

Interprofessional Collaborating: A Model That Prepares Undergraduate Teachers and Social Workers for Interprofessional Practice in Schools

Doris Testa¹ & Kerry Renwick²

¹ College of Health and Biomedicine, Social Work, Victoria University, Melbourne, Australia

² Kerry Renwick, Department of Curriculum and Pedagogy, Faculty of Education, University of British Columbia, 2125 Main Mall Vancouver, BC, V6T 1Z4, Canada

Correspondence: Doris Testa, Ballarat Road, Footscray, PO Box 14428, Melbourne Vic 8001, Australia. E-mail: Doris.Testa@vu.edu.au

Received: May 26, 2020 Accepted: July 7, 2020 Online Published: August 20, 2020

doi:10.5539/hes.v10n3p123

URL: <https://doi.org/10.5539/hes.v10n3p123>

Abstract

The Health Promoting School (HPS) premises its approach on interprofessional collaboration. Despite this, there are few studies into how Australian, Victorian social workers and teachers prepare for interprofessional collaboration within health promoting schools. There are few studies into how undergraduate social workers and teachers understand the HPS school setting and the role of social workers and teachers in promoting educational achievement and wellbeing within a HS school site. There are even fewer studies in how undergraduate social workers and teachers experience units of study delivered using interprofessional education (IPE) approaches.

Keywords: interprofessional, social work, teaching

1. Introduction

1.1 Interprofessional Practice in School Sites: Preparing Undergraduate Teachers and Social Workers

Health Promoting Schools (HPS), drawing on the socio-ecological discourse, reflects the multidirectional complexity and dynamic interplay among factors operating within and across respective levels from macro (societal) through to micro (individual) levels, argues that educational outcomes are influenced by the many social, economic and environmental contexts in which children and young adults live and how these, in turn, interact with individual aptitudes and experiences to advantage or disadvantage wellbeing and achievement (Testa, 2010; McLachlan, 2013; Upadyaya & Salmela-Aro, 2013).

In the HPS curriculum, policy, organisation, partnerships and services and organisation, ethos and environment strive to address the structural social, economic, educational, political impediments to successfully completing schooling (WHO, 2000). For a school community to build and strengthen its health promotion capacity and provide a range of integrated support and services that address the structural social, economic, educational, political impediments to successfully completing schooling, key stakeholders must enter into interprofessional partnerships and activities (Cross, Green, Tones, & Woodall, 2015; Gould, Lee, Berkowitz, & Bronstein, 2015). However, interprofessional collaboration is easier to theorise than it is to practice (Renwick, 2006).

There is an assumption that teachers and health professionals that enter into interprofessional collaborations, that is, into collaborative and coordinated partnerships that are participatory and have shared decision-making processes are prepared, through interprofessional education, to work interprofessionally. (Bridges, Davidson, Soule Odegard, Maki, & Tomkowiak, 2011). This article reviews literature on interprofessional collaboration (IPC), between teachers and social workers, then canvasses literature on the theories underpinning interprofessional education (IPE) and university approaches to interprofessional training. Finally, this article reports on a unit of study delivered to a combined group of undergraduate social workers and teachers who may, in the future be working in the school site to improve outcomes for students through the provision of information, resources, and other services.

1.2 Interprofessional Collaboration, Teachers and Social Workers

IPC requires a paradigm shift and willingness to engage in continuous reflection, interaction and knowledge

sharing (Thistlethwaite and Moran, 2010). Additionally, effective IPC is shaped and characterised by respect for professional cultures, values and beliefs, by the attention to legal and ethical boundaries, and by reciprocal mentoring, feedback, problem solving and supervision (Suter, Arndt, Arthur, Parboosigh, Taylor and Deutschlander, 2009). Notwithstanding the need for professionals to work together, to reconcile their discipline differences and opposing views if they are to work collaboratively, cohesively and in an integrated and interprofessional manner (Testa, 2016; Renwick 2006), it is often difficult for health professionals to work within schools (Testa, 2010; Edwards, Lunt, & Stamou, 2010; Maury, 2014; Nutbeam, 2004). Research indicates that teacher/social worker interprofessional collaboration is not always successful, for a tendency for teachers not to understand the role of health professionals, for social workers to remain siloed in their approaches to wellbeing and achievement (Testa, 2016) and for IPC being difficult, challenging and unconstructive (Chilton, Pearson, & Anderson, 2015; Smith, Tang, & Nutbeam, 2006). D'amour & Oandasan, (2005), and Hean, Craddock, Hammick, & Hammick (2012) suggest that preparation for IPC in the HPS needs to occur *prior* to graduation via interprofessional education with the approach most suited to preparing for IPC to be interprofessional education.

1.3 Interprofessional Education (IPE)

Underpinned by Adult Learning Theory (ALT), with roots in social constructivist theory, a view that learning is socially situated and knowledge is constructed through interaction with others, IPE engages the learner in problem solving, reflection and critique, challenges discipline attitudes and beliefs and provides a space for learners to critically reflect upon personal and professionally held assumptions (Gould et al., 2015). The strength of ALT is that it increases learners' openness to the perspectives of others and leads to less defensiveness of discipline positions and more acceptance of new ideas and perspectives (Hean et al., 2012). The educator's role in ALT is as "facilitator" rather than "expert", enabling and mediating the teaching and learning tasks (Curran, Sharpe, Flynn, & Button, 2010). Using diverse teaching and learning strategies, for example; workshops, web-based learning, self-directed and/or group strategies, the facilitator assists the learner to activate prior knowledge, build on existing knowledge and construct new knowledge (Bridges et al., 2011; Hean et al., 2012).

Sevin, Hale, Brown and McAuley (2016) instruct that IPE is more than simply *learning alongside* each other by being in the same room as each other. Rather, IPE is defined as "occasions when two or more professions learn *from* and *about* each other to improve collaboration and the quality of care" (Canadian Interprofessional Health Collaborative Collaborative, (CIHIC) 2010, p. 8). IPE program delivery ranges from offerings of standalone units where undergraduates from different disciplines learn together to practice learning in the field, learning together in real life situations, or where undergraduates combine to deliver interventions to clients. Methodologies for IPE include simulations, small group or web-based discussions, problem-based case discussions (Sevin, Hale, Brown, & McAuley, 2016).

Within a university setting, IPE approaches that bring students of different disciplines together produce positive outcomes enabling students to understand others' professional roles their skills and responsibilities, break down professional stereotypes, and help clarify discipline roles and responsibilities (Forte & Fowler, 2009; Olenick, Allen, & Smego Jr, 2010). Researchers have found that IPE, when it occurs within a "community of professions", offers opportunity for undergraduates to be challenged on intrapersonal, interpersonal and community bases, creates opportunity for dialogue with others, creates chances for learner to consciously understand both personal and other's worldview (Gilbert, 2014), enhances teamwork skills, and in cases where the approaches are "hands on" and experiential, and if the learning utilises problem-solving skills and activities, the learning is more effective (Forte & Fowler, 2009) and helps raise awareness of, crossover and overlap in knowledge and skills and a realization of professional limitations (Gilbert, 2014).

Despite the potential of IPE, researchers have observed that current approaches to undergraduate courses maintain the professional distances between professionals, that content remains discipline specific rather than canvassing discipline commonalities or making connections between content and facts (Cox, Sullivan, & Button, 2012). Gilligan, Outram and Levett-Jones (2014) argue that IPE is yet to produce evidence that undergraduates engaged in interprofessional training value their learning or see this learning as integral to their future practice. Carpenter and Hewstone (1996) established that IPE can worsen attitudes while Yarborough, Jones, Cyr, Phillips and Stelzner's (2000) longitudinal study indicated that different professions may vary in their support of IPC and IPE in general. Gilligan et al (2014), in their study of the extent to which Australian and New Zealand universities offer interprofessional learning, have noted the majority of the offerings do not fit the accepted definition of IPE (i.e. learning with, from and about other professions). In HPS, literature signals the need for teachers and social workers, and indeed all health professionals, to develop interprofessional skills and knowledge, an understanding of the discreet roles and responsibilities and commitment to creating shared outcomes in the delivery of school programs (Bronstein, Ball, Mellin, Wade-Mdivanian, & Anderson-Butcher,

2011). To date, there has been little research into the preparation of undergraduate social workers *with, from and about* undergraduate teachers and undergraduate teachers learning *with, from and alongside social workers* using IPE approaches.

This article reports on *one aspect* of the delivery of one standalone IPE unit, *Schools and student wellbeing* delivered over three, five-hour days to undergraduate teachers and social workers: interprofessional collaboration and participants' assumptions, beliefs, and attitudes towards each other's professional group, changes, if any, on future interprofessional collaboration when in the school site.

1.4 Unit of Study: Schools and Student Wellbeing

Underpinned by the view that interprofessional collaboration cannot be mandated, rather it requires the professional, albeit the emerging professional, to understand their own practice and that of others as experiential and contextualised (Green & Green, 2009), the teaching pedagogy was informed by ALT, situated within the constructivist theoretical paradigm, that is, activities were designed to enhance the participants co-construction and understanding of Schools and student wellbeing. Aware of evidence that suggests modelling as an effective teaching tool for interprofessional learning (Cox et al., 2012), the unit, *Schools and student wellbeing*, was facilitated by one lecturer from the College of Education, and one from the College of Social Work, present for all sessions and sharing the lecture and tutorial input. Each day had a different theme: *Schooling and social justice, health promotion, and collaboration*. The program logic was designed to firstly introduce students to international and national education policy context, then to the HPS and the health determinants implicated in positive or adverse educational achievement and finally to the interprofessional collaboration that can be brought to the school site to positively influence children and young adults' wellbeing and achievement.

Situated within ALT theory, activities involved didactic and whole group discussions, group presentations, problem-based learning, essays, video reviews, guest speakers, self-directed daily entries to discussion board space and formal lectures. These activities were in keeping with IPE's pedagogical goal to provide a space for learners to critically reflect upon personal and professionally held assumptions (Gould et al., 2015).

2. Method and Methodology

The qualitative research project aimed to explore whether undergraduate social workers and teachers ("participants") changed their assumptions, beliefs, and/or attitudes towards each other's profession as a consequence of their participation in the *Schools and student wellbeing* unit of study. Using purposive sampling, the overall qualitative approach used in this project falls within the constructivist epistemology and critical social research tradition (Henn, Weinstein, & Foard, 2009). Conducting research using the constructivist lens and critical social research tradition, provided the opportunity for participants to describe their experiences according to what they viewed as important (Patton, 2002), particularly in the area of the school as a site for health promotion.

The specific research questions were:

1. How did participants understand interprofessionality?
2. To what extent did the IPE methodology of the unit *Schools and student wellbeing* assist in changing discipline understandings of and contributions to student achievement and wellbeing?

2.1 Ethics

Using undergraduates in research is not without ethical problems and risks, particularly when the researcher is responsible for teaching the undergraduates being researched (Bell & Nutt, 2002). Risk minimisation included emailing the invitation to participate in the project *following* the completion and assessment of the unit, thus ensuring that students did not feel compelled to participate in the research. Following ethical approval from VU's Human Research Ethics Committee (HRE13-208), participants were asked for permission, via email, for access to their Discussion Board entries for inclusion in the data analysis. Plain Language Statements and Consent Forms were attached to the email sent to participants via VU student email address and return of Consent Forms be requested via VU email. Deidentified student evaluations of the unit were available through the VU evaluation system. Using purposive sampling, an invitation to participate in the research yielded thirty-three participants. Twenty undergraduate social work students and thirteen undergraduate teachers, who agreed to have their discussion board entries accessed by the researchers.

2.2 Data Collection

This data was drawn from the Student Evaluation of the Unit (SEU). The SEU is a University generated survey to all students who completed the unit. The SEU invites students to anonymously complete the survey of ten

questions and rate, on a Likert scale ranging from strongly agree to strongly disagree, their satisfaction of the unit teaching. Providing data on whether the lecturers were “facilitators” as is central to IPE (Curran et al., 2010) the researchers drew on the students’ SEU responses to the question: *Do you have any comments about the teaching of this unit?* Data was drawn from two places: students’ contributions to the discussion boards and student evaluations of the unit. Using prompts (Table 1), students noted their thoughts, insights, and/or new perspectives on the theme and content of the day. Student comments on the lecturers’ co delivery of the unit was examined for insights into whether the co delivery of the unit by two discipline lecturers added further to the students’ understanding of the merits or otherwise of interprofessionality.

3. Data Analysis

During the unit students were invited to respond to the unit content through entries and responses to teach day’s Discussion Board area. The discussion board entries analysed numbered 119 and represent 18% of the posts entered by the cohort undertaking the unit *Schools and student wellbeing* during 2011-2014. The sample size was sufficient to capture and exploring the student experience (Emmel, 2013). Narrative analysis was used to extract themes (Liamputtong, 2013). Appropriate to qualitative research and rigorous data analysis, the researchers undertook several close readings of the data, firstly thematically combining the explicit data, secondly combining themes prior to the interpretation and identification of key points (Patton, 2002; Stake, 2000). The iterative analysis allowed for interpretations and revised interpretations of the data (Liamputtong, 2013).

Analysis of Discussion Board entries were coded and cluster coded using NVivo™ (QSR International). Initially, data were analysed for changes in how participants understood justice, health promotion and interprofessional collaboration and whether participants changed their views on each topic and theme and what they perceived as helpful or hindering in the delivery of the unit. Data analysis looked for participant statements expressing new insights or views on justice, health promotion and/or interprofessional collaboration. For example, regarding interprofessional collaboration, researchers analysed the data for shifts from a siloed professional mindset to an interprofessional mindset: *“I could understand the ways in which social worker and teachers can collaborate”* (Jana – tch).

3.1 Findings

Overall the participants acknowledged that children and young adults’ wellbeing was critical to student achievement and that teacher and social work expert skills and knowledge can contribute to children and young adults’ wellbeing and achievement. Drawing on their peer-to-peer interactions through the daily discussion board contributions, participants indicated that involvement in the unit facilitated new understandings in each of three themes presented during the unit delivery (Table 1). The data presented in this article concentrate on one aspect of the unit: *Collaboration*.

All data has been de-identified and actual names of participants replaced with a pseudonym, followed by the study abbreviated, for example, Audrey - sw and Nick - tch. Participant quotes used throughout the following section are representative of the discussion board comments. Findings suggest that delivering a combined unit of study to undergraduate social work and teaching students using IPE approaches, facilitates new insights and appreciation for future interprofessional collaboration in school sites.

How did participants understand interprofessionality?

To bridge the epistemological differences between social work and teaching and challenge tribal boundaries, when delivering the unit the input and activities of each daily session emphasised and modelled interprofessional collaboration. Focussing on each profession’s concern for the welfare and wellbeing of young people, families within the school community, lectures and tutorial activities exposed participants to the importance of intersectoral actions that address wellbeing and achievement. By highlighting the “common ground” shared by social workers and teachers, input and activities concentrated on how to build trust and collaboration between professionals and their organisations. For example, participants explored how, using their different professional mandates, they could adopt strategic and collaborative approaches to address the wellbeing and achievement within the school community as well as with other support services and in partnership with community agencies. Activities concentrated the assumptions and thoughts, thus challenging the internalised cultural/professional habits and the determining ways in which professional discourses may predispose teachers and social worker to act, think and feel about teachers, social workers and schools (Gilbert, 2014). Didactic and group discussions concentrated on IPC, various models of collaboration and different levels of collaboration. Combined, the delivery approach and unit content shifted a silo-ed mindset.

Findings indicated that all participants grasped the commonalities and different foci in professional values and

ethics and each discipline's contribution to wellbeing and student achievement. This shift is captured in Jana (sw) comment:

I could understand the ways in which social workers and teachers can collaborate. This really gave me an insight into the role of social workers. (Nell -tch)

Participants of both disciplines highlighted shared values, the importance of sharing common goals and negotiating the distinct professional input to school-based initiatives if IPC was to be effective. As Shani and Julie stated:

I believe that the values of both a teacher and social worker are looking to improve the needs of the individual student. (Shani- tch)

Day Three highlighted for me the absolute imperative of shared goals and asking all the what, why, who and how questions. For example: How will a shared approach make a difference? (Julie -sw)

Data indicated that social work participants clarified and disputed their previously held assumptions about schools. An emerging appreciation and revision of how social work participants thought about the role and complexity of schools is evident in Eve's comment:

I found that thinking about wellbeing highlighted my assumptions about schools and their many responsibilities. (Eve- sw)

This common ground appreciation led some participants to recognise in themselves the evolving respect for each other's discipline skills and knowledge and the advantage of working collaboratively within the school site:

Today involved my growth in valuing and respecting collaboration work. Working with each other to do a task and to achieve shared goals is the idea of collaboration. (Kristi – sw)

Addressing interprofessional practice, participants expressed an emerging understanding and clarification of how different knowledge and skills can combine to benefit at risk children and young adults. Importantly, understanding, not only how interprofessional skills and knowledge can combine and recognise each profession's unique capacity to contribute to children and young adults wellbeing and achievement, refining theory and using multiple lenses to understand wellbeing and achievement, participants came to appreciate the many factors that impinge on wellbeing and achievement. As Ayan (sw) reflected:

Despite the risks within the family, community and the broader society, some young people manage to overcome and at times succeed. It highlights the value of protective factors. As a social worker, it is important to not just intervene with services but also identify and use protective factors as resources. The partnership between families, schools, and community could help to challenge risk factors and support health promotion. (Ayan's - sw)

Nicole's (tch) comment typifies the reflections entered by six of the undergraduate teacher participants regarding the importance of and reason for interprofessional practice:

I believe if teachers and social workers can build up a strong working relationship with one another then children will be provided with the best possible learning opportunities.

Tim (tch), reflecting the insight of five undergraduate teacher participants, named the new insight he came to when considering interprofessional collaboration:

[Day Three's] session, reinforced (in fancy lingo!) the idea that schools can be a powerful vehicle for social justice and structural change. I also gained a new perspective on the importance of collaboration, the need for parents and carers to be involved in the schooling of their child.

The challenges of interprofessional collaboration were not lost on participants. These participants voiced the internalised ways of thinking that could become blocks to successful IPC. Some participants highlighted the taken for granted professional assumptions that could frustrate interprofessional collaboration and the need for clear communication:

When teachers and social workers, from different professional cultures and languages, focus on one outcome, it would be easy to make assumptions of mutual understanding of the issue. Communication and transparency will require patience and consistency from both parties. (Bihn - sw)

For other social work participants, new insights triggered their thinking on the role and importance of working collaboratively, cohesively and in an integrated manner within the school site:

It got me thinking about the role of teachers and social workers and how they need to both work for just

practices. (Anna sw).

While some others acknowledged and became aware that they shared common goals:

Teachers and social workers are committed to working together to address issues and support children who are disadvantaged. (Akai sw)

Recognising the professional tensions that may arise when social workers and teachers, have differing opinions and values, some participants expressed the view that the key to successful collaboration was role definition:

The session was useful in the way it did clarify the role of the social worker in the school environment and how difficulties may arise when working with teachers who may have differing opinions and values to a social worker. (Emma - tch)

Participants were firm in their view that social workers and teachers needed to develop successful interprofessional collaborations as well as an understanding of the complexity of such collaborations. Maddison's and Rachel's discussion board entries typify these insights:

Today I found it particularly interesting learning about collaboration. There are so many aspects of collaboration that are required for social workers in a school setting that I did not recognise before studying. There really is a holistic approach and the community, teachers, parents, other disciplines, government policies and health promotion are all a part of the same team who work together to better student's wellbeing. (Maddison - sw)

Collaboration is the key. This has given me a huge insight into what support is needed within schools from both an education area and a social work area. (Rachel - tch)

To what extent did the IPE methodology of the unit, 'Schools and student wellbeing', assist in changing discipline understandings of and contributions to achievement and wellbeing?

Student feedback, via the anonymised SEUs, incorporated comments about the facilitators, the process followed throughout the course, and the actual content taught. The facilitators' approach to the delivery of the unit, *Schools and student wellbeing*, was situated with the ALT and constructivist learning theory. In line with the constructivist learning theory, participants indicated their opportunities to actively engage in the teaching and learning activities *within* and *across* discipline groups was critical to their learning:

The structure of the unit, the different activities helped name and think through how social workers can help in schools. (Nell - tch)

I had an opportunity to really think and learn about wellbeing and achievement from the teachers' viewpoint. (Akai - sw)

Participants highlighted the modelling of interprofessional collaboration as critical to their experiences. Describing the facilitation as "*excellent modeling*", "*collaborative*" and "*complementary*", participants affirmed the delivery of the unit by social work and education lecturers as significantly enhancing the program and giving credibility to IPC. Similarly, the use of diverse formats and educational strategies were acknowledged as integral to the learning "*alongside, from and with*". Indicative of this affirmation, participants described the process as "*very interactive*", "*hands on*" and "*opportunity to learn more about schools and student wellbeing*", "*relevant to social workers and teachers*" and as providing "*opportunity to work collaboratively with social work and teaching students*". Attaining an appreciation of the link between wellbeing and achievement, most of the teaching students were critical of the unit's elective status and were particularly robust in their view that the unit should be compulsory within their undergraduate degree. As one responder noted:

As an education student, I feel that this unit would be an essential addition to the core subjects. Student welfare is a major part of our jobs. (Zainab-tch)

4. Discussion

The professional preparation for IPC in the school site, offered to third and fourth undergraduate social work and education degrees, through the unit, *Schools and student wellbeing*, involved social work and education students engaged in a process of collaborative learning. The unit, built on accumulated disciple skills (Curran, 2014) and sought to mitigate against educators and social workers beginning their careers with limited training and experience related to interprofessional collaboration and who thus may have difficulties managing such relationships (Smith et al., 2006). Additionally, this unit worked to socialise emerging social work and teaching professionals into interprofessional collaboration. Data indicated that, over three days, participants had shifted their understanding and perceptions about the major policy debates surrounding the justice discourses lenses and

policy approaches, health promotion, wellbeing and achievement and interprofessional collaboration. This shift positively predisposes participants of both disciplines to appreciate the common ground they share when working interprofessionally in the school site (Hean et al, 2012).

Reflecting IPE pedagogy (Barr, 2009), students *learnt with, from and about* the other's profession. Addressing the core aims of IPE, the program logic concentrated on participant attitudes and beliefs, as well as discipline knowledge and skills needed for both professions to focus on children and young adults' achievement and wellbeing (CIHC 2010, Thistlethwaite, & Moran, 2010). Providing a common space for participants of each discipline to engage in discussions about the epistemological commonalities and differences (Gilbert, 2014) assisted in breaking down stereotypical thoughts and transformed the previously held beliefs of how social workers are predisposed to act, think and feel about teachers and schools, and teachers about social workers (Gilbert, 2014). In this sense, the tribal boundaries were permeated and interprofessional approaches to the promotion of wellbeing and achievement were promoted as a replacement to the previously held professional positions (Hean et al, 2012). These emerging attributes of insight and new interprofessional awareness counter the noted difficulties that Suter et al., (2009) name as fixing professionals within their discipline silos and goes some way in facilitating achieving IPC into the future. By addressing learners/practitioners understanding of their own and other professionals' role in meeting student wellbeing and educational needs (Bridges et al., 2011; D'amour & Oandasan, 2005; Thistlethwaite and Moran, 2010), participant capacity was built for respectful and confident IPC into the future (Nutbeam.2014).

Ensuring that students jointly built their understanding of student wellbeing and student achievement and developed a shared interprofessional language to discuss policies, practices, and approaches to children and young adults' wellbeing and achievement meant that teaching and learning activities did not marginalise participants along the lines of discipline skills and knowledge. Rather a joint focus on commonalities and connections (D'amour & Oandasan, 2005) amongst the two professions; education and social work, mitigated against the potential dissonance (Morrison & Glenny, 2011) that could, into the future, frustrate interprofessional collaboration was challenged. Entries to the discussion boards indicate that, given the opportunity, students engaged in conversations regarding interprofessional collaboration. Further, data affirmed that the facilitators' modelling of interprofessional collaboration and their use of IPE approaches and strategies engaged participants in working collaboratively and in dialogue with each other, with mutual trust and respect to shape and deepen teachers' and social workers' understanding of justice, wellbeing and interprofessional collaboration (Curran et al., 2010; Hean et al., 2012).

5. Limitations

The authors acknowledge that this small qualitative data can only present a narrow view of the success or otherwise of the *Schools and student wellbeing* unit and give only a snapshot of a particular group of students. Thus, findings cannot represent *all* IPE units delivered to social work and teaching undergraduates. Nor can the outcomes predict if the learning, new insights, knowledge and/or revised attitudes will carry over to into the participants professional practice. However, the purpose of qualitative research is to understand a challenge at a deeper level rather than to generalise, so this project is reported to give additional insights into how IPE can be used with graduates *prior* to professional employment within the school site and contributes the voice of undergraduate teachers and social workers to IPE endeavours.

6. Conclusion

The development of interprofessional skills and knowledge dismantles professional silos. This IPE experience illustrates the value of the opportunity to experience how two professions collaborate to bring their professional skills and knowledge to the teaching and learning space in ways that practically demonstrate a collaborative endeavour. Data evidences that, given opportunities, undergraduates who may eventually work in the school site, welcome interprofessional dialogue and are well able to focus on a common socio ecological vision for children and young adults' wellbeing and achievement. Further, an IPE unit assists emerging teachers and social workers to shape their professional identities while also developing an appreciation for the professional identities of each other.

The capacity for universities to provide IPE is critical to bridging rhetoric and reality when it comes to effective interprofessional education and, eventually, interprofessional practice. If the teaching and social work professional "tribalism" and the ingrained professional stereotypes and attitudes are to be dismantled, it is not enough to increase knowledge about justice, health promotion and student achievement and wellbeing. Educators must capitalise on the prime position that they occupy and guide undergraduates through a transformative process, facilitating an adjustment in their professional lens and capacity to view situations from another's

perspective.

References

- Australian Association of Social Work. (2012). *Australian social work accreditation standards*. Canberra: AASW. Retrieved from <https://www.aasw.asn.au/>
- AASW. (2015). *Professional practice statement: School social work*. Victoria: AASW. Retrieved from <https://www.aasw.asn.au/document/item/6265>
- Australian Qualifications Framework Council. (2013). *Australian Qualifications Framework*. Retrieved from <https://www.aqf.edu.au/sites/aqf/files/aqf-2nd-edition-january-2013.pdf>
- Barr, H., & Ross, F. (2006). Mainstreaming interprofessional education in the United Kingdom: A position paper. *Journal of Interprofessional Care, 20*(2), 96-104. <https://doi.org/10.1080/13561820600649771>
- Bell, L., & Nutt, L. (2012). Divided loyalties, divided expectations: Research ethics, professional and occupational responsibilities. In T. Miller, M. Birch, M. Mauthner, & J. Jessop (Eds.), *Ethics in qualitative research* (pp. 76-93). Sage. London. <https://doi.org/10.4135/9781473913912.n6>
- Bellinger, A., & Testa, D. (2016). Student led services. In *Practice placement in social work: Innovative approaches for effective teaching and learning* (pp. 5-19). Policy Press. <https://doi.org/10.1332/policypress/9781447318606.003.0001>
- Bolin, A., & Sorbring, E. (2017). The self-referral affordances of school-based social work support: a case study. *European Journal of Social Work, 1*-13. <https://doi.org/10.1080/13691457.2016.1278521>
- Brake, A., Livingston, L., & Lyons, G. (2011). Tackling oppression in schools: Skills for school social workers. In P. Foreman (Ed.), *Inclusion in action* (pp. 368-386). Australia: Cengage Learning Australia.
- Bridges, D., Davidson, R. A., Soule Odegard, P., Maki, I. V., & Tomkowiak, J. (2011). Interprofessional collaboration: Three best practice models of interprofessional education. *Medical education online, 16*(1), 6035-6045. <https://doi.org/10.3402/meo.v16i0.6035>
- Bronstein, L. R., Ball, A., Mellin, E. A., Wade-Mdivanian, R., & Anderson-Butcher, D. (2011). Advancing collaboration between school-and agency-employed school-based social workers: A mixed-methods comparison of competencies and preparedness. *Children & Schools, 33*(2), 83-95. <https://doi.org/10.1093/cs/33.2.83>
- Charles, G., Bainbridge, L., & Gilbert, J. (2010). The University of British Columbia model of interprofessional education. *Journal of Interprofessional Care, 24*(1), 9-18. <https://doi.org/10.3109/13561820903294549>
- Chilton, R., Pearson, M., & Anderson, R. (2015). Health promotion in schools: a scoping review of systematic reviews. *Health Education, 115*(3/4), 357-376. <https://doi.org/10.1108/HE-03-2014-0033>
- Canadian Interprofessional Collaborative. (2010). *A national interprofessional competency framework*. Retrieved from https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf
- Carpenter, J., & Dickinson, C. (2016). Understanding interprofessional education as an intergroup encounter: the use of contact theory in programme planning. *Journal of interprofessional care, 30*(1), 103-108. <https://doi.org/10.3109/13561820.2015.1070134>
- Cox, D., Sullivan, M., & Button, P. (2012). Attitudes of undergraduate social work students toward interprofessional health care practice and interprofessional health care education. *Interprofessional Health Care Education, 1*, 37-52.
- Cross, R., Green, J., Tones, K., & Woodall, J. (2015). *Health promotion: planning and strategies*. Sage Publications.
- Curran, V. R., Sharpe, D., Flynn, K., & Button, P. (2010). A longitudinal study of the effect of an interprofessional education curriculum on student satisfaction and attitudes towards interprofessional teamwork and education. *Journal of Interprofessional Care, 24*(1), 41-52. <https://doi.org/10.3109/13561820903011927>
- D'amour, D., & Oandasan, I. (2005). Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept. *Journal of Interprofessional Care, 19*(sup1), 8-20. <https://doi.org/10.1080/13561820500081604>
- Emmel, N. (2013). Sample size. *Sampling and choosing cases in qualitative research: A realist approach*, 137-156. <https://doi.org/10.4135/9781473913882.n9>

- Edwards, A. (2012). The role of common knowledge in achieving collaboration across practices. *Learning, Culture, and Social Interaction, 1*(1), 22-32. <https://doi.org/10.1016/j.lcsi.2012.03.003>
- Edwards, A., Lunt, I., & Stamou, E. (2010). Inter-professional work and expertise: New roles at the boundaries of schools. *British Educational Research Journal, 36*(1), 27-45. <https://doi.org/10.1080/01411920902834134>
- Forte, A., & Fowler, P. (2009). Participation in interprofessional education: An evaluation of student and staff experiences. *Journal of Interprofessional Care, 23*(1), 58-66. <https://doi.org/10.1080/13561820802551874>
- Gilbert, D. J. (2014). Social work and engineering collaboration: Forging innovative global community development education. *Journal of Social Work Education, 50*(2), 292-304. <https://doi.org/10.1080/10437797.2014.885263>
- Gilligan, C., Outram, S., & Levett-Jones, T. (2014). Recommendations from recent graduates in medicine, nursing and pharmacy on improving interprofessional education in university programs: a qualitative study. *BMC medical education, 14*, 52. <https://doi.org/10.1186/1472-6920-14-52>
- Gonski, D., Boston, K., Greiner, K., Lawrence, C., Scales, B., & Tannock, P. (2011). The review of funding for schooling - Final report. Canberra; Australia. Retrieved from <https://docs.education.gov.au/system/files/doc/other/review-of-funding-for-schooling-final-report-dec-2011.pdf>
- Gould, P. R., Lee, Y., Berkowitz, S., & Bronstein, L. (2015). Impact of a collaborative interprofessional learning experience upon medical and social work students in geriatric health care. *Journal of Interprofessional Care, 29*(4), 372-373. <https://doi.org/10.3109/13561820.2014.962128>
- Green, B., & Green, B. (2009). *Understanding and researching professional practice*. Rotterdam, United Kingdom: Sense Publishers. <https://doi.org/10.1163/9789087907327>
- Henn, M., Weinstein, M., & Foard, N. (2009). *A critical introduction to social research*. London: SAGE.
- Hean, S., Craddock, D., Hammick, M., & Hammick, M. (2012). Theoretical insights into interprofessional education: AMEE Guide No. 62. *Medical teacher, 34*(2), e78-e101. <https://doi.org/10.3109/0142159X.2012.650740>
- Kelly, A.-M., & Lyons, G. (2011). Practicing successful inclusion. In P. Foreman (Ed.), *Inclusion in action*. (pp. 69-111). Australia: Cengage Learning Australia.
- Littlefield, L., Cavanagh, S., Knapp, R., & O'Grady, L. (2017). KidsMatter: Building the capacity of Australian primary schools and early childhood services to foster children's social and emotional skills and promote children's mental health. *Social and Emotional Learning in Australia and the Asia-Pacific* (pp. 293-311). Springer. https://doi.org/10.1007/978-981-10-3394-0_16
- Liamputtong, P. (2013). *Research methods in health: Foundations for evidence-based practice*: Melbourne: Oxford University Press.
- Maury, S. (2014). *Uplift: An empowerment approach to parent engagement in schools*. Good Shepherd Youth and Family Services: Victoria.
- McLachlan, R. (2013). *Deep and persistent disadvantage in australia-productivity commission staff working paper*. Australian Government Productivity Commission, Canberra, Australia.
- Morrison, M., & Glenny, G. (2011). Collaborative inter-professional policy and practice: In Search of evidence. *Journal of Education Policy, 27*(3), 367-386. <https://doi.org/10.1080/02680939.2011.599043>
- Nutbeam, D. (2004). *Theory in a nutshell: A practical guide to health promotion theories* (3rd Ed.), NSW: McGraw-Hill.
- Olenick, M., Allen, L. R., & Smego Jr, R. A. (2010). Interprofessional education: A concept analysis. *Advances in Medical Education and Practice, 1*, 75-91. <https://doi.org/10.2147/AMEP.S13207>
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks: CA: Sage.
- Renwick, K. (2006). *Health promoting schools - The right way*. Doctoral Dissertation, Victoria University, Melbourne, Australia. Retrieved from <http://wallaby.vu.edu.au/adt-VVUT/public/adt-VVUT20080303.170655/index.html>
- Sevin, A., Hale, K., Brown, N., & McAuley, J. (2016). Instructional design and assessment: assessing interprofessional education collaborative competencies service-learning course. *American Journal of*

- Pharmaceutical Education*, 80(2), 1-8. <https://doi.org/10.5688/ajpe80232>
- Smith, B. J., Tang, K. C., & Nutbeam, D. (2006). WHO health promotion glossary: New terms. *Health Promotion International*, 21(4), 340-345. <https://doi.org/10.1093/heapro/dal033>
- Spencer, D., Riddle, M., & Knewstubb, B. (2012). Curriculum mapping to embed graduate capabilities. *Higher Education Research & Development*, 31(2), 217-231. <https://doi.org/10.1080/07294360.2011.554387>
- Stake, R. (Ed.). (2000). *Handbook of qualitative research*. London: Sage.
- Suter, E., Arndt, J., Arthur, N., Parboosingh, J., Taylor, E., & Deutschlander, S. (2009). Role understanding and effective communication as core competencies for collaborative practice. *Journal of Interprofessional Care*, 23(1), 41-51. <https://doi.org/10.1080/13561820802338579>
- Testa, D. (2010). *Silos to symphonies social work and its contribution to student wellbeing programs within a Victorian Catholic School* [Theses]. Retrieved from <http://eprints.vu.edu.au/16068>
- Testa, D. (2016). 'Student-led services' in Bellinger, Avril and Ford, Deirdre (Eds) *Practice placement in social work: Innovative approaches for effective teaching and learning*. Chapter 1, pp. 5-20.
- Thistlethwaite, J., & Moran, M. (2010). Learning outcomes for interprofessional education (IPE): Literature review and synthesis. *Journal of Interprofessional Care*, 24(5), 503-513. <https://doi.org/10.3109/13561820.2010.483366>
- Upadyaya, K., & Salmela-Aro, K. (2013). Development of school engagement in association with academic success and well-being in varying social contexts. *European Psychologist*, 18, 136-147. <https://doi.org/10.1027/1016-9040/a000143>
- Victorian Institute of Teaching. (2016). The Victorian Teaching Profession Code Of Conduct. Retrieved from http://www.vit.vic.edu.au/__data/assets/pdf_file/0018/35604/Code-of-Conduct-2016.pdf
- World Health Organization. (1995). *Report on the workshop on school health promotion*. World Health Organization, Regional Office for the Western Pacific and the WHO Collaborating Centre for Health Education and Health Promotion Training and Health Education Department, Ministry of Health, Singapore.
- World Health Organization. (1978). *Declaration of Alma Ata*. Retrieved from http://www.who.int/publications/almaata_declaration_en.pdf
- World Health Organization. (2000). *Local action, creating health promoting schools*. World Health Organization. Retrieved from http://www.who.int/school_youth_health/media/en/sch_local_action_en.pdf
- Yarborough, M., Jones, T., Cyr, T. A., Phillips, S., & Stelzner, D. (2000). Interprofessional education in ethics at an academic health sciences center. *Academic Medicine*, 75(8), 793-800. <https://doi.org/10.1097/00001888-200008000-00009>

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).