

# Learning by Doing: Students' Experiences of Interprofessional Education and Community Partnership in a Pilot Student-Run Clinic. *A Practice Report*

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## Abstract

This report presents an evaluation of students' experiences in a student-run clinic project in Aotearoa New Zealand, aiming to provide interprofessional learning opportunities and accessible health services to the community. Qualitative focus group interviews were conducted with students' post-clinical placement. A six-step thematic data analytic approach guided identification of three key themes: placement preparation and understanding expectations, interprofessional relationships and collaboration, and learning experience and value. Students reported positive experiences in this student-run clinic placement, including in respect to collaborative experiences, the development of interprofessional relationships, and value of the learning experience. This report highlights the need for enhanced pre-placement preparation and clarification of expectations regarding a community-based interprofessional placement experience, particularly for first year students. The student-run clinic model has potential to address healthcare disparities and enhance learning through community-engaged experiences. Results provide insights for educational institutions and healthcare providers looking to implement similar initiatives, emphasising collaborative partnerships and student-centred interprofessional education.

**Keywords:** Student-run clinic; interprofessional education; interdisciplinary placement; community outreach; clinical competency

## Introduction

### *Interprofessional Education and Student-Run Clinic*

Interprofessional education (IPE) can be characterised as “occasions when members or students of two or more professions learn about, with and from each other, to improve collaboration, and the quality of care and services” (Ford & Gray, 2021, p. 13). In recent years, student-run clinics (SRCs) have emerged as innovative educational platforms that promote IPE while also addressing the healthcare needs of underserved communities (Schutte et al., 2018). These clinics often engage a community-oriented approach where students from diverse health professions plan and deliver clinical and health promotion services, with



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the guidance of registered health professionals (Johansson et al., 2020). In this regard, SRCs offer a unique environment where students collaborate, communicate, and share responsibilities in delivering patient care. This interprofessional engagement also exposes them to diverse healthcare perspectives, facilitating mutual respect and understanding for each other's roles, while the hands-on experience gained through SRCs enhances their ability to provide patient-centred care and work effectively in real-world healthcare settings (Broman et al., 2022; Hopkins et al., 2022). Through the provision of student-led essential primary care services, preventive health screenings, and health education, SRCs contribute towards reducing health disparities among underserved communities (Tokolahi et al., 2021; Wilson et al., 2023). Additionally, placements in such settings create opportunities for the industry to enhance the potential of the healthcare workforce and positively influence students to pursue positions within their chosen field upon graduation (de Hollander et al., 2018). This report adds to the repertoire by evaluating, from a student perspective, the start-up pilot phases of a SRC in Hamilton, Aotearoa New Zealand, part of a broader He Kaupapa Oranga Tahi project to improve quality and expand the student-run clinical programmes.

### ***Context: Te Kotahi Oranga Pilot and Community Partnership***

Te Kotahi Oranga | Health and Wellness Clinic (Te Kotahi Oranga [TKO]) was founded with the aim of providing unique learning opportunities in environments created by students to maximise their capabilities. Te Kotahi Oranga is currently piloting its student-assisted health service in cooperation with community health providers. The initial pilot presented in this report involved delivering the kaumātua (older persons) day programs in partnership with the Rauawaawa Kaumātua Charitable Trust – a non-profit organisation that delivers kaumātua health and social services, and Wintec Biokinetic Clinic – a training clinic for accredited exercise physiologists. The pilot initiatives involved students organising various interprofessional health promotion events and collaborating with several community health providers to offer a wide range of services. The primary areas of focus identified for the interprofessional health services are (pre)diabetes management, cardiovascular and respiratory health, and musculoskeletal rehabilitation that includes falls assessment and prevention.

## **Methods**

### ***Research Team and Reflexivity***

The research team comprised individuals of varied backgrounds. Researcher Sharon Brownie is a Director of Health Strategy and Partnerships and the principal investigator of the He Kaupapa Oranga Tahi who oversees the direction and implementation of the project. Researcher Patrea Andersen is a registered nurse and professor specialising in nursing research and education who does not work directly with the students and thus had independence to conduct the focus groups. Researchers JiaRong Yap and Patrick Broman are post-doctoral research fellows who conduct research exclusively for the He Kaupapa Oranga Tahi project. Students were supervised by colleagues who are registered health professionals and staff employed specifically for operationally staffing TKO. Roles of teaching academics and research evaluators were maintained as separate processes to ensure independence of the evaluation process. This project was approved by the Research and Postgraduate Office/ Human Ethics in Research Group at Wintec Te Pūkenga (Ref. ID: WTFE141308201/ WTLR18170522). All participants provided written informed consent.

### ***Participant Selection***

Purposive sampling was used to select participants. Eight nursing and occupational therapy (OT) students, who had their clinical placement at TKO, participated on a voluntary basis. They were at various stages of their study that required them to complete between 120 to 320 hours of clinical placement (Table 1). At the beginning of their placement, students were briefed face-to-face, provided a student-participant information session, and invited to take part. With further information provided during orientation/induction on the first day of their placement at TKO, each was given the participant information sheet which contained a description of the project, the dual-purpose of TKO, and the nature of their participation. Documentation included details of their commitment, both to their clinical placement and to the project.

**Table 1***General Characteristics of Participants and Placement Details*

Cohort	Number of participants	Profession	Study Course and Level	Duration of Clinical Placement (Hours)
1	2	Nursing	Bachelor – Year 1	3 weeks (120 hours)
2	2		Bachelor – Year 1	3 weeks (120 hours)
	1		Bachelor – Year 2	3 weeks (120 hours)
3	2	Occupational therapy (OT)	Bachelor – Year 2	8 weeks (320 hours)
	1	Nursing	Diploma – Year 1	4 weeks (160 hours)

**Data Collection and Analysis**

We conducted three semi-structured focus group interviews of health students (nursing and occupational therapy) at the end of their placement at TKO for their clinical experience. The first two groups (Cohort 1 and Cohort 2) completed three weeks of placement, while the other group (Cohort 3) completed four weeks for nursing and eight weeks for the OT students. The first focus group with Cohort 1 students ( $n=2$ ) was conducted online through the ZOOM platform. Focus groups 2 and 3 with Cohort 2 ( $n=3$ ) and Cohort 3 students ( $n=3$ ) were held face-to-face at the temporary TKO site in Wintec campus. The focus groups included the use of an ethics approved interview guide that contained a list of open-ended questions but were semi-structured to allow for a conversational approach and flexibility. Each focus group lasted between 45 to 60 minutes, and all sessions were audio recorded. The students were offered the opportunity to review the transcripts to ensure the authenticity of the interviews. The interviews were transcribed and shared with the broader research team when completed.

To identify themes in participant experiences of their clinical placement, we followed Braun and Clarke's (2006) six-step approach to thematic analysis. The research team used initial coding to identify meaningful units and patterns within the data, and then organised the codes into potential subthemes, considering similarities and differences in meaning. All investigators reviewed, refined, and defined the subthemes and then the themes by reviewing associated data excerpts, which resulted in clear and descriptive names being assigned to each theme. Where there were discrepancies, the coders reached consensus by discussion. A thematic map was developed to illustrate the relationship between the themes. A comprehensive analysis was generated by exploring connections, identifying overarching patterns, and considering the implications of the findings. Relevant quotes and excerpts were included to support the themes and provide evidence. Throughout the analysis, flexibility was maintained, allowing for iteration and refinement of themes as needed. Microsoft 365 (Word) was used to organise and retrieve coded data.

**Results**

The analysis identified nine subthemes following from three overarching themes: placement preparation and understanding expectations; interprofessional relationships and collaboration; and learning experience and value. Each of the themes impacted each other and the participants' overall experience, demonstrated through their respective subthemes (Table 2). Themes and subthemes are described below utilising quotations from the students, labelled S1 to S8.

**Table 2***Themes and Subthemes Identified from the Students' Overall Experience*

Themes	Subthemes
Placement preparation and understanding expectations	<ul style="list-style-type: none"> <li>• Programme duration and structure of placement</li> <li>• Communication and availability of information</li> <li>• Challenges and suggestions for improvement</li> </ul>
Interprofessional relationships and collaboration	<ul style="list-style-type: none"> <li>• Building therapeutic relationships</li> <li>• Opportunities for community engagement</li> <li>• Learning from others</li> </ul>
Learning experience and value	<ul style="list-style-type: none"> <li>• Practical experiences</li> <li>• Interprofessional competencies development</li> <li>• Supportive and rewarding placement experience</li> </ul>

**Theme 1: Placement Preparation and Understanding Expectations**

The initial theme derived from the data related to *placement preparation and understanding expectations* which encompassed three subthemes. Regarding *program duration and structure of placement*, participants' perspectives varied. Some suggested extending the duration, citing insufficient time for placement activities and relationship-building with clients. Others were content with the current duration but desired flexibility and emphasised the need for understanding the program. All participants expressed satisfaction with the structure of the placement and were open to the repetition of activities to embed learning:

I think it's [the placement length] good. I would like to do maybe another week or two, because I do feel I've just kind of started really getting to know the clients and their health and that you need that time to get to know them and then some time to actually put some work into progress. (S7)

*Communication and availability of information* highlights areas of participant satisfaction along with challenges related to information provision and support during the placement. While students indicated that they received clear information about the SRC and placement, there was a lack of prior knowledge about an interprofessional placement and experiences they would receive. As S2 related, "I feel there was a good lot of information about the organisation, the whole placement, and the whole idea of the clinic, like how it was going to be but not the kaumātua". S3 expressed that:

I feel like it would have been good to know what type of [activities], 'cause we did like a lot of community-based stuff as well, a little bit of like in the actual clinic? I just had no idea what kind of thing I would be doing.

For *challenges and suggestions for improvement*, participants raised issues that included the desire for more opportunities to practice new things and initial confusion about roles and expectations while on placement, especially within the context of an interprofessional setting:

We needed to, quite a bit in the first few weeks, seek clarity and take the onus on that ourselves because we felt unsure about yeah, as [S7] said, unsure about what we were expected to do. And also, there was confusion about we'd go to a provider, and they wouldn't be clear about what was expected and when we were coming and going. Yeah, for me, greater clarity, from the get-go. (S8)

Findings highlight a need for greater clarity about their placement from the beginning including the uniqueness of the interprofessional focus and the fact that activities were both campus-based with clients coming to the clinic and community-based with student visits within the community. This was particularly noted among participants in their first year of study.

**Theme 2: Interprofessional Relationships and Collaboration**

The second theme related to *interprofessional relationships and collaboration* with participants commenting on the value of experiential learning and exposure to different perspectives of health care. In *building therapeutic relationships*, participants reported positive learning and experience while noting the importance of developing relationships, increased confidence in finding answers, interprofessional collaboration, and diverse learning opportunities:

I guess [the] highlights for me are building those therapeutic relationships with the kaumātua. Uhm, and for me I guess I didn't want to work, in my head I was going to be working in a different area with people. And I guess future nurses always

think of their ideal situation, but I've absolutely loved working with the kaumātua. No matter what's going on in their lives, they're just so happy and welcoming of us. (S2)

Students appreciated having the *opportunities for community engagement* presented through their involvement in various locations and groups. Through this, they recognised the significance of exposure to diverse settings, groups, and experiences, demonstrating positive engagement and an understanding of the value of community involvement in their respective fields:

I enjoyed getting to go to different places like being at this campus and then also going to [Community Partners] and the city campus as well. Having those opportunities in different places, not just being here the whole time. I feel [being] in those different places gave you a good idea of different kinds of learnings and different types of nursing environments and stuff. (S4)

In *learning from others*, participants' feedback emphasised the importance of interprofessional relationships and practical experiences with other disciplines. They found these experiences valuable for gaining a greater understanding of different perspectives and cultural practices. The presence of a registered nurse and exposure to diverse learning opportunities was valued. For example, S2 expressed that:

I have had the pleasure of going to the city campus and being on the medical clinic here, which has been also really great and has further developed my understanding of what I guess you call interprofessional relationship where you see all these different professions work together, how that intertwined and the respect they have for one another, which is really great to see.

### **Theme 3: Learning Experience and Value**

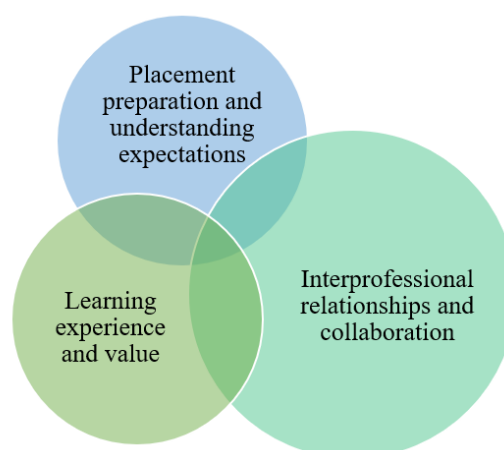
The theme of *learning experience and value* focused strongly on the perceived benefit of the placements. Participants indicated that they gained *practical experiences* that were valuable for their knowledge and skill development. These experiences included undertaking comprehensive health and falls assessments and documenting these into a patient management system. The participants spoke of their opportunities to observe actual sites and engage in case studies beneficial for enhancing interprofessional competence. For examples, S3 said, "[the highlight for me was] learning how to do health promotion, doing mini assessments, falls assessments like new things, and practicing it on the kaumātua". S8 stated that, "... the case studies and the planning and discussion, those were the things that we found the most valuable". Of note, participants reported that being with kaumātua provided unique cultural experiences while working with nurses in networked primary healthcare settings facilitated their *interprofessional competencies development*, including cultural competence and effective communication: "I just feel like being in that clinic setting is pretty practical all the time and also really beneficial for our competencies as well. They're just both different experiences" (S4). S2 added that:

The debriefing has been really good, because we actually sit down and talk about stuff that we probably didn't know or haven't seen before; how we would go about resolving it, or chatting about it if it was in different situations. Yeah, it's just a way for us to actually process and look at 'Oh, actually, I did learn that this today' and taking that and to account especially for doing our competencies.

Finally, participants indicated that they had a *supportive and rewarding placement experience*. They felt supported, respected, and enjoyed working in groups while developing their interprofessional competency and forming good relationships. The variety of settings and exposure to different perspectives contributed to the overall positivity of experience. As S7 communicated, "I found it really good. Yeah, I do feel supported here. Niel has been really great, especially compared to my first placement, which I didn't really have that, but this here, it's good".

## **Discussion**

Our analysis suggests that an SRC provides students with the opportunities to collaborate and develop interprofessional relationships with colleagues and clients. Additionally, through working in partnerships with community health providers, students gained practical experiences and developed their confidence and competencies in a community-partnered primary healthcare setting. This report demonstrated the potential of the SRC model to address healthcare disparities and enhance learning outcomes through hands-on, community-engaged experiences. However, as the clinic was in a start-up phase, challenges arose in relation to the initial understanding and expectations of students undertaking a full-time placement (possibly for the first time), the interprofessional focus of the placement, and the notion that 'clinic' activities occurred both on campus and in the community. Figure 1 illustrates the intersections of the themes arising from this evaluation and highlights the interdependence among the students' SRC placement experiences. Interprofessional placements are less common than standard profession specific placements.

**Figure 1***Interdependence Among the Three Key Themes*

The findings of this report resonate with findings within other SRC related research. Huang et al. (2021) examined the educational value of SRC and reported that students developed a richer understanding and appreciation of holistic and interprofessional approaches to patient care through managing real patients and working with practitioners from other health professions. Furthermore, students who completed their placement at an interprofessional SRC saw themselves gaining a better appreciation of own and other professions' role and scope of practice, working, and contributing meaningfully to a team, and increased comfort working in interprofessional teams (Hopkins et al., 2022). As Weaver et al. (2019) reported, a SRC improves students' self-efficacy and readiness for future career with the community. Taken together, SRC may be a suitable setting for the delivery of interprofessional education to health students. Importantly, the attainment of these positive learning experiences can only be achieved in the presence of these three elements that contributed to students' learning: responsibility, authenticity, and collaboration (Schutte et al., 2018). This suggests that in establishing an SRC, preparation of placement activities and students for their clinical experience need to emphasise the importance of being responsible for their own learning, tutor, coordinator, and clients. Coordinators and tutors need to ensure an authentic learning environment for the students. In doing so, they can enhance the collaboration between coordinators, tutors, and students and promote interprofessional patient care in SRC contexts.

We note that more effective preparation may have enhanced the students' positive experience, and subsequently their interprofessional competence and recommend use an interprofessional readiness scale such as the Readiness for Interprofessional Learning Scale [RIPLS] Questionnaire (Latrobe Community Health Service & the Health & Socialcare Interprofessional Network [HSIN], 2009) to guide future program delivery. Opportunity exists to continue building the pedagogy related to teaching, learning and assessment during the placement. Introduction of formalised assessment of interprofessional competency attainment would further strengthen the program (Brownie et al., 2023). The recommendations outlined in Table 3 can serve as a basis for further improvements and enhancements in the SRC, considering the students' perspectives, readiness for interprofessional practice and learning needs. This pilot start-up is important in informing the ongoing development of Te Kotahi Oranga | Health and Wellness Centre and others undertaking similar initiatives that aim to provide a clinical space for students to work interprofessionally and develop their interprofessional competencies; and to serve the health needs of underserved community members. Although still in its infancy, the impact on students' learning can be considered positively, and seen to have benefitted their preparation as future health professionals.

**Table 3***Recommendations*

Findings	Recommendations
Preparation and Expectations	<ul style="list-style-type: none"> <li>• Develop a pre-placement information pack specific to the clinic's interprofessional focus, client base, community partners and operating model.</li> <li>• Schedule pre-placement briefing sessions to share and discuss information.</li> <li>• Use an interprofessional readiness scales (e.g.: RIPLS) to measure students' preparation for their clinical placement and discuss initial RIPLS results with students.</li> </ul>
Interprofessional relationships and competencies	<ul style="list-style-type: none"> <li>• Build on initial student feedback regarding the helpfulness of this placement in developing interprofessional competencies (IPCs) but introducing some formal IPC assessment processes.</li> <li>• Use faculty-led and student self-assessment tools to measure students' attainment of interprofessional competencies.</li> <li>• Ensure student self and peer assessment opportunities in feedback regarding all IPC assessment processes.</li> </ul>
Learning experience and value	<ul style="list-style-type: none"> <li>• Repeat use of RIPLS scale at the end of placement and engage students in self and peer reflection on changes in readiness for interprofessional practice.</li> </ul>

**Conclusion**

In this report, we explored student experiences in a start-up SRC initiative that aimed to develop interprofessional competencies in health professional students through delivery of student-assisted health services in collaboration with community providers. Students undertook the clinical placement as part of their course overall requirements. The overall findings indicate positive students' experiences during the pilot SRC start-up phase. The themes generated highlight the importance of preparation, understanding expectations, interprofessional relationships, practical learning experiences, and a supportive environment, in alignment with other studies that have explored the impact of SRC in different areas. The report's objectives are fulfilled in that student feedback provides useful information to guide further improvement in the placement experience – particularly the need for enhanced pre-placement communication and orientation.

We further note that the students who participated in this clinical experience were at various stages of their studies and came from diverse backgrounds. Throughout their clinical placement at TKO, the students experienced work-integrated learning, and were in gradual transition from tertiary education to developing discipline-related and interprofessional competencies. To encourage these, TKO collaborated with various community health partners to provide students with the opportunity to work with and alongside registered health professionals and the community. TKO focused on students' learning outcomes by enhancing student engagement, understanding students' expectations, ensuring psychological well-being, and collecting feedback from students to monitor progress and for improvements of future student learning and programmes. A unique feature of TKO is that researchers, educators, and registered health professional staff were involved in advancing student learning, and actively contribute to disseminating current research and innovative practices in tertiary learning experiences supported by evidence. This approach ensures that the students' experiences and TKO's strategies contribute to the broader conversation and knowledge dissemination on student success in higher education, particularly industry-related placement (Broman et al., 2022 ; Brownie et al., 2021). Through this collaborative effort, students gain valuable insights into evidence-based practices, enhancing the quality of their clinical experience and furthering their success in the academic setting.

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