What professional language do you speak?

Exploring inter-disciplinary communication with nursing and social work students via SADRAS Project initiative

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Abstract: The interdisciplinary learning project invited undergraduate adult nursing and social work students from a London university to take part in a qualitative research activity focusing on communication between the two disciplines. The project aimed to provide a direct contribution to the students' retention and progression, enhancing their understanding of inter-disciplinary working at the early stages of professional careers. Students were observed during a table-top exercise in which they jointly worked on deciding priorities of care for a complex family situation. They reflected on the activity afterward, sharing a considerate outlook on their interactions. The project provided new insights for inter-disciplinary learning and teaching, raising awareness of dynamics within inter-disciplinary communication. Most importantly, it recognised that effective, collaborative inter-disciplinary working requires time to develop, maintain and grow. While contemplating 'professional language' relevant to each discipline, we aim to revisit the conversation on teaching and learning for inter-disciplinary communication in the Higher Education setting.

Keywords: inter-disciplinary communication; interprofessionality; nursing and social work students; interprofessional working

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Introduction

Despite some conceptual ambiguity around terms 'discipline' and 'profession', for the purpose of this article, both terms were acknowledged, considering discipline as a field of study and a profession, as a career, or calling, which involves advanced learning (Smith & Clouder, 2010, p.2). In the social work context, Mason and Evans (2019) highlight that whilst such working forms an important part of statutory social work, very little is known about how inter-disciplinary cooperation works. Ericson et al. (2012) explore the importance of the interprofessional alliance to deliver integrated, safe, and high-quality patient-centred healthcare. They stress that only effective communication and collaboration between professionals from different disciplines can guarantee successful patient care. Through our small study, we observed inter-disciplinary communication at the early stage of the students' journey as they progress into their professional careers. The ability of healthcare professionals to achieve this is dependent upon what D'Amour and Oandasan (2005) describe as interprofessionality, a process by which professionals reflect and develop ways of practice that are integral to the needs of the person receiving care. People often present with complex health and social care needs which require more than one professional approach. Therefore, exploring this in more depth is essential to drive and improve teaching, learning, and ultimately care. While acknowledging the limitations of the small sample of students that participated in the project, we argue that 'interprofessionality' ought to be developed as part of teaching and learning. This is not only through the advancement of its theoretical merits but also through seeking opportunities for early inter-disciplinary communication between students representing a different professional stance. This would allow fuller, more meaningful exploration and consolidation of learning on this important topic, with a view of strengthening this in future practice.

Both nursing and social work courses delivered at the UK universities include assessed practice learning requirements, set out by the Social Work England (SWE) Qualifying Education and Training Standards (2021) for the social work profession and the Nursing and Midwifery Council (NMC) Future Nurse Standards for pre-registration nursing and midwifery education (2018) for the nursing profession. The Nursing Standards (NMC 2018), now include an annexe on Communication and Relationship Management Skills with effective communication at the core to providing

safe and compassionate person-centred care. The annexe also includes communication skills and approaches for working effectively with people in professional teams. These form a foundation for further development of students' practical skills through placement, facilitated as part of their courses. Social work students on placements are assessed against the Professional Capabilities Framework (PCF) domains (BASW, 2021) that refer specifically to working collaboratively and communication skills. They are also both required as stipulated in the professional standards set out by SWE. The nursing students on placements are assessed using the Pan-London Practice Assessment Document 2 (PLPAD 2.0, 2018). This document enables students to be assessed in practice to meet the standards and proficiencies of the NMC's Future Nurse (2018).

An in-depth understanding of inter-professional working forms one of the important facets of preparation for practice. Inter-professional communication in particular attracted our research team's attention calling for further exploration of this topic through arranged and planned activities with participating students. Ineffective communication is widely recognised as attributing to the poor patient, or service user care. Most importantly it impacts the lives of people and children from a variety of settings and groups. It is frequently referred to as an area with practice issues or in need of development, widely discussed in a large number of serious case reviews (NSPCC and SCIE, 2016). Different health care professional disciplines receive training that exhibits a distinctive communication style which can result in a lack of understanding, trust, and respect between the different disciplines in the workplace (Foronda et al., 2016). Furthermore, people receiving care and support report higher levels of satisfaction, better acceptance of care, and improved health outcomes following treatment by a collaborative team (WHO, 2010). It is therefore imperative to initiate a further conversation on collaborative working and continue to develop and improve interprofessional communication and effective teamwork throughout the students learning journey. This article is based on the work completed in partnership with the university's students from both nursing and social work undergraduate courses. Both students who were researchers and participants shaped project developments. Despite the disruptions caused by the Covid-19 pandemic, they were instrumental in leading it towards its successful completion.

Research approach

The Student Academic Development Research Associate Scheme (SADRAS) run by the University's Academic Development Centre invites students to take an equal stance as active researchers, working alongside academic staff in exploring various areas of teaching and learning they feel particularly strongly about. Endorsed by the UK's Higher Education Academy (HEA) the scheme supports ideas brought by both students and staff to create a paid opportunity for learners to develop new skills in research, promoting their achievement, progression, and retention. Comprehensive research project proposals developed by the team of students and academic staff receive the university's ethical approval before research starting and are regularly monitored by the SADRAS support to ensure successful and timely completion (Union of the University Students, 2012). The research findings are promoted through the University's Festival of Learning and Festival of Research events, enabling researchers to share their work within the wider network of students and colleagues across the university and beyond. Our SADRAS project aims were to offer an innovative approach to teaching, enhancing students' understanding of inter-disciplinary working early in their professional careers and fostering safer, more effective working practices once qualified. Learning, from, and about each other is crucial in better understanding the multi-disciplinary team and for the development of more dynamic and cohesive interdisciplinary working. Learning together forges stronger working relationships while improving outcomes for people receiving care and treatment (Kent et al., 2017). Furthermore, the literature suggests that interprofessional education is an essential tool in developing appreciation towards other professionals' knowledge and skills which builds respect and better cooperation in shared decision-making (Labrague et al. 2018).

Through the virtual learning site announcements, emails, and posters, we invited undergraduate adult nursing and social work students to be involved in a research project exploring inter-professional working. We looked at whether this way of learning enables knowledge, skills, and attitudes to be shared and acquired between the students on professional courses. We aimed at creating a safe, educationally orientated environment with the patient or service user at the centre of this practice. We intended to answer the following research questions:

1.   How can inter-professional learning opportunities between nursing

and social work students inform their understanding of the person who is at the centre of their practice?

2. How do nursing and social work students experience the process of an inter-professional learning activity, and what challenges and opportunities for learning do they identify?

3. How can the lessons learned from an inter-professional learning activity inform future learning opportunities for larger groups of nursing and social work students, and what are the risks and benefits of doing so?

Mixed levels of students from the adult nursing and social work programmes were randomly selected from the convenience sample of the 2019 cohort of students. The selection was conducted on a first-come, first-served basis providing an opportunity to all students, regardless of their ability, or experience. Initially, 10 participants responded and signed the consent forms, though ultimately only 3 student nurse participants took part and 5 social work students participated. This meant all the nursing participants were level 6 (the final year of their studies), whereas in the social work there was a mix of different levels (first and the second year of studies). All participants were provided with introductory information about the project in line with the ethics approval, providing confidentiality assurance and an option for a withdrawal from the study at any point. They all signed consent forms, permitting digital recording with the use of audio-visual equipment. The research team comprised of 3 student researchers:1 from social work and 2 from nursing, and 5 academic staff: 3 from social work and 2 from nursing. The team planned, designed, and delivered the research activity, analysis, and write-up of the project findings.

Data analysis and research methods

Following the University's Research Data Management Policy (2019) research data is defined as any material (digital or physical) collected, observed, or created for the purpose of analysis to produce original research results. The types of research data applicable to this study involved: audio-visual recordings of social work and nursing student research participants, observational data recorded in notebooks. Data

Management Plan was proposed as a part of the university's ethics application process and agreed upon for the duration of the project. The university owns all the research data obtained for the SADRAS project. All project documentation, including the sound and film data, was stored securely on the cloud content management and file-sharing platform, approved as the General Data Protection Regulation (GDPR) compliant by the university.

Primary data sources were used in the project, namely observational data and video recordings of students completing designed research activities based on the interdisciplinary discussions surrounding the complex case scenario provided. This was followed by a reflective activity on the exercise facilitated by the student researchers. The interdisciplinary group activity was run once, and it was divided into three parts to simulate a real practice situation:

Part 1: Case scenario discussions facilitated within the individual disciplinary groups in a separate setting.
Part 2: Joint case scenario discussions facilitated by bringing both professional groups together in the same setting.
Part 3: Reflection facilitated by the student researcher with the use of the Weather Model of Reflection (MacLean, 2016).

Qualitative methods were utilised in exploring our observations of the table-top exercise of a case vignette. During this observation, the research team made notes, guided by the chosen research questions. The material: audio-visual recordings of social work and nursing student research participants and observational data recorded in notebooks, were analysed jointly by the student researchers and academic staff. This data was analysed thematically, with common themes or patterns of meaning that came up repeatedly, noted by the researchers, illustrated in Table 1 below. We took on a latent approach to our research, hence we tried to capture a variety of details supporting our analysis, focusing on more interpretative and conceptual orientation to gathered data. We applied Braun and Clarke's (2006) six steps process of familiarisation, coding, generating, reviewing, defining, and naming all of the themes and writing up. We used observation as a data collection method, to capture communication of the participants, noting details of participants' interactions. The main strength of this method was direct access to the area being researched, providing rich material for analysis. Given the purpose

of qualitative research to describe, explore, and explain phenomena being studied (Marshal & Rossman, 1995). The challenge of observation was to maintain the designated roles of the non-participant researchers as observers. Despite the availability of a body of research, we decided to take on an inductive approach to our research, allowing the data to determine our themes, which in part justified the small sample size and limitations it presented. Moreover, it was noted that initially separating the disciplines and the subsequent seating arrangements with the unequal number of students representing each discipline may have also affected some of the dynamics observed and recorded during the tabletop exercise.

We planned that the thematic analysis and the initially identified themes would further inform the design of the focus group activity. The focus groups would then provide further exploration of the initially identified themes. Regretfully, we were unable to arrange for planned focus groups due to the Covid-19 pandemic and resulting difficulties in securing the participation of the formerly involved group of students. Subsequent government lockdown restrictions further interfered with the continuation of the project due to the lack of participants' availability. Participating the third year nursing students went into paid supernumerary placement to support increased pressure on the National Health Service (NHS) and the participating social work students were called into numerous roles voluntarily to support the social care sector.

Project findings

The project findings are presented concerning the project's research questions and results generated through the primary data analysis. Initial introduction of the case scenario within the single discipline groups might have contributed to the subsequent observed division. Certainly, when both students' groups came together after their initial discipline-specific discussions, they naturally became divided due to the room's layout. Student nurses sat at one end of the table and student social workers sat together at the other end. Participants talked through the complexities of the case scenario and proposed ideas on how to approach it. However, the discussion often took place at the same time with little order, or jointly established focus, creating a situation in which small groups of engaged students were simultaneously discussing a different issue concerning

the case and not necessarily communicating it back to the larger group. The discussion did not follow any agenda or set of rules agreed by the participants and was conducted in more of a brain-storm style rather than a more methodical, focused approach often observed during multi-disciplinary meetings. However, at a later stage, an individual student attempted to bring a steer to the group's discussion more effectively. On reflection, perhaps clearer guidance and a more balanced number of students representing each discipline might have affected the dynamic of the group, supporting better organisation of the multi-disciplinary meeting.

As time went on, the group became more animated, with an evident, keen interest in the safety and wellbeing of family members introduced within the case scenario. Interestingly, students presented with some evident emotional response when justifying their individual viewpoints, this at times became a barrier to active listening of other students who were bringing their perspectives. The emotive factor impacted the group's ability to establish who the primary patient/service user was in the case (the mother or child). Despite their visible efforts, both disciplines exerted in tries to make each other understand their viewpoint and how their professional role influenced their belief. This at times leads to incorrect or unsubstantiated conclusions. For example, students mistakenly used references to legislation and regulation that would strengthen their interpretation of the case scenario or made unsupported medical claims to stress their point of view. Moreover, at times the use of acronyms, abbreviations, or discipline-specific jargon (albeit not always used correctly) created visible tension between students, resulting in a competitive dynamic, deflecting largely from the initial service user or patient focus. Yet it appeared that students from both disciplines felt at times unable or were unwilling to question what the discipline-specific jargon meant.

The meeting ended with little consensus as to the priorities of the care and only partial agreements on how to plan their professional action forward. Hull (2015) highlighted the importance of developing proficiency in communication between health and allied healthcare professionals considering their differences in training and specific professional language and jargon. Additionally, although this area was not explored by the project, the multicultural aspect of inter-disciplinary teams, with practitioners using English as a second or subsequent language was noted as an added layer of complexity while looking at effective inter-disciplinary

communication. The project participants represented diverse student backgrounds, with several students using English as a second language. Further focus on the use of English as a second language in a professional context, with the interesting problem of what Ryder et al. (2011) refer to as 'culturally- specific terms, expressions, or metaphors' (cited in Meuter et al. 2015 p.2) would have been interesting to explore. This, was an unexpected finding and one that we would like to explore further, an area certainly worth considering for supplementary research.

Added exploration of the activity during the facilitated reflective part, with the use of the Weather Model (MacLean, 2016) proved very effective and enjoyable for the interprofessional group. One of the student researchers effectively facilitated the reflective activity, guiding participants through the different stages, associated with specific questions focused on the experience of the table-top activity. In addition, participants were asked to close their eyes and imagine particular weather conditions while thinking of the experience. For example, when they were asked to imagine sunshine, they needed to comment on what went well in the activity, or when moved to the main stage, they were asked to express what did not go so well. Different weather stages were symbolic of specific reflective questions and an additional emphasis on using imagination created a relaxed and fun atmosphere allowing students to probe and name some of the emotions experienced during the activity.

Despite a noticeable predicament around seeking one another's opinions in an attempt to clarify discipline-specific interests of the case during the second part of the exercise (Part 2), participants were able to work on these effects in the facilitated reflective space (Part 3). Noted observations were thematically analysed and the main themes that emerged are shown below with a brief descriptive analysis and established links to the research questions.

Main themes that emerged from the tabletop exercise activity

Table 1: Main themes that emerged from the tabletop exercise activity with links to the research questions

Identified Theme: Service User/Patient health and wellbeing
Both disciplines put a strong emphasis on the safety and wellbeing of family members presented in the case scenario. The focus of both disciplinary interests was governed by the evident strength of the emerging professional value base.

Interestingly both disciplines had a different outlook and understanding of the family's health and wellbeing and risks associated with them, leading to a divergence in interpretation of the family's situation.
Link to the research question: 1

Identified Theme: Negotiation & Cooperation

Participants' subjective views explored in the reflective part of the exercise suggested that they felt able to cooperate and negotiate respectfully during the tabletop activity. Participants expressed that they were able to complement each other's views and support the development of ideas, ensuring everyone's involvement. This, however, was less evident during the second part (Part 2) of the exercise observed by the research team. This theme links also to the active listening theme, formulated separately as it defines a particular skill expected to be developed and assessed in the context of practice learning in both nursing and social work courses
Link to the research question: 1, 2, 3

Identified Theme: Priorities and Planning

Participants found it difficult to structure their approach to the case scenario and plan the next steps due to divided views on priorities for the case. The second part of the tabletop exercise was conducted in a way that was perhaps less conducive to a planned and structured approach.
Link to the research question: 1, 2, 3

Identified Theme: Group dynamics within an inter-disciplinary context

Researchers questioned whether academic staff involvement might have influenced interdisciplinary interactions, with at times visible (mainly amongst social work students) emphasis on competent presentation of the knowledge of law and practice, with the use of abbreviations, jargon, and direct references to law. The group of nursing students was much smaller and appeared at times overshadowed by the larger and more animated group of social work students. Interestingly, it was a nursing student who took charge of organising the group aiming to seek resolution to the task of the exercise.
Link to the research question: 2, 3

Identified Theme: Active listening and effective group discussions

Participants presented a lot of care and concern for the family in the case scenario, this somewhat emotive response might have contributed to their difficulties actively listening to each other's views and perspectives. There was more emphasis on the presentation of views than seeking one another's opinion on particulars of the case. Limited requests for clarification or lack of checking of one another's understanding was also evident.
Link to the research question: 1, 2

Identified Theme: Professional Roles, Responsibilities, and Limitations
There was a limited understanding of each other's roles, responsibilities, and scope of practice. The complexity of the scenario caused some confusion around exercise expectations. Researchers observed that participants who recently completed placement (disclosed during the tabletop exercise discussion), might have been affected by practice experience in a particular setting (Children Services). The adult nursing field precluded involvement with the child, prioritising an inpatient mother amongst nursing students. Nursing students were more prone to admit to the limitations of their roles.
Link to the research question: 1, 2. 3

Six themes were identified during the research project, they are briefly analysed in Table 1 above. Links to the research questions set out for the project are also considered. From the six themes identified, four stood out as most prevalent, therefore these are further explored in reflections below:

Service User/Patient health and wellbeing

Participants from both disciplines presented with a strong concern for the person's receiving care and treatment and for their overall health and wellbeing. The student nurses' primary focus was the mother, an inpatient described in the case vignette. They carefully considered her symptoms and surrounding circumstances. Their priorities: her health, wellbeing, and holistic assessment are in line with their perceived professional role (adult nurse). Student social workers were however divided with a majority (3 out of 5) putting a primary focus on the child visiting the mother in the hospital. Others looked at each family member, considering their position in the context of issues presented in the case, interpreted by the research team as a reflection of their generic social work course, allowing graduates to specialise further in either adult or child and family social work. Perception and understanding of the risks and the family's circumstances varied between the two disciplines. Student nurses presented with a strong awareness of culture and its impact on the patient, making comments on the importance of culturally appropriate diet or an understanding of culturally dictated roles (defining role of the woman versus man), putting somewhat less emphasis on issues related to domestic violence presented in the case scenario. Student social workers considered support of wider family, friends, and community indicating a holistic stance. They included involvement from the GP, putting, however, overly strong emphasis on the role of mental health services, and in particular the use of detaining powers of the Mental Health Act 1983; missing all

together more specialist domestic violence support, such as input from the Multi-Agency Risk Assessment Conference (MARAC). The research team suspected that a very recent practice placement experience amongst student participants might have influenced their varied interpretation of the case study vignette. Here, visible differences even within the same discipline (adult social work and children and families social work) could have been explained with a powerful impact of practice placement on participants. This was somewhat an unexpected observation and led to the analogy used for the purpose of this article, raising the question of whether each discipline speaks its professional language. These findings left us contemplating language further, acknowledging the power of professional and personal experience. This could mean the language is used (communicated and interpreted) differently even within the same professional sphere, most likely shaped by particular specialism (or in other words surrounding culture).

Group dynamics within an inter-disciplinary context

Various healthcare and allied health professionals are trained using different languages, different skills, and have different experiences which may cause frustration and misunderstanding (Foronda et al. 2016). Noticeable emotive contributions from students, that could have been interpreted as irritation and/or overexcitement were apparent especially in Part 2 of the table-top exercise. This observation interpreted as possible differences in individual and professional value base was contemplated by the research team. Interestingly, one of the student researchers commented on participants' behaviour, that it looked like they ought to "prove that they deserve to be there" (SADRAS Research Notes, 2020). Of course, this raised a question over the setting and the context of the research activity, as well as the involvement from the academic staff. Despite the research team's efforts to mitigate the power differences between students and staff, student participants might have 'performed' to the best of their ability. While there is nothing wrong with that, it could have affected their choices around the use of language, possibly perceived as more "professional" given the complexity of the task. What is more, it could also explain the "overwhelming feeling of us and them" as described by another researcher in the notes, suggesting a marked divide between the two disciplines (SADRAS Research Notes, 2020). With this in mind, the interdisciplinary learning provided an effective opportunity (albeit not fully matured, nor most effectively utilised) to develop conflict management skills, support

understanding of each other's scope of practice roles and responsibilities, and thus improved multidisciplinary team communication (King et al., 2016). This progress became more visible in the observed reflections of the table-top exercise (Part 3 of the project).

Active listening and effective group discussions

Both disciplines presented with much care and concern for the family introduced in the case vignette. So much so, that at times discussions in the room become heated, with participants passionately arguing their points. This, however, led to the situation in which students put more emphasis on an articulate presentation of their views, rather than seeking each other's opinions, with minimal requests to clarify specific terminology or jargon used during discussions. These dynamics focussed on asserting one's own position, rather than taking time to consider what one does not know. More emphasis on professional curiosity and active acknowledgment of other's views, or specialism could lead to potential benefits and more effective resolution. Ineffective communication within National Health Service (NHS) has been identified as the main factor leading to complaints raised by patients (Parliamentary and Health Service Ombudsman of the United Kingdom, 2017). The research team questioned whether nursing students had enough confidence to admit to limitations around the understanding of legislation quoted by the social work students, despite this not being their main area of expertise. In fact, at times references to law and medical jargon used by both disciplines appeared to be serving to assert the speaker's knowledge, position, and beliefs, rather than actively seeking another professional opinion. It was almost as if the so-called 'professional language' (manifested through the use of jargon and/or discipline-specific terminology) dosed with heightened participants emotions, created a barrier for active listening, ultimately hampering effective group discussion and losing focus of what should have been the priority, formulating best outcomes for the family in question.

Professional roles, responsibilities, and limitations

This was one of the strongest themes that emerged from the codified sections. Participants had never worked together outside of disciplinary groups before and the exercise discussions uncovered limitations and a lack of understanding around each other's roles and responsibilities, as well as the scope of professional practice. Social work students presented

with strong attitudes and high expectations of other disciplines to respond to their evaluation of the family's situation, even though this was not always based on the facts of the case presented, nor accurately interpreted with the use of policy and law quoted by the students. At one point, both disciplines turned into an active discussion, speculating possible family history that was based on their assumptions, losing sight of the facts presented in the case vignette. Moreover, it appeared to be further fuelled by a possibility of risk, or perceived danger leaning towards risk-averse practice. Although there was no interference from the research team at this stage of the activity, considering the context of teaching and learning, this was a powerful opportunity to make students aware of what has happened with their interpretation and understanding of the facts of the case. Nursing students presented as more prone to admit to limitations of their roles, initially they also appeared less confident and did not question or challenge the social worker students' interpretation of the case. Such discussion could have led to a more balanced, multifaceted understanding of the case. This yet again led our reflection to discipline-specific culture (inclusive of value base) and with that the use of language. Linking perhaps also to the ever so familiar *battle* between a medical and social model of disability, anecdotally still apparent in practices across health and care disciplines. Furthermore, student nurses (in their final year of practice) were trained in using the Situation, Background, Assessment, and Recommendation tool (SBAR) described by Park (2020) and also often practiced communicating using this tool during placements and simulations. Yet, they did not utilise this tool during the table-top exercise at all. SBAR is commonly used in clinical practice, providing a well organised and concise format, supporting a focus on the main need of the patient within a complex context of their situation (Park, 2020). Given its proven effectiveness for inter-disciplinary collaboration (Liaw et al., 2014), the research team contemplated whether a similar tool could be used or developed for both disciplines, thus promoting and supporting effective interprofessional communication and collaboration.

The impact of the project

Students have much to share, yet they often learn in isolation and learning opportunities are lost (Sweeney Haney et al., 2017). The project included

a diverse group of student participants as well as student researchers. All experienced collegial, collaborative working relationships with the academic staff involved. It created an alternative learning opportunity for both students and teaching staff emphasising the need for sustainable longitudinal teaching and learning, focused on the improvement of the inter-disciplinary communication problems so often seen in healthcare practice.

In the response to research question 1; the exercise results indicated that discipline-specific knowledge was shared during the activity. As a result, both disciplines developed new understandings about the presented family circumstances, although its accuracy required moderation from the academic team, which in many ways validates the usefulness of similar teaching and learning activities across both disciplines. The third part of the tabletop exercise only partly addressed research question 2 and further opportunities did not materialise due to the Covid-19 outbreak. The table-top activity has proven equally challenging and rewarding for participants as it confronted their assumptions on professional roles and responsibilities. The facilitated reflective part of the activity was effective in diffusing conflicting views and restoring focus on collaboration and learning from one another. The reflective part (Part 3) of the table-top exercise appeared to be the most enjoyable for participants. It was facilitated by the student researcher offering more opportunities for the development of new skills for collaborative working. It also inspired thinking about further opportunities for utilising established relationships between students and academic teams representing different professional groups. Considering the response to research question 3, the project findings suggest that a focus on early inter-disciplinary learning is required. This would help to improve students' understanding of different professional roles as well as fostering openness to explore other disciplinary contexts to enhance effective service user/patient care. Further exploration of students' approach to inter-disciplinary activities in a simulated environment could provide more opportunities for valuable learning and teaching.

Arranging for larger groups of nursing and social work students' engagement has proven logistically challenging, given marked differences in the way courses are structured and the organization of practice teaching activities, including students' placements. However, the recent surge in the use of a variety of online platforms and innovative ways of teaching and learning implemented as a result of the Covid-19 pandemic could provide much-needed opportunities for more inter-disciplinary working

between students and staff. Moreover, joined inter-disciplinary curriculum reviews with a focus on identifying gaps in teaching and learning and ongoing interprofessional opportunities for students and staff, including collaborative activities could enhance the student's learning experience. Joined teaching and learning sessions (taught by colleagues representing a different professional stance) would not only potentially offer excellent role models and collaborative working but also promote a more multi-disciplinary ethos of health and social care across the faculty, school, and department levels.

Conclusion

University education is instrumental in developing knowledge and skills for each discipline; it also installs a professional value base encouraging students' growth and development of their professional identity. This comes with the use of a particular professional language and both students and early career practitioners require time and opportunities to use this appropriately and confidently to build their capability. It is therefore the university's responsibility to seek further innovation in the area of inter-disciplinary communication and collaborative working, utilising resources that are already available. Through activities that allow an early inter-disciplinary experience, creating student-to-student opportunities, offering scope for an exploration of other discipline's expertise, value base, their culture, and 'the language they speak', students could grow their skills. Perhaps fluency in your professional language supports an understanding of limitations and acknowledges personal strengths and expertise. It could transform inter-disciplinary working, allowing for the development of the language that is compatible with more than one professional stance, or representative of more than one discipline.

Joined teaching and learning initiatives with a strong emphasis on critical reflection and the use of language could be a starting point to overcome the barriers that are entrenched in contemporary healthcare practice. Learning, from, and about each other, role modelling good practice, demonstrating and practicing effective interdisciplinary communication, and collaborative working would hopefully help to break down these barriers. In essence, it could remove these obstacles before they become the students' practice reality. Collaborative learning could

help to develop students' understanding of different professional roles and encourage openness and curiosity about other health and social care disciplines. Such insights would enhance more effective communication and teamwork: moving away from *us, and them* and towards *us together* for one purpose of truly engaging our professional resources and expertise for working with those at the centre of our practice.

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