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An Innovative Approach to Providing Interprofessional Practice Experience for Students from Osteopathy and Social Work

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ABSTRACT

Providing effective interprofessional practice experience for pre-registration students is challenging. We share an innovative approach that provided opportunities for students from osteopathy and social work to work together and learn from each other. As academics tasked with providing practice experience for pre-registration students, we report what was learnt from the experience. To better understand the students' experiences, a focus group was conducted. Data from this focus group informed the design of the questionnaire developed for participants in the second year of the innovation. There were eight students in the focus group, 23 students responded to the questionnaire in the first session, and nine in the subsequent, final session.

Four core categories emerged from the coding process: Professional scope of practice; Interprofessional learning; Practice knowledge and philosophy; and Patient care. As authors, observers, and participants in this active research approach, we have identified a fifth category, "Challenges and learning" that speaks to some of our recommendations. The findings reaffirm the benefits of interprofessional learning for pre-registration health students and the holistic focus emerging in allied health. The disciplines participating in this innovative, interprofessional practice experience do not usually work together, nevertheless the approach adopted may be generalisable across healthcare professions.

Keywords: *Interprofessional teamwork; Student-led clinics; Innovative approach; Action research; Surveys; Focus group*

INTRODUCTION

The challenges of providing effective interprofessional practice experience for preregistration students from social work and allied health fields are many and varied. In this article, we outline an innovative approach that was adopted to provide opportunities for students from osteopathy and social work to work together and learn from each other. The aim was to learn from the experience as academics tasked with providing practice experience for preregistration students. To be able to document and share the experiences, we sought ethics approval and adopted an action research approach over a two-year period.

Learning to work together successfully in an interprofessional workforce is vital to the development of healthcare professionals as it represents the nature of work in the real world. Students who are afforded these interprofessional learning opportunities report an increased understanding and appreciation of their own disciplines, an expanded perspective of issues that affect patient health, and knowledge “about the practical roles and referral pathways of other disciplines” (Kent, Drysdale, Martin, & Keating, 2014, p. 51). There is also recognition of the importance of the communication and teamwork skills essential for effective teamwork. Moreover, there is evidence that these experiences impact positively on patient care outcomes (Begley, 2009; Shrader, Kern, Zoller, & Blue, 2013).

Morison, Johnston, and Stevenson (2010) argue that the knowledge and skills required for such collaborative learning include particular knowledge of one’s own and others’ roles and responsibilities and the development of a sense of professional identity. They suggest that this is essential personal development and argue that interprofessional learning contributes to the complex process of developing lifelong learning skills. These particular skills include the ability to be flexible, adaptable and independent as colleagues, and to be respectful of each other (Hargreaves et al., 2005; Howell, 2009). Meyers (2011) found that life skills training was most effective when students were exposed to authentic learning experiences that provided opportunities to collaborate with, and learn from, others; reflect on the learning; and develop interpersonal communication skills. They argue that benefits come from providing opportunities for students to learn these concepts in realistic settings.

While there is consensus that interprofessional health teams make an important contribution to positive patient outcomes, interprofessional teamwork is not a consistent element of training for healthcare students (Frenk et al., 2010). O’Keefe (2015) believes that a deep shift in thinking is needed to address interprofessional learning higher education health care curricula in Australia. Engagement with interprofessional learning is mostly “achieved through activities peripheral to, rather than integrated with the core curriculum” (p. 5). Serendipitous encounters among interprofessional student practitioners serve as tests of collegiality, mutuality, and help to “normalise” the sorts of conversations about cases and clients that form part of professional discussions. It was therefore decided that a structured approach was necessary for evaluation and reflection on such collaborative learning processes.

This omission in interprofessional health team training is being addressed by health educators in several ways. In recent years, there have been reports on a range of effective interprofessional, student-led clinical learning activities that are achieving the desired learning outcomes (Cameron et al., 2009; Kent et al., 2014; Pearson & Lucas,

2011; Pollard, 2009; Reeves, 2000). Importantly, there has been a move from valuing interprofessional skills (such as communication and teamwork) as peripheral skills, to seeing them as core skills (Morison et al., 2010). This demonstrates a growing acceptance that these important skills are not intuitive, nor are they always learned in the workplace (O’Keefe, 2015), but need to be targeted, specifically, so that students can develop them.

In a review of undergraduate interprofessional, simulation-based education (IPSE), Gough, Hellaby, Jones, and MacKinnon (2012) reported that the most common learning outcomes for IPSE were related to “increased confidence, knowledge, leadership, teamwork and communication skills” (p. 153). Barnsteiner, Disch, Hall, Mayer, and Moore (2007) support these findings, but highlight the difficulties in providing opportunities where pre-registration students from multiple disciplines can work together to gain understanding about differing roles and get experience in collaboration and teamwork. This supports the rationale for using IPSE, as reported by Gough et al. (2012), both to increase placement opportunities, and to provide educationally designed interprofessional learning encounters (Horstmanshof, Lingard, Coetzee, & Waddell, 2016).

Despite organisational and situational challenges within the university setting and philosophical differences between osteopathy and social work, support was found for this approach that placed an emphasis on patient-centred care. This interprofessional practice experience was made more challenging by the differences in funding models between the disciplines. However, with much goodwill and skilful negotiation, a cross-disciplinary task supervision model was devised and accepted.

METHOD

A number of interdisciplinary meetings were held where the benefits of interprofessional practice were discussed, focussing on the benefits to student learning with regard to teamwork (Mitchell, Groves, Mitchell, & Batkin, 2010; Shrader et al., 2013), and the advantages of improved cross-disciplinary communication and teamwork for better service delivery and ultimately, enhanced client outcomes (Barnsteiner et al., 2007; Begley, 2009; Nisbet, Hendry, Rolls, & Field, 2008). As suggested by Hilton and Morris (2001), it was agreed that the University Health Clinic setting offered an ideal learning environment for developing interprofessional skills. We adopted a top-down approach as recommended by Mitchell et al. (2010, p. 383) in which the development and implementation of IPE activities are provided at the School or Faculty level rather than by individual subject champions. Ultimately, a decision to proceed was reached based on in-kind support of cross-discipline task supervision and it was agreed to link the social work and welfare students into the clinic through the osteopathy program. Ethics approval was sought and granted by the University’s Human Research Ethics committee (Approval Number: ECN-14-053) so that the approach and outcomes could be evaluated and reported.

The social welfare/work academic liaison in the university’s student Health Clinic undertook the dual responsibility for ensuring the social work and welfare students were on track with their specific social work/welfare learning goals as well as facilitating links between the osteopathy student practice and the social welfare/work practice. This was in

addition to the osteopathy model of supervision that requires an onsite supervisor for each hour of practicum for groups of up to eight students (Snider, Seffinger, Ferrill, & Gish, 2012).

To better understand the students' experiences, an action research approach was adopted resulting in a cycle of questions, data collection and reflection (Ferrance, 2000; Watt & Watt, 1993). As a first step, an hour-long focus group was conducted with students and supervisors in the first year of the innovation. The full cohort of eight students attended this focus group. Also present were two supervisors, and two author/researchers. The 14 questions for the focus group session are included in Appendix A. These questions were developed by the authors to explore the learning experiences of these students. In order to allow space for the data to emerge, the questions posed by the facilitators in the focus group were open-ended (Krueger & Casey, 2015), inviting osteopathy students and supervisors to reflect upon their interprofessional experience of working with a social work/welfare student in the student clinical setting. The focus group was audio-recorded and then transcribed by a research assistant and the transcript was checked by the workshop facilitators.

The questionnaire was adapted from the discussion and feedback of the focus group data by re-ordering the questions and incorporating some clarifying language. The questionnaire can be viewed in Appendix B. This was subsequently used with student participants in the second year of the innovation. Purposive sampling was used in both cases for program evaluation. Twenty-three out of 25 students responded to the questionnaire in the first round, and nine out of a total of 17 students in the second and final round.

RESULTS

In line with Bryant and Charmaz's (2007) and Glaser's (2005) views, the coding process was undertaken manually to allow for a creative and dynamic approach. The coding underwent the mandatory three stages of coding: open, axial and selective, with separate tables prepared for each stage. The two coders and the lead researcher met on three occasions to review the codes and to clarify areas of difference or disagreement until consensus was reached. The two coders and lead researcher, also authors of this article, had no conflicts of interest to disclose.

Four core categories emerged from the coding process with 13 sub-themes related to these categories. The core categories were: Professional scope of practice; Interprofessional Learning; Practice knowledge and philosophy; and Patient care. These are shown in Table 1.

Table 1: Core Categories and Sub-themes

CATEGORY	SUB-THEMES
Professional scope of practice	<p>Awareness of the scope of own and other profession</p> <p>Awareness of the boundaries of own and other profession</p> <p>Awareness of the importance of teaching other students about their own profession and learning about the other</p> <p>Reaffirmation of their own profession within a healthcare setting</p>
Interprofessional learning	<p>Collaboration</p> <p>Complementary roles</p> <p>Debriefing and information sharing</p> <p>Referral processes</p>
Practice knowledge and philosophy	<p>Holistic practice</p> <p>Relationship between physical and mental health</p> <p>Psycho-social issues</p>
Patient care	<p>Person-centred care</p> <p>Patient outcomes</p>

Overall, students acknowledged that communication skills and knowledge about emotional issues would enhance their practice. They wanted to upskill so that they could refer appropriately to other services. Several students noted the importance of self-care. Students said they wanted more opportunities to observe interprofessional student practice and 25 students wanted further interprofessional learning experiences. Rather than the teamwork skills identified by Begley (2009) and Shrader et al. (2013) as being key for high quality patient care, students identified that their increased understanding of holistic practice allowed them to identify the range of issues affecting their clients.

We examined these aspects of the students' professional development gained from this placement experience. We used the core categories and sub-themes as a framework to shed light on the learning experiences for these students, highlighting both the benefits and the challenges. In addition to the expected gains relative to enhanced communication and teamwork skills, students expressed deeper personal understandings of interdisciplinary work, on both the micro and macro levels. Whilst learning from each other about the disciplines of osteopathy, social work and social welfare, students reflected on their own

professions and were able to articulate and explain in more depth, the value of their chosen discipline in the broader context of health care.

Professional scope of practice

Scope of practice clearly emerged as a core theme to be considered and analysed and was one of the most frequently occurring issues identified by participants. Four sub-themes were identified for this core category. The interprofessional experience raised awareness of the scope of practice of their own profession and disciplinary boundaries, as well as an understanding of the scope and limits of the other allied health students' profession. Students were able to appreciate the necessity of teaching the other students about their own discipline and provided thoughtful reflection of how their professions can contribute to a clinical health care setting and client well-being.

Awareness of the scope of own and other profession

Student comments indicated that they had begun to think about the scope of their own practice in an interprofessional setting. In addition, the data collected suggest that the interprofessional placement experience generated respect for the scope of the other profession, with participants acknowledging they had learned more about what the other discipline does.

That those in social welfare can help assist treatment outcomes on many levels. (S1)

[I learned about] how well rounded osteopathy is – more a confirmation. (S10)

[I have learned] more about the scope of practice of social welfare. (S14)

Awareness of the boundaries of own and other profession

Students appeared to consider the scope of their own practice within an interprofessional setting. In addition, the data collected suggest that the interprofessional placement generated respect for the boundaries of the other profession, with participants acknowledging they had learned about the limits of each discipline.

My professional scope often does not cover psychosocial issues but I feel they still need to be addressed – in this way [working together with the SW student] has helped. (S1)

I learn[ed] how important it is to know my scope of practice, know my limits and refer when appropriate. (S21)

[I learned] the limitations of osteopathy and the importance of practising within own scope of practice. (S11)

That we don't have to be responsible for all facets of a patient's health. (S3)

Awareness of the importance of teaching other students about their own profession and learning about the other

When asked about what they were able to teach the student practitioner from the other discipline, students indicated that they were able to teach their interprofessional partners about the benefits and scope of their practice and the advantages of collaboration. Students also indicated they had wished they had known more about the other discipline and that scope of practice before the placement commenced.

...broader knowledge of osteopathic scope. (S17)

Osteos are generalists, communities of professionals are powerful things. (S6)

The students identified the importance of teaching each other about their disciplines:

So that they can understand what we do, and when and for what, so they can refer patients to us. We treat the whole body, not just musculoskeletal. (S38)

Because just as social work can offer ... that broader treatment base, the same for us, from the opposite way. ... working through people's musculo-skeletal system[s] and body-mind system[s], and support[ing] them. (FS3)

Reaffirmation of their own profession within a healthcare setting

Students became aware of the value of their chosen professions and the way in which the interprofessional placement enables students to reflect upon their choice of discipline in a healthcare setting. When asked in the focus group whether they came away feeling they had made the right choice about their profession, students gave a resoundingly positive response. This affirmation is reflected in the following comments:

It is already osteopathic to approach patient care from a biopsychosocial model – but this has reinforced it. (S1)

[I learned about] how well rounded osteopathy is – more a confirmation. (S10)

Interprofessional learning

Students perceived interprofessional learning as a collaborative approach where the students learned from each other in an integrated, interprofessional setting. Four specific sub-themes were included under this core category: collaboration, complementary roles, debriefing and information sharing, and referral processes.

Collaboration

Collaboration was strongly reflected in questionnaire responses. Students felt that the IP placement experience had contributed to their understanding of collaborative patient care. The data indicate that students felt that the experience highlighted the value of *teamwork* (a term that frequently arose in the data) describing it as *good* (S19), *important* (S27), *rewarding* (S4), *helpful* (S24) and *better for patients* (S6). Students realised how a collaborative approach can optimise outcomes for patients – *how much patients can benefit from a collaborative approach to [patient] care* (S11). Many students identified that they now understood the value of a collaborative approach in relation to their own practice.

Student responses also indicated that they felt that a collaborative approach in the interprofessional placement experience contributed to their understanding of patient care:

... true health is a partnership in the [patients' well-being] and calling on assistance from other disciplines is often very beneficial. (S6)

Patient care is multi-dimensional and does not belong to a single discipline. (S11)

Patients dealing with pain require a multifacet[ed] approach. (S18)

Complementary roles

Students felt that the other discipline complemented their own practice. Several responses indicated that students would be likely to recommend their patients to the other discipline:

Very likely [to recommend the other profession]. Excellent complement to osteo care of [patient] in more complex presentations. (S11)

Very likely [to recommend the other profession]. I find it helps osteopathy's holistic approach to optimal functioning for the patient. (S16)

Debriefing/information sharing

Debriefing and information sharing were reported as positive outcomes of the interprofessional placement experience for students. One student identified the advantages of *having someone to discuss patients with when biopsychosocial factors were [a]ffecting the case and I was unsure how to handle it (S14)*, and other students commented on the value of being able to discuss their patients' issues and consider possible approaches in conjunction with the student practitioner from the other discipline.

Some students indicated they would have liked more debriefing opportunities with the partnering student between client consultations. Lack of time was identified as a constraint and a negative element in their interprofessional experience. One student would have liked more guidance from the other student about "how to handle certain difficult or delicate situations" (S1). This is a point we noted under "future training needs."

Referral process

Out of the 22 students who responded to a question about interdisciplinary referrals, 10 said they would be very likely to refer, nine said they would be likely to refer, two noted they would be quite likely and one said not likely due to a lack of understanding about the other discipline.

The dilemma of how and when to refer patients in practice resonated with many students, and was a point that arose in both the survey responses and focus group discussion. One student commented, "I didn't realise that there were extra services out there that I could refer to" (S4). One student mentioned that she would have liked better knowledge of how and when to refer a patient or client before going into the IP placement (FS2).

Most students wanted more knowledge about recognising cues for referring patients to each other during the consultation process. These responses were frequently aligned with comments about understanding one's limitations when a patient's situation extends beyond one's scope of practice. Students wanted more information about "*how to approach referrals*" (S7).

I learnt what a social worker is, how they approach patients and the importance of referring to one. (S21)

It's important so that they understand what we do, and when and for what so they can refer patients to us. (S5)

[This] has allowed [me] to be able to help people through the referral process to someone [who] is known and trusted for situations that are beyond the scope of [the] practice of osteopathy. (S7)

Comments about referral were occasionally accompanied by references to holism, and the importance of the students' understanding of the holistic framework underpinning practice; *because the road to healing sometimes needs attention to both the brain and the body* (S22).

Practice knowledge and philosophy

Students emphasised the importance of their particular professional framework and philosophy of practice. This emphasis arose in response to what students felt they had learned about working together and their understanding of patient care. The word *holistic* was used frequently as well as the expression *psych–body connection* to refer to the influence of physical pain on a patient's mental health and the *intricate link between psychological issues and musculoskeletal dysfunction* (S1). The three sub-themes identified were: holistic practice; the relationship between physical and mental health; and psychosocial issues.

Holistic practice

Holistic practice was a consistent theme across survey responses, with students finding the interprofessional experience enabling *then to assist with a more holistic approach to healthcare* (S16).

[This] enhanced my ability to take a holistic approach. (S25)

I find [interprofessional practice] helps the holistic approach to optimal functioning for the patient. (S17)

Social welfare covers many aspects of a holistic treatment that we talk to/hear about from patients that as an osteopath we don't have time and training to deal with. (S23)

Relationship between physical and mental health

Students felt strongly that the relationship between physical health and mental health was closely linked.

I became more aware of the emotional side of the patient and how having good results can be affected by the patient's mental state. (S14)

Patients dealing with chronic pain require a multifacet[ed] approach. (S18)

People are generally experiencing a wide range of problems and one can affect the other i.e., stress and increased pain response. One is fixed but will return if the other is not assessed and treated. (S7)

[Interprofessional learning] helped the mind–body connection in health care. (S19)

[The] psych-body connection is important. (S12)

[It's important to] appreciate the psych/brain–body connection. (S22)

Psycho-social issues

Aspects of psycho-social knowledge were elicited in student responses across eight out of the 14 questions. A bio-psychosocial approach combines the biological, psychological and broader environmental aspects of a social work intervention (Chenoweth & McAuliffe, 2015). It is conjectured that, as the assessment tool given to the social work and welfare students on placement was based on a bio-psychosocial framework, the expression *psychosocial* gained traction amongst all the students in the clinic and grew to mean the range of biological, social, environmental and psychological factors that may impact on a client.

[The] social work/welfare psychosocial approach helped my clients. (S24)

[Interdisciplinary referral] is good for addressing psychosocial factors. (S6)

My professional scope often does not cover psychosocial issues but I feel they still need to be addressed – in this way it (the interprofessional experience) has helped. (S8)

It has certainly enhanced the therapeutic outcome with patients with contributing psychosocial factors. (S10)

We know that the body isn't just the physical, but the mental and emotional aspects as well that need to be healthy. (S15)

Patient care

Improved patient care was emphasised as being a positive feature of the interprofessional placement, particularly when students were asked to identify what was best about the overall experience. Phrases such as “improved patient care” or “more rounded patient-specific care” and “better outcomes for clients and patients” were used in such responses. Two sub-themes were identified: person-centred care and patient outcomes.

Person-centred care

The students acknowledged the importance of the person and the improvement of their skills in working with individuals.

[I learned] how important it is to observe the patient's cues and signs. (S23)

This has allowed my patients to have a multimodal approach to healthcare. (S16)

This has shown me a better way I can care for my patients. (S29)

[This experience] enhanced my skills with patients. (S2)

[I learned] how much patients can benefit from a collaborative approach to patient care. (S20)

It has enhanced my ability to work with patients dealing with stress/anxiety and grief. (S9)

[This] helped in talking to patients about sensitive or upsetting topics. (S17)

I want my patient to get better and seeing them get as much help as this is great to see. (S3)

[The best thing was] more rounded patient specific care for my patients. (S11)

[I learned that] true health is a partnership. (S6)

[This] increased my ability to look at/take into consideration the patient as a whole. (S14)

Integrated patient care is the way of the future. (S8)

Patient outcomes

The students noticed an improved outcome for their clients in the clinic.

[This helped my practice because] my patient improved after social work visit. (S13)

I found my patients responded better to my treatments after he/she visited the social work/welfare student. (S4)

[Working together helped me as my] patients improved after the social welfare visits. (S18)

Social work helped my patients when I could not. (S1)

[This] helped with picking their brains with how to respond to patients in certain situations. (S16)

This improved our ability to work with other professionals to achieve a better/enhanced result for the patient. (S7)

Using other modalities are a definite option to ensure they (patient) are getting the right access to the right resources. (S20)

[I think this] improved my patient's healing time. (S28)

DISCUSSION

This action research approach to interprofessional learning in a university health clinic found four core categories where students from osteopathy and social work/welfare identified tangible positive outcomes from their involvement. These core categories were:

- Professional scope of practice
- Interprofessional/multiprofessional learning
- Practice knowledge and philosophy, and
- Patient care

The category Professional scope of practice identified the students' understanding and appreciation of the scope and boundaries of their own and the others' discipline. Our findings echo those of Hargreaves et al. (2005) and Howell (2009) where students confirmed that a good understanding of one's own professional role and scope of practice is a significant facilitator to interprofessional collaboration. Based on our questionnaire and focus group data, participants appeared able to articulate an awareness of both the limitations and value of their own discipline within the broader healthcare context. One of the coders, who was also the social work clinical supervisor, noted that the students originally appeared surprised to identify that their profession had boundaries or limits, seeing it initially in isolation. However, as the interprofessional placement progressed, students articulated a preference for professional boundaries, seeing the benefit of collaboration. Students identified a heightened awareness of the usefulness of teaching each other about their own professions. This emerged strongly in a developing narrative about improvements to patient care as the placement progressed. Whilst learning from each other about the disciplines of osteopathy, social work and social welfare, students reflected on their own professions and were able to articulate and explain in more depth, the value of their chosen discipline in the broader context of health care. These observations verify the study findings as suggested by both Hargreaves et al. (2005) and Howell (2009) when used in triangulation with the literature.

The category of interprofessional learning was described using positive language by most students. As Begley (2009) suggests, the benefits of interprofessional practice in enhancing teamwork and collaboration leads to enhanced problem-solving skills and conflict management. The student cohort surveyed in this study used words and phrases such as collaboration, complementary roles, debriefing and information sharing. Similar to Mitchell et al.'s (2010) findings, it was clear that interprofessional learning activities enhanced students' understanding of the importance of communication in quality clinical practice. However, this study found that the improved articulation was more about practice with emphasis on the overall benefits rather than on specific identification of skills. This may be because of the nature of the allied health professions chosen, i.e., social welfare, social work and osteopathy, or the wording of the questions. Nevertheless, it is noted that the emphasis by students was on working together for better outcomes and most frustrations expressed were about processes and clinic systems that limited such collaboration.

Although the focus group and questionnaire feedback identified that students felt that there was a strong correlation between mental and physical health, the social work clinical supervisor noted that this knowledge was articulated at the end of the interprofessional experience for each cohort. During the interprofessional experience, many osteopathy students expressed surprise at the impact mental health issues had on physical health as well as recovery from physical health issues and injuries. Conversely, social work and welfare students were taken aback by the effects of pain on participating in normal life events such as work and socialising; as well as the impacts of chronic health issues on employability and further social factors such as isolation. This is possibly one explanation for the positive focus students gave to holistic health outcomes and the necessity for a holistic philosophy across allied health disciplines. Students extended their linkages of the comorbidity of mental and physical issues into their discussion of practice and expressed this in their comments about the need to consider psychosocial aspects of care in working with patients and clients.

Improvements in patient care as a result of interprofessional practice and learning are well documented in the literature (Begley, 2009; Kent et al., 2014; Shrader et al., 2013). Our study identified two sub-themes of person-centred care and patient outcomes under an overarching category of patient care. Rather than the teamwork skills identified by Begley (2009) and Shrader et al. (2013) as being key for high quality patient care, students identified that their increased understanding of holistic practice allowed them to identify the range of issues affecting their clients. From this point, students discussed for example *multimodal, integrated patient care, more rounded specific care* and *partnership* approaches to person-centred care.

The sub-theme of patient outcomes had two main elements. The first was a traditional view of collaboration whereby patient outcomes improved when they saw different student practitioners who worked with the patients on different issues. The second was that many patients seeing student practitioners from osteopathy, who then went on to include the student social work or welfare service in the treatment, subsequently experienced more positive results from their osteopathy treatment. These observations were made by osteopathy students who had been treating patients over the course of their placement and who claimed to have seen little change in presenting issues until the social work or welfare student started to work with their patients. It should be noted that these improvements in patient outcomes were reported by the student practitioners and that a true indicator of improved patient outcomes needs to be undertaken in consultation with the patients themselves. This is an identified area for future research.

Challenges and responses

As authors, observers, and participants in this action research approach, we have identified a fifth category that speaks of recommendations and named it “challenges and responses.” In this category we discuss the challenges and the learning that influenced our responses and recommendations as student needs developed over the course of each placement.

Students felt unprepared for the interprofessional opportunity provided. At the beginning of placement, students were very focussed on their own discipline with many students unaware of any other services the clinic offered. Students wanted more information about

the disciplines they would be working with, specifically the scope of practice, what the other students do and how this could benefit their clients. In response, the social work clinical supervisor and one of the osteopathy supervisors identified that a series of videos might facilitate better understanding and produced three videos as follows:

Firstly, two videos to help students better understand each other's disciplines were created:

1. The role of osteopathy in the clinic.
2. The role of social work/welfare in the clinic.

Students also appeared concerned by the lack of formalised referral processes between the disciplines. This was affected by funding parameters and clinic processes, and required supervisors and students to assess each new client for interprofessional support. Students lacked confidence in identifying which clients would benefit and subsequently how to talk to their clients about it. A third video was created to support this process:

3. The referral process between osteopathy and social work/welfare.

These videos were created with input from the third cohort of students surveyed for this study and were shown to the following cohort. Although positive feedback was received, formal evaluation results were not available for inclusion in this article. It is hoped that any future studies will find that the three videos reduced some of the dilemmas students had about interprofessional collaboration.

Students identified a range of knowledge and skills they felt would enhance the interprofessional experience, as well as their ongoing professional development. The osteopathy students felt that some counselling skills and a better understanding of welfare issues would enhance their ability to relate to their clients and suggest other supports. Most students identified a need to widen their knowledge base of other services in order to better facilitate multidisciplinary support for their clients. Most students identified that they wanted more opportunities to observe interprofessional student practice. Finally, after discussing the broader scope of practice across the different student disciplines, a number of students identified the importance of self-care.

Other clinic procedures are more difficult to manage. Some processes are dictated by accreditation requirements, such as the length of student placements, and are difficult to change. Nevertheless, factors such as placement start and finish dates, continuity and numbers of placements can be better organised. Mitchell et al. (2010, p. 383) recommend "the desirability of a 'top down' approach in which the development and implementation of IPE activities are provided at the School or Faculty level rather than by individual subject champions, to facilitate the full application of IPE." These comments would be supported by the authors of this article. This interprofessional learning experience was based on in-kind funding and goodwill. Kent et al. (2014) explain the need for sustainable costing options for interprofessional clinics. If the model described in this article was to expand to allow more students to experience the interprofessional learning experience and, indeed, offer more student placements, then additional funding or workload allocation of time would need to be considered.

The students discussed a range of knowledge and skills they felt were important for improved practice. Good interprofessional communication is considered an important aspect of interprofessional learning and practice (Begley, 2009; Kent et al., 2014; Mitchell et al., 2010). The students in this study detailed specific examples where they thought they needed to improve their communication skills, e.g., when working with “emotionally vulnerable patients” or when managing “strong patient reactions.” One student was concerned about communication, as saying the wrong thing might be *detrimental to the patient* (S17). Once students had acknowledged the benefits of collaboration, they wanted to upskill to make the most of onward referrals and increase their knowledge of local services and resources. Most tellingly, 25 students out of the 29 students who responded to being asked if they wanted further interprofessional experiences replied enthusiastically in the affirmative.

CONCLUSION

While all interprofessional practice experience for pre-registration students remains challenging, much can be achieved from innovative thinking and collegial goodwill. We have shared an innovative approach that was adopted to provide opportunities for students from osteopathy and social work to work together and learn from each other. We acknowledge that a holistic focus is an emerging approach in allied health and accept that our findings are confirmatory rather than surprising. However, we feel that it is important to reaffirm the benefits of interprofessional learning as outlined in the literature and from the findings of this study. In addition, the disciplines participating in this innovative, interprofessional practice experience do not usually work together, highlighting the value of such experience regardless of discipline. The practical solutions to the challenges and responses of providing interprofessional learning outlined may be generalisable across healthcare professions.

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Appendix A
Focus Group Questions

What was the experience like for you?

What was best about this experience?

What was worst about this experience?

What do you think you learnt about the other discipline you have been working with?

How has working together helped your practice?

What did you learn about your own discipline from this experience?

What do you think this interprofessional learning experience has contributed to your understanding of patient care?

What do you wish you had known before you started working together?

How well integrated was this experience? What can we do to improve this?

How likely are you to recommend your clients/patients to this discipline? Why?

What extra training, if any, would you like as a result of this experience?

Why do you think that?

What do you think you were able to teach a student practitioner from another discipline about your discipline?

Why do you think that was important?

Would you be prepared to have more experiences like this one with other disciplines?

Appendix B
Interprofessional Questionnaire

What do you think you learnt about the other discipline that you have been working with?

How has working together helped your practice?

What did you learn about your own discipline from this experience?

What do you think this interprofessional learning experience has contributed to your understanding of patient care?

What do you wish you had known before your started working together?

How well integrated was this experience? What can we do to improve this?

How likely are you to recommend your clients/patients to this discipline? Why?

What extra training, if any, would you like as a result of this experience?

Why do you think that?

What do you think you were able to teach a student practitioner from another discipline about your discipline?

Why do you think that was important?

Would you be prepared to have more experiences like this one with other disciplines?

What was the experience like for you?

What was best about this experience?

What was worst about this experience?