

## #9P Short Communications - Interprofessional Education 3

### 9P1 (784)

**Date of Presentation:** Tuesday, 27 August 2019

**Time of Presentation:** 1600-1615

**Location of Presentation:** Room L1, Level 1

### Large-scale interprofessional assessment: a disciplinary focus

#### AUTHOR(S):

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#### ABSTRACT

**Background:** The Health Collaboration Challenge (HCC) is a large-scale interprofessional learning activity held annually at the University of Sydney. In 2018, the HCC involved 1,674 health professional students from 11 health disciplines, including dentistry, oral health, nursing, pharmacy, occupational therapy, speech pathology, physiotherapy, dietetics, diagnostic radiography, medicine and exercise physiology. Students were required to collaborate in the production of a video and patient management plan based on a complex patient case. Our study sought to explore students' disciplinary perspectives of the opportunities provided for interprofessional learning within the HCC using a social constructivist lens.

**Summary of Work:** The HCC is a blended learning student-led activity consisting of two assessable components; a five-minute video and an abstract based on a complex patient case. Data collection included student questionnaires, assessment results, peer review results and focus groups. Data were analysed using descriptive statistics and thematic analysis.

**Summary of Results:** The assessment tasks provided numerous learning opportunities; including gaining perspectives of other disciplines; identifying one's role within a team; networking; the value of prior training in team-contribution; and leadership dynamics. Participants felt learning was enriched through the video-assessment activity and indicated they would benefit from additional IPL opportunities throughout their degrees.

**Discussion and Conclusions:** The HCC was acknowledged as a beneficial and worthwhile learning experience for health professional students. Perceived benefits included the development of role identification; perspective exploration; team leadership skills; negotiation skills; and the opportunity to network with other health professions. Although there are many challenges that exist within interprofessional activities, these associated benefits suggest that students would value a practical, longitudinal IPL program.

**Take-home Messages:** Although logistically challenging to implement, the Health Collaboration Challenge activities provide many associated benefits for students, and a foundation on which to build other interprofessional activities.

## #9P Short Communications - Interprofessional Education 3

### 9P2 (741)

**Date of Presentation:** Tuesday, 27 August 2019

**Time of Presentation:** 1615-1630

**Location of Presentation:** Room L1, Level 1

### **Student participation in interprofessional curriculum development: a focus group study with faculty members and students**

#### **AUTHOR(S):**

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#### **ABSTRACT**

**Background:** Participation of medical students in curriculum development has a tradition at the Charité - Universitätsmedizin Berlin. They are recognized as experts of their own curriculum, who can contribute complementary to quality of their educational program. Yet, little is known about student participation in the context of interprofessional curriculum development.

**Summary of Work:** In a qualitative study, we explore the perceptions and experiences of faculty members and students themselves on student participation in interprofessional course development. Two focus groups were conducted. One with faculty members (n=5) and one with students (n=5) who worked together during development of interprofessional education courses. The participants of the focus groups were interprofessional mixed from medicine, nursing, physical therapy and occupational therapy. They discussed about their perceptions and experiences in the interprofessional planning process. The focus groups were audio taped, transcribed and analysed thematically according to Kuckartz (2016).

**Summary of Results:** The quotes by faculty members and students indicate that the students contributed in complementary manner to process and results of interprofessional course design. Students contributed through bringing in an additional perspective and through their concrete work on courses and tutorials materials. Facilitating factors for students' participation were motivation for interprofessional education, clarity on tasks and students' autonomy and a low-hierarchy team atmosphere. Furthermore, students who participated gained knowledge, skills and changed attitude towards interprofessional collaboration.

**Discussion and Conclusions:** Student participation showed positive effects for process and results for in an interprofessional planning process and the students developed professionally during the process. We could identify a number of factors, which should be nurtured to facilitate this effect. Our experiences may stimulate other faculties to involve students in the development of interprofessional education more actively.

**Take-home Messages:** Participation of students yields positive effects on interprofessional course design. Facilitating factors should to be considered for a successful student participation in interprofessional projects.

## #9P Short Communications - Interprofessional Education 3

### 9P3 (1261)

**Date of Presentation:** Tuesday, 27 August 2019

**Time of Presentation:** 1630-1645

**Location of Presentation:** Room L1, Level 1

### Simulation as a tool for promoting Interprofessional Education (IPE)

#### AUTHOR(S):

- Paphan Musikawat, Maharaj Medical Education Centre, Thailand (Presenter)
- Nisakorn Jantawee, Nakhon Si Thammarat, Boromrajonani College of Nursing (BCN), Thailand
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#### ABSTRACT

**Background:** Training future healthcare providers together provides opportunities for them to gain interprofessional experience that is of need for being the part of the collaborative practice-ready healthcare workforce. IPE has been done in many institutes, however a little has been done in Thailand particular in clinical skills lab. Maharaj Medical Education Centre (MEC) and Nakhon Si Thammarat, Boromrajonani College of Nursing (BCN) have agreed to conduct IPE training programme as a pilot study. This was to enhance interprofessional experience of medical students and nursing students.

**Summary of Work:** In academic year 2018, Maharaj MEC and BCN worked together to provide IPE programme to medical students and nursing students. Thirty final year medical students and 129 third year nursing students attended the programme. Simulation was used as a tool for studying. It was arranged during weekend, mid academic year. There were three scenarios: Blunt abdominal injury; haemothorax; and CPR for adults. All students needed to perform pretest and posttest IEPS (Luecht et al.1990). In each scenario, global rating scale was also applied for evaluating students' profession-specific and interprofessional competencies. Two-month after 'the simulation', focus group interviews were done in those students and clinical teachers who taught them in clinical settings. This was to explore attitudes and other aspects being gained from the IPE.

**Summary of Results:** The results of paired T-Test showed the statistical significance of positive perception change. Focus group interviews revealed that 'simulation' could help them improve the perception of interprofessional healthcare team-working; knowledge; procedural and communication skills. Students' competencies, being assessed by staff, were met expectation.

**Discussion and Conclusions:** Students recognised the importance of IPE to promote working in a collaborative manner, which led to improve the quality of patient care and enhanced patient safety. However, it needed to have more variety of scenarios, more professions and more frequencies of practices. In conclusion, 'simulation' had a role in promoting IPE.

**Take-home Messages:** Simulation had a role in promoting IPE.

## #9P Short Communications - Interprofessional Education 3

### 9P4 (3419)

**Date of Presentation:** Tuesday, 27 August 2019

**Time of Presentation:** 1645-1700

**Location of Presentation:** Room L1, Level 1

### **Lessons learnt from collaborative attempts across healthcare education programmes: Educator perspectives on developing meaningful interprofessional education interventions**

#### **AUTHOR(S):**

- Joanna Matthan, Newcastle University, UK (Presenter)

#### **ABSTRACT**

**Background:** Interprofessional education (IPE) may well be the buzzword of the decade in medical education. A recommendation by most professional accrediting and regulatory bodies, institutions scramble to pull together collaborations across healthcare education programmes to meet the urgent need to demonstrate this mode of learning together across professions is embedded within respective curricula. IPE is widely believed to facilitate better understanding across professions, with the ultimate understanding that exposure and collaboration prior to joining the workforce may improve patient care and safety. Logistical challenges, however, may result in tokenistic attempts to placate regulators. Through looking at recent IPE intervention attempts, success factors were sought to plan and develop less tokenistic and more sustainable interventions.

**Summary of Work:** IPE interventions were analyzed to find common themes resulting in successful implementation. Interventions included (1) a periarrest simulation for final-year medical students accompanied by nursing and pharmacy peers, (2) a large-scale novel cross-institutional conference for medical and pharmacy students and (3) a small-scale cross-institutional intervention for medical, physician associate and pharmacy students, and (4) lecture-based preclinical IPE simulations with pharmacy and medical students.

**Summary of Results:** Successful interventions shared common features: they were piloted, had a theoretical underpinning to them, and received institutional level support with financial and administrative measures in place. Small-scale interventions without institutional level backing and logistical support were unsuccessful. Small-scale interventions, even those involving multiple programmes, but with institutional level support, staffing and other resources well thought out and planned in advance were more likely to succeed.

**Discussion and Conclusions:** The logistics of organising IPE interventions are not insurmountable. Institutional buy-in, sufficient staff, administrative support (including room bookings and student timetables), and financial resources must be secured prior to developing interventions. Piloting interventions allows a clearer understanding of the logistical challenges involved with implementing and embedding large-scale interventions across programmes.

**Take-home Messages:** 1. To succeed, IPE interventions require institutional level buy-in, with significant and sustained administrative investments in place; 2. Dedicated staff, with a grounding in the theoretical background, are more likely to make interventions succeed; 3. Small-scale interventions across multiple programmes are more likely to succeed than large-scale cross-institutional interventions.

## #9P Short Communications - Interprofessional Education 3

### 9P5 (2671)

**Date of Presentation:** Tuesday, 27 August 2019

**Time of Presentation:** 1700-1715

**Location of Presentation:** Room L1, Level 1

### **Authentic interprofessional placements: how university staff understand and influence placement design**

#### **AUTHOR(S):**

- **Stacie Attrill, Flinders University, South Australia, Australia (Presenter)**
- Chris Brebner, Flinders University, South Australia, Australia
- Paige Chewter, Flinders University, South Australia, Australia

#### **ABSTRACT**

**Background:** Interprofessional placements that enable students to develop related practice skills are critical to meet the needs and expectations of employers in many contemporary health workplaces. However, university staff often direct the design of placements to meet students' perceived interprofessional learning requirements, rather than patient needs or to enhance interprofessional work practices. This project identified how university staff's knowledge of interprofessional concepts influenced their design of placement activities for diverse health workplaces.

**Summary of Work:** Twenty-one university staff members from ten health professions who organise or teach students undertaking professional placements participated in a semi-structured interview. Interviews explored participants' understanding of interprofessional education and placements, how professional accreditation processes affect interprofessional training, and future interprofessional placement design. Interviews data were analysed using a Framework Matrix, and interpreted using Giddens' (1984) Structuration theory.

**Summary of Results:** Participants demonstrated a fixed, but incomplete understanding of interprofessional learning and the interface between this and professional accreditation requirements. Their knowledge of interprofessional learning, shaped by the university context, influenced and often limited their design of work-based interprofessional placements and the range of potential activities that students could engage with to accord with university priorities. Categories identified as structural placement barriers were typical of university constraints; including timetabling, whole of cohort experiences, perceived professional accreditation constraints and cost. In designing future placements, participants prioritised known university constructs, including using block placements; traditional clinical models and simulations. Participants did not identify placement designs that prioritised local work practices or activities germane to workplace settings.

**Discussion and Conclusions:** University staff knowledge about interprofessional concepts were structures that influenced and limited how they constructed placements. Their university-based understanding of interprofessional activities set cognitive boundaries that both informed and limited how interprofessional learning may relate to workplaces. This prioritised student learning needs over their participation in authentic interprofessional activities identified and prioritised by workplace staff.

**Take-home Messages:** How interprofessional concepts were understood by university staff were structures that informed how they designed placements. This understanding is likely to differ from interprofessional activities identified by health staff. As such, to ensure authentic student learning experiences that reflect interprofessional activities and priorities germane to health workplaces, university staff should co-design placements with industry.

## #9P Short Communications - Interprofessional Education 3

### 9P6 (1821)

**Date of Presentation:** Tuesday, 27 August 2019

**Time of Presentation:** 1715-1730

**Location of Presentation:** Room L1, Level 1

### An interprofessional curriculum co-constructed by healthcare students and teachers

#### AUTHOR(S):

- Sofia Perrotin, Faculté de Médecine Lyon Est, France (Presenter)
- Lucile Wahl, Faculté de Médecine Lyon Est, France

#### ABSTRACT

**Background:** Collaboration between health professionals has been promoted in France by the Hospital-Patients-Health-Territory Act since 2009. Effective interprofessional education (IPE) enables effective collaborative practice as stated by the World Health Organization, and as such should be part of future healthcare professionals' curriculum. Pan-Canadian Consortium for Inter Professionalism in Health published in 2010 a national repository of inter-professionalism competencies to encourage this practice. In Lyon, we are developing an IPE including pharmacy, nursing, social sciences, medicine, physiotherapy and speech therapy. To construct the most appropriate curriculum, we need to understand teachers' and students' objectives and how they expect to work together. Our primary aim will be to explore these objectives and expectations.

**Summary of Work:** A working group was set up in Lyon Est Faculty of Medicine since April 2018, to bring together teachers from the six health and social professions for the implementation of an IPE curriculum. Collaborative partnership between teachers during the construction of this curriculum should help to develop students' interprofessional competencies. To understand both teachers' and students' expectations, we organized a qualitative study with students focus groups and teachers interviews of each profession.

**Summary of Results:** Teachers interviews started in January 2019. Students focus groups are to be organized between February and March 2019. The various components of interprofessional competencies are expected to be discussed as well as the logistics requirements and the assessment modalities.

**Discussion and Conclusions:** An IPE curriculum should be built by a collaborative interprofessional team. Teachers and students from the different profession will take part in its development if they are involved since the beginning. Interprofessional collaboration in healthcare enables more efficient management through shared competencies, especially in a context of increasing complex medical care. Regarding the benefits of this curriculum, we expect increased collaboration for interprofessional-educated students. We hope this study will help future implementation of IPE curriculum in various local contexts.

**Take-home Messages:** An interprofessional curriculum co-constructed by students and teachers, and integrated early in students' training, could foster collaborative practice during studies and future professional life.

