

# Integrating Music Therapy Students into Interprofessional Education: Academic Program Development

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**ABSTRACT:** Interprofessional education (IPE) occurs when students from two or more professions associated with health or social care engage in learning with, from, and about each other. IPE addresses four essential competencies that not only seek to prepare students for interprofessional practice, but also strive to improve the overall quality of healthcare delivery for patients and their families. This article describes the development of an IPE program that fully integrates music therapy students into program-wide and program-to-program IPE events. We identify core components of IPE, describe the development of program-wide and program-to-program events involving undergraduate and graduate music therapy students, and discuss the benefits and challenges encountered during program development. In doing so, we advocate for IPE as a core component of music therapy education and training.

**Keywords:** *interprofessional education, interprofessional practice, education and training, music therapy*

The purpose of this article is to describe the origins and evolution of an interprofessional education (IPE) program that serves to develop the interprofessional practice (IPP) skills of music therapy students. Interprofessional practice seeks to improve patient experience, decrease medical errors, reduce the fragmentation of care, and optimize patient health outcomes. Interprofessional education is an essential component of health professions education, yet music therapy students are typically not included in comprehensive IPE programs, even though interprofessional collaboration is a core professional competency (American Music Therapy Association (AMTA), 2013; *Professional competencies*: 18.1–18.4). Their exclusion decreases music therapy students' preparation for professional practice and may limit their ability to develop important

interprofessional communication and practice competencies essential in healthcare settings. Shenandoah University has developed an IPE program that fully integrates music therapy students into program-wide and program-to-program events. This article describes the evolution and current structure of the IPE program, including the benefits and challenges of its growth. In doing so, it advocates for IPE as a core component of music therapy education.

## Interprofessional Education

Interprofessional education occurs when “students of two or more professions associated with health or social care engage in learning with, from and about each other” (Barr, Koppel, Reeves, Hammick, & Freeth, 2005, p. 5). Interprofessional education is more than working alongside, and periodically interacting with, health professions students in a clinical setting. It involves goal-directed educational and clinical activities that are specifically designed to improve the IPP skills of students. Interprofessional education has been shown to increase interdisciplinary collaboration and teamwork (Cusack & O'Donoghue, 2012), facilitate a better understanding of each profession's scope of practice (Health Professions Accreditors Collaborative, 2019), and has been instrumental in dispelling professional stereotypes (Oandasan & Reeves, 2005). Additionally, a core goal of IPE is to optimize patient health outcomes. This has included reducing medical errors (Paige et al., 2014), decreasing fragmented care (Scotten, Manos, Malicoat, & Paolo, 2015), and improving patients' overall experiences of their healthcare (Health Professions Accreditors Collaborative, 2019). As such, the World Health Organization (2010) recognizes IPE as a necessary step in preparing a “collaborative practice-ready health workforce that is better prepared to respond to local health needs” (p. 7).

IPE addresses four essential competencies, including (1) values and ethics, (2) roles and responsibilities, (3) interprofessional communication, and (4) teams and teamwork (Health Professions Accreditors Collaborative, 2019, p. 14), and can be undertaken in a broad range of ways that include didactic, community-based, and simulation experiences. Didactic experiences include in-person and online learning that emphasizes interprofessional team-building skills, knowledge of professions, patient-centered care, ethics, and the impact of culture on healthcare delivery. Examples of didactic learning include course-based learning sequences,

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where students enroll in one or more academic courses (Breitbach et al., 2013), and activities-based programming, where students participate in a series of learning events in one or more semesters of their academic program. The IPE course sequence at Saint Louis University is one example of a course-based learning sequence (Breitbach et al., 2013).

Community-based learning occurs when students from two or more academic programs (e.g. medicine, pharmacy, dentistry, and nursing) work as teams in the community to address the health needs of community members. For example, the University of Florida's Interdisciplinary Family Health course was designed to "demonstrate to students the significant impact of environment and resources on health status, and emphasize the importance of interprofessional collaborative effort in providing services to patients" (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011, p. 4). Student teams visit a family four times over the course of a semester, gathering family history, community health and safety, and family health and resources data, and then develop a plan for the family to improve their health status—which can be preventative, social, economic, and/or educational in nature. After presenting their final recommendations to the family, students also present to peers and faculty, and are evaluated on the quality of their work as a team.

Interprofessional simulation experiences involve both formative and summative clinical skills team training that typically focuses on developing communication and leadership skills (Bridges, Davidson, Odegard, Maki, & Tomkowiak, 2011). Simulation experiences are typically preclinical in that they involve work with standardized patients or medical mannequins. In these simulations, students apply skills learnt in the classroom while being closely monitored by academic and clinical faculty. For example, the University of Washington offers more than 50 collaborative interprofessional experiences to students in the health sciences, ranging from issues in the treatment of alcoholism to care for medically underserved populations. The learning outcomes for these simulations include demonstrating team-based skills, including communication, mutual support, and leadership competencies.

The overall goals of IPE extend beyond improving IPP. According to the *Health Professions Accreditors Collaborative* (2019), a central goal of IPE is to prepare students for "collaborative practice in new models of care with the goal of improving Quadruple Aim outcomes by simultaneously addressing population health, patient experience, per capita cost, and provider work-life balance" (p. 7). As such, IPE aspires to transform healthcare, seeking to not only improve care delivery and decrease medical errors, but also transform the healthcare environment in ways that improve patient experience and reduce cost.

### Music Therapy and IPE

Music therapy students and professionals have been involved in IPE and IPP for some time (Twyford & Watson, 2008), with IPP documented in a range of clinical settings and with a variety of health professionals (Geist, McCarthy, Rodgers-Smith, & Porter, 2008; Johnson, Coles, Keough, King, & Reed, 2018; Twyford & Watson, 2008; Wilhelm, 2017). The most common IPP experience is co-treatment, with documented reports of music therapists working with, or alongside,

physical therapists (Wilhelm, 2017), speech-language pathologists (Johnson, Coles, Keough, King, & Reed, 2018), occupational therapists (Brown, Blythe, Gregg, Nordoff-Robbins, & Barker, 2017), and as part of an interdisciplinary team (Vaudreuil, Avila, Bradt, & Pasquina, 2019). Interprofessional practice may also extend to interdisciplinary and multidisciplinary research, wherein music therapy researchers collaborate with researchers from related health professions to examine the benefits of a clinical intervention(s) on patient health outcomes (Magee & Heiderscheid, 2016; Robb & Hanson-Abromeit, 2016; Short & Heiderscheid, 2016).

Interprofessional education programs involving music therapy students have been undertaken in a wide variety of ways, although much less attention has been given to documenting IPE in the education and training of music therapy students. The earliest example is described by Copley et al. (2007), who reported the development of on-campus and community-based clinics involving students in occupational therapy, speech-language pathology, and music therapy programs, providing services for children and young adults. Abbott-Anderson, Chiou, and Burk (2019) described the development and implementation of an IPP community engagement event focused on educating community members living with Alzheimer's disease and associated dementias, and Johnson, Coles, Keough, King, and Reed (2018) described a comprehensive interprofessional clinical education model (CIMaLT) in which speech-language pathology and music therapy students collaboratively engage in all aspects of the clinical process to address the needs of adults with chronic aphasia. Finally, in presenting a theoretical rationale for IPE, Purvis and Solomon (2010) argued for its importance in the education of music therapy students as mental health professionals, suggesting that students are underprepared for the collaborative, interdisciplinary nature of mental health care.

Although these clinical and educational programs and events demonstrate the importance of IPE as a core component of education and clinical practice, music therapy students do not appear to be involved in comprehensive IPE programs. That is, there are no documented examples of comprehensive, program-wide IPE or IPP in educational settings. Given that interdisciplinary collaboration is a core professional competency (American Music Therapy Association (AMTA), 2013; *Professional competencies*: 18.1–18.4), this educational gap may mean that music therapy students do not feel adequately prepared for IPP, and concomitantly may not have the interdisciplinary knowledge and practical collaborative skills to work effectively in healthcare settings that emphasize this workforce preparation. Shenandoah University has developed a comprehensive IPE program that incorporates students from 10 programs, including music therapy, housed within four different schools. In the forthcoming sections, we describe the evolution and current structure of this IPE program, discuss the ways music therapy students are involved, and identify the benefits and challenges to program development.

### The Development of Interprofessional Education at Shenandoah University

Interprofessional education has been undertaken at Shenandoah University for nearly a decade, emerging first through program-to-program events and international medical service trips that

addressed individual program accreditation requirements. In 2016, the Provost expanded this programming, creating the Office of Interprofessional Education and Collaboration (IPEC), and appointed a Director of Interprofessional Programming to advance IPEC's mission. At that time, all health professions programs were invited to join IPEC, and all 10 did (physician assistant, athletic training, public health, nursing, advanced practice nursing, physical therapy, pharmacy, occupational therapy, respiratory care, and music therapy).

The Director's appointment had an immediate and profound impact on programming, particularly in the music therapy program. Whereas IPE events involving music therapy students had been undertaken informally prior to 2016, mainly in program-to-program events with psychiatric mental health nurse practitioner (PMHNP) students, the Director began building interdisciplinary committee structures that formalized and integrated IPE across health professions programs. This was particularly valuable to the music therapy program because music therapy faculty were invited to participate in IPE committees from the very beginning. Importantly, this included membership on the IPEC Council, which meets monthly to consider large programmatic decisions, to review data from learning events, and to advise the Director on decisions regarding the direction and new initiatives. Including one representative from each profession on the council had two secondary, but no less important, impacts on the development of IPE: (1) it created equality, expressed as equality of voice, across all professions and (2) it fostered openness and understanding across disciplinary perspectives, allowing council members themselves to develop their understanding of each profession through their regular, ongoing participation on the Council.

Simultaneous to the creation of the IPEC Council, three workgroups were formed to address different aspects of IPE:

(1) the Curriculum Workgroup, (2) the Faculty Development Workgroup, and (3) the Learning Activities Workgroup. Comprising faculty from each of the participating programs, these workgroups meet monthly throughout the academic year. A description of each is provided in [Table 1](#).

The creation of this council and workgroup structure provided faculty with a context in which to consider, following the first year of university-wide IPE events, the core mission of IPE at Shenandoah University. This is expressed as follows:

To prepare healthcare professionals to engage in respectful, collaborative, quality care for individuals and communities.

Consistent with the values established by faculty though their work together, an emphasis has been placed on respect and collaboration in service of care. This has been modeled to students in two ways. First, and most obviously, in the ways faculty work together during university-wide IPE events. Second, and more subtly, in the ways IPE events are facilitated for/with students. In these events (described below), students experience talking to, and working with, students from other disciplines in ways that build mutual understanding—not only of each other's scope of practice, but also of the ways in which each discipline contributes to a patient's health. This has been invaluable to music therapy students because they learn how to communicate their role(s) with a patient in ways their IPE peers can understand, and they simultaneously help students from other professions understand what music therapy is—often for the first time.

### IPE Curriculum

The IPE curriculum is comprised of three major types of activities: IPEC Core Workshops, IPE Program-to-Program Learning Activities, and the Global Experiential Learning (GEL) Program. Each of these will be briefly described below.

Table 1.  
*Office of Interprofessional Education & Collaboration Leadership*

IPEC Leadership	Description	Membership
Council	<ul style="list-style-type: none"> <li>Governing body that shapes and supports interprofessional education and collaboration through strategic-level decisions regarding programming, assessment, budgeting, and growth</li> </ul>	<ul style="list-style-type: none"> <li>Members hold program- or school-level decision-making abilities</li> </ul>
Curriculum Workgroup	<ul style="list-style-type: none"> <li>Faculty workgroup that provides input into overall content, teaching, and assessment of IPEC learning</li> <li>Creates curriculum criteria to satisfy both individual program and interprofessional accreditation standards and competencies</li> <li>Schedules and plans student and faculty participation in events</li> </ul>	<ul style="list-style-type: none"> <li>Members hold curricular decision-making abilities within their programs or schools</li> </ul>
Faculty Development Workgroup	<ul style="list-style-type: none"> <li>Faculty workgroup that identifies areas of need and organizes IPE faculty development activities</li> <li>Creates faculty training modules and in-person sessions</li> <li>Encourages faculty participation through incentive programs</li> </ul>	<ul style="list-style-type: none"> <li>Members self-identify a desire to work in IPE faculty development</li> </ul>
Learning Activities Workgroup	<ul style="list-style-type: none"> <li>Faculty workgroup that focuses on creating, assessing, and modifying IPEC Core Workshops</li> <li>Develops content for each of the four IPE Core Workshops with special attention to ensuring relevance to all participating professions</li> <li>Reviews student assessments and faculty and student feedback after each workshop, making recommendations for changes in future</li> </ul>	<ul style="list-style-type: none"> <li>Members self-identify a desire to work in Core Workshop development</li> </ul>

IPEC Core Workshops are held each semester in a specific learning sequence that addresses each of the four IPEC core competencies: (1) values and ethics, (2) roles and responsibilities, (3) interprofessional communication, and (4) teams and teamwork (Health Professions Accreditors Collaborative, 2019). Thus, over the course of two years, students complete all four workshops, working with a different group of students each time. Each 2-hour workshop is case based, with students divided into small workgroups that are facilitated by a faculty member, and designed to actively engage students in small collaborative projects and/or role-plays. These events occur simultaneously on two different campuses to accommodate Shenandoah University's multiple program locations, and typically involve 400–500 students in each event. The fourth and final Core Workshop occurs in the same format, but online in order to accommodate students in the final stages of their programs, as these students are typically on clinical rotations or participating in fieldwork training. All graduate equivalency music therapy students participate in IPEC Core Workshops.

Interprofessional education Program-to-Program Learning Activities allow individual programs (e.g. music therapy and nursing) to create their own IPE learning experiences that address their students' specific learning needs. These activities usually involve two to three programs, and are typically held once per semester as a culminating experience related to a course or learning module. Learning activities include, for example, simulations, collaboration on patient/client care plans, case-based and/or problem-based learning sessions, and lecture/discussion sessions. Each type of program-to-program activity varies in length, from a class period (e.g. 90 min) to a 5-hour simulation. On average, five program-to-program events occur across participating programs each semester, involving an average of 250–300 students. Both undergraduate and graduate equivalency music therapy students are involved in program-to-program events, with an emphasis placed on simulations and case-based learning (described in detail below).

Established in 2000, the GEL Program was created as a short-term, faculty-led, study-abroad experience that "aims to make the world a learning laboratory for students, providing deep exploration into individual fields of study, [and] the opportunity to understand where the United States fits in terms of [a] world viewpoint" (<https://www.su.edu/education-abroad/global-experiential-learning>). As such, it focuses on enhancing cultural sensitivity, flexibility, and the capability to adjust and adapt. Each GEL trip usually lasts 7–10 days, and includes a group of students and faculty that share the same purpose and mission. This has included trips focused on healthcare policy, international healthcare and practice, international conferences, and global public health. Over the years, these interprofessional GEL trips have allowed students to study and gain practical experience in Switzerland, Nicaragua, Ghana, Japan, Haiti, and Uganda.

### Music Therapy IPE Program-to-Program Events

Interprofessional education program-to-program events have been a very important and successful component of the music therapy program. Music therapy faculty approached the PMHNP faculty in September 2016 about the possibility of developing joint psychiatric simulation experiences. Faculty

from both departments met to explore the feasibility of adding music therapy to an existing psychiatric simulation and decided to develop an IPE simulation experience for PMHNP, music therapy, and Conservatory theater students. We invited theater faculty to join the planning process because their students would serve as standardized patients, coinciding with an academic course these students were undertaking.

After a series of meetings, the first IPE simulation was undertaken at the end of the Fall semester 2016. This and subsequent IPE psychiatric simulations were held in the health and life sciences building simulation suites—a newly built, state-of-the-art facility specially designed to model hospital treatment rooms, and includes audiovisual technology that makes observation possible from outside of the "patient rooms." The first simulation included 5 theater students as simulation patients with psychiatric disorders (depression, generalized anxiety disorder, mania, post-traumatic stress disorder, and schizophrenia), 10 PMHNP, and 6 music therapy students. Music therapy and PMHNP students were paired together to work with one of the five patients in order to complete a 20-min assessment, 5-min treatment plan formulation (separate from the patient), and 5-min treatment plan discussion with the patient. Students not involved in the simulation observed the student–patient interactions on a video screen in a large classroom, and then rotated through the simulation to directly engage with patients. To end the simulation, all students completed a large-group debriefing exercise.

This IPE program-to-program event has now occurred for six semesters, with a total of 19 theater, 40 PMHNP, 57 music therapy, and 16 pharmacy students (added in the most recent semester) participating in one to two IPE psychiatric simulation experiences. Thirty-seven of the 40 PMHNP students participated in two sequential experiences, one in the Fall and one in the Spring. As such, Fall IPE simulations became more focused on assessment and treatment planning, and Spring IPE simulations focused on treatment planning and implementation. Equivalency music therapy students participated in the Fall semesters as part of MUTH 537 *Music Therapy Practices in Mental Health Settings*, and undergraduate music therapy students participated in the Spring semesters as part of their MUTH 331 *Psychology of Music* course.

As each IPE simulation experience evolved, the faculty team developed their abilities to collaborate with each other, thereby better modeling IPP skills and further enhancing each IPE simulation. Even though learning experiences changed to meet logistical criteria (student numbers, additional professions, room availability, scheduling), certain elements have become integral to each one. These include (1) learning objectives for all learners, including theater students, (2) advance preparation of students in the form of cross-disciplinary lectures and designated class times to prepare for the IPE simulation, (3) debriefing with good judgment (Rudolph, Raemer, & Simon, 2014; Rudolph, Simon, Dufresne, & Raemer, 2006), (4) guided small-group observations with faculty facilitation teams representing each student discipline, (5) anonymous pre- and post-student surveys with scheduled time for completion, (6) large-group (all students, faculty, and staff) pre- and post-simulation debriefings, and (7) a simulation facilitator who ensures that the simulation keeps to the designated timeframe and that observation/recording technology functions correctly.

Although both PMHNP and music therapy students entered the psychiatric IPE simulations with some hesitance related to anxiety about leading a simulation with a student from an allied profession, and/or a lack of understanding about how each profession might work together, the majority reported: (1) improved confidence in their own profession and abilities, (2) a deeper understanding of the other professions, and (3) an improved willingness and ability to collaborate with other health professionals. Music therapy students specifically reported improved confidence in their ability to explain and advocate for their profession. PMHNP students specifically not only commented on beginning to see the value of music therapy in psychiatric settings, but also reported benefits in experiencing it first hand during the simulation. Faculty also reported benefits from the IPE simulations, specifically reporting student interactions becoming more cohesive and collaborative as each IPE psychiatric simulation progressed, and also reporting learning more about each other's professions over time.

## Discussion

### Overall IPE Program Benefits and Challenges

Our motivation for including music therapy students in the IPE program was quite simple, but the benefits of participation have surpassed our expectations, and provided opportunities for our students and faculty that we did not anticipate when the expanded program was launched in 2016. We were originally motivated by the goal of helping our students work more effectively with their colleagues in medical settings once they were practicing professionally. That is, our primary goals were to help our students understand how to communicate with, and interact with, students from related health professions programs (nursing, physician assistant, physical therapy, occupational therapy), and for our students to develop more confidence when doing so. We observed that some of our students were intimidated by the thought of working alongside students in these professions, and that they were unsure what their role was clinically. By this, we do not mean that our students were not being prepared to work clinically with patients in medical settings; rather, that they were intimidated by the concept of having to advocate for themselves, articulate what they could offer a patient, and work cooperatively when co-treatment was indicated.

Building from this understanding, we first introduced graduate equivalency students into the IPE four-semester workshop sequence. In our music therapy program (which is housed in a Conservatory), these students tend to be older than our undergraduate students (typically in their late 20s and 30s) and tend to have had work experience prior to entering our equivalency program. Because of their backgrounds, we anticipated that they would be more comfortable working alongside graduate students in related health professions, and with the appropriate support, engage in the core workshops with a comfort level that allowed them to build on the skills they were developing in the classroom.

We were very surprised to observe that a number of these students still felt intimidated preparing for the early IPE experiences, and some even expressed anxiety prior to their first IPE event. In listening to our student's concerns, we came

to understand something very important about our students' needs: some of our students felt "less than" their peers. That is, they thought that their nursing, physical therapy, and occupational therapy (to name just a few of the professions) peers knew more than they did and that they would not be able to meaningfully contribute to the planned case conversations.

At a certain level, we could understand our students' anxiety. They were first semester students still learning basic information about "what music therapy is," and to ask them to participate in a group discussion with peers undertaking "medical training" (as they saw it) was a lot to ask. What they did not appreciate at the time, though, was that so were all the other students—this was the first semester of training for the vast majority of students, who were experiencing various levels of anxiety about participating themselves. Once they started working in the workshop groups, and observing the reactions of their peers during discussions, their views of themselves changed, sometimes quite dramatically. They began to see themselves as capable of adding something to the conversation, and, equally importantly, that their peers were nearly always very interested in learning about music therapy ("Oh, I've heard about it, but don't really know what it is—can you tell me?"). They suddenly experienced themselves as advocates, and learned that most of their peers genuinely wanted to know what they did clinically.

These early learning experiences were fundamentally important in the ways we (as faculty) prepared students for each IPE workshop. We saw these workshop events as (1) opportunities to teach our students how to talk about music therapy in ways other students could understand and (2) to help our students speak about what was unique about music therapy. We observed that case conversations were almost always about medical issues with a patient, and that treatment tended to focus on a medical intervention, medication, or referral to other personnel. Our students came to understand that they could contribute something different to discussions—a focus on the patient's emotional world, and how music could support the healing process in ways that considered the patient more holistically. Our observations in these workshops were that the music therapy students often facilitated a shift in the conversation, moving from the patient's medical needs to discussing more about their needs as a whole.

Through these experiences, we were able to refine the ways we prepared students, simultaneously learning that preparation was a key to success. We quickly set aside at least one 60-min class just to prepare our students for each event, discussing the case in advance, practicing ways of talking about music therapy, and preparing different kinds of responses should a student from another profession ask our students a question about music therapy—which they did regularly.

We also learnt that not all health professions students were open to music therapy students participating in these events. Some of our students experienced being ignored, being quickly dismissed, and being misunderstood, and this in part came from a lack of understanding about what music therapy was to begin with. For example, some allied health students thought music therapy was "playing recorded music to patients," others saw it more as "entertainment," and a few others were altogether just disinterested. Rather than resonating with the discouragement these students experienced,

we saw this as an important opportunity to teach our students how to advocate, how to communicate with their peers, and how to deepen others' understanding of music therapy. We believe that this is something many music therapists experience, and helping students address this during their training is an important part of their professional preparation.

We did learn, too, that music therapy was not the only profession that experienced misunderstanding and negative stereotypes. This occurred across students in multiple professions, and it was important for us to learn that many of our faculty colleagues could describe negative stereotypes about their own profession that were perpetuated to varying degrees. All saw the IPE program as serving an important role in dispelling these stereotypes, and improving understanding among our next generation of health professionals.

We also observed a very important shift among health professions students who had completed the 2-year IPE workshop series regarding treatment team composition and referrals. Health professions students who had completed the four-workshop series expected a music therapist to be working in their clinical team, and had a clearer understanding of when to refer a patient to a music therapist. This, we believe, was not only beneficial in demonstrating the effectiveness of IPE in preparing students for IPP, but also positively impacted our students' perceptions of themselves as interdisciplinary team members.

Finally, we saw a myriad of benefits to our relationships with our IPE faculty colleagues. While we generally experienced tremendous openness from our colleagues, most had never worked with a music therapist, and many expressed to us that they "didn't really know what we do." We were not concerned about this at all—we felt this was a common experience among faculty in university programs—and what we were grateful for was the opportunity to talk about music therapy, and deepen our colleagues' understanding of the profession. We were also careful to participate in workgroup and council planning meetings in ways that demonstrated our knowledge, clarified our scope of practice, and showed an openness to dialogue. We felt that this was instrumental in building relationships with colleagues, and opening additional opportunities for our students to participate in program-to-program events.

### Program-to-Program IPE Benefits and Challenges

Student feedback from program-to-program events echoed those of the IPE Workshop series, while also suggesting additional benefits. PMHNP and music therapy students reported in their large-group debriefings and post-event surveys that they felt more confident in their abilities to communicate with other healthcare professionals and had an increased understanding of the role of the other professionals on the treatment team. Music therapy students expressed more trust in themselves and in music therapy itself, which was especially meaningful after some of the PMHNP students initially questioned the presence of music therapy students for a simulation experience. In contrast, PMHNP students expressed decreased confidence in their ability to assess and interact with psychiatric patients, possibly showing increased self-awareness brought about by the experience. This change may be due to PMHNP, nursing, pharmacy, and theater faculty directing their students

to model music therapy students as exemplars of "meeting patients where they are," quickly "building rapport," and "using the therapeutic relationship effectively." Theater students, who acted as simulation patients, expressed feeling challenged and inspired by the addition of music therapy in the simulations and showed gratitude for the unique opportunity to hone their improvisation skills and deepen their characters in-the-moment. They also provided feedback in debriefing sessions, providing PMHNP and music therapy students with increased insight into patient experiences, and this proved to be one of the most valuable benefits of the simulation.

Challenges also emerged while implementing these program-to-program series. These included (1) logistics related to number of students, scheduling, planning, and space (as discussed in the previous sections), (2) changes in faculty, (3) striking the right balance between predictability and novelty to optimize learning, (4) effectively collecting data from students, and (5) providing consistent facilitation and debriefing strategies across faculty. Many of these challenges helped us to improve the simulations over time. We allowed the practical challenges (number of students, schedules, etc.) to guide the design of each experience, and this helped us to make improvements in the sequence and flow of these experiences. Changes in faculty not only created challenges in continuity and shared knowledge, but also contributed to an increased richness in the development of the program. Challenges in collecting student data from program-to-program events led us to build in survey completion time during the large-group pre- and post-session debriefings. We also began audio-recording the large-group debriefings and making notes of discussions with students on two large white boards in order to include more qualitative feedback in our data.

We also learnt important lessons about simulation debriefings, observing differences in faculty facilitation styles and concomitant differences in student learning outcomes. In order to ensure a more consistent experience for all learners, we trained faculty to *debrief with good judgment* (Rudolph, Raemer, & Simon, 2014; Rudolph, Simon, Dufresne, & Raemer, 2006). Debriefing with good judgment emphasizes not only discussing "good" and "bad" clinical decisions, but also getting to the root of clinical decision-making by providing insights into how to make consistently beneficial decisions. Incorporating these debriefing methods, we also adjusted the simulation schedule to include debriefing after every patient interaction, with the length of the debriefing equaling the length of the patient interaction. In later simulations, we also ensured that faculty from each discipline were represented in every group in order to provide cross-disciplinary feedback, further enhancing the learning process.

### Overall Organizational Challenges with IPE

IPE is not without its organizational challenges, and this impacts the music therapy program in a variety of ways. Interprofessional education planning takes a lot of time and involves a lot of people. Serving on curricular, council, and program-to-program planning committees means that faculty have to make an ongoing commitment to IPE, dedicating time, and energy to do so. While we believe the benefits are self evident, it does mean that faculty have less time for other academic and professional responsibilities, and this may be particularly challenging when

a music therapy program only has one full-time faculty member. Second, while we have been fortunate enough to work with faculty colleagues who have been open to, and embraced music therapy as an equal partner in the IPE program, we can imagine that not all academic music therapy programs will experience this, and this may be burdensome for faculty. Third, while IPE core workshops are scheduled a year in advance so that each program can make the necessary calendar accommodations, program-to-program events tend to be planned and occur in the same semester, and they also tend to be very time-consuming. For example, in our most recent program-to-program event with mental health nurse practitioner and pharmacy students, the event itself was nearly four hours in length, and was preceded by classroom lectures (across programs) and a number of planning meetings. Thus, the total commitment for this event was in excess of 20 hrs, not to mention all the excused absences and scheduling changes our undergraduate students experienced to attend the event.

We have also come to understand that professional preparation may best be undertaken when fieldwork experiences include an IPP component. In this context, we understand IPP to occur when students from two or more programs schedule fieldwork placements at the same time, with some shared supervision responsibilities, so that students have the opportunity to work together during their pre-internship training. Moving into IPP as part of an academic curriculum multiplies planning time, creates myriad scheduling and supervision challenges, and prompts us to rethink fieldwork preparation. While we foresee significant benefits to such an undertaking, we are concerned about the feasibility and sustainability of IPP pre-internship experiences.

### **Developing IPE in the Music Therapy Program**

While our initial reasons for participating in IPE were straightforward, our understanding of IPE and IPP has expanded quite significantly, and we see the benefits of IPE extending beyond the communication, comfort, and teamwork skills that we felt were (and still are) important for our students. Interprofessional education provides a framework through which our students can develop a more coherent professional identity. That is, interacting with health professions students helps our music therapy students develop a clearer sense of who they are, and where they belong in healthcare teams, particularly in medical settings. It helps them understand the unique and shared dimensions of their scope of practice, and instills in them a sense of how they can contribute to a treatment team. This has been particularly relevant to our undergraduate students, who struggle to establish their music therapy identities in the context of a Conservatory culture that tends to value music performance above other kinds of musicianship, including clinical musicianship. As faculty, we have also come to understand these IPE experiences as opportunities to impact the ways healthcare teams prepare for professional work together. At a curricular level, the ways in which cases are written for IPE workshops now include a greater emphasis on the psychosocial needs of patients, and this provides an opportunity for music therapy students to address the unique ways they can contribute to a patient's care. Simultaneously, this has challenged us to develop more

effective ways of preparing our students to communicate with their interprofessional peers and to deepen their understanding of clinical perspective. Stated in another way, we have come to understand that knowing what a physical therapist does (their scope of practice) is not the same as understanding how a physical therapist thinks about patient care, and helping our students understand the latter is at least as important as understanding the former. We have, therefore, placed a greater emphasis on interprofessional understanding and interdisciplinary communication in our academic programs, and will continue to do so as we develop and refine our curriculum.

We continue to face two main challenges integrating undergraduate students into IPE. The first is practical. The IPE workshop series and program-to-program events take large blocks of time (we typically allow 3–5 hrs for each event), and these events invariably conflict with a class or classes in the student's academic schedule. Coordinating with students around administrative things like excused absences from class(es), transportation to the workshop event, and preparing multiple groups of students, is very time-consuming. The second, and more important challenge, relates to our concerns about the readiness of undergraduate students to participate in the health profession-focused IPE events. This is due in part to the fact that undergraduate music therapy education generally places only a small emphasis on music therapy interventions in medical settings. We see this as a larger curricular issue, related to AMTA competencies undertaken at the undergraduate level, and are concerned about the extent to which it is possible to prepare undergraduate students to participate equally in events with graduate physician assistant, pharmacy, and physical therapy students, especially given the differences in their academic course preparation. Our response has been to redesign our undergraduate curriculum, placing a greater emphasis on professional preparation (to include medical settings), which we anticipate being approved and implemented in the coming year. This should better position our undergraduate students to participate in IPE workshops as an integrated part of their undergraduate curriculum.

We also envisage expanding IPE programming. While the focus of IPE at Shenandoah University has been healthcare oriented, we imagine creating similar kinds of learning experiences with an educational (school setting) focus. That is, creating IPE events with education, special education, music education, physical therapy, and occupational therapy students and faculty. These IPE events could focus on individual educational plan meetings, treatment team planning meetings, co-treatment, and interprofessional communication in ways that build stronger educational teams. Program-to-program events could include case discussions and treatment planning with music educators, for example, designed in part to share disciplinary knowledge, improve referrals across disciplines, and deepen understanding of each profession's scope of practice.

Finally, while we have gathered several years of workshop and program-to-program data, we continue to refine our methods for evaluating IPE, and we see weaknesses in linking our students' experiences of IPE to their clinical experiences, especially IPP. Organizational challenges notwithstanding, we anticipate a stronger focus on IPP in the coming years.

## Conclusion

IPE at Shenandoah University has enhanced health professions students' preparation for IPP, facilitated stronger faculty connections, and improved communication across academic programs in ways that have positively impacted the next generation of healthcare professionals. Music therapy students have experienced a myriad of benefits that have extended beyond the communication and collaborative work skills we envisaged when programming began in 2016, enhancing their professional identities and clarifying the uniqueness of their roles in healthcare teams. We envisage expanding IPE to include more program-to-program events and new opportunities focused on educational and community settings, along with a greater emphasis on IPP. In doing so, we continue to deepen our understanding of IPP and the ways in which music therapists can improve patient care as part of an interdisciplinary team. We therefore advocate for IPE as a core component in the education and training of music therapy students.

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