Development of client-centredness: Perceptions of interprofessional health care students

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PRACTICAL IMPLICATIONS OF THIS RESEARCH

- Educators in health professional programs have a role to play in facilitating student development of client-centredness.
- Storytelling is a useful strategy for stimulating rich discussion about client-centred care.
- Reflection in interprofessional education settings also helps with internalization of client-centredness.

ABSTRACT

Background: Health care professionals who provide high-quality care engage in interprofessional collaborative practice. Engaging collaboratively requires that educators ensure health care students have well-developed client-centred knowledge, skills, values, and attitudes. Limited research exists to help educators understand how to support health care students' client-centred development. **Purpose:** This study aimed to use storytelling and reflection to advance understanding of client-centredness development from the perspective of prelicensure health care students. **Method:** In this interpretive description study, 6 students from various health disciplines engaged in 3 focus group sessions over 5 months to discuss client-centred experiences. Digital stories were introduced to stimulate discussion. Focus group data were inductively analysed using thematic analysis. **Results:** Four themes related to client-centred development emerged: 1) building on existing professional knowledge; 2) internalizing client-centredness as an evolving process; 3) sharing stories; and 4) reflecting: a critical process. **Discussion:** Consistent with the limited evidence, employing storytelling and reflection in an interprofessional education setting enabled students to explore the concept of client-centredness in a way that enriched the discussion and their perceptions. **Conclusion:** Health care students benefit from storytelling and open discussion opportunities to learn with, from, and about each other in an interprofessional education context as they internalize client-centredness and move beyond their professional education programs' knowledge and skill-based foundations.

RÉSUMÉ

Contexte : Les professionnels de la santé qui fournissent des soins de haute qualité participent à la pratique de collaboration interprofessionnelle. Pour qu'une telle collaboration se produise, les enseignants doivent veiller à ce que les étudiants en soins de santé possèdent des connaissances, des compétences, des valeurs et des attitudes bien développées et centrées sur le client. Il existe peu de recherches pour aider les enseignants à comprendre comment soutenir le développement centré sur le client des étudiants en soins de santé. **Objectif :** Cette étude visait à utiliser la narration et la réflexion pour mieux comprendre le développement centré sur le client du point de vue des étudiants en soins de santé avant qu'ils obtiennent le permis d'exercice. **Méthode :** Dans cette étude de description interprétative, 6 étudiants de diverses disciplines de la santé ont participé à 3 séances de groupes de discussion au cours de 5 mois pour discuter d'expériences centrées sur le client. Des histoires numériques ont été présentées pour stimuler la discussion. Une analyse thématique a permis d'analyser les données des groupes de discussion de manière inductive. **Résultats :** Quatre thèmes liés au développement centré sur le client sont ressortis : 1) s'appuyer sur les connaissances professionnelles existantes; 2) intérioriser la priorité sur le client en tant que processus évolutif; 3) partager des histoires; et 4) réfléchir : un processus critique. **Discussion :** Conformément aux preuves limitées, l'utilisation de la narration et de la réflexion dans un contexte de formation interprofessionnelle a permis aux étudiants d'explorer le concept de prioriser le client d'une manière qui a enrichi la discussion et leurs perceptions. **Conclusion :** Les étudiants en soins de santé tirent profit des occasions de narration et de discussions ouvertes pour apprendre ensemble, s'instruire mutuellement et s'informer sur les uns et les autres dans le cadre d'une formation interprofessionnelle. Ils intègrent ainsi la priorité accordée au client et dépassent les fondations de leur programme de formation, qui repose sur les connaissances et les compétences.

Keywords: attitude of health personnel; focus groups; interprofessional education; patient-centred care; students, health occupations
CDHA Research Agenda category: capacity building of the profession

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INTRODUCTION

Client-centred practice is engrained in health professions' practice standards, competencies, guidelines, and ethical principles. The concept of client-centred care dates to the 1940s, when Carl Rogers described it as the process of relationship building between the therapist and the patient, with the primary purpose being to support the patient in meeting their needs.[1,2] There are multiple definitions of client-centredness, with the term client-centredness often used interchangeably with patient-centredness or person-centredness.[3] Client-centredness descriptions often include respecting clients as knowledgeable, autonomous people with a unique context, communicating clearly, developing a collaborative and trusting therapeutic relationship, sharing power and responsibility, and providing care within a holistic health care framework[3.]

A patient/client/family/community-centred approach is 1 of 6 practice-focused domains described in the 2010 Canadian Interprofessional Health Collaborative (CIHC) National Interprofessional Competency Framework (IPCF),[4] which informed this study. A client-centred approach includes behaviours associated with the provider-client partnership, respect, and sharing of power, with client-centredness being the professional, internalized value held by health care providers[5,6] supporting the delivery of high-quality care.[7] In Canada, health professions such as dental hygiene, occupational therapy, nursing, and physiotherapy recognize that the CIHC competencies, including client-centredness, are integral to interprofessional (IP) practice. Hence, prelicensure programs and curricula are held accountable for learners' achieving entry-to-practice competency in interprofessional collaboration, ideally via interprofessional education (IPE).

IPE is defined as when learners from multiple health care professions learn with, from, and about each other[8] to cultivate knowledge, skills, and attitudes about collaborative practice.[9] However, more is needed to know about whether professional values and/or competencies, such as client-centredness, are gained via IPE. Ensuring safe learning spaces is essential, with client-centred simulation employing standardized clients helpful to interprofessional learning teams' knowledge and skill development.[10,11] However, Jensen et al.[12] found that, though interprofessional student learning teams intended to be client-centred, the clients did not feel included or listened to during their encounters with the teams. Nevertheless, upon reflection, learners acquired differing views of the client, their health concerns, and collaboration. Moreover, despite the shared understanding of professional competency requirements, work exploring client-centred care in prelicensure education seems to be profession-specific.[5,6,13] Still, little is known about how programs facilitate student client-centredness development. For example, Berjano et al.[14] concluded, based on their systematic review and meta-analysis, that health professional students score on the lower end of the Patient–Practitioner Orientation Scale (<5.0) regarding client-centred care and stated the need for improvement in the educational process.

Despite the scarcity of IPE literature on student learning about client-centredness, profession-specific studies, at least, provide some insight. Anischuk et al.[15] describe dental, dental hygiene, and dental nursing students' perceptions of a virtual (synchronous and asynchronous) module on empathy as essential to patient-centredness. The role-modelling videos on patient stories helped students understand perspective-taking, walking in the patients' shoes, and compassionate care. Another study explored how student occupational therapists developed client-centredness and described a process whereby students continually define the client, build relationships, negotiate academic/practice discrepancies, navigate the influences of systems, power, and control, and internalize client-centredness.[16] Similarly, Currie et al.[5] described a process of developing person-centredness, whereby student nurses initially learn about the meaning, value, and the "component parts" of providing client-centred care, and how to apply concepts of person-centredness to care provision.[5, p241]

Strategies suggested for developing values and attitudes among health care students include storytelling and reflection. Storytelling is a powerful learning tool promoting emotional engagement with content evoking empathy[17,18] and encouraging self-reflection and self-awareness.[19] For example, storytelling as a teaching strategy enabled dental hygiene and dental students to explore their emotions concerning clinical situations, specifically focused on their own and patient experiences, i.e., self-related stories and other-related stories.[19] Though Ripat et al.[6] found that occupational therapy students who were developing their client-centredness in a specific professional environment struggled with academic/ practice environment discrepancy, storytelling was found to help nursing students overcome this discrepancy.[20] In nursing, digital storytelling was especially useful with novice professionals, better preparing them for the "real world of clinical practice."[20, p164] Reimagining a story is potent for reflexive practice encouraging an individual to explore the impact of their values,[21] which might change how services are delivered.[18]

Studies support teaching concepts, skills, and behaviours to encourage professional identity development with opportunities to practise in a supportive learning context.[22-24] Practice experiences are integrated into most health care education programs to create real-life opportunities for students to work with clients and develop their practice skills under licensed clinician-educator supervision. Reflection before, during, and after working with clients encourages students to develop their lived experiences where the student is storytelling to themselves and others.[25]

As a common competency, standard, and ethic across professions, employing IPE pedagogy to help students learn about client-centred care makes sense. Thus, this study sought to gain insights into student engagement in IP dialogue using storytelling and reflection focused on client-centredness. The purpose of this study was to use storytelling and reflection to advance an understanding of the development of client-centredness from the perspective of prelicensure health care students engaged in IP-facilitated discussions.

METHODS

A qualitative research design enabled researchers to explore the perspectives of a group of IP students engaged in dialogue about client-centredness and reflectively learn about the complexity of the topic from the participants as they engaged in their learning process[26] within an IPE context. An interpretive description approach[27] guided the study to promote practical understanding and rigorous exploration of a multifaceted topic intended to produce meaningful results. Using a longitudinal design, a single cohort participated in 3 focus group sessions, scheduled 2-and-a-half months apart, to gain perspectives over time.[28]

The study (Ethics approval number: HS21180 [H2017:334]) took place at the University of Manitoba, Canada, where educators exposed students from multiple health care professional programs to the 6 IPCF competency domains via a common longitudinal curriculum.[29] Study participants' eligibility included at least 1 practice experience such as fieldwork, placement, clinical rotation or practicum before the conclusion of the third focus group. A purposive criterion-based sampling strategy was used to recruit students from 10 professional education health disciplines.[30] Before participation, participants provided informed consent and completed a demographic questionnaire regarding their health care educational program of enrolment and year in the program. They received a small honorarium following each focus group.

The focus groups were intended to gain insight into values and attitudes,[31] as participants learned "with, from, and about each other"[32, p13] during the IPE experience. The experience was the facilitated focus group discussions where participants explored their perceptions of how they learned about client-centredness within their respective programs. Focus groups were facilitated by DB, a graduate student and JR, an experienced qualitative researcher. A set of semistructured questions was used to guide each focus group discussion. In keeping with the iterative nature of qualitative data collection,[33] the focus group questions were modified after each session to expand on topics discussed in prior groups and increase the depth of collected data. Sample questions included "How have you learned about client-centredness to date?", "How do you believe client-centredness fits within theory, professional values, and professional identity?", and "After listening to each other, is there anything you might consider doing differently in your future to be a more client-centred health care provider?" At the midway point of each focus group, digital storytelling was employed. The story outlined a client's experience with a particular health condition. The approach provided each focus group with shared points of discussion and an opportunity for further conversation and reflection among the participant group. Between the focus groups, participants were encouraged to keep a reflective journal on client-centred care based on their respective classroom and practice experiences, as well as engagement in the focus groups. Sample reflective journal questions included "How have I learned about client-centredness today?", "What did I notice?", "What were the attitudes of the care providers I observed today?", "What did I see that looked client centered?", and "What did I see that did not seem client-centred?" Reflective journals were not submitted as data. Rather, participants could draw upon them during the focus group dialogue. Focus group data were digitally audiorecorded and transcribed verbatim immediately following each focus group. Field notes were used to capture the context of the focus group discussion.[34,35]

The focus group size was limited to 6 participants (students) so that each student could voice their perspectives while also comparing, contrasting, and building upon

Table 1. Participant demographics

Professional education program of enrollment	n
Year 3 of 3-year Bachelor of Respiratory Therapy	1
Year 1 of 4-year Bachelor of Science (Pharmacy)	1
Year 3 of 4-year Bachelor of Science (Pharmacy)	1
Year 1 of 2-year Diploma in Dental Hygiene	2
Year 2 of 2-year Master of Occupational Therapy	1

each other's ideas in a flexible, facilitated fashion.[36] The 6 students were between ages of 18 and 25; 5 were female and 1 was male, and none had prior career experience. Two students had obtained bachelor's degrees before their enrollment in their professional education program, and 5 reported participating in IP learning opportunities before study enrollment. All students had practice-based learning experiences before or during the study. Table 1 lists the participants' profession-specific education program and their year of enrollment within their program.

A 6-phase thematic analysis was completed.[37] DB and JR familiarized themselves with the data in phase 1 analysis, beginning after the first focus group and continuing throughout. During the second stage of analysis, DS and JR individually generated initial codes and met regularly to discuss analysis between each focus group. The third analysis stage included organizing coded data extracts to form initial categories and themes that were iteratively refined and reorganized. The fourth analysis stage involved consensus that all themes formed a coherent and accurate reflection of the data. In the final stages of thematic analysis, the interpretive description of the data was generated to increase understanding of the results and implications for practice.

Study trustworthiness and rigour[38] were enhanced through multiple strategies[39] such as prolonged engagement with participants, data triangulation, thick description, and member checking.

RESULTS
The study revealed 4 themes based on the IP focus group analysis: 1) building on existing professional knowledge; 2) internalizing client-centredness as an evolving process; 3) sharing stories; and 4) reflecting: a critical process. Initials are coded to uphold the anonymity of the participants.

Building on existing professional knowledge
Students described how they developed client-centred knowledge in their profession-specific program, forming the foundation for understanding client-centredness within an IP context. Classroom-based experiences early in academic preparation within the students' respective programs combined explicit lessons on client-centred knowledge with an implicit focus on client-centredness in broader professional learning. Learning was layered, with alternating blocks of classroom and practice-based experiences. Students described lectures, assigned readings, and assignments as methods used to teach them about client-centred theory and skills. Students also recounted using skills labs as opportunities to begin developing their client-centredness. Teaching focused on skills for fostering therapeutic relationships, such as communication and interviewing. Participant BD's comments, however, spoke to student interest in a more explicit focus on client-centredness during classroom-based learning:

> *"We practice on each other, like how to assess somebody for a wheelchair or teach somebody how to use a walker...but never, 'How was my client-centeredness?' It was 'how did I perform this skill, and what should I change?'"*

Practising in the classroom was viewed by students as predictable and, therefore, needed to be paired with practice experience learning in the field. Participant JP explained: "Our standardized patients are trained to respond well to that, but, again, that's standardized and controlled."

Practice experience provided the opportunity for students to increase their understanding of client-centred concepts and to apply client-centred skills in unique ways, as exemplified in the following statement from Participant MG:

> *"All of these lists that you memorize...You know them, but you don't know what to do... Once you actually start interacting with patients...You start actually seeing the patient for a person, rather than a question you gotta go through the list in your mind for."*

Students explained how the practice experience environment provided the necessary context to deepen their understanding of client-centredness as experienced in IP teams. As Participant PK shared:

> *"...face-to-face communication with the client as opposed to just reading about it or hearing lectures about it or that kind of thing...you just get more a feel for it, and you're applying it in a face-to-face clinical setting."*

Internalizing client-centredness as an evolving process
Students deepened and expanded their understanding of client-centredness during their academic preparation in their profession-specific programs. They described client-centredness as a cluster of concepts to memorize early in their academic preparation and an assortment of skills they were working on mastering. MG recalled thinking, "Okay, client-centred care...that's page 42 in the textbook." Students were taught to build and maintain a trusting therapeutic relationship as they gathered information to understand the client's history, context, values, and attitudes.

Students shared that they reflected and revised their understanding of client-centredness in a continuous cycle as learning opportunities presented themselves and their understanding of applying theory to practice matured. Students described multiple ways they began to meet clients' unique needs. PK explained: "I think it's definitely evolving, really learning client-centred care, as opposed to just doing things that we learned how to do."

As students endeavoured to maintain active partnerships to empower clients to make informed decisions, they described developing a more profound respect for the client as exemplified by JP:

> "You just get more confident with being client-centred as you progress...You have a treatment algorithm that's the gold standard, but it may not apply to the patient's preference. As you progress in your studies...you feel more confident in straying away from the algorithm to meet the patient's standards."

Participants' understanding of client-centredness shifted from a conceptual perspective to an internalized attitude and value. PK stated:

> "They're (client) telling some kind of story about how they needed to get some kind of surgery or whatnot...it is important to try and listen as much as you can."

Students shared their developing identity as client-centred care providers and that adopting a client-centred attitude and set of values had become difficult to separate from other parts of their personal and professional identity. Students discussed thinking and living in a client-centred way, both in and outside of professional practice, as BD concluded:

> "It's almost becomes [sic] an identity of itself, besides the OT identity. I am client-centred, and I'm also an occupational therapist, as well as I'm a client-centred occupational therapist."

Similarly, MG exemplified the ambition to become a client-centred health care provider:

> "I will obviously want to identify as a good RT (respiratory therapist) when I go out into practice...I used to think that that was just, oh you have all your skills...and (you can) still be a bad RT if you don't make like client-centred care part of how you actually practise."

Sharing stories

Through analysis, it became evident the students learned with, from, and about each other when developing client-centredness. Participation in the focus groups, i.e., the metacommunication process, provided a constructive face-to-face venue for IPE learning. For example, participant BR stated:

> "I think it's interesting how we all kind of look at client-centredness the same and apply it to our fields in [a] very similar manner...I thought it could have been different."

Students engaged in rich discussion and expressed appreciation that IP discussion helped them to expand their ideas about client-centredness, leading participant AO to conclude during the final focus group: "This is where all our constructive thoughts come from...a lot of our ideas have come from these [focus] groups."

Students used stories to explore client-centredness in a way that built confidence and furthered professional learning beyond the participants' profession-specific program experiences. A lively discussion between students occurred as stories of practice experience were easily recalled as critical learning encounters. The following conversation illustrates stories as powerful means of helping health care students understand the scope of client-centred care and the breadth of application of client-centredness in various practice settings and scenarios. As PK and MG expressed:

> PK: "It's interesting to see the scope of how people use client-centred practice...it can be something so little that you're deciding or something that's quite a big deal. It's interesting to see how different faculties use it..."

> MG: "Ya...you were talking about fluoride treatment...It's really cool to see that, you still use it in the same capacity even for the little things. Nothing is too little to not have client-centred care in it."

In group metacommunications, students felt the open nature of the focus groups encouraged honest reflection as an effective learning strategy for developing client-centredness. Students validated one another's experiences and expressed appreciation when the discussion helped them to connect client-centred knowledge in new ways. AO stated, "Developing your patient-centred mindset comes from interacting with other health professionals or soon-to-be health professionals."

Reflecting: a critical process

Students in this study shared that they reflected at multiple points and in several ways during their client-centred developmental process, for instance, before interactions with clients, during client care, after client care, and beyond client care. Students explicated that learning to be client-centred was a choice they were purposefully making. They remarked in the second and third focus groups that while in their respective practice experience, they were not cued consistently to demonstrate client-centred values. However, the metacommunication process

of the focus group sessions had cued students to consider client-centredness before entering client-care situations. BR stated:

> *"I heard a lot of different terms like holistic care [in the first focus group] and...those things stuck out to me...when I was just in the clinical setting."*

Students emphasized that they were more overtly attending to client-centredness throughout the study. Moving client-centredness to the forefront of their minds during client care by reflecting in the moment was considered an important step in developing client-centredness. PK explained that if client-centredness was not explicitly attended to, "It can be kind of easy to forget to be client-centred when you're trying to accomplish all these other things at the same time." Reflection during client care may require slowing down care provision. As MG described:

> *"You almost pull back the care that you give in order to let the patient think out what they need. And that's kind of how you end up centering them."*

Reflection upon the provision of client care was familiar to students as one stage of a reflective process that occurred at multiple time points and in numerous ways to enrich client-centred development. Professional education programs frequently built reflection opportunities into curricula after their learning experiences, cueing students to connect practice back to theory.

PK illustrated how reflection upon her client care actions augmented her client-centred development:

> *"We do have an assignment where we had to record ourselves [presenting] the care plan... You do a lot of things you don't realize you're doing...I was explaining something to her [the client] and I wanted to make sure that she understood...Instead of letting her talk, I said, 'You understand right? You said okay'...That was really eye-opening for me cause I was able to see, 'Oh, I didn't let her respond' and I just assumed she knew...and agreed with it."*

Focus group discussions cued students to openly reflect on how they perceived client-centredness fitting within their professional identities. Students discussed how the non-judgmental IP discussion environment was a comfortable place for reflective exploration on internalizing client-centredness. BD expressed:

> *"I almost see it as a part of my identity as a practitioner. I'm not giving client-centred care, I am client-centred and the way that I interact...not just an aspect of the care that I provide, it's almost like a frame of reference or a lens over how I see all of the profession...It's just a part of me."*

DISCUSSION

In this interpretive description study, 6 prelicensure health care students engaged in 3 focus groups over 5 months to explore classroom and practice experiences, enabling researchers to co-construct with health care students[40] an understanding of client-centredness development in a structured IPE experience. Within the focus group setting, the participants became an IP group with a common goal: to understand client-centredness better. Building upon the foundation of classroom-based and practice experiences, health care students internalized client-centredness as they engaged in a reflective process enhanced by IP discussion and sharing stories. Consistent with national and international literature, which proposes that client-centredness develops within IP learning environments,[32,41] students in the study supported the view that client-centredness is a core value that can be strengthened through IP discussion and reflection. The IPE setting afforded students an opportunity not only to reflect on their respective program-based learning on client-centredness, but also to enhance their understanding that being client-centred is a process aided by reflection. Further, internalizing the concept through the shared stories and exploring the concept from an IP perspective heightened internalization, building on profession-specific and IP experiences.

As students discussed client-centredness during 3 IP focus group sessions, they increasingly described a sense of internalization of client-centredness based on program-specific experiences and focus group discussions. The students discussed how they came to value client-centred care and how client-centredness had settled into their identity as individuals, both in and outside their professional identities. The finding is consistent with other studies which found that, as occupational therapy students enacted and reflected on client-centredness cyclically, they began to define themselves as client-centred health care providers.[6,16] It may also be the case for dental hygiene students, as the current study implies. While the specific application of client-centred knowledge and skills was diverse, health care students engaged in the IP-learning-based study shared a process of repeated reflection and ongoing learning to the point of internalized client-centredness.

Exploratory face-to-face IP discussion in a non-judgmental and non-evaluative focus group environment was a key feature of learning that enhanced existing

professional education program opportunities as student development of client-centredness evolved. The students brought memorable stories from their practice experiences or personal lives to the focus group discussions, supporting prior literature that stories support learning in health care education.[17] Internalization of the value of enacting a client-centred approach in practice was strengthened by sharing stories and the open discussion nature of the IP focus group sessions. Students used storytelling about their practice experiences to help one another expand conceptualizations of client-centredness beyond the concepts students could find didactically. Haigh and Hardy[19] explain that storytelling helps students to learn implicit professional values and promotes group identity. The students in the current study described increasing confidence to apply theory to practice between IP focus group discussions as they became aware that client-centredness was not unique to their respective discipline and that there were multiple ways to understand and apply client-centred knowledge and skill in practice. Students discussed client-centredness as having breadth to span from, for example, fluoride choice to life and death decision making. IP student discussions made it possible to visualize client-centredness more broadly than their specific professional lens previously allowed.

Face-to-face contact, as well as a common focus to improve overall care, help to increase trust among IP health care providers striving to develop IP collaborative relationships.[42] Deliberately setting aside time for informal IP team discussion of real situations has been demonstrated as an effective strategy for IP teams to implement and sustain models of client-centred care where together, the team can reflect and advance learning.[43] As educational programs strive to develop client-centredness in IP student settings, deliberately setting aside times for prelicensure students of various health professions to meet in person to discuss client-centredness is recommended based on the results of the current study and other literature.

Results of this study suggest that client-centredness develops consistently for students from diverse professional education programs, which fits well with current trends to provide more IPE opportunities. Incorporation of the results of this study into the learning experiences of IP prelicensure health care students may help to produce graduates with more fully developed client-centred values and attitudes.

The findings of this study are limited. One group of health care students from one Canadian university participated. The participants demonstrated interest in the topic by their self-selection for the research study, and therefore, results may overemphasize enhanced client-centred development. Although the aim was to recruit a balanced group of participants with one individual from any professional background, the 6 students came from 4 programs. All 6 students attended the first 2 focus group sessions, but 1 student could not attend the third focus group for personal reasons. While data analysis was complicated by the need for more congruency regarding the year of the professional education program for each participant and the timing of practice experiences, the variety of stages of academic preparation broadened the scope of the focus group discussions.

This study attempted to understand client-centredness development from the perspective of a group of prelicensure health care students engaged in an IPE experience. Further research with other health care student groups would help affirm the findings. Recruitment of participants from other disciplinary backgrounds would elucidate whether the developmental process parallels health care student groups that include a broader range of disciplines such as medicine, nursing, and social work. Future investigations outside Canada could explore transferability to regions such as the United Kingdom or the United States, where client-centred care initiatives are also being advocated.[5,44] Intervention studies may be beneficial to compare face-to-face, more specifically, versus online discussion forums or to compare deliberately encouraging students to reflect before-, in-, on-, and beyond-action versus the more typical academic requirement for students to complete reflective assignments only on-actions.

CONCLUSION

Health care students benefit from in-person, open-discussion IPE opportunities to learn with, from, and about each other as they reflect and internalize client-centredness, moving beyond the knowledge and skill-based foundations provided by their specific professional education programs. To facilitate student internalization of client-centredness, educators should consider the value of bringing learners from different professions together for an IPE opportunity to enable learners to build on existing professional knowledge; realize client-centredness is an internalized way of being; share stories to enhance reflection; and reflect as a critical process on becoming a client-centred practitioner.

CONFLICTS OF INTEREST

The authors declare no conflict of interest in conducting and disseminating the study findings.

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