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Research Article

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Inter-Professional Education: Inter-Professional Learning Experience of Clinical Psychology and Psychiatry Residency Students

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Abstract

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

Design: *Qualitative study*

Setting: *This research was carried out at Addis Ababa University's School of Medicine, College of Health Science, Department of Psychiatry, which offers clinical psychology and psychiatry residency programs. The research was carried out between September and April of 2020.*

Participants: *The inter-professional learning experiences of 5 clinical psychology and 4 psychiatry residents were investigated. Methods: A theme analysis was used in a descriptive qualitative investigation. Semi-structured interviews were used to gather information, which was then evaluated thematically. Data was collected and analyzed at the same time.*

Results: *The results revealed three main themes and five sub-themes reflecting clinical psychology and psychiatry students' experiences. (a) IPE experience, (b) Factors affecting active involvement, and (c) Professional identity and IPE experience were the themes.*

Conclusion: *The findings of this study revealed that IPE experiences vary and are the result of a complex combination of factors. Inter-professional education between participants with different professional status has a significant impact on their IPE experience. To meet the IPE objectives, the learning experience must include a balanced two-way interactive experience among participants.*

Keywords: Inter-Professional Education, Inter-Professional Learning Experience, Professional Identity

Introduction

Approaches of education that encourage students from many professions to learn together are becoming more popular. The premise is that if these instructional methods are successfully implemented, they will result in desirable outcomes [1]. The World Health Organization and its partners acknowledge in the Framework for Action on Inter-Professional Education and Collaborative Practice that there is sufficient evidence to suggest that good inter-professional education supports effective collaborative practice [2]. Inter-professional education (IPE) is a critical component in developing a "collaborative, practice-ready" health workforce that is better able to respond to local health needs. IPE is defined by the World Health Organization (WHO) as when students from two or more professions learn about, from, and with one another in order to facilitate successful collaboration and enhance health outcomes [2].

When comparing the spread of inter-professional education (IPE) in developed and developing countries, according to an online global scan conducted by WHO regional staff in 2008, nine out of ten were from high-income economies, with two-thirds from Canada, the United Kingdom, and the United States reporting predominantly university-based IPE during undergraduate studies [2]. These findings suggest that poor countries have less experience with IPE, resulting in a reliance on studies and findings from affluent countries for implementation. Despite the fact that it is proven that IPE will assist health professionals in developing the skills to

collaborate in their areas of practice, some findings revealed that there is a lack of evidence to trust it and implement it without considering what contributes to its success and/or hides the outcome. One strategy for comparing and understanding this would be to look at students' experiences of inter-professional learning in various cultural contexts. A variety of mechanisms influence effective inter-professional education and collaborative practice, according to WHO's framework for action on inter-professional education and collaborative practice. These include supportive management practices, identifying and supporting champions, a solution for changing health workers' culture and attitudes, a readiness to update, refresh, and improve existing courses, and suitable legislation that removes barriers to collaborative practice.

IPE implementation success necessitates the use of teaching and learning methodologies that foster interactive and collaborative learning among students from various health disciplines [3]. In fact, IPE necessitates the development and implementation of a "large layer of coordination." It is preferable to be structured, organized, or coordinated with in educational programs to get the most out of inter-professional educational experiences. These findings point to the necessity for a systematic act of embedding cooperation education in practice contexts where it has the most potential to impact and improve care delivery [2]. IPE is not yet part of the formal program at Addis Ababa University's Department of Psychiatry, although psychiatry residents and clinical psychology students are active in inter-professional learning the majority of the time. Both professions' students took some classes in the same classroom and observed and learned clinical practice together. In addition, teachers from the Psychiatry Residency program frequently teach clinical psychologists and vice versa. On occasion, the two professionals will collaborate on a case and present it at morning sessions and grand rounds. This inter-professional education is not planned, organized, or coordinated, and it is not included in either program's curriculum. Clinical Psychology and Psychiatry Residency programs, on the other hand, already have IPE proposals for learning about, from, and alongside one another. Despite the inclusion of IPE components in the learning environment, there is a knowledge gap between what students experience in a collaborative learning environment.

In addition, many IPE studies in both developing and developed countries focus on IPE initiatives or IPE as a component of the curriculum. Studies are also more focused on its efficacy or method of implementation, with only a few studies on the random incidence of IPE and less on the sociological element of collaborative learning. As a result, this study will fill in the gaps by looking into students' experiences in a collaborative inter-professional learning setting. The goal of this study is to learn more about Clinical Psychology and Psychiatry Residency students' inter-professional learning experiences. This study used sociological theory to investigate the experiences of clinical psychology and psychiatry residents with collaborative learning in the setting of their learning environment. The goal of this study was to look into Clinical Psychology students' and Psychiatry Residents' inter-professional learning experiences in a collaborative learning environment. Using the theories, we looked at the following study questions.

1. What were the experiences of Clinical Psychology students and Psychiatry Residents throughout their inter-professional learning?
2. What are the factors that encourage students to actively participate in an inter-professional learning experience?
3. What does clinical psychology and psychiatry residency students think about their professional identity and how it relates to the collaborative learning environment?

Methodology

Because the goal of descriptive research is to describe a phenomenon and its characteristics, a qualitative descriptive research design was chosen for this study.

Setting

This research was carried out at Addis Ababa University's School of Medicine, College of Health Science, Department of Psychiatry, which offers clinical psychology and psychiatry residency programs. The psychiatry residency program, which began in 2003, is the department's oldest, while the Clinical Psychology residency program is the department's newest, with only four years under its belt. There are 35 psychiatry resident students and 12 postgraduate clinical psychology students in the department.

Participants

Participants in this study were chosen on purpose (deliberately) because they represent certain traits that are of interest to this research study, and they were picked based on who was most accessible (most convenient) at the time of data collection. 2nd year clinical psychology students and 2nd/3rd year psychiatry residency students were chosen for this study based on their exposure to inter-professional experience. The sample size for this study was calculated using data saturation, which means that it was based on the detection of identical significant experiential descriptions of participants over and over again. This study had 9 participants, including 5 clinical psychology residents and 4 psychiatry residents.

Recruitment

Participants volunteered based on the information provided by the study's researcher, relying on convenient sampling. Because the researcher is a member of the psychiatry department's faculty, the researcher got the email addresses of all participants from the department and emailed the study's information sheet (Appendix A) together with the consent form during recruitment (Appendix B). The email was used to gauge interest in participating in the study. The second contact was made in person or over the phone to explain the study in further detail, offer information on informed consent, address questions not covered in the information sheet, and schedule a follow-up call. The participants' interest in the study was confirmed by a follow-up call, and an interview was scheduled. At the time of the scheduled interview, the researcher got consent from all of the participants.

Data Collection

The data was gathered through one-on-one in-depth interviews. With the help of the psychiatry department's staff, data collecting began by making contact with clinical psychology and psychiatry resident students. Each participant signed a consent form (Appendix B) outlining their rights as a research subject, as well as providing consent for study participation, audio recording, and the use

of direct quotes. A copy of the consent was supplied to each participant for their records. To safeguard the participant's privacy and confidentiality, each participant was coded with one English word and a number that was utilized throughout the investigation. All of the interviews were performed by the researcher. Participants were informed as part of the consent process that they might refuse to answer any question or end the interview at any time with no repercussions. Because the researcher is a faculty member and the participants are students in the faculty, each participant was also assured that all of the information they provided would be kept confidential and that their identity would not be used in the study or the interview, which would only be about their own personal experience in their own words.

Data was acquired utilizing semi-structured individual audio recorded interviews and field notes after recruiting. Because this is a one-on-one interview, participants were asked to choose a comfortable location, with the researcher's office as a possible suggestion. However, to reduce the impact of power dynamics, the researcher preferred to conduct the interview in the clinics where the participants conduct their clinical work, and all participants agreed.

For the sake of sample description, the researcher completed a demographic sheet (Appendix C) with each participant before to the interview questions. To link the demographic data with the interview data, a code was assigned. The code information was held in a secure location in the researcher's office, only to be recognized by the researcher.

Interviews lasted between 45 and 60 minutes and were guided by a semi-structured interview guide that consisted of broad, open-ended questions that allowed participants to describe their experiences in their own words (Appendix C). The interview was audio-recorded for transcribing purposes, and the researcher took notes.

To collect the data, a semi-structured interview guide was created and used. The interview guide was created using a literature search and the researcher's experience in the department of psychiatry. The interview guide was translated into Amharic by the researcher and a department staff member to ensure accuracy. The difference was discussed, and finally, a language expert with qualitative research experience commented on it.

All interviews were audio-recorded and transcribed verbatim by a transcriptionist who had received training in maintaining the confidentiality of Human Subjects. The recordings were also compared against the researcher's transcriptions for correctness.

Data Analysis

Content analysis was employed to conduct the research. Organization of the data, immersion of the data, coding the data, establishing themes and categories, presenting data interpretations, searching for alternative understandings, and generating final conclusions were the seven phases of the analytic approach [4]. Transcribing the audio recorded data was the first step in the data analysis process. The accuracy of the transcribed data was reviewed by the researcher after it was collected from the transcriber. To ensure accuracy, the transcribed data was sent to all participants via email and then translated into English by a translator. The inductive qualitative analysis method was applied. The researcher then immersed himself in the data by conducting interviews, reviewing and analyzing interview transcripts, coding data, and maintaining touch with advisers to discuss data analysis and emergent themes. Finally, the coded data was evaluated and analyzed by connecting the data within and between categories in such a way that it made sense and answered the study question.

The Researcher as Instrument

In terms of the researcher's credibility as an instrument in this study, it's clear that there are power dynamics at play because the researcher is a faculty member and the subjects are faculty students. The researcher was aware of this and believed it was critical to engage in reflexive journaling before data collection and throughout the research process in order to maintain awareness and reflect on his own personal experiences, assumptions, and biases. He used various strategies to minimize the power relationship, such as building rapport at the start of the interview. The researcher was also educated and mentored by experienced qualitative research advisers during training on qualitative methodologies, which was enabled by the faculty's training team.

Trustworthiness of the Study

Long-term engagement with both the study participants and the data they gave helped to establish confidence. Nine people were questioned to ensure that all of the major themes were covered. In order to stay in touch with the data, the researcher evaluated the interview transcripts and communicated with research advisors on a regular basis. Following each interview, members checked the interview findings by summarizing the interviewer's interpretation of the participant's responses to interview questions. To ensure dependability, the researcher collaborated extensively with advisers on the creation of a process architecture that ensured consistency in field interviewing and data administration. Because the interviews were conducted in Amharic, they were transcribed, translated into English by an expert transcriptionist, and confirmed by the researcher to assure correctness.

Ethical Considerations

The Department of Psychiatry, College of Health Sciences, Addis Ababa University, as well as the research review board of Addis Ababa University, College of Health Sciences, gave its clearance. All participants were required to give informed consent, and they were informed that they had the right to stop or refuse participation in the study at any time, and that they could ask any questions along the process. Because participant code was utilized in data collecting, the researcher-maintained secrecy throughout the investigation. The interview transcriptions were stripped of all identifiable information (e.g., addresses, provider names), and their recordings were erased at the end of the study. The interviews were transcribed and stored in a secure file.

Study Limitations

The following are some of the study's limitations:

1. Because the researcher is a faculty member and the study participants are faculty students, the data collected and analyzed by the researcher may be skewed, resulting in researcher bias.
2. Because of the recruiting processes and limited sample

size, the findings and implications are more specialized and less important for the study's generalizability.

Results

The inter-professional learning experience of Clinical Psychology and Psychiatry Residency students was investigated in a descriptive qualitative study employing thematic analysis of content. Nine individuals were interviewed in depth, including five clinical psychology students and four psychiatry resident trainees.

Table 1: Description of demographic characteristics of participants

Participants	Characteristics			Year of education
	Gender		Age	
Clinical psychology students	F	4	23-25	2nd year
	M	1		2nd year
Psychiatry residency students	F	2	31-35	2, 2nd year
	M	2		2 , 3rd year

The results revealed three main themes and five sub-themes defining clinical psychology and psychiatry residency students' inter-professional experiences. Inter-professional experience, factors affecting active engagement, and professional identity and inter-professional experience were the three themes.

Inter-professional experience (IPE)

Joint learning vs. Uni-professional

The majority of the participants described their collaborative learning experience as beneficial and fruitful. The majority of clinical psychologists and psychiatry residents recognized the opportunity they would miss out on if they attended their courses on a Uni-professional basis. They also talked about how the two professions are intertwined, and how the shared learning experience is more useful than a lesson they completed in separate classrooms.

A 23- year-old female clinical psychology student said:
What I have learned in the process is how much of our course content and how their lessons are integrated. What I understand is… if we study clinical psychology alone, things might be different. We may have not got the chance to know the medical terms. They also may not pay close attention to what the psycho-social thing is. So, I think learning together enables us to practice this bio-psychosocial thing.

Another 34- year-old male psychiatry resident added:
The experience was very useful they know about therapy during classes they share that information for us. For example, we didn't take cognitive behavioral focused therapy, so when a patient who needs cognitive behavioral focused therapy came, we learn from them how to manage and what should be our major goal.

The participants went on to explain how the inter-professional experience provides them with many more options in terms of knowledge and skill than learning solely about their own profession. They stated that their professional differences have allowed them to learn from one another in areas such as patient interviewing, patent diagnosis, and so on.

A 23-year-old female clinical psychology student said
The important thing is, I think we learned how to clerk at the clinical Interview. One of the first things we learned is about how to do the interview.

A 25-year-old male clinical psychology student added:
Clinical psychology has some relation with medicine so I think we take a lot from them for example presenting at morning session and interviewing patients we learn this and the other thing.

Despite the benefits they obtained from the inter-professional learning experience, a handful in both professions report having a poor experience due to differences in professional backgrounds. As a result, I'm curious how their confidence would be boosted if they learned Uni-professionally. Furthermore, they described this as a result of their profession's different institutional position within the department and society.

A 24-year-old clinical psychology student said:
The title they are doctors and we are clinical psychology students; we don't have any title. They specialized in practical as a resident but we practice as training not certified as specialization during practice. It creates a difference.

A 23 years old female clinical psychology student added:
As a clinical psychologist there is something that affects our confidence. Learning with them creates a feeling of inferiority. May be, if we are not leaning with them, I always think what could we achieve and how we reach our potential. But as I told you it has its own good and bad sides.

Mutual vs One-Way Learning During IPE Experience

Joint inter-professional education, as previously said, happens when students from two or more professions learn about, from, and alongside one another in order to facilitate effective collaboration. Such learning, in particular, necessitates the availability of shared learning experiences. Clinical psychology students and psychiatry residency students reported diverse learning experiences about, from, and with each other in this study. The majority of psychiatry residents and clinical psychology students believe that mutual learning experience is important for making IPE experience fruitful, although it has been discovered that most learning experiences arise from one profession. The majority of clinical psychology students and psychiatry residents agreed that clinical psychology students observe and learn from psychiatry residents

the bulk of the time, and psychiatry residents learn from clinical psychology students by asking them informal questions.

A 23-year-old female clinical psychology student said:
They didn't observe us but when we do therapy some residents might be in the room. If everyone has an interest and if they are able to watch us while doing therapy as we do things might be better.

A 33-year-old male psychiatry residence student added:
Maybe it is important to observe therapy given by seniors. I didn't get a chance to see therapy made by senior clinical psychologist. I saw Videos of psychotherapy on interpersonal psychotherapy but it is only limited. It's important to see another focus psychotherapy by seniors to understand better about clinical psychology and psychotherapy.

Furthermore, a small number of psychiatry residents suggested that IPE may be improved by involving instructors from both clinical psychology and psychiatry residency programs in developing relationships with students from both fields of study. They stated that while psychiatry teachers have a strong relationship with clinical psychology students, clinical psychology instructors have a limited relationship with psychiatry residents.

A 34-year-old male psychiatry residence student said:
The senior's clinical psychology instructors' relation with us is somehow weak but our seniors have strong relationship with the clinical psychology students. Maybe it's because of our senior gave them courses. I don't know the exact reason sometimes some people are more eager to know. However, more of the relationship we have with senior clinical psychologist is somehow challenging, which affect our experience.

Timing of Experience

The timing of contact and the change in experience over time is crucial factors in determining students' collaborative competency in their future practice in inter-professional education. Inter-professional experience is experienced in a variety of ways by participants throughout time. Clinical psychologists and psychiatry residents described their experiences as they progressed. During the initial interaction, it was discovered that the IPE experience for all clinical psychology students begins with attending clinics with psychiatry residents and observing them as they clerk patients. Clinical psychology students said that, while viewing psychiatry residents is beneficial to them, it is also a perplexing and frustrating experience. They also stated during their initial IPE experience that they were unsure of what they were supposed to do and that they considered themselves to be subordinate to psychiatric residents.

A 24- year-old female clinical psychology student said:
I think there is a difference in the professions, because they are doctors for specialization. There is a difference in viewing one another since we are from social science at the initial phase of our training. I see myself as student and them as teachers, even if we are both students in the department.

Similarly, the vast majority of psychiatry residency students say that the initial IPE experience is perplexing, especially for clinical psychology trainees. They also argue that the problem stems from the clinical psychology students' professional backgrounds and lack of clinical experience.
A 33-year-old psychiatry residency student said:

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

However, it was shown that the initial experience of the majority of psychiatry residents is dependent on the clinic to which they are assigned, as some clinics do not have a clinical psychology student. It also relies on the clinical psychology students' educational year. If the student clinical psychologist is in their first year, their first interaction will be in the clinic, where they will be observed. When they send a patient to a second-year clinical psychology student and chat about it. They also described how the experience in different hospitals is different due to the physical setting not being able to accommodate both professionals. They also described how the services provided in hospitals are related to specialized services that require special training and clinical psychology students' involvement in clinics.

A 34-years old psychiatry residency student said:
We started to study together after second year. We refer patients for therapy to them and the other thing is when we attach at Black Lion Hospital and Yekatit Hospital.

Furthermore, the majority of them claimed that the IPE experience was dependent on the unique behavior of the psychiatric resident, whether in the beginning or later. If he or she is sociable, he or she will be able to work with clinical psychologist students and will not miss out on the opportunity. Clinical psychologists are also comparable.

A 30-year-old psychiatry residency student said:
Sometimes it's depends on individual interest some students have good interest to work with clinical psychology students' others not. In clinical psychology this is more open the teachers suggest them to work with us but there is no rule or system to follow that, so it's better to work together and evaluate how joint learning goes with both professionals.

Working together, communicating, patient referral, informal patient case discussion, and collaborative morning session presentations are how the majority of clinical psychology students and psychiatry residency students experience IPE, according to later experience.

Clinical psychology students stated that as time passes, interpersonal relationships develop and become more balanced, resulting in a rise in confidence for them once they began working independently and seeing patients. Participation in joint morning sessions and patient case presentations is the best later IPE experience for both clinical psychology students and psychiatry residents, because it provides equal opportunity for both professionals, accord-

ing to clinical psychology students, and it is a very good learning opportunity for psychiatry residence students as well.

A 35- year- old male psychiatry residency student said:
I remember we had one patient……...At that time, I didn't have knowledge about interpersonal psychotherapy then we decided to bring up the case at morning session. During morning we discussed interpersonal psychotherapy in detail and I got a concrete knowledge from it during that I learned a lot in how to make connection with them.

Opportunity vs Challenges of IPE Experience

IPE provides many possibilities for students to participate in the learning process. According to the findings of this study, the majority of clinical psychology students and psychiatry residency students said that one of the benefits of the experience is the knowledge they gained about other professions and professionals. They described how they realized how the two professions are intertwined and how the IPE has impacted their perceptions of the other.

A 23-year-old female clinical psychology student said:
You can't learn together with them. I think medicine students' attitude is difficult for example, when I see it as an outsider. I used to believe that they see themselves as superior than other field of study and they have a close circle that wouldn't let other professionals enter. Now I understood their burden and changed my thought about it.

Another 28-year-old male psychiatry resident added:
Before the class I didn't know clinical psychologists are involved in clinics. What I thought was that they are only involved in social aspects. But now I see they know about clinical things and they know basics so we interact with the one who understand. Our relationship with them is different from the interactions we have from other professions.

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

A 23-year-old female clinical psychology student said:
I think we add psychological thing more to them, as we learn together because we know a lot of psychological things while they tend more of physiological or biological. I think there is something that they can learn from us.

A 28-yer-old male psychiatry residency student added:
When you go from 1st year to 2nd year you start to understand that the biological issues and the psycho-social are related. If you didn't understand it, it becomes difficult to give treatment so they help us to achieve this.

The conviction that this experience will aid them in their future practice is another potential mentioned by the majority of both psychiatry residency students and clinical psychology students. The majority of clinical psychologist and psychiatry residency students believe that the experience will enable them to work more effectively with other professions in the future, and that their patients will benefit as a result.

A 23-year-old female clinical psychology student said:
I think it enables us to work collaboratively with another professional. It also enables us to network with people in another profession. And if anyone needs help from them, I'll recommend them. In return, if there's something I can help with. So, I'm creating a network here.

A 32-year-old female psychiatry residency student added:
I think it has a lot of advantage. When I go to the hospital after I finished my class, I will promote clinical psychology. When I treat patients, I know there is a team who can help me in psychosocial management.

Despite the opportunities provided by IPE, clinical psychology and psychiatry students also describe a number of difficulties. The majority of clinical psychologists and psychiatry residents stated that their educational backgrounds (natural and social science) influenced their perspective. Psychiatry residents, for example, concentrate on biology, whereas clinical psychologists concentrate on the psychological element of the patient. The majority of clinical psychology students indicated that this is because their purpose is to watch psychiatry residents during their initial IPE experience. It made it difficult to really appreciate the IPE experience. The majority of psychiatry residents feel that it is difficult for them as well, because clinical psychologists are unfamiliar with the biological aspects of mental illnesses.

A 28-year-old psychiatry residency student said:
If you are a doctor you had experience before so you will not fear because the approaches of treatment are almost similar. If severe mentally ill patients come how can they manage unless they have some biological knowledge. I think it's better if they take some medical courses.

Another 23-year-old female clinical psychology student added:
The title they are doctors and we are clinical psychology students we don't have any title. They specialized in practicing medicine as a residence but we practice as a training not certified as specialization during practice it create a difference.

The other issue is an organizational concern relating to the department of psychiatry's program development stage. Unlike psychiatry residency students, the majority of clinical psychology students noted that their program has organizational limitations that prevent equal participation in the IPE experience.

A 25-year-old clinical psychology student said:
Teaching learning system should give a clear role for clinical psychology. This may help us to understand our specific role. Their system is more structured than ours so we want our system to be organized like theirs. I think it is good thing to wish this.

The majority of clinical psychologists stated that the challenge be-

came easier over time, but that it still needed a lot of work on their part. They also advise that when they enter the room, culture shifts, which should be welcomed for the IPE experience's benefits.

A 23-year-old female clinical psychology student said:
There is a culture change when we come here, we are a social student and I think most of the time, we are not like them in many aspects and I think we have learned the medical world in a hard way which was a challenging experience for us.

Factors Affecting Active Engagement in IPE

Internal vs External Motivation

The majority of clinical psychology students and psychiatry residency students believe that individual personality (sociability), curiosity, and the value one places on teamwork are motivating aspects for professionals to actively participate in IPE experience. External motivational elements include the educational system, which places them in classes together, and the teachers' (departments') encouragement of the two professionals to collaborate.

A 23-year-old female clinical psychology student said:
There are things which motivate us. One of the things is the way we have been learning together by itself is inspiring. The discussion on the morning sessions is also very nice.

On the other hand, the majority of clinical psychologists and psychiatry residency students say that their educational backgrounds are different; this makes it difficult for them to participate fully in the IPE experience.

Professional Identity and IPE Experience

The vast majority of clinical psychologist and psychiatry residency students agree that the IPE experience has aided in the development of their professional identities. Knowing the other profession, according to the majority of them, helped them comprehend their differences and identify with their profession.

A 24-year-old clinical psychology student said:
The courses are interrelated and sometimes they may overlap. I think it helps me to better identify who I am, and I think learning with them will help us develop better and to identify our focus area well and to identify which belong where, enable us to define and develop our identity better.

However, a few clinical psychology students believe that prolonged exposure to IPE will hinder the formation of their professional identity by narrowing their professional focus areas, and that a restricted exposure with clear objectives is preferable.

A 24-year-old female clinical psychology student said:
In fact, the learning process with them is great but it shouldn't be for prolonged period of time... If it is limited to two or one month, then we need to focus more on therapy and talk therapy which would give us our identity.

Furthermore, unlike psychiatry residency students, the majority of clinical psychology students believe that ambiguous role assignment and poor supervision in the program have an impact on their professional identity development.

A 23-year-old clinical psychology student said:
As a clinical psychologist as I told you during this two year our role was not clear so I couldn't explain my identity because at first, they shape us as a psychiatrist. If you ask me to define, I will give you psychiatric definition due to we spend a lot of observing them almost for one years.

Furthermore, the majority of clinical psychology and psychiatry residence students believe they are progressing in the direction of their ideal clinical psychology and psychiatry residence student identity. The majority also believes that forming a professional identity is a continual process and that they have changed during the course of their education.

A 34-year-old male psychiatry residency student said:
I put all my effort to achieve but it doesn't mean we will be like our seniors within three years; however, we start to develop that direction. The environment and senior instructor help us shape our self in that direction. I think I am in a good road.

Discussions

This study discovered that students' inter-professional learning experiences are diverse and the result of a variety of factors interacting. The majority of participants contrasted joint learning to Uni-professional learning and stated that, despite its limits, they appreciated IPE experiences and believed they would miss out on numerous chances if they did not participate. Despite the positive experiences, a small number of clinical psychology students claimed that learning with psychiatry residency students was an unpleasant experience. They claimed that the passage of time has harmed their confidence and made them feel inadequate. They explained that this was due to the professions' respective hierarchical status within the department and society. It is held in high regard since many people believe that being a doctor is better to other occupations. This finding is consistent with the findings of another mixed-methods study conducted in Indonesia, which found that several nursing and midwifery students reported having had unpleasant experiences with medical students during their early hospital practice, leading to a negative attitude toward IPE [5]. They explained that during clinical practice, medical students refused to contact with them, were arrogant, and unconcerned about other students in the health professions. Despite the fact that the two findings were similar, the research's reasoning differed from this study. In this study, the two programs and students' ages differed in the department; however, clinical psychology program organizational limitations gave psychiatry residency program students a sense of control, leading them to take the lead in the IPE experience; or our society's comparative privilege given to the profession that "Doctors" rank higher in their status than other professions, which is a shared societal experience may explain the difference in the IPE experience.

The study discovered a disparity in experience when it came to learning from one another. Despite the fact that all participants believed that a joint learning experience required equal participation and contribution, clinical psychology students reported that they are the ones who learn from psychiatry residency students the majority of the time, with the exception of a few occasions when psychiatry residents learn informally from clinical psychology stu-

dents. This suggests that the two experts have different levels of hierarchical power. This finding is consistent with the findings of an Indonesian study that found that during an inter-professional learning experience between students of medicine, nursing, midwifery, and dentistry, nursing and midwifery students observed similar attitudes and significantly hierarchical behavior among the various workers in healthcare teams [5]. Few psychiatric residency students indicated the value of instructor involvement in boosting the IPE experience in this study.

Another finding of this research is that the timing of the experience is important. The study discovered that individuals' experiences varied over time. While reported by all clinical psychologists, the initial encounter begins with observing psychiatry resident students as they clerk patients in clinics. They also described how, despite the benefit they receive, it was unclear and frustrating. They explained that this was due to a misunderstanding of their roles and what they were expected to do. However, the majority of psychiatry residency students' experiences were similar to those of clinical psychologists, and their experiences were dependent on the clinics they visited and the year of clinical psychologists' study. The change in experience over time is related to an Indonesian study that discovered that many nursing and midwifery students had negative experiences with medical students during their early hospital practice, leading to a negative attitude toward IPE. The explanations, however, differ from those found in this study. Clinical psychology students' varying experiences over time are explained in this study by the programs' limitations in assigning them a clear role in the collaborative learning experience, clinical psychologists' limited previous clinical exposure in clinical settings, and their maturity level difference to psychiatry residency students. Furthermore, because it is not a planned and conscious cooperative learning experience, those who want to engage will, while those who do not will not, resulting in missed opportunities. This conclusion is supported by an Iranian study, which found that simply having learners from various fields present may not be as effective as having a defined goal and conscious activities [6]. As a result of experience, stronger interpersonal relationships, and enhanced confidence on the part of clinical psychology students, the majority of both professionals grew more comfortable, matched with a more balanced participation start in the later IPE experience. The joint morning session and patient case presentation provided the best experience because it provided equal chance and increased engagement. This finding is corroborated by a study conducted in Iran, which discovered that when there is a high level of interaction between professionals, the tendency to improve the sense of collaboration among different experts is stronger, and it functions as a facilitator factor [6].

Regarding the opportunities and challenges that arise during the IPE experience. The study discovered that the opportunities identified include knowledge gained about the other profession, knowledge exchange in formal and informal learning environments, and a positive effect of the experience on future collaborative practice. Students reported challenges such as professional differences during their initial experience as well as structural and organizational issues. This finding is consistent with the findings of a systematic review conducted by Sunguya, B.F. et al., who discovered that curriculum, leadership, resources, stereotypes and attitudes, variety of students, IPE concept, teaching, enthusiasm, professional jargons, and accreditation are challenges in developed countries, while curriculum structure and complexity, resource limitations, and stereotypes are challenges in developing countries. In terms of factors influencing students' active engagement in IPE experiences, it was discovered that participants' personal characteristics such as sociability, curiosity, and teamwork values are a positive internal motivating factor. The educational system that brings the two professionals together to learn together, as well as the instructor's encouragement, is external positive motivators for students to actively engage in the IPE experience. In other statements, students reported that coming from different educational backgrounds, such as clinical psychology students from the social sciences and psychiatry residency students from the natural sciences, is a negative factor affecting active engagement, particularly during their first experience.

Finally, in response to the research question about students' perceptions of their professional identity and IPE experience, a few clinical psychologists reported that prolonged exposure interferes with their professional identity development, but the majority believe that clear role assignment and strong supervision are more important in developing their professional identity than psychiatry residencies.

The majority of participants believed that the IPE experience helped them develop their professional identity. They explained that understanding the other profession aids in understanding one's own professional identity. This finding differs from the findings of McNeil et al., who describe how professional identity fault lines have the potential to be activated and conflict induced when there are inequities in how the different professions are treated within the team and demonstrate that inter-professional conflicts are a key cause of failure in inter-professional education. A study conducted in the United States discovered that participation in an inter-professional education course resulted in negative attitudes toward students' own and other professions, as well as attitudes toward inter-professional education [7]. The differences in the above study could be due to differences in participant characteristics. In this study, the status and power differences are an accepted attribute of both professionals, and despite the fact that one of them feels uncomfortable as a result, they will not engage in conflict as a result. It is related to societal perceptions of the status of various professions in comparison to others. However, the study corresponds with a study conducted in Indonesia, which reported that students felt the need to clarify and understand each other's profession as well as the boundaries of one's own profession [7]. Students from all programs agreed that IPE would encourage them to better understand each other's professional roles and responsibilities as well as the boundaries of their own roles.

Study Limitations

The following are some of the study's limitations:

1. Because the researcher is a faculty member and the study participants are faculty students, the data collected and analyzed by the researcher may be skewed, resulting in researcher bias.
2. Because of the recruiting processes and limited sample size, the findings and implications are more specialized and less important for the study's generalizability.

Conclusion

The findings of this study revealed that IPE experiences varied and were the result of a complex combination of factors. In comparison to Uni-professional learning, the IPE experience, despite its limitations, offers a plethora of options. Inter-professional education between participants with different professional status has a significant impact on their IPE experience. To meet the IPE objectives, the learning experience must include a balanced two-way interactive learning experience among participants. To avoid confusion and role conflict among participants during the early stages of IPE, a clear role assignment with a formal goal is required. Finally, if executed with defined role assignments, adequate supervision, and for an appropriate length of time, the IPE experience can help participants establish their professional identity within the inter-professional learning environment [8-22].

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