Differences of opinion: Appreciation of interprofessional perspectives versus conflict

Tierney Kinnison*, The Royal Veterinary College, The LIVE Centre, Hatfield, UK
Stephen A. May, The Royal Veterinary College, The LIVE Centre, Hatfield, UK
David Guile, Institute of Education, UCL, London, UK

Background: Veterinary interprofessional education (IPE) is new. IPE should reflect real-life working to engage students. To contextualise IPE developments, a case study of interprofessional working was conducted.

Summary of Work: Two contrasting veterinary practices were chosen as case study sites. Each study consisted of three weeks: general observations, shadowing of six focus individuals and interviews. Focus individuals were two veterinary surgeons, two veterinary nurses and two administrators. Field notes were taken during observations (total 220hrs). Interviews (total 8.5hrs) were transcribed and thematically analysed.

Summary of Results: There is a culture of appreciating different professional perspectives within the sites. Head veterinary nurses and administrators were invited to join practice owners (veterinary surgeons) in meetings. Veterinary nurse opinions on case management are sometimes sought. Interprofessional working is aided by trust: nurses appreciate that surgeons trust them to do their work and to raise issues.

Different perspectives can be a challenge to interprofessional working. Veterinary nurses often remind veterinary surgeons to prescribe pain relief for their patients and can feel like ‘a broken record’.

Discussion and Conclusions: Hierarchically, both veterinary practices were organised with veterinary surgeons at the top; however veterinary nurse and high ranking administrator thoughts/work were valued. The professions’ different perspectives possibly persist from the historical veterinary surgeon ‘cure’ ethos and veterinary nurse ‘care’ ethos.

Case studies allow in depth analysis of interprofessional working within veterinary practices. Ethnographic work should guide IPE development.

Take-home messages: Veterinary professions differ in some perspectives which can be an aid and a challenge to interprofessional working.

The Evolution of a Popular IPE Elective

Karen Moline*, Sunnybrook Health Sciences Centre, Odette Cancer Centre, Radiation Therapy, Toronto, Canada
Susan Sutherland, Sunnybrook Health Sciences Centre, Dentistry, Toronto, Canada

Background: At the University of Toronto (UT), interprofessional education weaves throughout the undergraduate curricula of all 11 health science programs. IPE during inpatient clinical rotations offers relevancy, but involving multiple disciplines in outpatient areas is more challenging. ARCTIC – Appreciating Roles and Collaboration To Improve Care –Head and Neck Oncology was developed to address the learning needs for dentistry and medical radiation sciences students, but is now an accredited elective available to all health science undergraduates.

Summary of Work: Early workshops concentrating on the professional roles of the learners evolved to a case-based approach, focused on the needs of the patient from multiple professional perspectives. Further iterations included a video highlighting the patient’s firsthand experience and, more recently, attendance of the patient who described his journey in an interactive format with learners. Facilitators, recruited from across disciplines, were trained in a co-facilitator model.

Summary of Results: Word of mouth has resulted in ARCTIC being one of the most popular UT IPE electives, evidenced by lengthy registration wait lists and supported by consistently high scores (4.52/5) across all domains in formal evaluations.

Discussion and Conclusions: Co-facilitation, case based learning, world café and broadened educational communities enhance the student experience and enable collaborative practice. Highlighting the patient voice engages students.

From our early IPE design, experience and innovation has transformed learning with students to working as a team to develop a patient care plan.

Take-home messages: The power of the patient’s voice to engage student collaborative practice.
Implementing Interprofessional Education - How appropriate is the learning experience for nursing students?

R Pretorius*, North-West University, Nursing Science, Potchefstroom, South Africa
A Du Preez, North-West University, Nursing Science, Potchefstroom, South Africa
B Scrooby, North-West University, Nursing Science, Potchefstroom, South Africa
W Lubbe, North-West University, Nursing Science, Potchefstroom, South Africa
G Reitsma, North-West University, Health Science Education, Potchefstroom, South Africa

**Background**: Interprofessional education (IPE) is characterised by joining together two or more professions in an attempt to create a learning opportunity and cultivate collaborative practice among the students of the different professions. With this it is expected that students will exhibit more skills in the execution of healthcare tasks, be able to function more effectively in a team and ultimately contribute to improved health outcomes for patients through quality care. IPE is traditionally reported on from a medical school perspective. The context of this study is that of a non-medical institution and includes the training of students in seven different disciplines.

**Summary of Work**: The project will follow a mixed method approach with a multi-phase design. Data collected by means of an interprofessional collaborator assessment rubric will be used in reporting on the appropriateness of an IPE learning experience in developing interprofessional skills among a nursing population in a non-medical school.

**Summary of Results**: This study forms part of an ongoing multi-phase pilot project that was started in January, 2015 in the Faculty of Health Sciences at the North-West University. Results on appropriateness of the IPE learning experience in developing interprofessional skills from a nursing perspective will be reported on.

**Discussion and Conclusions**: The results and conclusion will be included in the poster presentation.

**Take-home messages**: Very few institutions report on IPE from a non-medical school perspective. With this research we hope to identify best practices for the planning and implementation of IPE in the non-traditional context.

The change in view and behavior of medical students after final-year interprofessional education (IPE) for medical and dental students

Kumiko Yamaguchi*, Tokyo Medical and Dental University, Tokyo, Japan
Chiharu Kawakami, Tokyo Medical and Dental University, Tokyo, Japan
Yuko Segawa, Tokyo Medical and Dental University, Tokyo, Japan
Mina Nakagawa, Tokyo Medical and Dental University, Tokyo, Japan
Jun Tsuruta, Tokyo Medical and Dental University, Tokyo, Japan
Kazuki Takada, Tokyo Medical and Dental University, Tokyo, Japan

**Background**: An aging society requires coordinated and collaborative care between medical, dental and other health care professionals.

**Summary of Work**: A total of 297 final-year students from seven schools for health professions, including 79 medical students participated in a three-day-long case-based IPE program. A case that had systemic, oral, and social issues was prepared in order to promote and require active participation of all students in mixed-small-group discussions. Some lectures were also included in the program. Six months later, medical students filled out questionnaires. The results were analyzed quantitatively and qualitatively.

**Summary of Results**: Sixty five students replied they changed their behavior after the IPE program. The program seemed to affect “their viewpoint and perspective” more than “the way to treat other health care profession”. Some students mentioned that they tried to observe how other health care professionals treated the patients. The most frequently observed comment was concerning the viewpoint of other professionals. They tried to think not only as a medical doctor, but also as other health care professionals for the better treatment of patient.

**Discussion and Conclusions**: A three-day-long IPE program affected the attitude of medical students during the clinical clerkship. Also, our program may serve as an IPE model in which students of both medical and dental professions study together.

**Take-home messages**: An IPE program can affect the attitude of medical students during the subsequent clinical clerkship.
Readiness of healthcare students for interprofessional education at Keio University

Mihoko Miyawaki, Keio University, Faculty of Nursing and Medical Care, Fujisawa, Japan
Junko Kizu, Keio University, Faculty of Pharmacy, Tokyo, Japan
Eriko Aizu-Yokota, Keio University, Faculty of Pharmacy, Tokyo, Japan
Michito Hirakata, Keio University School of Medicine, Medical Education Center, Tokyo, Japan
Toshiaki Monkawa*, Keio University School of Medicine, Medical Education Center, Tokyo, Japan

Background: Interprofessional education (IPE) has been introduced across the schools of medicine, nursing, and pharmacy at Keio University. IPE at Keio University includes a beginner-level half-day workshop for first year students at the three schools, an intermediate half-day workshop for 4th year medical and pharmacy students and 2nd year nursing students, and an advanced one-day workshop for final year students at the three schools. Approximately 360 students attended each program.

Summary of Work: To investigate the readiness of students for IPE, the Japanese version of the Readiness for Interprofessional Learning Scale (RIPLS) Questionnaire was taken before and after the three programs.

Summary of Results: In the beginner program, readiness of students for IPE increased from 74.5±8.0 to 78.2±9.3 in medical students, from 78.4±7.1 to 81.6±7.4 in nursing students, and from 76.3±8.1 to 80.0±9.1 in pharmacy students. In the intermediate program, readiness for IPE increased from 72.8±9.6 to 76.4±11.3 in medical students, from 72.5±6.9 to 78.7±8.5 in nursing students, and from 72.5±7.0 to 79.2±9.0 in pharmacy students. In the advanced program, readiness of students for IPE increased from 71.4±12.5 to 78.6±12.9 in medical students, from 76.5±8.3 to 82.2±9.1 in nursing students, and from 75.2±7.8 to 81.9±8.0 in pharmacy students.

Discussion and Conclusions: The readiness of students for IPE across all schools improved after participating in the workshops. This year is the first opportunity for all of the students to participate in an IPE program. Readiness of students for IPE is expected to improve significantly after completion of these three programs. A longitudinal follow-up study is needed to further assess the impact on students.

Interprofessional burn management for students - is this an effective way to learn?

Fiona Coia*, Pinderfields Hospital, MidYorkshire Hospitals NHS Trust, Directorate of Medical Education, Wakefield, UK
Claire Swales, MidYorkshire Hospitals NHS Trust, Paediatric Burns Service, Wakefield, UK
Veronica Wagstaff, MidYorkshire Hospitals NHS Trust, Adult Burn Service, Wakefield, UK

Background: It has been identified that one of the main benefits of interprofessional learning is improvement in the quality of and delivery of safer patient care.

Summary of Work: A Burn Management study day was held for medical, nursing and physiotherapy students. The students learnt about the theoretical aspects of assessing a burn injury, fluid resuscitation and appropriate management. They worked in a team to "admit" and manage a burn injured patient (ALS simulated manikin) who had moulage burn injuries and responded to interventions. The scenario assessed how the students communicated with each other, assumed roles and worked as a team to care for the patient.

Summary of Results: A questionnaire utilising the Likert scale and qualitative data was given. 97% valued the opportunity to work with different disciplines. 98% thought they would benefit from additional opportunities to learn together.

Discussion and Conclusions: The students thought that they benefitted from the training - not only regarding burn management but also valued the opportunity to work and learn with other disciplines, gaining an appreciation of each other roles. The environment was conducive to learning together and allowed them to actively contribute to a team.

Take-home messages: Interprofessional learning has an important role in providing safe and effective patient care.
Development of joint lessons for interprofessional education in the inter-university collaborative education

Norie Obu*, Saitama Prefectural University, School of Health and Social Services, Koshigaya, Japan
Makiko Furuya, Josai University, Faculty of Pharmaceutical Sciences, Sakado, Japan

Background: Four universities implement a project for promoting inter-university collaborative education, in order to develop human resources capable of collaborating with people from many occupations to discover and solve the issues in the lifestyles of residents in Saitama Prefecture.

Summary of Work: To show needs of the new joint lessons on interprofessional education, a world café was held. 52 participants, including 4 university faculties and students, worked with questions about joint lessons and kept notes on large sheets of paper. We analyzed qualitatively the description on the sheets.

Summary of Results: 530 descriptions were obtained and classified in the following categories; “learning contents”, “learning in each university”, “actual project working”, “using learning tools”, “application of specialization”, “understanding subject of each lessons”, and “development of educational framework”.

Discussion and Conclusions: According to the correspondence analysis, descriptions classified, “consideration learning outcome”, “actual project working”, “using learning tools”, and “application of specialization” were said in a conversation of online lessons to solving problems of geographical distance of each university and sharing educational resource.

“Actual project working”, “learning in each university” were said in a conversation of difference between available skills in actual working and learning in university. Participants needed to learn about interprofessional work both ways of online and actual project working to understanding their specialization each other and to share educational resources.

Take-home messages: The project includes Saitama Prefectural University, Saitama Medical University, Josai University, and the Nippon Institute of Technology. Regardless of whether the specialization of the university is healthcare or not, joint lessons are viable.

Clinical reasoning and elearning - facilitating interprofessional education

C Gummesson*, Lund University, Centre for Teaching and Learning, Faculty of Medicine, Lund, Sweden
A Sunden, Lund University, Department of Health Sciences, Lund, Sweden
A Fex, Lund University, Department of Health Sciences, Lund, Sweden
E Holmström, Lund University, Department of Health Sciences, Lund, Sweden
M Ahlner-Elmqvist, Lund University, Department of Health Sciences, Lund, Sweden
P Lilja Andersson, Lund University, Department of Health Sciences, Lund, Sweden

Background: Students need to prepare for future professional needs, including collaboration with other health professionals and be part of effective team work. It may be valuable if some interprofessional preparation can be done before patients are involved. To gain knowledge and understanding of each other’s roles and perspectives it is therefore important to design activities promoting interaction and collaboration also in theory courses.

The aim was to identify and develop structures for meaningful learning and interprofessional collaboration in theory courses.

Summary of Work: The work was an iterative action process involving faculty members, hospital staff and students. To create scaffolding structures for student interaction, the decision-making process in narratives told by hospital staff was analyzed from an interprofessional perspective. Based on literature and our findings we developed a model to enhance the interprofessional discussion. Person centered care, health promotion, principles of collaboration and teamwork were our framework. So far, nursing and physiotherapy students have been involved.

Summary of Results: The evaluation showed that the scaffolding structure developed based on clinical reasoning in a multi professional context seemed feasible for interprofessional interaction and collaboration in theory courses and was scalable. With elearning activities and a clear structure for discussions in mixed small groups, the groups may benefit from each other. Structured discussions from narratives seem to promote meaningful learning in an interprofessional context also in theory courses.

Discussion and Conclusions: Multi-professional encounters with students and staff, were perceived as meaningful and valuable for furthering knowledge and understanding. A structure prompting the different decision making processes seems valuable.
**The project Intertut: interprofessional tutorials for students of medicine, nursing, occupational therapy and physiotherapy**

Sarah Oswald, Charité Universitätsmedizin Berlin, Curriculum Organisation, Berlin, Germany
Louise Putze*, Charité Universitätsmedizin Berlin, Curriculum Organisation, Berlin, Germany

**Background:** Through a lack of cooperation between the different health professions new issues in the practice of caring arise. It is vitally necessary to improve the interprofessional communication and collaboration within the health system. International studies confirm that interprofessional learning during apprenticeships and training already promotes a positive attitude towards interprofessional collaboration. Moreover, it improves the understanding of roles and knowledge beyond one's profession. Interprofessional education in order to optimize patient care is also a political demand.

**Summary of Work:** INTERTUT means “INTERprofessional TUTORials” from students for students. It is a peer teaching project. Within this framework, students develop interprofessional workshops. These are designed to connect students from different health professions and to offer them perspectives for their professional development. On the basis of peer-mediated instruction, four workshops are developed in the period between 2013 and 2015. One of the most important objectives is the support of interprofessional communication and collaboration between students of different health professions.

**Summary of Results:** As a result, students are expected to be better prepared for an interprofessional work environment. During the Peer-teaching and Peer-Assisted-Learning Program, participants will be shown their personal capabilities and deficits within their interprofessional team working. Furthermore, there will be an exchange between the professional groups.

**Discussion and Conclusions:** The interesting question that arises is in which settings and contexts similar interprofessional learning units are suitable.

**Take-home messages:** Communication and Collaboration between different health professions are a key aspect of holistic care. It is important to raise students awareness of feeling themselves as a part of an interprofessional healthcare team.

---

**Midwife-led experiential teaching sessions enhance pre-clinical medical students’ understanding of labour and encourages interprofessional collaboration**

Melanie D’Costa*, Barts and the London School of Medicine and Dentistry, Centre for Medical Education, London, UK
Anne Hills, Barts and the London School of Medicine and Dentistry, Centre for Medical Education, London, UK
Adele Hamilton, City University London, Department of Midwifery, London, UK
Celia Woolf, Barts and the London School of Medicine and Dentistry, Centre for Medical Education, London, UK

**Background:** During years one and two, Obstetrics teaching at Barts and the London School of Medicine is delivered mostly by non-clinicians using non-experiential methods. Examination transcripts suggest a proportion of students continue to hold misconceptions regarding labour processes by the end of year two. The aim of this study was to implement and evaluate midwife-led experiential teaching in order to enhance year two students’ understanding of labour and transprofessional maternity care.

**Summary of Work:** Twenty-six second year students volunteered to participate in four experiential teaching sessions led by a senior Midwifery lecturer. Students rotated through workshop stations using models, visual aids and labour ward equipment covering predefined learning objectives on labour. Data triangulation was achieved through observation and focus groups.

**Summary of Results:** Medical students preferred midwifery-led sessions over uniprofessional alternatives as they gained valuable insight into midwifery practice whilst advancing their empirical understanding of obstetrics. Participants recognised that early exposure to the multidisciplinary team could enhance future interpersonal relationships. Amalgamating teaching methods allowed participants to reflect the midwife’s professional thought processes and decision making, enhancing their understanding of a holistic, women-centred approach which unifies the theoretical, clinical and psychosocial aspects of care. Anxieties regarding clinical placements were also reduced as students felt more motivated and better prepared for their clinical firm and assessments.

**Discussion and Conclusions:** This study demonstrates that midwife-led experiential teaching could be used as a supplementary instructional method to improve early experience of obstetrics and enhance students’ understanding of professional roles. Inviting student midwives to participate in interactive sessions could further enhance this interprofessional learning experience.
Preparing nursing and medical students for clinical placements: Evaluation of an inter-professional simulated ward environment workshop

Sharon Walker*, Bradford Teaching Hospitals Foundation Trust, Education Service, Bradford, UK

Background: Health professional education providers are challenged to provide innovative educational approaches to train health professionals who can work collaboratively to meet the current challenges in an increasingly complex health arena. Inter-professional simulation is a rare event within undergraduate programmes despite being advocated by both the GMC and the NMC. The development of a simulation suite on site, identified an opportunity to develop interprofessional simulation for undergraduate students.

Summary of Work: A simulated ward environment was designed, incorporating scenarios representative of common clinical presentations. Participants were nursing and medical students in their 1st and 2nd year respectively. Common learning outcomes were identified across both curricula. An action research approach was taken, adopting qualitative data collection and analysis methods to carry out the first cycle of the research. Data was collected through focus groups, observational notes and video recordings to explore the views of both the students and faculty on the effectiveness of this educational approach.

Summary of Results: Participants evaluated the inter-professional simulation workshop really positively. Participants felt it had increased their understanding and appreciation of other health professionals' roles, with increasing collaboration and teamwork. An increase in knowledge, skills and confidence in preparation for ward placements were also demonstrated.

Discussion and Conclusions: Inter-professional simulation is an effective learning strategy which is underpinned by established educational theories. Opportunities should be offered to students early in their programmes to exploit the potencies this approach offers. However inherent problems were identified in relation to timetabling and resources.

Take-home messages: Undergraduate inter-professional simulation facilitates collaborative teamwork, increasing knowledge, skills and attitudes to prepare for future professional roles.

Cross-sectional study of teamwork ability among students in seven healthcare disciplines

Hirokazu Noritake*, Nagoya University School of Medicine, Education for Community-Oriented Medicine, Nagoya, Japan
Keiko Abe, Nagoya University Graduate School of Medicine, Education for Community-Oriented Medicine, Nagoya, Japan
Mina Suematsu, Nagoya University Graduate School of Medicine, Education for Community-Oriented Medicine, Nagoya, Japan
Hiroki Yasui, Nagoya University Graduate School of Medicine, Center for Medical Education, Nagoya, Japan
Kazumasa Uemura, Nagoya University School of Medicine, Nagoya, Japan

Background: Teamwork ability of the individual is important in collaborative practice. The purpose of this study is to compare the teamwork ability among undergraduate 1st year healthcare students of multiple disciplines.

Summary of Work: The survey of Nagoya Teamwork Scale (NTwS) was performed on 780 healthcare students; 97 Medical, 84 Nursing, 118 Pharmacy, 103 Physiotherapy (PT), 53 Occupational therapy (OT), 197 Social welfare (SW) and 128 Dietetic students. NTwS is a validated questionnaire to measure teamwork ability in medical settings with 23 questions of 7-point Likert scale. NTwS scores were examined using unpaired t-test and ANOVA. Curriculum of the 1st semester in each discipline was surveyed.

Summary of Results: Comparison of total NTwS scores among disciplines showed significant differences (p<0.001) with disciplines from the highest; Nursing (114.8±11.1), OT (114.6±12.8), PT (112.1±13.8), Pharmacy (109.8±14.0), Dietetic (107.6±10.0), Medical (107.0±12.1), SW (105.7±12.6). Comparison in gender, female students' scores were significantly higher (p<0.001). Focusing on each discipline, Medical and SW women students showed significant higher scores than male students. With curriculum comparison, Medical and SW students had less opportunity to learn communication in groups.

Discussion and Conclusions: There was a significant difference in teamwork ability of the 1st year students among discipline and gender. The lack of opportunity of learning communication in groups or pair works may contribute relative low teamwork ability in medical and SW students.

Take-home messages: Medical students especially in male and SW students need more opportunity to practice communication in groups.
Moving inter-professional education away from the classroom and into the clinical area - does it work?

Lorraine Close*, University of Edinburgh Medical School, Centre for Medical Education, Edinburgh, UK
Janette Jamieson, University of Edinburgh Medical School, Centre for Medical Education, Edinburgh, UK
Jennifer Tocher, University of Edinburgh, School of Nursing, Edinburgh, UK
Janet Skinner, University of Edinburgh, Centre for Medical Education, Edinburgh, UK

Background: Previous work at this medical school exploring experiences of medical students on clinical attachment illustrates that medical students have little understanding of the role of nursing students and vice versa. Students report a desire to participate as part of the team in clinical environments but do not feel confident to do so.

Summary of Work: As part of a wider programme of inter-professional education small numbers of Year 4 medical students were offered an opportunity to shadow final year nursing students on clinical placement. Both nursing and medical students will be asked to submit short reflective accounts of their experience and to participate in a focus group.

Summary of Results: Results of this study once available will be discussed at conference.

Discussion and Conclusions: Offering medical students and nursing students the opportunity to work together in clinical areas increases awareness of each other’s roles and responsibilities within the health care team. It may also allow medical students to feel more comfortable within the clinical environment while giving nursing students the opportunity to practise mentorship skills. It is hoped that this experience may contribute to effective team working in post graduate years.

Full conclusions of this study will be presented at conference.

Take-home messages: • Medical students often feel overwhelmed in clinical areas and do not feel part of the team.
• Both nursing and medical students may benefit from interprofessional learning embedded in the clinical environment
• Working with nursing students in the clinical areas may help medical students to feel part of the team.

Smaller professions in interprofessional learning

Aslak Steinsbekk*, Norwegian University of Science and Technology, Department of Public Health and General Practice, Trondheim, Norway

Background: A total of 650 3rd year students from medicine, nursing, social work, physiotherapy, occupational therapy and social education (welfare nursing), bioengineer, radiograph and audiograph took part in a two day educational activity in 2015 with the theme “Competency in Integrated care across professional disciplines”. The aim is to increase the students’ awareness of each other’s profession and knowledge about integrated health care. The aim of this study was to compare the evaluation from the professions with few students who usually work in specific parts of the health services (bioengineer, radiograph and audiograph) with the other students regarding their Readiness for Interprofessional Learning Scale (RIPLS) and satisfaction with the program.

Summary of Work: A cross sectional survey at the end of the two day program. Students were asked to rate RIPLS and score their satisfaction on a 0 to 10 scale with 5 being their average experience with educational activities.

Summary of Results: A total of 562 students completed the survey (response rate 94%). Their total RIPLS score was 80.5. The students overall satisfaction was 7.0. There were differences between the different professions, with the professions with fewer students, together with students from medicine, reporting lower total RIPLS score. Their overall level of satisfaction was also lower.

Discussion and Conclusions: Although being satisfied with the educational activity, students from bioengineer, radiograph and audiograph along with students from medicine were less satisfied than students from other professions and also less positive towards interprofessional learning.

Take-home messages: Special attention is needed to the role of students from bioengineer, radiograph and audiograph, and medicine, in interprofessional learning.
Trans-professional learning improves understanding and attitude of medical students to other professions

Prapa Ratanachai*, Hatyai Medical Education Center, Medical Education Center, Songkhla, Thailand
Ratchanee Permtaweesub, Hatyai Medical Education Center, Medical Education Center, Songkhla, Thailand

Background: The feedback from other professions in the rural healthcare team mentioned that some graduates seemed to work in isolation, independently and not with much empathy. We try to improve the inter-professional relationship in our medical students.

Summary of Work: At the mid-clinical studying period, half of 4th year medical students were set to work as nurses and pharmacists in our medical school under the supervision of these particular professions. We collected the changes of their understandings, and also compared with the other half after shifting back from the rural care practicing prior to this approach.

Summary of Results: The medical students found out that they understood more about the daily multi-tasks of both professions. They could recognize humanized and holistic healthcare, as one of the students stated, “Doctor’s round focuses more on physical illness, but nurse’s touches the patient as human”. They committed to become ‘good doctors’ and will support their healthcare team in the future. Both the medical students and the professionals (nurses, pharmacists) appreciated this intervention and counted it as a value to continue this project in the future.

Discussion and Conclusions: Medical students can understand other professions in the workplace more authentically by engaging them in the ‘situation awareness’ method, which help them work well as a member in a team.

Take-home messages: Engaging medical students to peer professions help them become future good healthcare team members.

Exploring the perceptions of hospital chaplains and medical students at Dundee Medical School

Lois Robertson*, University of Dundee, Dundee, UK
Jennifer Kennedy, University of Dundee, Dundee, UK

Background: Spiritual Care is person centred care which seeks to help people (re)discover hope, resilience and inner strength in times of illness, injury, transition and loss. In the GMC’s Tomorrow’s Doctors 2009 the need to respect patients’ rights regarding religious or other beliefs was highlighted as an outcome for graduates. The Scottish Government, NHS Scotland and NHS Education Scotland produced policy documents supporting the integration of Spiritual Care within the NHS. NHS Tayside now have their own Spiritual Care Policy and Strategic Framework in which they highlight the need to integrate spiritual care teaching into the undergraduate curriculum at Dundee University. From this, a student-selected component on Spiritual Care in the undergraduate medical curriculum at Dundee University was developed.

Summary of Work: Using a grounded theory approach, this research project aimed to explore the perceptions chaplains and students have toward each other within the context of inter-professional learning during spiritual care teaching. Focus groups were used to collect data from chaplains and medical students who had, and had not, taken part in this “opt in” part of their course.

Summary of Results: Results will be available at the time of presenting.

Discussion and Conclusions: These will be available at the time of presenting.

Take-home messages: Failings in patient care in the UK have prompted the government to address the need for more holistic, compassionate care of patients. This is an innovative project exploring the relationship between students and chaplains during inter-professional teaching, as well as determining the value of spiritual care teaching in the wider context of creating empathetic, compassionate young doctors.
Interprofessional simulation training: Perceived benefits for final year medical and nursing students

A de Bray*, Walsall Manor Hospital, Medical Education, Walsall, UK
S S Sandhu, Walsall Manor Hospital, Medical Education, Walsall, UK
T Makam, Walsall Manor Hospital, Medical Education/Obstetrics and Gynaecology, Walsall, UK
K Eaton, Wolverhampton University, Medical Education, Wolverhampton, UK
J Peppe*, Walsall Manor Hospital, Walsall, UK

Background: Good Medical Practice (GMC, 2013) states that doctors “must work collaboratively with colleagues, respecting their skills and contributions”. Simulation is an effective method of medical student training but interprofessional simulation is an uncommon occurrence and there is little evidence of the benefits of interprofessional simulation over single profession simulation.

Summary of Work: Final year nursing and medical students attended joint simulation sessions in a dedicated simulation suite while on placement at Walsall Manor Hospital. Students were instructed to act as they would on their first day as qualified staff. Nursing students were required to perform an initial assessment of an acutely unwell patient and escalate the care to allocated medical students. After this handover, the medical students entered the scenario and the students cared for the patient as a team. Feedback was given by clinical teaching fellows and a senior resuscitation nurse. Self-assessment questionnaires with visual analogue scales (VAS: 0-10), to assess confidence in interprofessional domains when caring for acutely unwell patients, were completed before and after the session.

Summary of Results: The questionnaires contained 8-10 questions. The average VAS score for nursing students (n=14) was 6.55 pre-session and 8.37 post-session. For medical students (n=14) pre-session was 7.01 and post-session was 8.20.

Discussion and Conclusions: Across all domains, perceived confidence of looking after an acutely unwell patient in an interprofessional team increased. All students stated that they would recommend interprofessional simulation sessions over single-discipline.

Take-home messages: This study suggests that interprofessional simulation may prove a valuable tool for improving team-working when caring for acutely ill patients as newly qualified professionals.

Relational coordination in interprofessional learning

Anders Barheim*, University of Bergen, Department of Global Health and Primary Care, Bergen, Norway
Reidun Lisbet Skeide Kjome, University of Bergen, Department of Global Health and Primary Care, Bergen, Norway
Sissel Johansson Brenna, Bergen University College, Department of Health and Social Education, Bergen, Norway
Olin Blaalid Oldeide, University of Bergen, Department of Global Health and Primary Care, Bergen, Norway

Background: Relational coordination may be operationalised as to inspire some other parts to interact for mutual benefit and for the benefit of the whole, and is becoming increasingly popular as an management style especially within interprofessional education.

Summary of Work: Centre for interprofessional learning (TVEPS) trains final year health profession students in workplace based team work. TVEPS is a collaboration between the University of Bergen and the University College of Bergen and two municipalities. The interprofessional student teams reflect knowledge about the nurse home patients they have examined back to health workers at the nurse homes. Students, patients, health workers and the study program boards all learn from the process.

Summary of Results: By relational coordination we have inspired:
• The city community of Bergen in co-work with TVEPS to do research on what their health workers learn from the students.
• We are relating master students in law with the communities. Law students with master projects within health law participate in the student teams in TVEPS working on patient rights.
• Norwegian School of Economics wish their students to join our clinical teams and carry on their master degrees with research on health administrative systems. The leaders of the Municipality invite them in as a part of their administrative renewal process and we include them in the interprofessional teams within limits determined by patient rights.

Discussion and Conclusions: Combining interprofessional learning with relational coordination may destabilize administrative systems enough to open for entirely new possibilities.

Take-home messages: Basing interprofessional learning on relational coordination may give mutual benefits to all involved parts.
#3FF19 (28064)
Issues discovered when developing an Interprofessional Education Course

**Joseph House**, University of Michigan School of Medicine, Emergency Medicine, Ann Arbor, USA
Burgunda Sweet, University of Michigan College of Pharmacy, Emergency Medicine, Ann Arbor, USA
Bruce Meuller, University of Michigan College of Pharmacy, Ann Arbor, USA
Mark Fitzgerald, University of Michigan School of Dentistry, Ann Arbor, USA
Brad Zebrack, College of Social Work, Ann Arbor, USA
Michelle Pardee, School of Nursing, Ann Arbor, USA

**Background:** Training students to work in interprofessional teams is difficult when students are taught in silos.

**Summary of Work:** Leaders from the Schools of Social Work, Nursing, Medicine, Dentistry, and College of Pharmacy came together to develop an Interprofessional Clinical Decision Making Course for students to work with, learning about, and from other health professional students.

**Summary of Results:** It was quickly realized that the barriers were not just the walls of our buildings, but the curricular requirements, infrastructure, and culture of each institution.

**Discussion and Conclusions:** Not all schools were willing to make major additions to their curriculum without outcomes data. Students who elected to attend were more engaged compared to those required. Several school’s tuition is a fixed for graduate level degree, while others paid per credit. There were 280 student enrolled in the course and not all schools had a room large enough for 1/5 the class or rooms ideal for small group sessions. Each school had their own grading policy, policy for late work, make-up work, and excused absences. Not all students knew the course director and some challenged her more on late assignments. Some campuses follow “Michigan Time,” classes start 10min after hour and end on the hour and others started on the hour and ended 10 min to the hour. The starting date for the semesters were also different between schools. There were many barriers to IPE course development, some we were overcome while others were delayed until later time. **Take-home messages:** When trying to create a new IPE course there are many barriers, and you may not be able to fix all of them on initial development, but this should not prevent developing the course.

#3FF20 (23522)
Knowledge and Attitude of Medical Students towards Interprofessional Collaboration

**S M Taidit Rahman**, Sir Salimullah Medical College, Department of Medicine, Dhaka, Bangladesh
Sazid Rezwan, Sir Salimullah Medical College, Department of Medicine, Dhaka, Bangladesh

**Background:** Interdisciplinary healthcare teams are central to improving patient outcomes. Strong interprofessional education (IPE) is fundamental for effective team performance. Although academic and policy perspectives on IPE are often the sole lenses through which IPE is viewed, equally important is soliciting student perspectives on IPE. But, in Bangladesh, there is lack of knowledge and process to develop a positive attitude towards Interprofessional education and collaboration.

**Summary of Work:** A cross sectional type of descriptive study was conducted to assess the knowledge and attitude of students of Sir Salimullah Medical College, Dhaka towards interprofessional collaboration. 700 students were purposively selected for study. Data were collected by face to face interview from the respondents through semi-structured questionnaire.

**Summary of Results:** Majority of them showed lack of knowledge (82.86%) about interprofessional collaboration. Most of the Students did not know the importance (89.29%) of interprofessional collaboration and education. Very few students enjoy team work (12.86%). Majority of them do not know how to implement (68.57 %) interprofessional collaboration.

**Discussion and Conclusions:** We can conclude that knowledge and attitude of medical students of third world country like Bangladesh is very poor. So a large community cannot take part in the era of interprofessional collaboration which makes this worldwide collaboration incomplete. Measures like campaigning, review of curriculum, collaboration with other countries, student exchange etc. should be taken. This can contribute a lot in making the term ‘interprofessional collaboration’ complete.

**Take-home messages:** As knowledge and attitude of medical students towards Interprofessional collaboration is poor, education regarding this should be included in current curriculum.
Piloting a near-peer interdisciplinary learning forum for the development of medical students, junior doctors and nurses

Bhavesh Patel*, Imperial College London, Department of Surgery & Cancer, London, UK
Denise Osei-Kuffour, Imperial College London, Faculty of Medicine, London, UK

Background: Health care professionals are trained in a variety of aspects of care delivery. While some topics are taught to all professionals, many are covered in variable levels of depth between professions. As such, some members of the multidisciplinary team are better trained in certain aspects of patient care compared to colleagues from other health professions.

Summary of Work: An educational website, F1 to One, was established which aimed to engage users from a variety of health professions to promote interdisciplinary learning and the professional development of users. The website featured a forum for medical students, nursing students, junior doctors and nurses to share knowledge and questions about clinical issues. Videos were also created and curated to address these issues.

Summary of Results: 53 users registered to the website, of which 38 were from a medical background and 15 were from a nursing background. Forum discussions included clinical governance, surgical sutures, hand hygiene in theatres and clinical examinations. Videos were also created or sourced to further educate registered users about suggested topics from the forum. Created videos have been viewed over 5000 times around the world, and received unanimously positive feedback.

Discussion and Conclusions: The website presented a near-peer distance learning facility where professionals from a variety of clinical backgrounds contributed to discussions and shared knowledge. The project illustrated the benefits that interdisciplinary forums offer to the educational development of health workers.

Take-home messages: - When targeted to learner requests, distance learning is well received.
- Near peer, inter-disciplinary forums benefit continuous professional development of Doctors and Nurses.
- Future work to study the effectiveness of near peer interdisciplinary mentoring and teaching relationships would be valuable.

Difficult consultations with simulated patients - interprofessional education in focus

Anna Bengtsson*, Department of Clinical Sciences, Professional Development, Umeå University, Umeå, Sweden
Martin Fahlström, Department of Clinical Sciences, Professional Development, Umeå University, Umeå, Sweden

Background: In our Professional Development (PD) course at Umeå University, Sweden, fifth year medical students, in groups of nine, must undertake a difficult consultation with a simulated patient (SP), and participate in a subsequent 30-minute, semi-structured feedback session.

Summary of Work: In January 2015 we undertook a pilot 15-minute consultation to illustrate interprofessional communication. The student acted as an emergency physician. A skilled nurse presented a patient having a myocardial infarction. The nurse was instructed to communicate with the doctor regarding treatment. The patient was instructed to ask questions about what was happening. Interprofessional communication was discussed in the feedback session. After that followed a short evaluation session, in which students, teachers, and faculty management answered open questions such as, 'What did you think of the case?'. Two days later the students were emailed a questionnaire; 'Was the case clinically relevant?' and 'Did it make you reflect on interprofessional relations?'

Summary of Results: Students, teachers and faculty management thought the case and the following discussion on interprofessional communication were valuable and clinically relevant, and wanted more interprofessional cases. Some students didn’t realise they were expected to communicate further with the nurse. The questionnaire is not yet fully analyzed but indications are that the case was clinically relevant and made the students reflect on interprofessional relations.

Discussion and Conclusions: These difficult consultations seem to have been an appreciated and clinically relevant form of interprofessional education.

Take-home messages: Interprofessional education in difficult consultations with simulated patients has had very positive evaluations from students, teachers, and faculty management, but still has room for improvement.