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Development of Interprofessional Socialization in a Multifaceted Live Action Clinical Role-Play Simulation for Speech-Language Pathology and Social Work Students

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Abstract

Live action clinical role-plays are one of many types of simulated learning experiences that can be crafted for undergraduate and graduate students alike when learning to collaborate interprofessionally. This mixed methods exploratory research project partnered four academic instructors from the disciplines of speech-language pathology and social work, with several additional community members adding their expertise to enrich the experience of a live-action clinical role-play. Students (N = 32) participated in a two-part multifaceted interprofessional education (IPE) experience with the first part consisting of eight hours of online asynchronous training and the second part consisting of eight hours of a multifaceted live-action clinical role play. The shared case included navigating the milieu of a patient presenting with major medical conditions and significant determinants of health. Outcomes on the Interprofessional Socialization and Valuing Scale (ISVS-21) indicated that student participants, as a result of the experience, felt more comfortable sharing ideas in team discussions and had a greater appreciation for the benefits of working in a team. Qualitative findings clearly indicated unanimous requests for more live action clinical role-plays along with repeated acknowledgements that although students were “anxious”, “nervous”, and “uneasy” about their involvement, each reported their participation was a significant learning experience–both professionally as well as personally.

Keywords

collaboration, live-action, role play, speech language pathology, social work

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Introduction

The World Health Organization (WHO) emphasizes the benefits of interprofessional collaborative practice (IPCP) and highlights the importance of training skilled workers to demonstrate competence in providing coordinated care for a changing population (World Health Organization, 2010). To ensure that healthcare professionals are "collaborative practice-ready," they should engage in interprofessional education (IPE) learning experiences and demonstrate competence to work collaboratively in a team (World Health Organization, 2010). IPE learning experiences foster communication and collaboration between healthcare professionals. Benefits of IPCP are well understood (Guraya & Barr, 2018), and collaborative efforts, such as the model presented, represent a unique strategy to explore IPE with students in an engaging and meaningful way.

IPCP Expectations for Speech-Language Pathology and Social Work. The professions of speech-language pathology (SLP) and social work (SWK) are considered ancillary health professions. Both provide patient–centered care, dependent on the setting, and experience similar challenges in interprofessional collaboration (Bales et al., 2022). These disciplines work collaboratively as part of interdisciplinary teams in a variety of settings, including schools, hospitals, private practice agencies, and residential care facilities. Collaborative efforts between SLPs and social workers have been shown to support communication for personal decision-making about healthcare needs (Pollens & Lynn, 2011). This is consistent with the WHO's report on the importance of IPCP teams in improving health care outcomes (World Health Organization, 2010). The need for collaboration between healthcare professionals is evident. However, there is a paucity of research to evaluate the effects of the intentional collaboration and interprofessional socialization between SLPs and social workers. It is important to understand how IPCP has become anchored to professional mandates, accreditation standards, and outcomes measures for both disciplines.

IPCP in Speech-Language Pathology. The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), the accrediting body of SLP graduate programs, noted the importance for programs to offer IPCP training so that students learn and demonstrate professional practice competencies including accountability, communication skills, professional duty, and collaborative practice (CAA, 2017). Language supporting this need was added to the accreditation standards in 2017. In 2023, the American Speech-Language-Hearing Association (ASHA), the national professional association for SLPs, distributed an interprofessional practice survey to gauge the status of IPCP for SLPs. Of the 2,203 professionals who responded to this survey, 39.5% of healthcare SLPs and 37.6% of school based SLPs reported having had no formal education or training in IPCP (ASHA, 2023). Therefore, the governing body and accrediting entity for SLP graduate programs notes the importance of adequate training and participation in IPE learning opportunities, but some SLPs still report not receiving formal education and training to support this initiative.

IPCP in Social Work. Social work education has a rich history of teamwork and multi-disciplinary work (Machin et al., 2019). The Council on Social Work Education (CSWE), through its Educational Policy and Accreditation Standards (EPAS), added key language to its competencies in 2015 and continued to incorporate IPE and IPCP in the latest revisions for 2022 (CSWE, 2015; CSWE, 2022). The complex social needs of patients require continued assessment

and unique resource considerations by primary, ancillary, and allied health care professionals regardless of the age of the patient or the setting in which they are being delivered (NASEM, 2019; Poleshuck et al., 2022). Thus, the SWK profession is well-positioned for educational initiatives that provide professional development activities and applied learning (Tedrow & Anderson, 2021).

Developing the IPE Experience. The IPE facilitators identified the need for a collaborative effort between SLPs and social workers with a specific focus on the communication between two unique but complementary disciplines. According to the Joint Commission (Joint Commission International, 2018), 80% of negative health related events are a result of poor handoff communication between professionals. Therefore, IPE opportunities should provide an opportunity to learn about and directly address communication with team members. These learning opportunities facilitate critical thinking about healthcare, break down stereotypes of other professionals' roles, and provide a foundation for valuing the unique role of other professionals (World Health Organization, 2010).

The nature of IPE is unique and requires educators to train students through active, experiential, applied, and dynamic andragogic initiatives (Hamilton, et al., 2023; Reed et al., 2022). Live-action clinical role-plays facilitate application of content and in-the-moment problem-solving for complex cases. University training programs for the disciplines of SLP and SWK have some history of partnering in IPE initiatives, but those efforts have centered on co-teaching (Henderson-Kalb et al., 2022), cross-listing courses and/or embedding a shared course assignment (Edwards et al., 2015), or overlapping internship experiences (Kirby et al., 2018). There is minimal research that pairs these two disciplines in more purposeful live-action clinical role-plays.

Research Methods

In this exploratory mixed-methods design, data was collected in three parts, including qualitative questions, a quantitative survey, and an analysis of rubric data. The designation of this mixed methods research effort as exploratory is a critical methodological choice. It is important to consider the unique background of the facilitators. Rather than determining a methodological hierarchy, this exploratory design allowed for both qualitative and quantitative methods to be viewed as equitably robust and necessary (Creswell & Creswell, 2022). The exploratory designation allows for an integrative and iterative look at the totality of the findings in an effort to seek insight (Creswell & Plano Clark, 2018) into this new experience. Finally, it marries well with the nature of this research project as interprofessional, collaborative, and case-based (Lee et al., 2022; Tang et al., 2022). The students were known to the instructors and vice versa, so the use of convenience sampling pairs well with the exploratory nature of the research project.

Convenience Sample. This project consisted of a convenience sample of 32 student participants (16 IPE pairs). A convenience sample is a group of respondents who are easily available, rather than sampled from the broader population (Galloway, 2005). Students provided demographic information, including age and gender identity. Students were provided with two options for age: (a) 18-25 years or (b) 26 years and above. Twenty-four students (SLP n = 13; SWK n = 11) fell into the 18-25-year range, and eight students (SLP n = 3; SWK n = 5) fell into the 26 years and above range. Students were provided with four choices for gender: male, female, gender non-conforming/non-binary, or "choice not provided" with a write-in space to identify a different

gender identity. Most students (n = 30) were female, one student was male, and one student was gender non-conforming/non-binary. SLP students were enrolled in the first year of the graduate program and required to participate in this IPE experience as a course requirement (n = 16). At this time, SLP students were enrolled in on-campus clinical practicum experiences, but those experiences were unrelated to the simulation. SWK students (one undergraduate sophomore-level student, two undergraduate junior-level students, two undergraduate senior-level students, eight first-year master's graduate students, and three second-year master's graduate students) either participated as a course requirement (n = 8) or accepted an invitation from a faculty facilitator to join the experience (n = 8). SWK students' practicum experience varied based on year in their respective programs (undergraduate vs. graduate). This sampling procedure was used due to accessibility of students from each discipline to ensure an even correspondence for interdisciplinary pairings. There were no exclusion criteria.

IRB Approval. This research project was granted full approval from the Institutional Review Board (#00010934). Students provided informed consent and were informed they could decline to participate at any time without consequence.

Aims of this Effort. To improve IPE between SLPs and social workers, the authors (two SLP faculty and two SWK faculty) created an interprofessional teaching initiative that spanned the semester and was integrated into two courses. This collaboration focused on two of the four Interprofessional Education Collaborative (IPEC) core competencies (IPEC, 2016): values/ethics for interprofessional practice ("Work with individuals of other professions to maintain a climate of mutual respect and shared values") and roles/responsibilities ("Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations") (p. 10). The facilitators focused on these first two competencies because of the student participants' level of experience and knowledge. The SLP students were in their first semester of graduate school with limited exposure to other professionals up to this point in the program, while the social work students were at varying points in their academic programs. Asynchronous content, live-action clinical role-play, and outcome measures were consistent with these two core competencies.

Planning Process. Consistent with literature to support simulated learning experiences (SLE) as an effective teaching strategy, the required components for the IPE experience included the pre-brief, participation in the IPE live-action clinical role-play, and debrief (Council of Academic Programs in Communication Sciences and Disorders, 2019). The IPE experience was embedded into two existing courses - one course in the Master of Science in speech-language pathology program and the other in a dual-listed course in the SWK program. At the beginning of the semester, the 32 student participants were divided into collaboration partnerships (16 students from each discipline) for an even distribution of SLP and SWK students.

Required Training. At the beginning of the semester, all students scheduled to participate in the IPE experience were added to an online asynchronous training course developed in the campus learning management system (Canvas). Students had approximately two weeks to complete an IPE learning module and associated assignments to prepare for the live-action clinical role-play. All students (undergraduate and graduate SWK and graduate SLP) completed the same required online training. No variations in online training were offered based on student experience. They reviewed

content about IPE and the purpose of IPCP. Further, students viewed discipline-specific presentations to gain information on the fields of speech-language pathology and social work. Students contributed to an online discussion board to introduce themselves, describe IPCP, and summarize their thoughts on the importance of IPCP for patient-centered care.

Approximately one month prior to the event, students were asked to connect with their interprofessional partner via phone, email, in-person meeting, or video conference software. All students were provided with the full-day agenda for the IPE experience, presentation instructions, and a short summary of their client's presenting problem in advance of the live-action clinical role-play.

Agenda for Live-Action Role Play. On the day of the IPE event, the students, IPE facilitators (n = 4), and supporting team members (n = 3) gathered in a large classroom. The IPE facilitators introduced themselves and the supporting team members for the event. The IPEC Core Competencies, learning objectives, rationale for the experience, and benefits of IPCP were reviewed. Students were asked to ensure they had internet access, as they would move around the clinic.

During the pre-brief component, students were exposed to the concept of "doing rounds" with discussion of physically moving through the clinic space in a semi-structured fashion. After the student pairs concluded their rounding, they met to discuss, plan, and craft their presentation of the case. These case presentations were designed to mirror the dynamics of "staffing", where providers present their case to their department teams as a function of aftercare/discharge planning (Damron-Rodriguez et al., 2019).

Each IPCP pair was tasked with developing a 10-minute presentation with five minutes for discussion. The facilitators carefully crafted guiding questions for their presentations based on the IPEC Core Competencies. Students were provided with guiding questions during the pre-brief. Guiding questions included the following:

1. What were your team's significant observations (findings) about the case?
2. What were your team's interprofessional recommendations of care?
3. How did your knowledge of another professional's role impact your decisions?
4. How did your team foster a shared climate of mutual respect?
5. What are your team's unanswered questions, thoughts, and considerations post-discharge?
6. What were your team's lessons learned from the case and the interprofessional collaboration?

Elements of the Live-Action Role Play. Student pairs were given one hour to navigate seven staged clinic rooms, with each room contributing pertinent information to the case. Facilitators ensured that the content of each room acknowledged the expertise of each discipline but allowed for thoughtful discussion about how the findings influence the plan of care. IPE facilitators did not provide information about what would be present in the clinic space and did not suggest a time limit for how much time to spend moving through each room of the clinic. This was intentional so the students could navigate those conversations within their IPE partnerships. The clinic rooms consisted of the following:

- a referral room, with handouts and brochures about various local facilities and services that might or might not benefit the identified patient
- a first-responder room, with a uniformed police officer reviewing their onsite observations and corresponding police report from when they responded to a 911 call from the patient's residence with emergency medical services
- a medical record room, with a full copy of the patient's medical record, which included all necessary components, such as a case history and physical, labs, shift reports, nursing notes, doctors' notes, and advanced directives
- a videofluoroscopic swallow study (VFSS) room, with VFSS video display and insight into diet texture recommendations, complete with samples of thin-thick liquids
- a patient room, with a fully gowned and medically compromised standardized patient in a hospital bed, waiting to engage in role-play with the students
- a home visit room, with the patient's living area, complete with profound features of a Level 3 hoard for role play about safety, accessibility, with cleaning staff
- a mental health consultation room with a mental health professional that completed the patient's suicide assessment.

Collaborate and Present. After gathering information from the various clinic rooms, students were given 30 minutes to collaborate with their IPE partner on a presentation, using the six guiding questions. The 16 IPE pairs were divided into four classrooms, each hosted by one of the IPE facilitators. All IPE facilitators used the same objective grading criteria (rubric) and recorded comments for each pair of presenters (See Appendix).

Patient and Provider Debrief. After the presentations were completed, all students and IPE facilitators gathered in a large classroom. The students reflected on their experiences by completing various debriefing activities, including completing a survey, identifying two key words to describe the experience, describing their strengths and challenges, and then participating in a qualitative exercise focused on four key questions. Finally, students were asked to share how this experience might be improved in the future. At the end of the 60-minute debrief, the standardized patient actor provided feedback from the patient perspective about how the students navigated the IPE experience. Rubrics were tabulated, and one IPE group was awarded a small prize. All participants received a certificate of participation.

Open-Ended Questions. After giving their case presentations as pairs, participants returned to a large group setting, where several large white boards awaited them. To ease into a reflective state for purposes of the debrief, the facilitators first asked participants to share single words that best described their thoughts or feelings about the day's event. Participants were welcome to share multiple words. All the words were written on one board, with notations for adjectives that were identified more than once. Facilitators shared their descriptor words as well. The debrief then moved from a group reflection into a more personal reflection, as students were given color-coded index cards that corresponded to the following distinct questions:

1. How did participating in this experience change your perception of collaboration?
2. How do you now describe the difference between interprofessional collaboration and interdisciplinary work?
3. What are 2-3 things you will do differently because of participating in this initiative?
4. Please share one memorable moment that occurred with your team's collaboration.

Participants were given ample time to write out their answers. Lastly, the debrief closed with a discussion where participants offered their suggestions for improvements to the current format, as well as their thoughts about additional IPE programs. This part of the debrief was facilitated in the round-robin style and ensured that all participants contributed. Their ideas were written on a white board, with notations to indicate when multiple participants shared the same idea.

A descriptive qualitative analysis was employed (Thomann & Magetti, 2020). The narrative style of the data allowed facilitators to compare and contrast meanings through an iterative process using an interpretative lens (Timulak & Elliott, 2019). Meaning-making units and themes through a robust, lengthy group discussion and triangulation by the group of facilitators (McNall & Foster-Fishman, 2016; Vaismoradi et al., 2016).

Interprofessional Socialization. Data was gathered using the Interprofessional Socialization and Valuing Scale-21 (ISVS-21; King et al., 2016) to quantify the perceptions of all 32 students who participated in the IPE learning experience. The ISVS-21 is a 21-item, unbalanced, self-report tool that asks students to consider the opinions and behaviors necessary for participation in IPCP teams (King et al., 2016). Questions are posed on a 7-point Likert-scale, with seven indicating "To a Very Great Extent," four indicating "To a Moderate Extent," and one indicating "Not at All." Participants can also indicate zero if they feel the item is not applicable. The ISVS-21 was validated for use with students in healthcare disciplines and has a Cronbach's alpha of 0.988 (King et al., 2016). Benefits of the ISVS-21 include relevance for educational practices and ease of administration (King et al., 2016). The ISVS-21 was administered to all 32 participants to capture perceptions of attitude change after the IPE event. The post-test format was selected because individuals with limited knowledge or experience may have difficulty with accurate self-assessment. Kruger and Dunning (2009) noted that this can result in overestimation of knowledge and skills on the pretest and lower evaluation of knowledge and skills on post-test measures.

Student participants were also assessed by IPE facilitators on their ability to address the guiding questions on a 10-point rubric (see Appendix). All facilitators used the same rubric, which included two tasks: presentation of findings and discussion. They were awarded five points for "Advanced", three-four points for "Satisfactory," and one-two points for "Needs Improvement" for both descriptors. Within a given pair, both students received the same score on the rubric.

Results

The IPE facilitators triangulated the data, using multiple sources of data via various methods, to determine if student and facilitator perceptions were aligned. Triangulating the data between open-ended question responses, the ISVS-21 post-test measure, and rubric scores helped to strengthen the validity of the results and facilitated a better understanding of the data overall (Wildemuth, 2009). Of note, the data for SWK students was consistent across educational levels as there were no significant differences between undergraduate and graduate responses.

Open-Ended Questions - Descriptive Words. Each participant and facilitator shared at least two words to the general question posed ("Select two to three words that explain what this was like for you"), with 50% of the participants parroting then expanding on words that were already selected. The word choices of *different* and *active*, each with only a single selection, were considered

nondescript outliers. The remaining descriptors collapsed into three themes, prioritized by popularity. The first theme was "*success,"* which included the terms *impactful, proud, grateful, fun, insightful, open, exciting, engaging, interesting,* and *beneficial*. The second theme of "*educational"* arose from the words *informative, challenging, competent, teamwork, connected, collaborative, immersive, difficult, growth, hopeful, exhilarating, evolving,* and *involving.* The third theme of "*uncomfortable*" arose from the words *overwhelming, nerve-racking, confused, anxious, unorganized,* and *chaotic.*

Open-Ended Questions - Reflection Questions. The reflection question code book and selected responses are available in Table 1. Facilitators were unanimous in their selection of a student quote that grounded the importance of the IPE experience, *"...everyone has a different way of thinking. None are wrong."* In contrast, a summative student quote provides great value in identifying the big takeaway from the totality of the IPE experience, *"I felt better knowing that the patient was in the hands of multiple well-educated and well-intentioned professionals."* The summative quote was mirrored — though often phrased differently — by more than half of the students.

Table 1

Contextualization of Qualitative Results

GROUNDING RESPONSE:	**"…everyone has a different way of thinking. None are wrong."**		
How DID participating in this experience change your perception of collaboration?			
Manifest (Construction)	**Salient (Rectification)**	**Meaning**	**Context**
Perspective	Gratitude	The theme of gratitude speaks to a lesson learned through honest problem-solving and unanticipated relief of their opinions being respected	"…it was nice to have someone to bounce ideas off of…" "…viewed other field w/o biases as I saw them in action…" "…allowed me to better appreciate others and their perspectives."	"…trusting that my partner also knows what they're talking about…" "Two brains are always better than one." "…you can learn so much from one another…" "…insight into how critical interdependent thinking is to fostering collaboration."

Table 1 (continued).

Personal Growth	Confidence	This theme centers on interpersonal insights on their capabilities and knowledge.	"…required being confident in sharing what I know and my perspective." "…I learned it is a very dynamic process." "…it is so important to be flexible…" "…even though collaboration is challenging, it is extremely rewarding."	"…collaboration looks direct in practice, it changes and evolves…" "It provided the visualization that I needed." "…it was fun to able to apply all what I have learned." "…loved how my partner would share and it would spark an idea"
How do you NOW describe the difference between interprofessional collaboration and interdisciplinary work?				
Manifest (Construction)	**Salient (Rectification)**	**Meaning**	**Context**	
Task-Based	Process-Oriented	This theme explains the realization that the work as tasks is not as critical to patient care as the process of engaging, assessing, intervening, and evaluating what will work for the patient.	**"**Working together to ensure the patient receives the best care**."** **"**Putting all the pieces together can be difficult, but worth it." "It is about working together to reach a goal."	"'Realizing I don't have to know it all when I am collaborating." "…involves much more discussion." "Being team members rather than just doing teamwork." "…being immersed within a team, trusting others…" "It is the work done together…in tandem"

Table 1 (continued).

What are the 2-3 things you will DO differently because of participating in this initiative?				
Manifest (Construction)	**Salient (Rectification)**	**Meaning**	**Context**	
Organization	Preparation	The theme of preparation reflects the realization that to be a team member requires each professional to be ready to collaborate openly with others.	"Listen…and ask more questions." "…more of an open mind and less worries." "Stay mindful of patient rights." "Evaluate the whole situation before focusing on one thing." "…be more receptive to information…" "Be less hard on myself when it comes to not knowing."	"…see things from a different perspective." "…work more closely with others to see their process." "Ask questions of my team." "…collaborate before making recommendations to patients." "Think about who we speak to and what to say/how to say it." "Be curious always. Take initiative."

Table 1 (continued).

Please share one memorable moment that occurred within your team's collaboration.				
Manifest (Construction)	**Salient (Rectification)**	**Meaning**	**Context**	
Mistakes	Reframed as Opportunities	Themes centered on identifying their mistakes and needing to explain the learning lesson from their experiences	"Do not give out patient's name." "…need to learn to talk to patients." "…overlooking the intricacies of how a person eats…" "…walking into the patient's home…" "…meeting with patient before I read the chart." "…realizing how anxiety can impact communication …" "…how much fun it is to work in a team."	"Getting to know my team member and their expertise." "…realizing that I will not be able to know everything. " "…when I heard my partner describe the basis of dysphagia…" "…slowing down to have a moment for bedside care." "…when the actor was asking questions and it was uncomfortable…"
SUMMATIVE RESPONSE: "I felt better knowing that the patient was in the hands of multiple well-educated and well-intentioned professionals."				

Changing Perception of Collaboration. Initially, the narrative data was steeped in the language of perspective. Given that the question asked for students' perceptions, this was an expected finding. Upon further reviews, consistent with qualitative analysis, the narrative data reflected a more personalized meaning for the students, which was best defined as *"gratitude for lessons learned"* — both personal and professional from the work. Conceptualizations indicated appreciation of trust, interdependent thinking, and the value of brainstorming.

Difference Between Interprofessional Collaboration and Interdisciplinary Work. This question posed a unique challenge for the facilitators, given the required training on key terms, professional jargon, and overlapping scopes of practice. Yet in review, the narrative statements fell into two categories: task-centered or process-oriented. Ultimately, through lengthy deliberations, the theme determined that the task-centered work was not as critical to patient care as the processes of engaging, assessing, intervening, and evaluating what will work for the patient. Facilitators attributed the binary nature of the reflective statements to the developmental nature of experiential

learning and collaborative practice. For example, one task-centered statement asserts that "it is work done together — in tandem", while an opposing statement highlights the process by stating that "it is being immersed in a team and trusting others."

Things You Will Do Differently. The very nature of the question requests specific action steps. These manifested early in the review and centered around organization. Given the experiential nature of the effort, this is an anticipated finding. The students' narratives spoke to something more than simple organization and referenced the need for a more engaged effort to organize their thoughts, feelings, and efforts. This was evident in narratives that described their own need to "listen more," "be mindful," "keep an open mind," and "be curious." Certainly, the task of reading a patient's medical record is helpful to organize your visit, but having an internal dialogue with your personal self about your professional style depicts a more process-oriented view on collaboration.

Memorable Moment. This question allowed students to share their strengths, as well as reference any negative encounters. An interesting aspect of the narrative statements was the way in which the students' writing vacillated between acknowledging mistakes and reframing them as opportunities. Although the narrative statements were condensed for brevity for purposes for contextualization, the full story provided ample evidence to affirm this interpretation. One SLP student shared a story about how their SWK partner "was able to describe the basics of dysphagia" in the large group debrief. Several students shared aspects of their encounter with the home cleaning staff actor, describing how they were in an extremely noisy space and the actor was determined to get the students to share personal protected information about the client. One student acknowledged that they realized the intention of the actor immediately after breaking their patient's confidentiality, while another student shared how uncomfortable it felt to hold a boundary. Another group of students referenced how they set themselves up for a poor patient encounter by not reading the chart beforehand and by operating on assumption that all patients can easily speak. The students acknowledged that their own anxiety, once they discovered a barrier to communication, impacted their efforts to engage.

Group Suggestions. The last part of the debrief consisted of collecting and discussing students' suggestions for improving the activity. The unifying aspect of this discussion was not the creation of a laundry list of things to remove. Rather, students suggested a list of additional actors to expand the depth of the experience. They wanted to add actors to their rounds, such as a caregiver, nurse, psychiatrist, the patient's children, and members of potential referral agencies (i.e., extended care facility and/or rehabilitation).

Polarizing aspects of this part of the debrief centered on the use of rounds. Equal numbers of students wanted to add a timed component, as well as a schedule for when each pair would enter each simulation room. In contrast, some students presented the counterargument that in an active health care setting, there are times when multiple disciplines arrive at the same time to meet with a patient, and professionals must navigate active busy hallways. This argument was in alignment with the facilitators' intentions. The last suggestion was for more layered content or the comprehensive details of the "patient's backstory." This generated an impromptu discussion about the intention of the day's events as experiential, and not a review of "packaged information" or a simple reading of a medical chart.

The students also affirmed their appreciation of involving both undergraduate as well as graduate-level students. This finding was consistent with the facilitators' rationale for including students from across the various educational levels. An undergraduate SWK student voiced their feelings of worry (unease) about "not knowing enough about social work" to be a good participant and a non-advanced standing graduate-level SWK student reframed the unease by stating "you might not realize it, but you know more about social work than the graduate-level social work students in the room, as you have had more classes than we have." The group also thanked the facilitators for embedding a simple, time-limited (two week) "straightforward online training grounds" within the learning management system. The facilitators agreed that blending the various educational levels aided in an unexpected, but refreshing, finding: students supported each other despite differences in experience.

Interprofessional Socialization. The ISVS-21 paper survey was administered to all students upon completion of the IPE learning experience with a 100% completion rate. An independent-samples *t*-test conducted to compare SLP and SWK students revealed no significant differences ($p < .001$) in the scores (SLP $M = 6.07$; $SD = .66$; SWK $M = 6.67$; $SD = .34$). Overall, students agreed with (i.e., 6 = "to a great extent" and 7 = "to a very great extent") each of the ISVS-21 questions. Mean scores and standard deviations for SLP and SWK students are summarized in Table 2 by question number.

Students were evaluated on their collaborative presentations. Facilitators developed the rubric based on the targeted competencies and learning objectives. On average, student pairs scored 8.41 out of a possible 10-points (8 = satisfactory; 10 = advanced), with the lowest-awarded score of six and highest score of 10. Individual, team, and presentation scores are summarized in Table 3.

Discussion

The results from this live-action clinical role-play IPE experience suggest that SLP and SWK students found this experience beneficial. This is consistent with other IPE experience studies that have found positive outcomes when engaging in collaborative learning efforts (Busch et al., 2022; Charles et al., 2011; Lauckner et al., 2018; Namazi et al., 2019). Student comments and ISVS-21 data were consistently positive. Commentary described professional growth relative to targeted learning outcomes and IPEC Core Competencies. ISVS-21 data revealed an overall mean of 6.37 (on a scale of 1-7) for this IPE experience, as students rated "to a great extent" and "to a very great extent" in agreement with provided items. The overall positive feedback is consistent with the literature reviews from Brack and Shields (2019) and Guraya & Barr (2018), who noted improvements across various disciplines and attainment of interprofessional competencies because of IPE learning experiences.

Convergence. SLP and SWK students reported that they felt comfortable engaging in team discussions (item four on ISVS-21: SLP student $M = 6.38$; SWK student $M = 7$). Several studies highlighted the development of interprofessional communication strategies and engaging in collaborative discussions as a strength of the IPE experience (Lauckner et al., 2018; Wallace, 2017). SLP and SWK students reported that they gained a more favorable understanding of the influence of a team approach (item 16 on ISVS-21: SLP student $M = 6.56$; SWK student $M = 7$)

and a better understanding of the benefits of an interprofessional team (item 21 on ISVS-21: SLP student *M* = 6.69; SWK student *M* = 7).

Table 2

Summary of Means and Standard Deviations for SLP and SWK by Question

Question	SLP *M*	SLP *SD*	SWK *M*	SWK *SD*
1	5.5	0.71	6	0
2	6.06	0.71	6.50	0.71
3	6.19	0.71	7	0
4	6.38	0.71	7	0
5	6.13	0	6.50	0.71
6	5.75	1.41	5	1.41
7	5.81	1.41	6.50	0.71
8	6.06	0	6.50	0.71
9	6.2	0.71	7	0
10	5.67	0.71	6.50	0.71
11	6.25	0	6.50	0.71
12	5.81	1.41	7	0
13	6	1.41	7	0
14	5.94	0	7	0
15	6.06	0	6.50	0.71
16	6.56	0.71	7	0
17	6.06	0.71	7	0
18	6	1.41	6.50	0.71
19	6.06	0.71	7	0
20	6.31	0.71	7	0
21	6.69	0	7	0

Note. Summary of means and standard deviations for the Interprofessional Socialization and Valuing Scale (ISVS-21). *M* = Mean; *SD* = Standard Deviation. Per copyright license, authors did not include ISVS-21 questions. Original authors of the ISVS-21: Gillian King, Carole Orchard, Hossein Khalili. "Used under license from Holland Bloorview Kids Rehabilitation Hospital, Toronto."

Table 3

Summary of Individual, Team, and Presentation Rubric Scores

Team	Individual Mean ISVS-21 Score	Team Mean ISVS-21 Score	Rubric Score
1	SLP = 6.43; SWK = 6.48	6.46	6
2	SLP = 6.67; SWK = 5.52	6.1	8
3	SLP = 5.81; SWK = 5.95	5.88	8.5
4	SLP = 5.9; SWK = 6.86	6.38	9
5	SLP = 6.81; SWK = 6.76	6.79	7
6	SLP = 5.86; SWK = 5.38	5.62	9
7	SLP = 5.89; SWK = 6.43	6.16	10
8	SLP = 6.38; SWK = 6.48	6.43	8
9	SLP = 6.76; SWK = 6.57	6.67	8
10	SLP = 6.29; SWK = 6.9	6.6	10
11	SLP = 6.38; SWK = 6.29	6.34	8.5
12	SLP = 5.9; SWK = 6.43	6.17	9
13	SLP = 6.95; SWK = 6.81	6.88	9
14	SLP = 4.9; SWK = 6.86	5.88	8.5
15	SLP = 4.62; SWK = 6.95	5.79	8
16	SLP = 5.57; SWK = 6.86	6.23	8

To further reinforce this important finding, student responses to open-ended questions were considered. Students cited engaging with their partner and evaluating treatment decisions as crucial learning experiences. Consistent with this finding, Namazi and colleagues (2019) facilitated a Grand Rounds IPE event after which students emphasized the importance of collaborative efforts when caring for patients. Additionally, in an IPE experience facilitated by Coiro and Preis (2018), students reported an overall positive attitude towards interprofessional practice. In the current study, SLP and SWK students reported gaining a better understanding of expectations of their IPE partners (item 20 on ISVS-21: SLP student $M = 6.31$; SWK student $M = 7$).

Finally, as noted in the responses to open-ended questions, students identified the importance of preparedness and openness to collaboration in IPE teams. This finding is consistent with several studies that describe IPE experiences leading to improvements in understanding other professions and their unique roles on an IPCP team (Oxelmark et al., 2017; White et al., 2018). The positive outcomes noted in this study and other IPE studies demonstrate the benefit of deliberate IPCP training and implementation across the curriculum for varying disciplines.

Congruence. Consistent with the IPEC framework to support acquisition of interprofessional competencies, student presentations were rated by the IPE facilitators using a 10-point rubric (Goldberg, 2015). Facilitators triangulated the rubric data with ISVS-21 results and analysis of

open-ended questions. Goldberg (2015) noted the importance of using multiple data sources to strengthen the perceived outcomes of the IPE experience. Overall, data between the ISVS-21 self-report measure and rubric scores were consistent.

Students perceived the IPE experience positively, with an average ISVS-21 score of 6.37, (6 = "to a great extent" and 7 = "to a very great extent") and facilitators rated the student presentations with an average rubric score of 8.41 (satisfactory-advanced). Lisko and O'Dell (2010) noted similar findings when they asked student participants and faculty to rate their learning experience: the evaluations from students and faculty helped bridge the gap between academic content and clinical settings by facilitating a different way to think during the experience and assess student learning.

Descriptive Differences. Although not statistically significant, there were some minor descriptive differences in the ISVS-21 mean scores and rubric scores that may serve as areas of improvement for future IPE initiatives. SLP and SWK student participants reported mean scores of 5.5 and 6 respectively on item one on the ISVS-21, which asks students to rate the extent of change in their awareness of preconceived ideas when entering team discussions as a result of the IPE experience. These scores are still high on the ISVS-21 seven-point scale but lower than the means for other ISVS-21 items. Other studies have shown that IPE experiences help students learn new information about other professions and their roles/responsibilities on a team (Coiro & Preis, 2018; Oxelmark et al., 2017; Wallace, 2017).

Additionally, SLP students rated their ability to negotiate with team members and their level of comfort when advocating for clients' needs lower than other ISVS-21 items. Intentional and collaborative communication between patients and healthcare professionals is essential for facilitating a holistic plan of care (IPEC, 2016). Therefore, mean scores from SLP students on item seven (M = 5.81) and item 10 (M = 5.67) on the ISVS-21 show an area for improvement for facilitators.

Finally, item six on the ISVS-21 provides another opportunity for further refinement of the IPE experience. Students reported lower scores for feeling comfortable being the leader in collaborative efforts (SLP M = 5.75 and SWK M = 5). The IPEC core competencies (IPEC 2016) emphasize the importance of being comfortable within leadership roles for all members of the IPCP team. However, in the 2023 ASHA interprofessional practice survey only 27% of SLP respondents (average of responding SLPs in healthcare and school settings) reported that they feel "very prepared" to lead an interprofessional team. Therefore, opportunities for leadership should be developed and integrated into IPE learning experiences.

The facilitators explored the rubric score data relative to the ISVS-21 results to determine if the students' perception of the IPE learning experience matched their performances according to the rubric. The average rubric score for all SLP/SWK student pairs was 8.41, which indicates satisfactory-to-advanced level performances. There were four SLP/SWK teams whose average score on the ISVS-21 was between five and six ("to a fairly great extent" and "to a great extent", respectively) while the remaining 12 SLP/SWK teams rated the experience in the six to seven range ("to a great extent" and "to a very great extent", respectively). The four teams who scored the experience the lowest, with an average score of 5.79 on the ISVS-21, had a rubric average score of 8.5 (satisfactory-advanced). Therefore, students who felt that they did not gain as much

from the IPE experience achieved presentation scores consistent with their peers who rated the experience more highly.

Strengths and Limitations. When using an exploratory mixed methods design with a sequential administration of instruments, the strengths of the work can also be viewed as limitations (Rubin & Babbie, 2017; Schwarz, 1999). Thus, both the strengths and the limitations are interdependent design considerations in mixed-method research.

Time Commitment and Logistics. It should be noted that the time commitment for planning and implementing the activity described in this paper is substantial. For over one year, facilitators participated in planning meetings, worked on asynchronous documents and projects, and met with other professionals outside of SLP and SWK for improved fidelity of the IPE experience.

Faculty and staff with restrictive workloads may find this time commitment unrealistic. However, the facilitators anticipate that the time required for planning and organizing will decrease, and future offerings will not be as time intensive. Further, student time and allowance for participation in IPE workshops should be considered. Scheduling issues may pose a challenge when bringing two clinically focused programs together.

Although we had a core group of facilitators, we found that talking about the IPE experience with our colleagues helped facilitate problem-solving for student participant schedules. We were mindful of the required collaboration time, as students likely connected with their IPE partner after classes and clinical obligations. We were aware that some IPE partners connected on the weekend to prepare for this event.

Relatively Small Convenience Sample. The IPE experience had 32 participants (16 SLP and 16 SWK) who were known to the faculty facilitators. Galloway (2005) discusses that it can be difficult to draw significant conclusions from convenience sampling. This centers the sampling method as a limitation through the lens of traditional quantitative standards as it impacts generalizability.
The IPE facilitators felt that it was important to maintain balanced ratios of SLP and SWK IPE students to pair, as this helped foster a more collaborative partnership. This required a convenience sampling method. A systematic review of IPE experiences revealed that these types of activities were perceived more positively and seen as having greater relevance to students when completed in small groups compared to large lecture formats (Olson & Bialocerkowski, 2014). Further, using a small sample of students allowed for intentional and meaningful learning opportunities during the IPE experience and ensured that there was ample opportunity for all student pairs to engage with the content and experiences in each of the clinic rooms. Thus, this design consideration is appropriate and preferable for qualitative research and the feasibility of the IPE activity.

Conclusion

SLPs and social workers collaborate in a variety of settings. This live-action clinical role-play was a unique IPE initiative. The style of this IPE initiative contributed to the shared professional knowledge base because there is a lack of research for pairing these two disciplines in live-action clinical role-plays. The students appeared to enjoy and learn from the IPE activity. They also all completed it successfully, suggesting benefit for all participants. The facilitators would concur that

there is a collaborative benefit for the leaders of such IPE initiatives as well. Ultimately, by engaging in this live-action clinical role-plays, SLP and SWK students attained IPEC core competencies to foster collaborative practice and explored how two unique, but complementary, disciplines can work together to address a holistic plan of care for a complex patient.

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Appendix

Presentation Rubric

IPE TEAM: Evaluator:

IPE Day Presentation Rubric

Competency 1: *Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)*

Competency 2: *Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (Roles/Responsibilities)*

Guiding Questions:

1. What were your team's significant observations (findings) about the case?
2. What were your team's interprofessional recommendations of care?
3. How did your knowledge of another professional's role impact your decisions?
4. How did your team foster a shared climate of mutual respect?
5. What are your team's unanswered questions, thoughts, and considerations post-discharge?
6. What were your team's lessons learned from the case and the interprofessional collaboration?

	Advanced	**Satisfactory**	**Needs Improvement**
Presentation of Findings	Thoroughly answered all guiding questions. Cited several specific examples. Addressed treatment concerns.	Guiding questions were answered. Acknowledged treatment concerns. Offered an example.	Presentation did not address all guiding questions. Under-developed recognition of treatment concerns. No examples offered.
Discussion	Facilitated meaningful/thoughtful discussion on all guiding questions. Engaged with the audience. Acknowledged team members. Demonstrated patient-centered principles of care.	Facilitated a discussion of all the required elements. Minimal engagement with the audience. Minimal engagement with team members. Acknowledged patient-centered principles of care.	Discussion did not address all guiding questions. Could not discern any engagement with the audience or acknowledgement of team members. Minimal acknowledgement of patient-centered principles of care.

Evaluator's Observations/Comments: