Opportunities of Interprofessional Training in Undergraduate Health Courses: the students’ point of view

AUTHOR(S):
- Ana Carolina Bonetti Alves, Ribeirao Preto Medical School, Brasil (Presenter)
- Maria Paula Panuncio-Pinto, Ribeirao Preto Medical School, Brasil
- Marcos Borges, Ribeirao Preto Medical School, Brasil

ABSTRACT

Background: The need to expand teaching scenarios for the training of health professionals is recognized from international movements that have problematized the concept of health, its determinants and the best way to achieve it. Thus, interprofessional education and practice are highlighted as emerging issues in the field of health, with studies conducted at the global level.

Summary of Work: In order to identify the students point of view on the interprofessional education opportunities offered in undergraduate courses in Physical Therapy and Occupational Therapy, 30 participants were approached through an in-depth interview, recorded in audio, transcribed in full and analyzed in their content.

Summary of Results: Thematic content analysis allowed the identification of four main categories: (1) the lack of knowledge of professional roles among RPMS undergraduate courses; (2) limitations of professional training in health; (3) the patient as the focus of work and interprofessional practice and (4) primary care as a privileged scenario for interprofessional practices.

Discussion and Conclusions: The results point to the lack of knowledge among the students about the other professions that could act together reinforcing the hierarchy between Medicine and the other health professions. In addition, students report that their few interprofessional experiences occurred in the context of primary care, which reiterates the importance of teaching scenarios in the community. Students also consider that interprofessional education is fundamental and reflects on the quality of patient care.

Take-home Messages: Interprofessional education occurs when two or more professions learn about others, and with each other for effective collaboration and improvement of health outcomes. Teaching students how to learn and think in an interprofessional way is a necessary experience in health professionals’ training and expanding interprofessional education opportunities is urgent.
An Interprofessional Education Intervention for First-Year Medical and Nursing Students: Changes in attitudes toward interprofessional learning

AUTHOR(S):
- Sang Hui Chu, Yonsei University College of Nursing, South Korea (Presenter)
- ChangMoo Kang, Yonsei University College of Medicine, South Korea
- Hayoung Park, Yonsei University College of Nursing, South Korea
- Soyoon Park, Yonsei University College of Nursing, South Korea

ABSTRACT

Background: Interprofessional collaboration (IPC) is a key to deliver qualified healthcare and to enhance patient safety. Interprofessional education (IPE) based on mutual learning and collaborative communication is need to be integrated in a stepwise, systematic manner in undergraduate health profession education curriculum. First-year IPE, the starting point of a multi-year professional development, can give a critical opportunity for building the foundation of IPC.

Summary of Work: A prospective controlled trial was piloted to evaluate effects of an IPE intervention, which consisted of two sessions including games, lectures, and team activities, focused on attitude on interprofessional learning, professional identity (role and responsibility), and collaborative communication for first-year undergraduate medical and nursing students during 2018 fall semester. The scores of modified Readiness of health care students for Interprofessional Learning Scale (RIPLS) and those of professional identity were evaluated. Following each session, students of the IPE intervention group completed an open-ended survey. Communication skill and attitude were also measured at the end of the semester. A total of 87 responses (control group: n=59, IPE intervention group: n=28) were analyzed.

Summary of Results: The IPE intervention group, consist of 13 nursing and 15 medical students, showed significantly higher attitude of interprofessional learning at the end of the semester (p=.014). However, professional identity and communication skill and attitude were not significantly improved compared with those of the control group.

Discussion and Conclusions: This study adds to the emerging body of evidence for IPE effects on health professional education and provides important data on first-year medical and nursing students readiness for interprofessional learning from a Korean perspective.

Take-home Messages: Two sessions of IPE intervention met its primary aim and supported the need to start IPE early, from first-year, before professional dogmas have been established. These results will demand further efforts to integrate IPE in medical and nursing curriculum so that the intervention developed in this study can evolve as a continual interprofessional learning practice.
Integrated Interprofessional Collaborative Healthcare to Postgraduate Learning: Experience from Medical Intensive Care Setting

AUTHOR(S):

- Pornanan Domthong, Khon Kaen Hospital, Khon Kaen, Thailand (Presenter)

ABSTRACT

Background: Effective and high-quality patient care in ICU is a complex activity. Interprofessional education (IPE) offers a possible way to improve healthcare in various medical settings. Integrated interprofessional collaboration to service round and postgraduate learning are challenging. However, some previous studies about IPE shown heterogeneity outcomes and studies in ICU were limited. The aim of this study was to compare effectiveness of IPE interventions to routine education interventions.

Summary of Work: Medical ICU clerkship comprised 4-month for IPE group and 8-month for control group in each academic year. All residents were trained for both groups. The residents’ knowledge was evaluated using MCQs and SAQs examination at the end of month. Teamwork satisfaction (3 intensivist staff, 16 ICU nurses and one clinical pharmacist) and medical errors were collected using visual analog score questionnaire, risk report system, and medical records review.

Summary of Results: The data was collected from 21 internal medicine residents from June, 2016 to December, 2018. The average posttest score is not significantly increased in IPE group (0.5 from 20). Analysis of the teamwork satisfaction score in IPE group was 9.53 from 10 scores, and 7.23 in control group. The preventable medical errors decreases from 8.6 to 5.3 events per month in control and IPE groups, respectively.

Discussion and Conclusions: Interprofessional care team in ICU enhanced postgraduate learning in term of increased satisfaction level of ICU teamwork, especially in ICU nurses. Moreover, IPE decreased medical errors due to preventable causes.

Take-home Messages: From interprofessional collaboration to IPE leading to a successful ICU practice included postgraduate students to understand their own professional identity while gaining understand of other professional’s roles on the healthcare system.
Tumor Board Shadowing: A Unique Opportunity for Medical Students to Learn Effective Collaboration Through Multidisciplinary Cancer Care

AUTHOR(S):
- Milani Sivapragasam, McGill University Health Centre, Canada (Presenter)
- James M. G. Tsui, McGill University, Canada
- Nicholas K.S. Grewal, University of Chicago, USA
- Daniel W. Golden, University of Chicago, USA
- Joanne Alfieri, McGill University, Canada
- Malcolm D. Mattes, West Virginia University, USA

ABSTRACT

Background: Teamwork and collaboration is an important required competency for medical education. Most learning experiences, however, do not capitalize on existing collaborative processes among physicians for experiential learning of the multidisciplinary aspects of patient care.

Summary of Work: We evaluated a novel tumor board shadowing experience at three medical schools in the USA and Canada. A total of 323 first and second year medical students participated, of which 77.4% completed a follow-up survey assessing the effectiveness of the program as a learning tool.

Summary of Results: Compared to traditional clinical shadowing, students were more likely to believe that tumor board shadowing provided a similar or better experience in terms of educational content (85%), exposure to a new field (96%), and the overall experience (89%). Forty-eight percent of students perceived a greater amount of multidisciplinary collaboration in oncologic care than they previously thought. A total of 48% of students felt more competent interacting with oncologists after participating, whereas 21% felt more competent interacting with cancer patients. Students' perception of increased competence was correlated with the amount of time spent with their assigned physician mentor (p<0.01). Second year medical students also had a more favorable overall experience than the first year medical students did (p=0.04).

Discussion and Conclusions: Our results demonstrate the feasibility of multi-institutional implementation of this learning experience and illustrate ways to optimize the effectiveness of the experience for students. Multidisciplinary tumor boards can be effectively used as a unique immersive learning opportunity, which can be feasibly implemented to improve knowledge of clinical oncology and multidisciplinary care in medical schools, and expose students to physicians in smaller fields like radiation oncology.

Take-home Messages: Tumor boards provides medical students with a fundamental understanding of the multidisciplinary nature of cancer care, while serving as an example of effective collaboration in clinical practice.
Community Emergency Medicine (CEM): Multiprofessional education to encourage learning experience, four years of implementation

AUTHOR(S):
- Sirote Srimahadthai, Medical Education Center, Ratchaburi Hospital, Thailand (Presenter)
- Anon Sathapornsathid, Ratchaburi Medical Education Center, Thailand
- Athip Sangruengruang, Ratchaburi Medical Education Center, Thailand

ABSTRACT

Background: Community Emergency Medicine (CEM) is a half-day program of learning emergency medicine at Ratchaburi hospital. The program is conducted every 3 weeks. The CEM team comprises doctors, nurses, pharmacist, radiology technician and medical students. Medical students are encouraged by care team to be versatile in multiprofessional education, interprofessional relationship and psychomotor skill. Aim of this study is evaluating psychomotor skill, attitude and interprofessional relationship in CEM.

Summary of Work: Medical students take part in emergency care team in CEM. History taking and physical examination and skill enhancement are evaluated at workplaces by the facilitator. Likerd scale is used to determine attitude and interprofessional relationship to CEM. Reliability test of the scale is done. Cronbach’s alpha is 0.848. Duration of working in community hospital will asked after CEM program.

Summary of Results: From 2016 to 2019, 131 sixth year medical students were enrolled. All student passed workplace evaluation in good level. Mean score was 7.51 (SD=1.56). After and before CEM, mean attitude was 7.38 (SD=1.47) vs 6.15 (SD= 1.77) p value < 0.001. Interprofessional relationship was increase significantly 6.66 (SD=1.83) vs 7.84 (SD=1.67) p value <0.001. Duration of working at community hospital was increased 2.96 years (SD= 1.82) to 3.15 years (SD= 1.59) p value < 0.001.

Discussion and Conclusions: Both Multiprofessional education and good interprofessional relationship enhance learning climate in CEM. Effective resource and communication promote psychomotor skill development. From that reason, medical students are encouraged to work for longer periods in community hospitals when they are doctors. In conclusion, CEM is novel program in emergency medicine learning. CEM enhance psychomotor and attitude domain.

Take-home Messages: CEM is multiprofessional learning emergency medicine at community hospital and it encourage learning experience.
Call the On Call: Authentic team training and communication at the Inter-Professional Training Ward

AUTHOR(S):
- Lana Zelic, Karolinska Institutet, Sweden (Presenter)
- Josefine Ivarson, Karolinska Institutet, Sweden
- Eva Samnegård, Karolinska Institutet, Sweden
- Klara Bolander Laksov, Stockholm University, Sweden
- Anders Sondén, Karolinska Institutet, Sweden

ABSTRACT

Background: Inter-Professional Training Wards (IPTW) are designed to train students’ team and communication competences. To promote team building students are retained in stable teams at the wards. However, this is not an authentic setting since especially doctors are nomads with concurrent working duties i.e. at the operating theatre. Thus, there is an unmet need to prepare students for the complexity of communication, and the change in professional responsibilities, when team members are not at hand. The aim with our work was to create a learning activity that prepares students for authentic teamwork and ensures training in inter-professional telephone communication. Furthermore, to explore how the learning activity affected team training at the IPTW.

Summary of Work: An inter-professional faculty developed the learning activity “Call the On Call” for the IPTW at Södersjukhuset, Sweden. An authentic need for telephone communication was created by separating the IPTW team from the medical student, who instead followed a physician according to the on-call organisation. A telephone exercise using SBAR, regarding a real, or a simulated scenario, linked to a real patient at the ward, was performed. Student and supervisor perspectives on the learning activity, and its effects on the IPTW teamwork, were explored through surveys, reflection seminars, focus interviews and field observations.

Summary of Results: Students (n=198) perceived that the learning activity developed their professional and inter-professional knowledge and skills. The activity did so by exposing students to new concrete situations, which they could reflect upon and share with each other. Concerns that the team collaboration would suffer from splitting the team were not met. Instead students and supervisors reported that the learning activity developed the student team by giving them an authentic task to solve where the different competencies were needed. Students found trust in the team although they were in different premises. Authenticity was highlighted as the strength of the exercise.

Discussion and Conclusions: In contrast to previous literature we show that constant physical proximity is not a requisite for effective team collaboration at the IPTW. Splitting the IPTW-team to different premises can in fact enhance interprofessional learning.

Take-home Messages: Inter-professional student teams need to be exposed to the complexities of authentic teamwork.
In Situ Simulation Training as a Tool for Interprofessional Education in Pediatric Emergency

AUTHOR(S):
- Wanna Ardonk, Buddhachinaraj Medical Center, Thailand (Presenter)
- Thumnop Tunnitisupawong, Buddhachinaraj Medical Center, Thailand
- Nipaporn Hanpitakpong, Buddhachinaraj Medical Center, Thailand
- Kusuma Syananondh, Buddhachinaraj Medical Center, Thailand

ABSTRACT

Background: Pediatric emergency demands skills precision and team efforts to provide patient safety. It is vital that healthcare providers from various discipline work together to achieve the best results within a safe and professional environment. Our study sought to identify and evaluate the resident physicians’ knowledge gaps, system competence, and latent safety threats (LSTs) that may become susceptible to medical errors through diverse in situ simulation scenarios.

Summary of Work: Unannounced in situ simulations were conducted using emergency scenarios involving clinical deterioration to cardiopulmonary arrest in the pediatric ward of Buddhachinaraj hospital between October and November 2018. Multidisciplinary teams including nurses and resident doctors responded to various simulations on alternating shifts. Each simulation was limited to 30 minutes with the additional 60 minutes for debriefing. The primary outcome was to ascertain the number and types of LSTs from the simulations. Secondary outcomes, obtained from 5-score Likert questionnaires, collected participants’ assessment of task value, impact on patient care, and simulation practicality.

Summary of Results: Thirty-four healthcare providers (22 nurses and 12 residents) participated in 5 in situ simulations within 8 weeks. A total of 14 LSTs were identified (2.8 threats per one simulation). Safety threats were categorised as medication, equipment, and resource/system where knowledge gaps occurred most frequently while the threats from medication were least detected. Participants responded to the 5-score Likert questionnaires, which elicited 5 for task value, 2.18 for patient care disruption, and 4.32 for practicality. Written feedbacks were positive such that the simulation provided effective teamwork, improved patient evaluation in emergency situations, and developed emergency management knowledge and skills.

Discussion and Conclusions: LSTs such as malfunctioning equipment and role responsibility concerns became apparent from the scenarios. Thus, the practical aspect of in situ simulation can be used to improve safety from the identified knowledge gaps, and reinforce multidisciplinary collaboration when used as a part of an organisational safety programme.

Take-home Messages: Despite the quality of care improvement and being remarkably practical, in situ simulation may be limited by replacement costs, performance anxiety, and time constraints. Besides debriefing, preparing appropriate resources and simulation scenarios can mitigate some limitations.
Development of interprofessional learning objectives for the National Licensing Examination in Medicine, Pharmacy and Psychotherapy in Germany

AUTHOR(S):

- Maryna Gornostayeva, The German National Institute for State Examination in Medicine, Pharmacy and Psychotherapy, Germany (Presenter)
- André Mihaljevic, Department of General, Visceral and Transplant Surgery, University Hospital Heidelberg, Germany
- Susanne Weinbrenner, Department of Public Medicine and Rehabilitation, German Statutory Pension Insurance Scheme, Berlin, Germany
- Ulrich Scherer, The German National Institute for state examinations in Medicine, Pharmacy and Psychotherapy, Germany
- Hildegard Spahn-Langguth, The German National Institute for state examinations in Medicine, Pharmacy and Psychotherapy, Germany
- Jana Junger, The German National Institute for state examinations in Medicine, Pharmacy and Psychotherapy, Germany

ABSTRACT

Background: Interprofessional collaboration and communication is of enormous importance for efficient and high-quality patient healthcare. International frameworks recommend to include interprofessional education (IPE) in training programs. IPE is already anchored in the medical licensing regulations in Germany. However, there are no specific interprofessional learning objectives, which define the frame of IPE in the medical education. The aim of this project was to develop specific interprofessional learning objectives according to the core competencies for interprofessional collaboration practice.

Summary of Work: The development of interprofessional learning objectives takes place as a part of a project supported by Robert Bosch Foundation (2016-2019) and is based on existing national and international references. An interprofessional expert group of twenty persons representing different health care professionals, e.g. nurses, pharmacists, physiotherapists, psychotherapists, physicians and medical students, was founded in 2016. The expert-group resolved that concrete operationalizable learning objectives are required to coordinate IPE implementation and conception of interprofessional teaching units and assessments.

Summary of Results: Initially the expert groups identified crucial interprofessional job-related fields based on the evidence on interprofessional collaborative care, e.g. handover, treatment planning, case discussions, ward round, error disclosure, etc. Specific learning objectives have been formulated to these fields in four workshops. Then, in a multi-phase procedure, these learning objectives were evaluated and condensed. In the next phase the condensed learning objectives were assigned to the core competencies for interprofessional collaboration practice: values and ethics, roles and responsibilities, interprofessional communication, and teams and teamwork to represent the international standards for IPE.

Discussion and Conclusions: It is significant to develop interprofessional learning objectives together with representatives of different health care professionals. Therefore the interprofessional coordination of learning objectives can be saved.

Take-home Messages: Simultaneous implementation of interprofessional competencies in the national licensing examination in Medicine, Pharmacy and Psychotherapy support the strengthening and improvement of IPE in Germany.
Applying World Café to initiate the reform of Inter-professional practice (IPP) and holistic care (HC) curricula among all professions

AUTHOR(S):
- Pi-Yu Wu, National Defense Medical Center Tri-Service General Hospital, NDMCTSGH, Taiwan (Presenter)
- Li-Chen Lin, National Defense Medical Center Tri-Service General Hospital, NDMCTSGH, Taiwan
- Yaw-Wen Chang, National Defense Medical Center Tri-Service General Hospital, NDMCTSGH, Taiwan
- Cheng-Yi Cheng, National Defense Medical Center Tri-Service General Hospital, NDMCTSGH, Taiwan

ABSTRACT

Background: IPP enabled by inter-professional education (IPE) could be the practice foundation for delivering team-based holistic care. World Café is useful to engage broad perspectives and gain collective wisdom. To build a better environment for UGYs and PGYs to learn about IPP and HC, we designed a workshop, styled as a World Café to facilitate each profession to reform their curricula by learning about, with and from other professions.

Summary of Work: Twenty-five faculty members from 14 professions attended this workshop. Following the World Café principals, the participants discussed the obstacles, visions and action plans of IPP and HC in 3 rounds. The posters and the videos of the final presentations were transformed into transcripts. The main themes and keywords of those discussions were analyzed and presented in the form of a mind map and word cloud. We also use questionnaires to collect the feedback for this workshop.

Summary of Results: Several obstacles were identified: insufficient training of faculties, lack of technology assisting IPP and IPE, low participation of some professions. The proposed solutions are: building an IPP care platform, applying social media to engage all professions, providing clinical faculties and students learning protection time, direct-delivery of IPP/ IPE template writing curriculum. 16 participants filled the post-workshop questionnaire. The overall satisfaction rate of this workshop is 93.75%. Over 90% of participants thought this workshop is helpful to improve the IPP and HC curricula and care.

Discussion and Conclusions: World Café method is helpful to engage all professions in leading collaborative dialogue and creating possibilities for actions. The conclusion of this workshop revealed that applying technologies, engaging faculties, providing learning protection time and giving each profession the right to initiate IPP are important elements to the reform of IPP and HC curriculums among all professions.

Take-home Messages: World Café with the nature of initiating open discussions can be used to engage all professions and realize the spirit of IPP to initiate the redesign of clinical curricula, especially for IPP and HC.
#10KK Poster - Interprofessional Education 2

10KK10 (436)

Date of Presentation: Wednesday, 28 August 2019

Time of Session: 0830-1015

Location of Presentation: Hall/Foyer F, Level 0

Interprofessional Education

AUTHOR(S):
- Albena Gayef, Trakya University Faculty of Medicine, Department of Medical Education, Edirne, Turkey (Presenter)

ABSTRACT

Background: Common sense developments in health and social care policy have positioned interprofessional practice at the heart of contemporary health and welfare systems. In this context, interprofessional education has become an important issue (Cooper et al., 2005). Interprofessional education is defined as “Those occasions when members (or students) of two or more professions learn with, from and about one another to improve collaboration and the quality of care” (Hammick et al., 2007).

Summary of Work: This study is aimed to review of the literature to understand context and underlying mechanisms related to successful and unsuccessful interprofessional education programs for medical and healthcare trainees. In this review, a detailed literature review was done in Medline and Google Scholar (1998 to 2018) with education, interprofessional education and collaboration keywords.

Summary of Results: The review included trainees from various disciplines including medicine, nursing, rehabilitation sciences, social work and psychology. The analysis made for a better understanding of the successes and failures of interprofessional education learning situations. A clear learning context, goals of the interprofessional education, roles and expectations of the participants, multidisciplinary representation of the participants, collaborative skills ad teamwork were searched.

Discussion and Conclusions: This study emphasizes the need to carefully plan interprofessional education programs. In conclusion, medical and health sciences programs will be able to develop better workshops allowing for more effective interprofessional education programs. Due to the importance of teamwork we must teach our students how to collaborate.

Take-home Messages: This study emphasizes the need to carefully plan interprofessional education programs.

Presage, Process and Product: Analysis of an Interprofessional Education Intervention

AUTHOR(S):

- Marcio Gomes, University of Ottawa/Royal College of Physicians and Surgeons of Canada, Canada (Presenter)
- Carolina Souza, The Ottawa Hospital, Canada
- Chantal Bornais, The Ottawa Hospital, Canada
- Denyse Richardson, University of Toronto, Canada
- Stephanie Sutherland, The Ottawa Hospital, Canada

ABSTRACT

Background: The 3-P model has been proposed as a good model for analysing IPE learning activities. It uses narrative descriptions of presage, process and product factors, and considers the complex and dynamic relationships between the different factors.

Summary of Work: The Ottawa Hospital (TOH) is a referral centre that provides centralized thoracic cancer care for 1.3 million population of Eastern Ontario, Canada. TOH thoracic cancer healthcare professionals participate in weekly Multidisciplinary Cancer Conferences (MCCs), which is the reification of this community of practice. The TOH Thoracic Oncology Interprofessional Retreat (Retreat) is a formal, full day, biennial CPD activity designed in 2012 with the goal of improving the collaborative practice of the MCC. Data from files of the 3 Retreats were analysed and semi-structured interviews were conducted with participants.

Summary of Results: Presage: The driver for interprofessional education was a need identified by members of the community of practice. The number of participants varied from 64 to 88, 70-80% post-qualification, including 4 professions and 10 medical specialties. The main learning theory underpinning the design was situated learning theory and teachers were members of the team with no training in interprofessional facilitation. Process: Participation was voluntary. Programme developers followed a systems approach to curriculum design. The IPE was secondary to the practice development needs, which were identified by observation and performance data. Behavioural learning objectives were developed to progressively achieve higher educational levels. Instructional methods and room setup were designed to create a simulated MCC experience. Product: Over 80% of the team attended the Retreats, with proportional representation of professions and disciplines. Five-point satisfaction surveys had an average score of 4.3-4.9. Most important aspects for overall effectiveness were: interprofessional approach, multiprofessional faculty, interactivity, collegial atmosphere, educational design, relevance and impact on practice. There were self-reported changes in attitudes, behaviours, organizational practice and patient benefits.

Discussion and Conclusions: This case study evaluated a successful IPE intervention using an evidence-informed model and identified factors associated with IPE effectiveness. It used a simulated community of practice experience to provide authenticity, which is an innovation in curriculum design for CPD activities.

Take-home Messages: The 3-P model is an easy-to-apply and effective framework for describing and analysing IPE initiatives.
Effectiveness of a Small Group Class Teaching of Interprofessional Education on Nurses’ Attitudes toward Interprofessional Practice

AUTHOR(S):
- Li-Chen Lin, Tri-Service General Hospital, Taiwan (Presenter)
- Jen-juan Liaw, School of Nursing, National Defense Medical Center, Taiwan
- Ying-Jung Lai, Department of Teaching, Tri-Service General Hospital, Taiwan

ABSTRACT

Background: Based on the findings of previous survey, we found that the percentages of nurses who were satisfied with the symposium of inter-professional Practice was 91.9%, lower than other healthcare professions. The scores of Interdisciplinary Education Perception Scale (IEPS) for nurses were also lower than other healthcare profession (p<.05). It is important for nurses to organize and summarize nursing professional knowledge and skills and demonstrate uniqueness of nursing profession in clinical practice and health care teamwork. This study evaluates the effectiveness of IPE/IPP training on the changes of nurses’ attitudes toward IPP.

Summary of Work: The training was implemented in small group class teaching. The training was led by senior teachers to discuss how to practice IPP and writing IPP/IPE template writing. Then the trainees became the seeds of the units, and continued to guide other nurses to implement IPP/IPE template writing. Nurses’ satisfaction with the seminar was assessed through online system, completing the quiz and study sheet, and the IEPS to measure the effectiveness of inter-professional education.

Summary of Results: A total of 2061 healthcare professions (740 nurses and 1321 other healthcare professions) participated in the inter-professional education, and completed questionnaires. The results showed that nurses’ satisfaction could reach 88.9%, higher than other healthcare professions (85.9%). In the IEPS with 12 dimensions (6 point Likert Scale), the pre- & post seminar test showed that nurses’ IEPS scores were higher than other healthcare professions (pre: 5.48±0.64 > 5.31±0.71, post: 5.66±0.55 > 5.50±0.61). The results suggest that small group class teaching could enhance clinical nurses’ confidence in their professional knowledge. Most nurses still can endeavor to contribute what they know and what they can do to discussion and communication in the inter-professional care teams.

Discussion and Conclusions: All health care team members learned from each others in problem solving, core knowledge, skills and attitudes in the case scenario. Clinical nurses received the inter-professional education and training courses, enhanced their identification with the health care team.

Take-home Messages: Nurses can organize and summarize nursing professional knowledge and skills to demonstrate uniqueness of the nursing profession in the clinical practice and health care teamwork.
An interprofessional approach to enhance safety and teamwork in the operating room: the STOR course

AUTHOR(S):
- Malcolm Han Wen Mak, Tan Tock Seng Hospital, Singapore (Presenter)
- See Yin Liew, Tan Tock Seng Hospital, Singapore
- Zean Jia Hui Ng, Tan Tock Seng Hospital, Singapore
- Sarah Qinghui Lu, Tan Tock Seng Hospital, Singapore
- Kaushal Amit Sanghvi, Tan Tock Seng Hospital, Singapore
- Terence Cheong Wei Huey, Tan Tock Seng Hospital, Singapore

ABSTRACT

Background: Human errors can easily occur in the operating room (OR) from poor teamwork and miscommunication. In surgical training, emphasis is often placed on technical ability and expertise. Non-technical skills e.g. teamwork, communication and crisis management are important components to minimize human error and improve patient safety, but not often formally taught in surgical residency programs. We designed a 4-hour Safety and Teamwork in the OR (STOR) course to address this.

Summary of Work: The course, led by faculty and senior residents, comprised two parts: lectures and teamworking exercises, followed by simulated scenarios. Participants worked in teams comprising residents from surgical disciplines and anaesthesia, as well as OR nurses. Four months post-course, data was collected through anonymized survey to determine course effectiveness, relevance to practice and obtain course feedback.

Summary of Results: We had 56 participants over 2 years, comprising 32 residents and 24 nurses. 29 (51.8%) responded to the post-course survey. The simulated scenarios was rated the most effective component, with 28 (96.6%) rating it effective. All participants (100%) found the course effective in improving communication in the OR. 28 (96.6%) and 27 (93.1%) reported effectiveness in improving interprofessional collaboration and teamwork respectively. Eleven (37.9%) responded that they applied more than 80% of what they learnt in the course, with 15 (51.7%) between 50-79%. In qualitative questions, teamwork and interprofessional provision of care was the most common response theme to examples of when knowledge gained from the course was applied. For course improvement, most participants suggested more simulated scenarios.

Discussion and Conclusions: Interprofessional teamwork and safety in the OR can be developed even with a short 4-hour course. The situated learning approach enhances learning and most participants found it effective and requested more. While almost all participants found the course effective in improving teamwork, communication and interprofessional collaboration, more can be done to improve course applicability.

Take-home Messages: Safety and teamwork in the OR is often difficult to impart and sometimes taken for granted. It involves both systemic and cultural issues. We believe a short 4-hour course can contribute towards a collaborative and safe environment in the OR.
Communication skills development: an interprofessional approach to patient management and handover

AUTHOR(S):

- Heidi Penrose, Mid-Wessex GP Education, UK (Presenter)
- Chris Beng, South Central Ambulance Service NHS Foundation Trust, UK
- Samantha Scallan, GP Education Unit, UK

ABSTRACT

Background: Interprofessional education (IPE) can be a powerful way for clinicians to learn with, from and about each other, and support the development of professional insights and knowledge. It can be particularly useful for clinicians working in the same care context, to better understand their overlapping perspectives on patient management and care. Previous research has indicated that areas such as communication skills, the patient pathway and risk assessment can benefit from an IPE approach. An interprofessional communication educational day was designed to bring nursing staff, paramedics and GPs together. The aim of the event was to enable participants to develop skills in interprofessional communication and handover using a range of educational activities. The day was facilitated by a GP and Emergency Medicine doctor.

Summary of Work: Eleven clinicians (6 paramedics, 4 nurses and 1 GP) attended. The day began with a focus on communication in the healthcare setting, specifically the importance of accurate and clear communication, and a discussion of difficult conversations. Next a structured approach to handover was presented, and in the afternoon the group worked through four simulation scenarios with actors to put into practice the approaches and strategies discussed earlier. Participants completed pre-session information sheets about their experience and expectations and a post-session evaluation of the day.

Summary of Results: Participants valued the day and reported improved confidence in managing handover and to undertake difficult conversations. The day was enjoyable and engaging, and the interprofessional approach was seen as enhancing this, particularly in terms of appreciating different clinical perspectives on care.

Discussion and Conclusions: The event helped participants to better understand each other's roles in managing patient care, to learn some new tools and to consolidate learning through simulation.

Take-home Messages: The educational day demonstrated that shared learning can be powerful and generate insights for clinicians. Participants also made suggestions as to how the event might be developed for the future.
Hidden Key to Safer Patient Care: Role of Interprofessional Learning in a Hospital Setting

AUTHOR(S):

- Mazuin Abu Talib, University Hospital of North Tees, UK (Presenter)
- Dileep Kumar, University Hospital North Tees, UK
- Ahmed Shalaby, University Hospital North Tees, UK
- Rajeev Sathasivam, University Hospital North Tees, UK

ABSTRACT

Background: Interprofessional learning is a tool that has been used to aid teaching and training in the undergraduate setting. It has been found to improve communication skills and professional relationships between medical and nursing students. It has been utilised to a limited degree in the workplace environment. We hypothesize that there is a role for interprofessional learning in fostering a positive and safer working environment.

Summary of Work: A prospective study with a group of 26 healthcare professionals from mixed specialities including 16 foundation year one and two doctors, 2 pharmacists, 1 dietician, 4 nurse practitioners, 1 radiographer, and 1 physiotherapist in a district general hospital setting. The participants were given generic clinical scenarios to work through as a group. A questionnaire was used to assess if there was any difference in their perception towards each other pre and post-session in 4 domains: Knowledge, Caring, Efficient, Approachable.

Summary of Results: 100% of participants said they found the session beneficial. 100% of participants reported improved understanding of the roles of the other healthcare professionals compared to 57% pre-session. 100% of participants felt they can provide safer patient care following the session. IPL changed the views of 65% of participants regarding their own roles. Post session, doctors were seen as 10% more caring, 20% more efficient, 40% more approachable. Pharmacist were seen as 50% more caring, 16% more efficient, 54% more approachable. Nurse Practitioners were seen as 72% more knowledgeable, 25% more caring, and 9% more approachable. Dieticians were seen as 20% more knowledgeable, 65% more caring, 40% more efficient and 76% more approachable. Radiographers were seen as 75% more caring, 52% more efficient and 92% more approachable. Physiotherapists were seen as 36% more caring and 66% more approachable.

Discussion and Conclusions: IPL has shown to improve the perceptions of healthcare professionals towards each other and positively influenced workplace relationships in a multi-disciplinary environment. IPL should be incorporated into regular teambuilding and post graduate teaching sessions in a hospital setting.

Take-home Messages: IPL can break down barriers that exist to hinder meaningful and constructive communication between different specialties.
What are the elements of an effective interprofessional education during simulation in an Asian context?

AUTHOR(S):
- Gayathri Nadarajan, Singhealth, Singapore (Presenter)
- Jeremy Wee, Singhealth, Singapore

ABSTRACT

Background: The role of simulation in inter-professional education (IPE) is already established. However, the elements required for effective IPE in an Asian context is yet to be studied. This is important as there are certain differences in an Asian setting such as culture and hierarchy that may act as barriers. These barriers can prevent participants from reaping the full benefits of IPE during simulation. Hence the importance of this study.

Summary of Work: This qualitative study aims to identify barriers and essential elements for an effective IPE experience during simulation. The study utilised observations, focused group interviews and individual surveys of the doctors and nurses, with the questions: (1) Was this session effective in achieving IPE? (2) What factors made it ineffective? (3) What elements do you think are essential for the simulation session to be effective at IPE? Responses were subsequently coded by 2 independent coders and underwent framework analysis.

Summary of Results: The doctors flagged out uncertainties on how to ensure that IPE was conducted during the session. The nurses felt that the session still focused on the doctors and nurses as individuals, and the objectives of IPE were not met. Factors during the stages of scenario development, team selection, conduct of scenario and post session debrief made the IPE ineffective. The nurses felt that there had to be clearer objectives at each stage for both the doctors and nurses and that the facilitators needed to be more assertive in ensuring the scenarios were conducted accordingly. They also felt that the debriefing needed improvement for a more effective IPE. It was also observed that the doctors dominated both the scenario and the learning moments and that many a times, the nurses were hesitant to flag out any doubts.

Discussion and Conclusions: Simulation is an effective tool to promote IPE. However, it has to be utilised correctly for its full benefits. In an Asian context, one has to be more sensitive of the cultural backgrounds and behaviours.

Take-home Messages: There is a need to identify barriers and essential elements for an effective IPE during simulation sessions in an Asian context. More studies needs to be done in this area to reach a consensus.
Supervisors’ pedagogies for supporting interns to learn intra- and interprofessional collaboration: a qualitative and quantitative ego network analysis

AUTHOR(S):
- Mirte van den Broek, University Medical Center Utrecht, The Netherlands (Presenter)
- Esther de Groot, University Medical Center Utrecht, The Netherlands
- Janneke Fokkens, University Medical Center Utrecht, The Netherlands
- Janneke Witte, University Medical Center Utrecht, The Netherlands
- Roger Damoiseaux, University Medical Center Utrecht, The Netherlands
- Dorien Zwart, University Medical Center Utrecht, The Netherlands

ABSTRACT

Background: Interprofessional collaboration is an essential competence for medical students to develop in order to prepare them for their future practice. Students have the opportunity to learn from interactions in the professional networks of their supervisors during their clerkships. This study aims to understand inter- and intraprofessional networks of generalists and specialists, and in what manner supervisors involve interns in their professional network to learn interprofessional collaboration.

Summary of Work: Semi-structured interviews were held with ten general practitioners (GPs) and ten ear, nose, and throat (ENT) specialists. An egocentric social network approach was used to collect and analyse qualitative data as well as quantitative data.

Summary of Results: GPs had significantly more interprofessional contacts than ENT specialists (p<0.001), with no significant difference in the network sizes of both disciplines (p=0.05). Two-way ANOVA showed a significant interaction effect between profession and type of collaboration (p<0.01). All supervisors involve interns actively, discussing how collaboration with other professionals evolved, and more passively, assuming that an intern will learn from observation mainly. Many supervisors consider the interns’ initiative essential in deciding to involve an intern in their network.

Discussion and Conclusions: Although the workplace of GPs differ notably from hospital settings where ENT specialists work, the network sizes of both are comparable. Internships at the general practice seem to provide more opportunities to learn interprofessional collaboration. Supervisors could involve interns more actively in their intra- and interprofessional network while interns could take more initiative to learn collaboration from their supervisors’ network. This study contributes to the understanding of the window of opportunity for interns to learn interprofessional collaboration at the workplace.

Take-home Messages: The findings of this study suggest an important role for the general practice as learning environment for students to learn interprofessional collaboration. To materialise these opportunities, supervisors should involve interns in a more active manner in their own intra- and interprofessional interactions.