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In plain language:

Despite the growing presence of Blended Learning in music therapy education, there is limited research which investigates blended learning's impact on professional identity formation for music therapy graduates. This comparative study reports on the differences between the experiences of blended learning and traditional on-campus Master of Music Therapy graduates at the University of Melbourne. Forty-two music therapy graduates completed a survey examining the impact of their study experiences on early professional identity formation. Results indicated no statistically significant differences between blended learning and on campus graduates in the formation of professional identity. Recommendations for researchers and educators are provided regarding areas of focus in the professional identity formation in the blended learning mode for music therapy students.

Original research

The impact of blended learning on professional identity formation for post-graduate music therapy students

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Abstract
The expansion of technology use in higher education creates new opportunities to access music therapy training for people living in the vast country of Australia. The emergence of the blended learning (BL) study modality (an integration of online digital media and intensive face-to-face teaching) at the University of Melbourne offers the Master of Music Therapy course to students living in rural and interstate locations. While BL study has existed in healthcare training and education for several years, there is a scarcity of literature exploring the benefits and challenges of this mode of training for music therapy. This study aimed to identify and examine the impact of the BL program on professional identity formation of new music therapy graduates. A comparative study design exploring differences between the experiences of BL and traditional on-campus (OC) alumni was conducted. Forty-two music therapy graduates from the University of Melbourne completed a survey examining the impact of their study experiences on early professional identity formation. Survey results indicate no statistically significant differences between BL and OC graduates in the formation of early professional identity. Recommendations for researchers and educators are provided regarding areas of focus in professional identity formation in the BL mode for music therapy students.

Keywords: Blended learning, professional identity, music therapy, higher education

Background

The expansion of technology use in higher education has the potential to attract greater diversity in student cohorts, more variety in learning tasks, and autonomy for both teacher and students within the learning process (Biggs & Tang, 2011). The emergence of technology has therefore also created new opportunities for the training of music therapists. Blended learning (BL) in higher education refers to a combination of traditional face-to-face teaching and technology-mediated teaching. It is sometimes referred to by related terms such as "hybrid" and "mixed-mode" learning (Graham, 2006). The BL program at the University of Melbourne was established in 2010 and offers the Master of Music Therapy

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course to students across Australia, thus providing better access to training to those people in geographically diverse locations. BL goes beyond using modern standard technology-based teaching tools. The BL program aims to foster supportive teacher and peer relationships delivered in both intensive face-to-face teaching seminars and via online learning tasks (details of the coursework content and structure has been previously published in Clark & Thompson, 2016). However, the BL approach has also created new concerns to the music therapy profession. Traditional approaches to music therapy education consider interpersonal skills and experiences as integral to the process of healthy professional identity formation (O'Brien & Goldstein, 1985). Therefore, the impact that the BL study mode has on professional identity formation requires investigation.

Healthy professional identity has been described as integral to the future success of an individual's professional career (Caza & Creary, 2016; Dutton, Roberts, & Bednar, 2010; Siebert & Siebert, 2005; Warren & Rickson, 2016). Healthy professional identity formation is crucial for individuals who work in human service fields, as they are required to closely interact with other human beings (Nelson & Jackson, 2003). Professional identity is grounded in the personal beliefs, values, goals and experiences relative to a person's chosen profession (Ibarra, 1999). The framework of a profession serves as a reference point for individuals as they establish their position, make executive decisions in relation to their work and engage in professional development (Brott & Myers, 1999). Given the inherent link to personal identity, professional identity can also be used as a framework for supporting positive self-concept (Caza & Creary, 2016).

Receiving feedback during training serves as a vital contributor to the formation of professional identity. O'Brien and Goldstein (1985) originally described external feedback and validation as a crucial component of professional identity formation within the education stage and early experiences of being a music therapist. Receiving constructive feedback from experienced clinicians can lead to feelings of competency and confidence in the novice therapist (Vignoles, Regalia, Manzi, Golledge, & Scabini, 2006; Roberts, Dutton, Spreitzer, Heaphy, & Quinn, 2005). Within the music therapy community, educators have previously voiced concerns about whether online learning provides adequate opportunity for teachers to offer timely and personalised feedback to learners (Vega & Keith, 2012). This concern is not surprising given that training aligned with psychotherapy approaches traditionally privileging group discussions, experiential learning, constructivist learning tasks, and reflexivity (Murphy, 2007).

Connection to the community of a profession is also crucial to the process of professional identity formation. Within a creative-arts therapy community, individuals can demonstrate and share skills exclusive to their profession to strengthen the identity of their profession in the work place (Feen-Calligan, 2012). This community activity provides a strong sense of professional frames and articulates the area of expertise for individuals (Caza & Creary, 2016). The understanding that individual contributions can impact the holistic identity of the profession may strengthen the sense of belongingness within the profession. Within the music therapy profession, a strong sense of professional identity may also contribute to music therapists' commitment to the

profession on a systemic level (Edwards, 2015).

Fostering an adequate sense of community in online classrooms is a concern for many educators (Biggs & Tang, 2011), and this perhaps explains some of the hesitation of music therapy educators to embrace online pedagogy (Story, 2014). In face-to-face classes, music therapy educators are skilled in creating flexible learning tasks that foster connectedness and a sense of community between students and teachers (Story, 2014). In contrast, Allan and Lewis (2006) contend that online learning communities can positively impact individuals beyond the formal education period, since these communities can successfully provide opportunities for ongoing professional development and sustainable professional relationships.

Another important aspect of professional identity formation is the professional's level of confidence in the theoretical and practical application of their skills. The ability to translate theory into practice enables individuals to develop flexibility and respond with contextually appropriate practice (Rodgers, 2012). According to Clements-Cortes (2015), many music therapy students worry that they won't be able to translate theory into practice and need direct support from teachers and peers to develop their skills. A robust sense of self-belief has been described as an important component of training for music therapy students, since professional identity formation is likely to be hindered without a feeling of competence (Baker & Krout, 2011). Online learning aims to provide opportunities for case-based group work via technologies which promote social interaction and critical thinking for music therapy students (Clark & Thompson, 2016). However, it is unknown whether these online activities foster similar levels of confidence in the students compared to face-to-face experiences. Insights from research conducted with other healthcare professionals such as physicians, nurses, and allied health staff, indicate that online learning can be as effective as face-to-face learning in providing active learning tasks and promoting the acquisition of clinical skills (Cook et al, 2010).

The absence of a healthy professional identity formation can result in a multitude of negative implications for an individual's career. Languishing professional identity can lead to feelings of confusion concerning work roles, unclear boundaries, and low self-efficacy (Alves & Gazzola, 2011). Additionally, the transition from student to music therapist is a challenging process with complex changes in identity. Beyond the early career phase, music therapists may also experience a lack motivation to engage in professional development due to an absence of professional identity (Smyth & Edwards, 2009).

In music therapy training, clinical placements are considered fundamental for the development of professional identity (Clements-Cortes, 2015; Wheeler, 2002). These experiences offer insight into the professional identity that students wish to develop within the profession as they develop confidence in self-concept guided by an experienced supervisor (McKenzie & Murray, 2010). Clements-Cortes (2015) suggests that clinical placement supervisors and educators provide opportunities for music therapy students to work on their perceived weaknesses within their training and clinical placements. The BL program allows students to reside in their local context and avoid re-location. This flexibility enables students to develop supportive networks close to where

they may potentially practice music therapy in their local community (Clark & Thompson, 2016).

The literature identifies the importance of developing a healthy professional identity in order to sustain therapists in their careers and foster a sense of belonging to a professional community. Professional identity formation begins during training, and requires quality feedback experiences, validation of skill development, a thriving sense of community, a sense of confidence in theoretical and practical application of skills, and positive clinical training experiences. With limited research conducted in this area, the following exploratory research question was posed, along with four sub questions: Is there a difference in the formation of professional identity between on-campus (OC) graduates and blended learning (BL) graduates of the Master of Music Therapy course at the University of Melbourne, in terms of: a) perceived quality of feedback/validation throughout training; b) perceived sense of community throughout training; c) quality of experiences during clinical training practicum, and d) perceived confidence in ability to apply theoretical knowledge to practice as new graduates.

Method

This study aimed to investigate the impact of BL study on the professional identity formation of new graduates from the University of Melbourne. This study is a mixed-methods comparative study exploring differences in survey responses to both quantitative and qualitative questions designed to address the research questions.

Participants and inclusion criteria.

The BL program at The University of Melbourne commenced in 2010, with small cohorts ranging from 4 - 9 students per year since commencement (M = 6.2, SD = 2.58). We therefore anticipated a pool of 25 BL students in the period from 2010 up until the time of recruitment. In order to focus on the comparative experience of new BL and OC graduates, participants meeting the following inclusion criteria were invited to complete the survey: 1) graduated from The University of Melbourne during the period 2012-2016; and 2) currently registered with the Australian Music Therapy Association (AMTA) and practicing music therapy in Australia. Participants were excluded from the study where they had not trained full time or wholly in one modality.

Recruitment.

Participants were invited to participate in the survey via the AMTA's weekly newsletter, emailed to the member database. In addition, snowball sampling was permitted, where Registered Music Therapists (RMTs) could forward the research invitation to other AMTA members. A follow-up reminder was sent two weeks after the initial advertisement via the weekly newsletter.

Given the unequal numbers of BL and OC new graduates in this time period, the first 20 responses to the survey from the OC cohort were included in order to create equal groups for statistical analysis. Ethics approval was provided by The University of Melbourne (ID number: 1238647.3). The survey was conducted via the online platform, Survey Monkey™. Participants indicated their consent by clicking "I agree" on the opening screen and progressing to the first survey question. All responses remained anonymous. The concept of professional identity was defined in an introductory paragraph of the recruitment email to ensure the concept was clear.

The online survey.

A survey design with closed ended questions was developed to explore the participants' perception of their professional identity formation. The survey contained 19 items devised by the authors and based on existing literature that identifies various factors likely to contribute to healthy professional identity formation (See Appendix A). The items were then organised into four themes as follows: feedback and validation (O'Brien & Goldstein 1985; Warren & Rickson 2016); sense of community (Caza & Creary, 2016; Feen-Calligan, 2012; Story, 2014); positive clinical training experiences (Clark & Thompson, 2016; Clements-Cortes, 2015; McKenzie & Murray, 2010; Wheeler, 2002); and confidence in theoretical and practical application of skills (Baker & Krout, 2011; Clements-Cortes, 2015; Rodgers, 2012).

Participants were first asked to provide deidentified demographic information such as gender, age and residing state while studying music therapy. Other demographic information included year of graduation, mode of study (OC or BL) and any previous professional roles before training to be a music therapist. Participants then responded to statements regarding clinical, pedagogical and personal experiences throughout their training to determine differences and similarities in each learning mode. Of note is that clinical placements for both cohorts are supervised by an on-site Registered Music Therapist, and also supported by tutorials at the university. BL students accessed the university tutorials both online and during intensive study weeks, with no difference in the mode of on-site supervision (for more details, see Clarke & Thompson, 2016). Participants were required to rate their responses using a five-point Likert scale. A final free-text option was included for participants to add further comments and reflections on professional identity formation.

Data analysis.

The survey was designed as an initial exploration of this topic in order to capture objective data from as many BL students as possible. The BL group was therefore treated as the experimental group and the OC group as the control. This study aimed to identify the differential experiences between the two groups, and therefore aligns with a post-positivist epistemology (Curtis, 2016). While the first author was a current BL student at the time of the study, and the second author was a university staff member, the researchers remained blind to the participant identities. The quantitative data was not inspected prior to statistical analysis.

Quantitative analysis. Survey responses were analysed according to the four themes constructed by the authors: Feedback/Validation, Sense of Community, Clinical Experiences and Confidence in Theoretical and Practical Application. The scores for each question within a theme were added together, and then an average score per person per theme was calculated. Mean differences in BL and OC survey ratings for each theme were analysed using two-sample *t*-tests to determine statistical significance using XLSTAT software for Microsoft Excel.

Qualitative analysis. Participants were invited to provide free-text responses to the last question of the survey. These statements were analysed using a 6-phase qualitative thematic analysis indicated by Braun and Clarke (2006): 1) Familiarisation with the data, which includes immersion, re-reading and active reading of the data. 2) Generating

initial codes, producing codes which identify a feature of the data that appears meaningful and interesting. 3) Searching for themes, which involves organising the codes into overarching themes. 4) Reviewing themes, which includes re-reading and refining the themes. 5) Defining and naming themes, which identifies the essence of each theme and if there are sub-themes. 6) Producing the report, which involves the final analysis of the report.

Results

Demographic information.

A total of 44 participants completed the online survey. However, two respondents were omitted as they did not complete the full survey. Both BL (n = 20) and OC (n = 22) graduates were recruited. Participants graduated from the Master of Music Therapy course at the University of Melbourne from the years 2012 to 2016. The majority of respondents were female (n = 39), and the modal age-bracket of respondents was 26 – 30-years-old. Previous professions of respondents included students (n = 14), musicians (n= 12), music educators (n = 7) and other human service fields (n = 7).

The results of the statistical analyses are presented in Tables 2-5. The results are sorted into the four identified themes of professional identity formation: (1) Feedback and Validation; (2) Sense of Community; (3) Clinical Experiences; and (4) Confidence in Theoretical and Practical Application.

Quantitative results

The t-tests indicated there was no statistically significant difference between OC and BL mean scores on professional identity formation across any of the four themes, either at the item or theme level.

Table 1
Survey respondents' demographics.

		BL	OC
Gender			
	Male	2	3
	Female	18	19
Residing State			
	NSW	6	0
	NT	1	0
	QL	3	0
	SA	4	0
	TAS	1	0
	VIC	3	22
	WA	3	0
Age			
	21-25	4	2
	26-30	8	12
	31-35	6	3
	36-40	0	2
	41-45	2	2
	46-50	0	1
Graduating Year			
	2013	5	3
	2014	2	3
	2015	6	6
	2016	7	7
Profession Before Training			
	Student	6	8
	Music Educator	4	3
	Musician	6	4
	Health Professional	1	0
	Other	3	7

Theme 1: Feedback and validation

Analysis revealed no statistically significant difference between BL (MD = 3.44, SD = 0.02) and OC (MD = 3.29, SD = 0.20) students survey scores on Feedback and Validation at the theme level (t (4) =1.03, p =

0.35) or at the item level (see Table 2). Overall, scores in this theme revealed generally small differences between BL and OC responses (< 0.20). The largest reported difference between BL and OC in this theme was related to Question 18: effective communication with other team members and its impact on professional identity. While the difference was not significant, the BL students scored higher on this question. Previous qualitative research highlights that music therapy students value learning effective ways to communicate with other healthcare staff whilst on clinical placements (Clements-Cortes, 2015). Perhaps the fact that BL students have fewer opportunities to network face-to-face with lecturers and peers encouraged them to make the most of these interactions on placement.

Theme 2: Sense of community. Analysis revealed no statistically significant difference between BL (*MD*=3.12, *SD* = 0.32) and OC (*MD* = 3.30, *SD* = 0.64) survey scores on Sense of Community at the theme level (t (4) =- 1.5, p = 0.19) or at the item level (see Table 3). Scores in this theme revealed generally small differences between BL and OC responses (< 0.20), with the exception of Question 10 focused on professional

Table 2
Two sample t-test for theme 1: Feedback and validation.

	BL Mean	SD	OC Mean	SD	*p*-value
Question 8. During my clinical placements, I felt my supervisors provided valuable feedback about my strengths and areas needing development that helped me acquire a strong sense of professional identity	3.60	0.49	3.68	0.47	0.08
Question 9. During my clinical placements, I felt my supervisors provided valuable feedback about my strengths and areas needing development that helped me acquire a strong sense of professional identity	3.60	0.49	3.50	0.72	0.10
Question 14. During my clinical placements, I felt my supervisors provided valuable feedback about my strengths and areas needing development that helped me acquire a strong sense of professional identity	3.40	0.58	3.24	0.76	0.16
Question 17. During my clinical placements, I felt my supervisors provided valuable feedback about my strengths and areas needing development that helped me acquire a strong sense of professional identity	3.40	0.58	3.50	0.72	0.10
Question 18. During my clinical placements, I felt I could communicate effectively with other team members (allied health, medical staff etc.) which helped me develop a strong sense of professional identity	3.20	0.75	2.55	0.99	0.65

Scale: 1 = Strongly Disagree, 2 = Somewhat Disagree, 3 = Neutral, 4 = Somewhat Agree, 5 = Strongly Agree.

relationships with RMTs beyond their supervisor. While not statistically significant, survey scores revealed that BL respondents did not generally form strong professional relationships with RMTs in the broader community (M = 1.70, SD = 1.45). This is congruent with previously identified educators' concern for the limitations of online learning for creating meaningful relationships (Biggs & Tang, 2011), since BL students were not present for classes with guest lecturers where informal discussions with RMTs beyond the teaching staff might occur.

Table 3
Two sample t-test for theme 2: Sense of community.

	BL Mean	SD	OC Mean	SD	*p*-value
Question 8. During my clinical placements, I felt my supervisors provided valuable feedback about my strengths and areas needing development that helped me acquire a strong sense of professional identity	3.60	0.49	3.68	0.47	0.08
Question 9. During my clinical placements, I felt my supervisors provided valuable feedback about my strengths and areas needing development that helped me acquire a strong sense of professional identity	3.60	0.49	3.50	0.72	0.10
Question 10. During my training, I formed strong professional relationships with registered music therapists in the community (who weren't my supervisors) that helped me develop a strong sense of professional identity	1.70	1.45	2.32	1.10	0.62
Question 11. During my training, being a part of the student community (Blended Learning, On Campus or both) helped me develop a strong sense of professional identity	3.30	0.64	3.50	0.50	0.20
Question 16. During my clinical placements, I formed strong professional relationships with my music therapy supervisors that helped me develop a strong sense of professional identity	3.45	0.80	3.55	0.72	0.10

Scale: 1 = Strongly Disagree, 2 = Somewhat Disagree, 3 = Neutral, 4 = Somewhat Agree, 5 = Strongly Agree.

Theme 3: Clinical experiences. Analysis revealed no statistically significant difference between BL (MD = 3.37, SD = 0.01) and OC (MD = 3.27, SD = 0.26) survey scores on Positive Clinical Experiences at the theme level (t (3) = 0.5, p = 0.60) or at the item level (see Table 4). Again, scores on items in this theme revealed generally small differences between BL and OC responses (< 0.20). Of importance to this theme is Question 15 which

relates to the development of meaningful relationships with clients on clinical placement as a source of professional identity. Mean scores for both cohorts revealed that all participating graduates generally agreed that this was a consistent positive experience for them during their course. These results are reminiscent of previous qualitative results indicating the importance of therapist-client interactions and relationships on identity (Wheeler, 2002) .

Table 4
Two sample t-test for theme 3: Clinical experiences.

	BL Mean	SD	OC Mean	SD	*p*-value
Question 15. During my clinical placements, I experienced deeply meaningful relationships with many clients which helped me develop a strong sense of professional identity	3.55	0.80	3.64	0.57	0.09
Question 16. During my clinical placements, I formed strong professional relationships with my music therapy supervisors that helped me develop a strong sense of professional identity	3.45	0.80	3.55	0.72	0.10
Question 17. During my clinical placements, I felt my supervisors provided valuable feedback about my strengths and areas needing development that helped me acquire a strong sense of professional identity	3.40	0.58	3.50	0.72	0.10
Question 18. During my clinical placements, I felt I could communicate effectively with other team members (allied health, medical staff etc.) which helped me develop a strong sense of professional identity.	3.20	0.75	2.55	0.99	0.65

Scale: 1 = Strongly Disagree, 2 = Somewhat Disagree, 3 = Neutral, 4 = Somewhat Agree, 5 = Strongly Agree.

Theme 4: Confidence in theoretical and practical application. Analysis revealed no statistically significant difference between BL (*MD* = 3.48, *SD* = 0.04) and OC (*MD* = 3.33, *SD* = 0.21) survey scores on Confidence in Theoretical and Practical Application at the theme level (t (5) = 1.14, p=0.30) or item level (see Table 5). Survey scores in this theme revealed a higher variance in differences between both cohorts, albeit not statistically significant. BL scores on Question 13 revealed the highest ratings in the cohort's responses (*MD* =3.85, *SD* = 0.36), indicating the relatively high prevalence of course-based learning tasks that supported personal development and professional identity. This is mirrored in previous findings where music therapy students felt that online learning provided transformative learning unique to each student's needs (Story, 2014). Additionally, music therapy students have previously highlighted the importance of the

integration of online learning activities to support the development of various practical skills (Clark & Thompson, 2016).

Qualitative results.

Feedback and validation. There were several free-text responses indicating feedback and validation were valued throughout training. OC-Respondent-2 highlighted the importance of communication

Table 5
Two sample t-test theme 4: Confidence with theoretical and practical application.

	BL Mean	BL SD	OC Mean	OC SD	*p*-value
Question 8. During my clinical placements, I felt my supervisors provided valuable feedback about my strengths and areas needing development that helped me acquire a strong sense of professional identity	3.60	0.49	3.68	0.47	0.08
Question 9. During my clinical placements, I felt my supervisors provided valuable feedback about my strengths and areas needing development that helped me acquire a strong sense of professional identity	3.60	0.49	3.50	0.72	0.10
Question 12. Overall, the Music Therapy course provided relevant case-based learning activities (either online or on campus) that helped me develop a strong sense of professional identity	3.30	0.90	3.55	0.50	0.15
Question 13. Overall, the Music Therapy course provided useful learning tasks that helped me reflect constructively on my personal development towards becoming a therapist	3.85	0.36	3.68	0.55	0.17
Question 14. Overall within course subjects, I felt that my teachers provided me with valuable feedback about my progress towards developing therapeutic competencies that helped me acquire a strong sense of professional identity	3.40	0.58	3.14	0.76	0.26
Question 18. During my clinical placements, I felt I could communicate effectively with other team members (allied health, medical staff etc.) which helped me develop a strong sense of professional identity.	3.20	0.75	2.55	0.99	0.65

Scale: 1 = Strongly Disagree, 2 = Somewhat Disagree, 3 = Neutral, 4 = Somewhat Agree, 5 = Strongly Agree

with other RMTs to assist in identifying their individual strengths to reconcile a feeling of division in professional identity formation:

"*During my third clinical placement in an unfamiliar setting, I developed a very strong sense of professional identity, however in my final clinical placement, which was in the area in which I worked prior to my music therapy study, I found it difficult to hold on to my fledgling professional identity. I ended up creating two different identities in the same body, which was complicated. Personally, and also through discussions with other music therapists in similar situations, I have worked towards reconciling the two, because I am only one person, and I try to utilise the strengths that come from having expertise in both music therapy and my previous work, in a complementary and positive way".*

In addition, OC-Respondent-7 commented how feedback from supervisors on clinical placement was important for their professional identity development and the course supported development of self-awareness as a foundation for professional identity to form once commencing work after training.

Sense of community. Four free-text responses emphasised the importance of connecting with the larger community of music therapists to provide support for professional identity formation. OC respondents highlighted the importance of connectedness within both student and music therapist communities. OC-Respondent-1 indicated the strong sense of community which was established with both BL and OC as a holistic community, was a key contributor to professional identity formation. OC-Respondent-6 identified active agents within the music therapy community that supported healthy professional identity development, stating:

"For me, being able to be involved in AMTA events such as the conference, symposiums and state committee (and PD [professional development] events available to student members of AMTA) also helped me to network and feel involved in the profession, thus helping the formation of my professional identity".

OC-Respondent-10 acknowledged that the long-term relationships established through study continue to contribute to ongoing professional identity development. However, BL-Respondent-2 suggested there are difficulties for those living in remote areas in relation to experiencing a sense of community, consequently hindering healthy professional identity formation:

"I feel that distance from metropolitan areas (where the majority of music therapists are living and working) hinders the development of a strong sense of professional identity. Whilst I am actively involved in the AMTA Facebook groups and attend the national conference each year, it is my clinical placement supervisors that I have been able to form the strongest relationships with, and who continue to impact most strongly upon the development of my professional identity".

Clinical experiences. This theme received the highest number of comments across both BL and OC participants. Several respondents acknowledged the impact of clinical placement supervisors on professional identity formation. BL-Respondent-5 described how being the expert in the work

environment supported healthy professional identity formation: *"Although the Masters course played a role in developing my professional identity as a music therapist, my experience working as an RMT [on placement] has had a more significant impact. I believe that only with time and experience comes a strong professional identity"* (BL-Respondent 5). In contrast, OC-respondent-9 emphasised the impact of the therapeutic relationships established with clients on professional identity formation over relationships with colleagues: *"Feels like gaining a strong sense of identity in therapeutic relationship rather than in the allied health team"* (OC-Respondent 9).

Confidence in theoretical and practical application. Several participants commented on the impact of their confidence in theoretical and practical application of knowledge on professional identity formation. Two sub-themes emerged in this theme.

Importance of class discussions. Two BL respondents indicated that they valued face-to-face class discussions, and considered that they made an important contribution to developing their sense of professional identity. In contrast to on-line learning tasks, face-to-face class discussions that took place during intensive study weeks on campus provided students with opportunities to articulate their ideas and understand how theory may be translated into practical application *"I found course discussions held on campus most useful and relevant to my professional identity formation and are what have stayed with me more-so that any work undertaken online"* (BL-Respondent 1).

Translation into clinical application. BL-Respondent-3 and OC-Respondent-7 contend that healthy professional identity formation predominantly relies on clinical experience in the subsequent years after graduation. Both respondents posit that music therapy training acts as a forum for personal identity development and understanding theoretical concepts. They indicate this theoretical knowledge acts as a foundation for professional identity formation, allowing graduates to focus more on practical application once commencing practice as a RMT.

> *"I found that professional identity formation occurred primarily in the first few years after graduation. Feedback from lecturers, teachers on therapeutic skill development I felt was minimal as the focus was more on academic skill due to the course structure. There were many more opportunities to get this feedback from supervisors and I was lucky enough to have a couple of brilliant supervision experiences. I would say though that the course did a brilliant job of teaching me a lot about myself as a person, my values and beliefs which then created a solid grounding for me then to develop my professional identity once I had entered the workplace"* (OC-Respondent-7).

Discussion

From both the quantitative and qualitative data, the experience of students in both BL and OC programs are similar in terms of post-graduate professional identity formation. Results of this study indicate that the BL mode offered at the University of Melbourne offers similar opportunities for healthy professional identity formation to those provided in the traditional on-campus modality. Importantly, the BL mode of study does not appear to hinder professional identity formation for music therapy graduates.

Both BL and OC cohorts reported that feedback and validation played an important role in professional identity formation. Feedback and validation from a variety of people was valued, including university teachers, clinical placement supervisors, peers and other professionals encountered during placement. Participants reported that feedback supported the development of their critical thinking, a crucial component of professional identity development noted by the literature (Roberts, Dutton, Spreitzer, Heaphy, & Quinn, 2005). These results reinforce the qualitative findings of Clark and Thompson (2016) where students also identified feedback and validation as an important element of the BL process. Regarding online learning activities, constructive feedback delivered in a timely manner is identified as a vital component for higher education students (Hattie & Timperley, 2007). In addition, feedback and validation has been recognised as a core component of professional identity for music therapists in personal, professional and collective domains (Warren & Rickson, 2016).

Similar to the findings of Allan and Lewis (2006), the quantitative survey results indicate that the BL mode can successfully foster a sense of community. While not statistically significant, one small point of difference in the responses was that BL participants reported having weaker relationships with RMTs in the local community during their training. Further investigation is needed to better understand the placement experiences of BL students; however, it may be that BL students place higher importance on sustaining relationships with student communities via technology as they are geographically dispersed. Online forums provide a space where students can establish meaningful, long-term professional relationships with peers and teachers (Clark & Thompson, 2016). In addition, the qualitative data suggests that online communities can be inclusive rather than exclusive to either BL or OC cohorts. Strong peer-peer and peer-teacher relationships have been recognised as a crucial component to the online learning process, as students provide support, engage in collaborative thinking and motivate one another (Biggs & Tang, 2011). A sense of belonging to a community has also been highlighted in the music therapy literature, with on-campus students describing the importance of support from their student community to overcome challenges related to their training (Smyth & Edwards, 2009). Considering there is a higher risk of isolation for BL students (Partridge, Ponting, & McCay, 2011), a sense of community is an important component not only for developing professional identity, but also for the development of the music therapy profession on a systemic level and how it may be perceived in the broader healthcare system (Edwards, 2015).

The quantitative and qualitative data from both cohorts indicated that positive experiences during clinical placement were crucial to the formation of a healthy professional identity. In particular, the qualitative results revealed that clinical placement supervisors played an important role in this process. This finding is congruent with previous studies that have identified the importance of supervisor feedback on the development of clinical practice skills (Wheeler, 2002). Further, it is important for students to gain clinical experience that is relevant to their local community as this provides contextual knowledge around how music therapy fits within the broader system (Edwards, 2015). As the music therapy profession continues to evolve in a variety of

clinical areas, music therapists are required to demonstrate adaptability (Warren & Rickson, 2016). An advantage of BL study is that students can stay in their local area and therefore receive feedback and validation relevant to their context. This contextual knowledge may help BL students to more clearly understand local professional issues and develop a robust professional identity. This initiative encourages newly graduated music therapists to practice in a more contextually relevant way and establish a clear professional identity in their work place.

Both BL and OC graduates indicated that their level of confidence in applying theory to practice helped support healthy professional identity formation. While the challenge of putting theory into practice has been previously expressed as a prominent fear for students (Clements-Cortes, 2015; Baker & Krout, 2011), the ability to successfully translate theoretical concepts into practice allows for transformative learning to take place (Story, 2014). Transformative learning theory emphasises that experiential learning and autonomy supports students to increase their knowledge by engaging with their environment and trying-out concepts introduced in training. While the mere acquisition of skills does not wholly support healthy professional identity formation (Francescato, Mebane, Porcelli, Attanasio, & Pulino, 2007), successfully putting theory into practice in scaffolded activities allows students to take on the role of the professional in the clinical situation (Hramiak, Boulton, & Irwin, 2009). Online learning activities are another way to provide transformative learning experiences. For example, students can assess videos of clients and develop a music therapy program for a hypothetical situation. In this way, the online activities also support students to put theory into practice knowing that there will not be any repercussions on 'real' clients. The results from this study indicate that BL graduates developed similar levels of confidence in the application of theory to practice as OC graduates, and these positive experiences are likely to have had an impact on professional identity formation (McKenzie & Murray, 2010).

While the online learning activities were viewed positively, it is important to highlight that the BL graduates also valued the opportunities for face-to-face learning during intensive on-campus seminars and clinical placements. Technology is recommended as a supporting tool rather than the focus of education (Goodyear & Ellis, 2008). Therefore, these results suggest that a wholly online music therapy course may not meet the needs of learners, since face-to-face interaction and problem-based learning are both core considerations in the BL program (Clark & Thompson, 2016).

Implications for training and research

This study highlights that further research is needed to better understand the experiences and needs of students who engage in different modes of study in practice-based professions such as music therapy. Considering the unique and personal nature of professional identity formation, in-depth interviews may reveal more about how different learning experiences prepare students for the work force. A deeper understanding of the challenges of BL study, such as isolation, limited face-to-face instruction, and meaningfulness of online learning tasks, may help educators and supervisors to better support student learning.

While this study has focused on student perspectives, further research may aim to explore the quality of teacher engagement in

BL programs. Both BL and OC graduates reported that feedback and validation from teachers and supervisors was important in developing their professional identity. However, research exploring online learning experiences have found that students often take a more surface-level approach to assessment tasks if they perceive that will be sufficient (Goodyear & Ellis, 2008). Teacher expectations, the depth of students' engagement with course materials, and meaningful social interactions, are integral to the quality of learning that takes place in either online or on-campus study (Ellis, Ginns, & Piggot, 2009). Further, perceived online challenges may be exaggerated due to traditional face-to-face pedagogy being over-romanticised. Therefore, it could be valuable to further explore both teacher and student perspectives of the BL programs to support continued curriculum innovations in higher education.

Limitations

The data collected from this study reflects the impact of BL on professional identity formation from the perspective of graduates from the Master of Music Therapy at The University of Melbourne and therefore do not necessarily represent student's experiences of BL or online learning in music therapy in other cities or countries. While the sample size of this study is small, the response rate of the BL population was high at 75%. Considering the ongoing development of BL pedagogy at The University of Melbourne, recent graduates may be more likely to report on the positive impact that BL had on professional identity formation. In addition, factors such as teacher/facilitator differences between the cohorts, learners' prior experience with online learning, and the specifics of the teaching technologies were not captured in the survey data. Future studies should aim to better delineate these factors, since it is possible that any differences in professional identity formation may be attributable to circumstances beyond the mode of study.

Conclusion

This study aimed to identify and examine the impact of a specific BL program on professional identity formation of new music therapy graduates. A comparative study design revealed no statistical difference between BL and OC cohort's survey scores on the impact of training on healthy professional identity formation. Key findings of this study reinforce previous research in this area indicating that BL fosters similar outcomes for professional identity formation compared to traditional OC learning. Further research is needed to develop a better understanding of the experiences and needs of students who engage in different modes of study in music therapy.

Therefore, this study indicates that music therapy graduates who have studied the Master of Music Therapy course at The University of Melbourne through the BL program experience similar challenges as their on-campus peers in terms of professional identity formation. Technology in higher education pedagogy continues to expand, and so it is necessary to consider the impact of different modes of study for students training to become music therapists. Participants in this study reported that BL leads to similar outcomes compared to traditional on-campus learning in the development of professional identity. While further research is needed, the results from this pilot study indicate that BL programs in music therapy should be further explored in order to provide greater access to music therapy study for learners who face

challenges accessing more traditional on-campus course delivery options.

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Appendix A

Music Therapy Graduates Survey

Note: For this report, the format of the survey has been changed.

Demographic Questions

1. What is your gender?
    a. Male
    b. Female
    c. Rather not say
    d. Other (please specify)
2. What is your age?
    a. 21-25
    b. 26-30
    c. 31-35
    d. 36-40
    e. 41-45
    f. 46-50
    g. 50+
3. Where did you attend Music Therapy training?
    a. University of Melbourne
    b. University of Queensland
    c. University of Technology Sydney
    d. University of Western Sydney
    e. I did not attend a University Level Music Therapy course
4. Which state/territory did you live in during your Music Therapy studies?
    a. Australian Capital Territory
    b. New South Wales
    c. Northern Territory
    d. Queensland
    e. South Australia
    f. Victoria
    g. Western Australia
5. What year did you graduate from the Music Therapy course?
    a. Before 2012
    b. 2012
    c. 2013
    d. 2014
    e. 2015
    f. 2016

6. Which modality did you study?
    a. Blended Learning

   b. On Campus
7. What was your profession before training to be a Music Therapist?
   a. Student
   b. Music Educator
   c. Musician
   d. Health Professional
   e. Other (please specify)

Professional Identity Formation Statements

Unless otherwise stated, statements under the Professional Identity Formation section were answered using Likert scale ranging from 1 to 5, with responses defined as: 1 – Strongly Disagree, 2 – Somewhat Disagree, 3 – Neutral, 4 – Somewhat Agree, 5 – Strongly Agree.

8. During my training, I participated in thoughtful discussions (online or in person) with my classmates about professional topics that helped me develop a strong sense of professional identity.
9. During my training, I participated in thoughtful discussions (online or in person) with my lecturers/teachers about clinical practice that helped me develop a strong sense of professional identity.
10. During my training, I formed strong professional relationships with registered music therapists in the community (who weren't my supervisors) that helped me develop a strong sense of professional identity.
11. During my training, being a part of the student community (Blended Learning, On Campus or both) helped me develop a strong sense of professional identity.
12. Overall, the Music Therapy course provided relevant case-based learning activities (either online or on campus) that helped me develop a strong sense of professional identity.
13. Overall, the Music Therapy course provided useful learning tasks that helped me reflect constructively on my personal development towards becoming a therapist.
14. Overall within course subjects, I felt that my teachers provided me with valuable feedback about my progress towards developing therapeutic competencies that helped me acquire a strong sense of professional identity.
15. During my clinical placements, I experienced deeply meaningful relationships with many clients which helped me develop a strong sense of professional identity.
16. During my clinical placements, I formed strong professional relationships with my music therapy supervisors that helped me develop a strong sense of professional identity.
17. During my clinical placements, I felt my supervisors provided valuable feedback about my strengths and areas needing development that helped me acquire a strong sense of professional identity.
18. During my clinical placements, I felt I could communicate effectively with other team members (allied health, medical staff etc.) which helped me develop a strong sense of professional identity.

Free Text Responses

19. Are there any other further comments would you like to add about professional identity formation? Please take care to de-identify yourself as these answers will be used in research.

Appendix B

Free Text Responses and Thematic Analysis

Blended Learning Respondents	Themes
I found course discussions held on campus most useful and relevant to my professional identity formation and are what have stayed with me more-so that any work undertaken online.	3. Theoretical and Practical Application
I feel that distance from metropolitan areas (where the majority of music therapists are living and working) hinders the development of a strong sense of professional identity. Whilst I am actively involved in the AMTA Facebook groups and attend the national conference each year, it is my clinical placement supervisors that I have been able to form the strongest relationships with, and who continue to impact most strongly upon the development of my professional identity.	2. Sense of Connectedness 4. Positive Clinical Experiences
Although the Masters course played a role in developing my professional identity as a music therapist, my experience working as an RMT has had a more significant impact. I believe that only with time and experience comes a strong professional identity	4. Positive Clinical Experiences
I feel the many conversations we had in class, and the experiences on my clinical placements greatly contributed to my professional identity formation.	3. Theoretical and Practical Application 4. Positive Clinical Experiences
I think the final placement helped me build the most confidence as a professional. I was able to gain a sense of professional identity through working in an environment where I was the Music Therapy expert and was responsible for educating my colleagues.	1. Feedback and Validation 4. Positive Clinical Experiences

On Campus Respondents	Themes
The strong sense of community and connection I felt to both on campus and blended learning students were key in shaping my professional identity.	2. Sense of connectedness
During my third clinical placement in an unfamiliar setting, I developed a very strong sense of professional identity, however in my final clinical placement, which was in the area in which I worked prior to my music therapy study, I found it difficult to hold on to my fledgling professional identity. I ended up creating two different identities in the same body, which was complicated. Personally, and also through discussions with other music therapists in similar situations, I have worked towards reconciling the two, because I am only one person, and I try to utilise the strengths that come from having expertise in both music therapy and my previous work, in a complementary and positive way.	1. Feedback and Validation 4. Positive Clinical Experiences
I do not remember identity being directly discussed	N/A
I think greater knowledge about other disciplines allied health and other would help students and young graduates know where they are the same and where they differ and I think this contextual knowledge would greatly assist in professional identity. Also, the more widespread use of graduate programs.	3. Theoretical Confidence
I feel clinical placements played a significant role in forming my professional identity.	4. Positive Clinical Experiences

On Campus Respondents Continued	Themes
I feel clinical placements played a significant role in forming my professional identity.	4. Positive Clinical Experiences
For me, being able to be involved in AMTA events such as the conference, symposiums and state committee (and PD events available to student members of AMTA) also helped me to network and feel involved in the profession, thus helping the formation of my professional identity. Also significant was being able to be involved in MT research projects with experienced RMT researchers (and researchers in other fields) for my minor thesis helped to contribute to my sense of professional identity.	1. Feedback and Validation 2. Sense of Connectedness
I found that professional identity formation occurred primarily in the first few years after graduation. Feedback from lecturers, teachers on therapeutic skill development I felt was minimal as the focus was more on academic skill due to the course structure. There were many more opportunities to get this feedback from supervisors and I was lucky enough to have a couple of brilliant supervision experiences. I would say though that the course did a brilliant job of teaching me a lot about myself as a person, my values and beliefs which then created a solid grounding for me then to develop my professional identity once I had entered the workplace.	1. Feedback and Validation
I believe I came in to the course with a strong pre-existing reflexive process which ultimately contributed to my professional identity formation.	N/A
Feels like gaining a strong sense of identity in therapeutic relationship rather than in the allied health team.	4. Positive Clinical Experiences
Still close friends with many people I studied with and this is beneficial for professional discussion/ insight	2. Sense of connectedness