College of Health Sciences

Graduate Program in Health Education

Inter-Professional Education: A qualitative descriptive study exploring inter-professional learning experience of Clinical Psychology and Psychiatry Residency students in their training. AAU, Department of Health Education.

By: Getahun Tibebu

June, 2020

Addis Ababa University
Addis Ababa, Ethiopia

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Abstract

Objective: To explore the inter-professional learning experience of clinical psychology and psychiatry residency students.

Design: Qualitative study

Setting: This study was conducted in Addis Ababa University, at the School of Medicine, in the College of Health Science, Department of Psychiatry where both clinical psychology and Psychiatry Residence programs are provided. The study was conducted from Sept -April, 2020.

Participants: Purposefully sampled 9 participants; 5 clinical psychology and 4 psychiatry residents' interprofessional learning experiences were explored.

Methods: A descriptive qualitative study using thematic analysis was conducted. Data was obtained with semi-structured interviews and analyzed thematically. Data collection and analysis was concurrent.

Result: Three themes and five sub-themes emerged from the data describing the experiences of clinical psychology and psychiatry students. The themes were: (a) IPE experience, (b) Factors affecting active participation, (c) Professional identity and IPE experience.

Conclusion: IPE experiences were various and resulted from an interaction of many factors. Despite the limitations, IPE experience provides many opportunities compared to Uni-professional learning experience. Inequality in professional status between participants negatively affects IPE experience. Learning experience require a balanced two-way interactive learning between participants. In the initial phase of IPE participants need a clear role assignment with a formal objective to avoid confusion and frustration. Participating in IPE is not an easy performance - the experience opens many opportunities as well as has many challenges. Finally, if implemented with a clear role assignment, significant supervision, and for an optimal duration of time IPE experience can help participants to develop their own profession and guide them in their future work with other professionals.

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Acronym

IPE= Inter-professional Education

IPP= Inter-professional Practice

IPCP = Inter-professional Collaborative Practice

WHO= World Health Organization

AAU= Addis Ababa University

IP=Inter-professional

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CHAPTER ONE

Introduction

Collaborative practice strengthens health systems and improves health outcomes [1]. Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, care givers and communities to deliver the highest quality of care [1]. On the Framework for Action on Inter-Professional Education and Collaborative Practice the World Health Organization and its partners acknowledge that there is sufficient evidence to indicate that effective inter-professional education enables effective collaborative practice [1]. Inter-professional education is a necessary step in preparing a "collaborative, practice-ready" health workforce that is better prepared to respond to local health needs. A collaborative practice-ready health worker is someone who has learned how to work in an inter-professional team and is competent to do so [1]. WHO defines the occurrence of Inter-professional education when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes [1].

Integrated health and education policies can promote effective inter-professional education and collaborative practice [1]. According to WHO's framework for action on inter-professional Education and Collaborative Practice ascertained that a range of mechanisms shape effective inter-professional education and collaborative practice. These include: supportive management practices, identifying and supporting champions, the solution to change the culture and attitudes of health workers, a willingness to update, renew and revise existing curricula, and appropriate legislation that eliminates barriers to collaborative practice. Inter-professional education can occur during pre- and post-qualifying education in a variety of clinical settings (e.g. basic training programs, post-graduate programs, continuing professional development and learning for quality service improvement [1].

Background

Addis Ababa University, College of Health Science is comprised of four Schools. School of Medicine is one of the schools out of the four which provide its teaching in the largest specialized hospital in Ethiopia, Tikur Anbessa Specialized Hospital (TASH). Out of 26 departments in the School, Department of Psychiatry is one of the youngest departments which opened 16 years ago. The department startedpsychiatry residency program with a very limited capacity in 2003. At the time Addis Ababa University, Ethiopia and the University of Toronto, Canada teamed up to form the Toronto Addis Ababa Psychiatry Project (TAAP). The project was created to meet the educational needs of the new psychiatry residency training program in the department. TAAP was charged with bringing an academic curriculum of contextually relevant seminars and clinical materials from the University of Toronto to teach in the residency program in AAU. The curriculum was devised sequentially with each education trip flexibly pre-negotiated between the two Departments and organized to include time for on-site clinical supervision of the Ethiopian psychiatry residents by the Toronto team in the psychiatric wards, clinics and emergency department in Addis Ababa. Compared to the well organized and well-developed psychiatry residency program in the department, the post- graduate program of Clinical Psychology is only 4-years-old in the department. Before the program came to the Department of Psychiatry it was under the Addis Ababa University, Department of Psychology. Under Department of Psychology the program was started in 2012 with a collaborative effort of AAU and Israeli University. After that collaboration failed; the program came to the Department of Psychiatry with a few faculty members. Compared to the Psychiatry Residency program which is well established with two local professors and a significant number of psychiatrists, Clinical Psychology program has one PhD clinical psychologist three post-graduate clinical psychologists and two post-graduated counseling faculty members.

In the Department of Psychiatry Inter-Professional Education (IPE) is not included in the curriculum of either programs but the majority of time psychiatry residents and clinical psychology students are still involved in inter-professional learning. From the time post-graduate program of Clinical Psychology came to the Department of Psychiatry, students of both

professions took some courses in one classroom, and observe and learn clinical practice together. Also, majority of the time faculty of Psychiatry Residency programgive courses to clinical psychologists and vice versa. There are also times the two professionals work together on a case and present on morning sessions and grand rounds collaboratively. This inter-professional education is not planned, organized or coordinated and also not a part of the curriculum of both programs. Therefore, the aim of this study is to explore the experience of students of both programs with the existing inter-professional learning environment.

Drawing on sociological theory this study will explore the clinical psychology and psychiatry residents experience related to joint learning in the context of their learning environment. The aim of this study is to explore the inter-professional learning experience of Clinical Psychology students and Psychiatry Residents in the collaborative learning environment. Applying the theories, the following research questions will be explored.

1. What did Clinical Psychology students and Psychiatry Residents experience during their inter-professional learning?
2. What are the motivating factors for the students to actively participate in interprofessional learning experience?
3. How do students of Clinical Psychology and Psychiatry residency view their professional identity and its relation to the collaborative learning environment?

Statement of the Problem

Successful IPE implementation requires using teaching and learning strategies that create an environment for interactive and collaborative learning between students from different health disciplines [2]. Compared with developing countries, developed countries had more IPE initiatives [3]. These also implicate that much of the literature in IPE implementation comes from developed countries. This will lead us to the practice of IPE based on those findings only.

In fact, IPE requires a “significant layer of coordination” to be developed and implemented. This implicates a systematic act of grounding education for collaboration where it has the greatest likelihood to impact and transform care delivery on the ground in practice settings [1]. In AAU,

Psychiatry Department IPE is not yet part of the formal program. However, the IPE propositions to learn about, from and with each other already exist between Clinical Psychology and Psychiatry Residency programs. Despite the presence of IPE features in the learning environment there is a gap of knowledge in what students are experiencing in the collaborative learning environment. In addition, a number of studies done in IPE in both developing and developed countries are dominated by studying IPE initiatives or IPE as part of the curriculum. The studies are also more focused on its efficacy or way of implementing it but only few studies are found on the random incidence of IPE and less focused on sociological aspect of environment within collaborative learning. Therefore, this research would fill the gap by investigating the students' experiences in a collaborative inter-professional learning environment.

Objective of the study

General Objective

- To explore the inter-professional learning experience of Clinical Psychology and Psychiatry Residency students.

Specific Objectives

- To examine factors contributing to the students' motivation to actively participate in the interprofessional learning experience.
- To examine clinical psychologists and psychiatry residency students' view of their professional identity and its relation to the collaborative learning environment.

Significance of the Study

Understanding how students learn about collaboration is important to improve the training of students in health care. Large number of studies found in inter-professional education highlights that for health professionals to acquire inter-professional collaborative competence they have to learn it first. Also indicated to get the best out of inter-professional educational experience it is better to be a structured, organized or coordinated with in the educational programs. This study

will inform the Department of Psychiatry to understand, re-creating, developing and fostering inter-professional learning opportunities in a structured way with consideration of the sociological process involved within the inter-professional learning environment so that students of Psychiatry Residency and Clinical Psychology get the best out of their learning experience. The purpose of this study is to explore the inter-professional learning experience of Clinical Psychology and Psychiatry Residency students.

Delimitations of the study

This study is limited on the investigating of inter-professional learning experience of Clinical Psychology and Psychiatry Residency students in the Department of Psychiatry, Addis Ababa University who were interested to participate in the study.

Definition of key Terms

Inter-professional education (IPE) - occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes [1].

CHAPTER TWO

Review of Literature

Approaches to teaching where different professions learn together are increasingly being encouraged. The assumption being that, if undertaken successfully, these instructional methods will lead to desirable outcomes [4]. If we compare developed and developing counties spread of interprofessional education (IPE) worldwide which came from an online global scan conducted by WHO regional staff in 2008, nine out of every ten were from countries with high income economies, and two thirds from Canada, the UK and the US, predominantly reporting university-based IPE during undergraduate studies [1]. These indicate that there is a limited experience of IPE in developing countries which result in dependence of its implementation in developing countries on studies and findings of developed countries. Even though it is evidenced that IPE will lead health professionals in developing the skills to collaborate in their realm of practice but in contrary some findings showed there is a lack of evidence to take it with confidence and implemented without considering what contributes to its success and/or hiders the outcome. Among other ways one of the methods to compare and understand this would be to see students' experience of inter-professional learning in different cultural context.

Experiences of IPE

Different studies were conducted with regard to students' experience of interprofessional education (IPE) in developed and developing countries, a mixed-method study which was conducted to explore students' attitudes, knowledge, experience, and receptiveness to inter-professional education (IPE) in the health sciences at the U. S. University [5]. Qualitative interviews identified that students were exposed to two types of inter-professional learning experiences: the curricular IPE and clinical inter-professional training (IPT). In terms of how and where the experiences occur, the result showed that majority of inter-professional experiences occurred through internships, student activities, and community service opportunities, not in the classroom. The study findings also uncovered lost opportunities for IPE, characteristics of successful inter-professional learning, and students' personal and organizational barriers to IPE.

Specifically, they supported the importance of bringing students together as a collaborative team, both within the classroom and within a clinical setting. As a result, they mentioned the requirement of a unique type of curriculum and team of instructors [5].

Another study conducted in the same country on experience of Clinical Psychology (Psy.D.) doctoral students (N=59) who attended a brief, inter-professional (IP) team training in 2016 suggest from the result of paired-samples t-tests that there was an increase in self-reported positive attitudes about healthcare teams and skills related to working in IP teams from pretest to posttest. The study suggested training may facilitate the development of attitudes necessary for inter-professional competency and provide an opportunity to practice skills central to IP collaboration.The also suggested a team work which are essential for psychologists working in today's healthcare environment. The authors also recommended the significance of effective training models to develop and encourage growth of positive attitudes about inter-professionalism and facilitate the development of inter-professional competencies for psychologists in training [6].

In developing countries there are fewer studies on students IPE experiences. Among them is a qualitative study conducted at a Japanese medical university, on 26 first-year students experience during their inter-professional education in 2013 up to 2014. The study indicated three perspectives of students' learning process at different stages of the IPE, i.e., processes by which students became active and responsible learners, emphasized the enhancement of teamwork, and developed their own inter-professional identities. The study revealed the first-year students' learning processes in the year-long IPE program and clarified the role of the first-year IPE program within the overall curriculum. The findings suggest that the students' active participation in the IPE program facilitated their fundamental understanding of communication/teamwork and identity formation as a health professional in inter-professional collaborative practice [7]

Another study was a descriptive research was conducted with a sequential mixed-method approach on IPE pilot project which was executed in a Faculty of Health Sciences at a South African Higher Education.The study tried to explore the experiences of students from different

health professions of an IPE process towards informing the planning and implementation of IPE in the formal curriculum. Lecturers from six health professions (nursing, pharmacy, dietetics, social work, psychology and human movement) were included in the study and the authors argue that inter-professional dynamics are influenced by the choice of scenario, the different professions included in these scenarios, and the role of the facilitator. The study suggested the inclusion of different health professions in an inter-professional team should be guided by a specific and suitable case study like team dynamics changed within inter-professional teams, with nursing students taking the initial lead and other professions stepping in as they gained confidence. They implicated that IPE was not an explicit part of the different health professions' curricula in their faculty, however, they recommended that it be made part and parcel of each curriculum that assist students in collaboration, clarification of roles, teamwork, and improved understanding of the scopes of practice of different disciplines [8].

Another a recent descriptive qualitative study in Iran was done in 2017. The study aimed to explore experience of interprofessional learning (IPL) and on how faculty/students might want to participate in interprofessional opportunity as a form of shared learning. Based on their finding the study concluded that experiences of learning with different professionals are complex and the experiences shape students present and future workplace relationship. Their study identified three themes from a qualitative data: the role of prologues in IPL, the role of structured IPL and the role of context and structure in such a system for learning. They found out that the tendency to strengthen the sense of collaboration among different professional is stronger if there is high interaction between professionals. They also identified that participants have very different experiences of shared learning during their training, but most believe that the closeness of education and clinical practice setting can provide divers opportunities for learning from other professionals through delivery of natural shared learning opportunities. Their finding also indicated that the mere presence of the learners of various disciplines may not be that effective without having some specific objectives and conscious activity [22].

Opportunities and Challenge of IPE

A Systematic review which was conducted to explorechallenges and lessons learned from IPE implementation in developed countries and their application to developing countriesfound out 40 articles eligible for their analyses out of which only two are from developing countries. The study foundout a total of ten challenges or barriers were common based on the retrieved evidence. According to them challenges to establish and/or implement interprofessional education (IPE) varied among institutions and programs. In their review their finding included curriculum, leadership, resources, stereotypes and attitudes, variety of students, IPE concept, teaching, enthusiasm, professional jargons, and accreditation. Their finding also indicated out of ten, three had already been reported in developing countries [12].

In this review, only two articles were identified from developing countries. It was seen in developing countries the challenges are IPE curriculum structure and complexity, resource limitations, and stereotypes [12].

Professional identity and IPE

Different review of literatures tried to investigate the relationship between professional identities and inter professional education, some claim that how inter-professional working impacts on professional identity is unclear [13]. Others support the inter-professional learning environment potential to move a student through the successive levels of professional identity formation. Recent literatures in interprofessional education also claim the limited focus of researcher for the power and conflict existed and another sociological dimension happens in the inter-professional educational environment [14].

A study conducted on the analysis inter-professional practice & identity threat, in 2014 by McNeil, et al describes how professional identity fault lines have the potential to be activated and conflict induced. He claimed that conflict could be induced when there are inequities in how the different professions are treated within the team; when there are divergent values and thus interpretations of appropriate patient treatment and care; when there is confusion and tension regarding overlapping and new roles within the team and even possibly by virtue of simple

contact between the various professions within the team[15]. The study alsodemonstrated that a key cause of failure in interprofessional education can be attributed to inter-professional conflicts based on threats to professional identity [15]. Another qualitative study conducted in UK, 2008 found out that staff frequently referred to themselves and their colleagues as being ‘‘the team’’ in discussions, however, in contrast to this exposed team membership, it is interesting to note that there was variation amongst staff as to whether they saw their identity as a team member or as a member of their profession [16].

A similar study conducted using a pre/post-test design by administered the Readiness for Inter-professional Learning Scale (RIPLS) and the Interdisciplinary Education Perception Scale (IEPS) to 864 first-year healthcare students in the Academic Health Center (AHC) at the University of Minnesota in 2012, in USA. The study aimed to quantify first-year health professional students' attitudes towards their own and other professions. They also wanted to investigate the relationship between strength of professional identity and attitudes towards other professions.The study found participation in an interprofessional education course yielded deteriorating attitudes towards students' own and other professions and attitudes towards interprofessional education. A positive correlation was found in their study between declining attitudes and a weakening of professional identity [17].

CHAPTER THREE

Methodology

Research Design

A qualitative descriptive research design was chosen for this study. A qualitative descriptive research designs because the goal of descriptive research is to describe a phenomenon and its characteristics. This research is more concerned with what and how rather than why something happened. So, a qualitative descriptive research design was chosen as it will help to comprehensive summarization, in everyday terms, of specific events experienced by individuals or groups of individuals [18] but also because it will help to achieve the goal of better understanding of clinical psychology and psychiatry residence students experience in unmanufactured manner.

Participants

Participants of this study were chosen intentionally (purposefully) because they represent certain characteristics which is the interest of this research study and the participants were selected based on who is most accessible (most convenient) during the time of data collection. For this study based on the exposure of inter-professional experience 2nd year clinical psychology students and 2nd /3rd year psychiatry residency students were selected. This study sample size was determined based on data saturation which means this study was based on repeated identification of similar major experiential description of participants. The estimated sample size was therefore set at 9-12 with adequate breadth and depth of data in mind; though there was an understanding that informational redundancy or saturation may occur with a smaller number of participants.

Study Setting

This study was conducted in Addis Ababa University, at the School of Medicine, in the College of Health Science, Department of Psychiatry where both clinical psychology and Psychiatry Residence programs are provided. Psychiatry residency program is the oldest program in the department which started at 2003, whereas Clinical Psychology program is the youngest with

only 4 years old in the department.In the department there are 35 psychiatry residency and 12 clinical psychology students.

Methods

Recruitment

Relying on the convenient sampling, participants volunteered based on the information provided by researcher on the study. During recruitment since the researcher is a faculty member of department of psychiatry obtained the email address of all participants from the department and send information sheet (Appendix A) of the study along with consent form (Appendix B).Interest to participate in the study was obtained in the email. The second contact was face to face or by telephone to introduce the study in detail, share details of informed consent, answer questions which are unclear in the information sheet and set up a follow up contact time. Follow up contact confirmed the participants' interest in the study and schedule an interview. The researcher obtained consent from all the participant at the time of the scheduled interview.

Data Collection

Individual in-depth interviews were used to collect the data. The researcher obtained support letter from Department of Psychiatry, College of Health Sciences, Addis Ababa University.

Data collection began by establishing contact with clinical psychology and psychiatry residency students with the assistance of the staff in the department of psychiatry. Each participant completed a consent form (Appendix B) designed to explain the rights of the participant as a research subject, to obtain consent for study participation and audio-recording, and for the use of direct quotes. All participants were given a copy of the consent for their records. Each participant was coded with one English word and a number that was used throughout the study to protect the anonymity and confidentiality of the participant. The researcher conducted all interviews.As part of the consent process, participants were informed that they have the option of refusing to answer any question or discontinuing the interview at any time without any consequence. Since the researcher is a faculty member and they are students in the faculty each participant also was

assured that all the information they give will be kept confidential and their identity will not be used in the study as well as the interview only about their own experience in their own terms.

Following recruitment, data were collected using semi-structured individual audio recorded interviews and field notes. Because this is a one-to-one interview participants were asked to choose a comfortable place and the possible recommendation was in the researchers office but to minimize the influence of power dynamics the researcher preferred to conduct the interview and suggested to do it in the clinics where the participants' conduct their clinical work and all participants' agreed. The time of interview was arranged based on their free time in the clinics and the availability of the space in their clinic.

Prior to the interview questions, the researcher completed a demographic sheet (Appendix C) with each participant for purposes of sample description. A code was assigned to match the demographic information with the interview data. The researcher kept the code information in a secure place in his office only to be recognized by the researcher.

Interviews were estimated to last approximately forty-five to sixty minutes each and were guided by a semi-structured interview guide that consisted of broad, opened-ended questions to allow the participant to share their experiences in their own way (Appendix C). The interview was audio-recorded for transcription, and notes were taken by the researcher. In addition to the transcription of the interview the researcher also completed field notes following each interview.

Interview Guide

A semi- structured interview guide was developed and used to collect the data. The interview guide was developed based of literature search and the experience the researcher has in the department of psychiatry. Before the use of the interview guide it was commented upon by the advisor of the research. Modification was made based on the comments of the advisor, then translated in to Amharic; the translation was done by the researcher and a staff in the department for accuracy. Difference was discussed and finally a language expert who has an experience in qualitative research commented on it. Finally, the Amharic version was used in the interview. In each interview session the researcher opened dialogue with the participants and tried to create a

relationship to break instructor -student relationship and make the participant feel comfortable. In each session the researcher gave attention to any non-verbal clue that show a power relationship interference and tried to clear it up. The interview guide began with the researcher asking the participant to talk about his or her inter-professional learning experience in more general terms before moving on to specific experiences. In the first interview session the researcher realized the importance of adding some questions and modifications of the interview guide. Considering the influence of instructor-student relationship the researcher modified the sequence of the questions in the interview and modified wordings on questions that ask for judgement of the participants.

The final question was open ended, asking for any other information the participant would like to share which were not raised in the discussion. The researcher provided clarification of the questions as well as probes for deeper meaning and detail as necessary.

All interviews were audio-recorded and transcribed verbatim by a transcriptionist with training in protection of Human Subject confidentiality. For accuracy, the recordings also were compared to the transcriptions by the researcher. Any identifying information (i.e. addresses, names) was removed from the transcription by the researcher. All physical data for this study was secured in a locked file cabinet in the researcher's office and only accessible to him.

Data Analysis

The study used content analysis as a method of analysis. The analytic procedure included seven phases: organization of the data, immersion of the data, coding the data, generating themes and categories, offering data interpretations, searching for alternative understandings, and generating the final findings [21]. Data analysis was begun by transcribing the audio recorded data. After the transcribed data was obtained from the transcriber it was checked against the audio record by researcher for accuracy. The transcribed data was shared by email to all participants to make sure its accuracy, then translated into English by a translator. The process of inductive qualitative analysis was used. Then researcher was immersed in the data through interviews, checking and reading interview transcripts, coding of data, and ongoing contact with advisors to discuss the

data analysis and emerging themes. Finally, the coded data was interpreted and analyzed by relating the data within and across the categories, in a way that it gives meaning and answer the research question.

The researcher as instrument

With regard to credibility of the researcher as instrument in this study, since the researcher is a member of faculty and the participants are students in the faculty it is noticeable that there are power relationship issues. The researcher was aware of this and believed that it is important to engaged himself in reflexive journaling beginning before data collection and continuing throughout the research process to maintain awareness and reflecting on his own personal experiences, assumptions and biases and applied different strategies to minimize the power relationship like creating rapport at the beginning of the interview, choosing to make interview in the participants' clinics, explaining clearly whatever they say will only be used for research purpose and avoiding questions that ask for their judgment. The researcher also has been participated in training on qualitative methods facilitated by training team of the faculty and has been instructed and mentored by experienced qualitative research advisers.

Trustworthiness of the Study

The credibility was achieved by prolonged engagement with both the participants in the study and the data they provided. Nine participants were interviewed to provide saturation of dominant themes. The researcher analyzed the interview transcripts and continuously contacted research advisors in order to maintain close contact with the data. Member checking of interview findings was accomplished immediately following each interview by summarizing the interviewer's understanding of the participant's responses to interview questions. To assure dependability, the researcher worked closely with advisors in the development of a process design to provide for consistency in interviewing and management of data in the field. Interviews were in the local language Amharic so it was transcribed, translated into English by an experienced transcriptionist and verified by the researcher to ensure accuracy in the transcription process.

Ethical considerations

The researcher attained approval from Department of Psychiatry, College of Health Sciences, Addis Ababa University as well as the ethical approval from research review board of Addis Ababa University, College of Health Sciences. Informed consent was required of all participants and participants were told that they have the right to discontinue or refuse to participate in the study and can ask any questions in the process. Researcher-maintained confidentiality throughout the study as participant code were used in data collection. Any identifying information (e.g. addresses, provider names) was omitted from the interview transcriptions, and their recordings were deleted at the completion of the study. The transcriptions of the interviews were maintained in a secure file.

Study Limitations

In this study the following limitation are listed:

1. The fact that researcher is a member of the faculty and the participants of the study are students in the faculty might affect the data collected and analysis from the researcher side leading to researcher bias.
2. Given the recruitment procedures and relatively small sample size, the findings and implications are therefore more specific and less relevant for a generalizability of the study.

CHAPTER FOUR

Results

A descriptive qualitative study using thematic analysis of content was conducted in order to explore the inter-professional learning experience of Clinical Psychology and Psychiatry Residency students. In-depth interviews were conducted with 9 participants, including 5 clinical psychology students and 4 psychiatry residency students.

Table 1.

Description of demographic characteristics of participants

Participants	Characteristics			
Clinical psychology students	Gender		Age	Year of education
	F	4		2
	M	1	23-25	2
Psychiatry residency students	F	2		2 second year
	M	2	31-35	2 third year

Three themes and five sub-themes emerged from the data describing the inter-professional experience of clinical psychology students and psychiatry residency students. The themes were: (a) Inter-professional experience, (b) Factors affecting active engagement, and (c) Professional identity and Inter-professional experience.

Inter-professional experience (IPE)

Joint learning vs Uni-professional

Most of the participants expressed their joint learning experience as useful and fruitful. Majority of clinical psychologists and psychiatry residents saw the opportunity they would lose if they took their courses Uni-professionally. They also expressed how the two professions are interrelated and the joint learning experience is more valuable than a course they took in class rooms.

A 23- year-old female clinical psychology student said:

What I have learned in the process is how much of our course content and how their lessons are integrated. What I understand is… if we study clinical psychology alone, things might be different. We may have not got the chance to know the medical terms. They also may not pay close attention to what the psycho-social thing is. So, I think learning together enables us to practice this bio-psychosocial thing.

Another 34- year-old male psychiatry resident added:

The experience was very useful they know about therapy during classes they share that information for us. For example, we didn't take cognitive behavioral focused therapy, so when a patient who needs cognitive behavioral focused therapy came, we learn from them how to manage and what should be our major goal.

The participants further elaborated the many opportunities they get from the interprofessional experience in terms of knowledge and skill than learning with their own profession only. They indicated the professional difference has opened the opportunity to learn from one another, skills related to patient interview, diagnosing a patent and the like.

A 23-year-old female clinical psychology student said

The important thing is, I think we learned how to clerk at the clinical Interview. One of the first things we learned is about how to do the interview.

A 25-year-old male clinical psychology student added:

clinical psychology has some relation with medicine so I think we take a lot from them for example presenting at morning session and interviewing patients we learn this and the other thing.

However, for a few in both professions, despite the benefits they gained from the interprofessional learning experience, they report that differences in professional backgrounds have given them a negative experience. I therefore wonder how their confidence would be

positively impacted if they learned Uni-professionally. In addition, they explained this as result of the different structural position of their profession within the department and the society.

A 24-year-old clinical psychology student said:

The title they are doctors and we are clinical psychology students; we don't have any title. They specialized in practical as a resident but we practice as a training not certified as specialization during practice. It creates a difference.

A 23 years old female clinical psychology student added:

As a clinical psychologist there is something that affect our confidence. Learning with them creates a feeling of inferiority. May be, if we are not leaning with them, I always think what could we achieve and how we reach our potential. But as I told you it has its own good and bad sides.

Mutual vs One-way learning during IPE experience

As noted above, Joint inter-professional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration. More specifically, such learning requires the presence of mutual learning experiences. In terms of learning experience about, from and with each other, in this study clinical psychology students and psychiatry residence students reported different experience. To make IPE experience fruitful the majority of psychiatry residents and clinical psychology students believe the importance of mutual learning experience but it was found out that most of the time learning experience occur from one profession. Majority of clinical psychology students and psychiatry residents indicated majority of the time clinical psychology students observe and learn from psychiatry residents and few times psychiatry resident students learn from clinical psychology students by asking them questions informally.

A 23-year-old female clinical psychology student said:

They didn't observe us but when we do therapy some residents might be in the room. If everyone has an interest and if they are able to watch us while doing therapy as we do things might be better.

A 33-year-old male psychiatry residence student added:

Maybe it is important to observe therapy given by seniors. I didn't get a chance to see therapy made by senior clinical psychologist. I saw Videos of psychotherapy on interpersonal psychotherapy but it is only limited. It's important to see another focus psychotherapy by seniors to understand better about clinical psychology and psychotherapy.

Moreover, few psychiatry residents indicated how IPE could be enhanced by involving both clinical psychology and psychiatry residency program instructors in creating relationship with students of both fields of study. They reported that they noticed existence of strong relationship between Psychiatry instructors with clinical psychology students but limited relationship exists between clinical psychology instructors and psychiatry resident.

A 34-year-old male psychiatry residence student said:

The senior's clinical psychology instructors' relation with us is somehow weak but our seniors have strong relationship with the clinical psychology students. Maybe it's because of our senior gave them courses. I don't know the exact reason sometimes some people are more eager to know. However, more of the relationship we have with senior clinical psychologist is somehow challenging, which affect our experience.

Timing of experience

In interprofessional education the time of encounter and the change in experience through time are important in influencing the collaborative competency of students in their future practice. In terms of interprofessional experience participants experience it in various ways through time. Clinical psychologists and psychiatry resident reported distinctive experiences through time. In the initial encounter it was found that for all of the clinical psychology students the IPE experience starts with attending clinics with psychiatry residents in observing them while they clerk patients. In the initial IPE experience clinical psychology students reported even if observing psychiatry residents is helpful for them, it is confusing and frustrating experience. They further reported in the initial IPE experience that they are confused on what they are expected to do and view themselves subordinate to psychiatry residents.

A 24- year-old female clinical psychology student said:

I think there is a difference in the professions, because they are doctors for specialization. There is a difference in viewing one another since we are from social science at the initial phase of our training. I see myself as student and them as teachers, even if we are both students in the department.

Similarly, majority of psychiatry residence students believe that the initial IPE experience is confusing and specially challenging to clinical psychology students. They also believe that the problem is because of professional background and lack of clinical exposure of the clinical psychology students.

A 33-year-old psychiatry residency student said:

It's almost making two different curriculums in one because the history taking experience is completely different. In morning session when they are presenters it's a different perspective for us and it had gaps. They study psychology, they don't have clinical background. We see them when they are struggling.

But for the majority of psychiatry residents, it was found out that the initial experience depends on the clinic they are attached to, because there are clinics where there is no clinical psychology student. It also depends on the year of education of the clinical psychology students. If the student clinical psychologist is in first year, the first encounter is in the clinic while they observe them. If it is with second year clinical psychology student when they refer patient to them and talk about it. They also described the experience in different hospital is different because of the physical setting not be able to accommodate both professional, the service provided in the hospitals related to specialized service requiring a special training and involvement of clinical psychology students in the clinics.

A 34-years old psychiatry residency student said:

We started to study together after second year. We refer patients for therapy to them and the other thing is when we attach at Black Lion Hospital and Yekatit Hospital.

In addition, majority of them stated in either initial or later experience that the IPE experience depended of individual behavior of the psychiatry resident. If he/she is friendly, he/she can work with clinical psychologist student, and not miss the opportunity. It is also similar to clinical psychologists.

A 30-year-old psychiatry residency student said:

Sometimes it's depends on individual interest some students have good interest to work with clinical psychology students' others not. In clinical psychology this is more open the teachers suggest them to work with us but there is no rule or system to follow that, so it's better to work together and evaluate how joint learning goes with both professionals.

At later experience it was found that both majority of clinical psychology students and psychiatry residence students experience IPE in similar way through working together, communicating, patient referral, informal patient case discussion and joint morning session presentations. Clinical psychology students expressed that through time interpersonal relation is created and more balanced relationship starts which resulted for them an increase of confidence since they started working independently and seeing patients. For both majority clinical psychology students and psychiatry residents the best later IPE experience is participation in joint morning sessions and patient case presentations, because it gives equal opportunity for both of the professionals as reported by clinical psychology students and it is a very good learning opportunity for psychiatry residence students too.

A 35- year- old male psychiatry residency student said:

I remember we had one patient…….At that time, I didn't have knowledge about interpersonal psychotherapy then we decided to bring up the case at morning session. During morning we discussed interpersonal psychotherapy in detail and I got a concrete knowledge from it during that I learned a lot in how to make connection with them.

Opportunity vs challenges of IPE experience

IPE gives a lot of opportunities for the participating students in the learning process. In this study it was found that the majority of clinical psychology students and psychiatry residence students

reported one of the opportunities they get from the experience is the knowledge they gained about the other profession and the other professional. They explained their realization how the two professionals are interrelated and how they think about the other professional is changed through the IPE.

A 23-year-old female clinical psychology student said:

You can't learn together with them. I think medicine students' attitude is difficult for example, when I see it as an outsider. I used to believe that they see themselves as superior than other field of study and they have a close circle that wouldn't let other professionals enter. Now I understood their burden and changed my thought about it.

Another 28-year-old male psychiatry resident added:

Before the class I didn't know clinical psychologists are involved in clinics. What I thought was that they are only involved in social aspects. But now I see they know about clinical things and they know basics so we interact with the one who understand. Our relationship with them is different from the interactions we have from other professions.

The second opportunity they get form the IPE as reported by the majority of the participants is the knowledge exchange between the two professions in a formal learning environment, like morning session presentations, and in an informal learning environment, through the interactions they have created through process of socialization, friendship and sharing of experience.

A 23-year-old female clinical psychology student said:

I think we add psychological thing more to them, as we learn together because we know a lot of psychological things while they tend more of physiological or biological. I think there is something that they can learn from us.

A 28-yer-old male psychiatry residency student added:

When you go from 1st year to 2nd year you start to understand that the biological issues and the psycho-social are related. If you didn't understand it, it becomes difficult to give treatment so they help us to achieve this.

The other opportunity stated by the majority of both psychiatry residence students and clinical psychology students is the belief that this experience will help them in their future practice. Most of clinical psychologist and psychiatry residence students believe that the experience would help them to be a better collaborator with other professionals in the future and their patient would benefit from it.

A 23-year-old female clinical psychology student said:

I think it enables us to work collaboratively with another professional. It also enables us to network with people in another profession. And if anyone needs help from them, I'll recommend them. In return, if there's something I can help with. So, I'm creating a network here.

A 32-year-old female psychiatry residency student added:

I think it has a lot of advantage. When I go to the hospital after I finished my class, I will promote clinical psychology. When I treat patients, I know there is a team who can help me in psychosocial management.

Despite the opportunity created through IPE, a lot of challenges are reported both by clinical psychology students and psychiatry students. Majority of clinical psychologists and psychiatry residents identified their educational background (natural and social science) which result in different orientation. For example, psychiatry residents focus on biology and clinical psychologists focus on the psychosocial aspect of the patient. Specifically, this was explained by the majority of clinical psychology students because their role is to observe psychiatry residents at their initial stage of their IPE experience. It created a challenge to be able to enjoy the IPE experience. The majority of psychiatry residents also agree that it is challenging for them too, because the clinical psychologists have no background knowledge about the biological aspect of mental illness.

A 28-year-old psychiatry residency student said:

If you are a doctor you had experience before so you will not fear because the approaches of treatment are almost similar. If severe mentally ill patients come how can they manage unless they have some biological knowledge. I think it's better if they take some medical courses.

Another 23-year-old female clinical psychology student added:

The title they are doctors and we are clinical psychology students we don't have any title. They specialized in practicing medicine as a residence but we practice as a training not certified as specialization during practice it create a difference.

The other challenge is an organizational problem related to the developmental stage of the programs in the department of psychiatry. The majority of clinical psychology students reported unlike to the psychiatry residence students that their program has organizational limitations that hinder equal involvement in the IPE experience.

A 25-year-old clinical psychology student said:

Teaching learning system should give a clear role for clinical psychology. This may help us to understand our specific role. Their system is more structured than ours so we want our system to be organized like theirs. I think it's good thing to wish this.

The majority of clinical psychologists explained that the challenge improved through time but has required a strong effort from them. They also suggest that culture change takes place when they enter the room, and should be embraced for the benefits of the IPE experience.

A 23-year-old female clinical psychology student said:

There is a culture change when we come here, we are a social student and I think most of the time, we are not like them in many aspects and I think we have learned the medical world in a hard way which was a challenging experience for us.

Factors affecting active engagement in IPE

Internal vs external motivation

In terms of what motivates professionals to actively participate in IPE experience, the majority of clinical psychology students and psychiatry residency students believe that individual personality (sociability), curiosity and the value one gives to team work are motivating factors. From external motivating factors the educational system which places them to learn together and the instructors' (the departments) encouragement of the two professionals to work together are the main motivating factors.

A 23-year-old female clinical psychology student said:

There are things which motivate us. One of the things is the way we have been learning together by itself is inspiring. The discussion on the morning sessions is also very nice.

In other dimension majority of clinical psychologists and psychiatry residency students believe that their educational background different and creates a problem not to engage actively in the IPE experience.

Professional identity and IPE experience

Majority of clinical psychologist and psychiatry residency students believe that the IPE experience has a positive effect in developing their professional identity. Majority of them described knowing the other profession let them understand their difference and identify themselves with their profession.

A 24-year-old clinical psychology student said:

The courses are interrelated and sometimes they may overlap. I think it helps me to better identify who I am, and I think learning with them will help us develop better and to identify our focus area well and to identify which belong where, enable us to define and develop our identity better.

However, a few clinical psychology students believe a prolonged exposure to IPE would interfere in the development of their professional identity by limiting their focus areas in their profession and recommends a limited exposure is better with clear objective.

A 24-year-old female clinical psychology student said:

In fact, the learning process with them is great but it shouldn't be for prolonged period of time... If it is limited to two or one month, then we need to focus more on therapy and talk therapy which would give us our identity.

In addition, the majority of clinical psychology students unlike to psychiatry residency students believe unclear role assignment and weak supervision in the program affects growing in their professional identity.

A 23-year-old clinical psychology student said:

As a clinical psychologist as I told you during this two year our role was not clear so I couldn't explain my identity because at first, they shape us as a psychiatrist. If you ask me to define, I will give you psychiatric definition due to we spend a lot of observing them almost for one years.

Moreover, majority of clinical psychology and psychiatry residence students believe that there are positively growing towards their ideal clinical psychology and psychiatry residence student identity. Majority also believes that developing professional identity is a continuous process and realized their change throughout their years of education.

A 34-year-old male psychiatry residency student said:

I put all my effort to achieve but it doesn't mean we will be like our seniors within three years; however, we start to develop that direction. The environment and senior instructor help us shape our self in that direction. I think I am in a good road.

CHAPTER FIVE

Discussions

This study revealed that students' interprofessional learning experience is various and is the result of the interplay of different factors. It was found out that most participants compared joint learning to Uni-professional learning, and noted that despite its limitations they valued IPE experiences and believed they would lose many opportunities if they did not participate in such learning experiences. They explained that they had come to realize about the inter-relatedness of the two professions and have learned a lot of knowledge and skills from one another. However, despite the favorable experiences few clinical psychology students reported that learning with psychiatry residency students gave them uncomfortable time during the experience. They said the time has challenged their confidence and give them a feeling of inferiority. They explained this resulted from the structural position of the profession being a doctor in the department and society. This result corresponds to another mixed-methods study done in Indonesia, which found from focus group discussion that students who favored IPE reasoned that IPE would improve their communication skill [22]. Their study similarly found that several nursing and midwifery students indicated to have experienced unpleasant situation with medical students during early practice in hospital, causing them to be unfavorable disposed towards IPE [22]. They explained that during clinical practice, medical students did not want to interact with them, behaved arrogantly and did not care about other health professions students. Even though the two findings corresponded the explanation given in the study differed from this study. In this study context the two programs and the students age differ in the department, clinical psychology program organizational limitation gave to psychiatry residency program students a sense of control leading them to take a lead in the IPE experience or our society comparative privilege given to the profession that "Doctors" rank higher in their status from other professions which is a shared attitude with the clinical psychology students might be the explanations for the participants uncomfortable experience.

Concerning to learning from one another the study found a difference in experience. Even though all participants believed that joint learning experience required equal participation and contribution majority of clinical psychology students reported that most of the time they are the one who learn from psychiatry residency students except a few times psychiatry residents learn informally from clinical psychology students. This indicates that a hierarchical power difference exists between the two professionals. This finding relates with the finding of a study done in Indonesia within inter-professional learning experience between students' ofmedicine, nursing, midwifery and dentistry; that nursing and midwifery students observed similar attitudes and significantly hierarchical behavior among the various workers in healthcare teams during their experience in the wards [22]. This study also found out that few psychiatry residency students indicated the importance of instructor's involvement in enhancing the IPE experience.

Another finding of this study is related to the timing of the experience. The study found that participants' experience differed through time. The initial experience as reported by all clinical psychologists starts by observing psychiatry residency students while they clerk patients in the clinics. Also, they described despite the advantage they get, it was confusing and frustrating. They explained this resulted from role confusion in relation to what they are expected to do. But for majority of psychiatry residency students' experience had no difference form the later and the experience depends on the clinics they were attended and the year of education of clinical psychologists. The difference of experience with time relates with the Indonesian study which found out several nursing and midwifery students indicated to have experienced unpleasant situations with medical students during early practice in hospital, causing them to be unfavorably disposed towards IPE. They explained that during clinical practice, medical students did not want to interact with them, behaved arrogantly and did not care about other health professions students [22]. But the explanation on the difference of experience through time differ from this study. In this study the explanation for differed experience for clinical psychology student through time is related to the programs limitation in giving them a clear role assignment in the collaborative learning experience, their limited previous clinical exposures in clinical setting and the change of educational methodology. In addition, the majority of participants reported in both early and later experience depended on themselves since it is not a planned and conscious joint

learning experience so who want to engage will, who do not want will not and this result in missing the opportunity. This finding is supported by the study done in Iran which found that the mere presence of the learners of various disciplines may not be that effective and without having some specific objective and conscious activities [23]. In the later IPE experience majority of both professional became comfortable matched with a more balanced participation starts as a result of experience, increased interpersonal relationship and increased confidence from clinical psychology students' side. The best experience in this is joint morning session and patient case presentation because equal opportunity and increased interaction resulted through the process. This finding supported by the study done in Iran which found out that the tendency to strengthen the sense of collaboration among different professionals is stronger if there is high interaction between professionals and it acts as a facilitator factor [23].

Concerning to opportunities and challenges occur during IPE experience. The study found that knowledge gained about the other profession, knowledge exchange in formal and informal learning environment and positive effect of the experience for future collaborative practice are the opportunities identified. Professional difference at initial experience, and structural and organizational problems were the challenges reported by students. This result agree similarly with the systematic review done by Sunguya, B.F. et al., which found that the curriculum, leadership, resources, stereotypes and attitudes, variety of students, IPE concept, teaching, enthusiasm, professional jargons, and accreditation are challenges in developed countries andcurriculum structure and complexity, resource limitations, and stereotypes in developing countries [12].

In relation to factors affecting student's active engagement in IPE experience, it was found out that participants personal characteristics like sociability, curiosity and values they give for team work are a positive internal motivating factor. Educational system that bring the two professionals to learn together and instructor's encouragement are external positive motivating factors for students to actively engage themselves in the IPE experience. In other terms, students reported their coming from different education background is a negative factor affecting active engagement specially at their initial experience.

Finally, with regard to answering the research question related to students view of their professional identity and IPE experience a few clinical psychologists reported prolonged exposure interferes in their professional identity development, but the majority believing the need for clear role assignment and strong supervision in developing their professional identity compared to psychiatry residency. Majority of participants believed that the IPE experience has a positive effect in developing their professional identity. They explained that knowing the other profession help to understand one's own professional identity. This result differs from the finding in study by McNeil et al., which describes how professional identity fault lines have the potential to be activated and conflict induced when there are inequities in how the different professions are treated within the team and demonstrate that a key cause of failure in interprofessional education can be attributed to inter-professional conflicts based on threats to professional identity [15]. A study done in USA found out that participation in an interprofessional education course yielded deteriorating attitudes towards students' own and other professions and attitudes towards interprofessional education [5]. The difference from the above study might be different on the attributes of participants. In this study the status and power difference are an accepted attribute to both professionals even though it created uncomfortable feeling to one of them they will not engage in conflict as a result. It is related to societal view on the status of different professions compared to others. But the study corresponds with the study done in Indonesia whichreported thatstudents felt the need to clarify and understand each other's profession and the boundaries of one's own profession students from all programs concurred that IPE would encourage them to better understand each other's professional roles and responsibilities as well as the boundaries of their own roles [22].

CHAPTER SIX

Conclusion

This study revealed that IPE experiences were various and resulted from an interaction of many factors. Result showed that despite its limitations IPE experience provides many opportunities compared to Uni-professional learning experience. Inter-professional education between participants with unequal professional status affects negatively participants IPE experience. To achieve the objectives of IPE, the learning experience require a balanced two-way interactive learning between participants. In the initial phase of IPE participants need a clear role assignment with a formal objective to avoid confusion and role conflict among participants. Participating in IPE is not an easy performance, and the experience opens many opportunities as well as has many challenges. Finally, if implemented with a clear role assignment, significant supervision, and for an optimal duration of time, the IPE experience can help participants develop their professional identity within the interprofessional learning environment.

Recommendations

Recognizing individual and structural factors and incorporating them into planning the IPE. By doing so, students would get the best out of IPE. Important issues like professional status difference and organizational structure of the programs should be considered seriously not to harm student's confidence during the IPE experience. IPE to be effective should be a planned and deliberate activity which has clear objectives and pre-determined clear roles and responsibilities for participants. Finally, I recommend IPE implementation should contain a due student supervision and instructor's active involvement.

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Appendix A

Participant Information Sheet

Research Project

Inter-Professional Education: A qualitative study exploring inter-professional learning experience of Clinical Psychology and Psychiatry Residency students in their training. AAU, Department of Psychiatry,

Invitation

You are being invited to take part in this research project. Before you decide to do so, it is important you understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the project's purpose?

This research project aims to exploring inter-professional learning experience of Clinical Psychology and Psychiatry Residency students in their training.

Why have I been chosen?

You have been chosen because as a student of Department of psychiatry, Addis Ababa University, you are one of the students who engaged and experienced learning with clinical psychology/Psychiatry resident more than one year and believed to have a lot experience to share.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be able to keep a copy of this information sheet and you should indicate your agreement by signing on the consent form. You can still withdraw at any time. You do not have to give a reason.

What will happen to me if I take part?

You will be asked to give an interview which I estimate will take 45-60 minutes.

What are the possible disadvantages and risks of taking part?

Participating in the research is not anticipated to cause you any disadvantages or discomfort.

What are the possible benefits of taking part?

Whilst there are no immediate benefits for those people participating in the project, it is hoped that this work will have a beneficial impact on how department of psychiatry would improve the teaching and learning process to implement inter-professional education and make students a good collaborator in practice. Results will be shared with participants in order to inform their professional work.

Will my taking part in this project be kept confidential?

All the information that I collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified or identifiable in any reports or publications.

Will I be recorded, and how will the recorded media be used?

Yes the interview will be audio recorded and notes will be written during the interview. The audio will only be used for data analysis and kept in a secure way with the researcher and you will not be identified by name or any way in the recordings.

What type of information will be sought from me and why is the collection of this information relevant for achieving the research project's objectives?

The interviewer will ask you about your overall learning experiences you had with a profession other than your profession during the past one year. Your views and experience are just what the project is interested in exploring.

What will happen to the results of the research project?

Results of the research will be present to Health science education examiners and finally will be sending for publication. You will not be identified in any report or publication. If you wish to be given a copy of any reports resulting from the research, please ask me.

Who is organizing and funding the research?

The project is a Partial fulfillment of the Requirement for MSc degree in health science education. The research expense is covered by Addis Ababa University, Graduate program in health science education.

Appendix B

Consent for Participation in Interview

1. I volunteer to participate in a research project conducted by GetahunTibebu from department of psychiatry, Addis Ababa University. I understand that the project is designed to gather information about inter-professional learning experience. I will be one of approximately 8 people being interviewed for this research.

2. My participation in this project is voluntary. I understand that I will not be paid for my participation. I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.

3. Participation involves being interviewed by researcher. The interview will last approximately 45-60minutes. Notes will be written during the interview. An audio tape of the interview and subsequent dialogue will be making. If I don't want to be taped, I will not be able to participate in the study.

4. I understand that the researcher will not identify me by name in any reports using information obtained from this interview, and that my confidentiality as a participant in this study will remain secure.

5. Faculty and administrators from my campus will neither be present at the interview nor have access to raw notes or transcripts. This precaution will prevent my individual comments from having any negative repercussions.

6. I understand that this research study has been reviewed and approved by the research review board of Addis Ababa University, College of Health Science.

7. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

8. I have been given a copy of this consent form.

_____ _____

My Signature Date

_____ _____

My Printed Name Signature of the Investigator: GetahunTibebu _____

For further information, please contact (0911869088)

Appendix C

In-depth Interview Guide clinical psychologists and Psychiatry residence students.

The objective of this interview is to investigate your experience while learning together with each other.

Therefore, if you are willing to participant in this research, I am going to ask you the following questions. I would like you to describe your answers being free and honestly.

Thank you, in advance, for your willingness, assistance and for your time!

1. ***Demographics***
    - Sex
    - Age
    - Year in the program
    - Profession
2. ***Inter-professional learning Experience***
    - How was your learning experience with student of Psychiatry residency/ Clinical psychology?
    - What was your experience? Please explain your experience related to class room sessions, seminars, morning sessions, collaborative case presentation you participated together and presentation by faculty other than your profession.
    - How do you think the team collaboration worked with the student of Psychiatry residency/ Clinical psychology?
        - What are your ideas about how to best make standardized mental health care?
3. ***Challenge and Opportunities***
    - Have there been any difficulties or challenges in your learning with the other professional? Please explain what the challenges are.
    - What are the opportunities you got from the inter-professional experience you had?
    - What do you think you have learned about inter-professional collaboration during the inter-professional learning experience?
4. ***Inter-professional learning and Professional Identity***
    - How do you view your profession identity with in the collaborative environment?
    - How do you see your profession compared to the other profession?
    - What do you think the inter-professional learning experience has in your professional identity?