

**SPECIAL ISSUE**

Music, drama, dance movement and art therapy: Interdisciplinary dialogues

Article

Learning together: An investigation into the potential of interprofessional education within music therapy

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ABSTRACT

The literature acknowledges the benefits of collaboration between music therapists and other professionals for the individual therapist who collaborates, for our clients and for the music therapy profession itself. However, there has been little discussion regarding how therapists acquire the skills required for collaboration. In a wider healthcare context, the principle of interprofessional education is utilised to facilitate such collaboration in practice. This study considers peer clinical work review sessions as a potential interdisciplinary training tool within a UK arts therapy training context, from a music therapy perspective. Using a phenomenological paradigm, the experience of participating in interdisciplinary peer review sessions between a music therapy student and a dance movement psychotherapy student was modelled and evaluated.

The study found that interdisciplinary peer review was experienced as beneficial to the training experience in several ways, including developing peer support, widening perspectives of other professions and developing cross-discipline communication skills. These results could provide a framework upon which to base development of interdisciplinary inputs within the UK training context.

KEYWORDS

music therapy, arts therapies, collaboration, interdisciplinary education, training, peer review

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INTRODUCTION**Music therapists as collaborators**

Compared to other Allied Health Professions, the music therapy profession is relatively new to

working collaboratively (Twyford & Watson 2007). Despite this, collaboration with other professionals in clinical work does not seem to be rare in current music therapy practice, perhaps most commonly through involvement in a treatment team containing different professions for a particular client or client

group (Twyford & Watson 2008b), and during clinical supervision (Odell-Miller 2009).

The benefits for music therapists working collaboratively outside the profession appear to fall into three generic categories – benefits to the music therapy profession, to the individual therapist and to the clients. The identity of the music therapy profession can be consolidated through collaboration with other disciplines; by extension, new referrals to music therapy could then be promoted, and thus new roles potentially created (Twyford & Watson 2007; 2008a). The individual music therapist who collaborates may benefit from understanding the different perspectives and skills of other professions, the provision of a source of professional emotional support and the stimulation of professional discussion (Watson 2002; Twyford & Watson 2008b). Pavlicevic (1999) emphasises this last point, stating that discourse with other professionals is necessary to develop meaning within music therapy. Finally, music therapy clients may also benefit from professional collaboration, in that by sharing their insights, each professional gains a greater understanding of the client (Durham 2002).

This phenomenon is not unique to music therapy. Twyford and Watson (2008a) describe how the same benefits of collaboration are applicable to other arts therapists. Best (2000), speaking from a dance movement psychotherapy perspective, exemplifies the knowledge she gained from each individual in a multidisciplinary team, and describes how this experience created an “inner collaborator” (p. 210) that could be referred back to in future clinical experience, suggesting lasting benefits. In a wider healthcare context, collaboration is also a prominent concept. Effective professional treatment teams in healthcare are recognised as essential in providing optimal patient/client care (Barwell et al. 2013), and interdisciplinary supervision in healthcare has also been described as “beneficial and rewarding” (Chipchase et al. 2012: 465).

The literature also acknowledges that collaborations involving music therapists “can be compounded by a myriad of challenges” (Register 2002: 307). Furthermore, several authors suggest that the individual music therapist must develop team working skills before successful collaboration with another profession can occur (Register 2002; Twyford & Watson 2008b; Zallik 1992). Many factors may hinder effective team working, including “personality factors, poor communication skills, individual dominance, status, hierarchy, and gender effects” (Twyford & Watson 2008b: 19).

Furthermore, the benefits of collaboration described previously can only be reaped if music therapy has been “valued, understood and proven effective” (Twyford & Watson 2008b: 21), suggesting that the communication skills of the music therapist are paramount.

Much like the benefits of collaborative working, these barriers to collaboration do not seem to be unique to music therapy. Xyrichis and Lowton’s (2008) extensive literature review of multidisciplinary teams in both primary and community care settings identified several barriers to effective team working, including large team sizes hindering effective communication, a lack of clear goals, and a lack of understanding within the team of the roles of the other professionals. These barriers could also apply to music therapy collaborations. Indeed, both Odell-Miller (1993) and Priestley (1993) echo this preference for smaller teams within music therapy collaborations. Of particular relevance to music therapy is Xyrichis and Lowton’s (2008) observation that a team member with a separate base to the multidisciplinary team may be “less integrated [...] which may limit team functioning and effectiveness” (p. 143). Hills et al. (2000) observe how many music therapists may work in a peripatetic nature and as a result are members of more than one professional team at once; this could be a prominent barrier to effective collaboration. Despite acknowledgement of these barriers to collaboration in the literature, there has been little discussion of the process by which music therapists acquire the skills to overcome them.

The concept of interprofessional education

Castle Purvis (2010) suggests that interprofessional education could be an appropriate method by which to introduce music therapy trainees to the values and skills required for effective team working. The World Health Organisation defines interprofessional education (IPE) as “when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes” (World Health Organisation 2010: 7). Many healthcare professions have adopted this concept, including medicine, nursing, midwifery, occupational therapy, physiotherapy, and speech and language therapy (Barwell et al. 2013). These inputs are primarily delivered during training; while IPE inputs in the workplace also occur, these tend to be more setting-specific and less widely considered in the literature.

The World Health Organisation states that “there is sufficient evidence to indicate that effective IPE enables effective collaborative practice” (2010: 7). The majority of this evidence consists of subjectively perceived benefits by individuals who have participated in IPE inputs. For example, Chan et al. (2013), Ruebling et al. (2014), Miller et al. (2013) and Gilligan et al. (2014) unanimously reported overall positive attitudes from students towards the value of IPE. Chan et al. (2013) summarise these benefits as role clarification and an increased understanding of both the importance of communication and the meaning of teamwork. Bridges et al. (2011) summarise the common theme for success of these inputs: that the chosen training tool should help students to understand their own professional identity while gaining an understanding of the roles of other professionals. Perhaps this could be considered an overall aim for any interdisciplinary training tool.

The formats of IPE interventions found across healthcare disciplines are varied, both in the combinations of professions involved and in the format and frequency of the training tool itself. Each learning situation is unique, and so Barr and Low (2013) recommend that each input strategy be devised according to the learners’ needs and practicalities of the specific setting. They also specify that regardless of format, the learning should be “active, interactive, reflective and patient centred” (p. 19). IPE inputs could occur regularly throughout a training programme (Barwell et al. 2013), or during a concentrated week-long interprofessional programme, followed by occasional inputs throughout the remainder of the year (Barr & Low 2013). One-off inputs seem particularly common (Abu-Rish et al. 2012).

The potential of IPE within music therapy training

Inclusion of IPE inputs within healthcare training courses is recommended by the General Medical Council, the Nursing and Midwifery Council, the General Social Care Council and the Health and Care Professions Council (Barr & Norrie 2010). Such inputs are not mandatory under the HCPC guidelines under which the Allied Health Professions are validated, since IPE may not be possible at every institution (HCPC 2012). However, the HCPC does recommend and support interprofessional working and is looking to introduce a requirement for IPE in approved education and training programmes. Its role is currently being reviewed by a team from Keele University, led by Professor Steven Shardlow.

Several professions validated by the HCPC already have incorporated elements of IPE into at least some of their training courses (Barwell et al. 2013; Ruebling et al. 2014; Ruiz et al. 2013), including the arts therapies. However, IPE is not as evident in the music therapy literature, or indeed in the wider arts therapies’ literature. This could be due to the relatively young age of the arts therapies compared to other healthcare professions.

At the time of writing, only one example of collaboration between music therapy trainees and students of another course was reported in the literature. A study by Ballantyne and Baker (2013) utilised a transdisciplinary model of collaboration, with students working together on placement to deliver a songwriting project with the same clients. The students reported the value of the experience in terms of the transferable skills obtained: developing an understanding of the roles of the other profession and developing interdisciplinary communication skills. While the collaboration format in this study is not representative of a common means of collaboration in practice, the results are encouraging nonetheless, suggesting that even if a collaborative training tool does not exactly model professional collaboration, benefits can still be reaped.

While no other specific discussions of IPE were found in the current music therapy literature, its existence in UK music therapy training is not necessarily negated. From the websites of the UK music therapy training courses, the precedence and format of interdisciplinary inputs seem varied. Some institutions offer shared modules between the arts therapy training courses (e.g. Anglia Ruskin University (2014); others mention occasional inputs from professionals of another arts therapy discipline (e.g. University of Roehampton (2014); but some do not mention it at all.

Despite this, my own experience at Queen Margaret University contained several cross-disciplinary inputs between the arts therapies: primarily teaching inputs from another arts therapy professional, or inputs delivered jointly to my cohort of students alongside a cohort from another training course. While I personally found these inputs valuable in increasing my knowledge of other arts therapies, I feel their value in providing practical preparation for collaboration in practice was minimal. Unlike the IPE methods described previously, these inputs did not provide opportunity for meaningful discourse with students of another profession, and bore little similarity to the cross-disciplinary liaisons I experienced during my clinical placements.

Several authors have voiced opinions that provide an argument for the development of IPE within music therapy. For example, Barrington (2008) observes that establishing understanding of the role and potential of music therapy to interdisciplinary collaborators has proven challenging. IPE could be a potential solution: the World Health Organisation (2010) guidelines identify a major aim of IPE as facilitating an understanding of the roles and responsibilities of both other professions and the student's own profession. Additionally, Twyford and Watson (2008b) question "how confident newly qualified therapists are in working with colleagues and in utilising the knowledge and expertise of other professionals" (p.11), and suggest how this "may be easier if the knowledge, values and skills required for collaboration are developed in initial professional training before attitudes and stereotypes become established" (p.19). Odell-Miller and Krueckeberg (2009) describe particular challenges of collaboration to inexperienced therapists as the need to convince other professionals of the role of music therapy, and to have the necessary interpersonal skills to build rapport with non-music therapy professionals. Finally, Castle Purvis (2010) identifies a need for increased awareness of music therapy among other health professions, and also a need for increased awareness of these other professions within music therapy, proposing IPE as a potential solution.

Noting these views alongside the contrast between the established concept of IPE in wider health professions and my own experience of interdisciplinary inputs during training, there could be scope for strategic development of structured interdisciplinary inputs to music therapy training to be more closely modelled on practice and with greater focus on promoting interaction between disciplines.

Considerations in implementing interdisciplinary training inputs

Upon introduction of IPE to a music therapy training context, two primary parameters should be considered: the professions collaborated with and the format of the input. Barr and Low (2013), in their guide for introducing IPE to new contexts, suggest "the best practicable mix of professional groups" (p. 7) be prioritised. As described previously, it seems the majority of currently documented interdisciplinary inputs within UK music therapy training involve other arts therapies. This could be due to closer similarities in course

structure compared to other Allied Health courses. It seems prudent that these existing collaborations be developed rather than attempting to establish a new collaboration within training. Of the seven accredited music therapy training courses in the UK, six are either run by institutions also offering training in another arts therapy, or are at least in the same city as another arts therapy training course (ADMP UK 2013; BAAT 2013; BADth 2011; BAMT 2013); thus for the majority of trainees, it would not be geographically impossible to develop IPE inputs with other arts therapy students. Additionally, as collaborative working seems similarly valued throughout the arts therapies (Twyford & Watson 2008b), establishing such inputs could extend mutual benefits to the students of these other arts therapies.

A possible counter-argument for further collaborations between the arts therapies during training could be concern in maintaining distinctions between the disciplines. Relevant here is Karkou's (2012) description of how early attempts to unite the arts therapies raised concerns that "the depth of knowledge and understanding of the art form would be jeopardized, and consequently clinical practice would become superficial and thus questionable" (p. 7). Bearing this in mind, perhaps the introduction of other therapeutic art forms during training could be detrimental. This concern is not unique to arts therapies; the HCPC (2012) general training guidelines recommend that inclusion of IPE inputs must not negate acquisition of profession-specific skills. However, Landy (1995), speaking from a dramatherapy perspective, suggests a balance must be struck: while borders between professions must be maintained, working in complete isolation would also be detrimental. Perhaps the borders in a training context should be ensuring prominence of profession-specific inputs, and that arts therapy collaborations are introduced in the later stages of training, once an initial understanding of the profession has developed.

Regarding the selection of a practical and beneficial IPE format for arts therapies training collaborations, while inspiration can be taken from IPE methods utilised in other disciplines, each context requires individual consideration to determine an appropriate method (Barr & Low 2013). As described previously, an element of successful IPE is that the training tool be modelled on how collaboration might occur in practice to facilitate meaningful discourse between professions. Barr and Low (2013: 8) suggest a preferred format as "interactive learning in small groups dealing in differences". Bearing these

factors in mind, the current study proposes interdisciplinary peer review sessions as a potential strategy to introduce more active collaboration between different arts therapies training courses. This suggestion is modelled on aspects of two major methods of collaboration in practice identified previously – interdisciplinary supervision and multidisciplinary team working. A common feature of these collaborations is discussion of a case of clinical work undertaken by one or more of the professionals involved, albeit with differing foci.

In contrast to hearing a lecture, peer review sessions may provide opportunity for active, interpersonal discussion of clinical work undertaken by the trainees, thus providing potential for the development of practical collaborative skills. Peer groups are considered effective for encouraging active involvement in IPE training inputs: for example, Barwell et al. (2013) describe the benefits of interprofessional peer groups from a student viewpoint, describing how “as the student team had lacked the normal hierarchy, they were able to question, share knowledge and learn together without professional and defensive boundaries” (p. 15). Ruiz et al. (2013), although speaking about student-driven rather than true peer groups, suggest that student-led formats for IPE should be encouraged over facilitated IPE, as this format encourages more active responsibility from students for their learning.

The focus of the proposed peer input is suggested as the review of clinical work, to facilitate the reflectiveness and client-centred nature of the interdisciplinary input. Although true peer supervision is not possible in this context due to the non-qualified status of the students, it could be that peer review of clinical work could hold similar learning potential to that identified in the literature as occurring during peer supervision (Austin & Dvorkin 2001). It should be noted that when interdisciplinary supervision has been modelled as an IPE input in other healthcare contexts, it has been emphasised that profession-specific supervision remains necessary during training (Chipchase et al. 2012). It is suggested that these interdisciplinary review sessions replace normal supervision, but that they may be a potentially valuable addition.

As a final justification for the peer review model, several studies have reported the success of similar IPE inputs in other contexts (Brandt et al., 1991; Lindqvist et al. 2005; Phelan et al. 2006). Perhaps most relevant is the comprehensive review by Thomasgard and Collins (2003) of an interdisciplinary peer supervision group within a

family care profession context. This group differs from the model proposed in this study in that it was held in a continuing professional development context, and also on a much longer-term basis. Regardless, the group’s aim remains relevant: to improve communication between the professions. Several benefits of this peer supervision model for IPE purposes are described, such as strengthening clinical skills as a result of the presence of multiple perspectives within the case-based discussions, and also development of professional support between group members. The peer model is acknowledged as facilitating these benefits. Barriers to the group are also described, particularly regarding discipline-specific language and the value placed on particular pieces of information. Regardless, the authors recommend this model as an effective method of interprofessional development.

SUMMARY OF METHODS

This study was granted ethical approval by the Queen Margaret University Research Ethics board prior to data collection. Since the study aimed to describe lived experiences, a qualitative, phenomenological approach was utilised.

As the proposed interdisciplinary training format of peer review sessions does not seem to have previously occurred in a music therapy training context, it would not have been appropriate to use common qualitative data collection methods, such as interviewing or focus groups. Instead, the proposed input style was modelled to explore the potential of this experience. Despite the potential ethical dilemma inherent in my dual role as both researcher and student, the dual role also provided an advantage: permitting full immersion in modelling the process of interdisciplinary peer review, thus providing a rich representation of this experience as a music therapy trainee. As the peer review format differed from any other inputs delivered on my training course, it seemed necessary to carry out the same format of peer review sessions with a music therapy peer as well as a student on another arts therapy course. This experience of peer review within my own profession could then act as a control against which to compare the experience of interdisciplinary peer review, and thus discern what the process of interdisciplinary collaboration had added to my experience.

To carry out these interdisciplinary and intradisciplinary peer review sessions, it was necessary to carry out a concurrent course of clinical music therapy to share with the peer

reviewers. Sharing current clinical work rather than clinical work previously completed by the researcher provided opportunities for the collaboration to influence my thinking about the work, and also more closely modelled the way in which aspects of current clinical work might be shared in both multidisciplinary teamwork and cross-discipline supervision in practice.

A course of six sessions was carried out with a 6-year old boy with autism in a primary school for children with additional support needs in Edinburgh, Scotland. These sessions were video recorded, with consent to share acquired from the client's parent. A music therapy (MT) student and a dance movement psychotherapy (DMP) student were recruited as peer reviewers for the study, both via an email advert to the Level 2 student cohorts of these subjects. Four review sessions were held with each peer reviewer separately during this time frame, after sessions 1, 2, 4 and 6. In each peer review session, three clips selected from the most recent music therapy sessions were shared. In the final review session, a short discussion reviewing the experience of peer review was included. Each review session lasted 30 minutes and was audio recorded. Each review session was transcribed and a thematic coding analysis (Creswell, 1994) carried out on the transcriptions. Alongside this process, I kept a researcher's diary to log my reflections on the process of participating in the review sessions.

RESULTS

Summary of codes and themes

The thematic analysis revealed seven emergent themes from the peer review sessions. Figure 1 summarises the precedence of each of these themes with each student across the course of review sessions. To further discuss these results, it is important to compare the spread of the individual codes within each theme with each peer reviewer.

Comparison of themes with each peer reviewer

The therapeutic relationship

"How, so how do you feel when you're in there? Like, in relationship to him?" (DMP student, review session 3)

The therapeutic relationship was a prominent theme with both peer reviewers throughout. As displayed in Figure 2, the spread across the codes

within this theme differed substantially for the two peer reviewers. This difference could be due to the different training experiences of the two students, resulting in different perspectives when reviewing the clinical work.

Music and sound

"...I was just thinking first about the tempo. . . 'cause that's not as slow as it has been, or as fast as it had been..." (MT student, review session 4)

It is perhaps not surprising that the theme of "music and sound" was more prominent overall in the review sessions with the music therapy student than the dance movement psychotherapy student. Figure 3 summarises the occurrences of each code within this theme for each peer reviewer. While the music therapy student frequently considered the music of both the therapist and client, the dance movement psychotherapy student's comments on musical aspects of the session were more prominently regarding the therapist's music. This often consisted of confirming her understanding of the therapist's musical approach by describing the music in non-musical therapeutic terms such as matching or mismatching, as if to translate the music into more familiar terminology. Perhaps the dance movement psychotherapy student felt less able to comment on the significance of the client's music, given that this was not a familiar modality to her.

The therapeutic frame

"What's his reasons, for being referred to yourself?" (DMP student, review session 1)

The theme of the therapeutic frame was slightly less prominent overall in the peer review sessions with the dance movement psychotherapy student compared to the music therapy student. Figure 4 shows the precedence of each code within this theme with each student. The music therapy student was particularly focussed on aspects of the therapy room set-up, whereas the dance movement psychotherapy student considered the setting itself in more detail. As with the theme of the therapeutic relationship, these differing foci are likely due to the different training experiences promoting certain aspects of the therapeutic frame with each peer reviewer.

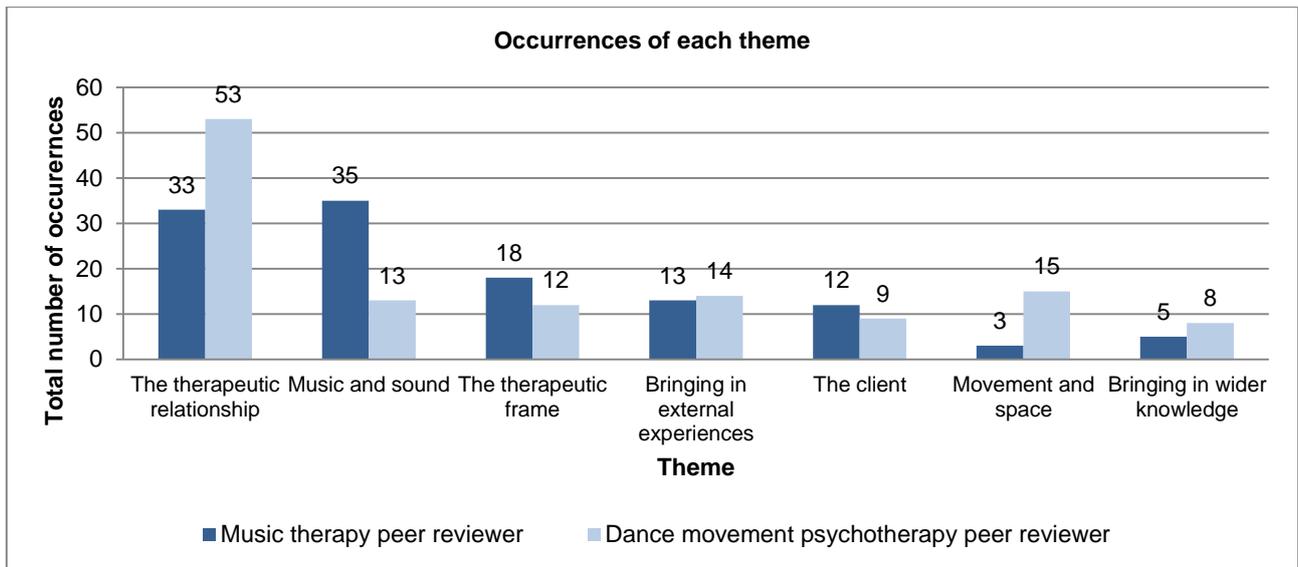


Figure 1: Precedence of each theme with each student peer reviewer

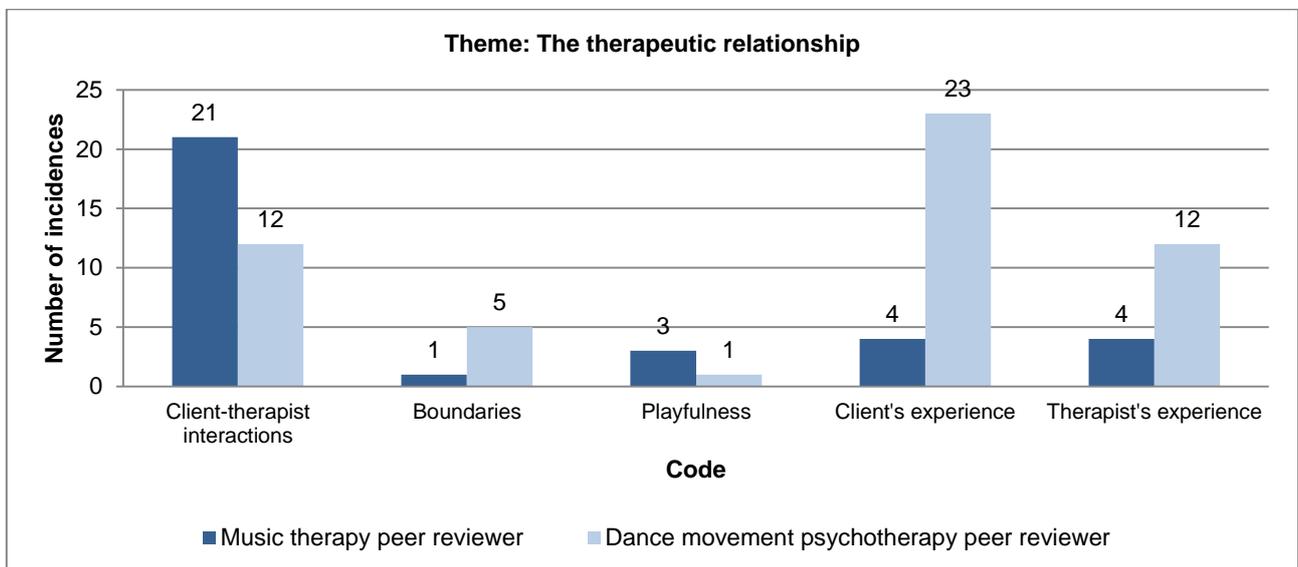


Figure 2: Occurrences of each code within the theme 'the therapeutic relationship' with each peer reviewer

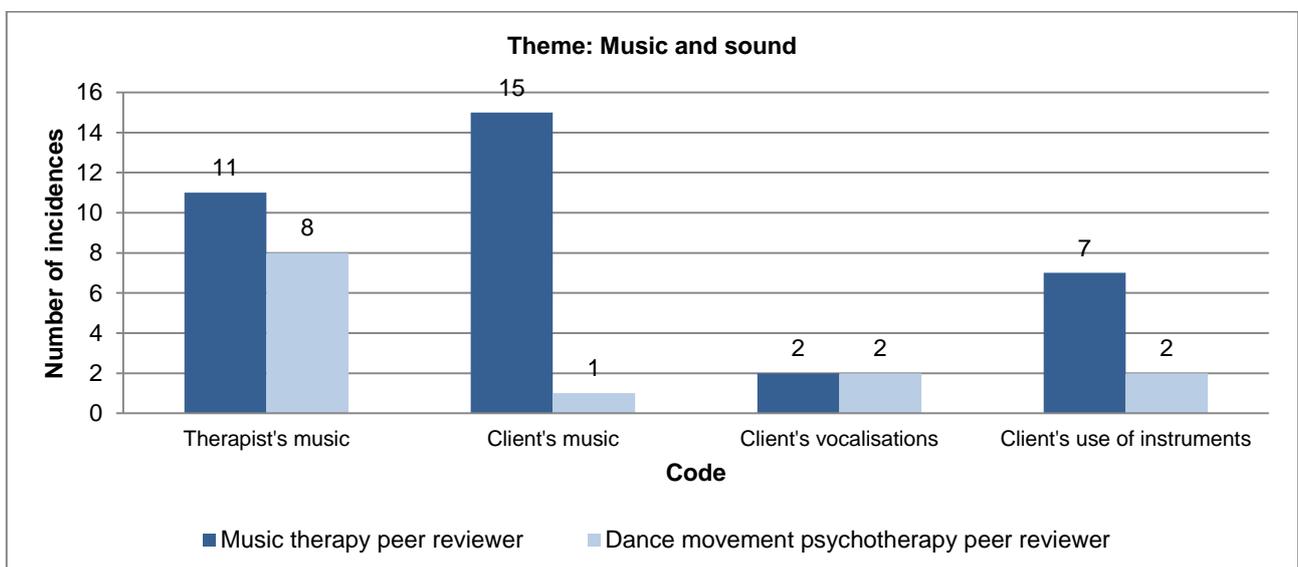


Figure 3: Occurrences of each code within the theme 'music and sound' with each peer reviewer

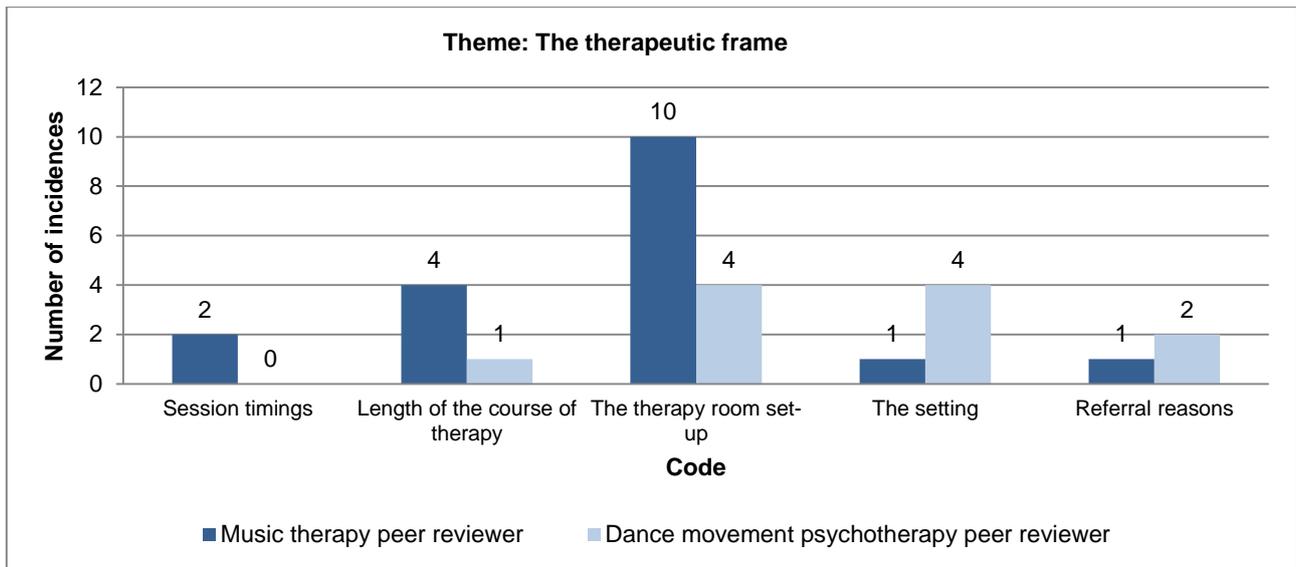


Figure 4: Occurrences of each code within the theme ‘the therapeutic frame’ with each peer reviewer

Bringing in external experiences

“...when I first started shadowing a music therapist, years and years ago, and she was in this room with all of these toys, and she would just put sheets over them...” (MT student, review session 1)

Figure 5 summarises the occurrences of each code within the theme of “bringing in external experiences”. The codes within this theme were similarly prominent with both students, with the exception of the code “experience as an arts therapy student”. The foci of the discussions within this code were also contrasting with the two students. The two instances of this code with the music therapy student emerged from relevance of the clinical work to an aspect of our shared training experience. With the dance movement psychotherapy student, this code emerged upon comparison of the similarities and differences between our training experiences.

The client

“Oh, ‘cause he seems very calm, in comparison to other weeks” (Music therapy student, review session 3)

Figure 6 summarises the prominence of the codes within the theme of the client. The comments from both students were similar within this theme. The dance movement psychotherapy student referred

slightly less frequently to the client’s general presentation, with more prominent focus on the inner experience of the client, as indicated previously under the theme of the therapeutic relationship in Figure 2. Again, this could be due to general differences in perspective between the two students.

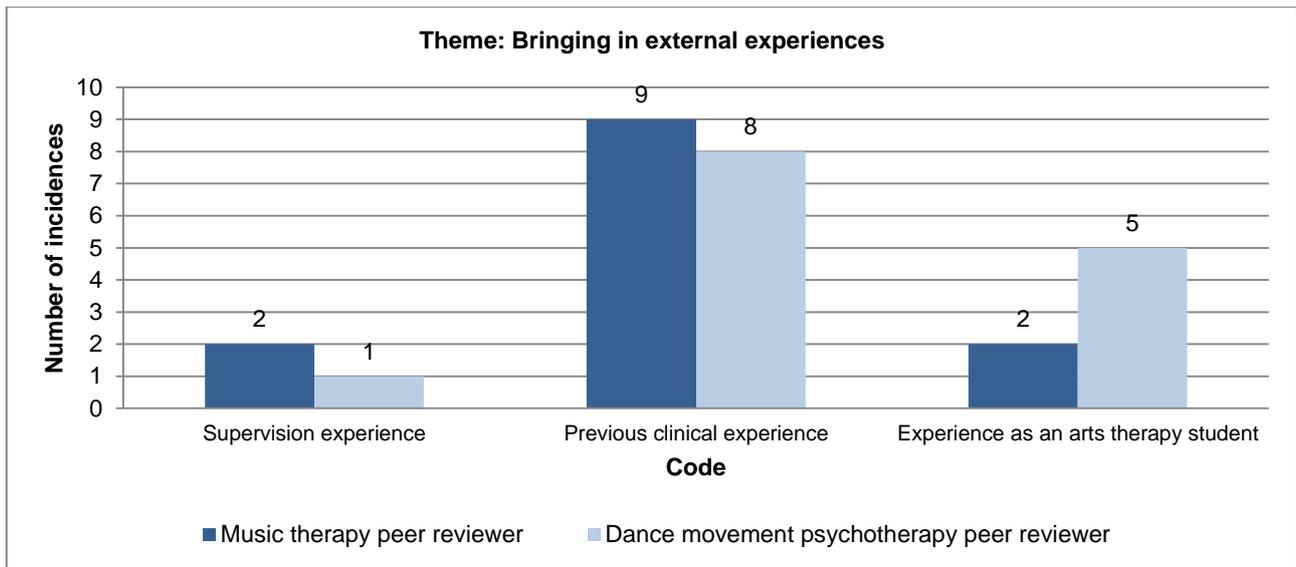


Figure 5: Occurrences of each code within the theme 'bringing in external experiences' with each peer reviewer

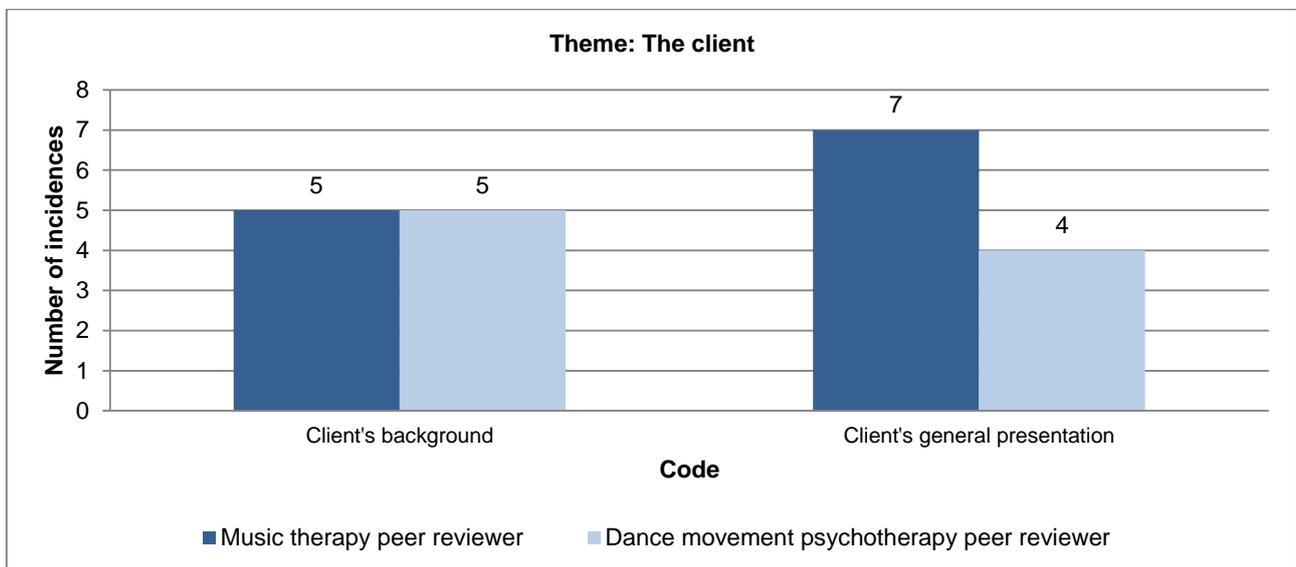


Figure 6: Occurrences of each code within the theme 'the client' with each peer reviewer

Movement and space

"He's taking control, ownership of the space really quickly, marking his territory" (DMP student, review session 2)

Perhaps unsurprisingly, the theme of movement and space was significantly more prominent during the dance movement psychotherapy student's review sessions. Figure 7 summarises the precedence of each code under this theme with each peer reviewer. The dance movement psychotherapy student discussed the client's movements, use of the space, and the potential communicative meanings behind these features in more depth than the music therapy student.

Bringing in wider knowledge

"...so is that something that you would do, y'know a Hello song, is that quite common that you would do that for children more so than, than adults?" (DMP student, review session 1)

Figure 8 summarises the occurrences of each code within the theme of bringing in wider knowledge with each peer reviewer. Interestingly, the spread of individual codes is polarised between the reviewers, with the consideration of general music therapy and dance movement psychotherapy concepts limited to the dance movement psychotherapy peer review sessions, and discussion of autism in general limited to the music

therapy peer review sessions. The prominence of the code of autism with the music therapy student is likely due to this student's past experiences working with this client. On several occasions with the dance movement psychotherapy student, the discussion considered the explanation of a general concept from either of the two professions, e.g. clarifying the purpose of using a Hello song in music therapy, or discussing the range of movement of a dance movement psychotherapist within a session.

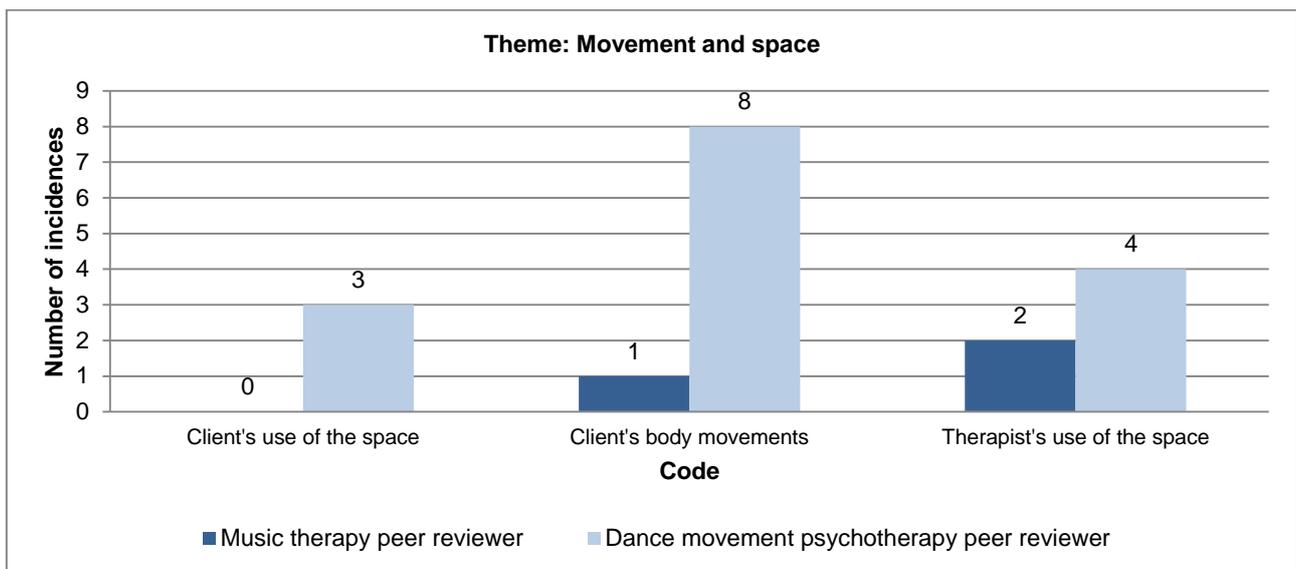


Figure 7: Occurrences of each code within the theme 'movement and space' with each peer reviewer

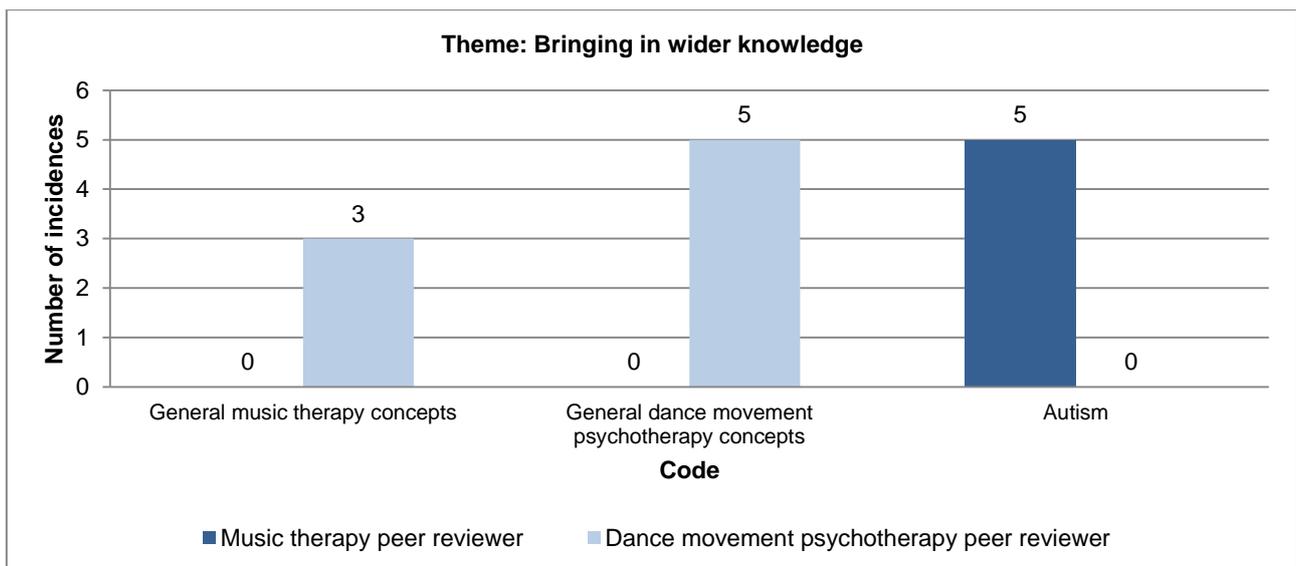


Figure 8: Occurrences of each code within the theme 'bringing in wider knowledge' with each peer reviewer

Themes from reflections on the experience of peer review

Reflections on intradisciplinary peer review

From the discussion with the music therapy peer reviewer, the major theme arising was the difference between intradisciplinary peer review sessions compared to group supervision as part of the training course. We discussed how there was little input to our course carried out in a peer format without a facilitator. The student stated that she felt freer to say her reflections of the clinical work in the peer review format than in group supervision, without the pressure of a facilitator's presence.

The music therapy peer reviewer also expressed on several occasions throughout the sessions her enjoyment and interest in the work. In our discussion, we jointly noted the value of an additional opportunity to share and discuss clinical work during our training experience.

Reflections on interdisciplinary peer review

The two major themes arising from the final discussion with the dance movement psychotherapy student were developing effective cross-discipline communication, and drawing parallels between music therapy and dance movement psychotherapy. The student expressed how she felt her communication skills had developed through having to express ideas from a dance movement psychotherapy perspective to someone outside the profession.

Our discussion of the parallels between music therapy and dance movement psychotherapy covered many features. She spoke of her difficulty at times as a non-musician in understanding musical features of the work, but spoke of the common features she identified which aided her understanding. Rhythm and the use of the voice were identified as common modalities within both therapies.

Like the music therapy student, the dance movement psychotherapy student also expressed on several occasions her interest in and enjoyment of the peer review sessions, and her appreciation of the opportunity to see the clinical work. She also valued the opportunity to learn more about another arts therapy discipline, and noted she perceived her understanding of music therapy to have increased as a result of the review sessions. I also noted my reciprocation of this aspect of the experience, reflecting on my own increased understanding of dance movement psychotherapy.

Reflections from the researcher

Informed by the researcher's diary, my reflections on the experience of interdisciplinary compared to intradisciplinary peer review identified four additional themes.

The roles of the peer reviewers and the clinical supervisor

Following each clinical supervision session, I noted the importance of receiving supervision from a qualified music therapist. The supervisor offered specific suggestions for undertaking an interactive approach which significantly influenced the direction of the work. The peer review sessions did not replace supervision, but neither were they superfluous; I reported feeling that I gained new insight and perspectives each time the work was reviewed.

Awareness of movement

A prominent theme in my reflections was my increasing awareness of my own movements throughout the course of therapy. I noted following sessions how I had been conscious of my positioning in the therapy room, and also how I found myself giving more thought to reflecting on the movements of myself and the client upon reviewing the session recordings regardless of the presence of the dance movement psychotherapy student.

Clarification of communication

In my researcher's diary, I echoed the opinions of the dance movement psychotherapy student in how the process of sharing work with someone outside my discipline had encouraged me to consolidate my reasoning and ability to explain my decisions within the sessions to a greater extent than my past experiences of sharing clinical work, which had been limited to within the music therapy profession. I also noted the novel experiences of explaining general music therapy concepts within the interdisciplinary review sessions. While I had expected to note differences between the content of the interdisciplinary and intradisciplinary peer review sessions, I had not anticipated the emergence of these reciprocal learning opportunities in the interdisciplinary peer review sessions.

Peer support

I noted in my researcher's diary the comfort I found in my discussions with the dance movement psychotherapy student regarding parallels between our training experiences. I also noted how this opportunity for discourse with the dance movement psychotherapy student facilitated opportunities for further collaborations and also social meetings between the two wider student cohorts, which may not otherwise have occurred.

DISCUSSION

Key findings

The content comparison of the inter- and intra-disciplinary review sessions showed that while the interdisciplinary peer review sessions were less focussed on musical aspects of the clinical work, an opportunity for additional discourse was provided, regarding the similarities and differences between not only our respective professions but also our respective experiences as students of those professions. The key themes emerging from the experience of participation in interdisciplinary peer review sessions were that the peer review sessions were provision of an engaging, enjoyable experience, promoting the clarification of interprofessional communication skills, an experience of cross-discipline peer support, and exposure to wider perspectives.

Limitations

Prior to relating these findings to existing literature, the limitations of the peer review session model must be acknowledged. Several aspects of the study may have affected the content or experience of the peer review sessions. Firstly, while objectivity was striven for during data analysis, the subjectivity of this particular experience of interdisciplinary peer review to the students involved must be noted. The dance movement psychotherapy student expressed an existing interest in the voice within dance movement psychotherapy, and my own interest in arts therapies collaboration must also be recognised. Perhaps these innate interests resulted in an amplification of our engagement in the interdisciplinary peer review sessions. However, the extent of this influence on the results cannot be established without repeating the study with different students.

This experience of interdisciplinary peer review may also be subjective towards the particular training courses involved. At the time of this study,

the music therapy course at Queen Margaret University followed a music-centred Nordoff Robbins approach, and thus would possibly hold fewer crossovers with other arts therapy courses. Perhaps a more psychodynamically-oriented music therapy course would find greater similarities with other arts therapy courses. To explore this, repetition of the study at another institution would be necessary.

The inclusion of intradisciplinary peer review sessions for comparison was a useful aspect of the study design. However, this resulted in the sharing of the clinical work in three individual settings – with each peer reviewer and also in clinical supervision. If the interdisciplinary peer review model were applied to training courses, the comparative review sessions would not exist, and so it is important to acknowledge that this additional opportunity to reflect on the clinical work may have emphasised aspects of my experience of the peer review sessions.

A final aspect of the study design which may have affected the content and experience of the peer review sessions is the effects of the multiple roles held by the participants. I held three roles in this project - therapist, researcher and student – of which I was often concurrently aware. Likewise, the peer reviewers were also aware of their role as research participants during the review sessions; both students commented on the clarity of their speech in the recordings, aware that I would later be transcribing the sessions. This awareness of our multiple roles may have affected both the content and experience of the peer review sessions; however, this is not easily predicted.

Implications of the results

Effectiveness of interdisciplinary peer review as an IPE input

Despite the study limitations, the experience of interdisciplinary peer review features some themes of successful collaboration. As described in the literature review, benefits of music therapy collaboration may occur at three levels – for the profession, the client and the therapist. Despite difficulties in measuring these benefits for the profession and the client in particular, relevant outcomes have still emerged. The dance movement psychotherapy student reported increased knowledge and understanding of the music therapy profession. Perhaps if this type of IPE input were introduced on a larger scale, this benefit to the profession of promoting increased

understanding of music therapy within other professions would be augmented. Furthermore, having reflected on this piece of clinical work more widely as a result of the collaboration, my understanding of my client improved, potentially resulting in an improved therapeutic experience. This reflects Durham's (2002) description of how sharing insights between professions can facilitate greater understanding of our clients. However, the most prominent benefits of this collaboration seem to be for the individual therapist. My experiences of peer support, widening awareness of another expressive modality and the opportunity for discourse with another profession reflect many of the benefits of collaboration described in the arts therapy literature (Best 2000; Karkou 2012; Twyford & Watson 2008b).

Despite these benefits of the collaboration itself, there are restrictions in determining how effective the peer review sessions were as an IPE input. This can be highlighted by referral to the definition of IPE provided by WHO: "when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (World Health Organisation 2010: 7). While the results suggest that the dance movement psychotherapy student and I learnt "about, from and with each other", it is beyond the scope of this study to establish whether our ability to effectively collaborate in practice was indeed enabled and client outcomes thus improved. However, as noted in the literature review, this aspect of IPE is inherently difficult to measure; there seems to be an existing assumption in the healthcare literature that if students fulfil the first part of this definition – learning "about, from and with each other" - then collaboration in practice will be enabled, at least to some extent. Therefore, a similar assumption can be applied to these results; this interdisciplinary input may have a positive incidental effect on our ability to participate in teamwork in future clinical practice.

One feature of successful IPE described in the literature is increased understanding of the identity of both the student's profession and other disciplines as a result of the input (Bridges et al. 2011). Bearing this in mind, it seems notable that discussion of the general principles of both music therapy and dance movement psychotherapy emerged only in the interdisciplinary peer review sessions and not the intradisciplinary peer review session. Therefore, by this measure at least, the interdisciplinary peer review method seems to have been an effective means of IPE.

Another feature of successful IPE described in the literature is the aim of IPE inputs to deal "in differences" between the professions involved (Barr & Low 2013: 8). Discussion of the similarities and differences between the disciplines and our experiences as trainees of those professions emerged within the interdisciplinary peer review sessions. This further suggests suitability of the peer review model as an opportunity for stimulating meaningful discourse between trainees.

Barriers to interdisciplinary peer review as an IPE format

While interdisciplinary peer review does seem to be an effective means of IPE, several barriers must be recognised. The most notable barrier during this IPE input was timetabling the interdisciplinary peer review sessions, although this was overcome by advance scheduling of the peer review sessions. The review by Abu-Rish et al. (2012) identifies timetabling as a prominent barrier to IPE inputs, so this was not unexpected. Due to the small scale of the project, many of the other barriers identified by Abu-Rish et al. were not experienced, such as funding, administrative support and preparation time. If interdisciplinary peer review sessions were established on a larger scale, these barriers may present a greater issue.

Thomasgard and Collins (2003), in their study reviewing an interdisciplinary peer supervision group identify a significant barrier in the differences in communication between the professions, particularly in terms of the information valued by each profession and the language used. A similar experience occurred in this study, from both my own perspective and that of the dance movement psychotherapy student. In our final discussion the dance movement psychotherapy student noted her lack of understanding of some of the musical terminology used in description of the clinical work; furthermore, the content analysis of the peer review sessions revealed that the dance movement psychotherapy and music therapy students each prioritised different aspects of the work. Pavlicevic (1999) notes how the challenge of asynchronous discourse is necessary for the development of meaning within music therapy. This suggests that this particular barrier may not necessarily be disadvantageous, instead promoting reflection on the assumptions of one's own discipline.

Implications for music therapy training courses

While these results hold useful information regarding the experience of interdisciplinary peer review, certain parameters were necessarily placed on the IPE framework due to the restrictions of the research project. It is thus important to consider how the experience of interdisciplinary peer review could translate to a training context without these constraints. Firstly, this study takes a UK focus, due to my perspective as a student on a UK training course at the time of data collection. While the potential learning opportunity in interdisciplinary peer review explored in this study may be applicable in other countries, each country's training context will differ, particularly in terms of the level of the qualification, the length of the training, and the similarity in structure of other training courses in that country. As such, careful adaptation of the results must be considered if applied to a non-UK context.

The peer review sessions were held within the six-week data collection period of the study; however if applied in practice, the input length could vary. For example, the literature acknowledges the value of isolated interdisciplinary inputs (Abu-Rish et al. 2012; Miller et al. 2013). Indeed, following the first interdisciplinary peer review session, I noted in my researcher's log that I perceived the experience as valuable. Furthermore, it may be that single inputs are preferable from a practical point of view. However, I would suggest a course of peer review sessions as in this study be prioritised; it was only as the sessions continued that the rapport between the dance movement psychotherapy student and I developed, which strengthened our ability to communicate with one another and also the theme of peer support.

The restriction to two arts therapy professions within the collaboration in this study seemed effective. It would be interesting to repeat the study with a student of another arts therapy discipline as the interdisciplinary peer reviewer and compare the results. While the aspects of the peer review sessions pertaining to the therapeutic use of movement are likely specific to collaboration with a dance movement psychotherapist, it would be interesting to note if the other emerging themes were consistent with another arts therapy discipline. This would be valuable information, as collaboration between music therapy and dance movement psychotherapy may not be possible at every institution. Furthermore, collaboration with other healthcare training courses could be trialled and compared in the same way. It is

recommended, however, that each IPE input explored in future studies focus on collaboration with only one other profession; the simultaneous collaboration of three or more professions during training seems likely to feature additional timetabling issues and have implications on the dynamics between the student peers.

If interdisciplinary peer review sessions were integrated into training curricula, it would be necessary for students of both professions involved to share their clinical work, instead of only one as in this study. Perhaps a practical suggestion for implementing aspects of the interdisciplinary peer review could be in monthly peer review meetings of small groups, where each student could present aspects of their clinical work for discussion. This would be in addition to more regular subject-specific supervision; both the literature (Chipchase et al. 2012) and my experience of the different roles of the peer reviewers compared to the supervisor within this study emphasise the importance of this. Ensuring the prominence of this subject-specific supervision in comparison to the IPE input would also meet the HCPC criteria (2012): inclusion of an IPE input must not restrict subject-specific learning. However, further study would be required before this suggestion could be implemented, particularly considering the effects of moving from a peer dyad to a peer group dynamic.

CONCLUSION

The key findings of this study were that a number of differences in both the content and the experience of participation were evident in comparison of the course of interdisciplinary and intradisciplinary peer review sessions. The interdisciplinary peer review input in particular was experienced as a beneficial addition to the training experience in a number of ways, including developing peer support, widening perspectives and understanding of other professions and providing an opportunity to develop cross-discipline communication skills.

This study suggests scope for developing IPE inputs within music therapy training contexts. The study results provide a framework upon which further development of such inputs could be based. Several possible variations to the interdisciplinary peer review sessions have been suggested in the discussion. However, a more action-orientated recommendation for future research could be to adapt the structure of Ballantyne and Baker's (2013) study. A course of interdisciplinary peer review sessions could be implemented with several student peer groups, and the students' experiences

explored via interviewing. In this format, the researcher would not partake in the peer review sessions, allowing for more objective representation of the student experience. Furthermore, the larger scale of such a study would more accurately reflect the realisation of such an experience if implemented into a training curriculum.

Further discussion and study of IPE is necessary to reveal its full potential in music therapy programmes. Programmes are continually reviewed and updated. For example, following an extensive review leading to programme revalidation, to which this study contributed, students on the MSc Music Therapy programme at Queen Margaret University now share two modules with students on the MSc Art Psychotherapy programme. Such integration of collaborative working and learning from other colleagues throughout a programme is useful and hugely important, as this study has shown.

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