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Interdisciplinary Learning Opportunities for Clinical Students and Teachers – A Case Study Shared

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Abstract

This article considers the value of interdisciplinary learning by examining the experiences of staff and students involved in a pilot health justice student-delivered clinic at the University of South Australia. By analysing the pilot clinic, this article argues that successful interdisciplinary learning requires integration of knowledge from various disciplines around an overarching topic or theme (in this instance, homelessness and access to justice) that guides the educational experience. This collaborative approach is posited to provide enhanced student outcomes and improve attitudes towards interprofessional teamwork which may increase student willingness to work in an interdisciplinary environment when they graduate. The article further suggests that curriculum enhancement through interdisciplinary opportunities can better position students and staff supervisors as health and legal practitioners by breaking down professional misunderstandings and improving outcomes for the community.

I INTRODUCTION

This article considers the value of interdisciplinary learning by examining the experiences of staff and students involved in a pilot health justice student-delivered clinic known as an Interdisciplinary Student Health Justice Clinic (IDSHJC) at the University of South Australia.

By analysing the pilot IDSHJC, this article argues that successful interdisciplinary learning requires integration of knowledge from various disciplines around an overarching topic or theme (in this instance, homelessness and access to justice) that guides the educational experience. This collaborative approach is posited to provide enhanced student outcomes, and improve attitudes towards interprofessional teamwork which may increase student willingness to work in an interdisciplinary environment when they graduate.¹ Part II of this article outlines the extant literature on interdisciplinary clinics that involve students from different disciplines collaboratively learning and providing services to the public, and it also explores the rationale for such initiatives. Little has been reported on the benefits to teachers who are involved in the process of interdisciplinary education and this article also seeks to fill that vacuum.

Interdisciplinary learning opportunities are difficult to orchestrate in Australian universities, as teaching disciplines tend to be siloed with curriculum and timetables often difficult to coordinate. This article highlights some of the challenges and lessons learned during the process of planning the IDSHJC and developing the educational scaffolding used to prepare students for the health justice clinic experience. Part III of the article gives the background to the development of the University of South Australia IDSHJC and explores how ethical obligations and communication skills, two key challenges of the project, can offer rich interdisciplinary learning opportunities for students and teaching staff. Part IV further explores the benefits of IDSHJC for students and teachers through an assessment of IDSHJC participant feedback.

The article further suggests that curriculum enhancement through interdisciplinary opportunities can better position students as future health and legal practitioners by breaking down professional misunderstandings and improving outcomes for the community. Part V concludes the article and highlights further views on how interdisciplinary student collaboration and experiential learning ought to be conceptualised and offers suggestions for concomitant curriculum design.

II INTERDISCIPLINARY CLINICS AND THEIR RATIONALE

Health and law are inextricably linked. According to the World Health Organisation, the social determinants of health (SDH) are 'the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.'² There are a range of unmet legal needs that can stem from an individual's SDH; these include being subject to discrimination, domestic violence and improper decision making with respect to accessing social security.³ Moreover, research indicates that unresolved legal problems can lead to poor health outcomes and impact on the SDH.⁴

The premise of a health justice clinic is to provide a holistic, accessible service to combat social inequity and address the SDH together with fostering a culture of professionally adept, socially

¹ Rebecca Olson and Andrea Bialocerkowski, 'Interprofessional Education in Allied Health: A Systematic Review' (2014) 48(3) *Medical Education* 236.

² 'World Health Organisation Social Determinants of Health', *World Health Organisation* (Web Page) <https://www.who.int/social_determinants/sdh_definition/en/>.

³ Joanna Theiss and Marsha Regenstein, 'Facing the Need: Screening Practices for the Social Determinants of Health' (2017) 45 *The Journal of Law and Medicine & Ethics* 431, 432.

⁴ Pascoe Pleasence et al, 'Civil Law Problems and Morbidity' (2017) 58(7) *Journal of Epidemiology and Community Health* 552; Elizabeth Tobin-Tyler, 'Aligning Public Health, Health Care, Law and Policy: Medical-Legal Partnership as a Multilevel Response to the Social Determinants' (2012) 8 *Health Journal of Health & Biomedical Law* 211.

aware and reflective graduates.⁵ The IDSHJC at the University of South Australia entails students providing services to people who were experiencing homelessness or at risk of homelessness, under close supervision of academic clinical supervisors at a charitable service provider in metropolitan Adelaide. Student involvement (from physiotherapy, podiatry and law) provides an invaluable educational opportunity to apply the discipline specific theoretical learnings in a real-life practical context. This context enables students to develop a critical understanding of their profession and the role it can play in providing a much-needed service to the community.

Interdisciplinary learning entails two or more disciplines learning in a collaborative manner.⁶ The IDSHJC concept adopted at the University of South Australia involves students from the different disciplines of law and health learning together and providing a holistic service to the community. Both health and legal supervisors and their respective students work and learn side by side - either jointly or separately as appropriate, but in an interdisciplinary way - at the one site. Such collaboration should not be confused with a legal service that provides support to a health or allied health service provider. The distinction is critical because interdisciplinary learning enables development of new curriculum design and clinical training pedagogies within several established disciplines or traditional fields of study.⁷ The Edinburgh Living Lab at Edinburgh University is an example of new curriculum design centred around interdisciplinary learning, where design and informatics students work together on real-world case studies in collaboration with external community stakeholders.

Recognition of the benefits of interdisciplinary learning for students in experiential learning environments where clinical services are provided to the public is well-documented.⁸ Such learning promotes students to be 'client-centred holistic problem solvers who are better equipped to navigate professional practice.'⁹ Likewise, the benefits of interdisciplinary professional services for clients, especially marginalised members of the community has also been publicised.¹⁰ Complimentary services involving multiple professions can provide improved, accessible and effective support for those in need.¹¹

In Australia, empirical data collected in the past has indicated legal services were not reaching disadvantaged and vulnerable populations and that such groups were more inclined to turn to

⁵ Michele Leering, 'Integrated Reflective Practice: A Critical Imperative for Enhancing Legal Education and Professionalism' (2017) 95 *Canadian Bar Review* 48.

⁶ Liz Curran, Isobel Ryder and Caroline Strevens, 'Reframing Legal Problems: Educating Future Practitioners Through an Interdisciplinary Student Clinic' (2018) 25 *International Journal of Clinical Legal Education* 4, 9.

⁷ Linda de Greef, Ger Post, Christianne Vink, and Lucy Wenting, *Designing Interdisciplinary Education: A Practical Handbook for University Teachers* (Amsterdam University Press, 2017); Catherine Lyall et al, *Interdisciplinary Provision in Higher Education* (University of Edinburgh, 2015).

⁸ Lisa Bliss et al 'A Model for Interdisciplinary Clinical Education: Medical and Legal Professionals Learning and Working Together to Promote Public Health' (2012) 17 *International Journal of Clinical Legal Education* 149.

⁹ Ibid 150. Also see, Paula Galowitz, 'The Opportunities and Challenges of an Interdisciplinary Clinic' (2012) 17 *International Journal of Clinical Legal Education* 165, 172-3; Elizabeth Tobin-Tyler, 'Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality' (2008) 11 *Journal Health Care Law and Policy* 249, 254.

¹⁰ See for example, Liz Curran, 'A Research and Evaluation Report for the Bendigo Health-Justice Partnership: A Partnership between Loddon Campaspe Community Legal Centre and Bendigo Community Health Services' (ARC Justice Bendigo Ltd, 31 October 2016 published 22 November 2017) <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3076407>; Liz Curran, 'Lawyer Secondary Consultations: Improving Access to Justice and Human Rights: Reaching Clients Otherwise Excluded Through Professional Support in a Multi-Disciplinary Practice' (2017) 8(1) *Journal of Social Inclusion* 46; Kelsey Hegarty et al, 'Acting On The Warning Signs Evaluation Final Report' (Inner Melbourne Community Legal, Melbourne University, Legal Services Board & the Royal Women's Hospital, August 2014) <<https://imcl.org.au/publications-and-media>>; Mary Anne Noone, 'Towards an Integrated Service Response to the Link Between Legal and Health Issues' (2009) 15 (3) *Australian Journal of Primary Health* 68; Liz Curran and Pamela Taylor-Barnett, 'Evaluating Projects in Multifaceted and Marginalised Communities: The Need for Mixed Approaches' (2019) 19(1) *Evaluation Journal of Australasia* 22; Liz Curran and Pamela Taylor-Barnett, 'Overcoming the Invisible Hurdles to Justice for Young People: A Final Research and Evaluation Report of the Invisible Hurdles Project (Hume Riverina Community Legal Service Health Justice Partnership, 2018) <http://www.hrcls.org.au/wp-content/uploads/2018/11/DESIGNED_Final-report_October_20181102.pdf>.

¹¹ Galowitz, (above n 9) 175-6; Tobin-Tyler (above n 9) 253-5; Tobin-Tyler (above n 4) 233-4.

health and allied health services with their problems that also had a legal dimension.¹² This data suggests that working with health and allied health professionals with whom people were likely to turn for help might address this gap.¹³ As a response to this there has been a burgeoning of what are described as Health Justice Partnerships which see services that are multidisciplinary combining or co-locating with legal services to improve client access to legal help.¹⁴

Despite the reported benefits to students and the broader community, interdisciplinary clinic services that enable experiential learning opportunities has been hard to arrange in Australian universities.¹⁵ Teaching disciplines tend to be siloed, and when this is combined with discordant course curriculums and timetabling, creating experiential programs with students from different disciplines can prove to be a logistical nightmare. Experiential learning programs that utilise in-house 'live client' models also continue to operate under omnipresent funding pressure at most universities because they necessitate low teacher/student ratios to ensure appropriate learning outcomes and service to the public.¹⁶ In Australia,¹⁷ there are very few in-house interdisciplinary clinics running in universities.¹⁸ In fact, a model where students learn and work together providing the public with legal and health advice under the supervision of clinical academics in the same location is rare. Currently, a similar model is being piloted in the United Kingdom at the University of Portsmouth, and there is also a service in the United States of America at Brown University.

The authors from the University of South Australia are therefore most fortunate in that IDSHJC is an Australian first that involves students from the disciplines of physiotherapy, podiatry and law. These students work together to provide professional services to the public under the supervision of employed clinical academics.¹⁹ The creation of the IDSHJC has produced learning opportunities for students, clinic staff and it appears to have thus far been well-received by the public who have used the service. In 2018, it ran each Wednesday afternoon for two four-week blocks from the offices of a charitable organisation. During this period, the IDSHJC provided service to over twenty persons who sought help for a range of health and legal needs. Approximately 20% of the individuals who sought assistance from IDSHJC received help from

¹² Christine Coumarelos et al, 'Access to Justice and Legal Needs Legal Australia-Wide Survey: Legal Need in Australia' (New South Wales Law and Justice Foundation Sydney, 2012) <http://www.lawfoundation.net.au/ljf/site/templates/LAW_AUS/file/LAW_Survey_Australia.pdf>.

¹³ Nigel Balmer et al, 'Worried Sick: The Experience of Debt Problems and Their Relationship With Health, Illness and Disability' (2006) 5(1) *Social Policy and Society* 39.

¹⁴ Curran and Taylor-Barnett (above n 10) 22; Inner Melbourne Community Legal, 'Partners in Care: The Benefits of Community Lawyers Working in a Hospital Setting – Report on the Cross-site Evaluation of Health Justice Partnerships Between Three Metropolitan Melbourne Hospitals with Inner Melbourne Community Legal' (Inner Melbourne Community Legal, 2018) <https://imcl.org.au/assets/downloads/IMCL_report_FA_web.pdf>; Sue Ball et al, 'Health Justice Partnerships Development Report' (Legal Services Board and Commissioner, 2016) <http://www.lsb.vic.gov.au/documents/Report-Health_Justice_Partnership_Development-2016.PDF>.

¹⁵ Elisabeth Spelt et al, 'Teaching and Learning in Interdisciplinary Higher Education: A Systematic Review' (2009) 21(4) *Educational Psychology Review* 365; Liz Curran, 'Reflections on Practice and Recent Research to Enable Future Practitioners to Learn About Working Collaboratively Across Disciplines to Better Help the Community' (2017) 12(1) *Journal of Commonwealth Law and Legal Education* 1; Liz Curran, Isobel Ryder, and Caroline Strevens, 'Reframing Legal Problems: Educating Future Practitioners Through an Interdisciplinary Student Clinic' (2018) 25 *International Journal of Clinical Legal Education* 8.

¹⁶ Externship models may be expanding – supervision is free. Adrian Evans et al, 'Best Practices in Clinical Legal Education' (Australian Government Office for Learning and Teaching, 2012) <http://www.cald.asn.au/assets/lists/Resources/Best_Practices_Australian_Clinical_Legal_Education_Sept_2012.pdf>.

¹⁷ Kingsford Legal Centre, 'Clinical Legal Education Guide: Your Guide to CLE Courses Offered by Australian Universities 2019-2020' (University of New South Wales, 2019) <<http://www.klc.unsw.edu.au/publications-research-and-law-reform-submissions/reports-and-guides>>.

¹⁸ Curran (above n 15) 1.

¹⁹ Queensland University has an advice clinic for young people in a mental health clinic in a hospital setting. The nature of the Queensland clinic, at this stage, does not have the same focus of interdisciplinary learning educational aims in student curriculum as at the University of South Australia and so is at this stage a different model with mainly a service rather than educational focus. They do however have some useful lessons from their project which is also a pilot. See Tatjana Ewais and Cate Banks, 'Health and Justice Partnerships for Young Adults – When Health and Law Unite in Care' (2018) 77(6) *Health Education Journal* 656.

both the health and law students – almost all of the referrals for legal help came from health students.

III INTERDISCIPLINARY HEALTH JUSTICE CLINIC DEVELOPMENT

The provenance of the IDSHJC can be found in the emails of two of the authors, Katia Ferrar and Matthew Atkinson, in the respective disciplines of health and law in May 2017. Katia helped create a student-led physiotherapy and podiatry clinic (supported by an AMP Tomorrow Makers Grant) that provides a free health service to persons in crisis or experiencing homelessness. Matthew managed a student-led law clinic that provides a free legal service to persons who may otherwise not be able to afford to see a lawyer. The email dialogue provided opportunity for them to learn about their respective clinical services and to discuss appropriate client referral. Emailing led to a face-to-face meeting and the idea of creating an interdisciplinary student-led clinic then led to an application for university funding to assess the feasibility of an IDSHJC.

The synergies between the health and legal clinics at the University of South Australia were manifest. Both clinics' aims and objectives are for students to develop practical professional skills, an appreciation of client-centred practice and recognition of how their professional knowledge can assist all members of the community through a hands-on learning experience. Further, both seek to foster in students a strong sense of social justice and enable students to become ethical professionals. These shared learning outcomes, social justice values and the overarching pro bono philosophy governing the provision of services to the public made the idea of an IDSHJC a particularly worthy endeavour to both academic disciplines. The other exciting opportunity identified was academic clinical supervisors from different fields learning about their respective disciplines and cross-fertilising approaches to contribute to student development as well their own and adding refinements learned from each other's areas of expertise. Fortunately, the University of South Australia could see the potential benefits and research funding was provided to trial an IDSHJC.

The reality of creating an IDSHJC was accompanied with enthusiasm and acknowledgement that opportunities for learning were considerably more expansive than initially anticipated. A stakeholder group comprising of clinical academics and former students from the health and law clinics was formed. In addition to the university-based clinical personnel, the charitable service provider who would host the IDSHJC and an expert on health justice²⁰ were invited and joined the group. The stakeholder group met several times and discussed the following: first, the operational framework to govern the IDSHJC; and second, the creation of a student educational module detailing learning outcomes and objectives for student participation in the IDSHJC. The stakeholder group met twice by way of Skype and these meetings generated a flurry of emails that resulted in the creation of procedure manuals, client consent forms, referral processes, a student face-to-face training programme, and an online educational module.

The course site was developed on the University of South Australia's learning management system, LearnOnline (Moodle). The course site sought to address key foundational health justice concepts, provide information on working with the homeless community, and outline the processes for working in an interdisciplinary team. The health and law students participating in the pilot project were exposed to a range of concepts including:

1. Social justice and social determinants of health;
2. Homelessness;
3. Health justice theory;
4. What law students do in their clinical placement;
5. What physiotherapy students do in their clinical placement;

²⁰ This was when Liz Curran was invited to join the project.

6. Ethical standards: Integrating legal assistance in a health care setting; and
7. Health justice clinic policies and procedures.

Online video modules were created to prepare students for involvement in the IDSHJC. Similar modules had been previously developed by University of South Australia academic staff in partnership with former students of the law clinic to assist new students in preparing for their clinical law placement. Video modules in the law clinic included how to conduct a legal interview and how to deal with challenging ethical issues that might arise such as protecting client confidentiality in the context of providing a legal service. This approach had been applied taking into account the literature around learning resources and in particular video content prepared by students and teachers as a team.²¹ The feedback from students undertaking the law clinic course has been extremely positive and in particular students have indicated that watching the student created videos increased their knowledge of clinical tasks and processes and increased their confidence in undertaking these tasks. Further, the feedback indicated that student developed resources felt authentic and were an effective way of delivering material. The majority of students indicated that they too would like to be involved in developing teaching resources for students in the future. In light of this, it seemed fitting that a similar approach be used in training students across the two disciplines for the IDSHJC. These videos were developed in May 2018.

In recent years, significant research has been conducted into the benefits of students as co-creators of learning resources and has demonstrated that content delivered in this way can enhance the learning experience for students in higher education.²² The results across various disciplines in the UK (and more recently Australia) demonstrate that using students to co-create and deliver teaching materials has a positive effect on the student experience and that it resonates with students who use it. Particularly, not only does co-creation and peer instruction empower those students involved in the development of the teaching material, but students who learn from these materials have indicated that they have found it a positive way to engage with complex concepts and to understand the content being taught. Research demonstrates that these types of partnerships result in:

- engagement – enhancing confidence, enthusiasm, motivation, and enhanced engagement in the process and outcome of learning
- awareness – developing meta-cognitive awareness and a stronger sense of identity and ownership over their own learning
- enhancement – improving teaching and the classroom experience.²³

Working from the literature and the success of the pre-clinical placement training videos for the law clinic course, students from both the law and physiotherapy disciplines were invited to volunteer and participate in the development of materials for the IDSHJC in conjunction with their clinic supervisors.

To develop the online instructional and informational videos, former clinic students from the health and law disciplines engaged in ‘students as partners’ process with their clinical supervisors. These experienced students in the legal and health clinics were consulted about concepts of clinical practice relevant to their discipline. Discussions about the videos and video content were

²¹ Catherine Bovill et al, ‘Addressing Potential Challenges in Co-creating Learning and Teaching: Overcoming Resistance, Navigating Institutional Norms and Ensuring Inclusivity in Student–Staff Partnerships’ (2016) 71 *Higher Education* 195; Alison Cook-Sather, Catherine Bovill, and Peter Felten, *Engaging Students as Partners in Learning and Teaching: A Guide for Faculty* (Jossey-Bass, 2014); Roisin Curran, ‘Students as Partners—Good for Students, Good for Staff: A Study on the Impact of Partnership Working and How This Translates to Improved Student-Staff Engagement’ (2017) 1(2) *International Journal for Students as Partners* 1.

²² Beth Loveys, Catherine Snelling and Sophie Karanicolas, ‘Research Based Education Meets MELT: Co-created classrooms for the 21st Century’ *International Conference on Models of Engaged Learning and Teaching (i-MELT)*, Adelaide, 11 – 13 December 2017; Catherine Snelling et al, ‘Partnership through Co-Creation: Lessons learnt at the University of Adelaide’ (2019) *International Journal of Students as Partners*.

²³ Mick Healey, Abbi Flint, and Kathy Harrington, ‘Students as Partners: Reflections on a Conceptual Model’ (2016) 4(2) *Teaching & Learning Inquiry* 1.

discussed and workshopped. The experienced students, along with their clinical supervisors, prepared blue prints of the content to ensure it aligned with the relevant requirements of their disciplines, and that it addressed all of the relevant issues regarding the professional obligations of both lawyers and health providers. The videos aim to highlight the ethical and professional obligations of both law and health disciplines. Further, they also aim to provide students with an understanding of how each discipline provides service to the public and demonstrate that different professions have a valuable and unique part to play in client/patient outcomes. Once blueprinted, the clinical supervisors filmed the experienced students explaining their disciplines clinical processes, professional and ethical obligations in short 3-minute videos. The content covered the following topics:

- General Law Student Clinic Tasks
- General Physiotherapy Student Clinic Tasks
- Access to Care (Physiotherapy Students)
- Patient Centred Care (Physiotherapy Students)
- Confidentiality and Sharing of Knowledge (Physiotherapy Students)
- Informed Consent (Physiotherapy Students)
- Mandated Reporting (Physiotherapy Students)
- Confidentiality, Mandated Reporting and Legal Professional Privilege (Law Students)
- Conflicts of Interest (Law Students)
- Objectivity and Impartiality (Law Students)

All of the videos were uploaded to the course site and available for students to watch and learn prior to the IDSHJC workshop.

The 3.5-hour workshop used an interdisciplinary learning approach, where physiotherapy and law students developed knowledge of health justice by integrating knowledge and modes of thinking from the other discipline. Podiatry students were unable to attend due to the complexity of clinical placement timetabling. The workshop learning design provided for the following outcomes: first, student introductions and the development of knowledge about the law and health professions together with a focus on discipline specific roles and responsibilities; second, conceptualisation of the similarities and differences between the disciplines and the implications for interdisciplinary clinical practice; and third, development of knowledge regarding the IDSHJC processes and procedures. Most of the workshop learning was structured in the form of two case studies, which required interdisciplinary pairs or small groups to work together and share knowledge to develop responses and potential hypothetical clinical actions.

Each case study focussed on one of the two key IDSHJC challenges the academic team had identified: patient-centred communication and ethics. These two challenges formed the common theme or concept that underpinned the interdisciplinary learning case studies. Effective communication is essential for the provision of effective health care²⁴ and is considered a core competency for allied health and nursing professions including physiotherapy.²⁵ Likewise, effective communication is also considered essential for effective legal practice.²⁶ For this reason, case study one focused on patient-centred communication to facilitate interdisciplinary learning. Using patient-centred communication as the central theme, students were prompted to discuss and educate each other about how they interpreted the case study. They were also asked to highlight what additional information legal and health practitioners may require from a client, and how they would phrase questions to obtain this information.

²⁴ Larry B Mauksch et al, 'Relationship, Communication, and Efficiency in the Medical Encounter: Creating a Clinical Model from a Literature Review' (2008) 168 *Archives of Internal Medicine* 1387.

²⁵ Jennifer M Weber, 'Core Competencies for Health Care Professionals' (2006) 35(3) *Journal of Allied Health* 185.

²⁶ Ross Hyams, Susan Campbell and Adrian Evans, *Practical Legal Skills: Developing Your Clinical Technique* (Oxford University Press, 4th ed, 2014).

Adherence to ethical standards is also fundamental in the delivery of both legal and health services. For the IDSHJC, the ethical topics that arose in the context of legal and health professionals working together to provide a professional and holistic service to the public were legal professional privilege, confidentiality, conflict of interest and mandated reporting. These ethical topics can give rise to potential conflict in discipline specific professional obligation - for example, health practitioners are mandated reporters while lawyers are not. However, it is not axiomatic that such potential conflict leads to lawyers and health practitioners collaborating together as being an impossibility.²⁷ What is important in adhering to ethical standards when working in an interdisciplinary environment is mutual understanding of commonality and difference in discipline specific professional obligations.²⁸ To this end, case study two focuses on an older teenage child who is in a relationship with an adult perpetrator of domestic violence. The case study enables law students and health students to together discuss the differences in the ethical rules that underpin divergent professional obligations. Through the workshop discussion, law students learn that (at times to their discomfort) they are not mandated reporters, and health students learn that lawyers are not mandated reporters because legal professional privilege serves an important function in that it protects people (who are often vulnerable) against the 'leviathan of the modern state.'²⁹

The discussions from both case studies provide students with context to understand the consent form developed specifically for the University of South Australia IDSHJC. The consent form highlights how the IDSHJC adheres to ethical standards. It outlines to a potential client how the IDSHJC works and helps to ensure confidentiality, informed consent and appropriate sharing of information. As has been highlighted by other Health Justice Partnerships, the differing mandatory reporting requirements need to be navigated to provide clarity for legal and health practitioners and their clients. The consent form outlines to clients the purpose of the IDSHJC, enables clients to decide what (if any) information is to be shared between the legal and health practitioners, and clearly states the health practitioners to be mandatory reporters.

These case study discussions enable students to develop a rich understanding of the principles underpinning their own professional ethical frameworks and also an appreciation of the differences with the opposite discipline. It is hoped that this appreciation of difference will assist in future lawyers and health professionals of the University of South Australia being more amenable to future professional collaboration to assist the community.

IV THE BENEFITS OF THE INTERDISCIPLINARY HEALTH JUSTICE STUDENT CLINIC PILOT FOR STAFF AND STUDENTS

The two key topics of ethical considerations and communication skills identified by the teaching team pose theoretical and procedural challenges that in turn offer rich interdisciplinary learning opportunities. Law students are introduced very late in their degree to the concept of client-centred care, with the early focus on case analysis.³⁰ Conversely, physiotherapy students are exposed to the concept of client-centred care very early in their degree, and the concept frames the rest of their learning.

²⁷ Liz Curran, 'Multi-Disciplinary Practice Health Justice Partnerships – Working Ethically to Ensure Reach to Those Most in Need' (2017) *Nottingham Law Journal* 11; Alexis Anderson et al, 'Professional Ethics in Interdisciplinary Collaboratives: Zeal, Paternalism and Mandated Reporting' (2007) 13 *Clinical Law Review* 659.

²⁸ Tobin-Tyler (above n 9) 289-90.

²⁹ See *Grant v Edwards* (1976) 135 CLR 674, 685. Deane J says that professional privilege is vital in that it 'represents some protection of the citizen - particularly the weak, the unintelligent and the ill-informed citizen - against the leviathan of the modern state. Without it, there can be no assurance that those in need of independent legal advice to cope with the demands and intricacies of modern law will be able to obtain it...'

³⁰ Susan Daicoff, 'Expanding the Lawyer's Toolkit of Skills and Competencies: Synthesizing Leadership, Professionalism, Emotional Intelligence, Conflict Resolution, and Comprehensive Law' (2012) 52(3) *Santa Clara Law Review* 795, 807-809; Liz Curran, 'Social Justice – Making it Come Alive and a Reality for Students, and Enabling Them to Become Engaged Future Ethical Practitioners' (2018) 2 *Nottingham Law Journal* 33; Eduardo Capulong, 'Client as Subject: Humanizing the Legal Curriculum' (2016) 23 *Clinical Law Review* 37.

Feedback on these learning opportunities has been gained through semi-structured interviews with stakeholders and end-users including students and teaching staff. A formal evaluation has not yet been conducted of this pilot, but one is in planning with the author, Liz Curran. Health and law staff reported unexpected and significant professional development as a result of the planning process. Likewise, students reported an increased understanding of the other discipline and an enhanced understanding of the complexities of their own discipline. As the focus of this article is interdisciplinary learning, the feedback of the academic clinic staff and students will be explored.

Of the nine health students and ten law students who were part of the eight-week pilot trial, five health and three law students participated in interviews. The semi-structured interviews explored the students' perceptions about knowledge development as a result of active participation, and about what aspect of the learning experience were most beneficial.

All students agreed the IDSHJC should continue as a learning experience, and the major criticism was that the duration (four weeks) was too short. A key theme that emerged from the student interviews was the development of knowledge regarding their own and the other profession, and more specifically the significant differences between the professions. Increasing knowledge and understanding is an important learning outcome in interdisciplinary learning environments. As discussed in Part II, research highlights the importance of interdisciplinary practice but programs such as this pilot, which seek to capture future practitioners while undergoing university training, is an unstudied area and one the authors seek to address through the IDSHJC.³¹ Winters et al observe:

Meeting the complex health needs of people often requires interaction among numerous different sectors. No one service can adequately respond to the diverse care needs of consumers. Providers working more effectively together is frequently touted as the solution...Cross-sector service provision is expected, yet much remains unknown about how it is conceptualised or its impact on health status.³²

Clients who are experiencing homelessness or are at risk of homelessness such as those presenting to the IDSHJC is one way of enabling students to learn of the different sectors that can assist in meeting complex client needs and thus break down siloed thinking. Several students in their feedback identified the 'stereotypical' perceptions of their own profession, and the perceptions that were held by students in the different disciplines of law and health respectively. Such stereotypes can hinder professional interaction and Winter et al note that mutual understanding is critical to holistic responsiveness. Likewise, some students reflected on their newly developed perception of the other profession. For example, one law student reported that prior to the interdisciplinary learning experience their perceptions regarding the role of physiotherapy was mainly sport-related, and that they had not considered "there was a whole bunch of other issues that can affect day to day people...". In addition, there was a realisation that each cohort of students thought the other cohort would know what they do – which was indeed not the case. Differences were most marked in the areas of legal and ethical obligations, such as mandatory reporting, confidentiality and legal privilege. It is likely these topics stood out in the students' reflections as they were intentionally the focus of the online module and face-to-face workshop – but the reflections are no less encouraging from a teaching and learning perspective. Students reported the exploration of differences also led to healthy debate regarding the workarounds that would be required to work in an interdisciplinary fashion. One health student remarked, "being able to see how different the [law] profession [is]... you can see how they can work together".

Interdisciplinary learning outcomes in clinical settings typically include some knowledge or skills development regarding communication. Communication differences between health and law students was a theme that emerged, particularly from two of the three law students who were interviewed. The two suggested law students could "...learn a lot about how to talk to clients" by

³¹ Nick Goodwin, 'Towards People-Centred Integrated Care: From Passive Recognition to Active Co-Production?' (2016) 16(2) *International Journal of Integrated Care* 1, 2.

³² Shannon Winters et al, 'Cross-Sector Service Provision in Health and Social Care: An Umbrella Review' (2016) 16(1) *International Journal of Integrated Care* 1.

observing and working with the health (physiotherapy) students. One law student stated, “I admired the more detailed approach that they [physiotherapy students] had and asking other kinds of social questions”.

Most of the students felt the pre-clinic workshop was the most beneficial interdisciplinary learning element. In fact, both the law and health student cohorts seemed to really embrace the opportunity to work and learn face-to-face at the workshop. The online learning module, a flipped classroom pedagogical model, that the students were encouraged to work through prior to the pre-clinical workshop received mixed feedback. Some students felt the online material provided good background to the face-to-face workshop. One law student reported to discipline-specific videos were useful as “it’s always useful to hear from your peers...”. However, this acclaim was not universal as some students reported little benefit and engagement with these resources.

Katia Ferrar and Matthew Atkinson were two of the three clinical educators (law/physio) involved in the pilot trial and were interviewed as part of the feedback process. One further physiotherapy clinical educator was keen to participate but was overseas during the evaluation data collection period. The authors acknowledge the potential bias of having only two staff interviewed also being authors, but given the small scale (8-week duration and three staff) of the pilot project and their integral involvement in project teaching and planning this was unavoidable. Both Katia and Matthew reported the face-to-face pre-clinic workshops far exceeded their expectations in terms of student engagement and learning outcomes. Matthew suggested one reason for the learning success was that the workshop facilitated an exploration of the assumptions underlying each disciplines’ own ethics and obligations; making for a “deep learning experience”. However, both Katia and Matthew were disappointed that the disciplines “worked alongside but not together as much as liked” at the IDSHJC. Indeed, the success of the pre-clinic workshop highlighted the lack of structured interdisciplinary learning during the running of the IDSHJC. Interestingly, one student also reported a similar reflection about their being less collaborative learning at the IDSHJC. Matthew acknowledged it would take more time (than two 4-week blocks) for the law cohort to develop a relationship with the health clinic and “meld together”. Katia suggested, in the future, de-brief sessions could be conducted at the close of each session in the format of either case conferences (i.e. to develop client management plans) or hypothetical case studies with interdisciplinary learning outcomes embedded.

The other significant feedback the academic staff involved in the development of the IDSHJC identified was the immense individual professional development that occurred. The academic staff reported consolidation of understanding regarding their own discipline, and gains in knowledge regarding the other discipline and the pedagogical framework differences between the tertiary courses. The approach to client-centred practice is one such difference that was identified; and may provide an exciting opportunity for future interdisciplinary curriculum development. The benefits and opportunities presented by interdisciplinary teaching to academic staff has been reported in the literature.³³ The planned future evaluation will seek to unpack the elements that might sit beneath this perception and use of tools to measure any shifts in understanding, changes in practice, levels of interdisciplinarity and program impact through surveying and interviewing clients, patients, students, supervisors and agency partners.

V CONCEPTUALISING INTERDISCIPLINARY STUDENT COLLABORATION AND EXPERIENTIAL LEARNING AND SUGGESTIONS FOR CURRICULUM DESIGN

The learnings from this pilot study have highlighted areas for improvement, expansion and translation to further enhance the student and teacher benefits from interdisciplinary health justice curriculum and participation in IDSHJC.

³³ Lyall (n 7).

It is apparent that both students and staff experienced 'significant learning' as a result of involvement in the IDSHJC and the University of South Australia.³⁴ A significant proportion of this learning occurred as a result of the workshops, and only a small amount can be attributed to the interdisciplinary clinical experience. Development and implementation of strategies to facilitate and maintain greater interdisciplinary interaction and learning as part of the clinical experience is essential. Strategies to foster meaningful interdisciplinary experiences used by other successful IDSHJCs around the world suggest structuring the environment to maximise contact between students from the different disciplines is beneficial.³⁵ An immersive clinical experience would be ideal, but this is not possible in the University of South Australia IDSHJC, which only runs one afternoon a week. The academic team involved in this project believes strategies such as provision of a communal workspace where health and law students are required to work when not with clients will provide opportunities for both professional conversation but also informal conversation mindful of ethical obligations,³⁶ which helps to build the relationship between disciplines. Other successful IDSHJC use ward rounds and case conferences to facilitate interdisciplinary learning outcomes,³⁷ but these are not feasible in the outpatient-type session of the IDSHJC in question. Alternatively, the academic team believe a regular debrief session at the beginning of each afternoon session to allow the provision of pastoral care, informal case management discussions and opportunities to discuss issues or concern, will facilitate additional interdisciplinary learning. Integrating this into the program is planned and ways have been discussed to operationalise this in a meeting between the authors in April 2019. Integration of these strategies to promote interdisciplinary learning during clinic will be challenging, and even established health justice partnerships report revision to multidisciplinary practice or constant struggles to promote interdisciplinary practice.³⁸

Interview data suggests the students benefited in terms of health justice and interdisciplinary knowledge and skills. As the IDSHJC is now integrated into the clinical grid at University of South Australia and it is anticipated the health and law students will be onsite together for approximately 20 weeks in the 2019 clinical year, the need for more objective evaluation of interdisciplinary learning is required. The academic team plan to implement the use of an objective tool such as the Interprofessional Socialization and Valuing Scale³⁹ for each clinic block of health and law students to assess the success of the interdisciplinary approach and can also draw on the evaluation tools of Liz Curran in the HJP service and IDSC space.

The students involved in this project and future IDSHJC at University of South Australia are nearing the end of their degrees. The success of this project has motivated the academic team to consider integration of interdisciplinary health justice classroom teaching much earlier in the health and law degrees. Particularly from a law perspective, there is acknowledgement of the need for enhanced understanding of social determinants of health and client-centred communication skills early in the training process. Yet more importantly, interdisciplinary learning early in the undergraduate degree of both disciplines will trigger students to uncover preconceptions and recognise biases, advance their critical thinking, and encourage exploration of alternative perspectives⁴⁰. All of these benefits will be realised by the academic staff involved in the development and delivery of interdisciplinary curriculum. This undertaking will be challenging given the logistical and attitudinal barriers that exist regarding the development of

³⁴ Dee Fink, *Creating Significant Learning Experiences: An Integrated Approach to Designing College Courses* (Jossey-Bass, 2003).

³⁵ Martin Norton, 'Development of an Interdisciplinary Program of Instruction in Medicine and Law' (1971) 46(5) *Journal of Medical Education* 405; Bliss (above n 8) 149.

³⁶ Curran (above 27) 11; Paula Galowitz et al 'Ethical issues in Medical-Legal Partnership' in Elizabeth Tobin-Tyler et al (eds), *Poverty, Health and Law: Readings and Cases for Medical-Legal Partnership* (Carolina Academic Press, 2011) 173.

³⁷ Bliss (above n 8) 149; Emily A Benfer, 'Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Education' (2014) 35(1) *Journal of Legal Medicine* 113.

³⁸ Curran and Taylor-Barnett (above n 10) 22.

³⁹ Gillian King et al, 'Refinement of the Interprofessional Socialization and Valuing Scale (ISVS-21) and Development of 9-Item Equivalent Versions' (2016) 36(3) *Journal of Continuing Education in the Health Professions* 177.

⁴⁰ Curran (above n 10) 46.

novel interdisciplinary curriculum in Australian universities. The academic team will look to successful international examples for inspiration and guidance.⁴¹

This small pilot trial of an IDSHJC has highlighted the benefits of interdisciplinary learning, in this case between health and law, for all involved. From an academic perspective, the students and lecturers were pleasantly surprised by the level of 'rich learning' experienced, and the heightened appreciation of their own and other disciplines. The process of writing this article has, as an act of further collaboration, resulted in further interdisciplinary learning for the authors. Through the writing process the authors have unpacked disciplinary approaches and learned a lot about differing approaches to curriculum and student learning. The IDSHJC at the University of South Australia is in its infancy, a stage that offers great opportunity for reflection and growth. The academic and research team are hopeful the IDSHJC will develop to provide a sustainable and effective clinical experience, promoting graduates with a social conscience and equipped with the knowledge and skills to support the most vulnerable in our community.

⁴¹ Mark F Harriss et al, 'Inter-Professional Teamwork Innovations for Primary Health Care Practices and Practitioners: Evidence From a Comparison of Reform in Three Countries' (2016) 9 *Journal of Multidisciplinary Healthcare* 35; Elizabeth Tobin-Tyler, 'Teaching Social Justice and Health: Professionalism, Ethics, and Problem-Solving in the Medical Classroom' (2010) 38 *Global Health Governance* 701; Tobin-Tyler (above n 9) 249.