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An Exploration of Social Work Students' Experience of an Interprofessional First Year

Angela Barns[1], Robin Shortland-Jones[1] and Kirsty Oehlers[1]

[1] Social Work, School of Occupational Therapy, Social Work and Speech Pathology, Curtin University, Kent Street, Bentley, GPO Box U1987, Perth, WA, 6845

Corresponding author: Angela Barns
A.Barns@curtin.edu.au

Abstract

In 2010, the World Health Organisation (WHO) identified interprofessional practice (IPE) as the primary means of responding to the global health crisis. Interprofessional education was positioned as the most effective means of producing graduates and professionals skilled in collaboration and teamwork. IPE is now a feature of many health and allied health undergraduate programs, including social work. This survey research project employed open-ended questions to explore first-year social work students' experiences of an interprofessional first-year program within a faculty of health sciences. The detailed, written responses of 30 social work students provided a grounded and nuanced account of the IPFY experience highlighting both the benefits for social work and areas for development. Issues relating to professional identity, social work's scope of practice and interactions with other health professions students are identified. From the research findings, it is clear that there are opportunities for social work as a discipline within the health educational context to (re) engage and rethink our contributions to IPE in the first year. This includes attending to the ways social work students begin developing their professional identity and extends to the need for a more nuanced understanding of interdisciplinarity and collaborative practice across IPE units within the first year.

Keywords: *Interprofessional education; Social work; First-year experience; Professional identity*

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Introduction

Interprofessional Education (IPE) is now a feature of many health and allied health undergraduate programs, including social work. Within the undergraduate health context, IPE is charged with producing work ready and "team-ready" graduates (Boyce et al., 2009, p. 434) well versed in the "essential elements" of Interprofessional Practice (IPP) (Lindqvist et al., 2017). Jones and Phillips (2016, pp. 19–20) identified these essentials as including "effective communication, positive interpersonal relations, shared goals, understanding of other member's roles, team composition and structure, and organizational factors." Reflecting these essentials, the undergraduate health sciences curriculum IPE is focused on facilitating students' professional identity and awareness of diverse professional roles while developing skills for interdisciplinary collaboration and interprofessional practice (IPP) (Jones & Phillips, 2016; O'Keefe et al., 2017; Thistlethwaite, 2012, p. 59; Wharton & Burg, 2017).

Collaboration, teamwork, a strong ethical framework and an understanding of the person-in-environment, key tenets of IPP and IPE, have long been embedded within social work practice both within and outside the health context (Jones & Phillips, 2016; Wharton & Burg, 2017, pp. 88–89). The Australian Association of Social Work's (AASW) (2020) Code of Ethics, Practice Standards (2013), and Constitution (2008), each identify teamwork and collaboration as fundamental components of professional social work practice. The 2020 edition of the AASW Code of ethics responds to the increasing emphasis on interprofessional practice and education, providing specific guidelines relating to social workers' engagement with other professions and disciplines. Points 6.11, 6.13 and 6.14 highlight the importance of social workers engaging collaboratively with other professions and disciplines in order "to promote and expand ideas, knowledge, theory and skills, experience and opportunities that improve professional expertise and service provision" (AASW, 2020, p. 23). The Australian Social Work Education and Accreditation Standards (AASW , 2020, ss. 5.2., 6.3. pp. 21–22) also identify interprofessionalism, including working collaboratively and "effectively with colleagues from other disciplines" as essential to any accredited program (AASW, 2020, s. 6.3. p. 22).

While there is a strong quantitative evidence-base relating to the design, implementation and evaluation of IPE, there is less qualitative evidence relating to students' experiences of IPE (Lawn, 2016, p. 3; Reeves et al., 2013). Understanding students' experiences of IPE is particularly important for social work programs located within the health sciences. As a new and, in some instances, controversial, entrant, it is essential to understand how students make sense of the IPE within a curriculum that continues to draw on both health and social science disciplines.

This paper reports on the findings from a qualitative survey project. Students from a second-year social work program were invited to describe their experiences of the Interprofessional First Year (IPFY). The impetus for this research came from the authors and other social work educators' observations of informal discussions among first- and second-year social work students about the IPFY curriculum. This research was an initial step in gaining a sense of how social work students engaged with IPE units and, in particular, how they made sense of social work as a discipline and notions of professional identity within the health IPE context.

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Context

In 2010, the World Health Organisation (WHO, 2010, p. 7) identified IPE as "an innovative strategy that will play an important role in mitigating the global health workforce crisis." Whilst a range of issues can be identified as contributing to this crisis, key elements included demographic changes associated with an ageing population; an increase in chronic health conditions requiring complex care arrangements; new models of care involving patient safety and quality; advances in technology; and increased specialisation in practice. Responding to the crisis required more nuanced and flexible approaches to health care delivery and education; approaches underpinned by collaboration and collaborative-practice (Rubin et al., 2018, pp. 17–18; Thistlethwaite, 2012; WHO, 2010).

Rubin et al. (2018, p. 18) claim that "transforming health education is a critical first step in changing the culture of how healthcare is delivered." IPE was positioned centre stage in this transformation, identified as the most "effective pedagogical means of improving interprofessional collaboration" (Stewart et al., 2015, p. 71). The most commonly cited definition of IPE comes from the UK Centre for Advancement in Interprofessional Education (CAIPE): "interprofessional education occurs when students or members of two or more professions learn with, from and about each other to improve collaboration and the quality of care" (Barr & Low, 2013, p. 4).

Within the Australian context, the development and implementation of IPE programs were instituted through the work of the National Health and Hospitals Reform Commission (2009) and National Health Workforce Taskforce (2010). By the mid-2000s, IPE had developed momentum, with universities increasingly incorporating and developing IPE within their professional programs (Nisbet et al., 2011, p. 20). Such developments were not straightforward with most decisions made as a "push-and-pull" (Carey, 2007, p. 22 as cited in Cahn, 2014, p. 132) between university and institutional commitments, the requirements of professional programs including accreditation frameworks and employer demands (Cahn, 2014, p. 132).

Locating IPE – Pre-qualifying or post-qualifying?

While the importance of IPE is widely acknowledged, its timing or location within the pre- or post-qualifying context remains subject to debate (Rubin et al., 2018, pp. 22–23; Steketee et al., 2014, p. 118). Professional identity forms the main argument both in support of and in opposition to IPE within the undergraduate (pre-qualifying) context. Those who support IPE within the undergraduate curriculum argue that, because students lack an established professional identity, they are more likely to be open to and learn from other professions (Pockett, 2010, p. 213). Advocates of IPE within the post-graduate (post-qualifying) context, argue that undergraduate students' lack of professional identity and engagement with their discipline can contribute to role confusion and negative perceptions of IPE and IPP (Freeth et al., 2013, p. 13). It is also proposed that IPE in the postgraduate (post-qualifying) context is more effective as students can draw on practice experience, increasing the relevance and usefulness of IPE (Cradock et al., 2006, p. 222).

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Reflecting the pre- and post-qualifying debate noted above, there is also considerable discussion as to where IPE should be located within the undergraduate professional program. The Australian National Audit of IPE (The Interprofessional Curriculum Renewal Consortium (ICRC), 2013, p. 43) identifies the timing of IPE within the undergraduate curriculum to be "one of the most debated and contested pedagogical controversies in relation to interprofessional learning." The Australian National Audit (ICRC, 2013, p. 43) identifies that the majority of IPE activities take place across second, third and fourth and/or final years in the undergraduate curriculum. The small number of first-year activities is a result of the logistics of bringing together large numbers of first-year health science students (Freeth, 2014, p. 83) alongside first-year students' general lack of fluency in their profession's scope of practice, knowledge base and role (Chan et al., 2009; ICRC, 2013, p. 43). There are also concerns relating to *occupational socialisation* and the perceived need for first-year students to be immersed in their chosen discipline prior to learning with and about other professions (Adams et al., 2006; Wheeler, 2017).

Supporters of IPE in the first year argue that professional identity is not needed in this early stage of learning, with the focus on building collaboration and teamwork skills (Pockett, 2010). This position reflects an understanding of IPE as a continuum, beginning in the early undergraduate context and continuing into the post-graduate practice with different emphases and foci across the years (Cradock et al., 2006, p. 222). Responding to the arguments of occupational socialisation, proponents of IPE in the first year claim that, "in order to be effective, interprofessional learning must occur before students have been acculturated to intraprofessional tribal perspectives that may undermine effective interprofessional practice" (ICRC, 2013, p. 52).

IPE activities take many forms, driven by the context of the educational institution, number of students, disciplines involved and logistical issues such as adequate staffing levels (Freeth, 2014, p. 83). Activities include intensive or one-off activities within a specific class; interprofessional field placements; and a common curriculum where students from different professions undertake a significant part of their undergraduate program together (Horstmanshof et al., 2018; ICRC, 2013, p. 103).

Social work, health and IPE

As the original allied health profession in Australia (Lawrence, 1965), social work has a long tradition in health care and in working collaboratively with other professions (Berg-Wegner & Schneider, 1998; Rubin et al., 2018, pp. 18–19). As new understandings and models of health care have emerged, social workers have become active participants in multidisciplinary, interdisciplinary teams and the more recent, interprofessional practice (Pockett, 2010, p. 210). In multidisciplinary teams, social workers, as individual professionals, contribute specific expertise to resolve issues and/or plan outcomes for clients (Pockett, 2010, p. 210). The shift to interdisciplinary practice saw social workers as integrated and collaborative team members, generating shared understandings and working towards a common goal (Pockett, 2010, p. 210).

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The emphasis on collaboration and teamwork alongside the ethics and values informing IPP resonate strongly with social work attributes, practices and values (Jones & Phillips, 2016, p. 18; Rubin et al., 2018, p. 20). With this extensive experience, social work has actively sought to contribute to, and participate within, the IPE health curriculum (Horstmanshof, et al., 2015; Stewart et al., 2015; Pockett, 2010). As Jones and Phillips (2016, p. 18) assert, "social work assessment, communication, group facilitation, empathy, engagement and community building are assets to the development of interprofessional practice (IPP) and education initiatives."

Method

The setting

The IPE program presented within this research is located within the health faculty of an Australian metropolitan university. The program takes the form of a first-year common curriculum of five IPE units. In later years there are opportunities for case-based IPE modules within units and interprofessional placements. First-year students from 23 undergraduate courses (involving approximately 2300 students) take part in the IPFY program. Disciplines involved span a diverse array of professions including social work, occupational therapy, physiotherapy, psychology, health promotion, speech pathology, environmental health science and food and biomedical science and medical imaging. The common core units the students undertake include, indigenous studies, evidence-based research, psychology, foundational health practice and a public health unit. Students also undertake three discipline-specific units which include social work theory and practice, interpersonal communication and units drawing on a psychosocial approach to understanding individuals and society.

The researchers

The academic team coordinating the research comprise social work educators with a keen interest in students' experiences of the social work curriculum, including IPE. As second-year unit coordinators we are particularly interested in how students transition from the IPFY into the second year of the Bachelor of Social Work.

Theoretical framing

In keeping with the focus of the research on the meanings social work students make of their experiences of the IPFY, this research drew on a postmodern framework. The researchers adopted the position of *naïve inquirer* in wanting to understand how the students understood and made sense of their interprofessional interactions in their first year. A postmodern lens allows for the possibility of multiple realities, multiple interpretations, contradictions and ambiguities (Grbich, 2004). A postmodern framing constructs research data as a snapshot of experience, or as Grbich (2004, p. 28) eloquently describes it:

> [A] constructed reflection which is time and context bound, a momentary impression of "truth", a truth limited by the constructions and interpretations of both researcher and researched, a truth which is fluid in its capacity to shift and change with further time and other contexts.

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The survey

Whilst postmodernism is typically associated with qualitative methods such as in-depth interviews and focus groups, the researchers were acutely aware of the competing demands on students' time and the preliminary nature of the research. We were also cognisant of students' familiarity and engagement with online spaces. As such, the researchers decided that a survey with open-ended questions would be more appropriate (Liamputtong, 2012, p. 362). This would provide qualitative data allowing the researchers to understand the issues from the students' points of view.

Survey Monkey was chosen as an appropriate space for the online survey, removing it from the context of university platforms whilst providing a user-friendly interface (Waclawski, 2012). Survey Monkey also allows for anonymity which was an important ethical criterion for the research. A survey with qualitative questions was developed. The questions were open-ended, and no word count was imposed, encouraging students to identify and describe issues that were salient to them (Bryman, 2004, p. 145). The questions invited students to describe their experience of the IPFY (see topic questions provided later), with a broad focus on the ways in which their first-year experience contributed to their understanding of social work and capacity in developing their social work identity. Whilst recognising that professional identity is an embodied journey over time (Long et al., 2018), literature relating to identity development identifies the undergraduate first year as an important space for occupational socialisation and students' emerging professional identity development (Staniforth et al., 2011). Students were also invited to provide any specific feedback in relation to social work and the first-year experience.

- How would you describe your understanding of social work as a profession during the first year?
- How would you describe your social work identity during your first year?
- Your experience of being a social work student amongst other health professions students?
- Suggestions for the future?

Sampling

Sampling was purposive with participants recruited from the second-year cohort of students (n = 100) enrolled in the Bachelor of Social Work and who had completed the Health Sciences IPFY. Students were invited to participate in the research via a written *Announcement* placed on Blackboard, the LSM adopted by the university. The Announcement introduced the research topic, provided a rationale for the research and identified what was required of students should they chose to participate. Issues of consent and confidentiality were also described, with anonymity assured. Two of the researchers presented at several second-year lectures and workshops to advertise the research. Students were provided with a link to the electronic survey on Survey Monkey. Consent was inferred by students submitting their final survey online (National Health and Medical Research Council (NHMRC), 2007, p. 19). Thirty students (30%) responded to the online survey.

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Ethics

Ethical considerations guiding this research were drawn from the Australian Association of Social Workers' (2010) Code of Ethics (s. 5.5.2.) and the NHMRC's (2007) "Statement on ethical conduct in human research" (in particular, Chapter 4.3. "People in dependent or unequal relationships, including students and teachers"). In the Participant Information Sheet (PIS) provided to students via Blackboard, particular attention was paid to anonymity given the researchers' positions as unit coordinators of second-year units. The issue of informed consent was clearly described and explained in the PIS with students being considered to have consented to the research by submitting the survey (s. 2.2.5. NHMRC, 2007, p. 19, s. 4.3.2. p. 68). Ethics permission was provided by the university's Ethics Committee. (HR77).

Thematic analysis

The qualitative responses were analysed using Braun and Clark's (2006) six phases of thematic analysis, which allow for flexibility in analysing qualitative data gathered from a range of sources, including surveys. One of the researchers took primary responsibility for undertaking the thematic analysis whilst the two other researchers provided interpretive input, reading the coding and reviewing created themes. Thematic analysis refers to a process of "identifying, analysing and reporting patterns (themes) within data" (Braun & Clark, 2006, p. 79). After a process of reading and re-reading the survey responses, coding was undertaken, working through the responses to each question (Braun & Clark, 2006, pp. 87–89). Through this process, it was clear that codes transcended specific questions and could be read and interpreted across the students' responses to different questions. These codes were gathered, and themes were tentatively created (Braun & Clark, 2006, p. 90). Following a process of reviewing and naming the themes, it was possible to produce three key themes: *Learning through the IPE space; Alone and lost*; and *Disregarded*. Direct quotes from students' responses are used throughout and to preserve anonymity student responses are identified by a number.

Results

Learning through the IPE space

Alongside the many tensions identified by the students in relation to their experience of IPE classes, some of the students described opportunities for learning:

> I did really enjoy getting to know other people outside of my social work year group and interesting to know what other more relevant professions were doing e.g. I had a friend doing psychology who would tell me about the psychology unit they were doing. (Student 2)

This student turns the disinterest and disengagement of some health sciences students into an opportunity to identify what is important to social work. In taking an active role in the classroom, this student clearly identifies her learning of key social work skills and understandings:

> It proved difficult in units such as Indigenous Cultures in Health, as some health science students disengaged with the content and it negatively impacted on the classroom

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> environment and atmosphere. However in saying that it highlighted for me just how important Social Workers are in making sure the voices of the marginalized are heard and respected and to advocate for those whom are ignored by other professionals. It taught me how to negotiate multidisciplinary teams in terms of being a peacekeeper and trying to explore other ways of thinking. (Student 4)

Other learnings identified by students related to broad understandings of interprofessional practice as this student describes, "Being a social work student amongst other students introduced me into working together with other professions with a common goal of improving client's life/condition" (Student 9). Students also gained awareness of where social workers might be located and how social workers may interact with other professions:

> Other health profession students had a clearer role of what their place was in the health care system, because for social workers there are so many potential roles in the health care system. But it also made clear which other professions we might be working most with in certain situations. (Student 7)

Alone and lost

In a year group of approximately 2300 first-year students, social work students constitute around 4.3%. Not surprisingly, many students identified being the only social work student in a class of 25–30 students. Being the only social work student was not confined to one or two units, but was a feature of many of the students' experience across the five IPFY units. While there was a numerical component to this, the issue was more about the problems students associated with defining or accounting for the social work profession without collegial support. Words such as 'lost', 'difficult' and 'isolated' were used by social work students to describe their experience: "I felt lost as a student, like I did not know where I belonged or what I was studying" (Student 27).

Being the only social work student in the class had implications for learning. As this student's comment suggests, it was difficult to learn about social work or to share the profession with others, with only one social work student in the classroom: "In all classes, I was the only SW student and there was no real benefit to me as a SW student, or in my opinion, for them by me being there" (Student 30).

Whilst uncertainty and a sense of not belonging are common first-year experiences, many of the students identified feeling lost as exacerbating their insecurities about social work and in particular, their struggles to provide a definition of their profession. As this student describes:

> As a social work student among other [professions], I found it incredibly difficult as you were usually the only social work student amongst others who had no idea what social work even was... It was really difficult working in interprofessional groups as a 1st year social work student as others are questioning what you do and you've only just begun your social work journey and can't give them an accurate answer. (Student 3)

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This student identifies the struggle to gain a sense of social work as an identity and a profession when the only student in the class, highlighting the importance of collegiality in the IPE setting: "if you don't have like-minded people to bounce off of it can be overwhelming and difficult to navigate" (Student 4).

Unlike professions such as nursing, physiotherapy and occupational therapy which have clearly defined and accessible role definitions, social work has a broad scope of practice involving a range of fields and settings, not easily 'bundled' into a tight definition. As this student reveals, the lack of a coherent or accessible definition contributed to their feeling "a little bit lost" among their health sciences' peers:

> I was still learning about what social work is as a profession and what social workers do. Other professions that are more clinical (e.g. physiotherapy and nursing) seemed so clear to me so I still felt a little bit lost amongst other health science students as a social work student. (Student 5)

Activities which required students to embody their profession and discipline, to identify and describe areas of practice served to further isolate and marginalise students:

> While in hindsight I can see how important multidisciplinary team (MDT) work is in first year, at the time I felt that I, (like most of the health services students), didn't feel comfortable contributing the perspective of "our role" in class discussions because we didn't have a solid understanding of what 'our role' was. (Student 4)

Disregarded

Whilst the eclectic nature of social work has contributed to the advancement and longevity of the profession, it can also be problematic. For this student, not having a coherent understanding of their profession contributed to feelings of being "less important" and "disregarded" within the IPE classroom: "Amongst the other students I sometimes felt less important because I did not know what my defined role would be in relation to them" (Student 24). Another student confirms this feeling of being less important, linking it directly with the lack of other social work students in the class: "As there were fewer of us in class (I think we had 5 in our largest class) I felt we were a little lost and slightly disregarded" (Student 28).

Students were clear in identifying the lack of social work related content (including social work knowledge and practice) as contributing to the definitional problems and more broadly a sense of connection with their chosen profession. This student is clear in the assertion that social work-related material was not part of the class content: "...in class social work was the least referenced and discussed of all professions" (Student 14). For this student, the consistent use of examples from other health occupations contributed to the sense of being "overlooked": "Tend to get overlooked. Examples given in regard to things being taught using nursing or physio and other occupations but not SW" (Student 6).

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Some of the students clearly identified the missed opportunities for learning as a result of the exclusion or invisibility of social work-related material in the IPE curriculum. For some students this placed them at a disadvantage in terms of opportunities to engage with and 'try on' their chosen profession: "It was extremely frustrating as they [other health sciences students] managed to understand the content a lot more and relate it to their profession a lot more also" (Student 17). This is confirmed by another student: "In all HS [Health Sciences] first year I was the ONLY SW student, I felt little in common with my class peers and little to no mention was made of my future profession" (Student 18).

The following students' comments about social work's positioning within health science is insightful, reflecting the tensions that both social work academics and students alike experience in a profession and discipline that sits in health and draws on the social sciences/humanities: "Tutors were often making reference to all other professions and it seemed like social work wasn't considered as a health science" (Student 17). This seeming lack of "fit" can be read in this student's account: "I felt I didn't really know where social workers fit into the system. I felt we weren't given much on where and what we could do in that health system" (Student 28).

Alongside the lack of unit material presenting social work practice, skills and/or knowledge, many of the students commented on the perceived lack of interest in social work from other health sciences students: "I felt that whilst the other professions were interesting, I didn't feel that they were interested in social work positioning a lot of the time" (Student 19).

This perceived lack of interest was described by another student:

> People constantly questioned what social work did and usually didn't want to hear what you had to say. When working in groups no one would let you have a say or did not consider possibilities or situations that social work students tended to consider. (Student 3)

Suggestions for the future

It is fitting that this findings section which has presented social work students' descriptions of their IPFY experience, concludes with their suggestions for "doing better." The final question of the survey invited students to provide ideas, suggestions and/or recommendations for improving social work students' experiences in the IPFY. While the students' responses recognise the value of IPE within the undergraduate context, there are clear calls for more social work content within IPE units, improved classroom management, opportunities to build professional collegiality and increased support in developing a professional identity.

The experience of being the only social work student within the IPE classroom was highlighted by the students as a significant issue and one that mediated their perceptions of IPE. Students' provided suggestions such as streamlining the IPE workshops so that social work students are grouped across a smaller number of workshops:

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> Probably would look at streamlining [social work] students into a few classes that would see them studying common core units together. Have the lecturers refer to them more often. (Student 20)

This would assist in reducing the isolation, both personal and professional, that students identified and would facilitate professional collegiality. Collegiality in the space of first-year university is important; within the context of IPE First Year, where professional identity (or at least professional alignment) is developing, it is essential. For one student this meant locating IPE in the second year rather than the first: "Don't do the interprofessional units till second year once a Social Work identity has been established" (Student 21).

Students also identified the inclusion of social work-related material into the IPE units as key to the social work experience in IPFY:

> Perhaps more in depth discussions about the role of a social worker in different situations and perhaps looking more at the social work code of ethics to describe what social workers are governed by and motivated to do. (Student 16)

This was strongly expressed and resonates with and reinforces the sense of marginalisation expressed in other themes. The students provided ideas for integrating social work within the common core units: "More information from the Health Science Units that I think could be broken down and be more specific to Social Work rather than broad Health Science" (Student 24). This student wanted to ensure that the relevance of the IPE material is highlighted for each profession, not just at the unit's beginning, but throughout the unit content: "More work done prior to beginning the unit about where each worker fits it and having that constantly verified and discussed throughout semester" (Student 27).

Only one student expressed a sense of IPE as irrelevant with the other students not countering whether or not IPE was relevant and/or useful. This suggests that social work students understand the value of collaboration and understanding other professions which is not necessarily a common theme amongst all health science disciplines and professions:

> Ignore the scorn or misunderstandings you experience in your first year, as once you get that behind you there is so much positive learning to do. You will learn so much in this degree and grow so much as a person that even if you experience your first year negatively it's worth it in the end. (Student 3)

Discussion

There is broad consensus that IPE contributes to producing graduates with a grounded understanding of different health care professions and a commitment to IPP as integral to providing high quality care and support (Hammick et al., 2007; Thistlethwaite, 2012). Whilst building on social work's traditions of collaboration, teamwork and interdisciplinarity, there are clear resonances between social work's values, ethics and practice intentions and those

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of IPE and IPP (AASW, 2013, 2020; Jones & Phillips, 2016; Pockett, 2014). Whilst students identified some of these resonances in their survey responses, they also identified the unique challenges for social work within the IPE context. Students provided nuanced descriptions of their IPE experience which 'trouble' the view that IPE is inherently and "necessarily a good thing" (Smith & Anderson 2008, p. 760). The students' responses identified incongruences in the theory and practice of IPE, including struggles in developing (even an initial engagement with) a professional identity, the lack of social work-related content in the common core units and dominance of particular health science professions. Matteo and Reeves' (2013, p. 27) description of the "debate and concern over what a shift to interprofessional education (IPE) and care will mean for the different professions, their values and knowledge base, and their members," was clearly reflected in the students' experiences.

Learning about social work and developing a social work identity

"Since social work began, it has been faced with a quandary in terms of how it is defined, practised and perceived" (Staniforth et al., 2011, p. 192). The "many evolutions and trends" (Staniforth et al., 2011, p. 192) that have defined social work since its beginnings contribute to the difficulties students experience with gaining a sense of social work as a profession and identity (Staniforth et al., 2011; Stewart et al., 2015). Stewart et al.'s (2018, pp. 75–76) recent research exploring social work students' experiences of IPE in a community setting identifies the difficulties students had, compared to other health professions, in articulating their role and discipline. Whilst the diversity of social work practice can be identified as a strength, for students undertaking the IPFY who were expected to define their profession, including its scope of practice, and to identify its position in relation to other health professions, this lack of clarity was a source of intense frustration.

The difficulties encountered by students in defining social work and beginning to develop a professional identity are key aspects of the debates relating to the timing of IPE in the undergraduate context and in particular, its location in first year. Traditionally, the first year of a professional degree was devoted to occupational socialisation and professional identification (Dent, 2017). Within the context of an IPFY, these processes are postponed to the second year. Proponents of IPE within first year suggest that students are not required to have a comprehensive understanding of their profession, with a focus on developing skills in collaboration and teamwork (Hoffman & Harnish, 2007). Those who argue for IPE within the latter years of an undergraduate degree (e.g., third and fourth years) claim that strength of professional identity is central to engaging with, and benefiting from, IPE and should be the mediating factor in locating the placement of IPE (Adams et al., 2006). As Clark (2014, p. 36) acknowledges, "the basic building blocks of collaborative practice are the constituent professions making up the interprofessional team."

The students' experiences suggest that, even at the first-year level, a broad definition of their profession and engagement with developing a professional identity were not only necessary but expected. Shustack et al. (2021, p. 5) confirm the significance of professional identity within the IPE context and in particular, the need for students to be able to share their profession as a key component of the interprofessional classroom. The importance attributed to professional

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identity within the IPFY context is evidenced by the frustration and seeming embarrassment many students expressed when attempting to provide their peers with a clear description of social work's scope of practice and role within the health setting.

Professional education, such as the Bachelor of Social Work, plays a significant role in this process; "impart[ing] values and identity as well as knowledge to students. It contributes in both intended and unintended ways to the socialization of students to the professional culture" (Valutis et al., 2012, p. 1047). Until recently, this socialisation was attended to through "a highly controlled process of occupational reproduction and reinforcement" (Adams et al., 2006,p. 58; Matteo & Reeves, 2013, p. 27). Within the context of an IPFY where students have three discipline-specific units, there are limited opportunities for professional socialisation and the discipline support students require in developing a professional identity in their first year (Gilbert, 2005). The implications of this are both practical and emotional. The students' responses indicate professional devaluing and a sense of being disregarded. While the students' responses raise a number of questions relating to the position of social work within the IPFY, they also invite social work educators to review the ways in which occupational socialisation and identity development are facilitated across the undergraduate social work curriculum (Long et al., 2018, p. 117).

What IPE is not

Jones and Phillips (2016, p. 21) clearly identify what IPE is not: "students from different professions attending the same class but not interacting with one another in a meaningful way." Opportunities for "meaningful interprofessional interaction" were limited, in part due to such logistical issues as student numbers and course level, which impacted on workshop composition (Steketee et al., 2014, p. 119). As a result of the small number of social work students within a cohort of around 2300, the majority of social work students identified being the only social work student in the class. Not only are issues of student isolation problematic, but it is difficult to understand how meaningful interprofessional interactions can be facilitated in a workshop of 30 students where one student is expected to represent their profession. This issue is perhaps one of the easier to resolve. Changes to timetabling could allocate a number of workshops to social work students, facilitating opportunities to join with other social work students and to gain a sense of belonging within the first year.

Creating a more balanced approach to the distribution of disciplines and professions across and within classes is an important issue. Not only does it relate to classroom interactions and dynamics but the lack of balance in distribution has the potential to reproduce the "hierarchy of knowledge" that disrupts interprofessional practice within the workplace. Earlier in the story of IPE, Barr (1994, p. 105) emphasised the difference between students sitting together and learning from each other: "lumping students together across professions is one thing; enabling them to learn from and about each other is another." Cahn (2014) documents this confusion or misunderstanding from the perspective of "a long-time faculty member [who] recalled, 'We had a noble goal of being interprofessional, but for a long time we thought it was just sticking students in the same room. There was a total mismatch of maturity, professional identity and content information.'"

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Learning from each other about each other's professions?

The lack of social work-related content within the IPFY is also problematic regarding the unintentional sidelining of particular professions and professional knowledge. Social work students reported feeling that their profession was disregarded and devalued – highlighted by a perception that other health sciences' students lacked interest in social work as a discipline and profession. Such disinterest from other students is not in keeping with the role of IPE in challenging negative attitudes particularly given that, as Morison et al. (2010, p. 413) state, "attitudes are the most problematic of the barriers to successful interprofessional learning." One of the key justifications for IPE in the first year is the premise that early engagement with other professions will "inhibit the formation of negative attitudes," contributing to the broader aim of "reducing prejudice, negative stereotyping and intergroup discrimination between health and social care professional groups" (Foster & Macleod Clark, 2015, p. 34).

Limitations

As with all voluntary research, participants who agree to engage with the research are those motivated to do so, often through their own experience. Whilst all contributions are important and welcome, it means that there are many students who may have valuable contributions to make but whose voices are not heard. The survey on its own is also limited. As an online written method, there is no opportunity to ask the participant for clarification or further information. Collaborative research methods such as a focus group or semi-structured interview would have facilitated a more in-depth and nuanced understanding of the issues. The focus groups' emphasis on co-constructed knowledge could have mediated the *aloneness* that many students spoke of in their survey responses. Recruitment could have been improved with the use of an email invitation being sent to all second-year social work students rather than relying on a generic invitation on Blackboard.

Conclusion

This study considered social work students' experiences of an IPFY. The themes that emerged from the qualitative data provide an initial understanding of how these social work students made sense of, and negotiated, social work as a discipline and profession. The findings provide insights into the students' engagement with professional identity and the ways in which practical issues, such as classroom management, mediated their sense of fit within the IPE context. Whilst IPE is a valuable experience for social work students and practitioners alike, the students' responses suggest that a more nuanced, integrated approach to the content and delivery of IPE is necessary. Such an approach invites social work educators to harness their expertise in collaborative practice and actively engage in the re-creation of current IPE curriculum. Universities must also be prepared to adequately resource IPE curricula and invest in pedagogical frameworks that facilitate all students' understandings of their disciplines and professions with a view to future interprofessional practice.

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