Using simulation to practice inter- and intraprofessional communication skills in undergraduate medical education

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ABSTRACT

Background: Rising numbers of patients with multi-morbidity and substitution of hospital care to primary care underline the importance of inter- and intraprofessional communication for high quality and patient centred care. However, mastering these skills is insufficiently addressed in undergraduate medical education.

Summary of Work: As part of the new curriculum, a four-day simulation was developed for all fifth year medical students to practice inter- and intraprofessional communication skills. In different rotating roles; clinician, general practitioner or public health physician students run an outpatient clinic. Every ten minutes a written patient casus appears online. In order to solve the casus students have to perform different communication tasks; writing referral letters, consulting other physicians, calling patients to explain results or composing discharge letters. Physicians and standardized patients participate in the simulation and provide the students with feedback. In the afternoon students prepare and conduct a multi-disciplinary meeting (MDM) within the physician role they had in the morning. To assess students' learning feedback and self-reflection are used.

Summary of Results: In 2017 the simulation was conducted 8 times with an average of 27 students per run. The overall evaluation score for the outpatient clinic was 4.3 and for the MDM 3.3 on a 5 point scale. Students highly appreciate the safe environment and the authenticity of the communication tasks and they feel better prepared to perform these tasks during their clerkships. Physicians, standardized patients and teachers like to contribute to the simulation.

Discussion and Conclusions: In response to patients' needs, patient centered and integrated healthcare practice is required. With increasing professional and societal emphasis on patient centered care and safety, simulation to train inter- and intraprofessional communication and collaboration skills can be a valuable addition to every curriculum.

Take-home Messages: Simulation to train inter- and intraprofessional communication skills is a valuable addition to medical curricula.
Effective Interprofessional Education as a Strategy for Quality Improvement

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ABSTRACT

**Background:** With the ageing population and chronic disease burden, allied health professional such as physiotherapist has been playing an important and integral role in holistic patient care. However, inappropriate referral to physiotherapy is not uncommon in our institution. Internal Medicine department used to hold a one-hour allied health educational session once a year but the attendance by junior doctors had been suboptimal. We postulate that effective interprofessional education would reduce such inappropriate referral.

**Summary of Work:** There were three phases of this interprofessional education program. In phase 1, Internal Medicine doctors joined an interactive education session with a group of physiotherapists. In phase 2, a workgroup consists of both doctors and physiotherapists was formed to seek area of improvement through collaboration. Reducing inappropriate referral to physiotherapy was identified as a quality improvement project. After multiple discussions of both parties and cause analysis, a three-question tick box tool to aid the referral to physiotherapy was created. In phase 3, quarterly 10-minute briefing to Internal Medicine doctors by the workgroup members has been conducted to cater the learning needs due to frequent rotation of junior doctors. Posters of the three-question tick box were put up in the ward subsequently.

**Summary of Results:** A seven-month data collection prior to phase 3 interventions showed average 26 inappropriate referrals received each month. Given that the physiotherapist takes about 15 minutes to screen each case, there was a loss of 6.5 hours therapy time each month to screen patients who did not require physiotherapy services. After introduction of the three-question tick box tool and quarterly briefing, continuous monthly data monitoring showed average 2.5 inappropriate referrals received per month. Our team was able to reduce the inappropriate referrals to physiotherapy services from Internal Medicine doctors by 90.4% (from 26 to 2.5 inappropriate referrals received per month), which would have saved 5.9 hours therapy time per month.

**Discussion and Conclusions:** Compared with the previous once yearly one-hour allied health educational session, we found that the current quarterly briefing with concise and customized content is more effective to change doctors’ practice behaviour.

**Take-home Messages:** Effective and customized interprofessional education can be a useful strategy to boost quality improvement.
Using simulation to train interprofessional collaboration for healthcare students in primary care

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ABSTRACT

Background: Healthcare professionals must work in interprofessional teams in primary care to meet new, more complex challenges in patient care. Increased complexity in healthcare has led to the introduction of interprofessional collaboration in healthcare curricula. Simulation-based learning is a powerful facilitator for active and safe learning and simulation studies show improvement of the delivery of care in acute clinical situations, but we have found few studies on primary healthcare simulation.

Summary of Work: The purpose of the PhD-project is to study simulation as a strategy for training students in typical clinical situations in primary healthcare. We will prepare scenarios where students solve practical, semi-acute, primary healthcare situations to explore the students' experience of participating in simulation, assessments of the scenarios, and experiences with simulation as a method for active learning and team collaboration. We recruited five healthcare students (medical students, and master and bachelor students in nursing) to pilot test the first two scenarios in December 2018. We elicited their assessments of the learning experience, and specifically explored how to improve the scenarios before data collection starts. Interprofessional collaboration between health professionals are crucial for patient safety and optimal results. We will present preliminary results from the simulation in April 2019 at AMEE.

Summary of Results: The pilot test supported that the scenarios were relevant and highly useful for the participants' learning. Especially, the fidelity of the scenarios with realistic and recognisable patient situations from primary care enhanced their experience. The students suggested minor adjustments to strengthen the scenarios' potential for learning interprofessional teamwork.

Discussion and Conclusions: Based on feedback from the pilot test, we adjusted the scenarios. Data collection will take place in April 2019 with approximately 30 participants conducting simulation and focus group interviews. The project will provide research-based knowledge about simulation as a strategy for teaching and active learning that prepare students for the increasing complexity they will meet in primary care.

Take-home Messages: Using simulation to train interprofessional collaboration for healthcare students in primary care has the potential to improve clinical practice and prepare students for the increasing complexity they will meet in primary care.
**ABSTRACT**

**Background:** In 2018, Kagawa University established the Department of Clinical Psychology in the Faculty of Medicine. We conducted an interprofessional education (IPE) for medical students (MS) and clinical psychology students (PS) immediately after their admission and then evaluated the difference of empathy between MS and PS before and after IPE.

**Summary of Work:** IPE program includes outline of medicine, group works concerning about medical ethics and privacy protection and experiences in medical institutes and elderly care facilities. Jefferson Scale of Empathy—medical students (JES-S) (Japanese version: Kataoka 2009) was used. Participants included 87 MS (47 men and 40 women) and 16 PS (5 men and 11 women).

**Summary of Results:** The JSE score of MS was 113.2 before IPE and 111.5 after IPE. The JSE score of PS was 111.1 before IPE and 111.1 after IPE. There was no significant difference in JSE scores between MS and PS. But among 10 perspective taking tasks, PS have found a significant decrease in items 13 (non-verbal cues and body language in understanding patients), 16 (understanding emotion in patients-clinician relationship) and 20 (empathy as a therapeutic factor), where MS have shown a decrease in item 16. MS have shown a significant decrease in item 11 (patient-physician emotional ties in medical treatment) of compassionate care, whereas PS had no differences in any of the items. In contrast, PS have found an increase in items 3 (viewing patients' perspective), 5 (sense of humor and clinical outcomes) and 10 (understanding of therapeutic relationship to patients), where MS have found an increase only item 5.

**Discussion and Conclusions:** The decrease in some elements of perspective taking by PS indicates a lack of understanding of patient's feelings. PS felt much interest in seeing the patients with medical illness and learned more about medical problems than psychological problems after IPE. Because the therapeutic outcomes are stronger in the medical treatment than psychological treatment. Moreover, PS likely appreciate the importance of deeper understanding of medicine than clinical psychology.

**Take-home Messages:** Early introduction of medical teaching to PS reduces likelihood of some levels of empathy.
Introduction of Clinical Exchange Training for Medical and Dental Students

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ABSTRACT

Background: In aging societies, tighter coordination and collaboration between medical and dental professionals are needed to deal with the number of comorbid systemic condition which endanger the oral health. Tokyo Medical and Dental University (TMDU) started a new undergraduate medical and dental integrated curriculum in 2012 to improve collaboration between medical and dental professionals.

Summary of Work: Under our integrated curriculum, students of both schools learn together for common competencies such as relevant basic and clinical sciences, and social medicine. To develop and add a new component in clinical years to the integrated curriculum, we interviewed faculty staff of two schools in an attempt to accurately grasp barriers for coordination and collaboration between medical and dental professionals.

Summary of Results: Interview revealed that the lack of interest and insufficient understanding of the practice of other profession were identified as barriers. In order to overcome this, we developed and added a new component, the Clinical Exchange Training (CET), to the integrated curriculum which brings students of both schools during their clinical years to attend rounds in Palliative Care Unit and Outpatient Dental Clinics and teach each other after rounds with the help of supervising faculty staff.

Discussion and Conclusions: Analysis of the feedback from students who participated in CET revealed that CET was effective in helping students understand the roles and responsibilities of both professions, broadening ones perspectives in patient care, and cultivating self-affirmation. The addition of CET to our medical and dental integrated curriculum may help students acquire the needed competencies and better prepare students for future interprofessional work.

Take-home Messages: Recent advancements in medical and dental sciences have blurred the boundaries between medical and dental care. Undergraduate medical and dental integrated curriculum may better prepare medical and dental students for coordination and collaboration which are needed in aging societies.
Evaluation of Team-Based Learning in Respiratory System II Course in Two Academic Years

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ABSTRACT

Background: Team-based learning (TBL) has been widely used in medical education. The Faculty of Medicine, Chulalongkorn University piloted TBL in Year 3 pharmacology course in 2015. Since then, more courses have utilised TBL. This study aims to evaluate students' perception towards TBL in Respiratory System II courses in 2017 and 2018 academic year.

Summary of Work: Twenty-one items, specifically designed to evaluate various aspects of TBL including students' learning behaviour in TBL, were included in the course evaluation questionnaires. Comparison between opinions of students with high GPAX (3.75 - 4.00) and low GPAX (< 3.00) was performed using either Pearson Chi-square or Fisher's exact test.

Summary of Results: The response rate was 86% (522/607). The overall satisfaction towards TBL was 3.7/5. Most respondents were satisfied with the number of students per group (91%); self-study time for advance assignment (81%); time for iRAT (87%); time for clarification and appeal (80%); and the mix of students with various GPAX in each group (80%). However, only 46% enjoyed TBL and only 33% preferred more TBL in other courses. The characteristics of TBL which students liked most were: learning as a team (41%) and the use of test in learning (29%). There was statistically significant difference between students with high and low GPAX (p = .028) in their most preferred characteristics of TBL. Of the 5 steps of TBL, 65% felt they learned most from advance assignment. Students with high GPAX perceived this statistically significantly differently from students with low GPAX (p = .003).

Discussion and Conclusions: Despite its advantage in promoting active learning, adult learning and collaborative learning, student satisfaction towards team-based learning was not as great as expected. This could be due to: unfamiliarity/adjustment to a new teaching method; inadequate preparation of students, teachers and educational resources; a wide range of students’ learning styles and expectation; or an underlying problem of overcrowded content in this course. Student consultation is essential to improve TBL.

Take-home Messages: The success of implementing an innovative teaching method depends not only on an innovation itself, but also teachers and students in your own context.
Does Multi-Disciplinary Debriefing Improve Clinical Knowledge, Human Factors and Confidence in Interprofessional Simulation?

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ABSTRACT

Background: Simulation is known to improve technical knowledge and performance. Currently, no research suggests that improvement in clinical knowledge or human factors is dependent on who facilitates debriefing. We conducted a pilot study to investigate whether debriefing with nurses and doctors, compared with doctors alone, improved students' knowledge and confidence in clinical simulation of acutely unwell patients.

Summary of Work: A faculty of doctors and nurses facilitated a six-session course for nursing and medical students (n=10) focussing on the 'Airway-to-Exposure' approach when assessing deteriorating patients. Sessions involved brief teaching sessions, followed by high-fidelity simulated scenarios with debriefs. Students were split into two cohorts: one with debriefing facilitated by nurses and doctors (multidisciplinary (MDT) group), and the other group debriefed by only doctors (non-MDT group). Data was collected using a multiple-choice knowledge test and a questionnaire using Likert scales to rate human factors such as communication and prioritisation. These were administered before and after the course with scores analysed using paired t-tests.

Summary of Results: 100% of participants rated the course 5/5 for being challenging, relevant and would recommend to their peers. On the human factors questionnaire, there was a mean increase of 40% (p = 0.0043) across all domains in both cohorts. When questions were categorised into themes, understanding and confidence showed the greatest improvement, 56% (p < 0.001) and 55% (p = 0.04). Both MDT and non-MDT cohorts improved knowledge scores (23% (p = 0.039) and 17% (p = 0.15), respectively.

Discussion and Conclusions: Interprofessional simulation is a valuable teaching modality, whereby clinical concepts can be reinforced by scaffolding, and effective communication between disciplines can be learned safely. Our study demonstrated that simulation in interprofessional education is a useful learning experience, improving scores across knowledge, non-technical skills and confidence. Interestingly, the data trended toward an increase in knowledge in the multi-disciplinary debrief group. Further research using a larger sample size will be required to investigate this further.

Take-home Messages: Simulation improved all participants' knowledge, non-technical skills and confidence. MDT debriefing trended toward improvement over non-MDT debriefing however further study using a larger sample will be required to investigate this further.
Improving patient safety by integrating team resource management program into staff training: 9-year experience in a tertiary hospital

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ABSTRACT

**Background:** Team approach is necessary to facilitate multidisciplinary cooperation in the hospital. It can effectively improve medical quality and enhance patient safety by decreasing medical errors which stem mostly from poor communication.

**Summary of Work:** In 2009, we adopted TRM (team resource management) after benchmarking other institutes, and launched workshops in our hospital in 2010. From 2011 to 2018, we conducted 55 courses and workshops with 4,342 participations from 11 specialties, including physicians, nurses, pharmacists, medical technologists, physical therapists, radiologists, dieticians, etc. The education program focused on subgroup discussion and case presentation in addition to lecture by instructors. A total of 17 teaching video demonstrations was edited from medical errors, near-miss/sentinel incidents, or from safety-related news events. Overall, the average satisfaction score was 90%.

**Summary of Results:** Since 2014, regular audit on how TRM was implemented in 25 units or clinical specialties was performed every 3 months. The annual completion rate for 55 indicators improved from 62% to 75% in 2017. In the national Survey on Patient Safety Culture, the positivity rate of ‘teamwork within units’ improved from 46.0% (before TRM implementation) to 58.9% in 2018. The dimension of ‘safety climate’ also improved from 41.4% to 55.3%.

**Discussion and Conclusions:** The results showed that implementation of TRM program is a very promising method to enhance teamwork culture and patient safety across all fields in our hospital. During the 9-year intervention period, our staff were successfully provided with higher perception of patient safety and more useful skills in teamwork that can be applied to their daily practice. Improving teamwork and communication through TRM training helps clinical units and healthcare professionals solve complex problems cooperatively and systematically.

**Take-home Messages:** The climate of safety and perception of teamwork culture are greatly improved by continuous TRM training, practice, and auditing.
“Two is a crowd” - a qualitative analysis of dyad training in clinical clerkships

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ABSTRACT

Background: Globally, medical schools are responding to the need for more doctors by admitting a greater number of students. Consequently, clinical departments receive an increasing number of clerkship students resulting in numerous calls for more cost-effective methods of training than the traditional one-to-one apprenticeship model. Collaborative learning has shown positive results in the simulated setting and could be a solution to the volume problem. However, what works in the controlled simulated setting may not work in the clinical setting, where various stakeholders' support is key to success.

Summary of Work: We explored stakeholders' reactions to shifting from a one-to-one apprenticeship model to training students in dyads during clerkships. Each day two students were paired and assigned to different clinical functions with a supervising doctor. We conducted semi-structured interviews with ten students, five nurses, twelve doctors and ten patients. The interviews were transcribed and analyzed inductively for emerging themes. Afterwards we used stakeholder value theory as the lens, through which we analyzed and interpreted data.

Summary of Results: The support from senior doctors and nurses often lacked and strong resistance against dyad training was displayed in several clinical settings. The main concern was that having two students present disrupted patient trust and increased time spent on supervision. These participants had the highest stakeholder power. Junior doctors and nurses, patients and students often displayed higher support than senior staff, but had lower stakeholder power. The patients did not oppose having two students present during their consultation and found that they contributed to the students' education. The students' support was mainly determined by the attitude from the supervising health professionals.

Discussion and Conclusions: Senior health professionals had the highest stakeholder power and found that dyad training disrupted focus on patient-centeredness. This consequently fostered resistance towards dyad training and made implementation impossible. However, the patients did not share this reservation, suggesting that they were instrumental in a value statement rather than the object of concern.

Take-home Messages: Dyad training in the clinical clerkships has learning potential, but to senior health professionals “two is a crowd”.
Norwegian health care students’ experiences from interprofessional education on complex patients in nursing homes

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ABSTRACT

Background: An increasing ageing population may lead to a higher prevalence of multi-morbidity. To address this complex situation in nursing homes there will be a need of an augmented interprofessional approach. Our study aimed to explore graduate students’ experiences of interprofessional education (IPE) on patients with complex care needs in nursing homes.

Summary of Work: In spring 2018 students from six educations at the University of Oslo, Norway (advanced geriatric nursing, clinical nutrition, dentistry, medicine and pharmacy) were organized into interdisciplinary groups. The groups examined and developed a care plan for a nursing home patient. The students were then interviewed in focus groups. Data were analyzed according to Malterud’s Systematic Text Condensation.

Summary of Results: 21 graduate students participated in four focus groups. The results indicated that IPE was a structural facilitator for new collective knowledge and it facilitated a cobweb of relations between students, patients, nursing home staff and educators. IPE was also an eye-opener for future interprofessional collaboration. The students reported that they became more confident about their own role and gained a better understanding of the importance of a multi-professional approach.

Discussion and Conclusions: The results indicate that nursing homes with complex patients are adequate learning arenas for IPE. The interprofessional education worked as an eye-opener for future collaboration and provided important experiences for all participating professions. The students reported to see the value of interprofessional collaboration when providing health care for complex patients. During the training, most students went from a unidisciplinary task distribution to an interprofessional work organizing.

Take-home Messages: One way to meet an ageing population with multi-morbidity in nursing homes, could be providing a comprehensive care by interprofessional teams. Our study indicates that graduate students experience interprofessional education as meaningful, and that interprofessional education might open a window for future interprofessional collaboration.
Interprofessional Large-Group Simulation of Sudden Infant Death Syndrome - Experiences of Students and Professionals

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ABSTRACT

Background: Simulation education is widely used in teaching interprofessional collaboration. While simulations are usually carried out in small groups, this study used a large-group simulation with 427 participants. A working group of our universities designed and implemented a scenario of a sudden infant death syndrome (SIDS). A team of professionals from pre-hospital care, police force, social care and church preformed the scenario. 301 students and 126 professionals followed the simulation scenario and the debriefing. Participation was possible either in a large lecture hall (n=337) or at distant locations (n=90).

Summary of Work: The purpose of this study was to describe the students and professionals' (n = 350) experiences of the interprofessional large-group simulation. The data was collected using a questionnaire with 5-step Likert-scale and open questions. Quantitative data was analyzed by descriptive statistical methods and open questions with inductive content analysis.

Summary of Results: Almost all participants were satisfied with the large-group simulation and considered it useful for their work or studies. The participants learned communication, respect towards the family and other professionals and handling of the crisis situation. The different roles of the professionals and the quality and requirements of the collaboration were highlighted. The areas of development were to improve the arrangements and implementation of the event.

Discussion and Conclusions: The learning experience from large-group simulation described by the participants was similar to the previous studies of small group simulations. This encourages us to continue these large-group simulations, as their implementation will allow even hundreds of learners to participate in the simulation event simultaneously, resulting in cost efficiency in teaching.

Take-home Messages: Large-group simulation proved out to be an innovative and useful method to be used in teaching within social and health care.
Simulation Based Education: Demonstrating effective multidisciplinary teamwork to undergraduate nursing and medical students

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ABSTRACT

Background: Successful multidisciplinary team working is an essential part of safe and effective clinical practice. Yet UK undergraduate nursing and medical students have little experience of formal multidisciplinary education. Therefore, upon graduating, many healthcare professionals are unsure of the roles and responsibilities of their newly qualified counterparts. Simulation training offers a controlled and supportive environment in which these misconceptions could be challenged and positive multidisciplinary working experienced. Moreover, the importance of good clinical communication, teamwork and leadership can be demonstrated in readiness for everyday clinical practice.

Summary of Work: Led by a multidisciplinary faculty, final year medical and nursing students participated in a simulation workshop compromised of two high-fidelity simulation scenarios, post-scenario debriefings and a tutorial introducing key non-technical skills. Within the scenarios, students were expected to assess acutely unwell patients whilst managing difficult colleagues, relatives and a multitude of distractions. Anonymised questionnaires focusing on the students understanding of non-technical skills was completed before and after the workshop.

Summary of Results: All 21 students (n=21) agreed that the workshop was useful and relevant to their undergraduate curriculum. Qualitative data showed a greater understanding of the roles and abilities of newly qualified nurses and doctors. Moreover, enthusiasm for interprofessional education was seen with many commenting that multidisciplinary participants increased the fidelity and realism of the simulation scenarios. Confidence in handing over information to colleagues rose from 71.4% to 95.2% following training. 100% of students were confident in raising concerns and in their understanding of non-technical skills as a result of the workshop.

Discussion and Conclusions: As medical educators, we are responsible for preparing students for clinical practice and thus ensuring that they have the skills necessary to work as effective members of the multidisciplinary team. Our results confirm that simulation training can be used to provide students with positive examples of multidisciplinary collaboration and successful clinical communication.

Take-home Messages: Simulation training is an effective way of incorporating multidisciplinary education into undergraduate studies of healthcare professionals in readiness for real-life clinical practice.
Interprofessional Education in the Real World: Creating a Foundation for Success in a Patient's Medical Home

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ABSTRACT

Background: Clinical care models, including the Patient’s Medical Home (PMH), identify interprofessional teams as integral to optimal patient-centered care. These environments can provide authentic clinical learning opportunities for health professional learners. It is recognized that interprofessional education must ensure training in the context of the work environment so learners can develop the collaborative skills necessary to adapt to the clinical setting. Literature in this area is often focused on evaluation of select interventions or activities, with less emphasis on foundational structures and team culture that need to be in place within a clinical setting to optimize authentic learning experiences.

Summary of Work: An interprofessional primary care team in Winnipeg, Manitoba, Canada, provides comprehensive team-based care, in keeping with the PMH model, and regularly includes interprofessional learners. This poster describes the foundational structures and clinical activities within this team that support interprofessional learning and role modeling for health professional learners, as well as highlighting opportunities for ongoing optimization.

Summary of Results: Establishment of regular opportunities for primary care team members to meet, learn and collaborate together builds a foundation for students when they arrive on the team. Within this team, physical space and co-location, frequent team meetings, regular case discussion, shared learning opportunities, quality improvement activities and patient-focused referral/case management have authentically incorporated learners. These existing activities can be tailored to ensure appropriate inclusion of learners (and professionals) who may be present at any given time.

Discussion and Conclusions: Community-based primary care is well situated to provide authentic clinical interprofessional learning experiences for students across health professions. Existing foundational culture and workflow are key to optimal collaborative experiences in this environment. This foundation provides seamless incorporation of students into the existing team and thus, meaningful and authentic clinical experiences. Future work includes assessing how and what learners take away from these collaborative opportunities. What benefits do these experiences provide for students and team members? How can learners and teams be assessed on collaboration skills? What are other sites doing to address this health professional competency?

Take-home Messages: Strong foundations within a Patients Medical Home contribute to authentic interprofessional learning experiences in primary care.