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Two students' experiences

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This paper examines the interprofessional learning of a speech pathology and counselling psychology student in an interprofessional placement within an institution of the Department of Corrective Services in Perth, Western Australia. The institution is a pre-release centre that promotes rehabilitation and community reintegration in which up to six women are able to have their children, aged 0–4 years of age, live with them. The students provided a program to the mothers to facilitate development of a healthy mother–child relationship and the children's communication development. This paper utilised qualitative descriptive analysis to explore two examples of student learning and found perceived growth in the students' clinical skills, their understanding of the other profession, and the concept of interprofessional collaboration. While students experience growth in a range of placements, the journey described in this paper is unusual in both the nature of the student collaboration and the placement itself. The research highlights the importance of joint clinical placements in the development of interprofessional collaborative relationships.

Introduction

Speech pathologists and counselling psychologists typically work together in primary and community health settings. However, information is not readily available on the experiences of students, from both professions, working together within interprofessional clinical placements. This paper brings deliberate, detailed focus on the experiences of a speech pathology and a counselling psychology student, in order to capture the impact on, and importance of, the placement for them, both during the placement and afterwards. In doing so, it explores the value of such placements in developing collaborative working practices.

Interprofessional education

Interprofessional working is considered important in providing "safer, more effective, more patient centred and more sustainable" (Dunston et al., 2009, p. 7) health services. To achieve this interprofessional education (IPE) has been identified as an important inclusion within higher education health courses in order to graduate students with interprofessional practice capabilities (Dunston et al., 2009). Educational institutions recognise the need for collaboration between health professions with the belief that greater collaboration during training will increase teamwork between professions within the health system. Shared learning is thought to reduce "rivalries and misconceptions about respective roles and responsibilities" (Cooper, Carlisle, Gibbs, & Watkins, 2001, p. 229) that can emerge when professions work together, and Lumague et al. (2006) reported IPE can facilitate students' ability to work collaboratively. IPE aims to improve communication between health professionals, knowledge of other professions, and trust between, perceptions of, and attitudes towards professionals from different disciplines. Curran, Sharpe, Flynn, and Button (2010) highlighted the benefits of interprofessional education activities for pre-licensure health profession students. They reported that IPE increases students' knowledge of other professions facilitates the development of a positive attitude towards other professions, and contributes to students' ability to communicate and work with individuals from a different profession.

While systematic reviews suggest interprofessional clinical placements facilitate the development of interprofessional knowledge (Nisbet, Hendry, Rolls, & Field, 2008), the majority of undergraduate IPE learning opportunities involve small group teaching, case studies, problem-based learning, role play, self-directed learning, and experiential learning (Cooper et al., 2001). In a systematic review of interprofessional learning involving medical students and at least one other profession, Remington, Foulk, and Williams (2006) concluded individuals' attitudes, knowledge, and skills, across a broad range of clinical areas, can be changed through participation within interprofessional experiences that involve both clinical training and teaching on interprofessional care. In a review of interprofessional literature on student-based IPE experiences, Davidson, Smith, Dodd, Smith, and O'Loughlan (2008) found only 25 articles that involved clinical education. Of these, the time within the clinical experience ranged from 2.5 hours to 9

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weeks with 2 weeks being the most common duration. The experiences involved a range of non-patient contact activities, such as presentations, seminars, and discussions as well as patient care related activities, for example, ward rounds, handover, and observing health professionals' assessment and treatment. This review showed that it was relatively infrequently that students had the opportunity to participate in extended interprofessional placements despite their recognised value.

The interprofessional clinical placement reported in the current paper provided two students with an opportunity to work closely together, to learn from and support one another within a 20-week clinical placement. The long placement provided the students with experiences in individual assessment as well as parent–child relationship assessment, ongoing treatment planning, client management, and implementation of treatment strategies. The notion of participating within an extended clinical placement is supported by Solomon and Jung (2011) who reported the experiences of an occupational therapy and a physiotherapy student in an interprofessional clinical placement. Their students found working "towards a common goal over a long period of time" (Solomon & Jung, 2001, p. 62) was a positive experience when compared to other non-clinical interprofessional experiences.

Although research has suggested students have a positive response to interprofessional activities, students' learning has predominantly been evaluated through "self reported changes in understanding and performance" (Nisbet et al. 2008, p. 58). To date the evaluation of many of these experiences has focused on student satisfaction, the development of clinical skills and knowledge in relation to specific client groups, and shifts in attitude towards other professions and interprofessional work (Nisbet et al., 2008).

Rather than evaluating the effectiveness of an interprofessional placement in changing attitudes, and increasing knowledge and skills, this study used a qualitative descriptive analysis (Sandelowski, 2000) to explore the students' perception of their learning within the interprofessional clinical placement. The focus of the study was to examine students' reflections on their learning, the development of new understandings about each other's profession across their clinical placement, as well as to gain insight into the collaborative process. Specifically the study asked: How did the students reflect and report on the value of this interprofessional placement?

Method
Description of the clinical context
Parent-focused early intervention is a priority for speech pathologists and counselling psychologists working within a paediatric clinical context as both professions work to facilitate healthy parent–child interactions. Speech pathologists facilitate communication between parent and child to support the child's language development. Counselling psychologists focus on building parents' awareness of and sensitivity to the mental states of their children since these are essential ingredients for developing healthy relationships and interpersonal resilience (Slade, 2005).[1]

The clinical placement took place within a low security residential institution in the Department of Corrective Services. Services provided at the institution aim to promote rehabilitation and community reintegration for its women offenders. One program enables those women who are mothers to have their young children live with them at the centre. At the time of this IPE experience, up to six women had their children, aged 0–4 years of age, living with them. These children are an underserviced population as the Department of Corrective Services traditionally focuses on core service provision to the adult residents and not on the relationship with their resident children or the children's developmental outcomes.

Additionally, the children of women prisoners are at risk of adverse developmental outcomes. For example, a survey profiling women prisoners in WA identified that most were sole parents, were poorly educated, were unemployed, had mental health issues, and reported a history of abuse (Department of Justice, 2002), all features that place them in a high risk category for parenting problems. Many of these features correspond to those that have been identified as risk factors in childhood language delay, specifically "lower socioeconomic status, limitations in caregiver competence, inadequate language modelling by parents, lack of consistent and stimulating parent–child interactions, negative parental responses to child's behaviours, parental education, maternal depression, and parenting stress" (Perry Carson, Carson, Klee, & Jackman-Brown, 2007, p. 157).

Description of the clinical placement
The role of the students
The speech pathology and counselling psychology students participated in a 20-week placement, one day per week. Both students were in the final semester of their programs. Within this placement, the students' intervention aimed to build the relationship between mother and child by promoting a responsive, interactive style of communication and facilitating each mother's awareness of her child's mental state. The students provided a weekly group for the mothers and their children as well as individual therapy sessions for mother–child dyads as the need arose. The group ran for 90 minutes, once a week, and had been previously started as a "song time" by a separate not-for-profit organisation. The students further developed the group to include a greater range of activities to facilitate healthy mother–child interaction. After the first two weeks the group followed a set format: an extended song time where mothers interacted with their children; a craft activity for mothers and children to complete together; and a period of book sharing.

The students' roles were to support the development of the mother–child relationship. The students worked towards this by: building rapport with the mothers, and children and developing trust between themselves, the mothers and the children; facilitating positive interactions between mothers and children throughout the group session; encouraging face-to-face interactions between mother and child while singing songs; providing mothers with opportunities to preserve memories of their child; engaging mothers and their children in book sharing; and providing mothers with information on communication development. Within all activities the students themselves maintained a different but complementary focus on the mother–child interactions. The speech pathology student's focus was on the facilitation of communication between mother and child through modelling a responsive interactive style of relating to the child. The counselling psychology student's focus was on building the mother's awareness of and sensitivity to the mental states of her child.

Clinical supervision

There were two speech pathology and one counselling psychology staff involved in the project providing profession-specific clinical supervision. Each student met with their profession-specific supervisor(s) independently and had at least weekly contact with their supervisors through email or face-to-face meetings. The students emailed weekly plans prior to, and provided a weekly summary subsequent to the sessions. One of the speech pathology supervisors attended the clinic on five occasions to observe the student within the clinic context and the counselling psychology supervisor attended the clinic on two occasions to provide onsite feedback and facilitate discussion with both students around building parent–child relationships. Additionally, the students were supported on site by a staff member of the service and the students provided peer support to each other. In order to facilitate the interprofessional relationship, all supervisors and students attended four additional meetings. These focused on discussions about the roles of the two professions and problem-solving within the clinical context.

Finally, within the planning phase of the placement, meetings occurred between the supervisors, the not-for-profit organisation, the students, and the institution within the Department of Corrective Services. All students and supervisors were required to attend a corrective services induction session.

Data collection

The students' learning was investigated through an analysis of two questionnaire-based written reflections and the contents of an IPE conference presentation written by the students. The first reflection was completed prior to starting the clinical placement and the second on placement completion. The pre-placement questionnaire contained six open-ended questions addressing the students' initial reaction to the placement and the knowledge and skills they anticipated they would develop while working with the other profession. Post-placement, the students responded

Table 1. Questions contained in the pre- and post-placement questionnaires
Pre-placement questions
What was your first impression of the idea of working with a Psychology/ Speech Patholgy student within this placement?
Why do you think you had this impression?
What problems do you anticipate in this collaboration?
What benefits do you anticipate in this collaboration?
What role do you think you will have?
What role do you think the other student will have?
Post-placement questions
What do you now know about the way Psychologists/ Speech Pathologists can work together with parent/child relationships?
How have you formed this impression?
What problems do you anticipate with this collaboration in the field?
What problems did you experience in the collaboration on this placement?
What benefits do you anticipate in this collaboration?
What was useful about the collaboration on this placement?
How did your view of the respective roles change over the duration of the placement?

to seven open-ended questions focusing on their reaction to the placement and the knowledge and skills they felt they had gained in working with the other profession. The questions asked within the questionnaires are contained in Table 1. The students completed the reflections individually on both occasions. The conference presentation was written in the fourth week of the clinical placement and involved considerable discussion about the learning opportunities offered by the placement.

Analysis

Our qualitative, descriptive analysis (Sandelowski, 2000) involved careful multiple readings of the data and initially coding line by line. We then merged similar codes into categories and then into broader themes. Rigour was enhanced through regular peer checking. All sources of information were analysed independently by the first and fourth authors who are both speech pathologists. The students then checked these themes for accuracy. The first author had been involved in the placement as a supervisor but the fourth author had no previous involvement in the placement.

Results

Four key themes emerged from the analysis of the reflections and the presentation: increased confidence in one's own professional knowledge; growth in understanding the other's role; clearer understanding of collaboration, and the importance of learning by doing.

Increased awareness of one's own professional knowledge

Despite the fact that a key focus of this placement was interprofessional learning, both students felt that the experience had strengthened their own clinical knowledge and had challenged them to apply their own skills creatively. For example, the counselling psychology student wrote that working with another profession: "strengthens own practice by affirming or questioning own methods/perspectives". Both students emerged from the placement with a sense that they had contributed positively to the program and a heightened awareness of their own role and practice. An example of this was the recognition of taken-for-granted aspects of discipline-specific knowledge such as use of jargon when describing client behaviours. The students were more aware of the need to be clear in their explanations and reasoning and that asking for clarification "means not being insecure about your knowledge but also not feeling threatened if one of us don't know or understand something" (counselling psychology student). Finally, they reported development in notions about their professional boundaries, and understanding their own roles in relation to others.

Growth in understanding of the other's role

Hand in hand with the first theme of understanding one's own knowledge was a growth in understanding as to what the other profession had to offer the clients. Prior to the placement, the speech pathology student appeared to have a stereotypical and limited view of what the counselling psychology student would offer. She reported that she thought that: "The psychology student would be dealing with the mothers and any emotional issues they would face…" As the placement continued, she found that the goals set by both of them were being integrated more

closely, that the counselling psychology student was working more broadly on strengthening the mother–child relationship, enhancing play, looking at behavioural strategies, and working constructively to support the language development through shared activities. At the end of the placement, she commented: "I gained more perspective of the role and realised it is not just about counselling about emotional problems and there is more within the psych scope than I knew".

The counselling psychology student had a mature understanding of the general role of speech pathology prior to the placement and she recognised that the focus would include language development, communication between mother and child, and the promotion of these through play. However, she was less sure about how the speech pathology student would conduct her assessments and how their discipline perspectives would work together in context of the placement. Over the course of the placement, she became more aware of the flexibility and creativity of the speech pathology role, and the links between their broader goals including the importance of mother–child relationship issues for both professions.

Understanding of collaboration

In the pre-placement questionnaire, collaborative practice was not mentioned. At that point, the students were trying to predict each other's role and to understand their particular contributions despite being in the same physical space. By the fourth week, within their presentation, they already used phrases like: "we have set our target as…" and "we have managed to integrate both professions' goals and approaches". After the placement both students commented on the complementary nature of the professions and had moved from simply being in the same *physical space* to a notion of shared *professional space*. For example the speech pathology student stated: "Psychs and SPs have a complementary focus on child attachment" and the counselling psychology student made a similar comment:

> Now have some practical understanding of how these two fields complement each other, particularly the way a Psych/SP dyad can offer a level of intervention which both accesses clients through the relationship but focuses on different aspects of the client/s.

One aspect of the theme of collaboration was the two students did not simply complement each other but together adopted an entirely new joint goal of advocacy in the face of what they viewed as unhelpful practices within the institution. For example, they formed a united front to request a policy change in relation to allowing photographing of the children for the mothers. This was normally denied within the facility for security reasons, but both students felt that having a photographic record of the child, capturing moments in time that would otherwise be lost, was an important part of building the mother–child relationship. Their collaboration also precipitated the extension of activities from song time to craft. The combined perspectives of speech pathology and counselling psychology strengthened the base for the negotiation and inclusion of these program changes as well as the flexible and creative ways in which they were delivered. The nature of the placement, and the knowledge that the program offered an important opportunity for the mothers and children involved, seemed to strengthen the nature and outcomes of the collaboration between the students.

The importance of learning IPE by doing

This placement was a new opportunity for these students to move beyond a theoretical understanding of each other's professions to a practical and nuanced understanding. They made discoveries about each other by *doing* the work together rather than simply by *knowing* about each other. For example, the counselling psychology student wrote:

> Prior to our first joint session we were aware that we needed to transition in and out of the lead taking role, however we were unsure how this would be done. We discussed a rough plan of how the session was going to run, however we found when we were in the session, it came quite naturally. We found that this was best achieved through being aware of each others' signals as well as following the clients' lead.

This quote shows how issues causing concern were resolved "quite naturally" and that the rapport and understanding built up between the students allowed the collaboration, mentioned earlier, to occur. The students stressed the importance of flexibility, open-mindedness, avoiding dominating the other, and showing support. Their comments are evidence of self-awareness and professional competence.

Discussion

This paper has explored the experiences of two students undertaking an interprofessional placement. The findings from the analysis of student reflections suggested that it had provided a valuable learning experience for both, with growth in their knowledge of their own professional roles, greater understanding of the role of the other professional, a more mature sense of collaboration, and the building of practical experience through working together. Bridges, Davidson, Soule Odegard, Maki, and Tomkowiak (2011) highlight the importance of students exploring professional boundaries while working within a team which can lead to a greater understanding of their own and the other profession's role.

An important finding in this study was the transition from the idea of each student having separate roles within the clinical placement to the notion of collaborative working. Across the placement the students developed a truly collaborative relationship. By combining their professional expertise they were able to argue for changes in the service offered to the mothers and children in the institution and a broader understanding of the importance of facilitating secure attachment.

This study provides an example of just one particular placement involving speech pathology and counselling psychology students. It supports the findings of Solomon and Jung (2011) and provides evidence and support for the importance of interprofessional clinical placements. The results suggest these placements should not be viewed as secondary in importance to the usual clinical opportunities as they provide a way for students to understand their own roles, those of other professions and the broader concept of collaboration. Although this experience led to significant student learning, the study involved just two students within a single placement. Further research is needed to explore the learning resulting from a variety of different clinical settings and with a greater number of students and professions.

This clinical experience provided a speech pathology student and a counselling psychology student with the

opportunity to work together within an interprofessional clinical placement, and to explore the broad application of their skills to clients who would not otherwise have been offered such a service. The experience of interprofessional learning within this setting has led to the students developing a nuanced and mature understanding of collaboration and interprofessional practice.

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1 Counselling psychology is a field of specialist endorsement within the Australian Psychological Society. Postgraduate training includes three supervised long placements, a research dissertation, and advanced training in treatment of mental health disorders across the lifespan, as well as those problems that often underlie or lead to poor mental health outcomes.

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