

REFRAMING LEGAL PROBLEMS: EDUCATING FUTURE PRACTITIONERS THROUGH AN INTERDISCIPLINARY STUDENT CLINIC

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Abstract

This article introduces a pilot clinic that has been designed and implemented at Portsmouth Law School in partnership with the School of Health Sciences. The benefits and challenges of interdisciplinary team working identified in the health science and legal education literature will be discussed. It looks at the rationale for this innovative development and speculates on the potential for a new professional curriculum that may emerge.

The philosophy driving this pilot clinic is to contribute to breaking down silo thinking in professional students and build trust in the health and legal systems. This initiative will expose health professional and law students to holistic and therapeutic approaches to problem solving, teaching teamwork, collaboration and to breaking down the negative stereotypes of lawyers.

The proposed pilot clinic at the University of Portsmouth will provide new opportunities for students studying law and adult nursing to explore how interdisciplinary practice might build bonds of trust between professionals. It will also enable those involved to see potential networks, signposts and links, in order to improve client outcomes.

This new development, taking lessons from educational practice in health sciences, provides professional and teaching staff operating the clinic to build a new collaborative and dynamic joint curriculum.

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This new form of clinic, it is argued, provides an alternative to traditional perceptions of clinical teaching across multidisciplinary paradigms.

Introduction

The article will discuss why a pilot interdisciplinary student clinic (IDSC) has emerged as a potentially powerful way of educating better and more responsive future practitioners in nursing, law and allied health disciplines. This, we argue, has rich opportunities for improving the professional education and mutual understanding of the participating students and future practitioners. The potential community impacts of the IDSC will be discussed elsewhere.

The authors see a critical need in universities to better prepare the emerging professionals through meaningful interdisciplinary collaboration. The pilot IDSC at the University of Portsmouth will provide new opportunities for students studying law and adult nursing to explore how interdisciplinary practice might enhance bonds of trust between professionals and uncover a new collaborative and dynamic joint curriculum. In the longer term, the clinic could expand to include students of social work, pharmacy and dentistry in a joint learning environment. We anticipate that the IDSC environment will provide fertile ground for skill development in problem solving, relationship-building, communication and collaboration skills. Research suggests that skills of good client interviewing, triage, peer to peer learning are skills that different professional disciplines can share even though their roles may differ.²

² Harris MF, et al (2016) 'Inter-professional teamwork innovations for primary health care practices and practitioners: evidence from a comparison of reform in three countries' 9 [J Multidiscip Healthc](#), 35–

There are likely to be many unforeseen learning opportunities which will emerge within the IDSC, which our evaluation will capture, including the possibility of increased appreciation of each other's roles, professional knowledge and ethical responsibilities. It is hoped that this may lead to the reduction of inter-professional conflict in the longer term.

Healthcare can tend to be defensive in nature, aiming to reduce patient claims for compensation for negligence. This article reports on an approach to education that is positive in nature and could influence students' thinking about their future professional practice.

Author one's studies have demonstrated that a significant barrier to team working exists between professionals of different disciplines. It has provided some evidence that this results from poor previous stereotypes of lawyers and the adversarial system and poor experiences of lawyers by non-legal professionals who will put their client risk of relapse first or resist referral because of such poor experiences.³ The same

46, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4743635/> accessed 12 September 2017; Tobin Tyler, E (2008), 'Allies Not Adversaries: Teaching Collaboration to the next Generation of Doctors and Lawyers to Address Social Inequality', Roger Williams University School of Law Faculty Papers. Paper 17, 249. [Online] http://lsr.nellco.org/cgi/viewcontent.cgi?article=1017&context=rwu_fp accessed 14 May 2017; Author 1, Foley T 'Integrating Two Measures of Quality Practice into Clinical and Practical Legal Education Assessment: Good client interviewing and effective community legal education', *International Journal of Clinical Legal Education*, 21(1), 2014, pp. 69–92.

³ Author 1 (2015) Final Evaluation Report for the Legal Services Board Victoria - 'Why Didn't You Ask?' - Evaluation of the Family Violence Project of the Loddon Campaspe Community Legal Centre (April 16, 2015) 64-72. <<http://ssrn.com/abstract=2631378>; Author 1, (2017) A Research and Evaluation Report for the Bendigo Health–Justice Partnership: A Partnership between Loddon Campaspe Community Legal Centre and Bendigo Community Health Services (October 31, 2016). Available at <http://lcclc.org.au/wp-content/uploads/2017/11/Abridged-HJP-Final-Research-Report.pdf> Chapter 11, 145-151 and 173

phenomenon has also emerged in a United States studies by Sandefur and Cunningham.⁴ The University of Portsmouth IDSC seeks to provide a way of breaking down such stereotypes earlier and in undergraduate study, thus bringing about interdisciplinary cooperation that might be taken on into professional life.

This article's structure will frame the discussion under the following headings: Definition of terms; literature review; rationale; context; the development and evaluation of the IDSC; and conclusions.

Definition of terms

Different and often problematic nomenclature and understandings across the different literature, professions and pedagogy exists. The authors thought it might be useful to summarise existing terminology and then provide their own definitions, in order to avoid misunderstandings and to frame the article's discussion.

Clinical Legal Education

Clinical Legal Education is described as 'a premier method of learning and teaching. Its intensive, one-on-one or small group nature can allow students to apply legal theory and develop their lawyering skills to solve client legal problems. Its teaching pedagogy is distinguished by a system of self-critique and supervisory feedback

⁴ Sandefur R (2014-15) 'Bridging the Gap: Rethinking Outreach for greater Access to Justice, 37 *UALR L. Rev.* 721 at 726; Cunningham CD (1990-1991) 'Evaluating Effective Lawyer- Client Communication: An International Project Moving from Research to Reform', 67 *Fordham L. Rev.*, 1959, 1962.

enabling law students to learn how to learn from their experiences'.⁵ It is a form of experiential learning through engagement with the practice of law.⁶ It aims to contextualise the study of law and draw on student learning in other courses to guide and support them in identifying, developing and applying ethical legal practice skills. But its scope is much wider than simply 'skills', it also aims to develop students' critical understanding of approaches to legal practice, to their understanding of the roles of lawyers in relation to individual clients and social justice issues and to encourage and to validate student aspirations to promote access to justice and equality through the law.⁷

Clinical Legal Education in the UK has grown rapidly over the last 20 years and now features as part of the curriculum in the majority of Law Schools.⁸ The educational approach has been defined and discussed by many researchers. Kerrigan's definition, "learning through participation in real and realistic interactions coupled with reflection on this activity", fits with the model being discussed in this paper.⁹

⁵Evans A, et al 'Best Practices in Clinical Legal Education', Australian Government Office for Learning and Teaching, September 2012, 4.
([http://www.cald.asn.au/assets/lists/Resources/Best Practices Australian Clinical Legal Education Sept 2012.pdf](http://www.cald.asn.au/assets/lists/Resources/Best_Practices_Australian_Clinical_Legal_Education_Sept_2012.pdf)) accessed 29/11/13.

⁶ 'Clinical Legal Education Guide, Your Guide to Clinical Legal Education Courses Offered by Australian Universities in 2011 and 2013', University of New South Wales.
(http://www.klc.unsw.edu.au/sites/klc.unsw.edu.au/files/doc/eBulletins/CLE_GUIDE_2011_12.pdf) accessed 2/12/13.

⁷ Author 1, Foley T, (2014) 'Integrating Two Measures of Quality Practice into Clinical and Practical Legal Education Assessment: Good client interviewing and effective community legal education', *International Journal of Clinical Legal Education*, 21(1), 69–92.

⁸ For a review commenting upon the implications of this growth see Dignan, F., Grimes, R., & Parker, R. (2017). 'Pro Bono and Clinical Work in Law Schools: Summary and Analysis'. *Asian Journal of Legal Education*, 4(1), 1-16.

⁹ Kevin Kerrigan and Victoria Murray, 'A Student Guide to Clinical Legal Education and Pro Bono'

The phrase clinical legal education is well-known in Law Schools and is the subject of this journal. There are a number of clinic models and these have been documented¹⁰ in a recent review of the changing provision in UK Law Schools by Dignan et al. It describes a situation where law students provide free legal advice for members of the community, and this is how we use the term in this article. However, the term clinical would not be used in health literature even though Clinical Legal Education is a standard term in law. 'Clinics' in the health setting tend to be places where health services are delivered to members of the public which may, or may not, involve students working alongside the professionals. It also denotes a mode of practice informed research through 'clinical trials.' This has highlighted for the authors, the many differences even just in definition and application of language that exist in different professional discourse and the many opportunities for developing a rich new curriculum.

Interdisciplinary Student Clinic

The term interdisciplinary in this context, is borrowed from health, primary allied health and educational spheres and is not so common in legal language. Nacarrow notes, 'Terms such as interdisciplinary, inter-professional, multi-professional, and

(Basingstoke, Palgrave Macmillan, 2011 cited in Combe, M.M., 2014. Selling intra-curricular clinical legal education. *The Law Teacher*, 48(3), pp.281-295.

¹⁰ Dignan et al *ibid* n 9

multidisciplinary are often used interchangeably in the literature to refer to both different types of teams and different processes within them'¹¹

Our definition, involves students in meaningful collaboration that promotes learning from different disciplines. In this case, it is applied within education and training pedagogies to describe studies that use methods and insights of several established disciplines or traditional fields of study. We propose to adopt the enhanced 'team model' posited by Weinberg and Harding¹². Lerner and Talati describe an "experientially integrated team"¹³ in which more than one discipline is represented in both the designers and delivers of the curriculum and in the students. Our proposed IDSC will have Nursing and Law staff working together to supervise students from these disciplines, as they provide information and support to members of the public. This novel learning environment provides an opportunity for reviewing and creating an innovative curriculum for Law and Nursing students so that students can learn from each other's disciplines. These ideas will be explained and justified in the next section.

¹¹ Nancarrow S A et al (2013). 'Ten principles of good interdisciplinary team work' *Human Resources for Health* , 11:19 Page 3 of 11 <http://www.human-resources-health.com/content/11/1/19> accessed 12 September 2017. For a discussion of interdisciplinary practice and education with a legal context see Maharg P (2007) 'Transforming Legal Education: Learning and Teaching the Law in the Early Twenty-first Century' Taylor & Francis Ltd.

¹² Weinberg A and Harding C, (2004) 'Interdisciplinary Teaching and Collaboration in Higher education: A Concept Whose Times Has Come' 14 *WASH.U.JL& POL'y* 15.19 cited in Alan Lerner and Erin Talati (2006) 'Teaching Law and Educating Lawyers: Closing the Gap through MD experiential learning' Vol 10 *International Journal of Clinical Legal Education*, at 110.

¹³ Lerner A and Talati E (2006) 'Teaching Law and Educating Lawyers: Closing the Gap through MD experiential learning' Vol 10 *International Journal of Clinical Legal Education*, at 110.

Multi-Disciplinary Practice

The term Multi-disciplinary practice (MDP) is one used in legal circles for a professional practice model. It is a term used to describe commercial models of practice where lawyers work with accountants or financial advisers. It is defined by the Solicitors Regulation Authority as “A multi-disciplinary practice (MDP) is a licensed body that combines the delivery of reserved legal activities with other legal and other professional services. ‘Reserved legal activity’ and ‘legal activity’ have the meaning prescribed by s12 of the Legal Services Act 2007(LSA).”¹⁴ MDP intends to provide clients with a raft of professionals co-located for an efficient client service. The term is not the most suitable to describe the clinic model evaluated in this article because the aim of the IDSC is not to adopt such a siloed approach. The pilot being delivered at Portsmouth Law School will consist of Nursing and Law students delivering services to clients as teams. There will be no system of referral by one professional discipline to another. For this reason, the term MDP has not been chosen.

Inter-professional Practice

Within health education, the terms multi-disciplinary, interdisciplinary and inter-professional have been used¹⁵, and no consensus has been reached as to the most

¹⁴ See <http://www.sra.org.uk/sra/policy/policies/multi-disciplinary-practices-sept-2014.page>

¹⁵ Natalie L. Murdoch, Sheila Epp & Jeanette Vinek. (2017) Teaching and learning activities to educate nursing students for interprofessional collaboration: A scoping review. *Journal of Interprofessional Care*. Pages 744-753. Received 11 Jun 2016, Accepted 14 Jul 2017, Published online: 18 Sep 2017.
Erin Abu-Rish, Sara Kim, Lapio Choe, Lara Varpio, Elisabeth Malik, Andrew A White. (2012) ‘Current trends in interprofessional education of health sciences students: A literature review *Journal of Interprofessional Care*’
Pages 444-451 | Received 16 Dec 2011, Accepted 21 Jul 2012, Published online: 27 Aug 2012

inclusive and appropriate term. In recent reviews of effectiveness of such education, the term “inter-professional education” has been adopted when students or registrants from different health professional groups learn or work collaboratively.

The term “interdisciplinary” has been chosen over and above inter-professional because it more accurately reflects the nature of the relationship that we seek to develop. The nature of professions can mean that they think and act in silos, which can disrupt effective teamwork. There is a danger that, using the term “inter-professional”, we might discourage the students from identifying themselves as equal partners in a new professional paradigm. By removing the link to the professions, our philosophy is to influence the way that students begin to think about the “others” that they work with. Each discipline brings a unique perspective on the world and our pilot IDSC will encourage students to reflect on these different perspectives, to the benefit of clients.

Literature review

The Health Education literature, it is argued, has developed because of a need to reduce the risk of error¹⁶ and is thus essentially negative in tone. The rationale behind

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M. Hammick, D. Freeth, I. Koppel, S. Reeves & H. Barr. (2009) ‘A best evidence systematic review of interprofessional education: BEME Guide no. 9.’ *Medical Teacher*. Pages 735-751 | Published online: 03 Jul 2009

Download citation <https://doi.org/10.1080/01421590701682576>

¹⁶ Lennen N and Miller B. ‘Introducing Interprofessional Education in Nursing Curricula. *Teaching and Learning in Nursing*’. Volume 12, Issue 1, January 2017, Pages 59-61

M. Hammick, D. Freeth, I. Koppel, S. Reeves & H. Barr. (2009) ‘A best evidence systematic review of interprofessional education: BEME Guide no. 9. *Medical Teacher*’. Pages 735-751 | Published online:

this new joint curriculum development is more positive, founded on notions taken from therapeutic jurisprudence¹⁷. Harris et al¹⁸, note that the dynamic processes of teamwork and interdisciplinary practice (IP) have not been studied in-depth in the literature and their article explores this. Harris et al conclude that ‘inter-professional team based care’ has been demonstrated to improve quality of care outcomes in patients with chronic disease in primary care. The article notes that, based on their study such interdisciplinary care, if done well, can improve client outcomes including health, the quality of care, lead to earlier interventions, reduce duplication and hard navigability through improved coordination and referral and planning. Harris et al, also note that interdisciplinary practice can lead to improved relationships, changes in practice and increased job satisfaction and greater opportunity for collaboration.

There is substantial evidence to demonstrate that examples of poor care are evident where multi-professional teams have failed to function in the person’s best interests (e.g. Mid-Staffordshire Inquiry, Winterbourne View). In their systematic review Keifenheim et al¹⁹ suggest that a variety of approaches to teaching systematic history taking to medical students are beneficial, including workshops, in simulation and working with simulated patients. A recent search of health literature demonstrated

03 Jul 2009. Download citation <https://doi.org/10.1080/01421590701682576>

¹⁷ Therapeutic jurisprudence is defined by David Wexler as the study of the role of the law as a therapeutic agent. See Wexler, D. B. (1995). ‘Reflections on the scope of therapeutic jurisprudence’. *Psychology, Public Policy, and Law*, 1(1), 220-236.

¹⁸ Harris MF et al (2016) ‘Inter-professional teamwork innovations for primary health care practices and practitioners: evidence from a comparison of reform in three countries’ 9 *J Multidiscip Healthc*, 35–46, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4743635/> accessed 12 September 2017.

¹⁹ Keifenham K.E. (2015) et al, ‘Teaching history taking to medical students: a systematic review’ 15:159 BMC Medical Education.

there is limited evidence of robust research evaluating which educational approach is best for non-medical health professionals.

The reported benefits of inter professional activities include improved knowledge and skills for team working, which could then improve patient safety, although there are no robust, longitudinal studies that demonstrate this. There is less evidence of such learning and working positively influencing attitudes and perceptions towards others (Hammick et al).²⁰ This suggests that it is vital to integrate meaningful learning activity, yielding positive results for patients/clients in such education, so that all participants can see positive benefits.

There are furthermore positive reasons to provide Nursing and other health professionals with experiential educational contexts. Some students lack the confidence and skills to manage inter-professional conflict in the work place²¹ and increasing the opportunity to engage in co-learning and giving feedback, that the pilot IDSC will provide, may assist in developing these skills.

The legal setting differs from health, in this regard, as there is substantial work in health settings exploring teams, team dynamics and interdisciplinary working. Effective team work, according to Ellis and Bach²² is regarded as a key pillar in providing a safe culture within which to provide healthcare.

²⁰ Ibid note 15.

²¹Friend M et al, (2016) 'Critical care interprofessional education: exploring conflict and power – lessons learnt' 55:12 *Journal of Nursing Education* 696-700.

²² EllisP., Bach S. (2015) 'Leadership, Management and Team Working in Nursing'. 2nd edition. Sage. Los Angeles.

The traditional view of clinical legal education in the United Kingdom (UK) does not include any element of interdisciplinarity, although joint initiatives do exist in other jurisdictions²³. A recent analysis by Dignan et al of the 2014 survey of UK Law School clinic and pro bono provision makes no mention of an interdisciplinary approach²⁴. Law Clinics, it is suggested, are seen as vehicles to enhance the learning of law in law students and to address legal problems of clients.²⁵ There is little literature to be found on initiatives to develop an interdisciplinary approach to law clinics in the UK. There is, however, literature on interdisciplinary learning and its benefits in Higher Education that provides us with a framework for our evaluation of this pilot.²⁶

We are aware of other types of IDSC in the United States, UK and in Australia. Many of the 'interdisciplinary' or MDP student clinics under discussion in the literature and examined for this article, although often described as such, were not interdisciplinary in the sense of engaging students from different disciplines in joint learning. Often, they were in essence law student clinics either conducting research or providing legal advice under supervision in health, allied health or community settings and so these

²³ See Galowitz, P., 2012. 'The Opportunities and Challenges of an Interdisciplinary Clinic'. -18 *Int'l J. Clinical Legal Educ.*, 17, p.165. For a discussion of the aims of law clinics in a variety of jurisdictions see Uyumaz, A. and Erdoğan, K., 2015. 'The Theory of Legal Clinic in Education of Law. *Procedia-Social and Behavioral Sciences*', 174, pp.2116-2122.

²⁴ Dignan, F., Grimes, R., & Parker, R. (2017). 'Pro Bono and Clinical Work in Law Schools: Summary and Analysis'. *Asian Journal of Legal Education*, 4(1), 1-16.

²⁵ For a discussion as to which aim should take priority see Elaine Campbell & Victoria Murray, 'Mind the Gap: Clinic and the Access to Justice Dilemma', 2(3) *International Journal of Legal and Social Studies* 94 (2015).

²⁶ Elisabeth, J., Spelt, H., Harm, J., Biemans, A., Tobi, H., Luning, P.A. and Mulder, M., 2009. 'Teaching and Learning in Interdisciplinary Higher Education: A Systematic Review'. *Educational Psychology Review*, 21(4), p.365.

are not discussed in detail in the context of this article.²⁷ Much of the literature does not describe the IDSC in the sense that the authors of this article envisage as interdisciplinary undergraduate learning and advice giving with student practitioners from different disciplines working collaboratively, in an attempt to address the wider determinants of health for individuals in society. In the interests of ensuring a relevant and not overly lengthy article these are not discussed.

The idea of Health Justice partnerships is being explored in the literature.²⁸ In the United Kingdom, Hazel Genn is leading an evaluation of the University College London Advice Clinic. The UCL 'Integrated Legal Advice and Wellbeing Service' (iLAWS) centre offers free general advice and assistance for registered patients of the Liberty Bridge Road GP Practice in social welfare law issues. Based in the Guttman Health and Wellbeing Centre in Stratford, the clinic offers users of the Liberty Bridge Road General Practice free face-to-face general legal advice on all aspects of social

²⁷ Olamola O and O Bamgbose O (2013) 'Collaborating with other disciplines: Best Practice for Legal Clinics: A case Study of the Women's Law Clinic, University of Ibadan, Nigeria' 19 *International Journal of Clinical Legal Education*, 355; Gunsalus CK, Beckett JS (2007-2008), 'Playing Doctor, Playing Lawyer: Interdisciplinary Simulations, 14 *Clinical L. Rev.* 439-463; Karin ML, Runge RR (2010-2011) 'Towards Integrated Law Clinics that Train Social Change Advocates, 17 *Clinical L. Review*, 563; Trubek L, Farnham J (2000) 'Social justice collaboratives: multi-disciplinary practices for people', 7 *Clinical Law Review*, 227; Enos P and Kanter L (2002 -2003) 'Who's Listening? Introducing Students to Client-Centred, Client Empowering, and Multidisciplinary Problem Solving in a Clinical Setting', 9 *Clinical Law Review* discusses their Boston ID Clinic for DV which is law students learning about Domestic Violence, how to interview victims for research rather than practice although the authors note useful skills although are learned.

²⁸ For an American perspective see Trubek, L.G., Zabawa, B. and Galowitz, P., 2015. 'Transformations in Health Law Practice: The Intersections of Changes in Health Care and Legal Workplaces'. *Ind. Health L. Rev.*, 12, p.183. Also see Krishnamurthy, B., Hagins, S., Lawton, E. and Sandel, M., 2015. 'What We Know and Need to Know About Medical-Legal Partnership'. *SCL Rev.*, 67, p.377.

welfare law including welfare benefits and housing. The UCL Legal Advice Clinic also provides the basis for a wide-ranging research agenda seeking answers to fundamental questions about the nature of legal needs and the links between legal and health problems.²⁹

Hyams and Gertner run a IDSC in Melbourne at Monash Oakleigh Legal Service in Australia with mixed results. They note that students often report feelings of being inadequately prepared for practice.³⁰ MDP is about systems change and moving away from adversarial settings. In Australia, there is an emergence of more problem solving and therapeutic courts.³¹ The authors note that this means a need to move from traditional law teaching to enable collaborations with other disciplines to work effectively in the new settings for justice.³² Hyams and Gertner also note that lawyers were not seeing other client issues and were missing stuff. They note deficiency in law training to equip students for communication. The clinic revealed that the law students needed to adapt to different situations, but did not necessarily acknowledge the value of other disciplines as equal partners in this process.

²⁹ See <<https://www.ucl.ac.uk/laws/accesstojustice/legal-advice> > accessed 30 August 2017

³⁰ Hyams R and Gertner F (2012) 'Multidisciplinary Clinics – broadening the Outlook or Clinical Learning' 17-18 *International Journal of Clinical Legal Education* 23.

³¹ Vernon A, (2010) *Justice and Care: the use of restorative conflict management principles and practices in mental health governance and tribunals* (PhD, La Trobe University) (unpublished), <<http://arrow.latrobe.edu.au:8080/vital/access/manager/Repository/latrobe:34007;jsessionid=EE708C69AD04B193825AFF81FB89B6A4>>. Morgan A et al (2012) 'Evaluation of alternative resolution initiative in the care and protection jurisdiction of the NSW Children's Court', Australian Institute of Criminology).

³² Hyams R and Gertner F (2012) 'Multidisciplinary Clinics – broadening the Outlook or Clinical Learning' 17-18 *International Journal of Clinical Legal Education* 23, 25.

In the United States, Lerner and Talati, discuss their interdisciplinary advocacy setting, in a law clinic for children involved with child welfare setting. Their article discusses why students should be involved in interdisciplinary clinics – beyond merely academic training is what is needed.³³ In their study, they note the law students observed an initial reticence of non-legal professionals to talk to lawyers when the students were seeking to train them. It took time for students to break down poor perceptions. We hope that we will break down any such perceptions quickly in our clinic as the students adapt to using each other's language and ideas in their collaborative approach.

Lerner and Talati explore the history of how law is taught and are critical of this as preventing collaboration. Court case, statute based learning sees, law taught by teachers in the same way as their teachers taught, often by academics with little practice experience so devoid of reality and context. They argue that legal education is inadequate.³⁴ Low rates of law academics themselves involved in collaboration with other disciplines results in university law schools working in silos, in contrast to other fields. Similarly, Enos and Kanter discuss how traditional lawyering encourages hierarchy assuming the legal system knows all and alienates other professionals. They

³³ Lerner A and Talati E (2006) 'Teaching Law and Educating Lawyers: Closing the Gap through MD experiential learning' 'Teaching Law and Educating Lawyers: Closing the Gap through MD experiential learning' 10 *International Journal of Clinical Legal Education*, <http://www.northumbriajournals.co.uk/index.php/ijcle/article/view/80> accessed 14 September 2017, at 115

³⁴ Lerner A and Talati E (2006) 'Teaching Law and Educating Lawyers: Closing the Gap through MD experiential learning', 10 *International Journal of Clinical Legal Education*, at 103, <http://www.northumbriajournals.co.uk/index.php/ijcle/article/view/80> accessed 14 September 2017.

raise concern about paternalism and lawyers not allowing client involvement in decision-making meaning often wrong decisions.³⁵ At the University of Portsmouth IDSC, we will have students of Nursing and Law working together, under the supervision of academics who are also professionals in these fields".

Helpfully, the Lerner and Talati article discusses suggestions curriculum design, course structure and the benefits – learning different fields, facilitation of referrals. They observe that potential solutions increase when you have more than one mind set and different fields working on problems more creative and more client options emerge from this discourse, collaboration increases everyone's knowledge of each other, the work and avenues to help. This they conclude gets away from stagnation of ideas rigid thinking and many voices are heard.³⁶ Lerner and Talati note how collaborative learning opportunities build respect and how lawyers tend to make assumptions which are often not correct as they are based on only narrow legal technical information and miss critical information in narrowing things too much that might otherwise help clients. Emotional intelligence and engagement, team case planning and team work are taught in their model. They warn an important lesson is to make sure you consider who you partner with and have same values and are the right fit and also goes for client group to be served. The authors of this article, have

³⁵ Enos P and Kanter L (2002-2003) 'Who's Listening? Introducing Students to Client-Centred, Client Empowering, and MD Problem Solving in a Clinical Setting', 9 *Clinical Law Review*, 94.

³⁶ Lerner A and Talati E (2006) 'Teaching Law and Educating Lawyers: Closing the Gap through MD experiential learning', 10 *International Journal of Clinical Legal Education*, <http://www.northumbriajournals.co.uk/index.php/ijcle/article/view/80> accessed 14 September 2017110-112

considered this advice in the aims and design of the UoP IDSC as discussed later in this section and in the conclusion.

Tobin Tyler, has written extensively on IDSC and has much that is useful in both the impact of joint clinical education and learning opportunities for students and breaking down often high professional barriers earlier through cross training and fertilisation between different practitioners, students, supervisors and faculty.³⁷ Tobin Tyler describes the IDSC based in hospital, how it is taught, curriculum and some of the issues for faculty and students and how overcome. She lists a number of joint learning outcomes and the process of joint group work and assessment. She explores how team work is important for skills in both health professionals and lawyers.

St Joan has broken down elements of how to run an IDSC and the benefits to students. In her clinic, law students provide the services in non-legal settings and choices are made about side by side or hand in hand service provision with other professionals, depending on what may be appropriate and ethical.³⁸ Usefully for the authors, St Joan departs from her own law clinic and explains what an IDSC could look like. Her article includes a rationale for why IDC, how it might be done, course content, planning, types of assistance. Part Two of the article flags mandatory reporting challenges and

³⁷ Tyler-Tobin E (2008) 'Allies not Adversaries: Teaching Collaboration to the next Generation of Doctors and Lawyers to Address Social Inequality' Roger Williams University School of Law faculty papers Paper 17.

³⁸ St Joan J (2000-2001) 'Building Bridges, Building Walls: Collaboration Between Lawyers and Social Workers in a Domestic Violence Clinic and Issues of Client Confidentiality' 7 *Clinical Law Review*, 403, 417- 410.

suggestions on ethical practice.³⁹ She notes such clinics would offer joint collaboration process for students and teachers,⁴⁰ broaden student experience.⁴¹ She lists numerous benefits and suggestions.⁴²

These other models, the reasons and rationales for their emergence and the benefits and challenges will inform the development of the new pilot IDSC at the University of Portsmouth. At this early stage our aim is for the clinic students to learn each other's language, context, ethical codes and norms, and perspectives. In so doing, as envisaged by Lerner and Talati⁴³, they might learn together to cross role boundaries. Law and Nursing students will reframe client issues in terms that go beyond the scope of legal problems and using each other's terminology. This may lead to trust and the reduction in the siloed nature of professional socialization in the future as these students become professionals. At present Legal practitioners instruct experts to advise and our aim would be to teach collaboration such that in the future professionals would instead work as a team where professional boundaries allow.

³⁹ St Joan J (2000-2001) 'Building Bridges, Building Walls: Collaboration Between Lawyers and Social Workers in a Domestic Violence Clinic and Issues of Client Confidentiality' 7 *Clinical Law Review*, 405.

⁴⁰ St Joan J (2000-2001) 'Building Bridges, Building Walls: Collaboration Between Lawyers and Social Workers in a Domestic Violence Clinic and Issues of Client Confidentiality' 7 *Clinical Law Review*, 413.

⁴¹ St Joan J (2000-2001) 'Building Bridges, Building Walls: Collaboration Between Lawyers and Social Workers in a Domestic Violence Clinic and Issues of Client Confidentiality' 7 *Clinical Law Review*, 415.

⁴² J St Joan (2000-2001) 'Building Bridges, Building Walls: Collaboration Between Lawyers and Social Workers in a Domestic Violence Clinic and Issues of Client Confidentiality' 7 *Clinical Law Review*, 419, 420-425 and 443-444.

⁴³ Lerner A and Talati E (2006) 'Teaching Law and Educating Lawyers: Closing the Gap through MD experiential learning', 10 *International Journal of Clinical Legal Education*, 96.

The Rationale for Interdisciplinary Student Clinic

In nursing in the UK, the curriculum increasingly integrates a person-centred approach, which fosters empowerment, promotes self-management and the promotion of health. This is because of the increased pressure on healthcare, which has typically focused on managing the care of people who are already ill, disabled or dying. As such, nurses encounter people who may be frightened and defensive, by virtue of their ill health and skills in managing such relationships are included in the nursing curriculum. By enhancing skills in building therapeutic relationships and advocacy, and by acting to support people to make informed decisions about their health and lifestyle, nursing seeks to change the dynamics in the nurse-patient/family relationship. Research skills are taught and undertaken by nursing students and they explore their role in participation in shaping health practice and policy⁴⁴.

As noted by Enos and Kanter, Learner and Talanti⁴⁵ earlier, legal education at undergraduate level often encourages thinking in silos and categories through the teaching of law in discrete problem areas such as contracts, tort or criminal law overlooking the contexts of problems and that problems can intersect and cascade.⁴⁶

As practitioner teachers, we also know that causes of legal problems can be situated

⁴⁴ International Council of Nurses. <http://www.icn.ch/who-we-are/icn-definition-of-nursing/>

⁴⁵ Enos P and Kanter L (2002-2003) 'Who's Listening? Introducing Students to Client-Centred, Client Empowering, and MD Problem Solving in a Clinical Setting', 9 *Clinical Law Review*; Learner A and Talati E (2006) 'Teaching Law and Educating Lawyers: Closing the Gap through MD experiential learning', 10 *International Journal of Clinical Legal Education*, 96.

⁴⁶ Moorhead, R, Robinson, M & Matrix Research and Consultancy (2006) *A trouble shared: legal problems clusters in solicitors' and advice agencies*. DCA research series, no. 8/2006, Department of Constitutional Affairs, London

in a context of other non-legal problems and may never be resolved unless the causes and interconnections are identified and worked through.⁴⁷ Many law courses teach law in isolation from contexts such as the social determinants of health and wellbeing. In fact, such contexts are rarely even acknowledged in the more traditional law courses and yet can be significant factors in comprehensive problem identification necessary before the client can be fully supported.

Context

In the health system in the United Kingdom, one in ten hospital admissions are associated with error⁴⁸ and half of these errors are avoidable according to the National Patient Safety Agency⁴⁹. There are multiple examples where dysfunctional interdisciplinary team working has compromised people's safety (such as cases like Elaine Bromily, Daniel Pelka) or where medication errors occur, through prescribing or administration errors⁵⁰. Vincent argues that there is a clear need and importance of learning from such errors and near misses in order to improve patient safety⁵¹.

⁴⁷ Author 1 (2005) '[Making Connections: the Benefits of Working Holistically to Resolve People's Legal Problems](#),' 12 E Law - Murdoch University Electronic Journal of Law; Author 1 (2008) 'Relieving Some of the Legal Burdens on Clients: legal Aid services working alongside Psychologists and other health and social service professionals', 20 *Australian Community Psychologist*, 47-56; Author 1 (2013) *The Strategic Approach to Legal Problem Solving problems –: Examples, processes & strategies*, Legal Workshop, Australian National University College of Law, Available at: <http://www.plelearningexchange.ca/database/solving-problems-strategic-approach-examples-processes-strategies/> accessed 14 September 2017.

⁴⁸ Hogan H et al (2012) 'Preventable deaths due to problems in care in English acute hospitals: a retrospective case record review study'. *BMJ Qual Saf*, 21:737–745 doi 10.1136/bmjqs-2012-001159.

⁴⁹ National Patient Safety Agency (NPSA) 2007. Safety in doses: medication safety incidents in the UK'. NPSA.

⁵⁰ *ibid*

⁵¹ Vincent C (2011) 'Patient safety'. Wiley-Blackwell. 2nd edition

Education, as to risk and possible earlier intervention to prevent poor health outcomes, may from a health point of view be enhanced with joint learning and legal education on risk and prevention through an IDSC such as the one at the University of Portsmouth.

There is an evolving reconfiguration of the health and care system in the United Kingdom, driven by the challenges of an ageing population, with increasing frailty and complexity and informed by recent reports, (Darzi Report 2008⁵², Marmot Review 2010, Five Year Forward View 2014⁵³, Shape of Caring 2015⁵⁴). This context has led to the development by Imison and Bohmer ⁵⁵ of 'Sustainability and Transformation Plans' and recognition of the importance of increased emphasis on promotion of health, prevention of illness, self-management, the critical establishment of skills development in collaborative practice, and team based provision. It has also seen a move to increase the integration of health and care. As a consequence, the Nursing and Midwifery Council (NMC) are currently reviewing the standards for nursing, so that graduates are better prepared to deal with the health needs of the ageing UK population. The draft standards issued by the Nursing and Midwifery Council (NMC) in 2017⁵⁶ suggest that nurses will be expected to take a more active part in holistic and

⁵² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228836/7432.pdf

⁵³ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁵⁴ <https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf>

⁵⁵ Imison C. & Bohmer R. (2015). 'NHS health and social care workforce: meeting our needs now and in the future?' The Kings Fund. London. See https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/perspectives-nhs-social-care-workforce-jul13.pdf accessed 16/10/17

⁵⁶ Nursing and Midwifery Council (NMC) (2017) Draft Standards of Proficiency for Registered Nurses. <https://www.nmc.org.uk/globalassets/sitedocuments/edcons/ec7-draft-standards-of->

person-centred care, within increased skills in assessment, diagnostics and triage and this will inform future nursing curricula in the UK.

Xyrichis et al,⁵⁷ note interdisciplinary healthcare teams face challenges including: the contentious nature of sharing professional roles and expertise, effective planning, problematic funding and accountabilities for different programs adding to complexity, decision making, and delivering quality patient/client care within complex contexts. Although challenging, the authors see the opportunity for students to develop these skills through joint interdisciplinary learning as important, to better position and equip future practitioners for the changing world and the dilemmas they will face, as they offer care and advice services and support as practitioners in the wider community.

There is much empirical evidence to support a need for changes to legal education based on advice seeking behaviours of members of the public and the need to work towards solving a person's problems that may have broader dimensions than just the

[proficiency-for-registered-nurses.pdf](#)

⁵⁷ Xyrichis A and Lowton K (2007) 'What Fosters or Prevents Interprofessional Teamworking in Primary and Community Care? A Literature Review' *Int J Nurs Stud* 45 (1), 140-153. 2007 Mar 26.

legal problems.⁵⁸ Law like other disciplines⁵⁹, face challenges with technology and impacts on human expertise. This data and change in the world seems not to have resonated within much of legal academia, odd given universities are research as well as teaching institutions and research, one would think also ought to inform teaching pedagogy and vice versa.

Susskind notes the changing role of lawyers, and the court process itself will all provide a range of ways in which the citizen can be empowered to manage their own legal problems and ‘embrace improvements not just to dispute resolution but also to...dispute containment, dispute avoidance and legal health promotion’. He also notes interdisciplinary study will be required with ‘exposure to and understanding of traditional legal service should provide a valuable foundation upon which to build any new career in law.’⁶⁰ Cunningham has also explored the importance of a great exchange and interaction between lawyers and social scientists to form a shared

⁵⁸ Coumarelos C et al (2012) ‘Access to Justice and Legal Needs Legal Australia-Wide survey: legal need in Australia’ (New South Wales Law and Justice Foundation, Sydney) [http://www.lawfoundation.net.au/ljf/site/templates/LAW_AUS/\\$file/LAW_Survey_Australia.pdf](http://www.lawfoundation.net.au/ljf/site/templates/LAW_AUS/$file/LAW_Survey_Australia.pdf) accessed 1 May 2017; Buck, A et al (2005) ‘Social exclusion and civil law: experience of civil justice problems among vulnerable groups’, *Social Policy & Administration*, vol. 39, no. 3, pp. 302–322; Pleasence, P et al, (2007) ‘Mounting problems: further evidence of the social, economic and health consequences of civil justice problems’, in P Pleasence, A Buck & NJ Balmer (eds), *Transforming lives: law and social process*, Stationery Office, London, pp. 67–92; Pascoe P et al, (2015) ‘Reshaping legal assistance services: building on the evidence base’ (Law and Justice Foundation of NSW, Sydney) <http://www.lawfoundation.net.au/ljf/app/&id=D76E53BB842CB7B1CA257D7B000D5173> (accessed 21 April 2017).

⁵⁹ Tobin-Tyler, E (2008) ‘[Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality](#)’ 11 *Journal of Health Care Law and Policy*, 249-294.

⁶⁰ Susskind R, (2013) *Tomorrow’s Lawyers: An Introduction To Your Future*, Oxford University Press, 2013, 85, 119. See also Maharg P (2007) *Transforming Legal Education: Learning and Teaching the Law in the Early Twenty-first Century*, Taylor & Francis Ltd, United Kingdom.

approach to improving client communications, increasing self-awareness and communication skills.⁶¹

In addition, in the process of writing the conference paper on which this article is based, the authors realised that notions of 'client care' are taught differently in the social and health sciences to law. Nursing pedagogy sees client care as looking to the health and wellbeing of clients and patients and ensuring the patients feel safe, respected and are holistically supported to make evidence informed decisions about their care. In law, 'client care' is often taught in a context of ethics and often is limited to contexts of minimising risk (often to the lawyer), client confidentiality, and duties of loyalty and fiduciary duties. We realised we could all learn from each other in broadening concepts of client care in how the joint learning and IDSC are operationalised at the UoP. We agree with Lerner and Talati⁶² that an understanding of the full social context is required if the legal professional is to support the rule of law and access to justice.

Although changing, traditionally students of law have not encouraged to reflect on their practice. Law is largely taught by case law and statutory interpretation and does not, in an integrated way across the whole curricula, teach reflective practice although

⁶¹ Cunningham CD, (1990 -1991) 'Evaluating Effective Lawyer- Client Communication: An International Project Moving from Research to Reform', *67 Fordham L. Rev.* 1959, 1962.

⁶² Lerner A and Talati E (2006) 'Teaching Law and Educating Lawyers: Closing the Gap through MD experiential learning', *10 International Journal of Clinical Legal Education* 107.

it might be undertaken in clinical legal education and practical legal training it is rarely integrated throughout course content as it is in the health sciences.

Other than through clinical legal education supervision rarely are law students encouraged to partake in debriefing opportunities and structured supervision as in nursing, which focus on client care and approach, rather on the legal avenues for clients.

The IDSC aims to develop the students' ability to engage in critical understanding of the role, ethics and operation of the law in its political, economic and social contexts and most importantly, to enable them to explore how different disciplines can work collaboratively to improve social and health outcomes.

Development and evaluation of the University of Portsmouth IDSC

The Law student generalist advice clinic project at Portsmouth Law School is well established in the local community setting operating from Johns Pounds and Somerstown Community Hub. We are developing the project further for the IDSC as an interdisciplinary health justice partnership student clinic within a suitable health setting.

Authors two and three have planned three stages. The first stage currently has law students, dental health and nursing students in a community setting (John Pounds Centre, Portsea). This gives the potential for early and effective health and welfare advice, such as debt and access to benefits, general health promotion, to improve

health and wellbeing of the clinic's clients thereby reducing anxiety and stress, which lead to poor health outcomes. Authors two and three are seeking other community settings particularly a health setting as an additional location. At this first stage students will work in community settings to provide educational presentations and workshops but not tailored individualised advice.

The second stage envisages law and health professional students giving legal and public health advice to individuals under close supervision and in accordance with professional standards.

The final stage is the establishment of a health justice clinic staffed by a mixture of professionals, and students on the model of a teaching hospital but on a much smaller scale. The plan is to recruit final year Law students from September 2018. Law and Nursing students will present information to the public about common legal issues on crucial topics already identified by nursing staff and including Powers of Attorney, accommodation rights, and access to benefits in the elderly, in settings external to the University. We hope that by working with local NHS Trusts, we will be able to locate suitable venues in addition to our plans to visit Community Centres, Care homes, Schools and Colleges.

Students will be supervised by professionally qualified, legal and health academics during all contact with the public. There is insurance cover as this forms part of the hosting University's insurance cover. The clinic will form part of the curriculum and will be assessed for academic credit. It will be an extension of University of

Portsmouth's current law clinics and the University of Portsmouth will cover the costs involved of the curriculum activity.

The key challenges posed by collaborating with law students in UK Higher Education include the different philosophies within the two fields. In nursing, students are encouraged to see the person, not the disease and for these students the approach is broadly vocational, as well as academic. A further practical issue relates to timetabling conjoint activity, within already busy subject areas.

The authors seek to enhance the law student ability to conduct systematic case histories that incorporate a wider view (not just legal). Education about risk management, is interpreted as client care and yet legal expectations may assist nurses in managing some of the health risks outlined above earlier. By embedding interdisciplinary learning, we anticipate being able to use deliberate approaches to break down the hierarchical way in which law is taught (as the literature discussed earlier highlights) using judicial pronouncements, winners and losers, rather than being about people with problems. It is this use of language, we suspect may be a reason why there is community and professional reticence to engage with the legal profession. It is hoped that the participants in the IDSC will develop new language and start to break down these silos and such reticence by skills in interpersonal collaboration and communication.

The evaluation of the pilot study

There will be an ongoing evaluation as the authors are keen to enable good practice, share lessons learned and inform replicable models in other university settings. The evaluation will inform as to the project impacts on students and learning modes, academic staff, partner agencies and clients once the clinic reaches its final stage of operation.

We seek to measure the development of collaboration between disciplines, the use of each other's terminology and problem-solving approaches, mutual understanding and respect for differing professional rules, and the building of trusting relationships. At this early stage the ethical approval is limited to asking open questions in individual interview and focus groups.

Conclusion

This article has explored the rationale for the development of the IDSC at University of Portsmouth and discusses possible outcomes. This pilot aims to support students of law and nursing to challenge their evolving "professional" sphere of reference. The pilot provides an opportunity for them to explore the development of team working and trust.

Both Nursing and Law are service professionals and clients and patients are potentially the same person. We anticipate that law students can learn new approaches from Nursing. We take instructions. Nurses take histories that are much

more comprehensive. Nurses learn to give bad news. Lawyers may well experience giving bad news and learn an effective way to do so. Nurses are taught how to respond to error but do not understand the distinctions between civil and criminal responsibility or shared or vicarious liability. These are areas that the design of the clinic delivery has planned to address. Furthermore, we realise that there is a much more exciting jointly developed truly interdisciplinary curriculum that this clinics will uncover as it operates. The team at Portsmouth has secured ethical approval to collect data through focus groups of staff and students to ensure the unplanned outcomes are captured.

In exploring the development of joint interdisciplinary learning and an IDSC at University of Portsmouth , the authors discovered differences in philosophy, design and delivery of nursing and legal education. Some of these differences were surprising to the law teacher authors, in highlighting some of the deficiencies in legal education. Reflective Practice for example, although a key part of clinical legal education⁶³ is less integrated than in nursing where it informs almost all core subjects and student learning. Similarly, even though, as in nursing, in law a critical part of effective practice is a good client interview⁶⁴, little time in law is given to systematic assessment, history taking and triage to ensure full and comprehensive advice and problem

⁶³ Leering M (2014) 'Conceptualizing Reflective Practice for Legal Professionals' 23 *Journal of Law and Social Policy*, 83-106.

⁶⁴ Author 1 and Foley T, 'Integrating Two Measures of Quality Practice into Clinical and Practical Legal Education Assessment: Good Client Interviewing and Effective Community Legal Education' (2014) 21:1 *International Journal of Clinical Legal Education* 69.

identification, whereas in healthcare, this forms an essential component of holistic and person-centred healthcare⁶⁵. Students of law are lucky if they receive any interview training and it often occurs only if they undertake a clinical legal education program or practical legal training course often just before they commence practice, if at all.

The IDSC is emerging as an important way of building better and more responsive future practitioners in health, law and allied health disciplines. Interdisciplinary practice is not new in health and allied health and social work spheres. What is different here is the idea having a Law Students as part of such a team including students of nursing. Later, we expect that dentistry, pharmacy and social work students will join the clinic. This subject of an interdisciplinary student clinic, which is not merely lawyer led, but involves students and cross faculty members and different fields of supervision is a subject on which, there is little literature.

As noted by Hyams and Gertner, there is probability that law students needed to acknowledge the value of other disciplines as equal partners in the interdisciplinary clinic process and indeed in their legal education more generally. Arguably, this is a weakness in the nature of professional education - we tend to teach professional students to think about problems from a single perspective. - the IDSC aims to get them to think in a collaborative way, evaluating how a more joined up approach might address the root cause of problems.

⁶⁵ Walsh M and Crumbie A (eds) (2007) *Watson's clinical nursing and related sciences*, Balliere Tindall. Edinburgh.

Spelt uses the term boundary-crossing in her systematic review of Interdisciplinarity in Higher Education.⁶⁶ She offers the following definition citing Boix Mansilla et al⁶⁷

“The capacity to integrate knowledge and modes of thinking in two or more disciplines or established areas of expertise to produce a cognitive advancement—such as explaining a phenomenon, solving a problem, or creating a product—in ways that would have been impossible or unlikely through single disciplinary means.”

This neatly encapsulates our ambitions for this pilot interdisciplinary student clinic.

⁶⁶ Spelt, E.J., Biemans, H.J., Tobi, H., Luning, P.A. and Mulder, M., 2009. ‘Teaching and learning in interdisciplinary higher education: A systematic review.’ *Educational Psychology Review*, 21(4), p.365.

⁶⁷ Boix Mansilla, V., Miller, W.C. and Gardner, H., 2000. ‘On disciplinary lenses and interdisciplinary work’ in S. Wineburg & P. Grossman (Eds.), *Interdisciplinary curriculum: Challenges of implementation*. New York: Teachers College Press. p 219