

Include us:

Patient diversity in a diagnostic radiography and radiotherapy undergraduate degree programme

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Equality and diversity training is mandatory for our profession. However a diversity inclusive course can be much more effective. Diversity and equality is embedded in the curricula and assessment process, delivered by identifiable role models, where students can benefit from their own and others cultural capital.

This Year 2 module was developed to advance students' awareness of diversity, culture and inclusive patient centred health care and health promotion. The module leader in development of the module considered the advice and opinions of members of the Disability, BME and LGBT staff networks, community and service users. Students received teaching in workshops from community groups and service users (Black and ethnic minorities, disability including mental health, LGBT) and received communication skills teaching (cultural communication, neurological disorders, deaf and visually impaired). Students were also engaged in workshops and seminars that explored intersectionality. Students had the opportunity to engage in discussions relating to health promotion in seminars and workshops that were led by BME and LGBT radiographers who were experts and in their field of inclusive practice and research relating to LGBT and BME communities. Workshops were also delivered by 'experts by experience' – service users and community groups such as Warrington Disability partnership and Sahir House HIV support Network. It became apparent that 'experts by experience' were also our own students. It is recognised that our student cohorts are increasingly diverse. For example in 2008, 4% of our undergraduate students were from BME backgrounds, this has risen to 15% in 2015. Approximately 7% of students have a disclosed disability and 20% of students care for children and/or adult family members. Students were able to actively participate and engage in their learning, discussing issues relating to stereotypes, prejudice, discrimination and disadvantage and also able to draw on their own experiences as to how inclusive practice can be achieved. Students also highlighted areas that needed further discussion such as transgender which we will now include in the module content. The assessment consisted of the production of health promotion poster and also a reflective assignment on their clinical experience of patient centred care.

Service users have been an integral part of our radiography and radiotherapy programmes for over 5 years but it is now a requirement of all health care programmes from 2015 (HCPC SET's 2015).

Health inequalities due to social, geographical, biological or other factors, result in people experiencing poorer health and shorter lives (NICE 2012).

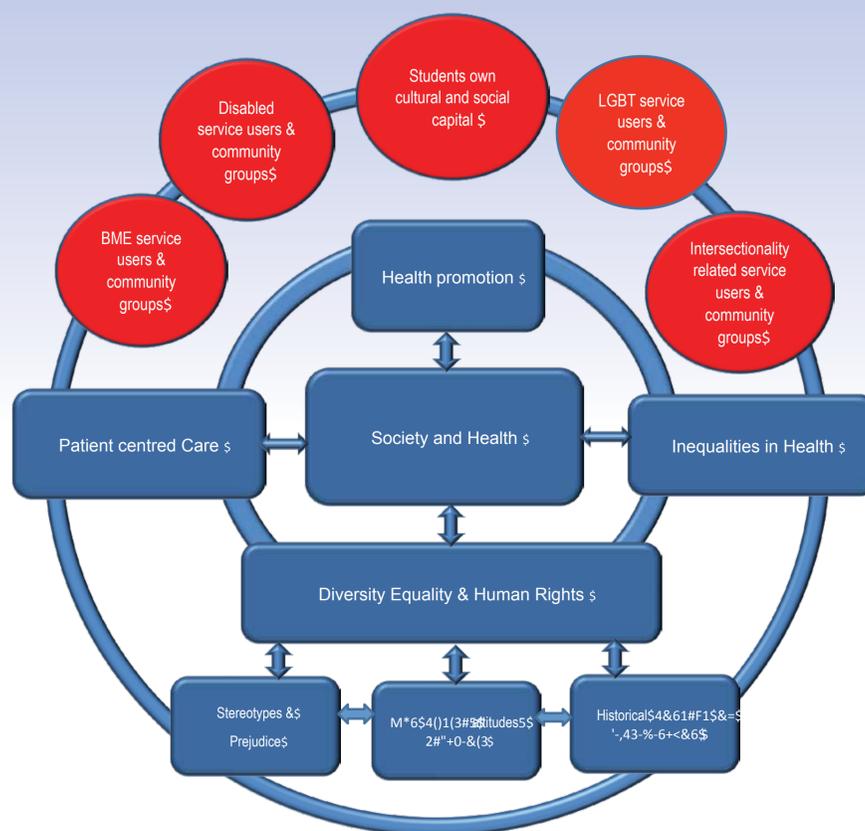
Employing an inclusive approach is underpinned by the adoption of principles of inclusive curricula design (Morgan & Houghton 2013).

Allied Health Professionals must have an understanding of their role in the promotion of health and health education in relation to healthy living and health screening for disease detection (HCPC 2013).

"Students were really engaged and I have to say I also learned so much from them"
(Service User)

"Sometimes it feels like Black and Asian people are invisible in the profession. It was great to hear about the work that a black radiotherapist had led in reducing mortality in black men due to prostate cancer"
(Student)

"Could we also make sure we consider transgender? I feel we didn't really touch on this in the discussions and content"
(Student)



"The assessment meant I could use examples from my own life and experiences of disability within my family"
(Student)

"The workshops on cancer in BME and LGBT communities has changed the way I think about diversity. I now understand why we need to collect diversity data on patients."
(Student)

"It's refreshing to see diversity, health and wellness being interlinked in this way and the student's own shared experiences being a resource."
(Academic Staff)

The Module Framework

CONCLUSION:

The module was highly evaluated by service users, students and staff. Students reported the module had made them think differently about themselves and the additional challenges faced by many patients. It was also evident that the teaching and assessment allowed students to benefit from their own cultural and social capital. Students also commented that often their own communities were invisible in the profession and education. LGBT and BME leaders and experts within the profession provided students with inspiration and positivity. The module has added to the blended learning approach developing the skills and support patients and their families require with full consideration of culture and diversity. Student diversity is also valued by recognising and including the students own cultural and social capital in learning, teaching and assessment.

References

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3. Morgan, Hannah and Ann-Marie Houghton. "Inclusive curriculum design in higher education: Considerations for effective practice across and within subject areas." *The Higher Education Academy*, <http://www.heacademy.ac.uk/assets/documents/inclusion/d%20isability/ICDintroduction.pdf>, (20 June 2013) (2011).
4. NICE Guidelines Health Inequalities and population health (2012) <https://www.nice.org.uk/guidance/lgb4/resources/health-inequalities-and-population-health-1681147764421>