Enhancing Competency-Based Social Work Skills Through Service Learning and Interprofessional Education in a Student-Run Free Healthcare Clinic

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Abstract: Student-run free clinics (SRFC) offer students the opportunity to learn and work with students from other disciplines; however, there is very little research on the benefits of SRFC to social work students. The purpose of this article is to describe the qualitative student outcomes of a service learning (SL) and interprofessional education (IPE) experience in a SRFC designed to enhance the interprofessional competencies of BSW social work students. Students (n=38) enrolled in a service-learning course and participated in a semester-long SL and IPE experience at a university-affiliated interdisciplinary SRFC. Qualitative findings from student reflections indicated that students perceived that the overall experience facilitated the development of written and verbal communication skills, confidence, and professional identity. The research suggests that SL and IPE were beneficial to student development. We, therefore, recommend that other programs consider exposing BSW students to these experiences early in their program to enhance their educational experience.

Keywords: Interprofessional education, service learning, social work education

The development of interprofessional competencies among social work students is essential to effective professional practice in healthcare as well as other settings. One way to ensure that students are able to demonstrate "the integration and application of competencies in practice" (Council on Social Work Education [CSWE], 2022, p. 7), is to increase opportunities for hands-on experiences early in their program (Simmons & Fisher, 2016). Field education provides the ideal environment for teaching and learning social work practice skills; however, the field semester is usually at the end of the baccalaureate social work (BSW) program. BSW students' educational experience might be enhanced if students had more opportunities for interprofessional education and experiential learning in healthcare settings before the field placement which in turn would allow for more complex engagement with their field internship.

To engage students in experiential learning before their field semester, we developed a service-learning course designed to give students an interprofessional educational experience in a university-affiliated student-run free clinic (SRFC). SRFCs were helpful in

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improving the health outcomes of underserved patients (Broman et al., 2022) and have served as an effective pedagogical tool to enhance students' learning (Ko et al., 2019; Mohammed et al., 2018); however, few studies have been conducted exploring how social work students benefit from such an experience. The purpose of this study was to explore whether service learning (SL) and interprofessional education (IPE) in a student-run free clinic (SRFC) were beneficial to social work students. We used qualitative data from student reflection papers in a service-learning course to explore the following research question: Do social work students benefit from SL and IPE in a SRFC?

Relevant Literature

Student-Run Free Clinics (SRFCs). In the United States, underserved communities experience multiple social, economic, and cultural barriers to accessing healthcare services (Centers for Disease Control and Prevention, 2022). This lack of access results in lower overall health-related quality of life and suboptimal health outcomes (Whitman et al., 2022). The U.S. healthcare system, however, is ill-equipped to meet the needs of underserved populations, particularly uninsured individuals living in areas with a shortage of health professionals (Pittman et al., 2021). This problem is projected to worsen as the shortage of health professionals increases (GBD 2019 Human Resources for Health Collaborators, 2022). To address these challenges, universities are providing direct care to underserved populations through student-led initiatives, such as student-run free clinics (Nagel et al., 2022; Stuhlmiller, & Tolchard, 2018).

SRFCs are often interdisciplinary and promote interprofessional collaboration to address the healthcare needs of vulnerable community members. Many of SRFC patients lack health insurance, are from racial/ethnic minority groups, may lack U.S. citizenship, have limited English proficiency, and are unable to access health care through programs like Medicaid (Darnell, 2010; Smith et al., 2014). Consequently, SRFCs serve as a crucial safety net for these communities. These clinics not only serve vulnerable communities, but they also use service learning and interprofessional education to help students develop practice skills and promote collaboration among disciplines (Nagel et al., 2022; Seif et al., 2014; Smith et al., 2014).

Service Learning (SL). SL combines learning goals and community service in ways that promote both student development and community well-being (Higbea et al., 2020). In general, SL courses have been used in multiple disciplines to reinforce and build skills that may not be acquired in the classroom setting, while providing needed service to the community. Although SL is in line with the Council on Social Work Education competencies for generalist practice (CSWE, 2022), it is important to note that SL is different from volunteering, nor is it field education. Petracchi and colleagues (2016) found that CSWE programs that did not have SL courses were more likely to see SL as indistinguishable from field education or volunteering. Nonetheless, SL is an academic approach designed to reinforce classroom instruction while simultaneously addressing community-identified needs (Petracchi et al., 2016). Gerstenblatt and Gilbert (2014) discussed the strengths of SL through three outcomes – student learning, reflection, and reciprocity. Student learning and reflection are learning outcomes emphasized in field

education; however, reciprocity – the creation of bi-directional relationships between community members – distinguishes SL from field education (Gerstenblatt & Gilbert, 2014, p. 1049).

There are several benefits to SL for social work students in developing competency-based skills. Students are able to link theory to practice (Fraher et al., 2018; Gruslyte, 2021), demonstrate increased perceived self-efficacy (Williams et al., 2002), and develop professionally (Levy & Edmiston, 2015; McNaughton, 2018; Nino et al., 2011). Levy and Edmiston (2015) found that students enrolled in 30 hours of SL showed an increase in core values of service and competence (National Association of Social Workers [NASW], 2021). Students cited working with real clients and guided reflection as being the most beneficial in developing core values.

Another study suggested students were better able to make connections with social work ethics and values through the utilization of SL (Irvine et al., 2015). Students in this study reported having a greater emotional experience and a greater impression from SL than from the classroom experience. Students' perception of themselves in their practice as social workers also improved.

Other studies have found that students participating in SL demonstrated increased awareness of social justice and cultural issues (Augustin & Freshman, 2016; Belliveau, 2011). For example, in a content analysis study, researchers investigated the impact of SL on students' attitudes toward older adults, finding that students who engaged with older adults at healthcare facilities reported increased positive perceptions toward older clients (Augustin & Freshman, 2016). In addition, students were able to discover and explore their own ageist stereotypes and identified different interests in careers related to older adult care.

Interprofessional Education (IPE). IPE is an educational approach that occurs when two or more professions learn about, from, and with each other to improve collaboration between the disciplines and improve health outcomes (World Health Organization, 2010). The Interprofessional Education Collaborative (IPEC), a national assembly of health professions (e.g., medicine, public health, pharmacy, nursing, social work), promotes efforts to advance interprofessional learning experiences that lead to improved health outcomes (IPEC, 2016), They developed four core competencies for interprofessional collaborative practice (see Table 1).

IPEC competencies are congruent with the values, ethics, and standards of social work practice (NASW, 2016, 2021) and the social work education competencies (CSWE, 2022). The *NASW Standards for Social Work Practice in Health Care Settings* holds that social workers should engage in collaborative practice to deliver healthcare services (NASW, 2016). The *CSWE Educational Policy and Accreditation Standards* hold that social workers engage in interprofessional collaboration to assess, intervene, and evaluate individuals, families, groups, organizations, and communities (CSWE, 2022).

IPE has been instrumental in helping develop students' knowledge, skills, and values (Cramer et al., 2019), self-efficacy (Keshmiri & Ghelmani, 2023; Nurumal et al., 2020; Williams et al., 2017), communication skills (Bell et al., 2019; Kermani et al., 2022), and

interprofessional collaboration (Adamson et al., 2020; Kermani et al., 2022; Rubin et al., 2020; Testa & Renwick, 2020; Wilson et al., 2021) that lead to improved health outcomes (Cramer et al., 2019; McKinlay et al., 2019; Pittenger et al., 2019). In addition, students can acquire greater knowledge of their own discipline while learning and understanding the professional roles and responsibilities of other professionals as part of an interprofessional healthcare team (Bridges et al., 2011; van Diggele et al., 2020).

Table 1. *IPEC Competencies*

Competency	Description
Values and Ethics	Work with individuals of other professions to maintain a climate of mutual respect and shared values.
Roles and Responsibilities	Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of patients and to promote and advance the health of populations.
Interprofessional Communication	Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.
Teams and Teamwork	Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

Note. Adapted from IPEC (2016)

Professional Identity in IPE. Professional identity formation continues to be an important aspect of IPE. Professional identity in social work refers to the internalization of norms and values of the profession, personal identification with the profession, and the process involved in seeing oneself as a social worker (Wiles, 2013). While IPE experiences may have several benefits, it is important that students' professional identity formation is a part of the educational experience (Haugland et al., 2019; Rishel et al., 2020). Social work students must understand their role, as well as the unique contributions they bring to the team (cf. Ciani et al., 2023). Rishel and colleagues (2020) examined social work professional identity of 61 MSW students who took part in an IPE training program designed to prepare students for practice in integrated health. They found that the IPE experience enhanced professional identity development as students developed a greater understanding of their professional roles and the roles of others. This development does not occur by chance in health settings. Educators must help students develop a social work professional identity, which can be challenging in health settings where historically social work has not been seen as important as medicine or nursing.

Theoretical Framework

Using Kolb's (1984) experiential learning model, students in health profession programs can learn how to effectively collaborate with colleagues from other disciplines and develop interprofessional competencies prior to graduating and joining the workforce (Fewster-Thuente & Batteson, 2018; Meyer et al., 2021). Kolb's experiential learning

model is a four-stage learning cycle where the learner encounters a new concrete experience, the learner reflects on the new experience, the reflections then give way to new concepts, and the learner starts to experiment with these new concepts by applying them to new situations. Applying Kolb's experiential learning model to IPE and SL, students applied what they have learned in the classroom (Abstract Conceptualization) to their interactions with other students across disciplines (Concrete Experience), and then they were asked to reflect on their service-learning experience with their instructors (Reflective Observation) and then apply their experience in other setting such as field (Active Experimentation).

The Clinic Experience

BSW students participated in a service-learning experience at a university-affiliated, student-run interprofessional free healthcare clinic. Like many other SRFCs, this clinic provides comprehensive health care to the local community delivered by physicians, as well as medical, pharmacy, physical therapy, public health, and social work students. Social work students who participated in the service-learning course were required to participate in an online training session and an in-person orientation before beginning their IPE education experience, and were required to complete 20 service-learning hours at the clinic.

During clinic hours, which were held weekly (Tuesday nights from 5:30 PM - 9:30 PM), students participated in a pre-clinic meeting where each discipline (i.e., social work, medicine, pharmacy, physical therapy, and public health) presented their respective roles in the clinic and were assigned to interprofessional teams. At the end of the pre-clinic meeting, students met with their team to discuss patients. After the team saw the patient, social work, medicine, and pharmacy students met with the patient individually. Social work students used this time to gather more information to assess the patient's needs using a brief psychosocial assessment tool. The tool was constructed by the students in consultation with the social work faculty director in the clinic. After conducting the brief interview, students met with the student patient coordinator (first-year MSW student) or the social work student director (second-year MSW student), and the social work faculty supervisor (a licensed clinical social worker) to discuss patient issues, the patient's psychosocial barriers to health, and a potential action plan. These brief supervisory sessions focused on helping the student identify relevant cultural considerations and examination of ethical concerns, especially with respect to working with patients who are underserved. Students were encouraged to explore their cognitive and emotional reactions to their patients, attend to the sensitivity of a patient's individual circumstances, and navigate appropriate community referrals that ensured that the patient received quality care.

After the brief meeting with the student leader and the faculty supervisor, students then returned to the patient to formulate an action plan and assist with community resource referrals based on the identified needs. Each student saw an average of one to two patients per clinic shift and then wrote SOAP (subjective, objective, assessment, and plan) notes which were entered into the electronic medical records system to be reviewed and signed by the faculty supervisor. The faculty supervisor reviewed the note with the student. The

SOAP was electronically signed by the faculty supervisor if no major edits were needed. If major edits were required, the student had to go through a second review by the faculty supervisor. Finally, students participated in a debriefing led by the student director and the social work faculty supervisor.

In addition to receiving supervision at the clinic, students participated in weekly, guided reflection sessions in class, in which they were encouraged to reflect on their clinic experiences. At the end of the semester, students wrote a reflection paper detailing their learning experience with specific attention to the social work skills and values that were developed through participating in the IPE experience via the SL course.

Methods

As this was an initial attempt to understand how BSW students experienced the SL project, the researchers employed qualitative methods to understand the benefits of SL and IPE experience to students. Specifically, we sought to answer the question: In what ways do social work students benefit from SL and IPE in a SRFC? After obtaining exemption status from the appropriate Institutional Review Board, the research team used reflection papers submitted by BSW students at the end of the clinic experience described above. As exemption status was granted, recruitment and consent procedures were not required by this institution.

Participants

Reflections from a convenience sample of 38 BSW students in their second semester of a CSWE-accredited baccalaureate social work program and enrolled in the program's SL course were used. Thirty-four students were female, four were male. Twenty-eight students were Caucasian, five students were African American, and five students were Hispanic or Latino/a/x.

Qualitative Analysis

Analysis was conducted following Braun and Clarke's (2006) six-step process for thematic analysis: 1) familiarizing ourselves with the data; 2) generating initial codes; 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; and 6) producing the report. We integrated Miles and Huberman's (1994) interactive model into steps two to five, using ongoing dialogue and reflection and referring back to the original data. The research analysis was conducted by two members of the research team. The two team members were one Black male and one white female, both with multiple years of experience in teaching and in social work practice. The male member of the research team was the students' social work supervisor at the clinic. He also taught one section of the course.

The reflection papers were de-identified and imported into ATLAS.ti software package 8 (Scientific Software Development GmbH, 2016) for text retrieval and flexibility of organization and linking after completing initial coding. As this was an initial attempt to

understand how BSW students experienced the service-learning project, we elected to initially focus on skills they learned and how the learning was connected to what was being taught in the course.

Following the steps outlined by Braun and Clarke (2006) for thematic analysis, each author first became familiar with the data by reading and re-reading the reflection papers as a whole, then we independently generated initial codes in ATLAS (Braun & Clarke, 2006). The two authors then met to reflect, compare, and discuss our codes and interpretations using Miles and Huberman's (1994) interactive model of data analysis.

Once we developed "candidate themes" (step three in Braun and Clarke's (2006) process) we reviewed them using two steps—ensuring the coded data assigned to each theme truly fit, then reviewing the entire data set to both ensure the trustworthiness of our analysis as well as code any additional data that was missed (Braun & Clarke, 2006, p. 91). Once we were sure our themes were satisfactory, we named them and completed the final step of the Braun and Clarke (2006) process—creating a framework for which a general inductive approach using thematic analysis was employed (Thomas, 2006). Following the six-step process outlined in Braun and Clarke (2006) helped to bolster the trustworthiness of our analysis since we followed a systematic plan, which supports triangulation and evaluation by the reader (Connelly, 2016). We then illustrated the framework using excerpts from the raw data (Fereday & Muir-Cochrane, 2006), further bolstering the trustworthiness of the analysis (Connelly, 2016).

Results

We sought to answer how social work students would benefit from SL and IPE in a SRFC. Four prominent themes emerged from the analysis: interprofessional communication, documentation skills, confidence, and professional identity within interprofessional education. Each theme is presented with illustrative quotes.

Interprofessional Communication: *The most important thing you can do for them is just listening.*

Students reflected on their communication skills. While some comments were more general (e.g., "clients are a lot easier to talk to than what I previously thought"), three primary areas of improvement were identified: direct communication skills with clients, communication using an interpreter, and communication with other disciplines.

Within the area of direct communication, students identified the impact of having seen in action the importance of basic communication skills taught in the classroom. As one student wrote, "When working with clients, I learned the most important thing you can do for them is listening….." Many students described learning how to ask "better" questions; for example, one student described her experience seeing open-ended questions work to elicit valuable information regarding family stressors. Students also noted seeing non-verbal skills at work. A student described having a better understanding of "the importance of having sufficient distance between myself and the client to ensure an adequate comfort level." Another wrote, "I learned that I am good at reading facial cues."

Because many of the clients at the clinic did not speak English, students reflected on the use of an interpreter in client sessions. Some students struggled with the implications of using an interpreter. One wrote extensively about the social justice implications of not having Spanish-speaking social workers available. Another reported, "Providing her resources for Spanish services…were probably the most appreciated as they resulted in tears." Other students worked to understand how to build rapport despite the language barrier. For example, "[W]hen working with the Spanish-speaking patients, it was beneficial for the patients to see the social work student excel in positive non-verbal cues." Another noted, "It was critical to have patience when the translator would speak to the client and would then relay the response in English."

The third sub-theme that arose within the larger theme of communication was learning how to communicate with non-social work professionals. Students expressed initial nervousness about interacting with other professions, but many expressed quickly learning how helpful it was to listen to the medical assessment prior to the students' psychosocial assessment. Others reported that seeing the importance of the social work assessment helped them learn to communicate with students from other disciplines. One wrote, "I gained experience in communicating with other disciplines in a group setting to better analyze and interpret the problems and needs of the clients." One student summed it up as follows:

> *Learning to use my communication skills to discuss medical concerns with a multitude of disciplines, especially those who see the social work aspect of [the clinic] as less than necessary to the successful running of the clinic, was an interesting task. However, I quickly learned that as long as you treat everyone with dignity and respect and realize that your profession is important and validated by having a presence at [the clinic], you will cease having communication issues.*

Documentation Skills: *This skill is beneficial to better service the patient for their future visits.*

Regarding documentation skills, many students expressed that writing notes for actual clients helped them see the importance of clear documentation of patient interactions. "I didn't really realize before doing this how important SOAP notes were…turning the notes and the information I take during the time with the client and turning it into SOAP notes got drastically better just from the few time[s] that I did them." Another wrote, "writing SOAP notes and having the directors go over them was super helpful. Their critiques and helpful hints allowed all of us to learn the best way to communicate what needed to be said about the client." The students were better able to conceptualize the need for good notes for future services by working with the clients. For example, one student stated, "before volunteering at [the clinic], writing case notes was just something that professors talked about in lecture," but, as another student wrote, "this skill is beneficial to better service the patient for their future visits."

Confidence: *It affirmed for me that I was on the right path.*

Another theme that emerged was how the experience resulted in more confidence. Students discussed how the experience increased their overall confidence in their ability as

helpers. Comments ranged from the very specific ("Clients are a lot easier to talk to…[and] they are more open than how I thought they would be"), to the more general ("It was nice learning something and then applying it right away and…realizing I do it well and [having] other social workers telling me I do this well"). Students also reported greater confidence in knowing that social work was the right profession for them. One stated, "It gave me confidence in my abilities and affirmed for me that I was on the right path." Another wrote, "I was provided with a greater conviction than ever before about my purpose in life."

As students gained experience working in the clinic and became less anxious, they were able to have a good balance of self/other focus. Students reported being able to focus on clients despite their own initial anxiety: "I learned that when I am dealing with a client all of the nerves melt away when I actually start talking to them." Another reported a session in which "The [interpersonal] relationship that had formed allowed for a continual flow of open communication between the patient and myself as I lost all track of time and engaged myself in the present." One student summed up the experience as follows: "At first, the strongest feeling I had was nervousness but after doing my first assessment, I became more comfortable and by the time I was at my last clinic, I was not nervous at all, only excited."

Students attributed much of their increased confidence to the experiential nature of SL. "Being able to learn the material and then being able to apply it right away in a real-life setting was very nice. I have never been able to do that before in school." Many students noted the benefit of the class-to-experience connection. For example, "All of the role plays that were done in class are now being done in real life." A repeated sentiment was summarized by one student in this way:

> *The service-learning experience incorporates what was learned in class and furthers the learning process. A student cannot gain the same experience from class role plays as they can through the service-learning at the BRIDGE clinic. Role plays are a good starting point, but the lessons learned from service-learning are a humbling and once-in-a-lifetime opportunity for social work students.*

Professional Identity within Interprofessional Education: *Being able to exchange ideas as a team made us feel like we were providing the best service possible for the client.*

In addition to working with patients, students saw the team approach as an important part of their experience. Many students commented on how watching the medical team members perform their assessment was helpful in pointing the way to the social worker to begin assessing client needs. Other students noted a general appreciation of the team approach: "Working in a setting that has such a variety of disciplines was a great experience. At any point, my client could be working with me, a medical team, and someone from public health or physical therapy." A common positive conceptualization was "Being able to exchange ideas as a team made us feel like we were providing the best service possible for the client."

Being part of the interprofessional team helped give students a deeper understanding and appreciation for the role of social work in the clinic. A common observation was that the social workers helped connect the clients to resources that reduced barriers to improved

physical health. One student said, "…your objectives for the client should be specific, measurable, achievable, and realistic. Having this knowledge allowed me to better help my client by pointing out to the medical team that it is not realistic for her to eat expensive healthy food without some help."

Beyond the immediate goals of the client, the students readily identified the role of social work in the larger society: "As social workers it is our responsibility to work on behalf of individuals who find themselves oppressed, defeated, and marginalized." One student summed up her perception as follows:

> *At a time when we are being taught to fear immigrants for being rapists, murders (sic), and drug lords, social workers such as myself working with these at-risk communities can help provide a different light, the true realities of our immigrant population. I have taken to doing just that on social media, among friends and family and acquaintances, adding my own voice of dissent against the hostility and dissonance, against the cry to build a wall and send them all home.*

Discussion

The goal of this study was to explore how SL and IPE in a SRFC could benefit social work students. There is broad extant literature on SL and IPE highlighting the benefits of these approaches in developing interprofessional competencies. However, few studies have explored how social work students may develop these competencies through applied experiences prior to field placement. Furthermore, SRFCs have been found to provide many benefits to underserved communities and their members (e.g., Nagel et al., 2022), though the impact of SRFC on social work student learning has been understudied. This study contributes to these knowledge gaps by examining the enhancement of social work competency-based skills of BSW students participating in SL, which included IPE, in a SRFC.

Our findings demonstrate that students perceived that their SL and IPE experiences were important to improving communication skills, documentation skills, confidence, and professional identity. In addition, students' reflections demonstrated that they were addressing the IPEC competencies (IPEC, 2016). Students were clear about their improvement in interprofessional communication. Many noted how their verbal and written communication skills (i.e., documentation) were enhanced as the semester progressed. Students had to communicate in a variety of ways during their SL experience. They often communicated with faculty and students from other disciplines, as well as with patients of diverse cultures. They also had to enter SOAP notes into electronic health records, thereby learning to communicate necessary details that would be relevant to multiple disciplines in the clinic. Having these opportunities enabled students to learn, practice, and improve not only their communication but also their interpersonal skills (McNatt, 2020).

In many instances, patients were of a different culture, gender, and/or age than the students. These factors, combined with the fact that students are still in the process of actively learning social work skills, can be challenging for students at the beginning of

their learning experience (Simmons & Fisher, 2016). However, students became more confident in their ability to work with patients as the semester progressed. This finding is consistent with previous research which found that social work students engaged in SL showed increased confidence in their ability to work with vulnerable populations (Williams et al., 2002).

Much of the development in terms of interprofessional competencies may be directly linked to increases in student confidence. As students became comfortable with the process, they were more likely to report an enhancement of confidence in their ability to perform social work tasks in the clinic. Confidence, therefore, might be the catalyst driving students' development of interprofessional competencies including documentation, communication, and self-efficacy skills, as well as professional identity.

An interesting finding was the students' focus on writing SOAP notes. One potential explanation could be that the students were relatively early in their social work education sequence. Research has shown that students who are early in their social work programs possess less cognitive complexity than advanced students and may focus on more concrete, less nuanced skills (Simmons & Fisher, 2016). It is, therefore, possible that the students' focus on documentation was a result of their relative comfort in discussing a concrete skill like documentation. It is also possible that the students' focus on SOAP notes was a result of the emphasis on documentation by social work faculty supervisors and the interprofessional team because of its importance in preventing medical errors and improving patient continuity of care.

Students' development of their professional identity was another key area of perceived growth. These are consistent with research findings that both SL (Levy & Edmiston, 2015; Long & Gummelt, 2020; Nino et al., 2011) and IPE (Ciani et al., 2023; Haugland et al., 2019; Rishel et al., 2020) were related to social work students' professional identity development. An oft-repeated sentiment by students was their appreciation of being an essential part of the interprofessional team.

Limitations

Because this study was qualitative, the results represent the experiences of the participants in this study; however, findings are not generalizable to other settings. Moreover, students' reflections were self-reported; therefore, it is difficult to determine objectively if students made measurable gains in interprofessional competencies. Although students were observed and evaluated by faculty social work supervisors, this process was not used as a formal measurement of student development. Evaluating student skills on specific competencies and practice behaviors using multiple measures might be a more effective means of measuring development. In addition, students' ability to reflect on their experience may be determined by their ability to articulate the development of complex thinking skills (i.e., critical thinking). Having students practice reflective writing throughout the course may be helpful in this regard.

While students' reflections demonstrated that they had developed IPEC competencies, upon reflection, our clinic's approach to IPE had a couple of noteworthy limitations. The

students engaged in cross-discipline education; however, the faculty's instruction was limited to their own disciplines. Students could have benefited from learning from more experienced practitioners in other disciplines. In addition, although students were assigned to interprofessional teams, they spent most of the time interacting with members of their own discipline. We believe that this contributed to a strong professional identity; however, both patients and students may have benefitted from increased interprofessional collaboration between disciplines.

Implications for Social Work Education

Despite the limitations, the research adds experiential knowledge to an emerging field. It is, therefore, important for educators to provide students with more SL and IPE opportunities early in their training as a way of helping them gain confidence in their ability to work with different populations. Early training in a SRFC might help students become more confident in working with underserved populations and prepare them for fieldwork in underserved communities. In addition, it provides students with critical opportunities to build confidence in interacting with students and healthcare professionals from other disciplines before going into the healthcare field. This may aid in the development of social work professional identity, which is essential in interprofessional healthcare settings. Finally, teaching students how to accurately document patient encounters can greatly enhance their education and prepare them for professional practice where documentation skills are highly valued.

Conclusion

Through this SL experience, in an interprofessional environment, students reported learning several important practice skills that were linked to IPEC competencies. They learned to communicate with clients directly and by using an interpreter. They learned to communicate with students from other disciplines, improved documentation skills, and reported increased confidence. Finally, they developed a deeper understanding and appreciation for the role of social work within the clinic.

These findings suggest that SL and IPE in a SRFC may provide students with learning opportunities that can enhance their overall educational experience and better prepare them for future social work practice. We, therefore, recommend that schools of social work engage with existing SRFCs on their college or university campuses. The most recently published survey from the Association of American Medical Colleges indicates there are SRFCs in more than 75% of U.S. medical schools, and this number continues to grow (Smith et al., 2014).

Engaging with SRFCs can be a valuable experience for both faculty supervisors and students. Faculty supervisors get to teach outside of the classroom and students will learn valuable competency-based skills working as a part of an interprofessional team while providing needed assistance to the local community. When students work collaboratively to address the healthcare needs of underserved populations, they learn to appreciate the effectiveness of collaborative practice (Zechariah et al., 2019), and they are more likely to

continue working with the same population in practice (Kost et al., 2018). This may be beneficial in closing the health gap, one of the 12 Grand Challenges for Social Work (Uehara et al., 2014).

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