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**‘UNDERSTANDING WHERE YOU’RE COMING FROM’: DISCOVERING AN
[INTER]PROFESSIONAL IDENTITY THROUGH BECOMING A PEER
FACILITATOR**

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ABSTRACT

Peer facilitation offers an innovative and effective means of promoting interprofessional learning (IPL) between health and social care students. This paper highlights the benefits that peer facilitators themselves experience from involvement in assisting junior colleagues to engage with interprofessional learning in an online context. The setting for the inquiry is an online interprofessional learning pathway (IPLP) shared by two higher education institutions in the United Kingdom (UK). Insights have been developed over a three year period through collaborative inquiry with forty-one peer facilitators, academic tutors and the students who benefitted from their input. This paper which focuses on peer facilitators’ application data, interview data and written reflections, explores the instrumental, cognitive and personal gains experienced. However, more fundamentally, theorizing findings in relation to identity theory we substantiate the claim that the role provides opportunity for testing and refining important aspects of both professional and interprofessional identities.

INTRODUCTION

A sound body of research evidence suggests that peer facilitation has substantial academic benefits for junior colleagues (Goodlad & Hirst, 1989; Saunders, 1992; Hayler, 1999; Boud, 2001; Gallew, 2005; Micari, Streitwieser & Light, 2006; Clouder, Krumins & Davies, 2010). In contrast, less is known of the extent to which peer facilitators benefit from helping junior colleagues with their studies. Certainly, to our knowledge, the potential for peer facilitation to promote [inter]professional identity development (the brackets denoting the combination of aspects of professional and interprofessional selves) has not been explored previously. Building on the adage that teaching is the best way to learn, Webb, Farivar and Mastergeorge (2002) recognize the mutual benefits of students explaining concepts to other students. Good, Halpin and Halpin (2000) suggest that peer facilitation can spur significant personal as well as academic

growth for facilitators, while Hayler (1999) identifies the development of interpersonal skills. Research by Micari, *et al.* (2006) provides probably the most informative insights to date. Conducted with undergraduate peer facilitators on a Gateway Science Programme at Northwestern University in the United States, the researchers identified significant cognitive, personal and instrumental gains for facilitators. Cognitive development occurred through going over material again and ‘getting back to basics’ to improve understanding and problem solving skills (Micari *et al.*, 2006, p. 278). Personal development included ‘growth in communication skills: confidence, audience understanding, and self expression’ (Micari *et al.*, 2006, p. 280). Finally, despite the mention of instrumental gain being considered less noble by some tutors, peer facilitators acknowledged that the role was a good inclusion on a resume. The overall impression is that peer facilitators experienced a sense of growth and confidence.

Given that the selection process, mentorship arrangements and support mechanisms in Micari *et al.*'s (2006) study closely aligned with the aspirations of the initiative explored in the current study, in that it involved undergraduate volunteers as facilitators rather than teachers, it served as a helpful starting point from which to develop the IPL initiative. The context differed in that the facilitation in the earlier study was face to face rather than online and students were studying science rather than vocational programmes as in the current study. Notwithstanding these differences we anticipated that similar gains might be experienced by IPL peer facilitators. We did not anticipate the impact on peer facilitators' sense of [inter]professional identity that emerged.

BACKGROUND

Interprofessional Education and Professional Identity

In aiming to replace traditional profession specific models of professional education and dismantle professional ‘silos’ (Ramsammy, 2010, p. 134), IPL is particularly challenging to unique professional identities (Colyer, 2004; Whittington, 2005). However, recent research suggests that there may be potential in a less bounded identity (Sims, 2011, p. 270). Professional identity formation is intersubjective, dialogical and relational in nature (Kreber, 2010). It is a dynamic and fluid process of co-construction in a variety of social settings (Lawler, 2008). As students are socialized into a profession they are gradually shaped to take on a professional

identity, for example, becoming a nurse, a medic or a physiotherapist. The sense of shared identity that develops in groups promotes what William Sumner identified in 1906 as ‘in-group’ and ‘out-group’ dynamics (Brewer, 1979). Social identity theory explains how such dynamics effect intergroup relations; people seek for their in-group a positive distinctiveness from out-groups, in other words they distinguish between ‘us’ and them’ (Tajfel, Billig, Bundy & Flament, 1971). Social categorization theory (Turner, 1985) is an extension to social identity theory and as the term suggests explains self-categorization as much from the sense of ‘who one is *not* from a sense of who one *is*’ (Burford, 2012). Jenkins (1996, p. 20) proffers a model of social identity that see it as ‘simultaneous synthesis of (internal) self-definition and the (external) definitions of oneself offered by others’.

These processes of identity development influence the image we construct of ourselves that comprises a set of selves, or an ‘inner cast of characters’ with which we might experiment and juggle (Larsen, 1990, p. 176). As such, multiple selves exist simultaneously; Burford (2012) describes how they might be nested or hierarchical; in the context of this research, one’s ‘superordinate’ interprofessional identity could co-exist with a ‘subordinate’ professional identity and one or the other will be salient at any time depending on context. IPL models where different identities coincide, as identified by Hewstone *et al.* (2002), potentially lead to more positive outcomes (Hean & Dickinson, 2005). Research by Hind *et al.* (2003) illustrates that individuals who identify strongly with their in-group ranking are also positive about other groups and exhibit a readiness to engage in IPL. This is attributed to membership of diverse student groups of health care professionals; in other words identification with a superordinate interprofessional identity, or sense of self as a collaborative health professional as well as, for example, a nurse or a physiotherapist.

The notion of ‘possible selves’, which link self concept to motivation and relate to ‘the ideal selves which we would very much like to become’ (Markus & Nurius, 1986, p. 954), is useful when considering the dynamic between professional and interprofessional identities. Without question, IPL offers opportunity for students to both test and refine their sense of professional identity through interaction, with other professional groups, from their profession specific standpoint. However, the extent to which involvement in a peer facilitation role, in an

interprofessional teaching and learning environment, could reinforce or further develop these facets of professional identity beyond professional specific boundaries is unclear. Gee (1999, p.20) suggests that ‘identity recognition work’ occurs through interaction; this could be an outcome of the peer facilitator role during which students to reflect on their own profession in relation to ‘new others’ (Mhaolrunaigh, 2001), potentially contributing to the development of an interprofessional identity.

Peer Facilitation in Online Interprofessional Learning

A review of the literature has failed to reveal any evidence to suggest that peer facilitation in IPL has an impact on [inter]professional identity development. In fact, the use of peer facilitation in IPL is under researched. Where there is research looking at student involvement in promoting IPL, it is through curriculum design, involvement in working groups, steering committees and in student exchanges (Hoffman, Rosenfield, Gilbert & Oandasan, 2008; Chung, Di Loreto, Manga & Wong, 2009). Although peer facilitation has been used in face-to-face small group teaching with medical students and post registration or graduate nursing students in a study in a medical school in the UK, findings are limited to showing an improvement in interprofessional understanding and working (Gill *et al.*, 2006). General literature on online peer facilitation reveals little about the benefits to peer facilitators, being confined to issues such as the skills required (McLuckie & Topping, 2004) and strategies employed to promote dialogue (Baran & Correia, 2009).

Research Context

Since its introduction in 2005, all students on health and social care programmes in the Faculty of Health and Life Sciences at Coventry University have engaged in the interprofessional learning pathway. Incorporating fourteen health and social care professions, including medical students from the University of Warwick Medical School, it is delivered totally online and runs through three years of each programme. The online format was chosen to overcome timetabling and location issues that constrain face-to-face interaction, especially where large numbers of students are involved. For example, in 2010 the Year 1 discussion forums accommodated approximately 1,200 students. A virtual learning environment (Moodle) provides access to a series of spaced online scenarios and activities around which the students engage in

asynchronous dialogue over a four-week period. Students are allocated to private online learning sets of 15 students. Each group has an allocated facilitator that up to the inception of this project had been a member of academic staff.

The project proposal, developed in 2008, planned to replace a proportion of staff facilitators with Year 3 peer facilitators who would be paid for their input. The rationale was based on the passion of some students for IPL making them well placed to promote it and provide credibility for its inclusion in the curriculum. We reasoned that their energy and closeness to current practice, in contrast to some staff who were more distanced from it, had potential to inspire. The proposal had a mixed reception. However, perhaps most importantly the project gained senior management support. Twelve peer facilitators were recruited to the first phase of the project in 2008. In the second phase in 2009 a further 18 peer facilitators were recruited (1 for a second year running). In 2010 another 21 were recruited, 3 for a second year running and 1 for a third year running. Over the 3 years, recruitment was from courses in: dietetics (3), social work (9), medicine (12), Physiotherapy (9), Nursing (10), midwifery (3) and youth work (1). Potential recruits have in all years outstripped the number of places available. Recruitment involves the completion of an application form, including a personal statement about the reasons why they wish to be considered. They are required to demonstrate that they are prepared to commit time to the project in the context of their own studies, exhibit good interpersonal skills, have access to a personal computer either at home or university and have engaged fully in the IPLP process as students. Course Directors are asked to provide a brief reference for each applicant to ensure that anyone experiencing difficulties with their own programme of study is excluded. As far as possible with a self selecting group we have attempted to achieve an interprofessional mix of facilitators with representation from a variety of professions, as well as a reasonable mix of male and female students. Table 1 provides a breakdown of peer facilitators involved in the initiative by profession.

In acknowledgement of the need to adequately prepare facilitators and to provide ongoing support (Gill *et al.* 2006; Hoffman *et al.* 2008), a training programme (a modified version of the staff training programme) was developed and delivered entirely online. It included an online

forum where students could experiment with techniques they learned, such as summarizing conversations, ‘weaving’ responses and questioning. Peer facilitators were allocated groups at random. The forum provided opportunity for sharing experiences during the facilitation period during which facilitators could also access a learning technologist, a coordinator and a more latterly a ‘buddy’ or academic tutor for support either by email, telephone or face to face.

METHODS

The research was inductive and qualitative in nature. The previous study by Micari *et al.* (2006) influenced the design by providing a theoretical framework and a simple coding frame. However, from its inception the study was framed as a participatory action research project (Reason, 1994) in order that peer facilitators benefitted from increased insight into the research process and from findings as they emerged.

The objectives of this study were to explore: (1) the range of cognitive, personal and instrumental gains for peer facilitators in the online interprofessional learning pathway (IPLP); (2) the extent to which participation in the project contributed to the development of a sense of professional identity and/or a superordinate interprofessional identity.

Data collection

The sample was opportunistic and self-selecting, incurring the risk of producing a biased account of the role. However, we encouraged reflexivity amongst the students and the research team by reflecting on transcripts and through face-to-face discussion. The wider project incorporated insights from academic tutors and students, however, insights into the facilitators’ experiences were developed from their application data (AD) (n=41), interview data (ID) (n=37) and written reflections (WR) (n=24). The returning facilitators (n=5) were re-interviewed after each iteration of their IPL involvement. The researchers did not interact with the peer facilitators during the facilitation periods, preferring to conduct semi-structured interviews and funnel back ideas when the day to day commitments had ceased, being mindful that they had their own work pressures. The semi-structured interviews were guided by a schedule and lasted 40-60 minutes on average. Interviews were digitally recorded and transcribed verbatim. Questions were framed around some practical issues of training and support, typically explored through questions such as ‘Did

you feel confident in knowing when to intervene in discussions following training?’ Cognitive, personal and instrumental gains were sought through questions such as ‘Have you developed any specific skills that you think will be useful in your future career?’ and ‘How did you feel about being given the responsibility of leading your groups?’ Twenty-four peer facilitators also chose to submit a 1,000 word written reflection on their learning at the end of the facilitation period, which was used to offset an IPL assignment.

Data Analysis

In order to address our first objective the three researchers independently categorized all textual data into the broad categories of cognitive, personal and instrumental gains, which allowed comparison with the earlier study. Sub-categories reflected finer detail. However, these categories provided only a starting point for considering the development that appeared to have occurred. The distinctions between personal and cognitive gains evident in interview data and written reflections were at times blurred and in fact hinted at the facilitators talking from a new perspective about their own professional stance. These tentative insights, led us to reanalyze this data using an identity lens, initially individually and then as a team, in terms of themes that accommodated personal/professional and interprofessional growth and development. The focus on development allowed us to open up new dialogue with the facilitators particularly in the third iteration of the project in 2010 (n= 8) about their sense of professional identity and the extent to which gains contributed to professional growth and identity development, fulfilling our second objective. The interview schedule was extended to include questions such as ‘Has the role helped you to develop your own professional insight? If so what have you learned or observed?’ and ‘Do you think that your experience of facilitation has changed your understanding of interprofessional working and other professions in any way?’

Typifying the iterative process of qualitative research, we returned to facilitators’ pre-selection motivations and personal statements in an attempt to identify strength of professional identity, then in the spirit of member checking we shared interpretations of reported developments with a sample of facilitators (n=8). The sample was opportunistic and comprised of individuals who were still accessible by email, such as one facilitator who has been involved for three years and is now a qualified doctor. These conversations were conducted by email and in one case face to

face. Although such a small and largely self-selected sample reduces the potential for critique of ideas, the ideas were generated from data from the larger group and resonated with the sample; experiences varied greatly and some were less positive than others yet development of a sense of self through exposure to the role was a consistent theme.

Ethics

Ethical approval for the project was sought and gained from the Coventry University Ethics Committee.

FINDINGS AND DISCUSSION

Cognitive, personal and instrumental benefit

Prior to the facilitation experience, application data revealed that most of the students expected to experience some benefits in terms of “*furthering knowledge and understanding of the work of other health and social care professionals*” (AD - Nurse facilitator) . However, they recognized and were motivated by the idea of developing that knowledge from “*a teaching perspective rather than as a learner*” and wanted “*to see how discussions evolved from ‘the other side’*” (AD – Medic facilitator) . Notwithstanding the online nature of interaction, in comparing findings with those of Micari *et al.* (2006) similarities were evident. Benefits, with respect to cognitive development, were possibly the most easily identified. Facilitators acknowledged increased understanding of other professions, for instance, one facilitator had learned about the ‘flag system’ used by physiotherapists, admitting “*I didn't know about that and they brought that up [in discussion] so I probably learnt more from them*” . (AD – Nurse facilitator).

Being outside of the group and governed by a different set of expectations focused on promoting discussion, allowed them to reach a new level of understanding that was deemed more holistic than when they went through the learning process of IPLP as Year 1 and 2 students. Several mentioned during interviews being able to see the ‘*bigger picture*’ (ID - Physiotherapy facilitator), or being able to ‘*view things more holistically*’ (AD – Nurse facilitator) as a consequence of having to take some responsibility for synthesizing ideas rather than simply putting their own professional perspective as they had done previously. Facilitating forced many to ‘*get the books out and revisit topics*’ (ID - Nurse facilitator) and this resulted in clearer insight

into how their profession fit with others. One major cognitive benefit not identified by Micari *et al.*, possibly because it is promoted more actively in health and social care education, was the development of reflective capabilities. One student suggested facilitation provided opportunity to *'be more critical and to challenge some of the medical students' [ideas]* (ID – Social work facilitator) , which had promoted their self confidence because they had realized how far their thinking had progressed since the early years of their programme. Another described the *'freedom to reflect'* that came from *'still participating ... thinking of the answers yet not having to post them'* (ID - Nurse facilitator) suggesting that facilitation had provided a learning space for reflection free of pressure to articulate ideas.

Many of the aspects of personal growth identified by Micari *et al.* (2006) were also evident in the IPL context. For instance, facilitators reported having developed skills in organization, communication, teaching/facilitation, diplomacy, conflict resolution, and overall a greater sense of confidence. The majority of facilitators acknowledged that they had provided leadership; one nursing student described the experience as a *'lesson in leadership'* (WR – Nurse facilitator), while a medical student reflected *'I know I will have to be the lead at times so I think its been really good in that way because its given me confidence in a completely different area'* (WR – Medic facilitator). Unlike the facilitators in Micari *et al's* (2006) research, few mentioned possible instrumental gains explicitly although broad statements of *"benefit in terms of future career development,"* (AD Physiotherapy facilitator) were not uncommon. In a pre-selection statement one student did broach instrumental benefit, which s/he qualified carefully:

As a medical student in a competitive work environment I am of course eager to build up my CV ... however, please be assured, I would not apply if I had not a genuine interest in being a facilitator (AD – Medic facilitator).

This reticence to admit being motivated by extrinsic factors is clearly not confined to the health and social care professions. However, this is an interesting phenomenon, possibly attributable in this instance to the discourse of altruism and service orientation typical in these professions (Barnitt, 1998).

[Inter]professional Identity Development

Considering the data through an [inter]professional identity lens revealed several interesting themes that reflect the assertion of social identity theorist, Jenkins (1996, p. 20) that identity is a ‘synthesis of (internal) self-definition and the (external) definitions of oneself offered by others’. Looking back at application form statements several students saw the facilitator role as an opportunity to represent their professions in the best possible light and cited this as a motivation. For example:

From a social work perspective I hope to be able to represent the profession in a positive way and challenge any negative perceptions other professions may have about us (AD – Social work facilitator) .

I would like to help other students gain an interest and understanding of interprofessional team working, and to provide a medical student perspective, which I found was always outweighed by other professionals in the IPLP sessions I participated in (AD – Medic facilitator) .

These two students convey a very strong sense of professional identity and a ‘mission’ to either ameliorate images of their professions or to ensure they are ‘heard’ in an interprofessional dialogue. Written reflections and interview data following the experience suggests that some peer facilitators did promote their own professions but in doing so this helped to further ‘self categorization’ (Turner, 1985) and to clarify their own professional role and stance. For instance, one social work facilitator reflected:

It helped me promote the social care side more ... and developed [my professional identity] in being the voice of professionalism (ID – Social work facilitator).

The facilitators appeared to have consolidated their professional identities and saw this as an important gain. One facilitator observed, ‘*I know that it helped me as an individual and my own identity greatly*’ (ID – Social work facilitator), while another reflected, ‘*you need to have your*

own professional identity to know where you stand in a team' (ID – Nurse facilitator). A third facilitator summed up the relational aspects of identity:

'A strong sense of professional identity is important in interaction as long as it's not dominant in your thoughts. If its too dominant ... you become blinkered to other professions' so I think its understanding where your coming from but being open to other possibilities because you are not going to have all of the answers' (ID – Medic facilitator).

One might interpret these comments as being indicative of the acknowledgement of the facilitator's superordinate interprofessional identity, which has come to the fore, supporting Burford's (2012) suggestion that identities coexist and might be nested or hierarchical. Certainly, notwithstanding the identification of a strong sense of 'professional identity recognition' work (Gee, 1999, p.20), a significant number of students appeared to welcome the opportunity to be free of the obligation to adopt a uni-professional stance. One student expressed a wish to *"challenge [her/his] ability to think on a broader basis"* (ID – Nurse facilitator), while another suggested:

Being able to take part in a discussion in a completely neutral frame of mind (not batting from any particular profession as such) will be a valuable learning experience (AD – Medic facilitator).

This comment suggests that the student was eager to break out of the confines of ways of thinking that s/he was experiencing as limiting and hints at the possibility that it is students such as these who are willing to explore beyond profession specific boundaries that embrace interprofessional learning more fully. Many seemed to achieve this neutral status and reported being able to *'think outside of the box and encouraging students to think laterally'* (ID - Medic facilitator). The sense of freedom that being an outsider in the group gave them suggests that not being hampered by an obligation to 'represent' their profession allowed them to develop a clearer view of issues by 'parking' their professional identity and assuming a superordinate interprofessional identity for a while. One student reflected *'online everyone is equal'* (ID –

Medic facilitator) while another talked of the luxury of *'being able to think without having to necessarily put an opinion forward'* (ID – Social work facilitator). The online setting possibly enhanced the sense of freedom that facilitators experienced, which might well have contributed to the enjoyment of being able to experiment with 'possible selves' (Markus & Nurius, 1986). This is captured in the comments of another facilitator who having struggled with the role related how she had mimicked another staff facilitator and *'stole[n] her style'* (ID – Medic facilitator) to portray the kind of professional s/he wanted to be, to see how it felt.

Without exception the facilitators had felt the weight of responsibility of the role. Although they acknowledged that the training programme had equipped them with the relevant skills, their development hinged on getting into the role. They talked of students' reactions to their online support and guidance. Reward was found in the satisfaction that the discussion had been promoted successfully. One facilitator related how s/he fired discussion by posing a question resulting in students *"bringing up loads of illnesses and contributing...they all started off again, because they stopped half way through the week"* (ID – Nurse facilitator). The same student described feelings of elation at being able to *"bring out some more information ... I just sat there and went 'oh my god, I can't believe I can do this'"* (ID – Nurse facilitator). In general, peer facilitators confirmed that the experience had affirmed their sense of self as responsible professionals and interprofessional advocates.

CONCLUSIONS

This study has supported many of the cognitive and personal benefits of acting as a peer facilitator identified previously (Hayler, 1999; Good, Halpin & Halpin, 2000; Micari *et al.* 2006). As it was exploratory in nature our claims must be modest; the sample was relatively small and self selecting and a small proportion of the total number of peer facilitators, were not interviewed for reasons beyond our control. Nevertheless, it has suggested benefits for facilitators absent from the general literature on online peer facilitation and several interesting areas that warrant further research.

Whilst developing an improved knowledge of other professions, facilitators also appeared to gain a greater sense of where their own profession fit in. IPL in itself provides ample opportunity for

the interaction that promotes ‘identity recognition work’ (Gee, 1999); yet promoting IPL appeared to prove even more effective in helping peer facilitators test and refine important aspects of a developing [inter]professional identity. This finding suggests that a swing towards peer facilitation of IPL might be beneficial in increasing engagement in general. Becoming a peer facilitator allowed students to experiment with ‘possible selves’; for some these selves were constrained by professional boundaries, for others not. The facilitators highlighted the importance of feedback from their students in consolidating their sense of self as professionals, supporting the notion that [inter]professional identity formation is intersubjective, dialogical and relational in nature (Kreber, 2001). Further research might explore how facilitator identity development carries them into practice or even into academic roles in an interprofessional teaching and learning environment. In the meantime, current insights have significance for policy and practice across the international interprofessional education community. For instance, we possibly need to ponder the effectiveness of teacher-led strategies, venture further towards student led models of IPL and consider greater active participation in initiatives that benefit participants greatly in terms of developing personal insight.

The research findings suggest that a sound sense of one’s own professional identity, or as one student put it “*understanding where you’re coming from*”, is important to be open to interprofessional engagement in an interprofessional teaching and learning environment. Therefore, in agreement with Hewstone *et al.* (2002), we suggest that [inter]professional identities can coexist. However, there is need for a secure base from which to venture into interprofessional domains. To this effect we propose the concept of ‘perforate boundaries’ to envisage structure whilst allowing fluidity of movement between subordinate and superordinate identities. Furthermore, to conceptualize the interprofessional self as a facet of professional identity is to avoid the ambiguities and uncertainties when professional identities are shaken by more radical initiatives.

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Declaration of Interest

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the paper.

REFERENCES

Baran, E. & Correia, A. (2009). Student-led facilitation strategies in online discussions. *Distance Education*, 30(3), 339-361.

Barnitt, R. (1998). The virtuous therapist. In: J. Creek (Ed.), *Occupational Therapy: New Perspectives* (pp. 77-98). London: Whurr.

Boud, D. (2001). Introduction: Making the Move to Peer Learning. In, D. Boud, R. Cohen & J. Sampson (Eds.) *Peer Learning in Higher Education* (pp. 1-17). Sterling, VA: Kogan Page.

Brewer, M. B. (1979). In-Group Bias in the Minimal Intergroup Situation: A Cognitive-Motivational Analysis. *Psychological Bulletin*, 86(2), 307-324.

Burford, B. (2012). Group processes in medical education: learning from social identity theory. *Medical Education*, 46, 143-152.

Chung, C., Di Loreto, L., Manga, J. and Wong, J. (2009). Student-led interprofessional education revolution: Developing the “Diamond Approach”. *Journal of Interprofessional Care*, 23(6), 630-632.

Clouder, D. L, Krumins, M. & Davies, B. (2010). Leadership Online: Student Facilitated Interprofessional Learning. In, A. Bromage, D. L. Clouder, J. Thistlethwaite, & F. Gordon (Eds.) *Interprofessional E-Learning and Collaborative Work: Practices and Technologies*. (pp.104-116). Pennsylvania: IGI Global.

Colyer, H. (2004). The construction and development of the health professions: where will it end? *Journal of Advanced Nursing*, 48(4), 406-412.

Gallew, H. A. (2005). Students Teaching Students: Learning Through Doing, Being, and Becoming. *Occupational Therapy in Health Care*, 19(3), 105-117.

Gee, J. P. (1999). *An introduction to discourse analysis: Theory and method*. New York: Routledge.

Gill, D, Parker, C., Spooner, M., Thomas, M., Ambrose, & K. Richardson, J. (2006). Tomorrow's Doctors and Nurses: Peer Assisted Learning. *Clinical Teacher*, 3(1), 13-18.

Good, J., Halpin, G. & Halpin, G. (2000). A promising prospect for minority retention: students becoming peer mentors. *Journal of Negro Education*, 69, 375-383.

Goodlad, S. & Hirst, B. (1989). *Peer tutoring: A Guide to Learning by Teaching*. London: Kogan Page.

Hayler, R. W. (1999). Assessing Proctors: solving problems in grading student performance in a peer support system. *Mentoring and Tutoring*, 7(1), 35-39.

Hean, S. & Dickinson, C. (2005) The Contact Hypothesis: An exploration of its further potential in interprofessional education. *Journal of Interprofessional Care*, 19(5), 480-491.

Hewstone, M., Rubin, M. & Willis, H. (2002). Intergroup Bias. *Annual Review of Psychology*, 53, 575-586.

Hind, M., Norman, I., Cooper, S., Gill, E., Hilton, R., Judd, P. & Jones, S. (2003). Interprofessional Perceptions of Health Care Students. *Journal of Interprofessional Care*, 17(1), 21-34.

Hoffman, S. J., Rosenfield, D., Gilbert, J. H. V. & Oandasan, I. (2008). Student leadership in interprofessional education: benefits, challenges, and implications for educators, researchers and policy makers. *Medical Education*, 42, 654-661.

Jenkins, R. (1996). *Social Identity*. London: Routledge.

Kreber, C. (2010). Academics' teacher identities, authenticity and pedagogy. *Studies in Higher Education*, 35(2), 171-194.

Larsen, S. (1990). Our Inner Cast of Characters. *Humanistic Psychology*, 18(2), 176-187.

Lawler, S. (2008). *Identity: Sociological Perspectives*. Cambridge: Polity Press.

Markus, H. & Nurius, P. (1986). Possible Selves. *American Psychologist*, 41, 954-969.

McLuckie, J. & Topping, K. J. (2004). Transferrable skills for online peer learning. *Assessment and Evaluation in Higher Education*, 29(5), 563-584.

Micari, M., Streitwieser, B. & Light, G. (2006). Undergraduates Leading Undergraduates: Peer Facilitation in a Science Workshop Program. *Innovative Higher Education*, 30(4), 269-288.

Mhaolrunaigh, S. N. (2001). An evaluation of interprofessional education for health and social care professionals: The teachers' views. PhD Thesis, University of Warwick.

Ramsammy, L. (2010). Interprofessional Education and collaborative practice. *Journal of Interprofessional Care*, 24(2), 131-138.

Reason, P. (1994). *Participation in Human Inquiry*. Thousand Oaks, CA: Sage.

Saunders, D. (1992). Peer Tutoring in Higher Education. *Studies in Higher Education*, 17(2), 211- 218.

Sims, D. (2011). Reconstructing professional identity for professional and interprofessional practice: A mixed methods study of joint training programmes in learning disability nursing and social work. *Journal of Interprofessional Care*, 25, 265-271.

Tajfel, H, Billig, M. G., Bundy, R. P. & Flament, C. (1971). Social Categorization and Intergroup Behaviour. *European Journal of Social Psychology*, 1,149-178.

Turner, J. C. (1985). Social categorization and the self concept: a social cognitive theory of group behaviour. In, E. J. Lawler (Ed.) *Advances in Group Processes: Theory and Research*. (pp. 77-122). Greenwich, CT: JAI Press.

Webb, N. M., Farivar, S. H. & Mastergeorge, A. M. (2002). Productive helping in cooperative groups. *Theory into Practice*, 41(1), 13-20.

Whittington, C. (2005). Interprofessional Education and Identity. In, H. Colyer, M. Helme & I. Jones (Eds.) *The Theory-Practice Relationship in Interprofessional Education*. Occasional Paper no.7 (pp. 42-48). York: Higher Education Academy, Health Science and Practice Network.