



THE STUDENTS VOICE

An Interview of Lisa Wallin



Lisa Wallin is in the third and final year of the bachelor's level, occupational therapy program of the Faculty of Health Sciences in Linköping, Sweden. For one year she served full-time as chair of CONSENSUS, the interdisciplinary student union of the Faculty of Health Sciences. This edited, abridged report is based on an interview at the Network Meeting in Sweden in the fall of 1999 and on subsequent e-mail exchanges.

Jane Westberg, PhD
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Could you describe interdisciplinary education at your institution?

When we begin our studies in occupational therapy, physical therapy, medicine, medical biology, nursing or social care, we first take a 10-week course called Man and Society in which we study about health and community health. Twice a week we meet in multidisciplinary tutorial groups and work on clinical problems. We share our knowledge and create questions that we seek answers for, on our own, in between group sessions. We study hard and bring what we've learned back to the group. We also have some lectures that introduce a subject and awake our curiosity.

This year I'll have a class in which students in social care and occupational therapy will talk about laws for elderly people. We will have a site visit day and a discussion day.

At the end of our programs, all of us spend two weeks on the all-student, orthopedic ward. We have tutors we can call if we need help, but students take care of the patients. We like it and so do the patients. We have more time for

patients than we do on regular wards. This may be a problem because in the real world we won't have that much time with patients. Since we're still learning, we need a little more time.

So we have integration at the beginning and at the end of our education. In between we do something together maybe two times a year. A lot of students wish we had more time together.

How is it for you to be part of an interdisciplinary program like this?

It's great. It puts the patient at the center. It's important for all of us to know what the other professions can do for patients. For example, if doctors don't know what physiotherapists or others can do, the patient won't get the best treatment.

Are there any downsides for you as a student?

In the beginning problem-based learning can be difficult and confusing because students have so much responsibility. We have study guides and lectures, but it's mostly our responsibility to get a good education. After you get comfortable and dig in, then you realize that there's so much knowledge out there. Sometimes you don't know where to stop, and you can get burned out. You have to realize that you can't know everything.

In the US physicians often regard themselves as the head of the team and don't always work as partners with other health professionals. Is that an issue in Sweden or at your school?

Yes, especially in the beginning in the course called Man and Society. The longer medical students are here though, the more most of them realize how much they have to learn. They also respect other professions more.

We work together in the student union, and we meet together as friends in a beautiful house and cafeteria. Getting to know each other as people has benefits for all of our programs.

Could you say something about CONSENSUS, the student union organization that you chaired last year?

It's the first union in Sweden to have both medical students and students from the other health care professions. Now other unions are also becoming integrated.

All of the professions have their own sections. Twenty-five students are elected to a council that represents students in all of the different programs. There is also a board, which is elected by the council, which works on a more continuing basis between the council meetings. When we have a big issue, we usually ask the council representatives to ask the students in their sections what they think about the issue.

Last year one of the issues we dealt with was the length of the semester. The State only gives us money for 20 weeks, but the semester was 22 weeks long.

(The money is a loan.) There is so much work in the 22 weeks that we didn't know how we could manage to fit it all into 20 weeks. But we were also faced with how to manage if we didn't get money for two weeks. First we said that we wanted money for the whole 22 weeks. That didn't work, so we asked each of the sections to decide what the ideal curriculum would look like. In the end the semester was reduced to 20 weeks.

As much as possible, we try to get students to deal with issues and make decisions at the ground or bottom levels. Ideally, for example, students can work things out directly with teachers. But there are situations where students feel they are too weak or don't know how to organize and so they need the student union. We want individual students to realize, though, that they have a lot of influence.

Do you also meet with the faculty?

Yes. As chair of CONSENSUS, I was a member of the university board and the faculty board and the board of the basic education. Whenever decisions are made at the university, three students need to be present, so there are three students on all of the boards. I also meet faculty in informal ways. That might be even more important. It's in the corridors where everything is happening. That can be a problem for students because we're not always in the corridors. But the faculty of health sciences and the university do want students to be active, so you are appreciated if you're an active student.

It's really difficult to sit on the boards and represent so many students. You have to think of the whole university and still be a little student and ask yourself, "What will the students want? How will this affect the students?"

Do you think that there might be any differences between Linköping graduates and graduates of other health sciences programs?

The graduates from Linköping that I know have an easier time getting the further knowledge that they need. Here we learn how to take initiative and find the knowledge that we need. From the beginning we're faced with real problems, so we learn how to deal with them.

When I speak to OT students from other programs, they say they wish that they had what we have. I think they also get a good education, but I wouldn't want to be in another university. I really like PBL and the methods here.

Do you have any suggestions for making the curriculum even better?

In general I think that our examinations could be more problem-based and integrated. I think that we shouldn't have to turn in so many papers as a check or guarantee of our knowledge. I also wish that the faculty would rely more on students and trust that we will get what we need ourselves. I realize that it's hard for teachers to do that because there are certain things that the State wants us to know, and the teachers want to guarantee that we know these things. Maybe it's too hard for some students to have so much responsibility.

A lot of us students don't think that we have enough integration with students in the other professions during our education. We study a lot of the same areas such as geriatrics, orthopedics, pediatrics, neurology, and psychiatry. I wonder why we can't study these subjects together so we can benefit more from each other?

What is it like for you to be at the annual meeting of the Network?

It's wonderful to be with students from all over the world. We are learning a lot from each other. We all have problems, but I'm learning that we have some very different problems. I talked to a girl from Mexico who said that in some Mexican communities there isn't enough money for essential things like food and good water. I'm also learning about communities that are doing wonderful things, including surgeries, despite having very few resources.

Yesterday a Sudanese girl taught me how to cook a Sudanese meal. And I'm learning about religion and Islam and other cultures. So we learn a lot of different things.