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An evaluation of an interprofessional Master's level programme in Children's Palliative Care. Part 1 The Students' Evaluation of the Programme

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TITLE: AN EVALUATION OF AN INTERPROFESSIONAL MASTER'S LEVEL PROGRAMME IN
CHILDREN'S PALLIATIVE CARE. PART 1 THE STUDENTS' EVALUATION OF THE PROGRAMME.

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Abstract 200 words (NEP 200 max)

In 2010/12 an innovative children's palliative care interprofessional educational project funded by the Irish Hospice Foundation was undertaken in a University faculty (AUTHORS NAMED). This initiative responded to international educational recommendations to meet the palliative care needs of children. The project involved the development and delivery of 3 standalone modules at Master's level and a substantive research evaluation of the project to examine stakeholders and students perspectives to provide an insight into their experiences and to gather data for future developments. The research evaluation was conducted in two parts, part one sought students' evaluation and part two sought stakeholders', curriculum developers and lecturers' feedback.

This paper reports the students' evaluation. Findings indicate that students perceived undertaking the modules provided them with the opportunity for improved interprofessional learning and they found modular content and assessment challenging. They also found the modules met their educational needs and also promoted an awareness of interprofessional education and the collaborative teamwork involved in children's palliative care. These students already experienced in children's palliative care indicated that those teaching on programmes at this level need expertise and programme time needs to be available for sharing experiences and for consolidation of learning.

Key words (NEP 4 words max)

Children's palliative care, interprofessional education

INTRODUCTION

COMPLETELY REWRITTEN in line with comments provided

The Republic of Ireland, in keeping with other countries internationally, has experienced an increased number of children and young people with life-limiting conditions (LLC) who require palliative care. These children have a wide range of very complex health care needs, which require sustained services for the child and family not only for the duration of the child's life but also into bereavement, have been the focus in current national and international policies. In Ireland, for example, as elsewhere there are recommendations regarding the need for service improvements and development underpinned by a sound knowledge base and provided by an educated and competent workforce (Department of Health and Children (DOH&C), 2001., DoH&C and the Irish Hospice Foundation (IHF) (2005) and the DOH&C, 2009). Such recommendations for improvement are made clear in the following directive indicating "*the need for staff to develop the competencies required to address the palliative care needs of children*" together with "*the development of a core module of integrated learning for all health professionals*" (p.vii).

In addition to policy directives in curriculum development in health care programmes the need for interprofessional education is emerging nationally and internationally (World Health Organisation (WHO) 2010) to ensure optimal health care is delivered. Interprofessional education is said to occur when members or students of two or more health and /or social care professions engage in interactive learning activities to improve collaboration and or the delivery of care (Reeves et al., 2010; Barr, 2013). In the United Kingdom the Care Quality Commission (2009) identified the potential contribution of interprofessional education in safe

health care delivery. The need for interprofessional education is also included in many recent educational initiatives (Kitto et al., 2013) and is linked to the need to reinforce interprofessional practice internationally (Craddock et al., 2013). Interprofessional education has been linked to the reduction in medical errors, hospital readmissions, decreased mortality rates and improved health outcomes for those with chronic conditions (WHO, 2010).

BACKGROUND

In response to the above recommendations and directives, and because there were no inter professional programmes in children's palliative care available in the Republic of Ireland, the IHF in 2010/2011 provided funding for the development and delivery of standalone interprofessional Master's level modules at level 9 under the Bologna agreement. This significant funding enabled the establishment of a research and teaching team to develop an interprofessional children's palliative care education programme, a first in the country. The three modules were developed in the School of Nursing and Midwifery, (AUTHORS UNIVERSITY) in 2010/2011 and from the outset this modular programme was planned and delivered in close collaboration as has been identified as central to interprofessional healthcare education (Webster, 2013) with key stakeholders from a range of professional background including clinical and specialist experts. The programme curriculum was guided by the philosophy of interprofessional education (MacDougall et al., 2001) and the development of the modules was influenced by the curricular cycle (Peyton, 1998).

Critical to the development of the programme content was its academic level, applicability and relevance to children's palliative care practice and service needs in all settings across the country. The project team developed three Master's level interprofessional modules, (1)

philosophy, principles and practice in children's palliative care, (2) pain and symptom management in children's palliative care and (3) psychosocial and spiritual issues in children's palliative care. Each module was awarded 10 credits by the University. The modules could be taken as standalone or in totality and were delivered face to face in a classroom setting..Additional educational resources were posted on line for students. Given the embryonic state of specialist children's palliative care services in Ireland direct teaching methods were chosen deliberately and specifically at the outset as there was an identified need for health professionals to come together to network (Tracey and Nicholl, 2006).

Following a year in which the curriculum was developed three separate interprofessional modules in children's palliative care were delivered in 2011/ 2012 by key stakeholders, interdisciplinary experts and practitioners with expertise in this field of practice. This included interprofessional specialists from nursing, medicine, social work, physiotherapy, psychology, play, art therapy, chaplaincy, speech and language therapy, family and childcare as well as experts in ethics and law. Content related to contemporary national and international issues and challenges in the delivery of care to children and their families. Content was also designed to enable participants to develop the knowledge, skills, competencies and attitudes to enable them to deliver best practice palliative care to support to children who are living with life-limiting conditions and their families in all care settings from an interprofessional perspective. The learning outcomes for the modules were written to be deliberately broad but were sufficiently detailed to act as a guide to the student's learning. The achievement of modular outcomes by the student required advanced study in the theoretical, philosophical and practical aspects of children's palliative care. On completion of each module, students completed a formal theoretical assessment to facilitate them to apply and relate the theoretical elements of the programme to their specific area of clinical practice

and role. This required the student to demonstrate critical thinking and reflective practice skills to the delivery of children's palliative care. There was no clinical practice element to the modules as the participants were already qualified professionals working in this field. In addition to a formal specific written assignment summative informal assessments and oral class presentations were included to facilitate group learning, networking and to integrate a theoretical perspective to their professional practice. Each module was also designed to be delivered over 5 full days one day a week for 5 weeks. This was planned because as all students would be working it was essential from stakeholders and managers perspectives that there would need to be minimal disruption to service delivery. It was also implemented as students would be travelling from all parts of the country so it was important to maximise their time in class.

From the outset the planning team recognised the need for constant and complete evaluation of all aspects of the programme (Mac Dougall et al., 2001; Mellor et al., 2013). This was also a funding requirement and necessary as part of the University evaluation protocols. In addition as this was the initial programme, evaluation was needed for the development and future delivery of the programme. In keeping with the belief that curriculum development is an ongoing and evolving process, it was agreed at the outset that the programme would be fully evaluated. Consequently all aspects of the curriculum design and delivery were subjected to critique by key stakeholders including participants, service providers, employers and all those involved in the programme. The complete evaluation project examined the development and delivery of the three interprofessional modules from student and stakeholders perspectives to identify key issues involved in the further development and follow up (Ford, 2013) and to add to an improved understanding of the development of an interprofessional programme in children's palliative education. To this end a separate

research study was developed to ensure that a summative evaluation of the project by stakeholders and all students was undertaken. This evaluation was conducted in two parts student evaluation and stakeholder evaluation.

The aim this paper is to present the evaluation of the students who completed the programme with a view to identifying what worked, what should be changed and to identify their suggestions for the future development of the programme based on their experiences of this first programme.

OBJECTIVES

The substantive research evaluation objectives were carried out in two parts, part one sought the students' evaluation and part two sought stakeholders, curriculum developers and lectures evaluation. This paper specifically reports on the students' evaluation of their experiences of the delivery of the 3 standalone interprofessional modular programme in children's palliative care.

ETHICAL APPROVAL

Ethical approval to undertake this substantive evaluation research study was granted by the Faculty of Health Sciences research ethics committee (AUTHORS UNIVERSITY) Dublin. Throughout the study the principles of good ethical practice were adhered to including confidentiality, informed consent and the protection of students' rights.

PARTICIPANTS

All fifteen (n=15) students who participated across the three modules were invited to participate in the student evaluation. Students represented a range of professional practitioners [nurses, social workers, physiotherapists and chaplains] involved in the delivery of children's palliative care. Given the standalone nature of the modules some students participated in, and completed, all three modules while others participated in one or two modules only. Of the (n=15) students, seven nurses participated in all three modules, two social workers participated in two modules while two chaplains, two nurses, one social worker and a physiotherapist participated in one module only.

DATA COLLECTION

The student evaluation questionnaire developed for the study was informed by the University's standard evaluation tools and School's module and programme evaluation tools. These were amended to reflect the specific aspects of the children's palliative care modules. Data were collected using a precoded questionnaire distributed by post. A letter of invitation to participate in the study and a copy of the questionnaire was sent to each student six weeks after the programme finished and after the release of final results. A reminder email and second invitation letter and questionnaire were also sent two weeks later. As a requirement of ethical approval to protect student identities and to avoid potential coercion, questionnaires and were distributed and returned by post to the independent research assistant recruited to the team to lead the programme evaluation. No student identities can be linked to the data. This is important particularly as this was a small student cohort.

In the questionnaire students were asked to provide quantitative feedback on three specific issues. These were the relevance of the modules' content to children's palliative care; the teaching strategies used; the impact of completing a/the module/s on their professional development and learning in practice. In addition to these structured items qualitative data were collected by which the students were invited to comment on the three most positive aspects of the modules, the three most negative aspects and three changes they would recommend in future programmes. They were also asked to add any additional comments relevant to the project's aim and objectives.

DATA ANALYSIS

In analysis both quantitative and qualitative approaches were applied. Quantitative analysis was undertaken using Microsoft Excel. Qualitative analysis involved reading each questionnaire to collect the data and to categorise this content into the pre-determined categories. Qualitative analysis was applied to the questionnaires comments section and involved transcription, reading each questionnaire to filter data and code into the specifically determined categories [positive aspects, negative aspects and the way forward] (Stokes and Urquhart, 2013). Each questionnaire was coded independently by two researchers, identifiers were removed and final codes were agreed following discussion.

RESULTS

Questionnaires were sent to all students (n=15). Ten completed questionnaires were returned giving a response rate of (66%). Quantitative and qualitative findings are presented separately.

QUANTITATIVE FINDINGS

Using a five point Likert scale, students were asked to rate the relevance of the content of each of the modules they had completed to children's palliative care; the teaching strategies used and the impact of completing the module/s on their professional development and practice and their satisfaction with the module.

Overall the majority of students rated their level of satisfaction across the module/s as "high" (n=5, 50%) to "very high" (n=2, 20%); neutral (n=2, 20%) and low (1, 10%) and rated organisation across the module/s as "good" (n=5, 50%) to "very good" (n=3, 30%); neutral (n=2, 20%).

Modules

The majority (9, 90%) of students rated that "the module/s were relevant to children's palliative care" while (n=2, 20%) scored "neutral" and (1, 10%) scored "low". In reply to the question the "overall the delivery of the module/s stimulated me to think critically about children's palliative care" eight students (8, 80%) equally indicated "strongly agree" to "agree" and one (1, 10%) indicated "neutral" and another "disagree". Neither of these two students elaborated on these responses in the comments section. One student (1, 10%) disagreed that "overall the teaching strategies for the module/s were appropriate" while (n=5, 50%) found the teaching strategies appropriate. Two (n=2, 20%) students disagreed that "overall the module/s content was relevant to the modules learning outcomes" whereas (n=4, 40%) agreed and (n=2, 20%) strongly agreed (Figure 1).

Learning

Over fifty percent of students rated “the assessment strategy was appropriate” while (n=3, 30%) indicated “neutral” and (n=1, 10%) disagreed. The majority “strongly agree” (n=3, 30%) and “agree” (n= 5, 50%) found “the assignments enabled me to demonstrate what I had learned” while (n=2, 20%) were “neutral”. Students reported between “strong agree” (n=4, 40%) and “agree” (n=3, 30%) that “the knowledge gained from the module/s benefited my practice in children’s palliative care” while two students scored “neutral” and one scored “disagree” (Figure 2).

QUALITATIVE FINDINGS

In addition to this quantitative data the students were invited to provide qualitative feedback. This focussed on the three most positive, the three most negative aspects of the module/s and three changes students would recommend in programme planning. An opportunity was also provided to make additional comments relevant to the aim of the study. The data returned reflected issues related to the module/s structure, structural influences and module/s delivery. The qualitative findings are presented using three themes; strengths, dissatisfaction, and the way forward.

Strengths

Students generally indicated that the modules overall met with, and for some surpassed, their expectations. Strengths positively evaluated included the benefits of sharing information and

meeting the individual student's personal educational and clinical needs. Completing the module/s fulfilled the perceived gap in their need for education in children's palliative care. In addition students reported that their academic skills were improved by completing the module/s. In addition to personal development a positive outcome of shared learning for clinical practice was identified by a number of students. The benefits of sharing and the link to improved clinical practice were outlined by RQ09:

“Sharing and receiving information from other professionals. Developing my own personal education. These modules equip me to deliver a better quality of support to children with life limiting illnesses and their families.” (RQ09)

In addition, role clarification was identified. Completing a module was identified as promoting and creating an awareness of the significance and importance of collaboration and teamwork in children's palliative care. Module/s completion provided an opportunity for the students from different professions to share perspectives from both students and lecturers, leading to an improved understanding of each other's roles, as evidenced below:

“Meeting with experts in the field. Being exposed to appropriate academic writings. Meeting/sharing experience with colleagues in the field.” (RQ01)

Finally students reported the value of the academic support they received in relation to study at Master's level and the provision of help from module lecturers. Overall students reported positively in the three aspects, module structure, structural influences and module delivery. (Table 1).

Table 1 Strengths**Module Structure**

- being exposed to appropriate academic writings
- learning how to research and complete an assignment
- group presentations were very informative

Structural Influences

- meeting experts in the field
- time for reflection and discussion with others
- networking, team work and interdisciplinary team work in children's palliative care

Module Delivery

- lecturers and others were really helpful
- course coordination was very good, helpful and approachable
- student support was excellent

Dissatisfaction

In addition to strengths students provided feedback on issues with which they were dissatisfied. This included aspects of the module/s structure, content and lecturer input. The level of clinical experience and expertise of some lecturers in teaching children's palliative care and the lack of significant relevant and current specialist expertise and experience in children's palliative care nationally was reflected in the quality of some lecturers was reported.

Overall students felt that the module/s length was/were short and that more time was required in classroom sessions for class sharing/discussion, assimilation of knowledge and assignment work. They felt that modules were delivered in a very tight timeframe and more time was required within the programme.

“All three modules were rushed and time was not enough. “(RQ08)

In addition students reported managing work life balance during the module/s was problematic. Each module was delivered over five study days on consecutive Fridays over 5 weeks. This was problematic for students who were simultaneously working full time. Many attended the module/s on their day off which left students with little time for work and home life balance and for course study. Managing the module/s workload while working was difficult as indicated by RQ08:

“Workload was too much, as we have to work fulltime. No breaks between each module.” (RQ08)

Other practical issues that were reported as causing dissatisfaction included matters related to the University such as time needed to register and having time to access the library during their College days. This is reported by RQ05:

*“Each day in college was so full there was no time to register/access library etc...”
(RQ05)*

In addition students made comments on the modular content and its delivery. Students who completed all three modules or completed modules 1 and 3 generally evaluated module 1 “philosophy, principles and practice in children’s palliative care” superior to module 2 “pain and symptom management” and or module 3 “psychosocial and spiritual issues in children’s palliative care” because of its structure and content. All other students took either module 2 only or module 3 only so a comparison cannot be made with their comments (Table 2).

Table 2 Dissatisfaction

Module Structure   • no time to absorb what we were learning and applying to practice   • the 3 modules are really intense and time consuming; five Fridays are not enough to cover all the topics   • little time for questions at the end of the lecture   Module Content   • the quality of information wasn’t always targeted at our level of education   • too many smaller presentations though interesting not relevant to my work practice   Module Delivery   • some of the lecturers did not appear to have enough knowledge/experience in the area   • more time with palliative care consultants

The Way Forward

In addition students were asked to provide comments that would help in planning future similar programmes and to make suggestions/ recommendations as to how the programme might be developed for future cohorts. Students suggested that the modules should be delivered over a longer timeframe to allow for student exploration and sharing so that mature postgraduate students would benefit from their individual and shared career experiences. They also viewed it as necessary to encourage and facilitate the assimilation of knowledge and to allow time to discuss assignments (Table 3). In addition the need for support was identified. The need for a mentor for the programme was reported by RQ01:

“More use of time for reflection with via class discussions or a mentoring system.”
(RQ01)

In relation to current modules overall students indicated that current modules would benefit from having more class discussion, having more lecturers with children palliative care expertise and experience, delivery of modules over wider timeframe and develop towards greater interprofessional perspective. It was also suggested in relation to the scheduling of the three modules that this be reviewed to provide a break between each module so that students could complete modular assignments before taking the next module as RQ04 comments.

“Each module could be in 5 consecutive weeks but should have a break until assignments submitted then start another module.” (RQ04)

Students additionally suggested the need to develop further modules and a Master’s programme in children’s palliative care that is not currently available in Ireland as exemplified by RQ08:

“It would be great if these three modules can be added to further studies like Master’s in Palliative Care.” (RQ08)

Table 3 The Way Forward

Modules Structure   • more use of time for reflection, more discussion and theoretical input into our own very complex and demanding difficult cases; more team work   • perhaps having a day in college every second week; a break between each module would allow more time to work on assignments   • attempt to access more lecturers from professionals involved in the field   Module Content   • better mix of theory and practice   • introduce components of eLearning   Module Assessment   • more flexibility with assignment due dates would be a welcome option   • more help getting to understand use of library, research, doing searches

DISCUSSION AND IMPLICATIONS

The aim of this paper was to present students perspectives of undertaking a programme in children’s palliative care, the data collected in the evaluation offers an important perspective to others involved in interprofessional post-graduate palliative care education and creates some challenges for those who provide such programmes. In addition this student evaluation

is important as it offers insights into the outcomes of the first interprofessional education programme in children's palliative care in Ireland.

The importance of interprofessional education, evident in the literature (Higgins et al, 1994; Barr, 1995; Skinner, 2007; Miers 2010; Pollard, 2010) was encompassed by the students on this programme and students valued it and recognised its value and while some students had no previous experience in interprofessional as was evident in some student presentations and case study presentation discussions however despite this and the demands of the programme the students report positive experiences of their learning and the importance of meeting and sharing experiences with others from other professions involved in the practice of children's palliative care (Sanderson et al., 2004). The relevance of a holistic approach and the need to meet the learning needs of an interprofessional group was made clear to students at the outset of the modules.

As is evident from the students evaluation to be effective greater time is required within the timetable, this needs to be considered in programme planning when teaching in an interprofessional context and were issues related to continuing education and the importance of team work are part of the programme (Price et al., 2005; Walsh-Burke and Csikai., 2005; Oandasan et al., 2006; Liben et al., 2008; Barr, 2013). The project developers were aware that time needs to be made available for activities to enhance professional socialisation and boundary work (Witz, 1992) and to address the suspicion and distrust that is reported to exist (Baker et al., 2011) and to foster development of mutual respect and trust among professionals (Oandasan and Reeves, 2005). This includes role clarity (Hallin et al., 2009) and role differentiation (Walsh-Burke and Csikai, 2005) and the need to meet disparate needs of mixed professional groups needs to be carefully considered so that dominance of a single

professional view is avoided in teaching activities. Overall the students appreciated the level of interprofessional involvement in the programme and advocated for greater interprofessional involvement in the future. The difficulties in achieving this effectively and meaningfully for students are not to be underestimated (Sanderson et al, 2004) and the time required to do so needs to be carefully considered, particularly if the students are from disparate backgrounds, differ in their experiences and clinical backgrounds. However in this project, the student population was already practising and working in children's palliative care services nationally and so programme delivery was constrained by the need for organisational manpower planning; student travel and work life balance and lecturer availability.

The need for greater class discussion time in palliative care education is identified and is also supported by MacDougall et al., (2001) and by Becker (2007) who suggest, that because of the unique nature of palliative care in some areas better learning takes place by sharing of experiences. The benefits of shared learning as identified by students and the sharing of knowledge and perspectives encourages more creative problem-solving as key to children's palliative care (MacDougall et al., 2001). In addition motivating learners and clinicians to engage in activities that can lead to real changes in behaviour and practice is difficult (Hall et al., 2013). The time needs for these types of learning activities should not be underestimated in curriculum planning.

It is interesting to note that the nurses in the programme were very keen to learn about the practical management of pain and symptoms and placed high importance of drug and therapeutic regimes for physical symptom management which was of much less importance to other students, for example the chaplains and social workers. This may have been due to what Hutchings et al., (2013) indicate as disjuncture of individuals used to working

unprofessionally who were taken out of their comfort zones to work with others interprofessionally. However also interestingly to note that neither the social workers nor chaplains took part in module 2 which addressed pain and symptom management. That said, and as was found in Mellor et al., study (2013), students in this study enjoyed learning from other professionals and felt it assisted in broadening their perspectives on children's palliative care and increased their confidence in their professional contribution (VanderWielen et al., 2013).

Students all viewed lecturers' level of knowledge and clinical expertise in children's palliative care was of particular importance to their learning. They identified the need for lecturer credibility in delivering interprofessional education in children's palliative care particularly when students are already practicing in children's palliative care in various roles, positions and across different sites. Dissatisfaction with some lecturers' level of specialist knowledge and clinical expertise serves to highlight the need for clinical credibility, expertise in the field and specialist knowledge in teaching in programmes of this type. The importance of credibility has also been reported in undergraduate palliative care programmes (Nicholl and Price, 2012). A lack of expertise can cause students to report negatively on teaching, to display disinterest or to dismiss the content as irrelevant to their practice which can impact on learner motivation. A lack of specialists in the delivery of palliative care education was highlighted by Price et al., (2005) and makes finding lecturers for this type of specialist programme problematic. The difficulty can be overcome by inviting international lecturers to input but this is costly and may not be sustainable. Important to programmes of this nature are the skills of the lecturers needed to assess learners needs in terms of emotional and communication needs which can pose challenges for the healthcare professionals, this as was found in this programme required lecturer/facilitator considerable skill and sensitivity in

handling emotionally charged issues in helping students manage their own feelings related to children's palliative care needs which arise in the classroom and to develop students abilities to manage sensitive and delicate with families (Sullivan et al., 2005).

Finally most students were self funded and undertaking the programme in their off-duty time and despite this and the challenges of working, attending modules, studying and maintaining a work life balance students indicated a high level of satisfaction with the modules. They did indicate that there is a need to carefully consider the scheduling of the delivery of this type of modular programmes as the need for students to undertake academic study while simultaneously completing an academic programme can raise significant challenges when work demands have to be balanced with academic demands (Timmins and Nicholl, 2005).

In making recommendations for the future the students viewed a Master's pathway in children's palliative care as essential and the need for academic credit did arise. Findings indicate an overall strong interest in the development of future modules and the development of the project into an interprofessional Master's programme in children's palliative care. The level of clinical experience and expertise of some lecturers and the lack of significant relevant and current specialist expertise and experience in children's palliative care nationally was reflected in the quality of some lectures was reported. This study's findings also identified some further implications for all those involved in interprofessional education (Table 4).

Table 4 Factors to Consider in Children's Palliative Care Module Delivery

- the absolute importance of lecturer specialised knowledge and clinical expertise in children's palliative care when teaching this type and level of programme

- interprofessional education is valued by students but it needs to be planned
- postgraduate programmes need to build time into programmes to permit sharing of experiences
- student interprofessional group class presentations can help cross professional learning
- support is needed to assist students manage the impact of material taught and its potential impact
- given the nature of palliative care content the modules should if possible be spread out over a number of weeks rather than having one intense day 9-5 every week for 5 weeks. A more spread out approach would permit time for reflection and consolidation of learning
- support is crucial and is valued by students, regarding assignments

CONCLUSION

The findings from this evaluation indicate that to teach practitioners who are already experienced in the field it is imperative that those involved in teaching have credible relevant expertise in children's palliative care. The importance of valuing the students prior experiences and, embedding them in classroom activities was identified as important. In future programmes the relevance of the content to the participants practice role needs to be considered carefully in timetabling. Time needs to be made available in a constrained timetable to ensure class discussions are facilitated and the students are provided an opportunity for critical analysis and critiquing content. A blended learning approach may be a

useful method to examine. However in interprofessional programmes such as this it is considered important that students had face to face contact as reported in this evaluation. The importance and function of such interpersonal interaction needs to be recognised when planning newly developing interprofessional programmes.

Mature students personal circumstances and professional roles need to be accommodated in timetabling where possible as reported. The practical realities and tensions of planning programmes for these graduate students need to be considered.

Finally it is noted that the findings of this study are from a small cohort of students, but this is the nature of children's palliative care and this type of specialist interprofessional programme and are only applicable to students' experiences of the project. Nonetheless the findings are relevant to others involved in planning modules in children's palliative care providing the strengths, challenges and opportunities identified by students themselves. It provides insight into the issues that should be considered by those organising similar programmes.

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