**9O1 (133191)**  
GP and Pharmacist Inter-professional learning - A Grounded Theory Study

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**Background:** Practice-based small group learning (PBSGL) is an established learning resource for primary care clinicians in Scotland and is used by one-third of GPs. The Scottish Government and other UK professional bodies have called for GPs and pharmacists to work more closely together in improving patient care.

**Summary of Work:** Established GP groups recruited one or two pharmacists for a pilot period of a year. Groups met in the evenings and studied PBSGL modules together. After the pilot ended GPs and pharmacists were interviewed separately in a series of focus groups and one-to-one interviews. Interviews were audio-recorded and transcribed and analysed using a grounded theory approach.

**Summary of Results:** Ten groups consisting of 91 GPs joined the pilot. 34 GPs and 8 pharmacists were interviewed. The main themes were of: GPs and pharmacists perceptions and experiences of inter-professional learning; Inter-professional relationships and team-working; group identity and purpose of existing GP groups.

**Discussion:** Pharmacists were welcomed by most groups and both professions valued learning from each other. Both professions gained a wider perspective of the NHS and communications improved between practitioners. Newly established GP groups were very welcoming to pharmacists but established groups found that they intruded a little into sensitive discussions amongst GPs.

**Conclusion:** Inter-professional groups work well using PBSGL and will likely continue.

**Take Home Messages:** Learning together outwith work can help pharmacists and GPs to improve relationships and team working.

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**#9O2 (132969)**  
The role of collaboration and shared understanding in interprofessional teamwork

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**Background:** Teamworking, within and across healthcare organisations, is essential to deliver excellent integrated care. Drawing upon an alternative of collaborative and cooperative phases, we explored this teamworking and respective technological support within UK Primary Care. Participants used Bits&Pieces (B&P), a sensemaking tool for traced experiences that allows sharing results and mutually elaborating them: i.e. cooperating and/or collaborating.

**Summary of Work:** We conducted a two month-long case study involving six healthcare professionals. In B&P, they reviewed organizational processes, which required the involvement of different professions in either collaborative and/or cooperative manner. We used system-usage data, interviews and qualitative analysis to understand the interplay of teamworking-practice and technology.

**Summary of Results:** Within our analysis we mainly identified cooperation phases. In a f2f-meeting, professionals collaboratively identified subtasks and assigned individuals leading collaboration on them. However, these subtasks were undertaken as individual sensemaking efforts and finally combined (i.e. cooperation). We found few examples of reciprocal interpretation processes (i.e. collaboration): e.g. discussing problems during sensemaking or monitoring other’s sensemaking-outcomes to make suggestions.

**Discussion:** These patterns suggest that collaboration in healthcare often helps to construct a minimal shared understanding (SU) of subtasks to engage in cooperation, where individuals trust in other’s competencies and autonomous completion. However, we also found that professionals with positive collaboration history and deepened SU were willing to undertake subtasks collaboratively. It seems that acquiring such deepened SU of concepts and methods, leads to benefits that motivate professionals to collaborate more.

**Conclusion:** Healthcare is a challenging environment requiring interprofessional work across organisations. For effective teamwork, a deepened SU is crucial and both cooperation and collaboration are required. However, we found a tendency of staff to rely mainly on cooperation when working in teams and not fully explore benefits of collaboration.

**Take Home Messages:** To maximise benefits of interprofessional working, tools for teamworking should support both cooperation and collaboration processes and scaffold the move between them.
Interprofessional Collaboration on the Run (ipcontherun): A Flexible Continuing Interprofessional Professional Development Online Resource

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Background: After several years of successfully delivering a series of workshops to facilitate the incorporation of interprofessional collaboration (IPC) into practice, an interprofessional group of faculty developed an abridged version using online technology. This approach enabled well-tested, valuable content to be delivered in a less resource intensive and time-consuming manner.

Summary of Work: The online module series was designed to enhance participants’ ability to practice collaboratively; and overcome logistical barriers of face-to-face CPD delivery. Based on the Canadian Interprofessional Competency Framework, the series includes one module for each of the competency domains and one introductory module that reviews evidence for IPC.

Summary of Results: The online series of modules has been pilot tested with 223 participants. Feedback gathered through an online survey has informed revisions to the modules. The modules now have over 1,200 users across a variety of settings. A follow-up survey evaluated how the modules have been implemented and their impact on practice.

Discussion: The modules have been used in the following ways: as preparation for practice placements with pre-licensure students; to deliver content in advance of interactive CPD session focused on IPC; and as part of broader practice-based initiatives. Users indicate the modules have the ability to improve their collaborative competencies.

Conclusion: The ‘IPC on the Run’ online module series uses short, user-friendly, online modules to facilitate improved collaboration in the clinical setting by a wide range of health professions. It is cost-effective, sustainable and flexible. It can be used as a standalone interprofessional learning opportunity or to enhance other interprofessional CPD.

Take Home Messages: The ‘IPC on the Run’ online series is a viable method for teaching about competencies for interprofessional collaborative practice. It is an innovative, sustainable way to deliver interprofessional education concepts in both classroom and practice settings. As such it has great potential to enhance collaborative practice among the health professions.

Towards New Models of Care: Developing a curriculum for interprofessional mental health training

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Background: Interprofessional training remains rare in mental health and psychiatry, yet this is an ideal area to benefit from this approach. Traditionally clinicians from various specialities have trained ‘in silos’, with knowledge expansion the focus rather than experiential team-based learning. There is no unifying mental health curriculum to meet training needs of healthcare workforces, particularly in light of New Models of Care. A move towards reducing traditional barriers between disciplines, and more collaborative patient-focused care, must be reflected in training strategies as well as service structure.

Summary of Work: A literature, strategy, and policy review identified best practice in interprofessional training for mental health. A scoping exercise collected current training plans for mental health across professions, mental health trusts, primary care and others within Community Education Provider Networks. Focus groups were held with key stakeholders across professions, trusts, and institutions to further develop the curriculum.

Summary of Results: The final interprofessional mental health curriculum presents a clearly structured, innovative approach to mental health training applicable to all professions and organisations, with an interprofessional focus aiming to facilitate the transition to New Models of Care and improved patient experience and outcomes.

Discussion: The structure and content of the curriculum was designed for maximum utility in guiding the education around mental health of healthcare professionals working in the New Models of Care systems. Feedback received so far has been positive.

Conclusion: We hope that this curriculum will be adopted by local education leads and departments, and will have significant wide-reaching impact on mental health training and subsequently patient care.

Take Home Messages: The importance of human factors and values-based healthcare in designing an interprofessional mental health curriculum for new models of care.
Addressing Child Oral Health Inequalities: Doctors & Dentists Learning Together

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Background: Children’s oral health in England is a serious public health issue. One third of five-year-olds are suffering from tooth decay, there are significant regional inequalities, and it is the most common reason for elective childhood hospital admissions. Children are admitted for multiple tooth extractions under general anaesthetic, despite dental decay being almost entirely preventable. Through the ‘Connecting Care For Children (CC4C)’ model hospital paediatricians and general practitioners (GPs) currently participate in joint clinics and multidisciplinary team meetings in community practices across North-west London. In these CC4C ‘Hubs’ we piloted an initiative that aimed to provide consistent and accurate oral health messages to families in local communities and create an integrated multi-disciplinary and collaborative educational network between dental and medical trainees, and allied health professionals.

Summary of Work: Recently qualified dentists and doctors attended child oral public health teaching sessions and CC4C Hubs before producing written reflections of their experiences. The initiative was evaluated by questionnaires assessing their level of confidence (on a scale of 1–5) with the relevant dental training curriculum competencies. Semi-structured focus groups after the initiative and a review of the participants reflections sought qualitative feedback from participants.

Summary of Results: The mean score of the 1-5 confidence in dental curriculum competency questions rose from 4.07 to 4.34 after the initiative. Using thematic analysis, we coded the qualitative feedback into five main themes: 1. Cross-disciplinary learning 2. Experience outside normal clinical practice 3. Delivering the oral health message 4. Challenges of integration 5. Practical issues

Discussion: Participants found the initiative enjoyable and beneficial to their learning and highlighted key challenges to integration between professionals.

Conclusion: CC4C increased participants understanding of child oral public health issues, and participation will influence the professionals future clinical practice.

Take Home Messages: Connecting Care for Children provides a valuable opportunity for cross-disciplinary learning and integrated child public health experience for doctors and dentists.