Interprofessional Learning: Health and Allied Health Students in a Community Context

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ABSTRACT

There is a current focus within healthcare on interprofessional collaboration as an important tool in optimising health outcomes through effective, team-based care. Within higher education, interprofessional education is increasingly being incorporated into undergraduate health and allied health curricula. This article reports the implementation of a community-based, interprofessional student learning opportunity for undergraduate health and allied health students. Qualitative data were collected from the student and academic participants with a number of key themes identified. From the student perspective, aspects such as discipline identity, managing interprofessional dynamics and the importance of work-integrated learning were identified. Academic staff articulated issues concerning organising and implementing interprofessional learning opportunities and skills needed to adequately facilitate and support students participating in community-based activities. This article provides insight into the potential benefits of community-based interprofessional learning as well as some of the complications experienced by both students and academic staff. The objective is to encourage undergraduate health curriculum development to include opportunities for students to participate in interprofessional, community-based, real-world experiences as a basis for deepening their understanding of their own professional role, as well as those of other disciplines, working within, and with communities.

Keywords: *Interprofessional education; Field placement; Community engagement; Reflective practice; Health and community education; Disadvantaged communities*

INTRODUCTION

The National Health and Hospitals Reform Commission (2009), reporting on a redesign of the Australian health system, posed a number of challenges for the teaching and learning of health and allied health professionals. It argues that health professionals are needed who can collaborate to address major equity and access issues, respond to emerging challenges at clinical and community levels, work collaboratively to embed preventative practices, and optimise opportunities for health promotion and health education (Health Workforce Australia, 2014). The reality is that most health and allied health professionals in Australia continue to be educated in single-discipline teams with an emphasis on clinical, rather than community, settings.

Nationally and internationally interprofessional education (IPE), as a core component of health professional education, is increasingly being seen as critical to ensure graduates are able to function in complex health contexts and ensure high levels of quality and safety (Interprofessional Curriculum Renewal Consortium Australia, 2013, 2014). Whilst there is no universally accepted definition of IPE, the Centre for Advancement in Interprofessional Education (CAIPE) definition is arguably the most frequently cited: "any type of educational, training, teaching or learning session in which two or more health and social care professionals are learning interactively" (Reeves et al., 2007, p. 2). IPE at an undergraduate professional education level is seen as an effective pedagogical means of improving interprofessional collaboration (Barr, Koppel, Reeves, Hammick, & Freeth, 2005).

Within Australian universities, it has been identified that IPE is largely fragmented, minimally resourced and exists on the margins of the curriculum (Interprofessional Curriculum Renewal Consortium Australia, 2013). Additionally, whilst health and allied health students may have some placement experience of interprofessional practice in clinical settings, there are few opportunities for students to develop an understanding of the possibilities for interprofessional practice within community settings or spanning clinical and community settings. Few clinical educational models invite input from community members or engage non-clinical educators. However, to adequately address complex health issues, especially within the community context, collaboration among a range of stakeholders is required (Centres for Disease Control and Prevention, 2011).

Practitioners are increasingly required to work in teams, collaborate and problem solve across professional boundaries and service sectors, but also to develop effective relationships with consumers and engage in shared decision making and consumer partnerships (Barry & Edgman-Levitan, 2012). As collaboration and partnerships with key stakeholders has been identified as an important element in successful IPE (Department of Health, 2007) it is essential that IPE models within higher education incorporate a range community relationships (Rutherford, 2009).

BACKGROUND TO THE PROJECT

The city of Logan is home to more than 300,000 people from more than 215 different cultural backgrounds (Logan Office of Economic Development, 2014). Logan City is southwest of Brisbane, Australia and has high levels of disadvantage and characteristics

which include low median household income, a high proportion of young people and lone-parent families, high unemployment and low educational achievement (Vozoff & Murphy, 2010). Around 33% of Logan children are missing at least one child development milestone by age five which is significantly higher than the national average of 22% (Australian Early Development Census, 2012).

This article discusses an interprofessional project (Teddy's Health Adventures) which provided opportunity for undergraduate students from various health and allied health disciplines to work together on a community-based health initiative to provide group activities for children. Social work and human services have a long history of field education and community engagement (Bronstein, Anderson, Terwilliger, & Sager, 2012) and often fieldwork placements take place in a wide range of organisations and settings (Ferguson & Smith, 2012). The Griffith University School of Human Services and Social Work is located on the Logan Campus. Close connections between the university staff and community partners have been developed over time through mutual work around field placement experiences, research and joint projects. The project was designed to reflect and support these community connections and to add value to ongoing work with children and families.

Planning for this project involved the observation (by human services undergraduate students) of Hope for Health's Teddy Bear Hospital workshops in which medical students visit primary schools to provide fun and informative sessions with students about health and medicine . Teddy's Health Adventures was developed to utilise a student-led, interprofessional, health intervention within the Logan community. The project undertook an action learning approach to interprofessional education and practice. Students from across Griffith Health were invited to engage collaboratively in a community-based health education project. The overall goal of the project was to provide a supportive environment in which students and practitioners could explore and reflect on the practice implications of interprofessional collaboration and learning in community settings.

The ability of individuals, families and communities to be healthy is affected by multiple factors such as housing, lifestyle, local culture, social safety nets, and social exclusion (Macdonald, 2010). In addition, there is growing evidence that children from low-income communities often have increased rates of morbidity and mortality for a number of health problems (Israel et al., 2005). There is a need to have greater community involvement in research and intervention for this vulnerable group to assist with the development of effective interventions at the community level (Knapp, Bennett, Plumb, & Robinson, 2000). Health and welfare agencies in the Logan area have expressed the need for interprofessionally trained staff with capabilities for interdisciplinarity and innovation to contribute to a more integrated and inclusive, place-based approach to health practice.

It is acknowledged that no one profession within health care or social services is equipped to respond to the underlying economic and social causes of poverty and poor health alone (Barr et al., 2005). By moving placement experiences from health into community settings, it was hoped that students would learn about the context in which the community service takes place and would learn from both planned and unplanned experiences (D'Eon,

2005). For these reasons, Teddy's Health Adventures was designed to allow students the opportunity for interprofessional learning within a community setting of play groups and primary schools. The students were asked to work together to plan a set of health and wellbeing workshops which would be delivered as a comprehensive and interactive event, to parents and children. The workshops targeted children in playgroups (0–3 years of age) and children attending primary state schools (4–6 years of age) in a low socioeconomic area. Each student's contribution would reflect the content and knowledge of their own discipline. In addition to learning to work together (interprofessionally) the students were required to learn to work together with members of the community, ensuring that needs of both the carers were central to their work.

METHOD

Research context and participants

The aim of the research was to contribute to the understanding of the student experience of working interprofessionally within a community setting. Within health education research, qualitative methods have increasingly been seen as an effective way of evaluating aspects of educational outcomes (DiCicco-Bloom & Crabtree, 2006). Qualitative research was chosen as it allows for detailed accounts of the processes and nuances under investigation (Kreiner, Hollensbe, & Sheep, 2009) and captures the experiences from the participants' own perspectives and in their own words, as well as an understanding of the dynamic process and exploration of new concepts as they emerge (Palinkas et al., 2011).

A constructivist framework was used to gather in-depth descriptions from students and teaching staff about their experiences of participating in Teddy's Health Adventures. The intention was to understand "the world of human experience" and to hear the voices of the students in terms of their experiences and suggestions for interprofessional learning in the community setting (Cohen & Manion, 1994, p. 36). Within the constructivist paradigm, there is an understanding that knowledge is socially constructed by people active in the research process, and that researchers should attempt to understand the complex world of lived experience from the point of view of those who live it (Schwandt, 2000). Given its focus on reflection and meaning-making, the constructivist framework was seen as a natural fit for investigating and understanding the experiences and reflections of students and teaching staff participating in this interprofessional project.

The university campus at which the project was undertaken is within Logan. Students from a range of disciplines including nursing, social work, human services, psychology, oral health therapy and public health were invited to participate in Teddy's Health Adventures. Students were at various stages of their qualification attainment and participation and were from a variety of disciplines: Health promotion/public health (*n*=2); Oral Health Therapy (*n*=5); Nursing (*n*=6); Human Services (*n*=6) and Social Work (*n*=6). Project participation was voluntary and students were given credit towards a course within their study programme or they participated in the project as an extracurricular activity. In total, 25 students took part, running 10 workshops at two primary schools and two community-based playgroups. Students were asked to prepare a 10-minute interactive workshop reflecting the content and evidence from their own disciplines via the use of the discussion board for this project.

Student participants initially attended an information session with university staff to structure the delivery of each session at each community location. This session provided students with key information regarding the process for each session and the expectations of the overall project. During the workshops, students were supervised by academic staff as well as community partner staff: either classroom teachers or community development practitioners. At the conclusion of each workshop, time was set aside for students to debrief on their experience.

The academic team responsible for this project were all working in the School of Human Services and Social Work. Two specialised in community work, one in social work and one, an occupational therapist, specialised in mental health practice. Shared interests included work-integrated learning, reflective practice and the facilitation of learning processes, with a view to better responding to the health and wellbeing of people in the community who experience socioeconomic disadvantage.

Student participants were invited to participate in two focus group sessions at the completion of the community-engagement process. Twelve students agreed to participate and focus groups were facilitated in a conversational style with a semi-structured line of questioning. The first session was recorded and in the second session students were asked to review the first recording and to reflect further on the statements made and to expand on areas of discussions presented. This approach provided students with multiple opportunities to engage in deeper reflection, where their views and understandings were further affirmed, critiqued or enriched.

In addition, the academic team from the School of Human Services and Social Work responsible for the project were asked to provide written reflections on their experiences of organising and facilitating the project as well as supporting students. Ethics approval was obtained from the university Human Research Ethics Committee (HSV/06/10/HREC). All student participants had the right to withdraw their involvement at any point without fear of prejudicing completion of their programs.

DATA ANALYSIS

Both focus groups were recorded and transcribed verbatim. An independent researcher undertook initial analysis of the data via the use of Nvivo 9© software to code, categorise and identify emerging themes of the group conversations. Focus group facilitator comments and questions did not form part of the data to be analysed and were removed from the data set.

Direct quotes from participants are presented in the text as examples to support the key findings. The following codes are used to identify the data source:

- PH: Public Health student (*n*=1)
- NS: Nursing student (*n*=3)
- OH: Oral Health student (*n*=2)

- HS: Human services student *(n*=3)
- SW: Social work student (*n*=3)

RESULTS

Focus group and staff reflections were analysed separately and thematic analysis was undertaken to analyse the data (Graneheim & Lundman, 2004). The following themes were identified:

Student voices and insights

Student experiences were broadly categorised into three major themes, namely: developing a discipline identity; inter-professional dynamics; and the experience of work-integrated learning. Various sub-themes that emerged would also be presented.

Table 1. Summary of themes identified in the data

Theme	Sub-theme
1. Developing a discipline identity	• Complexities and ease in explaining professional role and studies to other students and community • All disciplines identified "working with people" as central to their profession
2. Interprofessional dynamics	• How learning about other professions is structured within university • Impact of professional hierarchy and respect on relationships • Identification of benefits of team work and collaboration in providing services and improving practice
3. Work-integrated learning	• Importance of work-integrated learning within the undergraduate study program • How working in the community context impacted on service provision

Developing a "discipline identity"

The first theme related to students' abilities to describe their own discipline and articulate their own professional identity through their study and practice. Students identified that, throughout the project, they were often asked to explain their discipline and/or studies to each other as well as the teachers, childcare workers, parents and children they were working with. The ability to describe professional identity seemed to be closely related to discipline. Students within some disciplines (oral health therapy, nursing) experienced

little difficulty articulating their role to others. Other students (human services and social work) discussed the struggles they had in explaining their studies and work roles. These students articulated difficulties with developing a strong sense of professional identity due to the broad and diverse practice contexts within their discipline, although sub-specialities (Child and Youth) were noted as a way to describe their identity and professional role, as demonstrated in the following quote:

My area is Child and Family, so my area is going to be working with children in families, but if you are just doing Human Services, you could go into aged care; you can go into disability studies, just anything to do with a community setting. (HS)

These students also identified that articulating their role or discipline had been an issue during the period of their studies: "I hardly knew when I started the course exactly what it was and I took some time before I understood it all" (HS), and "we work in Social Work and we still don't get it" (SW).

Across all disciplines, students identified a central aspect of the work as "the people". Building relationships was seen as a central aspect of their work within health, regardless of whether it was with a child or adult. All students discussed learning about interpersonal skills throughout their program of study, with human services and social work students noting courses like counselling and facilitation, whilst nursing students talked about therapeutic communication.

Interprofessional dynamics

The second major theme concerned notions of interprofessional practice. Issues such as the benefits of diverse teams, the barriers to building collaborative teams and issues related to learning and understanding about other disciplines were discussed.

Working alongside a diverse group of professionals was viewed as providing the opportunity to incorporate a greater depth and breadth of knowledge into their own practice. The "bouncing of ideas", decreasing the workload of other professionals and covering a broader range of issues, particularly in preventative health (oral health, health promotion) were seen as important aspects of the interprofessional approach. The crossover of roles and tasks between the disciplines was noted as beneficial. One example of this was identified by an oral health student who described the importance of fundamental needs being met before the setting of goals specific to their own discipline:

Although health is really important not having the basic needs, not having the support, not having a parent who is on your side as an advocate, not having somewhere to live, not having somewhere that's dry and warm and getting the appropriate food, it wouldn't matter if you gave them toothbrushes and toothpaste ... until you do the basic needs you can't possibly think about anything other than survival. (NS)

Discovering what other professions exist and their scope, was seen as expanding the opportunities for patients and families. The students noted the benefit of professionally diverse teams in terms of responding holistically to people ("mind, body and soul") with

the acknowledgement that, although they came from different perspectives, they were all committed to the care and wellbeing of the patient.

Students identified that, where role confusion exists, the outcomes for the patients become more complex to deliver:

I remembered I went and asked the physiotherapist, about how would the family go about getting some geriatric equipment for their home because she was looking at mobility safety and all that, she said I would have to talk to a Social Worker about that. (NS)

In addition, understanding one's own discipline in relation to students' confidence and experience has implications for an interprofessional approach. While students raised the possibility that a professional hierarchy and stereotypes existed within the current health system they felt that, regardless of their qualifications, different disciplines could contribute their specialised knowledge to the team:

I feel like we can go into a practice and even some dentists don't know what we do...before we start a job we will have to sit them down and say this is exactly what we can do here and you have to respect us in our scope of practice. We have to teach them again where we fit into it. (OH)

This hierarchical structure amongst different disciplines within health and allied health was also seen as a barrier to interprofessionalism and teamwork. Participants discussed how this hierarchy was mirrored within the university environment (e.g., separate common areas for medical and nursing students) and translated to the workplace after graduation. Students also commented on the difficulties of implementing new information and influencing work practices with the knowledge and skills they gained at university in workplaces where existing work practices were entrenched.

Not having the time or structures within their program of studies to share knowledge and learn about other disciplines was identified as an additional barrier to learning about interprofessionalism. Students were able to articulate the importance of learning about other disciplines but felt that, while they had been told to work with other professions during their studies, there was limited knowledge about how best to do this. Many of the students signed up to the Teddy's Health Adventures Project because of the focus on interprofessional work. Learning to work interprofessionally was seen as relevant to the roles they would undertake post-graduation.

Students were able to articulate an evolving sense of understanding of other disciplines and acknowledge similarities to their work and approaches. The experience of participating in the Teddy's Health Adventure Project was useful in helping students' gain interprofessional learning and insight:

When I think of Psychology I think it would be to do with the mind, like Mental Health, that type of thing but once we got there, it was about friendships and the emotional building and emotional health. [It] sort of opened your eyes because you think "wow these disciplines are actually doing something similar to what we are doing and we are totally opposite". (HS)

Students highlighted that the experience of participating in the focus groups was an important opportunity within the project to develop greater insight into other disciplines. Students identified the opportunity to openly discuss issues and ask questions as the most important aspect of their interprofessional learning. In addition, learning about other professions was seen as something that would happen over time and with experience:

I would think a work in progress, I mean you're never given a sheet of paper that says this is everyone's role, I think it's just being out there and experiencing it, like you said it is knowledge that you gain over time. (HS)

Work-integrated learning

The final theme that emerged from the data was in relation to work-integrated learning as a component of study. Overwhelmingly, student consensus was that practical experiences and work-integrated learning were vital to understanding roles and work activities post-graduation.

Participants identified a range of workshops that were undertaken as part of the Teddy's Health Adventures Project including healthy eating, making good friends, dental care, safety, and emotional wellbeing. When developing the workshop activities, students were focusing mainly on the children. Limited thought was given to how best to engage parents and carers. After the workshops, students were able to identify the impact the interventions had on the parents and carers present and were able to make suggestions on improving their own practice to better engage both children *and* their carers. Factors such as providing positive experiences with health staff and developing the ability to be adaptable when delivering a service were identified:

Our first workshop that we went to was a playgroup and I joined a playgroup we had made sure we planned what we were going to do. But when we got there we realised the kids were not going to follow a structure and then we had to improvise. (HS)

When working in an actual community practice context, students needed to be flexible in providing activities for a diverse group of participants. Students sometimes felt challenged by this aspect of the project.

Students were able to identify similarities and differences between disciplines from their experience of delivering the workshops together. There were some overlaps between topics, as both nursing and oral health students delivered a healthy eating session and both psychology and social work students presented on friendships. This surprised some students and initiated conversations about similarities and differences across professions.

The participants also learned more about the broader application of their own discipline and, after the project, were better able to articulate how they might work in different practice settings, for instance community as well as clinical contexts.

Overall, the structure of the Teddy's Health Adventure Project worked well for both the communities and students. There were some changes identified for further improvement. Students did not attend all workshops and participants commented that it would have

been useful to see all sessions presented by the groups. Recording the workshops was seen as a solution and students felt that a joint viewing of the recordings would provide a valuable opportunity to provide feedback, discuss the workshops and learn from each other. Students would have liked more collaboration between students from different disciplines before the program was delivered to enhance interprofessional understanding and practice when delivering the workshops.

Staff voices and insights

After completion of the project, the staff (*n*=4) in the academic team responsible for the project were asked to reflect on the experience of organising and implementing the project as well as supporting the students. The following themes emerged from these reflections.

Organisation and implementation of the project

The Faculty of Health within Griffith University has a strong focus on interprofessional health practice and a commitment to providing all students with interprofessional learning activities as core within their program (Health Ideas, 2011). It was assumed that a community-based interprofessional learning project would attract participation from schools across Griffith Health and would open pathways for student, faculty and institutional learning. Invitations to participate went to all of the Schools within Griffith Health and most were responsive and clearly saw value in the proposition. Early meetings grappled with how to frame a community-based project which would enable all students to contribute from their own professional knowledge base and expose them to the dynamics of working in a community, whilst providing a manageable structure that fits with curricula and assessment criteria.

It became apparent very quickly that each program grappled with a full curriculum, and it was rarely possible to incorporate a new project opportunity within existing formal programs. Eventually it was agreed that some students would receive credit for some of their work-integrated learning requirements, some would participate as part of an existing course assessment, and other students would be invited to participate as an extracurricular activity. Staff expressed concerns about how best to assess each student with fairness and equivalency across programs. Each school promoted this opportunity to all students within their undergraduate and/or Masters programs. Student participation was voluntary in all cases.

The academic staff involved in the project identified that, although there was interest in the project, it was extremely difficult to gain commitment or negotiate the needs of each school:

Ideally academic staff need to model interprofessional interactions and many of the staff participating were so pressured by competing demands that they did not attend planning sessions or student workshops. Some staff came regularly and participated in the project, but there was limited support from some schools.

Students were at different stages of their programs and all had tight timetables and ongoing assessment demands: "within the time constraints of semester timetabling and different campuses, it was difficult to bring the students together as often as we would have liked".

Supporting students

Staff identified the unique learning opportunities presented to students by working within community settings:

Working in a community context, you need to be comfortable with uncertainty, chaos and things not always going to plan. When the students worked with the playgroup, they quickly realised that their activities were not working to their plan and they needed to work together to change, improvise and adjust the activity to meet the audience needs. This was a big learning moment and a student stepped forward as a leader to guide the response.

Students were able to identify the importance of working with community members within their own environments and how to adjust their interventions to best meet the needs of these members.

Staff articulated the importance of having strong connections with practitioners and services in the field. Such relationships are built up through field education experiences and a commitment to building scholarship through a process of learning by doing in practice. The project was shaped by a community development practice framework with the emphasis on building relationships and working with students and service providers from the ground up.

Students had different skills and experiences in reflective learning processes. Staff identified the need to provide support and space for some students to develop an understanding of skills in reflective practice: "When the students did come together they really enjoyed the reflection process, but I was surprised that some students found reflection new and strange indicating that not all health disciplines incorporate reflection in undergraduate curriculum."

It was identified that many of the conversations that took place between students centred on different professions and how they could best work together: "During the student reflection sessions, it was interesting the amount of time spent describing roles and professional identities and where they fit in." It was clear that students were comfortable using the language of their own professional discourse but struggled when presented with different ideas or terminology foreign to their own: "Students acquire different frameworks in their own disciplines and one of the biggest challenges was trying to facilitate positions outside of these frameworks and understandings in a short timeframe to enable reflection and learning."

It was clear that all the students were working towards the same goal (participant health and wellbeing) and, by focusing on the community members and their needs, challenges presented by different discipline ideas and knowledge were able to be overcome: "It was great to see the light bulb moment when students connect the relationship between different knowledge bases in terms of the wellbeing of the people they were working with, both social and emotional."

Throughout the reflective sessions it was evident that some students were able to articulate their professional backgrounds and roles more clearly than others. Staff questioned the importance of this and wondered whether some ambiguity in role definitions allowed for greater flexibility in responses:

The student who struggled the most to articulate their own professional roles and tasks in concrete terms was the student who was able to confidently step into the leadership role when things were not going to plan. It made me wonder what the relationship between professional confidence and the articulation of professional identity.

When discussing the project structure, all staff identified the importance of providing students with time and space for interprofessional discussion and reflection, in all phases of the project. All staff discussed the need to build in more time for these activities and to structure these sessions with appropriate tools and opportunities: "warm up was very significant to getting students talking with each other, rather than to the staff".

The process of recording the reflective sessions and asking students, as a group, to review these recordings and comment further was seen as a powerful and useful tool in expanding discussions and deepening interprofessional relationships:

Guided questions helped students to articulate their experience, but perhaps the most significant moment occurred when students watched a video of themselves reflecting on their practice. Students then seemed to make sense of how that learning comes about. At this point students wanted the experience again, and, now knowing each other, appreciated what they could learn together.

All staff in the academic team expressed an interest in utilising and expanding this tool further to explore what factors influence reflection and relationship building.

DISCUSSION

Within Australia, IPE in health education programs has gained prominence in both government and university policy (Department of Health and Ageing, 2008; Health Ideas, 2011). In addition, there has been a shift in healthcare delivery from hospital care to community settings, with a focus on service users becoming partners in care (D'amour & Oandasan, 2005). This study has provided some insights into how students and staff experience an interprofessional project carried out in a community setting.

One of the challenges identified was the uncertainty and unpredictability of working with and within communities (Cooper & Spencer-Dawe, 2006). Students identified this as a challenging aspect of the project, but also were able to respond to these challenges, learning through both planned and unplanned experiences. Perhaps the most important aspect of this learning environment is the central place given to the community and its members. It is clear that acknowledgement of the needs of the community partner/s (both organisations and service users) are important elements of successful community-work-integrated learning. This focus provided the students with the motivation to come together and respond to community needs as an interprofessional team. Successful community-based IPE experiences are largely dependent on strong academic–community partnerships and relationships. Given the resourcing and time pressures on community partners, it is essential that IPE needs to add value to on–the-ground practice.

Students were also exposed to service-users outside the context of a traditional clinical setting, increasing their awareness of the impact of disadvantage on health and wellbeing.

Students were challenged to utilise their acquired knowledge to shape appropriate responses to promote positive health outcomes. Exposure to work-integrated learning within a community setting enabled students to develop a broader sense of professional roles within a variety of contexts. While interprofessional education remains focused primarily within the health care system or hospital, opportunities to prepare students to work with communities in addressing the social determinants of health are lost. Students were able to identify the significance and impact of social and economic backgrounds on health, and were able to identify how their own practice within a community setting could improve health outcomes for a range of community members. This focus can encourage students to not only concentrate on activities but also the aims, purpose and principles behind their interventions (Scholar, McLaughlin, McCaughan, & Coleman, 2014). These insights are important for curriculum planning and development to ensure that students are provided with appropriate content to meet practice needs within these settings. As healthcare increasingly acknowledges the importance of health promotion, disease prevention and shared decision making (Valaitis et al., 2014), it is essential that higher education content reflects these changes.

Students evidently valued the opportunity to reflect on their experiences with their inter-professional peers. Self-awareness is seen as a prerequisite for understanding and engaging in team-directed learning (Donnelly & Wiechula, 2012) and reflection can encourage students to learn from both their own performance and the performances of others (Rosenberg & Yates, 2007). The project gathered students on two occasions to reflect on their experiences and each session was recorded. Students reported that deeper learning took place once they were asked to review previous focus group recordings and to use this material to comment further on what they had learned. This approach to seeing and hearing time-captured reflections allowed students further time and space to explore what they have learned, why it is important and how the learning can be incorporated into future practice. Students reported that, by replaying the discussion, they were able to identify further questions and insights and found the opportunity to expand on these with the group useful. It would be beneficial to better understand the processes within this reflective technique, with further research adding to our understanding of why and when this technique would be best utilised.

It was noted that, although some of the students experienced difficulty with the reflection process, the social work and human services students were comfortable with the process and reported exposure to the process early in their education. It is clear that reflective practice is an important element in professional practice and a strength of the current social work undergraduate programme.

The project uncovered for students the importance of first having a clear (but not rigid) understanding of their own emerging professional identity. The shaping of a professional identity appears to come to students through their experiences of practice and often field-work experiences provide students with their first occasions of being part of an occupational group (Scholar et al., 2014). Within community contexts, students are often exposed to a broader perspective of what health care can look like and how professional responses can be shaped. Where these experiences are scheduled within a program is an important consideration, as professional identity may be questioned (Murphy, Rosser, Bevan, Warner, & Jordan, 2012). It is also important to note that social work and human services students

struggled with describing their profession and work roles and this issue may need to be addressed within the undergraduate program.

Additionally, within IPE, students may not have a member of their own profession providing support, which can provide additional challenges for students shaping their own professional identity. When facilitating IPE, academic staff need to be aware of how students from different disciplines vary in the way they make sense of their own professional practice. IPE provides a useful platform for students to further construct their understandings of professional practice and role in the presence of other disciplines but this process requires careful facilitation. Organising and delivering IPE requires creativity and confidence but, above all, the teacher has to become aware of self and the use of self, to facilitate learning and manage conflict and group dynamics (Howkins & Bray, 2008).

While the benefits of IPE are evident, academic staff clearly identified the logistical difficulties of organising IPE between the health undergraduate programs. The creation of IPE opportunities required time-consuming negotiations and the development of networks both within the university and with community partners (Harris, Jones, & Coutts, 2010). This echoes recent literature which identifies timetabling restrictions, the lack of appropriate teaching and learning resources, and funding limitations as the main barriers to implementing IPE within Australia (Lapkin, Levett-Jones, & Gilligan, 2012). This is important and needs to be considered by the higher education sector if community-based IPE is to be facilitated, innovation valued and sustainability ensured. Without strong and clearly articulated funding and institutional support, IPE opportunities risk being seen as token efforts in already crowded curriculums. Given the current focus on blended and on-line learning within higher education, a challenge for curriculum is to ensure students are provided with opportunities to connect with other students from different disciplines to build relationships and understandings necessary for effective interprofessional practice.

Limitations in this study are acknowledged as data were collected from a small number of students participating in the project. No formal feedback was collected from the community partners or community members participating in the workshops, although verbal feedback at the time was positive and, for many, it was the first time they had worked with health professionals. Collection of more detailed data would have provided a deeper understanding of the impact of the project.

The findings also relate to community settings and members at the time of the project and are context-specific; however, inherent within qualitative research is the focus on in-depth contextual data. Within thematic analysis, one criterion of trustworthiness important in this research is that of dependability. This is where the research process itself can be audited, so that future researchers can easily follow the decision trail used by the investigator of a study to arrive at similar conclusions (Denzin & Lincoln, 2008). This criterion was met through clearly documenting the process used to conduct this research and recording at each level of analysis. These levels included Level One – condensed unit of meaning; Level Two – clustering according to commonalities; Level Three – combining participants' data for broad clustering; and Level Four – forming into results.

CONCLUSION

This project contributed to our understanding of interprofessional learning within a community context – an approach that is not common within health and allied health education. The project provided an opportunity for students to grapple with the complexities of practice, understanding their own professional identity and the importance of working across professions to create strong social and health outcomes that put people and their communities first. It is evident in the outcomes of this study that students from different health and allied health disciplines appreciate the opportunity to have direct practice experience in a community context and see this as a valuable way of engaging in inter-professional learning. The study also shows that integration of such approaches to IPE needs to occur at the curriculum development level in order to achieve better learning outcomes for students.

Note

[1]The Teddy Bear Hospital Programme is delivered by Hope4Health (http://hope4health.org.au/).

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