

Reflections and unprompted observations by healthcare students of an interprofessional shadowing visit

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This paper reports work from a Centre for Interprofessional Practice in a higher education institution in the UK that offers four levels of interprofessional learning (IPL) to all healthcare students. The second level (IPL2) integrates professional practice into the learning process, requiring students to shadow a qualified healthcare professional (from a different profession) for half a day. Students complete a reflective statement upon their learning experience on their return. A study was undertaken to analyse students' reflective statements in depth to see their observations and reflections on the shadowing visit. Using frame analysis, 160 reflective statements were analyzed, identifying common words and phrases used by students, which were then grouped together under six themes. Three of these related directly to the assignment: communication styles and techniques; communication between healthcare professionals and comparison of students' own and other healthcare professionals' roles. Three themes emerged from student's own interpretation of observations and reflections made during the shadowing of a different professional: attitudes toward other professions; power structures between professionals and patients and between professionals and impact of communication on patient care. Interprofessional shadowing gives students an opportunity to observe communication between healthcare professionals and patients and to reflect on broader issues surrounding collaborative working.

Keywords: Interprofessional education, interprofessional research, qualitative method

INTRODUCTION

The need to offer health and social care students opportunities for interprofessional learning (IPL) during their training has gathered pace in the UK within the last decade, particularly in response to government policy (Department of Health, 2001, 2008, 2009, 2011) that emphasizes the need for effective collaborative working in

the National Health Service (NHS) to provide optimal and safe patient care. The last decade has seen the establishment of many IPL programs (e.g. Lindqvist, Duncan, Shepstone, Watts, & Pearce, 2005a) and four Department of Health funded common learning pilot sites within the UK (Newcastle, Southampton and Portsmouth, Sheffield and London).

Students can learn important skills in order to become effective interprofessional team workers, both in the classroom and in practice. Classroom-based learning provides standardized opportunities for students to exchange ideas with peers from other professions in a safe, facilitated environment (Begley, 2009), which might not be possible in the practice setting (Pollard, 2009). Some authors suggest that IPL during students' placements can be more effective, enabling students to observe real-life examples of interprofessional teamworking (Oandasan & Reeves, 2005).

At a higher education institution in the UK, an approach was explored to integrate learning in the classroom environment with learning in practice. All students (~500) participating in a compulsory second level of an IPL program (IPL2) completed a half-day shadowing visit with a healthcare professional different from their own (Wright & Lindqvist, 2008).

Opportunities for students to shadow qualified health or social care professionals have previously been reported, along with a recommendation for qualified professionals to shadow fellow professionals (Anderson & Thorpe, 2010; Fougner & Horntvedt, 2011; Hammick, Freeth, Copperman, & Goodsman, 2009; O'Neill & Wyness, 2005). However, apart from positive evaluation, little is known about what students learn during the visit from an interprofessional perspective. This paper presents the findings from a study investigating this using data from students' reflective accounts of this event.

The shadowing visit

During the shadowing visit each student observed a healthcare professional (from a different profession) for

half a day with the purpose of reflecting upon how they communicated with patients in practice. To ensure the visit was meaningful (Marshall & Gordon, 2010) and keep their focus on communication and interactions with patients, students were provided with a task sheet (see Table I) for completion during the shadowing visit. The task sheet provided observation and discussion points for the student and healthcare professional.

Following the visit, students submitted a 500-word assessed reflective statement using a reflective model of their choice, and which included their learning points from the visit.

During the shadowing visit, students were expected to observe and discuss interprofessional teamworking issues with their healthcare professional, with the visit fitting into the IPL2 learning outcomes below:

1. Understand the importance of good teamwork for patient care.
2. Learn about your own and others' roles in delivering patient care.
3. Learn to reflect on your own practice and share this with other students and professionals.
4. Understand the benefits of and constraints on inter-professional teamworking.

Table I. The shadowing task sheet.

Learning outcomes for the IPL program
<ul style="list-style-type: none"> • Understand the importance of good teamwork for patient care • Learn about your own and others' roles in delivering patient care • Learn to reflect on your own practice and share this with other students and professionals • Understand the benefits of and constraints on interprofessional teamworking • Understand why improvements in interprofessional practice are important to patient care
Observation
<ol style="list-style-type: none"> 1. What type(s) of communication, e.g. verbal, written or non-verbal does the health/social care professional use with the patient/significant other(s)? 2. How do you think this way of communicating with patients/significant other(s) compares with the types of communication you will use as a health/social care professional?
Discussion with the healthcare professional
<ol style="list-style-type: none"> 1. Does your observation reflect a typical day? 2. What types of communication does the health/social care professional normally have with patients and what information do they normally give? At what points during the patient's care do they communicate with patients? 3. How does the health/social care professional manage situations where patients are angry or upset? What strategies can be adopted to help professionals cope with challenging situations? 4. Does the team discuss and agree on the information that is shared with patients/significant other(s) and who will give this information? 5. With what other professions would the health/social care professional normally communicate? 6. Would the health/social care professional normally communicate with a member of your health/social care profession and if so, in what situations?

5. Understand why improvements in interprofessional practice are important to patient care.

It was anticipated that the observation of and discussion with the professional would help students understand the importance of effective interprofessional teamwork and that in their reflections, the students would consider how patient care is affected by improvements to interprofessional practice (outcomes 1 and 5 above). The active involvement of service users within healthcare has become increasingly important over recent years (Hammick et al., 2009) and the success of IPE interventions is best judged upon improvements to patient outcomes (e.g. Campion-Smith, Austin, Criswick, Dowling, & Francis, 2011). It was therefore anticipated that students' reflections on interprofessional teamworking would include some aspects of its impact on patient care.

The visit was also expected to help students clarify their own and others' roles as healthcare professionals (outcome 2 above). In addition, students might observe and reflect upon positions of power and leadership held by different members of the interprofessional team and hypothesize where their own position sits in relation to these (Baker, Egan-Lee, Martimianakis, & Reeves, 2011; Baxter & Brumfitt, 2008; Reeves, Macmillan, & Van Soeren, 2010). Finally, it was anticipated that pre-existing attitudes held by students (toward their own and other healthcare professions) when entering their training programs (Hean, Clark, Adams, & Humphris, 2006; Lindqvist et al., 2005a and 2005b) might be expressed in reflections upon the shadowing visit.

In order to stimulate wider thinking and reflection, students met at a workshop to share perspectives from practice (outcome 3 above). This enabled them to debrief and feedback about their experiences and discuss the benefits of and constraints on interprofessional practice (outcome 4 above). The shadowing visit has been positively quantitatively evaluated by students (Wright & Lindqvist, 2008), and the purpose of this paper is to present what students learn about teamworking during this IPL intervention and how they relate this to their own professional development.

METHODS

The study adopted a single case study approach (Yin, 2003). Through the analysis of student reflective statements, this study was designed to investigate what healthcare students discussed and observed during the shadowing visit and explore students' perceptions of how their future role fitted within the healthcare team.

Data collection

Reflective statements submitted by students after the shadowing visit were used as a source of qualitative data, and scrutinized using a model of frame analysis (Grbich, 2007). This approach was utilized to ensure that none of the rich data were lost should a more restrictive approach (such as content analysis) be used. It was found suitable as a methodological approach in the anticipation that one frame (or viewpoint) would be held by those who devised the visit

and reflective statement, while students might hold a different frame. Ethical approval was sought from the Faculty of Medicine and Health Sciences research ethics committee, but deemed not required for this study.

Reflective statements were submitted by 507 students who completed IPL2 during the academic year 2007–2008: medicine (154); midwifery (14); nursing (170); occupational therapy (41); operating department practice (11); pharmacy (89) and physiotherapy (28). One hundred and sixty (32%) reflective statements were purposively selected on the basis of cohort size of each profession: medicine (46); midwifery (4); nursing (52); occupational therapy (14); operating department practice (4); pharmacy (29) and physiotherapy (11), to ensure maximal variation between different professional groups. The statements were divided between three researchers for analysis.

Data analysis

Using the principles of frame analysis (Grbich, 2007), the data were analyzed to find common themes emerging from the statements. Firstly, an iterative approach was adopted whereby key phrases within each statement were identified and a code attached to each phrase. A list of codes emerged from each of the researchers. Once all statements were analyzed, the researchers met, discussed the lists of codes, grouping together the codes into six main themes, which they considered reflected the content of the data.

FINDINGS

Six main themes emerged from the analysis of observations and reflections from the shadowing visit directly linked to the questions in the shadowing task sheet (Table I): “communication styles and techniques”, “communication between healthcare professionals” and “comparison of students’ own and other healthcare professionals’ roles”. Interestingly, although students were not prompted within the shadowing task sheet, they discussed the following: “attitudes toward other professions”, “power relations between professionals and patients and between professionals” and “impact of communication on patient care”.

Shadowing task sheet-led observations and reflections from shadowing visit

This section considers themes, which the students were asked to observe and reflect upon during their shadowing visit (Table I).

Communication styles and techniques

This was the most commonly occurring theme as most students reflected on the different verbal and non-verbal communication styles utilized by the healthcare professionals they shadowed. Students often explored the reasons why a particular approach was used by a healthcare professional, whether this was to put the patient at ease, gain information from the patient, convey information or check understanding.

“She [the physiotherapist] used clear, simple language to explain the exercises and movements the patient needed to perform” (Medical student shadowing a physiotherapist’)

“We were sent to a 32-year old male who had self harmed by cutting his neck and wrists with a knife. When we arrived on the scene he was very agitated and unpredictable. It took a while for the paramedics to calm the gentleman. During this time they kept an open posture, talking calmly, keeping eye contact and not being aggressive” (Nursing student shadowing a paramedic)

Communication between healthcare professionals

This was a frequently occurring theme as students included both positive and negative examples of communication between healthcare professionals within their reflections. Examples were often associated with exchanges of information, either during patients’ assessments, interprofessional meetings or handovers. In cases where negative examples of communication between different healthcare professionals had been observed, students also explored how such communication might affect teamworking and patient care. The majority of examples observed by students were positive. Students identified situations in which both verbal and non-verbal communication had been used, reflecting upon how crucial good communication is for successful team functioning and effective patient care.

The therapist’s open communication with nursing staff clearly benefitted the patients. The exchange of information, i.e. the seeking of each other’s professional opinions and observations, served to facilitate the patient’s assessment. (Nursing student shadowing a speech and language therapist)

Comparison of students’ own and other healthcare professionals’ roles

Many students observed similarities and/or differences in communication styles between their own future profession and the professional they were shadowing. Students often selected examples of communication styles and techniques that they wished to emulate in their own future practice, particularly if they had noted a positive effect upon the patient.

I feel that the way the pharmacist communicated with her patients and the way I communicate with mine to be very similar. We both use a full range of communication skills, both verbal and non verbal, and we are both needed to provide education to all our patients. (Occupational therapy student shadowing a pharmacist)

Some students reflected upon different roles within an interprofessional team and how their own future role might contrast and complement that of the healthcare professional they shadowed.

Without the nurse the patient may have felt overwhelmed and may not have fully understood everything she was told by the doctor. (Medical student shadowing an adult nurse)

Unprompted observations and reflections from the shadowing visit

This section considers themes which were not part of the shadowing task sheet (Table I). These themes emerged upon examination of the data and were the students own reflections and observations about the shadowing visit.

Attitudes toward other professions

This was the most common theme within the unprompted observations and reflections. These data revealed that some students have stereotypical views about how different professions should behave and communicate with patients and colleagues.

... The doctor took time to explain to his patients about their medical condition, it was done with compassion, concern and empathy. Empathy is essential skill that nurses need to have... (Nursing student shadowing a doctor)

Students commonly compared their own future professional role with that of the professional they were shadowing. In most cases, students gained new insights into the working life of another professional.

At first, on considering the position of a paramedic within the multiprofessional team, I felt they didn't really have one. I now see that a positive interaction with staff or patient, no matter how brief, is invaluable to a patient's care. (Nursing student shadowing a paramedic)

Students expressed positive attitudes and the complementary nature of the provision of care. They commented upon how different professions work together to provide holistic care for patients and felt that this demonstrates good teamwork.

I also attended a multi-disciplinary healthcare meeting in relation to one of the patients on the ward... I was surprised to see how many different healthcare professionals were involved in this meeting and it was obvious to see how beneficial this meeting would have been to the patient as it ensured continuation of care once the patient had left hospital. (Pharmacy student shadowing a cardiac care nurse)

The data showed negative attitudes and stereotypical attitudes that remain unchanged and unchallenged by students and are reinforced through their observations.

What I had the biggest problem with was the consultant's attitude – treating it [breaking bad news to a patient] almost as a spectator event where it would have such an impact on the patient's life. (Medical student shadowing a stroke liaison nurse)

Students reflected upon the stereotypical roles of the different professionals and saw how these were enacted in

real life (e.g. the caring nurse contrasted with the more technically competent doctor in a leadership position).

... the team should decide on who the best person would be [to break bad news to a patient], unfortunately this rarely happens. More commonly, the doctor breaks the bad news to the patient who is often accompanied by a nurse that has been directly involved in caring for that patient. (Medical student shadowing an occupational therapist)

Power relations between professionals and patients, and between professionals

Power relationships between healthcare professionals and patients, and between professionals were frequently noted. Many students reflected upon these dynamics and how they were handled – by both patients and professionals.

... it was sometimes “an uphill struggle” to persuade patients what's best for them, and to get them to comply with drug regimes, if they feel things are being kept from them, or that their various carers – be they doctors, nurses or whoever – are not listening. (Medical student shadowing a nurse).

... the midwives have a much personal role... and build a strong rapport with the patient. This creates a successful balance where a healthcare professional is able to monitor the patient's progress and the patient is able to have any queries or concerns answered by a healthcare professional. (Medical student shadowing a midwife)

Often students seemed to expect to observe traditional professional hierarchies and power dynamics reinforced in the teams they shadowed on their visit and seemed pleasantly surprised if this was not the case. The complexities of such hierarchies and dynamics were frequently observed and reflected upon by students on their shadowing visits and can best be illustrated by an example from a student's reflective statement. A medical student who shadowed a respiratory nurse described a situation where new patient care guidelines were constructed by the team. Although an interprofessional approach was used to develop the guidelines it was clear that overall control and power was still maintained by consultants, with the student commenting “... it was pleasing that the consultants had approved their ideas”. In spite of this approval, the guidelines were not implemented in the consultants' daily practice, as can be seen from the discussion between the student and the nurse they shadowed.

It became clear that the doctors caring for this patient had not implemented the new guidelines the team had agreed... Obviously this upset the nurse who said that it happens a lot and was very frustrating... (Medical student shadowing a respiratory nurse)

Impact of communication on patient care

The final theme emerging from the data concerned the impact of the communication on patient care, from both

positive and negative perspectives. Often students observed communication styles and techniques used by healthcare professionals with patients and saw how this helped them to gather information from patients or ensured that patients felt empowered and engaged with their care.

While discussing the possibilities with the client, the social worker showed understanding and a willingness to accept the client's views and opinions and actively encouraged the client to make his own decisions... and showed empathy... The client stated he found the discussions helpful and feels even more motivated to achieve his goal [to quit heroin habit]. (Nursing student shadowing a social worker)

Negative examples of communication were less frequently observed but were instead discussed by the healthcare professional during the shadowing visit. From the healthcare professional's perspective, bad communication with patients made their working life more difficult and patients became less engaged with their care.

The nurse I was shadowing explained a situation where a patient's relatives received mixed information regarding their relative's treatment. This mix up caused the patient's relatives to become upset and angry and made them lose confidence in the NHS and in particular the team looking after their relative. (Pharmacy student shadowing a staff nurse)

The impact of teamwork and/or communication on patient care was often alluded to, though students had varied experiences. Students often commented and reflected upon communication they had observed between healthcare professionals and how colleagues and patients reacted to this.

I feel quite angered because, according to him (consultant orthopaedic surgeon) conflicting pieces of information are not a rarity in the NHS. This has shown me that it is imperative for teams to confer and decide on one piece of advice to give a patient as to prevent confusion and continuity of care. (Physiotherapy student shadowing an orthopaedic consultant)

Good interpersonal skills and communication throughout the multidisciplinary team enabled quick and efficient care for the patients. The team worked well together and it was clear to see that this also had a positive effect on the patients. (Nursing student shadowing a physiotherapist)

DISCUSSION

This study illustrates second-year healthcare students' reflections and observations on communication during the shadowing of a different professional in practice. Data show that this type of intervention encourages students to consider issues relating to interprofessional communication with both patients and other healthcare professionals in the practice

environment. As guided by their preparatory material (the shadowing task sheet), students not only observe communication styles and techniques used with patients, but also communication between healthcare professionals. Many students compare their own and other professionals' roles. Interestingly, although not guided by their shadowing task sheet to do so, some students expressed attitudes toward other professions. Some chose to focus their attention on power structures between professionals, and between professionals and their patients and the impact of communication upon patient care.

Within their shadowing task sheet-led observations and reflections from the shadowing visit, the theme of communication styles and techniques was frequently coded within the data. Results suggest that observations of different techniques and styles used by healthcare professionals when interacting with colleagues and patients help students understand the role of other professionals in patient care. Furthermore, it enables students to reflect upon their future role within the interprofessional team. Similar observations are made in the literature describing other shadowing interventions (e.g. Baxter & Brumfitt, 2008; Fougner & Horntvedt, 2011). Although most healthcare students learn communication skills as part of their professional courses (Doel & Shardlow, 2009), the shadowing visit gives students the opportunity to observe and reflect on these skills by examining similarities and differences in relation to another profession. Students who reflected upon how good or poor communication might affect patient care gained an appreciation of the importance of effective communication.

The students were prompted to reflect upon how different professionals communicate with each other, and the data show that students are able to observe and reflect upon the culture and working environment of the professional they shadowed (Marshall & Gordon, 2010). Students are also expected to hold a discussion with the healthcare professional they shadowed. One purpose of this discussion is to enable students to make comparisons between the two professions, an important part of the learning process (O'Neill & Wyness, 2005). As all interactions between students and experienced professionals are likely to impact on students (Bluteau & Jackson, 2009; Marshall & Gordon, 2010), the discussion within the shadowing visit can affect students' perceptions of this particular profession within the team. This knowledge of different professional roles is essential for students when developing their professional identity, enabling them to visualize how they will be able to contribute effectively to the collaborative delivery of patient care (Canadian Interprofessional Health Collaborative, 2010; Hammick et al., 2009).

Within the unprompted observations and reflections from the shadowing visit, attitudes toward other professions were most commonly coded. Students possess attitudes toward different healthcare professions when they enter their course (Hean et al., 2006; Lindqvist et al., 2005a and 2005b) and these attitudes and opinions were expressed when students reflected upon the shadowing visit. Students also reflected upon power structures that they observed upon their

shadowing visits. The complex and differing relationships between healthcare professionals have previously been identified within the working environment (Baxter & Brumfitt, 2008; Van, Mitchell, & Krass, 2011) and observations of such relationships will presumably impact upon student attitudes toward healthcare professions. Uncovering attitudes toward other healthcare professions (Atea et al., 2011) and gaining an understanding that different professional groups will have discrepant experiences of power structures are significant steps for students developing their professional identity (Reeves et al., 2010). Providing this kind of learning opportunity for students is one way to start addressing these very complex and inherent phenomena.

With respect to the impact of communication on patient care, this study shows that some students reflected on the patient perspective during the shadowing visit. Looking across the data, students refer to both positive and negative examples of communication and how this might affect patient care – a process that has been shown to be key for interprofessional teamworking (MacDonald, Bally, Ferguson, Lee Murray, Fowler-Kerry, & Anonson, 2010) and education (Anderson & Thorpe, 2010; Kvarnstrom, 2008). On their return to campus, students meet in workshops to share their shadowing visit experiences and together consider the impact of communication on patients (Wright & Lindqvist, 2008). This ensures that the patient is kept in the centre of the communication pathway.

Practical limitations of this study include the shadowing visit itself as a single half-day visit. Repeated or more lengthy opportunities for shadowing different healthcare professionals could provide a more sustained viewpoint of working with others in a healthcare setting. A further limitation is the pre-set questions from the shadowing task sheet (Table I), which were semi-structured in approach and thus directed students' observations and learning. The reflective statements analyzed as part of this study were also a limiting factor being only 500 words and submitted as assessed work, rather than being research led. It was also acknowledged that (as could be seen in any assessed work), students might tailor their work to please their assessors (the Hawthorne effect) and that interpretation of any analysis should bear this in mind. In addition using a case study approach is limited as a single case is not comparative so the results may be hard to generalize to other interventions.

One of the most significant and interesting themes emerging from the study was students' attitudes toward other professions. In order to investigate this theme more fully, a paper is in preparation reporting analysis on data from the Attitudes to Health Professionals Questionnaire (Lindqvist, Duncan, Shepstone, Watts, & Pearce, 2005b). This paper will complement this study by investigating in further detail student attitudes toward their own and other professions when undertaking the first level of IPL (IPL1).

Declaration of interest

The authors report no declarations of interest. The authors alone are responsible for the content and writing of this paper.

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