your background and experiences in the clinic this semester. These questions apply to both fieldwork and seminar. As you respond please do not refer to yourself, other students or clients by name.*

GOALS

1. What do you think the Family Advocacy Clinic is trying to accomplish?
    a. What changes or differences do you think the clinic is trying to make with regard to students?
    b. What changes or differences do you think the clinic is trying to make in regard to clients?
2. What negative effects, if any, might the clinic be having?
    a. In regard to students?
    b. In regard to clients?
    c. What could be done to avoid negative effects?
3. Did the coursework you have already completed prepare you for this experience?
    a. Are you using any of your current coursework to help you to do your job in the clinic? Please explain.
4. As a result of your experience in the clinic how, if at all, would you like to see social work or legal education change?
5. Did you have any prior professional experience that you felt helped/did not help you in this setting?
6. Were there any other influences not related to the clinic that you felt helped/did not help you in your work here?

ACTIVITIES

7. Once you were assigned to a case describe how you came to know what the client problem was and what to do about it?
8. What tasks related to your work in the clinic did you perform when you were actually in the clinic?
9. What tasks related your work in the clinic did you perform when you were outside the clinic?
10. What other people and or/organizations were involved with you in performing these tasks?
11. How did the tasks, if at all relate to achieving a client goal?
12. What problems, if any, did you face in carrying out these tasks?
13. How if at all were these tasks unique to your profession?
    a. To another profession?

b. Could be shared?

14. Does anything need to be improved or changed to make working relationships better?
15. What role, if any, did faculty play in helping you understand the client problem and what to do about it?
16. Describe an experience that is pretty typical if you were a student in this clinic
17. Describe an incident in the clinic that you believed helped you to better understand the problem a client had and what to do about it, what happened?
18. Describe an incident in the clinic that did not go as you and/or the team planned, what happened?

RESOURCES

19. What resources (computers, staff) were available to you in the clinic to carry out your responsibilities?
20. Were they adequate?
21. What other resources or help might be needed?

INDICATORS OF SUCCESSFUL OUTCOMES

22. Would you say that working with other professionals was different than you expected?
23. To what extent, if any, do you believe that the knowledge and skills of your profession helped other professionals to better understand and solve the client problem? Give examples.
24. To what extent, if any, do you believe the knowledge and skills of another profession helped you to better understand the client problem and what to do about it? Give examples.
25. Would you say that working with clients was different than you expected?
26. What would you say are the ingredients of a successful experience for clients who come to the clinic?
27. What would you say are the ingredients of a successful experience for students who come to this clinic?
28. To what extent, if at all, was faculty helpful/not helpful to you in fully participating in this clinic?
29. Is there anything you believe that you know or can do now as a professional that you could not do before participating in this clinic?
30. Is there anything else you would like to add or let the faculty know ?

# APPENDIX D-INTERVIEW PROTOCOL FOR FACULTY AND STAFF

INTERVIEW GUIDE FOR STAKEHOLDERS

GOALS

1. What is your overall perception of the educational purpose of the Family Advocacy Clinic?
2. What would you describe as the goals and objectives of the program?
3. What do you think the goals and objectives should be?
4. What would you like the students to gain from participating in a collaborative, interdisciplinary seminar and practice experience?
5. Are there any specific knowledge and skills you believe it is important for the students to obtain and develop while they are participating in the clinic?
6. What changes, if any, do you think this program is making in faculty and student participants?
7. How do you see this experience fitting into the overall goals of social work/legal/psychology graduate education?
8. Are there any influences outside the control of the clinic that you feel influences and impacts student learning? If so please describe what they are and how they may influence the learning process of the clinic.

ACTIVITIES

1. What is your opinion about how the program is actually being implemented?
2. What activities and strategies are used to engage the students in the learning process? Do you have any concerns about these?
3. Do you have a need for any particular data? What would you like to know?
4. (FOR CLINIC FACULTY ONLY) What tasks do you perform that relate to the educational goals of the program?
5. (FOR CLINIC FACULTY ONLY) How does each of these tasks contribute to accomplishing the goals?
6. (FOR CLINIC FACULTY ONLY) What problems, if any, do you face in performing these tasks? If there are any, what could be done to overcome the problems?

RESOURCES

1. What are your perceptions about the resources of the program? Are they adequate? What more may be needed?

OUTCOME INDICATORS

1. What are you feelings about this program being evaluated?
2. How do you think the goals of this program might be measured?

3. Are there any questions or concerns about the operation of the program you would like to see addressed by an evaluation?
4. (CLINIC FACULTY ONLY) How do you currently evaluate student outcomes?
5. (CLINIC FACULTY ONLY) How is your performance evaluated and by who?
6. (CLINIC FACULTY ONLY) Has participating in this program changed the way you think about teaching and supervision, your ideas about your own profession, another profession? If so please describe.
7. What are some indicators of success the program might try and measure?
8. Who would you like to impress or influence with evaluation findings?
9. What kind of evidence do you think would impress them?

GENERAL

1. Is there anything else I should know or you would like to add?

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