“We complemented each other in our knowledge and approach”. Interprofessional Prescribing Education with Pharmacy Undergraduates: the views of Medical Students

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Background: Interprofessional education (IPE) involves two or more professions learning with, from and about each other to improve collaboration and quality of care. Research has highlighted the need for effective collaboration between pharmacists and physicians to reduce prescribing errors and ensure patient safety. However, relationships between them are often suboptimal; academically distinct healthcare education is therefore a concern.

Summary of Work: Following ethical approval, semi-structured one-to-one interviews with medical students engaging in IPE explored their experiences of interprofessional learning, including how they applied knowledge and skills in practice developed during the session. We plan to conduct around 20 interviews; currently data has been gathered from 5. Data collection will be complete by March 2015. Interviews are being audio-recorded, transcribed verbatim and analysed thematically.

Summary of Results: Preliminary results suggest medical students felt underprepared for the session. As a result of interacting with a pharmacy student their knowledge of pharmacists’ roles increased, their medication history-taking skills improved and knowledge of prescribing increased, especially effective use of the British National Formulary. Limited interaction within the large group was identified as the major disadvantage.

Discussion and Conclusions: Whilst feedback from students was largely positive, most students felt a small group approach with compulsory preparatory work would improve the IPE experience. The results will be used to further improve undergraduate IPE sessions in medical schools and may help inform development of IPE with pharmacy students.

Take-home messages: Medical students reported IPE with pharmacy students was effective in improving knowledge of prescribing and awareness of pharmacy.

Interprofessional student clinics: a logical location for team learning

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Background: There is a need to prepare all health science students for a collaborative approach to primary health care delivery. This presentation will summarise our findings from a series of studies investigating interprofessional undergraduate student clinics.

Summary of Work: Student clinics were established in community health, general practice and residential care. Students from final years of medical, nursing, pharmacy and allied health programs worked in mixed discipline teams to consult older and/or chronic disease patients. Student teams were required to collaborate in patient assessment and suggest appropriate management strategies or make recommendations. An economic analysis was conducted to compare cost to traditional single discipline hospital placements.

Summary of Results: Students rated highly the interprofessional learning experiences in student clinics and reported gaining a more comprehensive perspective of health, teamwork skills and knowledge of other’s roles. In some cases useful patient management strategies were proposed and implemented. Patients enjoyed the consultations and some reported learning more about their health condition. The costs of running interprofessional clinics for student learning were higher than traditional single discipline hospital placements.

Discussion and Conclusions: Interprofessional education in primary care is logical, enjoyed by students and educators, appreciated by patients, and exposes students to the roles of others. Given the substantial investment in creating and sustaining interprofessional clinics, serious investigations that give us confidence that the investment is worthwhile are now required.

This project received funding from the Australian Government and the Department of Health, Victoria.

Take-home messages: Primary care is a useful location to situate undergraduate interprofessional clinical education.
Neighborhood HELP: unique service learning program that promotes interprofessional education

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Background: There is consensus that interprofessional education has benefits for students, but there are many challenges to curricular change that allows interprofessional learning. The Herbert Wertheim College of Medicine at Florida International University is a new medical school in the US (first graduating class 2013). A core component of the curriculum is a service learning program: the Green Family Foundation Neighborhood HELP (Health Education Learning Program).

Summary of Work: The NHELP curriculum assigns second year medical students, senior nursing students, and social work students to teams caring for needy households in the local community. Medical students remain with these households for three years. Students complete team visits, identify needs, and develop collaborative plans to address the needs. Teams make monthly phone contact with households and four visits per year under faculty supervision.

Summary of Results: In AY 2014-2015, there are 121 second year medical students in the course. Each medical student is paired with a 4th year nursing student. There are four social work students shared between the households. Students have completed 87 visits and 587 phone contacts this year. Implementation challenges include: aligning schedules for nursing, medical, and social work students; creating an electronic communication and documentation infrastructure; and creating appropriate assessment rubrics.

Discussion and Conclusions: The educational value of interprofessional education goes beyond knowledge acquisition. Students working together in a clinical setting learn teamwork and collaboration, but there are challenges to successful implementation. Interprofessional education in the medical curriculum has tremendous value but requires significant institutional commitment and resources.

Interprofessional teaching sessions for improving working relationships and enhancing students learning experience in the clinical environment

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Background: Poor professional relationships in the clinical environment (CE) are well known to adversely affect medical students’ learning experience (LE).

Summary of Work: An interprofessional (IP) teaching session was introduced to 4th year obstetrics and gynecology module in Queens’ University Belfast. A mixed method study was carried out to assess the effectiveness of the session in improving MS’ learning through improvement in five main domains relevant to learning in the CE: anxiety, familiarity and preparedness, confidence in interacting with patients and other professionals.

Summary of Results: Significant improvement was seen just after the session in all five domains. The immediate effects were sustained when exposed to the CE. The thematic analysis of qualitative data identified new themes such as the IP teaching giving an opportunity to learn skills unique to other professionals and to be a part of the team, which enhanced the LE.

Discussion and Conclusions: The IP teaching session simulated a clinical scenario on childbirth, role played by midwifery students, prior to MS’ placement in the CE. This facilitated the interaction between student groups in a relaxed environment leading to significant improvement in MS’ performance in the CE and in their LE. Better LE could be achieved by facilitating the domains relevant to learning in the CE. This can be successfully achieved through IP teaching sessions facilitating hidden curriculum and situated learning, embedded in a didactic curriculum.

Take-home messages: Facilitation of hidden curriculum and situated learning through IP teaching can improve professional relationships as well as students’ LE.
An interactive and inter-professional prescribing training day

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Background: Cohorts of medical and pharmacy students shared two inter-professional education days, learning together about safe hospital prescribing. Training began with interactive seminars regarding difficult prescribing areas. Students split into inter-professional groups to jointly apply their knowledge to seven prescribing problems.

Summary of Work: Students completed a questionnaire, ranking components on a 1-10 Likert scale. Positive and negative comments were collected. Quantitative and qualitative data were compared between different professions and training days.

Summary of Results: Mean medics scores were significantly higher for a fluids seminar and the day overall on both training days. Final day ratings were mostly higher.

Medical undergraduates highlighted that ‘working with pharmacist in interactive workshop was really good’ and that it was ‘good to have pharmacists and medics together’. Pharmacy students commented that the days had allowed them to ‘see things from a medical student point of view’ and that ‘working with medics allowed us to demonstrate and share each others knowledge’. Some pharmacy students commented that they felt the day was ‘too focussed towards medics’ and one requested that we ‘split the day up with pharmacists and medics working separately’.

Discussion and Conclusions: The day evolved from a medic-only prescribing day. Some topics may need separate profession delivery, allowing understanding and relevance to their profession before joint discussion.

Case pitch allowed opportunity to share knowledge and perspectives.

The prescribing day is evolving and improving. As students progress through the semester understanding should increase as their application skills progress.

Take-home messages: Students enjoyed the inter-professional prescribing-day with opportunity to learn about each other’s perspectives and skills.

Thinking outside the box? why not do it outside the box? – Promoting interprofessional collaboration outside academic institution: The Indonesian young health professionals’ experience

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Background: The lack of health professionals and fragmented practice causing difficulties in fulfilling the Millennium Development Goals (MDGs) on 2015. To cope with this issue WHO suggest the revolution of approach in health professional education and practice to promote interprofessional collaboration (IPC). Institutions have difficulties in incorporating IPC into their curriculum, mainly because of resources issues and siloed management.

Summary of Work: Students and young health professionals in Indonesia start an initiative to answer this challenge. Supported by government and health professional educators, we develop an interprofessional education module to be delivered in two-day stand-alone training named “Nusantara Health Collaborative (NHC) 2014”, involving students and young health professionals across disciplines such as: dentistry, pharmacy, nursing, public health, nutrition, midwifery, and medicine.

Summary of Results: Held in 10 cities across Indonesia, attended by hundreds of participants. In each city the theme is altered to answer local needs, but following a basic curricular framework. We adopt multiple teaching and learning approaches in accordance to local context. Feedback from participants and stakeholders are very encouraging.

Discussion and Conclusions: There are challenges in running the project, mainly because the committees are spread across archipelago. But technology, in particular messaging app and e-mail, keep us connected.

The students’ and young professionals’ interest in IPC is high. Investing in it may bring long-term impact to promote collaboration. It also opens up bigger opportunities nationally and regionally to promote IPC.

Take-home messages: Promoting IPC is not bounded within academic/healthcare institution; Students and young professionals can make a big impact; Simple technology can help bring people closer while separated physically.
Simulation & interprofessional learning in the wilderness

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Background: A pre-hospital emergency medicine wilderness program was developed to build interprofessional collaborative and practice skills amongst medical and paramedic students.

Summary of Work: The structured residential 2-day program, held in remote southern Tasmania, comprised (i) a pre-briefing session, (ii) 12 simulated emergency scenarios with facilitator, (iii) a simulated multi casualty incident (MCI) involving drowning, fire and motor vehicle injury and (iv) debriefing. Equipped with a backpack containing basic first aid supplies, small mixed groups of students hiked between different scenarios that required assessment of the situation, application of wilderness medicine principles, immediate management and referral and handover to a retrieval team. The MCI, held in the evening, enabled new teams to form and apply learning from the earlier scenarios. The program was evaluated using pre and post-event surveys which included RIPLs and Working in Health Care Teams questionnaires and completion of post event reflections.

Summary of Results: There was a significant improvement in RIPLs teamwork and collaboration score after the event ($t(26) = 2.41, p = .023$). Post event reflective comments showed a change in focus from the abstract to applied, and from team work/collaboration actions to outcomes.

Discussion and Conclusions: Discussion: Conducting scenarios in the wilderness focused students on harnessing available team resources and skills to analyse and solve clinical problems to achieve patient outcomes.

Conclusions: The low-resource wilderness environment effectively focused student interprofessional learning on practice.

Take-home messages: IPL in a wilderness setting challenges students to apply clinical learning rather than be distracted by SimCentre technologies.