Evaluation of Interprofessional Practice Education for Master of Social Work Students: Student Perspectives of a Short-term IPE Observation

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Abstract: As interprofessional education (IPE) continues to grow as part of social work programs, it is important to evaluate how best to engage students in understanding this material and explore possible barriers. With this in mind, researchers conducted qualitative interviews and focus groups to explore perceptions of three cohorts of social work students (n=29) participating in short-term interprofessional practicum experiences. Perceived benefits included improvements in communication and client care. The study also uncovered various barriers with implementing IPE-focused practicums such as time, scheduling and role uncertainty. Students shared the impact their experience had on knowledge and perceptions of the social work role in interprofessional collaboration. Even so, students were able to observe important elements of interprofessional practice from these relatively short practicums, indicating they may be a viable option for programs looking to expose students to real world interprofessional experience.

Keywords: Interprofessional collaboration, interprofessional education, social work field education, qualitative methods

A growing body of literature promotes the benefits of interprofessional education (IPE) (Charles et al., 2008; Gilbert et al., 2000; Jones et al., 2020; Kim et al., 2020; Salhani & Charles, 2007) and the benefits of interprofessional collaboration in the work-place (MacDonnell et al., 2012; Matthews et al., 2012; Nimmagadda & Murphy, 2014; Pecukonis et al., 2013). This literature also focuses on barriers that interfere with the implementation of interprofessional collaboration within a practice setting. Examples include role insecurity (Hornby & Atkins, 2000); closed role boundaries and protection of professional knowledge (Miller et al., 2001); fear of domain infringement, power differentials, and struggles over territory (Geva et al., 2000; Hornby & Atkins, 2000); and different philosophies and values of the professions involved (Drinka & Clark, 2000; Miller et al., 2001).

Though introducing interprofessional practicums can be a challenging endeavor (Bogo, 2015), IPE is gaining momentum within social work classroom and practicum settings as varying approaches to incorporate interprofessional concepts and practices have been undertaken including forums/case studies, workshops, courses, and practicum (Adamson et al., 2020; Bilodeau et al., 2010; Bonifas & Gray, 2013; Clarkson-Hendrix & Warner, 2020; Jones et al., 2020; Kim et al., 2020; Salm et al., 2010). An important aspect of IPE is the first-hand experiences students engage in through simulated or real practice.

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As more social work programs incorporate IPE into their curriculum, it is important to explore how students view interprofessional collaboration.

Social work students who have engaged in interprofessional collaboration have identified benefits such as enhanced overall learning, exposure to other professionals, and the opportunity to expose other professionals to social work and the role it can play in interprofessional teams (Charles et al., 2011). Students have also expressed how interprofessional opportunities enabled them to gain insight into other roles and fostered respect for each profession among the interprofessional team (Lumague, 2006; Salm et al., 2010). Additionally, interprofessional experiences allow students to gain a deeper understanding and appreciation of their own professions (Salm et al., 2010) and interprofessional collaboration as a whole (Holmes et al., 2020). Students who participate in simulations, case studies, or interprofessional forums have shown improvement in interprofessional skills and attitudes (Kim et al., 2020).

Field Education and IPE

Field education is the cornerstone of social work education as the Council on Social Work Education (CSWE) designated it as the signature pedagogy in 2008 (CSWE, 2008). Field education in social work has relied on a voluntary agency-based model where social work programs ask local agencies to provide high quality learning experiences to prepare the next generation of social workers (Bogo, 2015). However, finding enough quality sites or qualified and willing field instructors can be challenging in general (Greenblatt et al., 2019). As a result, rotational models where students spend shorter amounts of time with multiple supervisors and even multiple organizations can be used as an alternative to the traditional year-long approach with one supervisor (Birkenmaier et al., 2012; Lawrence et al., 2007). Well-established in the medical field (Gough & Wilks, 2012), rotational models are now emerging within social work programs (Birkenmaier et al., 2012; Lawrence et al., 2007). Rotational models allow supervisors who may not be able to commit to a full year of supervision to play a role in field education (Ivry et al., 2005; Muskat et al., 2011) while allowing students the benefit of being exposed to multiple systems and teaching and practice styles (Gough & Wilks, 2012; Greenblatt et al., 2019).

Despite the benefits, both supervisors and students have identified negative aspects of this approach. Reported challenges include students experiencing fragmented learning, limited opportunities for in-depth work with clients, and anxiety and decreased self-confidence due to frequent transitions (Gough & Wilks, 2012). Additionally, the shortened time period can negatively affect the supervisor-student relationship (Vassos et al., 2018). By the time the supervisor and student develop rapport and the student starts honing their skills, the student moves onto the next rotation (Greenblatt et al., 2019). Finally, both students and supervisors may feel overwhelmed by the amount and pace of the work (Greenblatt et al., 2019).

The Interprofessional Education Collaborative (IPEC) has outlined four competencies of interprofessional collaborative practice which encompass values/ethics, roles/responsibilities, interprofessional communication, and teams and teamwork (IPEC, 2016). The IPEC is supported by CSWE (IPEC, 2016), which itself supports IPE (CSWE,

2015), along with the National Association of Social Workers (NASW, 2021). The call for IPE in social work education is clear; however, there is a dearth of knowledge surrounding interpersonal practicum experiences. While some interprofessional practicums have been examined (Clarkson-Hendrix & Warner, 2020), interprofessional experiences like workshops, forums, or case studies are better represented in the literature (Adamson et al., 2020; Bolin & Chapman, 2013; Bonifas & Gray, 2013; Clarkson-Hendrix & Warner, 2020; Comer & Rao, 2016; Jones et al., 2020; Kim et al., 2020).

Health Research Service Administration (HRSA) Fellowship

This study of interprofessional training was supported by a three-year grant from the Department of Health and Human Service's HRSA. This national training program focused on assisting MSW students in enhancing their practice knowledge and skills regarding transitional age youth (TAY) in behavioral health settings. The training program included three cohorts (one cohort per academic year) for a total of 98 MSW students. All fellows (students who participated in the program) had to apply to the program and were selected by a committee based on a combination of academic performance, references, and personal statements.

Fellows were required to attend monthly seminars on topics related to the needs and special considerations of TAY. Additionally, fellows were required to complete two practicum settings--one 640 hour practicum required by the school and one lasting between 32-64 hours that was specifically designed by the grant team to expose fellows to primary care settings and interprofessional collaboration. As such, fellows were placed primarily in local primary care settings and clinics that employed social workers in interprofessional modalities. In these short-term practicum settings, fellows were able to witness collaborations between teams involving doctors, nurses, dieticians, pharmacists, and social workers. Though students may have had elements of interprofessional collaboration in their required practicum, this additional practicum was explicitly designed to expose them to interprofessional collaboration concepts. Furthermore, students were required to write reflections highlighting the concepts they learned and to critique what they witnessed in practicum sites.

It is this second, additional practicum that is the focus of this study, particularly,the experiences and perceptions students had regarding their interprofessional learning. Though not a rotational model in the traditional sense, these short-term practicum experiences did have features of the rotational model as students were placed in truncated placements. Time constraints, scheduling issues, and limited locations forced the cohorts to engage in slightly different interprofessional practicums. Fellows in Cohort 1 and 2 engaged in the practicum lasting four hours per week for 16 weeks for a total of 64 hours. Cohort 3 engaged in practicums that were still four hours per week but lasted 8 weeks, resulting in 32 total hours. Based on student evaluations from the previous cohorts, students in Cohort 3 had placements that the grant team believed would provide fellows with more interprofessional experiences. The shortened timeframe allowed students to complete agency orientation processes during the first eight weeks of the semester. Following this,

the grant team divided the group into thirds so they could all have eight week blocks for their interprofessional practicum..

Fellows' primary role was to observe how interprofessional teams interact with clients and each other, focusing on the social worker's role within the team. Students were not expected to be the lead therapist or maintain a caseload of their own due to the short timeframe but were asked to take a broader approach and identify best practices of interprofessional teams. Though a more experiential placement would have been ideal, due to time and other logistical issues, the grant team opted for a shorter practicum focused on observation. While the team was aware that this approach has its limitations, it still allowed students to witness interprofessional teams in action in areas of social work where they could not otherwise. Fellows shadowed their social work supervisor in daily tasks and interactions with other team members and clients, and were encouraged to shadow other professionals on the interprofessional team if their supervisor was unavailable or did not have activities for students to observe during parts of the day. Through their observations, the fellows were expected to witness interprofessional collaboration that demonstrated all four competencies of the IPEC (2016). The grant team selected sites where they would be able to see social workers and the team promote a climate of respect and use their own and each other's strengths and expertise to best help their clients.

Although these practicum experiences were interprofessional in nature, they did not involve other students from different disciplines, which makes them unique compared to other documented social work IPE experiences such as case studies (Bolin & Chapman, 2013; Bonifas & Gray, 2013; Comer & Rao, 2016) or modules (Hall et al., 2014). However, this practicum used an approach recommended by Jones and Phillips (2016) by having students shadow other professions in the healthcare setting. While the lack of interprofessional student-to-student interaction may not meet some definitions of interprofessional education experiences, they are still interprofessional in nature as the students were engaged with multiple professions. Furthermore, the experiences allowed students to be involved in real world healthcare settings, observing interprofessional collaboration skills and techniques firsthand.

With this modified approach to interprofessional experiences in mind, researchers sought to answer two research questions:

1) What are the students' perceived benefits and barriers to engaging in a short-term practicum of an interprofessional nature?

2) After observing interprofessional collaboration in real world settings, what do students perceive to be the benefits and drawbacks of interprofessional practice?

Method

Sampling

Following their short-term placements, fellows were invited by email and during seminars to participate in focus groups. This was not a requirement of their fellowship.

Thus, with IRB approval, the team was able to interview 29 of 98 fellows over the course of the grant's three years. Participants (n=29) were fellows of the interprofessional training program meaning they were all MSW students in a mental health and addiction concentration and were in their last year of graduate education. Participants from all three cohorts are represented in this study: eight from Cohort 1, seven from Cohort 2, and 14 from Cohort 3. There were 25 females and four males. Twenty-five of the participants were Caucasian, three were African American, and one was Native American. Ages of participants ranged from 22 to 44 with the majority of participants being under 30 years of age. Though not diverse, this sample provided an accurate demographic representation of the grant fellows.

Data Collection

Qualitative interviews were used to gather information on student experiences and perceptions of the training program. These interviews were implemented as part of the program evaluation at the end of participants' primary care practicum experiences. Interviews took the form of focus groups, group interviews (interviews with two participants), and individual interviews. Group interviews were not part of the original design and only occurred when an individual recruited another fellow to join her for her interview in Cohort 1 or when multiple focus group members did not show for their scheduled interview in Cohort 2. Each cohort had multiple interviews (see Table 1) resulting in one focus group (n=6) and one group interview (n=2) for Cohort 1, one focus group (n=5) and one group interview (n=2) in Cohort 2, and two separate focus groups (n=7; n=5) and two separate individual interviews in Cohort 3. The focus groups lasted one hour, the group interviews lasted 40 minutes, and the individual interviews both lasted approximately 20 minutes.

Table 1. *Breakdown of All 3 Cohorts*

| | Qualitative Method | | | |
| | | Interview | | Total |
Cohort	Focus Group	Group	Individual	(n)
1	1 (n=6)	1 (n=2)	0	8
2	1 (n=5)	1 (n=2)	0	7
3	2 (n= 7; n=5)	0	2 (n=1; n=1)	14
			All	29

All interviews were semi-structured, allowing the interviewer to ask follow-up questions when relevant and appropriate. The research team developed questions focusing on the participant's overall experiences within their interprofessional primary care settings, perceived benefits and barriers, and areas for improvement.

Data Analysis

Once completed, interviews were transcribed and coded by members of the research team. The researchers conducted a thematic analysis first using line-by-line coding

(Charmaz, 2014; Glaser & Strauss, 1967) attempting to stay as close to participants' own words as possible. Next, focused and axial coding were used (Charmaz, 2014; Glaser & Strauss, 1967) to categorize the data into themes. Two researchers completed their initial coding independently and then compared codes to arrive at a consensus initial code. They then worked together with the consensus codes to identify the larger themes. Memoing was used by the two coders in both the independent and collaborative coding process. Additionally, the two other members of the research team served as peer debriefers throughout the process to help improve the rigor and trustworthiness of their analysis.

Findings

Two major themes emerged through the qualitative analysis conducted by the researchers. The first theme, "engaging in an interprofessional practicum" revolves around the act of engaging in the interprofessional practicum itself with students pointing out benefits as well as barriers and frustrations they encountered. Regardless of some negative aspects of these practicums, it was through these observations that students were able to identify both positive and negative aspects of interprofessional collaboration. The theme of "perception of interprofessional collaboration" is the second theme that will be discussed.

Engaging in an Interprofessional Practicum

Benefits. Students from all cohorts appreciated the overall experience. The main theme that emerged when discussing benefits was the theme of *exposure.* As one student put it,

It's one thing to read something on a page in a book but it's another to meet the client and there's a life behind that and a face and a story, so I thought that was really important to me because I would never have had that exposure otherwise.

This exposure allowed students to see social workers practice in a different setting than they would have otherwise. Additionally, it allowed them to witness professionals working with social workers that may not have been present during their required practicums. At times this exposure was discussed in terms of general interprofessional collaboration, as one participant from Cohort 1 stated, "You really got to see how mental health can and really should be integrated in a primary care setting." At other times, this practicum exposed fellows to different environments as demonstrated from another Cohort 1 participant:

I was put in an environment that I had never been in and probably will never be in after doing it. It was great and...I never would have had that exposure had I not done this and so I definitely appreciated that piece.

Students expressed not only appreciation for and improved understanding of different team members but also a newfound respect for social work, as they were able to see social workers provide needed services in a healthcare setting and be respected by the medical professionals who sought them out for consultation.

Barriers. Though students appreciated the opportunity to engage in a primary care setting, another major theme was *wanting more*, including a desire to observe and participate in more client interactions. This disappointment appears to be the result of unforeseen challenges and barriers with the practicum supervisor and site as a whole. One such challenge, *lack of work*, included both tasks and client contact. There was variation, however, as a minority of students discussed how full of activity their days were in contrast to others who criticized the lack of work and client contact. This discrepancy was highlighted by an example in one focus group, where one student had no client contact while another saw eight clients in a typical 4-hour day. As one participant from Cohort 2 put it, "It was challenging to fill up the time, but I feel like I was learning something every single week I was there." The experience of not having enough to do on slower days was echoed by a participant from Cohort 3: "Three families in four hours is not a lot, especially when [consults] only take ten minutes. Even the social worker was like, 'This is really boring.'"

The theme of *placement issues* also emerged as a challenge for these interprofessional practicums in primary care settings. Here participants mentioned issues with the social worker, the site itself, and timing of the placement. Participants perceived stress of the social workers due to the heavy student load the social workers had at each site. This concern was mentioned mostly by those in Cohort 1 in which all of the 33 placements occurred in one semester, resulting in some supervisors having over ten fellows. As a result, fellows felt guilty about asking questions and even shadowing in general. Students also felt they were not being fully invested in because of their limited time at the site. This is best summed by a participant in Cohort 1 who, when referring to her supervisor, stated that "it's not worth her time [to train me and teach me skills] since, you know, I'm not going to have ample time to practice them or see clients."

Some sites were not well-equipped for student learning, as several students mentioned they had to leave the room when the full team was with a patient simply because there was not enough space to accommodate them. Issues with the time of placement occurred because some students were assigned less busy days and times, such as Friday afternoons.

The final barrier in this primary care experience was the *lack of clear expectations* regarding the students' learning experiences. Students reported feeling this themselves and believing their sites also experienced a lack of clarity. One student summarized,

> *It was a lot of talk between, in my experience with fellows…people talking about their experiences and trying to figure out what we are supposed to be getting out of it. What are we supposed to be doing? So, there was a lot of that piece, and I definitely can understand since it's a new experience…So there definitely was a little bit of vagueness that made a little too much of a buffer for some people. So it made some people desk writers and then other people had an awesome experience, and they were doing a ton of stuff. So I think not having those clear objectives kind of made it a little bit of a challenge.*

This sentiment was especially relevant to the first cohort, to which this student belonged, with the majority of fellows stating they were not entirely sure what the grant team expected them to do throughout the day or what they were supposed to be accomplishing

by their observations. In some cases, this vagueness provided flexibility for students to create their own experiences by shadowing other professions, but the majority of interviewees reported it hindered the overall experience. Fellows who sought out meaningful experiences with their sites during down time appeared to value it, while some who did not obtain additional experiences expressed disappointment. For example, one student spoke of the lack of client interaction: "Why am I going there for four hours and sitting there and not doing anything? I could be doing something better with my time."

Perception of Interprofessional Collaboration

Benefits. Researchers discovered several common participant beliefs regarding the benefits of interprofessional collaboration. One such theme was *holistic treatment*, with participants identifying this as a beneficial outcome of interprofessional collaboration. One participant spoke of this holistic approach metaphorically, stating that "providers each are like different pieces of a puzzle, adding a unique part to a picture that needs to be completed." Many participants believed this approach helped clients achieve their desired goals. Another theme mentioned frequently involved *colocation*, which includes the convenience of having a diverse and needed group of professionals in one building. This was credited with improved communication, follow through, and referrals. As one participant put it, "Because they all work within the same office, the patient has more assurance that the person they are being referred to is good."

Drawbacks. Participants identified several drawbacks at the conclusion of their practicums. A common drawback identified was the issue of *power differentials*, with the physician often wielding more power than the rest of the team and at times not giving enough weight to others' opinions or expertise. One participant described this potential drawback:

> *The perspectives of social workers may not carry the same value or urgency as that of a clinical psychologist, physician, or administrator of higher rank due to an implicit assumption that more years of schooling equals greater wisdom or greater insight into the human condition and a better understanding of the most valid means for addressing client needs.*

Another theme, *lack of understanding*, involved team members' lack of knowledge for the role and responsibility of each member on the team. One participant spoke of a case where the client missed several appointments due to transportation issues. The doctor was frustrated and did not know the social worker could help with transportation needs until the social worker explained their full scope of practice. This exchange was concerning as a core value of IPE is understanding the roles and responsibilities of each member (IPEC, 2016). The student expressed alarm that a team member did not know about a valued service that social work could provide.

A final theme, *issue of time*, was mentioned by many participants. Several drawbacks were mentioned under this theme, such as the professionals not having the time to meet with each other when needed, the time-consuming nature of interprofessional appointments with clients, and the amount of time it took for members to communicate with each other

to develop effective and truly interprofessional collaboration. Case conferences were highlighted by several participants as necessary for effective interprofessional collaboration but were noted as a time-consuming exercise that was spent away from clients and billable services. Several participants spoke about the difficulty team members encountered when they needed time-sensitive consultation with another professional to help a client. Although consultation was typically brief, it was sometimes not possible because schedules did not always align for impromptu communication. This issue can impact clients, as one participant relayed it was not uncommon for clients to be at the office for hours in order to be seen by different professionals. Although viewed as a positive to address several needs at one appointment, it was acknowledged that clients can be overwhelmed by seeing so many professionals over the course of the day, especially if not prepared to do so.

When looking at these drawbacks as a whole, one participant noted that "the drawbacks of interprofessional collaboration are rooted in the cultural shift required when interprofessional collaboration is introduced to a primary care setting." This was echoed by others participants who stated fields like social work and medicine have different foci and views. Some participants highlighted different education and training of the professionals involved as a possible contributor to challenges. Although most participants spoke about their placements in terms that indicated there was a commitment to interprofessional collaboration, others highlighted team members who were more reluctant to commit or demonstrated lack of respect for certain professions.

Discussion

Student Perceived Benefits and Barriers of Engaging in Interprofessional Practicums

Participants identified both benefits and barriers for engaging in interprofessional practicums. As with prior studies (Charles et al., 2011), in addition to the benefits of overall exposure to interprofessional concepts and processes, this practicum allowed fellows, who were in the mental health and addiction concentration, specific opportunities to see how social work and mental health concepts are integrated into the healthcare field in an interprofessional manner. Consistent with the literature (Lumague, 2006; Salm et al., 2010), this allowed fellows to see different areas of social work practice, different types of social workers, and a variety of professional disciplines. Several participants reported newfound respect for social work due to how the social workers carried themselves and were valued by some doctors, which aligns with the findings of Salm et al. (2010).

Many barriers appear to stem from the fact that these placements were newly formed partnerships between the grant team and the university. The process of recruiting agencies and field instructors can be challenging (Greenblatt et al., 2019), and these interprofessional practicums were outside previously established university-agency field placements. Developing that working relationship with agencies and individual supervisors took time, as did the elimination of placements with agencies or supervisors who were unable to serve effectively as fellowship sites. This seemed particularly challenging as

opportunities for interprofessional experiences within sites required support and time from all involved professions. Additionally, as indicated by some students' observations, sites varied in their level of investment and immersion in interprofessional values and practices.

Some barriers appear to have emerged because this practicum was "supplemental" and thus may not always have been given full commitment by fellows or supervisors. This can be expected as students were already attempting to balance courses and their advanced practicums in addition to other responsibilities like employment and family. As this additional practicum became more formalized in the second cohort, fellows faced an unanticipated hurdle of having to go through an orientation process which led to unexpected delays in starting dates. This was addressed in Cohort 3 by reducing the total required time, which allowed all fellows to be certified in the first eight weeks of the academic year and to begin their practicum on their planned start date. However, there were still issues due to sites dropping out, which resulted in about a third of Cohort 3 going through the orientation process in September only to have it not be required by their new site once they were finally placed in March. Additionally, this truncated time contributed to some students' beliefs that they were not fully invested in by their supervisors, which is reflected in the literature about shortened practicum experiences (Gough & Wilks, 2012; Greenblatt et al., 2019; Vassos et al., 2018).

It is important to note students' individual experiences seemed to vary greatly in part due to their own levels of advocacy for an enhanced experience. Students who were comfortable within their sites and took more initiative were more likely to ask for experiences like shadowing other professionals to increase their learning. This occurred throughout the three cohorts, which is significant because only Cohort 3 was given explicit instruction in how fellows should spend their time, such as shadowing other team members during times of inactivity. Cohort 3 also had the benefit of a new grant team member who occupied a newly formed position, which was solely dedicated to the interprofessional practicums in order to address placement and communication issues. Despite improvements, some Cohort 3 fellows claimed they did not engage in sufficient direct practice learning experiences during their practicums and were unsure how they might have rectified this. Some students and placement sites were unsure of expectations, which is an issue also found in the literature (O'Leary et al., 2019). Similarities and differences among experiences of the different cohorts suggest an interplay of factors, such as student assertiveness regarding learning needs, program communication of expectations, and site capacity to provide learning experiences, which contributed to the successes and challenges of this program.

A few participants from each cohort identified time taken away from their required practicum for the IPE placement as a drawback.. They reported frustration with shifting from direct practice with clients in the required practicum to observation in the interprofessional practicum. For some it felt like a step backward and not as valuable as the required practicum where they were able to practice and hone their skills. However, other fellows felt they did not spend enough time at their interprofessional practicums and the time should be expanded. While some university required practicum sites allowed students to use their additional practicum hours as part of their required hours, others did not; this resulted in differences in total hours spent at the required practicum, which may

contribute to varying student perspectives on time spent at each practicum and overall time commitments.

Understanding Concepts and Techniques of Interprofessional Collaboration

With regards to the second research question, it appears students participating in interprofessional practicums within a primary healthcare setting are able to gain a well-rounded understanding of interprofessional concepts and techniques through their observations. Students were able to define interprofessional collaboration in ways that mirrored what is found in the literature and demonstrated a strong comprehension of the concept. Fellows remarked that multiple professionals from various backgrounds must work together in a coordinated effort to help clients. This acknowledgment of mutual respect and shared values mirrors competency 1 of IPEC's four core competencies (IPEC, 2016).

The importance of knowing not only one's role but others' roles on the team is also a core competency of interprofessional collaboration (IPEC, 2016). This too was highlighted by participants as they discussed the value of social workers within primary healthcare teams, particularly their holistic and strengths-based approach and their skills with advocacy and relationship building. The participants, particularly those who had fewer interactions with medical professionals, often believed social workers acted as bridges or mediators between the client and the rest of the treatment team, demonstrating competencies about interprofessional communication and team work (IPEC, 2016). This was often discussed in contrast to the medical team members who participants perceived as less empathetic, less informed about community resources, and more concerned with the biomedical aspects of patient care than the social and emotional aspects.

Despite, seeing examples of the IPEC's (2016) four core competencies in action, not all participants witnessed them as they should play out. One example of this involves the competency of having and using the knowledge of one's own role and others' roles to address the needs of the patient (IPEC, 2016). In this example provided by a participant, a doctor did not know that the social worker in the office could assist with transportation needs of the patient struggling to make appointments. The patient missed several appointments with this doctor because of this and their immediate health needs were not being met during this time. This is just one example of the importance of roles and responsibilities in interprofessional care and how not all team members may be aware of all the knowledge and skills each member possesses.

Though positive experiences may have enhanced fellows' views of social workers, it could also have also reinforced their own biases or stereotypes about doctors and other medical professionals. Even those who reported positive experiences with the doctors they observed in meetings, indicated holding different initial expectations of other professionals' behavior. For example, one participant praised a doctor for being present and asking others for their opinions. This practice is a basic expectation of interprofessional collaboration, and the recollection of it as noteworthy might indicate an existing bias towards the expectations for the more medical or more prestigious team members. It might

also accurately reflect differences in standards to which professionals on the team are held, specifically doctors, as compared to social workers.

Participants highlighted many benefits of interprofessional collaboration found in the literature, such as clients receiving holistic treatment (Lalayants, 2013), achieving desired results (Drinka & Clark, 2000), and having the convenience of multiple providers in one location (Lalayants, 2013). This occurred throughout all three cohorts, indicating that being in an interprofessional practicum for 32 hours compared to 64 hours was sufficient for fellows to witness and improve their knowledge about interprofessional collaboration.

Participants also witnessed and highlighted common drawbacks found in the literature, such as power differentials (Ambrose-Miller & Ashcroft, 2016; Frost et al., 2005; Magnuson et al., 2012; Rose, 2011; Salhani & Charles, 2007), lack of understanding team members' roles and responsibilities (Ambrose-Miller & Ashcroft, 2016; Brown et al., 2011; Frost & Robinson, 2007; Lalayants, 2013), and the time-consuming nature of communication necessary for effective care (Lalayants, 2013; Lewandowski & GlenMaye, 2002). Again, these themes occurred across all cohorts regardless of the agency or the length of the practicum.

Limitations

Even though participation in this program had considerable benefits for these MSW students, the study has limitations common to qualitative analysis, including lack of generalizability. Participants who selected to apply for this program may already have been more attuned to interprofessional collaboration concepts than the average MSW student. Not only were the students selected based on established criteria, but the interprofessional sites were also. Sites used in this study may already possess a greater degree of commitment to preparing professionals for interdisciplinary practice than peer agencies. It should also be noted that less than a third of the fellows participated in this study, which may affect how representative the findings are to the fellows as a whole.

Additional limitations may result from the mix of focus groups, group interviews, and individual interviews. Researchers intended to use solely focus groups but altered those plans as the grant progressed. As such, some participants were able to respond to each other's responses while others were not. Conversely, some focus group participants may have shared more in an individual format. Previous studies using individual and group interviews to collect data show mixed results regarding which format is more likely to result in the sharing of sensitive information (Guest et al., 2017; Kruger et al., 2019). While this study did not ask participants to share sensitive personal information, it did ask them to share positive and negative experiences with their site, and it is feasible some participants' sharing could have been influenced by what others shared or did not share in their focus group.

Additionally, there is overrepresentation from the last cohort of the grant. By Cohort 3, the grant team had adjusted the interprofessional practicum based on feedback from the first two cohorts' focus groups, which resulted in improved site selection and communication of expectations. The grant team's use of data to modify the program and

select beneficial sites might have factored into the apparent absence of negative effect from Cohort 3's reduced time requirement. The expectation would be that these changes would alter the findings from the last cohort's focus groups. Though many of the same themes emerged from all three cohorts, available data does not indicate the extent to which changes made during the grant had an impact on the study outcomes.

Implications and Recommendations

As IPE continues to grow, it is important that social work programs not only have a seat at the table but also act as leaders and continue to find new, innovative, and effective ways to disseminate IPE concepts to future social workers. Interprofessional practicums are an example of this and should continue to be explored and examined. They might also offer a less resource-intensive alternative for MSW programs, compared to symposiums, conferences, or simulations in which students from multiple disciplines are brought together. The benefit of such programs is established, and dedicated practicum experiences could easily be added to an existing IPE model.

Within themes regarding improvement, there are clear recommendations for others seeking to incorporate a primary care component into the advanced practicum. It is essential to ensure that all those involved, including students and sites, have a clear understanding of learning objectives and general expectations. Program developers are recommended to give themselves ample time to recruit diverse placement sites staffed with sufficient social workers dedicated to provide beneficial learning experiences for students. This relationship is important in order to have quality sites that offer the appropriate level of exposure to interprofessional collaboration. Ensuring there are robust placement options can reduce pressure on individual sites, mitigate negative effects that may lead to sites refusing to accept students, and allow students greater choice, which may increase their investment in the learning experience. Finally, MSW programs should consider offering training to students prior to and outside of their placement sites if they intend to use shortened timeframes so that students are better prepared to engage in the learning process once they reach their sites. This training should cover both general interprofessional skills as well as site-specific training if possible. If such training was offered with a large group, the need for site supervisors to continuously train a rotation of students would be reduced.

Furthermore, when developing interprofessional practicums, learning objectives should be prioritized within the time allotted. . Based on the findings of this study, practicum length is not necessarily the primary determinant of quality. Although longer periods of time may allow for greater familiarity and comfort for some students, social work programs should not disregard shorter placement options in which students can observe interprofessional practice in action. However, it would likely be better for all if IPE exposure and training was incorporated into their existing practicums.

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