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ABSTRACT BOOK

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Summary Page

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2026102
Resilience in the face of complexity: exploring the impact of Schwartz Rounds on health and social care students' emotional preparedness for practice

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Short Paper

Background
Schwartz Rounds are structured forums designed to support shared reflection and compassionate practice among health and social care professionals. Their adaptation within higher education institutions (HEIs) presents a valuable opportunity to strengthen students' emotional resilience and interprofessional learning. As the health and social care landscape becomes increasingly complex and demanding, it is vital to understand how such reflective practices can prepare students to respond with flexibility, empathy, and confidence.

Aim
This study explored health and social care students' experiences of Schwartz Rounds at the University of Northampton (UON), focusing on their perceived impact on emotional resilience, compassionate care, and readiness for collaborative practice in dynamic health and social care environments.

Methods
A mixed-methods online survey was distributed to 40 students who had attended at least one Schwartz Round, with 10 responses received (25%). Quantitative data were analysed descriptively, while qualitative responses were thematically analysed using Braun and Clarke's framework (2006).

Findings
Students reported a strong sense of emotional connection, psychological safety, and enhanced capacity for compassionate care and interprofessional engagement. Three key themes emerged: emotional validation and connection, safe and supportive environment, and insights and compassion. Participants valued the opportunity to reflect openly in a non-judgmental space and identified Schwartz Rounds as contributing to their ability to manage emotional challenges and collaborate effectively across disciplines.

Conclusion
Schwartz Rounds offer a promising pedagogical approach for cultivating emotional resilience and adaptive thinking in health and social care students. By fostering reflective practice and interprofessional understanding, these forums may better equip future professionals to thrive within the complexities of modern health and social care systems. Further research should explore their integration into formal curricula and their long-term impact on students' professional development and collaborative capabilities.

2026103
Breaking Down Silos: Student IPE Champions as agents of change in health and social care education

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Short Paper

This abstract outlines the development of a student-led initiative, funded by the University of Northampton's Student Success Innovation Fund, designed to promote the Interprofessional Education (IPE) 'Collaborative Curriculum' within the Faculty of Health, Sport and Behavioural Sciences.

In accordance with UK professional standards (NMC, 2018; HCPC, 2017), IPE must be embedded within undergraduate health and social care programmes to prepare students for collaborative practice upon qualification. However, despite its recognised importance, IPE is often perceived by students as an additional academic burden, particularly within programmes that already integrate intensive theoretical learning with practice placements.

To address this challenge, this initiative introduces a peer-led model of IPE advocacy through the recruitment and training of Student IPE Champions. These students, drawn from a range of professions including nursing, midwifery, occupational therapy, podiatry, paramedic science, and physiotherapy, will collaborate with the Faculty IPE Lead to develop and deliver elements of the IPE 'Collaborative Curriculum'. Their role will include peer engagement, co-delivery of IPE activities, and fostering a culture of collaboration across professional programmes. By leveraging peer influence, IPE Champions will aim to challenge stereotypes, promote mutual understanding, and demonstrate the relevance of IPE to all health and social care programmes.

This initiative seeks to:
- Recruit and train students to act as IPE Champions across the Faculty
- Enhance student engagement with IPE through peer advocacy and role modelling
- Promote resilience, teamwork, and communication skills essential for navigating complex health and social care environments
- Evaluate the impact of student-led IPE on attitudes toward collaboration and professional identity formation

Student IPE Champions will be expected to play a key role in dismantling siloed thinking and promoting interprofessional collaboration by:
- Leveraging peer influence to encourage openness and shared learning
- Challenging misconceptions and stereotypes about different professions
- Facilitating dialogue that highlights the unique contributions of each profession, thereby fostering interprofessional respect
- Demonstrating the relevance of effective communication and teamwork to service user satisfaction and outcomes

This innovative approach shifts IPE from a faculty-driven to a student-empowered model, addressing siloed thinking and enhancing the sustainability of IPE. It contributes to the limited evidence base on student-led IPE initiatives in educational settings (Kelley and Aston, 2011), offering insights into how student leadership can enhance engagement and embed IPE into academic contexts.

2026104
“To say that you are actively being Anti-Racist seems a bit radical, especially in medicine” – evaluating the impact of a third-year Scholarly Project exploring Anti-Racism and Health on medical student learning and future practice

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Short Paper

The notion that medicine has a number of biases has been long established and well-documented. One of these biases is a tendency towards stratifying patients by race when it comes to treatment, often with very little factual evidence to support these decisions (Cerdeña, Plaisime and Tsai, 2020).

As part of a third-year scholarly project, third year medical students at King's College London (KCL) were invited to examine current medical policies and practices related to any condition or medical area of their choosing and identify either racist or Anti-Racist practices.

Six students self-selected this project, working under the guidance of a supervisor for one day a week over a 12-week period. After finalizing their respective research questions, students followed the PRISMA process to identify published literature about the impact of a broad range of Anti-Racist practices in healthcare globally including disparities in the care and outcomes of Black women during pregnancy and inequalities in mental health and care for Black British men.

The assessment for the module involved students producing a 3000-word essay about their research process, findings, and proposed intervention/pilot study at the end of the project.

Following this, four students participated in semi-structured interviews to evaluate the impact of the module on student knowledge of Anti-Racism and Health. The qualitative data collected was then analysed and coded using Reflexive Thematic Analysis (Reflexive TA).

Student responses to “what surprised you?” were categorised in to four themes, with the prevailing theme being surprise at how much race-based injustice is present within the NHS (towards patients and ethnic minority staff). Under this theme, there were two sub-themes: students sharing how unexpected this was and students giving numerous examples of systemic racism they discovered that surprised them while conducting research.

Responses to “learning to take to future practice from own research” were grouped in to one dominant theme: participation in building a culture of Anti-Racism. Under this theme, the two sub-themes were: development of a practitioner's own Anti-Racist approach (through skills and behaviours, and knowledge acquisition) and raising awareness of racism.

“Learning to take to future practice from peer research presentations” was categorised in to four themes, including “confirmation of known feeling with data' and “structural racism within the NHS” as the dominant themes. The latter had two sub-themes: students gaining an awareness of the prevalence of racism within the healthcare system and students feeling more confident now to challenge the system and call out racism following their research.

“Other responses” had the prevailing theme of students expressing appreciation for the novel opportunity to conduct Anti-Racist research.

“Confirmation of known feeling with data' is a theme which was present throughout the responses (theme in student responses to 75% of the research questions noted above) and is of interest, considering that all of the students who participated in this project and research were from ethnically diverse backgrounds.

In terms of critically evaluating these findings, this was the first time delivering this project and collecting this data, so there is no comparative dataset. Furthermore, there is very little reference to scholarship in Anti-Racism and Health for medical students in the wider body of published literature about medical education.

Nonetheless, the impact of this project in positively equipping medical students to actively participate in building a culture of Anti-Racism when in practice is evident from this research, despite that not being a learning outcome associated with the project from the outset.

Student feedback after completing this research project:
“In my future practice, I think I'm going to take forward the idea of intentionality. I think that even in listening to the presentations of my peers, it became very evident that this is a thing that you have to consider in practice.

Maybe not to have an explicit conversation with every single patient that “these are the factors that might be affecting you”, but as a medical professional, going forward, these are vulnerable groups”.

And there's certain things, either in our teaching or in the way that medicine has been created in the past that have made it a bit more difficult for them to get certain outcomes...

So, I think it's taking stock of your own personal biases and making sure that as you as go forward, this is something you're compensating for in some sort of meaningful way.”

- Y3 KCL medical student, Anti-Racism & Health project 2023

Reference:

Cerdeña, J.P., Plaisime, M.V. and Tsai, J., 2020. From race-based to race-conscious medicine: how anti-racist uprisings call us to act. The Lancet, 396(10257), pp.1125-1128.

2026108
Evaluating the Feasibility and Impact of Longitudinal General Practice Placements for Undergraduate Pharmacy Students in the UK

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Short Paper

Background
The landscape of pharmacy education in the United Kingdom is undergoing transformative change. New General Pharmaceutical Council (GPhC) standards require that pharmacy graduates qualify as independent prescribers upon registration. This necessitates earlier and more structured clinical exposure within undergraduate education to ensure that students develop the requisite consultation, clinical reasoning, and patient-facing skills needed for modern practice.
Primary healthcare (particularly general practice) has been recognised as an underutilised yet valuable training ground for pharmacy students. Previous pilot studies and NHS England initiatives have shown the potential of primary care placements to enrich student learning, especially in areas such as clinical decision-making, interprofessional collaboration, and patient assessment.
However, large-scale implementation has been limited. Questions remain about whether general practices (GP), already under considerable workload pressure, can accommodate undergraduate pharmacy students over sustained periods. There is a need to explore the operational implications, resource requirements, and educational value of longitudinal placements at scale.

Aim
This study aimed to evaluate the feasibility, sustainability, and educational impact of delivering longitudinal GP placements to the final-year cohort of pharmacy students at a UK university. Specific objectives were to:
- Understand the impact of student placements on workflow, staffing, and patient care.
- Explore the sustainability and scalability of such placements.
- Evaluate students' learning experiences and perceived value.
- Identify enablers and barriers to effective multidisciplinary team (MDT) integration.

Methods
A qualitative and quantitative mixed-methods design was used to evaluate this educational intervention.
Placement Design
A total of 116 final-year pharmacy students undertook a longitudinal placement in general practice, attending for one day per week across 10 weeks during the academic year 2024-2025. Ten primary care (GP) sites hosted the placements, with each site accommodating two student groups who attended on alternating weeks.
The placements were supported by university-employed clinical link tutors who were experienced clinical pharmacists who coordinated placement activities, provided supervision, and acted as a liaison between the university and GP site. Students participated in a range of activities including:
- Patient-facing tasks
- Clinical audits
- Observational learning in clinics run by GPs, nurses, and other MDT members
- Tutor-led sessions and case-based discussions
Each site was supported with a placement handbook outlining objectives, activities, and assessment tools.
Qualitative Data Collection
Seven semi-structured interviews (involving eight participants) were conducted with representatives from seven GP placement sites, including GPs, pharmacists, and practice managers. The interviews, lasting 30-60 minutes, were guided by a phenomenological approach to understand the lived experience of hosting students.
Interviews were recorded, transcribed, and thematically analysed using Braun and Clarke's six-step framework. An inductive coding approach was used to identify key themes and subthemes, with collaborative analysis among four researchers to enhance rigour.
Quantitative Data Collection
Students completed the Placement Evaluation Tool (PET) at the end of the placement. The PET includes 19 Likert-scale items, a global satisfaction score (1-10).
Results
Placement Site Perspectives
Four major themes emerged from interviews with GP site staff:
1. Placement Structure and Feasibility
- Hosting students was feasible but increased time pressures and required adjustment of clinical schedules.
- Sites varied in their capacity to provide physical space and IT access.

- Clinical link tutors were identified as critical to managing student supervision and workflow integration.

2. Student Support and Learning Environment

- Practices with a strong teaching culture adapted more easily to hosting students.
- Clinical link tutors alleviated supervision burdens on other clinicians.
- MDT involvement was inconsistent, often limited by student turnover and staff unfamiliarity with pharmacy training.

3. Student Development and Readiness

- Students developed greater confidence and clinical awareness, particularly in communication and decision-making.
- Some sites noted students lacked readiness for independent clinical tasks compared to medical trainees.
- Greater continuity and entrustment were needed to deepen learning.

4. Service and Patient Impact

- Students contributed to audit work, medication safety, and supported service delivery (e.g., hypertension case-finding).
- Patient feedback was positive, especially in training practices accustomed to learners.

Student Feedback

Of the 116 students, 105 completed the PET (91% response rate). The results demonstrated high overall satisfaction:

- Median global satisfaction score: 9/10
- Highest-rated items:

“Patient safety was fundamental to the work of the unit” (M = 4.58)

“My supervisors helped me identify learning needs” (M = 4.57)

- Lowest-rated item:

“Opportunities to interact with the MDT” (M = 4.05)

Discussion

The findings of this student demonstrate that primary care placements are operationally feasible and educationally beneficial when supported by dedicated infrastructure, particularly clinical link tutors.

However, sustainability is not guaranteed. Practices reported that current funding and space constraints pose significant barriers to long-term delivery. Several respondents highlighted the disproportion between funding provided for pharmacy versus medical placements, despite similar supervision demands.

The role of the clinical link tutor was central to the success of placements, mitigating pressures on site staff, coordinating activities, and supporting student development. Without this role, most practices stated they would not be able to continue hosting placements.

Students clearly benefited from the extended exposure to real-world clinical settings, with measurable gains in confidence and understanding of primary care. Nevertheless, their ability to take on independent clinical responsibilities remained limited. Students were often hesitant, and MDT staff expressed uncertainty about their capabilities - suggesting a need for more structured entrustment processes and improved staff training around pharmacy roles.

Conclusion and Implications

This evaluation demonstrates that longitudinal primary care (GP) placements for undergraduate pharmacy students are both feasible and well-received, but long-term sustainability depends heavily on adequate resourcing, funding parity, and continued investment in placement infrastructure.

The clinical link tutor model is essential to managing placement logistics, supervision, and educational quality. Future strategies should focus on improving MDT engagement, supporting student readiness for more autonomous tasks, and enhancing continuity within placement teams.

2026109
Evaluating the Impact of Emotional Intelligence-Based Curriculum on Patient-Centred Outcomes in Gerontological Nursing

Short Paper

The ability of nurses and other health professionals to communicate effectively with older adults is foundational to person-centred and holistic care, particularly given the increasing prevalence of frailty, multimorbidity, and cognitive impairment. Emotional intelligence (EI) has been proposed as a determinant of communication quality, empathy, and patient satisfaction. However, there is limited evidence from educational interventions that explicitly integrate EI training into undergraduate or postgraduate curricula for care of older people.

This study employs a mixed-methods quasi-experimental design to evaluate the effect of an Emotional Intelligence Skills Module (EISM) added to the standard curriculum for nursing students specialising in gerontology. Participants (n â‰ˆ 120) from two UK universities will be allocated (by cohort) to receive either standard training or standard plus EISM. The EISM includes workshops (role-play, reflection, feedback), simulated patient encounters with older persons, and self-assessment tools. Quantitative outcomes at baseline, immediate post-intervention, and at six months will include validated scales: the Emotional Quotient Inventory (EQ-i), communication competence (e.g. Communication Skills Attitude Scale), and measures of patient-centredness (e.g., Patient-Centred Climate Questionnaire). Qualitative data from focus groups of students and interviews with faculty will explore perceptions of EI training, barriers/facilitators, and sustainability.

Preliminary hypotheses are that EISM will improve EI scores, enhance perceived communication competence, and foster greater reported adoption of person-centred approaches toward older patients. Longitudinal follow-up will assess whether gains are sustained and whether students report changes in clinical practice (e.g., increased empathy, reduced communication breakdowns). The study's implications include informing best practices in nursing education, refining curricular frameworks for holistic elderly care, and advancing pedagogic models that embed EI training in health professional education.

2026112
More students, fewer clinical areas. More demand for learning, fewer opportunities. More Simulation? - The Simulated Ward Round

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Short Paper

Background
Medical students face limited opportunities to engage in ward rounds, with increasing student numbers and reduced clinical capacity restricting exposure. Simulation offers an alternative means of providing safe and structured ward-based learning with an immersive experience.

Methods
A simulated surgical ward round was designed for 3rd year Medical Students. Sessions lasted 3.5 hours with 4-6 participants. Activities included a morning huddle, senior-led round, clerking, independent reviews. This made relevant with the need for accurate documentation, skills practice, and emergency assessments. The simulated patients presented with common surgical conditions such as sepsis, pancreatitis, and post-operative complications. Students performed commonly utilised skills for a resident doctor such as venepuncture, prescribing, NG tube insertion, and interpretation of results under appropriate supervision.

Results
A survey before and after the session was used to assess the effectiveness of this session. Student feedback was strongly positive, with learners reporting improved confidence in prescribing and ward documentation, greater understanding of clinical workflows, and appreciation for this learning style. The model enabled full group involvement, distributed participation amongst the students, and effective faculty use. Limitations included reliance on paper notes and faculty preparation, and the protected nature of simulation compared with real ward exposure.

Conclusion
Simulated ward rounds represent an effective and repeatable educational strategy that prepares undergraduates for clinical practice. Expansion across specialties and integration with electronic systems are recommended to maximise future impact.

2026113
The role of coaching to support psychological capital of health educators, to help assure the future of healthcare education

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Short Paper

Introduction

This presentation shares literature evidence, insights and reflections, highlighting the importance of coaching for health education staff. Coaching supports psychological capital (Youssef-Morgan, 2024), an essential component of employability, and in turn, supports the future of healthcare education. Higher education staff are often overlooked, despite significant workplace and cultural challenges (McBreaty, 2024). A reported 78% of academic staff feel productivity is deemed more important than psychological health (Wray and Kinman, 2021), with students being prioritised over staff within policies and higher education practice (Douglas et al., 2025). Staff need support to navigate this challenging environment (Douglas et al., 2025).

Methods

Coaching is defined as "the art of facilitating another person's learning, development, well-being and performance. Through coaching, people find their own solutions, develop their skills, and change their attitudes and behaviours. The aim of coaching is to close the gap between people's potential and their current state" (Rogers, 2024 p.2). Coaching helps develop psychological capital with a positive impact on wellbeing (Pelaez et al., 2020) and a reduction in levels of burnout, and an increase in life satisfaction (Green and Spence 2014) being reported. Coaching is very valuable to promote and support individual professional growth, which in turn helps organisations to grow (Skills for Health, 2023).

Discussion

Evidence suggests a structured approach to coaching is a beneficial investment in staff personal development (Gasparro and Ikpehai, n.d.). An ad hoc approach to coaching results in a lack of quality control and meaningful evaluation of the impact of coaching (Nathwani and Rahman, 2022). Effort should be made to offer individuals coaches, who are separate to line managers, to facilitate an authentic open and honest coaching relationship (Kapoutzis et al., 2023). Job satisfaction is determined by being valued and receiving support for continuing professional development (Sizmur et al., 2019), but can be prevented by high work demands, and a lack of protected time (Jansen et al., 2024). Good mental health and well-being is key for staff, as well as students, to achieve the core mission of higher education (Universities UK, 2023).

Conclusion

Leaders need to support individual staff with their psychological capital through coaching, for staff to feel confident to support students (Riva et al., 2024). A strong relationship between coaching and job performance (Pelaez et al., 2020) evidences the institutional level impact of coaching. The individual and institutional impact of coaching can help to assure the future of healthcare education.

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2026114
Creating an academic development framework to support the transition into higher education academia

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Prof Lisa Taylor, Professor of Employability and Learning Innovation, University of East Anglia, United Kingdom

Short Paper

Introduction
Higher education is a challenging environment to work within and the experiences of transitions into academia impacts on the retention of staff (Hollywood et al., 2019). Health professions education requires confident and competent academics, but that has been identified as urgently needing nurturing and support for early career academics (Herinek et al., 2025). This project will explore and establish the support that early career higher education academic staff within health professions education need to assist their transitions into higher education, and how this support could be best achieved. Early career academic staff have been defined for this project as pre-Fellow of the Higher Education Academy and up to three years within higher education academic roles.

Methods
A questionnaire survey was sent to all academics in a School of Health Sciences during October 2025 to capture the support and information that they received or are receiving that has been helpful in their transition and progression as an early career academic and anything that would have been helpful for their transition, progression and feeling of belonging. All academic staff were invited to participate as they will all have had or be within their first 3 years of experience within the higher education sector. Therefore, some responses will be based on retrospective experiences for those with more than 3 years and others will be current if they are within 3 years of experience.
The structure of the questionnaire survey was mapped against criteria for Advance HE fellowship, institutions promotions criteria and the appraisal process, to align with other institutional systems, avoiding duplication and to maximise the meaningfulness and potential of the academic development framework. The feedback from the questionnaire survey which included open and closed questions, was collated. Descriptive statistics were applied for the quantitative data and thematic analysis was conducted on the qualitative data (Braun and Clarke, 2006). This data was to build the content for the academic development framework.

Results
The results of the survey will be shared with the audience to offer insight into the proposed structure and content of the of the academic development framework.

Discussion
The transition into academia within higher education is challenging. This project has worked with academic staff to establish the main challenges and enablers within the transition process, to develop an academic development framework to support individuals in their transition and progression within academia within the first three years of their experience.

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2026115
Healthy Work Environment for Critical Care Nurses: The experience of a Blended Training Solution - Lessons Learned from a focus group analysis

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Short Paper

Objectives
The positive correlation between healthy work environments and nurse job satisfaction, retention, and patient outcomes is well supported in the literature. However, the uptake of such initiatives in Europe remains limited. This study aimed to analyze the experience of trainees and trainers who took part in a pilot course on healthy work environments in order to identify the strengths and weaknesses of the course and to support its future implementation in Intensive Care Units in Europe.
Setting: Eight focus groups were held with Critical Care Nurses as trainees (n=39) from four testing countries: Cyprus, Croatia, Spain and Poland. One international focus group was held with trainers (n= 4). Four more trainers completed the questionnaire online.

Methodology/Design
A qualitative approach was taken, using virtual synchronous focus group discussions. A semi-structured interview guide was used and the session was video recorded. The focus groups were transcribed verbatim, and the national ones translated into English. A thematic analysis was carried out.

Findings
The themes identified included: learning experience; increased awareness; and recommendations for further use. Both trainees and trainers expressed a positive opinion with regard to the content of the training and all the didactic methods used. They reported that it helped them to discover the idea of a healthy work environment and its impact. The participants also agreed on the high potential of the transferability of the course to critical care settings and other specialties.

Conclusion
The proposed blended training may serve as an educational intervention to change critical care nurses work environments into healthy and supportive ones.

Implications for practice
To change work environments into healthy and supportive ones, we need to start from the education of nurses and nurse managers on the concept of Healthy Work Environments and the six standards. The training course proposed should be promoted to other specialties and all members of the healthcare team in order to enhance better collaboration and communication between professionals for safe, effective and efficient care.

2026116
Student Perceptions of Collaboration Skills, Self and Team Efficacy in Structured Concentration in Interprofessional Practice

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Short Paper

Interprofessional Education (IPE) has evolved over the past several decades as a strategy to enhance the preparedness of health professionals for collaborative clinical practice. However, many IPE initiatives focus on student awareness and perceptions rather than on the development and assessment of the behaviors and skills essential for effective collaboration. To address this gap, we developed a three-course Concentration in Interprofessional Practice, intentionally aligned with six attributes of the University's Undergraduate Core Curriculum, which is designed to build students' confidence, collaboration skills, and self-efficacy in interprofessional teamwork.

Our research examines the impact of these courses on students' perceived collaboration skills and how they and their peers view their interprofessional competency. The concept of meta-perception "how one believes they are perceived" has key implications for motivation, performance, and professional behavior in healthcare.

Grutterink (2022) identified three key domains within the meta-perception literature: identity (the role one occupies), competence (perceived strengths and weaknesses), and interpersonal relationships (how one is valued within a team or relationship). Guided by these dimensions, our study focuses on assessing students' self-efficacy as a proxy for perceived competence, which may offer insights into their collaborative abilities and professional development.

To evaluate collaboration skills, we utilized the Self-Assessed Collaboration Skills (SACS) instrument and to assess self-efficacy, we propose the ISTEM instrument, which captures both individual self-efficacy and team-efficacy as indicators of interprofessional competency. Students in the higher-level IPE courses are required to complete the preceding courses and are considered to have greater interprofessional education (IPE) experience.

This study conducted a psychometric and statistical evaluation of IPE outcomes among 526 Saint Louis University students across three course levels (IPE 2100, 4200, 4900). Using exploratory and confirmatory factor analyses, principal component analysis, and hierarchical regression, we examined relationships between collaboration scores (SACS) and four efficacy constructs: Self-Efficacy, Team Efficacy, Reflected Self-Efficacy, and Reflected Team Efficacy.

This session offers data-driven strategies from Saint Louis University for enhancing interprofessional student collaboration and efficacy in the health professions. We present findings from a recent study evaluating a novel IPE initiative involving students from diverse health professions engaged in a structured Concentration in Interprofessional Practice. By examining meta-perception across four efficacy-related constructs, we reveal how, compared to novice learners, more advanced IPE students have increased confidence in collaboration skills after completing the program. We will provide insights into the study's design, execution, and outcomes that can be utilized to inform IPE curriculum development.

Supporting Documents:
https://inhwe.org/system/files/webform/Alignment%20and%20Assessment%20of%20University%20Core%20Curriculum%20with%20IPE.pdf

2026117
Retaining through training: The importance of continued learning opportunities in workforce retention

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Short Paper

Introduction
Despite ongoing expansion of the speech and language therapy (SLT) workforce, numerous policy documents (e.g. the NHS long term workforce plan and the Royal College of Speech and Language Therapists' report on "A Profession Under Pressure" emphasise that the demand for the profession is beyond the current supply, underscored by a retention crisis. In the East of England, these issues appear heightened. Literature indicates that career development opportunities are related to intention-to-leave the profession.

Methods
An explanatory sequential mixed-methods study explored the determinants of retention of the SLT workforce in two major NHS organisations in the East of England. The role of career development in relation to intention-to-leave was examined. Speech and language therapists (SLTs) participated in an online survey and semi-structured interviews. Quantitative survey data was analysed descriptively and via through Pearson correlations. Interview transcripts were analysed using framework analysis, conceptually informed by De Vriess, et al. (2023) framework of determinants of retention of healthcare professionals.

Results
Eighty-four SLTs responded to the survey, and ten were interviewed. In the survey, the extent to which SLTs' expectations of career advancement had been met were moderately associated with intention-to-leave the profession (r=-0.361, p=0.001). Through interviews, career advancement was considered through horizontal and vertical lenses; the former describing advancement via professional development, lifelong learning and career ""˜side-steps', and the latter relating to development of seniority. Significant challenges engaging with training and development opportunities within current roles were highlighted as influencing intention-to-leave.

Discussion
Although historically, career progression and advancement has been highlighted as a determinant of retention, this study underscores the importance of training, educational and professional development in existing roles in retaining the workforce. Where participants were often content with not progressing in seniority, frustrations arose when access to within-role additional training and opportunities were hampered. Strategies to address this may be beneficial in optimising retention of SLTs more broadly. Further research is required to explore organisational and management factors facilitative of this, and the associated impact on retention.

2026118
'Balancing Care': Person-Centred Approaches in Paediatric and Vestibular Audiology

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Mrs Zahra Gill, Teaching Fellow, Aston University, United Kingdom

Short Paper

Healthcare professionals in audiology support individuals across a range of specialist areas, including childhood hearing loss and vestibular conditions. As future audiologists, students must be equipped not only with technical knowledge, but with the ability to understand and respond to the lived experiences of their patients. Through our BSc Healthcare Science (Audiology) programme, we embed these values deeply within our specialist modules.

In the Paediatrics module, students are introduced to the complex world of childhood hearing loss, not as a standalone diagnosis, but rather the wider implications for the child, their family, and their future. We explore how building trust and communication with families is as crucial as any clinical intervention. Guest speakers from the National Deaf Children's Society (NDCS) and a Teacher of the Deaf provide authentic, real-world insights into the social, emotional and educational implications of hearing loss. Their contributions challenge students to see beyond the audiogram and appreciate the importance of collaborative working. The emphasis is on forming long-term, supportive relationships that empower families and give children the best possible start in life.

In the Vestibular module, students learn that dizziness and balance disorders are rarely straightforward. These patients often arrive with various symptoms that can affect their independence, mental health, and overall well-being. Through lectures and workshops led by industry and clinical guests, students gain a nuanced understanding of the diagnostic process and learning to interpret test results in context rather than isolation. Importantly, we focus on holistic management, recognising that successful outcomes often involve multidisciplinary input.

Across both modules, communication is positioned not just as a skill, but as a core clinical tool. Whether it's supporting a worried parent or helping a vestibular patient regain confidence, the ability to listen actively, respond empathetically, and adapt to individual needs defines excellence in audiology.

Our aim is to develop clinicians who don't just manage hearing and balance conditions, but who also understand the human experience behind every referral. By integrating professional expertise, service user perspectives and real-world learning, we prepare students to deliver care that is truly person-centred. This presentation will showcase how we embed holistic, person-centred care and communication into our teaching of paediatric and vestibular audiology.

2026119
Developing a National Guideline for Interprofessional Education in Türkiye: A Strategic Framework for Collaborative Health Professions Training

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Short Paper

Interprofessional education (IPE) has gained global recognition as a fundamental component in preparing future health professionals to provide safe, effective, equitable, and patient-centered care. The growing complexity of healthcare systems ”driven by multimorbidity, chronic disease management, and technological innovations" necessitates collaborative practice among diverse professional groups. This guideline has been developed to offer a comprehensive and contextually relevant framework for integrating IPE into health professions education programs in Türkiye, drawing upon international best practices such as those from the World Health Organization (WHO), the Centre for the Advancement of Interprofessional Education (CAIPE), and the Interprofessional Education Collaborative (IPEC).

The document articulates core principles and values that underpin interprofessional education, including shared goals in patient care, mutual respect, ethical communication, and accountability within healthcare teams. It defines competency domains such as roles and responsibilities, interprofessional communication, teamwork and collaboration, conflict resolution, and reflection on professional identity. These domains form the backbone of the national IPE framework, guiding both curriculum design and assessment practices (Figure 1).

A major focus of the guideline is on curricular design and implementation. It advocates for a longitudinal integration model, where IPE begins early in preclinical education "through joint orientation programs, shared foundational courses, and simulation-based activities" and continues into the clinical phase, where students from different health disciplines work collaboratively in real or simulated patient care settings. This approach reinforces the progressive development of interprofessional competencies and fosters a culture of mutual respect, role clarity, and shared decision-making.
The guideline also emphasizes the importance of assessment and evaluation, proposing both formative and summative approaches to measure interprofessional competencies. These include reflective portfolios, objective structured clinical examinations (OSCEs) with interprofessional scenarios, and validated self- and peer-assessment tools. Furthermore, faculty development is highlighted as a critical enabler for successful IPE implementation. Training programs are recommended to equip faculty members with the pedagogical skills and collaborative mindset required to model interprofessional values effectively.

From an institutional and policy perspective, the guideline calls for strong institutional commitment and interfaculty collaboration, ensuring that IPE becomes a shared priority across medical, dental, nursing, pharmacy, and allied health programs. It encourages alignment with national bodies such as the Council of Higher Education (Yükseköğretim Kurulu - YÖK) and accreditation agencies, promoting compliance with emerging quality assurance and competency-based education standards in Türkiye.

Recognizing the sociocultural dynamics unique to the Turkish context, the guideline acknowledges challenges such as hierarchical structures, traditional professional boundaries, and varying levels of readiness for collaboration. It offers practical recommendations for overcoming these barriers, including leadership support, stakeholder engagement, and gradual cultural transformation within academic and clinical environments.

Ultimately, this guideline serves as a strategic roadmap for educators, institutions, and policymakers, aiming to embed interprofessional education as an integral part of health professions curricula in Türkiye. By aligning local needs with global frameworks, it seeks to cultivate a generation of health professionals capable of working collaboratively to improve healthcare quality, enhance patient outcomes, and contribute to a more integrated and resilient health system.

Supporting Documents:
https://inhwe.org/system/files/webform/Developing%20a%20National%20Guideline%20for%20Interprofessional%20Education%20in%20Tu%CC%88rkiye.docx

2026120
Extent of interprofessional oncology simulation in improving incidence detection during radiotherapy planning: A systematic review

Short Paper

Introduction and Purpose
Being a very complicated and diverse illness, cancer requires a multimodal approach to care and treatment that involves a wide range of medical specialists. As demand for radiation oncology services continues to grow, cancer therapies become more individualized and becomes difficult to provide timely and quality delivery of radiation therapy without interfering with the timeliness of other patients. This situation, greatly impair their treatment by causing negative clinical outcomes with higher prolonged psychological distress in patients. Limited time availability for radiotherapy planning practitioners negatively impacts patient outcomes, highlighting the critical need for improved interprofessional collaborative practice (IPC) in radiotherapy. However, lack of simulation-based education can lead into malpractice as well as lack of interprofessional for collaborative practice (IPC) being which may result of hindered common understanding and necessary skills f incidence detection during radiotherapy planning.

Material and Method
A systematic review on the interprofessional oncology simulation peer reviewed published studies to explore on whether IOS could reduce incidences and improves patients' treatment outcomes.

Results
Limited published papers on IOS signifies the need of IOS cancer care.

2026121
Integrating Mental Health Training in Residency: A Mixed-Methods Study on Connection and Vulnerability

Prof Cynthia Williams, Asst Professor, University of Central Florida, USA

Short Paper

Background
Burnout affects over 36% of resident physicians and poses a significant threat to their emotional well-being, self-worth, and sense of connectedness. Additionally, it poses a significant threat to patient care. The multifaceted demands of medical training underscore the need for structured mental health support within residency programs. This study evaluated a wellness-focused Connection Building Workshop aimed at fostering resilience, interpersonal connection, and personal growth among first-year Family Medicine residents.

Methods
Eight first-year residents participated in a three-hour workshop during orientation, facilitated by attending physicians and a senior resident. The session included guided self-reflection, small group discussions, and AI-generated wellness plans based on StrengthsFinder assessments. Pre- and post-workshop surveys (Likert scale and open-ended questions) assessed changes in wellness and connection. Quantitative data were analyzed using descriptive statistics and paired t-tests; qualitative responses underwent inductive content analysis using Braun and Clarke's framework.

Results
Post-workshop scores showed increased connection to self (Mean difference = 1.00, SD = 0.70) and others (Mean difference = 1.19, SD = 0.84). Qualitative analysis revealed themes of personal vulnerability and shared experience, with participants reporting greater emotional openness and support.

Conclusions
This mixed-methods study highlights the value of integrating mental health and wellness training into residency programs. Combining peer dialogue with personalized wellness planning fosters empathy, self-awareness, and a sense of belonging key factors in mitigating burnout. These findings support the inclusion of structured mental health interventions as a standard component of medical education.

2026123
Impact of multiple educational technologies on well-being: the mediating role of digital cognitive load

Prof Rasha Atia Kadri Ibrahim, Assistant Professor, Fatima College of Health Sciences, United Arab Emirates

Short Paper

Background
The influence of technology on education is evident. Nonetheless, its impact on students' well-being and functioning remains an essential research topic. This study examined how digital cognitive load mediated the relationship between healthcare students' well-being and their use of multiple educational technology platforms.

Methods
A descriptive, correlational, cross-sectional methodology was employed to conveniently choose a sample of 160 healthcare students from seven departments within the college. Self-administered questionnaires functioned as the principal instruments for data collection. The subsequent data analysis incorporated both descriptive and inferential methods. The Amos software was utilized to examine the mediation model.

Results
A statistically significant negative correlation was identified between students' scores across multiple educational technology platforms and their digital cognitive load and well-being, respectively, at ($r = -0.546$, $p = 0.000$) and ($r = -0.61$, $p = 0.000$). Multiple educational technology platforms positively correlated with digital cognitive load scores ($r = 0.635$, $p = 0.000$). According to the regression analysis, students' digital cognitive load could predict their well-being ($F(1, 158) = 53.32$, $p < .001$, adj. $R2 = 0.404$). The mediation analysis indicated a substantial direct effect of emotional intelligence on academic stress when the mediator was present ($\beta = -0.4$, $SE = 0.037$, $Z = -10.81$, $p = .000$).

Conclusion
Learning institutions must evaluate the number of platforms used. Excessive platform utilization can adversely affect well-being and elevate cognitive stress. Training courses on appropriate technology utilization can enhance students' confidence and engagement with the platforms, alleviating the mental burden.

Supporting Documents:
https://inhwe.org/system/files/webform/s12912-025-03655-z.pdf

2026124
Rethinking Collaboration: Integrating Interprofessional Learning, Anytime, Anywhere

Dr Tina Patel Gunaldo, Founder, Collaborate for Health, USA

Short Paper

Interprofessional education (IPE) is recognized as essential for preparing a healthcare workforce capable of delivering high quality, equitable, and efficient care. Despite the establishment of interprofessional competency frameworks in the United States and Canada, IPE remains widely perceived as logistically complex, requiring multiple professions, synchronized schedules, and shared physical spaces. These constraints limit meaningful integration of interprofessional collaborative practice (IPCP) within both clinical and community settings.

This session challenges conventional assumptions about how IPE is taught and how IPCP is imagined. It reframes IPE as a flexible, continuum-based process that can occur synchronously or asynchronously and that is embedded in daily clinical and academic practice rather than confined to formal events.

Before faculty can effectively support interprofessional learning, they must first share a common language and conceptual understanding. The session begins with a structured activity in which participants develop a shared mental model of how collaboration, coordination, and integration differ among multidisciplinary, interdisciplinary, and interprofessional teams. This discussion emphasizes that genuine interprofessional practice situates the patient or client as an active and valued partner in care.

Building on this shared foundation, participants are introduced to the concept of IPCP as a spectrum of integration. Rather than viewing collaboration as a single event, the spectrum positions interprofessional activity along a continuum from low integration, asynchronous interactions to high integration, synchronous collaboration. Framing IPCP in this way encourages faculty to identify learning opportunities within everyday clinical and academic interactions and to intentionally embed interprofessional principles within existing structures.

The session then turns toward sustainability by addressing the need to reduce dependence on faculty driven programming and increase learner agency. Drawing on Self Determination Theory and Extended Professional Identity Theory as complementary frameworks, participants explore how fostering autonomy, competence, and relatedness can strengthen learners' commitment, belief, and sense of belonging within interprofessional contexts. These theories encourage educators to view students as active participants in their own interprofessional development rather than as passive recipients of faculty designed activities. Through targeted reflective questioning, faculty can guide students to connect their daily practice with interprofessional values and outcomes. This approach enables learners to recognize and interpret their own "micro moments" of collaboration, thereby transforming isolated experiences into meaningful opportunities for growth.

By rethinking collaboration in both pedagogy and practice, educators can embed interprofessional learning into the natural flow of healthcare delivery. This shift transforms interprofessional education from a scheduled activity into a continuous habit of mind that prepares graduates to engage authentically and effectively in team-based care anytime and anywhere.

By the conclusion of the session, participants will be able to:

1. Differentiate among multidisciplinary, interdisciplinary, and interprofessional teams to establish a shared conceptual foundation for interprofessional collaboration.
2. Recognize opportunities for both synchronous and asynchronous interprofessional learning aligned with interprofessional competency frameworks.
3. Apply Self Determination Theory (SDT) and Extended Professional Identity Theory (EPIT) to foster learner autonomy and self directed reflection in interprofessional learning.
4. Design strategies that redistribute responsibility for interprofessional growth from faculty designed experiences to learner driven reflection and identity formation.

2026126
The Compassion Revolution: Re-imagining healthcare education through inclusive practices

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Short Paper

The future of healthcare education depends not only on producing technically competent practitioners but on nurturing a workforce grounded in compassion, inclusion, and resilience. In a volatile, uncertain, complex, and ambiguous (VUCA) world, healthcare systems face pressures that extend beyond clinical competence. This volatility isn't abstract, it is felt daily in lecture halls, placements, and practice, where students navigate uncertainty, compassion fatigue, and complexity of care.

Global shortages, burnout, increasing workforce mobility, and increasing diversity require educators to cultivate professionals who can adapt, and lead with empathy. As the World Health Organisation (2023) and Lancet Commission (2022) highlighted, sustainability in healthcare is inseparable from the emotional, psychological, and moral sustainability of those who deliver it.

The need for a paradigm shift:
Traditional models of healthcare education prioritised performance, compliance, and assessment, often at the expense of wellbeing, belonging, and reflective practice. Yet evidence supports compassionate and trauma-informed approaches which enhance learning and underpin professional competence, teamwork, and patient outcomes (Sinclair et al., 2021a; Whitaker et al., 2025; Berman et al., 2023).
Trauma-informed approaches begin with safety, physical, psychological, and emotional; recognising that adversity and lived experience shape how individuals learn and engage (Berman et al., 2023). This principle aligns with "Maslow before Bloom", where students must feel safe and supported before they can fully engage with cognitive learning. This means acknowledging the complexity of students' lives: first-generation learners, carers, migrants, or individuals with experience of trauma and marginalisation. Reframing success not as survival but thriving through support requires inclusive, empowering environments that reduce re-traumatisation through high-challenge, high-support pedagogies.
Whitaker et al. (2025) observe that embedding trauma-informed principles promotes empathy, critical thinking, and professional identity formation. At the University of Sunderland these principles are operationalised through frameworks emphasising psychological safety, authentic student partnerships, and co-creation. Initiatives such as reverse mentoring, have illuminated systemic barriers are driving changes in policy and practice. The result is an ecosystem that recognises compassion and inclusion as measurable drivers of engagement, retention, and belonging.

Compassion as core competency:
Compassion is recognised as a core healthcare competency and should be central to education. Sinclair et al. (2021a) highlight that compassion training improves communication, resilience, and patient outcomes, especially when embedded and valued in institutional cultures over procedural efficiency (Sinclair et al., 2021b).
Alcaraz-Córdoba et al. (2024) identify that interventions promoting compassion and self-compassion reduce burnout and improve wellbeing. This is vital in addressing the widespread challenges that emerged across health systems post-pandemic. When educators teach and assess compassionately, students mirror those behaviours in practice, creating a ripple effect throughout the workforce. Compassion, taught as skill, and modelled as culture in practice, becomes embedded as professional identity. At Sunderland, compassion is being reframed as a pedagogical method, embedded in curriculum design, assessment feedback, and student engagement.

Inclusion, belonging and workforce diversity:
Workforce diversity is a predictor of health equity. Stanford et al (2020) and Gordon et al. (2022) argue that diverse healthcare teams improve patient trust and health outcomes. However, diversity in recruitment must be matched by equity in continuation, completion and progression (Office for Students 2023). Interventions including the Leave of Absence Review, the Predictive Analytics Dashboard (PAD), and student feedback forums exemplify inclusive strategies underpinning workforce sustainability. PAD, a proactive data-informed model, identifies disengaging students connects them with targeted support.
These initiatives are not only institutionally beneficial; they are socially transformative. Each student retained represents a future professional who contributes to the diversity, empathy, and resilience of the NHS. Co-created with students whose experiences shape meaningful change, ensuring a future workforce reflects the communities it saves. Inclusive education becomes an ethical and economic imperative, improving outcomes for learners and for the populations they'll serve.

Trauma-informed, inclusive systems:
Trauma-informed and compassionate principles cannot remain confined to individual modules or enthusiastic educators; they must be embedded systemically. Sustainable change requires systemic alignment. Whitaker et al. (2025) and Berman et al. (2023) emphasise that sustainable transformation requires governance, staff development, and quality assurance aligned with compassionate values.

At Sunderland, this system-level integration implemented through cross-faculty collaboration, inclusive leadership, and alignment with institutional priorities including the Access and Participation Plan and Mental Health Charter. The Faculty Academic Support Leads act as a conduit between institutional policy and practice, ensuring compassion and inclusion inform strategy and delivery.
The benefits include; enhanced retention and satisfaction, strengthened staff-student relationships, and a growing culture of empathy and accountability. These demonstrate that compassion and inclusion are not peripheral but strategic enablers of institutional success.

Educating for sustainability:
The future healthcare workforce must be adaptable, diverse, and emotionally intelligent. Adaptability without empathy leads to detachment; diversity without inclusion leads to disillusionment; and technical skill without compassion leads to care without kindness.
Education must therefore be transformative, not just a pathway to employment. Compassionate and trauma-informed healthcare education builds practitioners who can respond to crisis with composure, uncertainty with curiosity, and suffering with humanity. Goldstein et al. (2024) demonstrate the effectiveness of trauma-informed care implementation in health systems, while Gichane et al. (2025) identify that diversity, equity, and inclusion initiatives enhance workforce sustainability. These studies underscore the necessity of embedding compassion, trauma-awareness, and inclusion across healthcare education and practice.

A call to compassionate courage:
Healthcare education stands at a crossroads. Technology, policy reform, and globalisation demand rapid innovation, but speed without sensitivity risks eroding the very values that define our professions.
The next decade will determine whether healthcare education becomes more mechanistic or more human. The argument presented here is that the future belongs to educators who teach with compassion, and design systems that honour the whole person, both learner and patient.
A compassionate, inclusive approach strengthens academic rigour, aligning learning with purpose. Preparing graduates not only to do healthcare but to be healthcare, embodying the empathy, integrity, and resilience upon which the health of our communities depends.
As educators, researchers, and policymakers, our task is not just to build the workforce of the future, but to build the future of the workforce. One founded on compassion, courage, and connection.
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2026127
Embedding Interprofessional Education in Pediatric Clerkships: Lessons from the Tracking Infant Progress Statewide (TIPS) Program

Ms Grace Elizabeth Berentson, Medical Student, University of Nebraska Medical Center, USA

Short Paper

Background
NICU graduates experience disproportionate developmental and health challenges. Their families face barriers to equitable care including access to coordinated follow-up services. Traditional medical education rarely exposes students to authentic interprofessional models of care that address these inequities. The Tracking Infant Progress Statewide (TIPS) program provides developmental, social, and medical follow-up for NICU graduates across Nebraska, bringing together physicians, nurse practitioners, child developmental specialists, and nurses in a single family-centered visit. Embedding third-year medical students into this setting models collaborative practice, builds understanding of interprofessional competencies, and fosters awareness of systemic inequities affecting NICU families. This innovative curricular approach differs from the traditional siloed medical clerkship education and addresses gaps in interprofessional clinical practice exposure.

Objectives
To design an innovative interprofessional learning experience for third-year medical students during their pediatric rotation, enhancing understanding of how collaborative practice enables providers to efficiently and comprehensively address the health needs of patients and families.

Methods
A total of 302 third-year medical students at the University of Nebraska Medical Center attended a half-day session at the TIPS clinic within the Munroe Meyer Institute. Prior to the sessions, students read Building a System of Child Find Through a 3-Tiered Model of Follow-up. They observed the visits via live feed to minimize clinical disruptions. Following the visits, students engaged in a thirty-minute discussion with the providers, reflecting on the visits and asking questions. Each student completed an open-ended question about their observations and insights regarding interprofessional competencies allowing for qualitative analysis. Qualitative data was analyzed using Braun & Clarke's (2006) six-phase thematic analysis framework.

Results
Qualitative themes highlighted that 1) students consistently observed how distinct professional contributions complemented one-another, 2) family-centered dialogue and unified messaging reassured caregivers and built trust, 3) team synergy reduced family burdens, and enhanced efficiency, thoroughness, and quality of patient care. The results show that modelling collaborative practice serves as an effective educational model for enriching trainee understanding of interprofessional competencies and professional identity development, underscoring the value of integrating interprofessional models into medical education.

Discussion
The TIPS clinic observational experience enriched pediatric clerkship training and served as an effective interprofessional educational model. Students not only observed collaborative behaviors that enhanced family-centered outcomes but also reflected on how these experiences shaped their emerging professional identities. This innovation demonstrates that interprofessional practice can serve as both a clinical model and an educational imperative for preparing physicians to deliver collaborative, family-centered care.

2026128
Implementing Artificial Intelligence Enhanced Pre-Simulation Modules to Increase Confidence in A to E Assessments among Medical Students

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Short Paper

Medical education in emergency medicine increasingly recognises that confidence and sound reasoning under pressure are essential. However, common feedback from simulation courses for final-year medical students highlights the difficulties in applying the structured A to E assessment during emergency simulations.

Traditional teaching often focuses on memorising steps and performing technical skills, rather than developing adaptive reasoning. This Quality Improvement (QI) project explores whether using an Artificial Intelligence (AI)-enhanced pre-simulation training can help bridge that gap by better preparing students before they enter high-fidelity simulation sessions.

The project introduces an AI-powered chatbot that guides students through virtual emergency cases. It provides adaptive feedback, structured prompts, and performance-based support. This module serves as a low-stress, self-paced rehearsal for live simulations, encouraging students to think critically and refine their clinical approach. Over four months, final-year medical students from Cambridge and Leicester will take part in the module during their emergency medicine rotations. Each rotation block represents one PDSA (Plan-Do-Study-Act) cycle, with user experience and results used to improve subsequent cycles. Students will complete three surveys: before the module, before the simulation, and after the simulation. These will measure confidence, reasoning ability, and satisfaction. Quantitative Likert-scale data will be complemented by thematic analysis of open-ended responses, providing both measurable and descriptive insights into how the module supports learning.

Preliminary results from the soft launch show strong engagement and perceived improvement in both preparedness and structured reasoning. The module's flexibility makes it suitable for a wide range of learners. Beyond improving individual performance, the project aims to show how AI can be integrated into existing curricula without adding to staff workload and simulation time. Ultimately, it aims to establish AI-enhanced pre-simulation training as a sustainable and scalable medical educational innovation.

2026129
Children's Oral Health and Its Social Determinants: The Case of Kosovo

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Short Paper

Good oral health in childhood is vital for nutrition, development, and well-being, yet dental caries remains a common and preventable disease worldwide. Its prevalence often reflects social inequalities related to parental education, income, and health awareness. This study investigates dental caries among children and adolescents in Kosovo, examining links with family education and socioeconomic status across urban and rural settings. In the absence of national data, the research provides valuable insight into local disparities and aims to inform educational and preventive strategies for more equitable oral health policies in Kosovo.

2026131
Preparing Change Makers for a Dynamic Healthcare Ecosystem

Dr Monideepa Becerra, Department Chair, Rosalind Franklin University of Medicine and Science, USA

Short Paper

The roles within our healthcare ecosystem, focused on population health, health administration, and systemic improvement, are fundamental to advancing equitable and effective care. To address enduring challenges such as hospital-acquired infections and systemic inefficiencies, we must radically rethink how we develop and deploy our health workforce. This perspective advocates for policy reforms and educational strategies that prioritize cultivating professionals proficient in data interpretation, policy analysis, systems thinking, and interprofessional collaboration.

Crucially, curriculum across the healthcare ecosystem must be redesigned to embed a systems approach. This includes integrating data literacy, policy understanding, and collaborative practice from the early stages of training through continuing education. Future health professionals need to be equipped as effective change makers capable of translating systemic insights into innovative solutions. This requires a deliberate shift towards integrated curricula that foster an understanding of how healthcare systems are interconnected and promote shared language and competency in data and policy literacy. These skills are essential for leading systemic change.

Advocating for strategic reforms in workforce education and policy frameworks, this approach aims to build resilient and adaptable health systems capable of addressing complex health challenges. By fostering an integrated, systems-based education model, we can catalyse innovation, ensure systemic accountability, and prepare a workforce equipped to shape a more equitable and responsive healthcare future.

2026132
Nursing history in the curriculum - strengthening the future through learning from the past

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Short Paper

Introduction

The UK has a shortage of specialised practitioner district nurses and community nurses generally (Nuffield Trust 2025). Government policy is shifting towards care at home (Department of Health and Social Care, 2025, Gray 2024). This, alongside an increase in non-communicable diseases, an ageing population and post COVID pandemic pressures on the health system, increase the community nurses' workload. There are a number of reasons why qualified nurses are not attracted to working in the community. Students apply for nursing programmes under the misapprehension that nursing takes place in hospitals and nursing outside the hospital is not valued as highly (Reynolds 2023). The focus of the preregistration nursing curriculum is predominantly on the acute care setting (NMC, 2018). This largely biomedical approach (Smith 2020) creates a gap between the curriculum and population needs. Nursing history is minimal in the prereg curriculum, and when it is taught it can lack diversity with a focus solely on Florence Nightingale. This leaves little understanding of wider professional issues, and how nursing has influenced these including the way health systems are set up (Smith 2020). This presentation will look at innovative teaching strategies that can engage student nurses in nursing history, and consider what benefits this may have in developing a workforce that is interested in working in community nursing.

Methods

A search of CINAHL, MEDLINE and Embase databases was carried out using the search terms "nursing history" or "history of nursing" and "curriculum" from the past 10 years. Results were analysed to identify innovative ways history of nursing can be embedded in the prereg nursing curriculum linking to wide issues of social justice and health inequities.

Results

There are a limited number of examples of innovative ways to include nursing history sessions that appealed to students. Less focus on one specific individual (Nightingale) and taking a broader - and decolonising - lens to share multiple stories through online microlearning was identified (Uribe et al 2024). Suggested activities include taking students out of the classroom to visit museums (Kelly and Watson, 2015).

Small scale interventions were then developed which have the potential to engage students in nursing history including participating in outreach activities at the Glasgow Science Festival, that linked pioneers of nursing locally with the health and social issues of the day through a card sorting game and slide show as well as exploring the contents of a district nurses bag from the1900s and comparing that with equipment of modern community nursing.

Discussion

Without an understanding of nursing history, real change is not possible. By developing innovative ways that show the complex interconnections that lead to social injustice and health inequities community nursing can gain more prominence in prereg nursing students and demonstrate what it means to be a professional nurse.

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2026133
Developing Faculty Development across Imperial College Healthcare NHS Trust

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Short Paper

Imperial College Healthcare NHS Trust has recently merged multiple educational initiatives to create the new DEVELOP Programme, to meet the NHS 10-year plan of strengthening clinical leadership. One key pillar of this programme is faculty development which gives support for educators and supervisors. Individual sessions are delivered throughout the year on a broad range of topics based on demand.

21 sessions were held between January 2024 till June 2025, covering 11 different topics. The most common sessions were, 6 sessions were held titled New Educational Supervisors and 4 sessions held titled Educational Appraisal.

Both quantitively and qualitative data was collected in the form of a post event survey on slido. Quantitative data was collected using 5-point Likert scales. Qualitative data was collected in written form and analysed by 1 individual using inductive content coding.

293 individuals working at Consultant level attended these events. Each individual attended an average of 1.45 events totalling 425 events attended, showing a strong likelihood that once they had engaged in session, they were likely to return to another session. 62 different specialities attended these events demonstrating the wide range of applicability of the sessions.

When asked "How would you rate the course?" all sessions received a rating of at least 4.3/5 on average, with many sessions receiving full marks across all feedback. Content and delivery of the sessions scored equally as highly in quantitative feedback.

From the qualitative data 7 codes were identified cover 299 specific phrases. The most common code was "general" which denoted a generalised positive comment (137 instances). This was followed by the code "specific" which denoted a specific positive comment (57 instances). Common themes included how "helpful", "useful" and "engaging" the sessions were. One participant stated the session "fulfilled [their] expectations completely". 20 "negative" codes were recorded, denoting a negative experience had by the participant. The majority of these were IT related. 51 "want" codes were recorded denoting a suggestion for improvement.

Full analysis of this data has allowed tailoring of the session frequencies and content. A high proportion of feedback provided suggested improvements which have been implemented and improved subsequent sessions. A 45% re-engagement in further faculty development courses, combined with high quantitative rankings and largely positive qualitative feedback suggests that those who attend the session find them useful. Active analysis and action on feedback allows faculty development to continue to good and meet the needs of the staff.

2026134
How is Artificial Intelligence being used in promoting interprofessional education and collaborative practice?

Dr Priya Martin, Discipline Lead & Program Director - OT, University of Southern Queensland, Australia

Short Paper

In this scoping review we examined the role of artificial intelligence (AI) in enhancing interprofessional education and collaborative practice (IPECP) within healthcare settings. Drawing on the Canadian Interprofessional Health Collaborative Competency Framework, the review investigated AI's capacity to support essential IPECP competencies, including team communication, relationship-focused care, role clarification, and collaborative leadership. The review followed the Joanna Briggs Institute guidelines for conducting scoping reviews and is reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). A comprehensive literature search in MEDLINE/PubMed, CINAHL, Cochrane, Scopus, Embase and PsycInfo, identified 15 studies published from 2010 onwards that explored various AI applications, such as virtual reality simulations, clinical decision support systems, and machine learning algorithms, aimed at fostering interprofessional teamwork and improving healthcare outcomes. Key findings suggest that AI can facilitate effective team communication, real-time decision-making, and interprofessional education by enabling consistent, evidence-based recommendations and personalised treatment plans. However, several barriers to AI adoption were noted, including clinician mistrust, data security concerns, and challenges integrating AI within existing healthcare infrastructure. These findings highlight the potential for AI to advance IPECP but underscore the need for further research explicitly aligned with targeted IPECP competencies. Addressing these barriers will be critical to integrating AI into standard team-based healthcare practices.

2026136
Integration Health Literacy in Medical Curricula

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Short Paper

Health literacy (HL) refers to the cognitive and social abilities that allow individuals to access, understand, and use health information effectively. Limited HL is linked to poor navigation of healthcare systems, misunderstanding of medical information, adverse health outcomes, and higher healthcare costs. Because of its crucial role in empowering individuals to manage their health, HL has become a global public health priority. Accordingly, experts increasingly advocate for the inclusion of HL education within medical curricula. However, despite these recommendations, HL training remains rare in undergraduate or continuing medical education programs.

This research is part of the Erasmus+ HELEM-EU project, an international collaboration focused on developing, implementing, and integrating innovative health literacy (HL) education into medical training. The study described here is a sub-study conducted at a Turkish medical faculty and explored educators' experiences with HL education as well as their recommendations for curriculum design. Its aim was to identify essential HL competencies and propose suitable methodologies, content, and assessment strategies for building an HL-focused program.

Adopting a qualitative, phenomenological design, data were collected through semi-structured online interviews with 20 medical educators representing different departments "internal sciences (8), surgical sciences (8), and basic sciences (4)" selected through maximum variation sampling. The participants included six professors, five associate professors, five assistant professors, and four lecturers (12 women, 8 men; ages 32-62). A 12-question interview guide was developed collaboratively and pilot-tested by field experts. Data were analyzed using content analysis, ensuring rigor through methodological triangulation, participant diversity, and adherence to the COREQ checklist. Ethical approval was granted by the Gazi University Ethics Commission (E-77082166-604.01.02-59610, March 23, 2021).

Findings were organized under seven themes: (1) competencies, (2) content, (3) teaching methods and techniques, (4) assessment and evaluation, (5) program structure, location, and timing, (6) faculty preparation, and (7) dissemination and motivation. These themes collectively define the fundamental components of an HL program and provide recommendations for integrating HL into medical education.

The study's main value is in offering a framework for an HL program that fits well within medical curricula. It underscores the importance of linking HL with both preclinical communication and clinical skills training, and bedside education. Embedding culturally and socially responsive communication strategies can enhance medical students' preparedness to address diverse HL levels. Ultimately, integrating HL into medical education can foster improved competencies, attitudes, and behaviors among future physicians, contributing to more equitable and effective healthcare delivery and better community health outcomes.

Supporting Documents:
https://inhwe.org/system/files/webform/INHWE_Helem.docx

2026137
Training in soft skills through active learning methods: an experience with health sciences students

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Short Paper

Background
Nursing students need to be armed with soft skills to be better prepared for workplace challenges. Active learning strategies are most important for teaching these skills. Aim: This study aims to evaluate the impact of active learning methods on enhancing nursing students' attitudes toward three soft skills: communication, teamwork, and stress management.

Methods
A group of ninety (n=146) students was studied using a quasi-experimental single group design with matched pre- and post-test interventions. Three active learning methods were utilized to design a program aimed at developing soft skills that aligned with the nursing curriculum modules. The program comprised a self-exploration session, three simulation sessions, and an educational World Café.

Results
Following the interventions, there was a significant improvement in communication skills, attitudes, teamwork, and stress management competency.

Conclusions
The findings of this study can offer valuable insights to nurse educators worldwide, advocating the early integration of these methods to foster soft skills development right from the outset of students' professional journeys.

Supporting Documents:
https://inhwe.org/system/files/webform/figure%20abstract.jpg

2026138
Empowering Nurses through Continuous Professional Development: Insights from Various Perspectives

Short Paper

Background
Continuous Professional Development (CPD) is a cornerstone of nursing excellence and a critical element in sustaining healthcare quality within dynamic clinical environments. As the healthcare landscape continues to evolve, nurses must maintain up-to-date knowledge, advanced clinical competencies, and professional motivation to ensure optimal patient outcomes. CPD fosters lifelong learning, professional accountability, and adaptability, enabling nurses to respond effectively to technological innovations, new treatment protocols, and complex patient needs. In Saudi Arabia, the growing emphasis on professional development within healthcare institutions "particularly under the Eastern Health Cluster" highlights the importance of understanding nurses' engagement patterns, priorities, and barriers related to CPD participation.

Aim
This study aimed to assess nurses' attitudes, level of participation, motivations, and perceived challenges regarding CPD, and to explore the influence of demographic and professional variables "such as job role, educational level, and years of experience" on their engagement. By identifying the factors that facilitate or hinder CPD participation, the study sought to provide evidence-based insights that can guide policymakers and healthcare leaders in strengthening professional development strategies across the nursing workforce.

Methods
A descriptive cross-sectional design was employed, targeting nurses from multiple health centers affiliated with the Eastern Health Cluster in Saudi Arabia. A total of 150 nurses were invited to participate, with 111 completed responses included in the final analysis. Data were collected using the Questionnaire for Professional Development of Nurses (Q-PDN) developed by Brekelmans et al. (2015), a validated tool designed to measure nurses' engagement, perceived importance, and barriers to CPD. The instrument demonstrated high internal consistency (Cronbach's Î± = 0.91). Data were gathered through an anonymous online self-administered survey distributed via institutional links. The study obtained ethical approval from the Khobar Governmental Hospital Institutional Review Board (IRB Protocol No. NUR-09, Approval No. H-05-kh-130).
Descriptive and inferential statistics were applied to analyze the data. Means and standard deviations were used to describe engagement levels, while independent-samples t-tests and Pearson correlation coefficients explored associations between demographic characteristics and CPD variables.

Results
The study revealed valuable insights into nurses' demographic composition and professional engagement. Most respondents were female (79.3%), aged 30-40 years (47.7%), and possessed 11-20 years of professional experience (70.3%). In terms of education, 36.9% held a bachelor's degree, 36% a diploma, and 22.5% a master's degree. Approximately 27% occupied managerial roles within their respective facilities.
Overall, nurses exhibited high engagement in CPD activities (Mean = 4.67 ± 0.66), reflecting strong motivation toward professional growth and compliance with licensure renewal requirements. The most valued CPD activities were keeping up-to-date with professional developments (Mean = 4.72) and attending training courses (Mean = 4.71). Activities such as conducting research (Mean = 1.73) and editing professional journals (Mean = 1.54) were the least practiced, indicating limited participation in scholarly or publication-related development.
The study identified several limiting conditions that impact CPD participation. The most influential barrier was financial constraint, particularly the lack of full employer reimbursement of expenses (Mean = 3.49), while insufficient time allocated by supervisors (Mean = 2.58) was the least influential. Despite recognizing the importance of CPD, many nurses reported challenges related to workload, family commitments, and limited access to structured programs.

Comparative and Correlation Findings
Analysis comparing managerial and non-managerial nurses revealed a statistically significant difference in CPD engagement. Managers recorded higher participation in CPD activities (Mean = 75.00, SD = 20.76) than non-managers (Mean = 60.28, SD = 14.66), with $p < 0.001$. This suggests that leadership roles may afford greater institutional support and access to professional development opportunities.
However, no significant differences were observed between managers and non-managers regarding perceived importance of CPD or the barriers encountered ($p > 0.05$), indicating that all nurses, regardless of rank, share a similar value system toward continuous learning.
Correlation analysis demonstrated a significant positive relationship between educational level and CPD activity frequency ($r = .397$, $p < 0.01$), suggesting that nurses with higher academic qualifications are more likely to engage in ongoing professional development. Conversely, no significant correlations were found between CPD engagement and gender or years of experience ($p > 0.05$), implying that motivation toward CPD is not dependent on these demographic variables.

Discussion

The findings highlight a generally positive attitude toward lifelong learning and professional development among nurses in the Eastern Health Cluster. High engagement levels indicate that nurses acknowledge CPD as a key driver for improving clinical competence, maintaining professional standards, and advancing career progression. These outcomes align with international studies that underscore CPD's central role in fostering reflective practice, patient safety, and quality improvement.

Nevertheless, the presence of persistent barriers "particularly financial limitations, restricted time, and workload pressures" underscores the need for organizational strategies that support equitable access to CPD. Similar to findings from studies in Ethiopia, Nigeria, and South Africa, the financial and time constraints faced by Saudi nurses suggest that institutional and systemic factors remain the primary determinants of CPD participation rather than personal motivation alone.

Furthermore, the significant difference between managerial and non-managerial engagement emphasizes the importance of institutional empowerment and leadership support in facilitating professional growth. Managerial nurses' higher involvement may stem from both policy requirements and greater autonomy in accessing learning opportunities. To bridge this gap, non-managerial nurses should be provided with flexible learning options, protected study time, and incentive-based recognition systems that encourage participation.

Conclusion

The study concludes that nurses within the Eastern Health Cluster demonstrate strong engagement in CPD, driven by a shared commitment to professional excellence and lifelong learning. However, disparities in access, cost coverage, and workload management continue to hinder full participation. Enhancing institutional support through financial subsidies, flexible scheduling, and awareness campaigns could help overcome these challenges. Moreover, fostering a culture that values research participation, leadership development, and evidence-based practice will further strengthen CPD's role in empowering nurses and improving healthcare outcomes.

By addressing systemic barriers and promoting inclusivity, healthcare organizations can ensure that CPD remains an accessible, motivating, and transformative pathway for all nurses bridging the gap between competence and excellence in patient care.

2026139
Enhancing Clinical Confidence in Pituitary Pathologies Through SIMBA: A Simulation-Based Educational Intervention

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Short Paper

Introduction
Pituitary disorders are uncommon but confer substantial morbidity through both mass effects and systemic endocrine disturbances. Given the rarity of these conditions, the documented rates of misdiagnosis and the significant psychosocial implications for patients and carers, focused training is critical. Simulation via Instant Messaging for Bedside Application (SIMBA) is a virtual simulation-based medical training model shown to improve clinicians' confidence in managing complex clinical scenarios. This study evaluated the effectiveness and perceived relevance of a SIMBA session focused on pituitary disorders.

Methods
The session was designed using Kern's six-step curriculum development framework. Anonymised real patient cases provided by a clinical expert were used to formulate the following scenarios: Cushing disease, TSH-secreting adenoma, hypogonadotropic hypogonadism, and pituitary apoplexy. Scenarios were delivered in real time via WhatsApp, allowing synchronous participant engagement. The session was followed by an interactive expert-led debrief allowing participants to ask questions and consolidate learning. Participant self-reported confidence was measured using paired pre- and post- session surveys; the post-session survey additionally captured satisfaction and perceived clinical relevance. Quantitative changes in confidence were analysed with the Wilcoxon signed-rank test. Free-text survey responses were subjected to thematic analysis to identify perceived strengths, limitations, and suggestions for improvement.

Results
22 participants completed both the pre- and post-session surveys and were subsequently included in the final analysis. Mean simulation performance scores were 3.9/5 for history taking, 4.8/5 for physical examination and investigations, and 3.7/5 for clinical and non-clinical management. Confidence in managing pituitary cases increased significantly from 39.7% pre-session to 90.9% post-session ($p<0.0001$). Most participants (81.8%) preferred SIMBA to traditional methods, and 95.4% found the cases applicable to their practice.

Discussion
The SIMBA model significantly improved participants' confidence and was perceived as highly relevant to real-world clinical practice. The session identified the need for targeted education on history taking and management specific to pituitary conditions.

2026140
AI@theBedside

Dr Susan Waller, Assistant Professor, United Arab Emirates University, United Arab Emirates

Short Paper

Introduction
Increasing Generative Artificial Intelligence (GAI) tools are changing the workflow of healthcare practice. They support efficiencies, utilising data patterns, mining and synthesising large data sources and are now being used beyond repetitive administration tasks. Large language models (LLMs) support more complex decision making. Amana Healthcare, a subsidiary of M42, a Mubadala asset, developed an Artificial Intelligence (AI) tool, MED42, to support information retrieval for patient management. MED42 is accessed by healthcare staff on computers at the bedside and staff are trained to use of the app in their workflow. The aim of the study was to investigate the staff utilisation of the app during the pilot implementation.

Methods
We used back-end data from MED42 such as prompts and responses, MED42 utilisation data such as staff role and frequency of use, aligning this with extracts from the EMR after MED42 use. Med42's performance was evaluated by comparing it to other LLMs via Artificial Intelligence Application Programming Interfaces (APIs). The testing was on a set of multiple-choice questions (MCQs) from the US Medical Licensing Examination (USMLE). To ensure clarity and consistency, we excluded image-based questions that could be misinterpreted. Staff perceptions and experiences of AI at the bedside were investigated through brief focus groups and individual interviews. Data was transcribed verbatim and the transcripts thematically and content analysed using Leximancer, a data mining tool, which created representative diagrams to Illustrate qualitative findings. Quantitative data and qualitative data have been synthesised to represent and report the evaluation of the pilot implementation of MED42.

Results
Staff reported MED42 utilisation challenges. Time restriction was the main barrier. Responses from MED42 largely confirmed staffs' decision making and clinical reasoning. This experience gave them confidence to contribute to discussions with medical colleagues regarding patient management. From a technical perspective, initial testing and comparison results show that Med42 performed comparably to the Deepseek-V3 and Grok-2 models, achieving an accuracy rate of 80% on text-based medical multiple-choice questions (MCQs).

Conclusion
GAI supports information retrieval for role appropriate patient management. Staff utilisation of this app at the point of care requires strategies to mitigate access constraints and continual assessment to check that this workflow addition improves safe and quality patient care. Med42 has shown promising initial results, but ongoing evaluation is essential to validate these findings and improve the model's development for this real-world and high stakes application.

Supporting Documents:
https://inhwe.org/system/files/webform/MED42%20Training%20AD%202nd%20May%202025%20v1.pdf

2026142
EthCo - programme and e-book for better ethical safety in care environments

Prof Maria Cassar, Associate prof., University of Malta, Malta

Short Paper

This presentation will seek to present, share and explain the main outcomes of the ERASMUS+ EthCo project which was completed in September 2025. Drawing on the eclectic participation of clinicians, students and educators from the disciplines of nursing and physiotherapy from various European countries - Latvia, Sweden, Spain, Finland and Malta- the project's main outcomes were an e-book and an educational programme. Both resources comprise an interdisciplinary approach and were evaluated by an international expert panel. These resources seek to address the educational and developmental needs pertaining to ethical safety of the workforce practising in health and social care. The intended dissemination and utilisation of these resources provide a unique opportunity to harmonise ethics education across different contexts and countries.

2026143
Future-Proofing Health Information Education: From Challenge to Sustainable Practice

Mrs Sandy Dove, Capacity Building Digital Learning Specialist, NGO, South Africa

Short Paper

Declining funding and short-term projects threaten the continuity and sustainability of health workforce education. How can we design training that is sustainable, adaptable, and capable of evolving beyond the project cycle?

Since 2008, our training unit has worked with Ministries of Health and health-related NGOs across South Africa and Africa to strengthen workforce capacity in health information management. The challenge is no longer just delivering effective training - it's ensuring that skills endure and evolve in a rapidly changing healthcare landscape.

Our work focuses on three key competencies essential for a data-driven health system:
1. Software proficiency - enabling health staff to accurately capture, manage, and use data using digital tools.
2. Data literacy - interpreting indicators and aligning them with national priorities for informed decision-making.
3. Data quality management - addressing gaps and inconsistencies to improve reliability and trust in health information.

The evolving learning landscape and workforce dynamics continue to present challenges. High attrition rates demand continuous and accessible learning that remains current and relevant. Standardised training models no longer serve diverse learner needs, making flexible and modular approaches essential. Limited follow-up, mentorship gaps, and funding constraints often undermine skill retention, while the lack of designated focal staff within provinces or client teams weakens continuity and sustained support.

Some of our most difficult challenges have led to meaningful innovations and sustainable strategies. Supported by a dedicated team, our unit has successfully implemented several approaches.

We introduced new ways to collaborate with provinces and clients, making online training more engaging and responsive. We helped them prepare to guide their staff through change, using practical organisational tools to embed and scale improvements. To strengthen continuity, we trained appointed provincial and client trainers who now mentor others through blended approaches that combine self-paced learning with guided facilitation. Post-training webinars and refreshers helped reinforce knowledge, while improved course design and visual navigation enhanced learner experience. Importantly, we now embed training planning early in project design, ensuring that capacity building receives the attention and resources it deserves.

The future of healthcare education lies in models that do more than teach - they transform. Building adaptable, learner-centred, and sustainable systems ensures a workforce that evolves with policy priorities and emerging challenges. By leveraging technology, fostering local ownership, and embedding continuous learning, health information management becomes a lasting driver of improvement. When data is actionable and learning sustained, health systems are empowered to thrive in an era where information drives impact.

Supporting Documents:
https://inhwe.org/system/files/webform/Sandy%20Dove_Inhwe%20Presentation%20text.pdf

2026144
Innovative Pedagogical Approach to Foundational Neuroscience Education in a Physician Assistant Program

Short Paper

Introduction

Neuroscience is a foundational science course within the Physician Assistant curriculum characterized by a rigorous curriculum and extensive complex terminology. Traditional lecture-based formats have often led students to rely on rote memorization, making it challenging to achieve deep understanding and long-term retention, a phenomenon sometimes referred to as neurophobia (Zinchuk et al., 2010). To address these challenges, the course was redesigned using a student-directed learning (SDL) model, emphasizing experiential and creative pedagogical strategies that empower students to actively prioritize and engage with their own learning. This approach aimed to enhance content mastery, foster critical thinking, and increase engagement by allowing learners to take ownership of the learning process, consistent with SDL principles outlined in medical neuroscience education (Gould & Patino, 2017).

Methods

A project-based creative learning model was introduced, encouraging students to select and apply their preferred learning methods to develop and present neuroscience content. The approach emphasized peer learning, interactive projects, and student-led knowledge synthesis. Assessment strategies included examination outcomes, student-created artifacts, and peer evaluations. To evaluate the impact of the student-directed learning approach, course evaluation scores (i.e., 11 survey questions) and final percentage grades were compared between pre- and post-implementation years. Final percentage course grades and course evaluation scores were extracted from the course learning management system and entered into a semester-end course evaluation tool. A two-sample t-test was conducted to determine whether the difference in mean final grades between years was statistically significant. Another two-sample t-test was conducted to determine whether the difference in mean course evaluation scores between years was statistically significant. The quantitative assessment of student performance was also based on a structured group presentation rubric. Each group was evaluated across multiple criteria, such as accuracy in identifying ICD-10 diagnostic codes, clarity in describing impaired neurological structures and their functions, and depth of explanation linking pathology to symptomatology. Additional components, including creativity, communication clarity, interaction, and professional presentation style, provided a comprehensive measure of both content mastery and transferable communication skills.

Results

Key outcomes included enhanced student engagement, increased participation in peer learning, and meaningful content application through project-based assignments. Students demonstrated improved ability to communicate complex neuroscience material in accessible ways, a transferable skill in both educational and professional healthcare settings. The resulting products, such as animated short videos, interactive game shows, and online games, further illustrated students' deep understanding and creative integration of course concepts into engaging educational tools. Assessment data through peer assessment were uniformly high (100%), indicating a lack of critical feedback. However, course evaluation ratings improved significantly, with the mean score increasing from 3.75 in Spring 2024 to 4.46 in Spring 2025 ($p < 0.0001$), indicating enhanced clarity, engagement, and skill development. Final course grades also increased from a mean of 88.69% to 91.71%, indicating a statistically significant improvement ($p = 0.0024$), reflecting better overall student performance following the pedagogical change.

Discussion

Implementing creative, student-directed learning was associated with significant improvements in both student perceptions and academic outcomes, suggesting that this approach can effectively enhance engagement, understanding, and achievement in healthcare education.

Planned refinements include further rubric development to include qualitative measures, such as focus groups, open-ended questions, and a self-reflection component. These methods will provide insight into how students experienced the learning process and perceived the impact of creating products, such as animated videos and interactive presentations. Incorporating these qualitative methods in future iterations would provide a richer context to complement the quantitative findings, offering a more holistic evaluation of student engagement and learning and contributing to ongoing discussions on innovative pedagogy in the training of future healthcare professionals.

Supporting Documents:

2026145
Measuring Alignment in Professional Identity Formation: Development of a Scenario-Based Assessment Tool

Prof Valeriy Kozmenko, Director, Simulation Center, University of South Dakota, USA

Short Paper

Background
Professional identity formation (PIF) is a cornerstone of health professions education, yet traditional assessment methods often fail to capture the nuanced relationship between students' internalized values and their actions in clinical contexts. This project introduces the Professional Identity Alignment Assessment Tool (PIAAT), a novel instrument designed to measure the congruence between medical students' self-reported professional values and their decision-making in scenario-based assessments.

Methods
The PIAAT was developed through a comprehensive literature review and synthesis of validated frameworks. The tool integrates attitudinal Likert-scale items with scenario-based questions mapped to twelve core professional identity domains, including confidentiality, leadership, resilience, and cultural competence. Students rate the importance of each domain and select responses to clinical scenarios, with alignment scores calculated by comparing student choices to expert-ranked standards. Confidence ratings accompany each scenario response, enabling analysis of self-assurance and calibration.

Results
In a pilot study involving medical students across all training years and faculty, participants consistently rated professional values as highly important (mean Likert ratings ~4.5/5) and selected scenario responses strongly aligned with expert consensus (mean alignment score 1.6 on a 1–4 scale). A modest but statistically significant negative correlation ($\rho = -0.13$, $p = 0.003$) indicated that higher confidence was associated with greater alignment. Notably, domains such as cultural competence and service orientation showed meaningful variation across cohorts, highlighting developmental inflection points.

Conclusions
The PIAAT offers a multidimensional approach to assessing professional identity formation, capturing both the content and calibration of students' ethical reasoning. By revealing discrepancies between values and actions, and tracking confidence, the tool provides actionable insights for educators to support targeted interventions and curricular refinement. Future directions include longitudinal validation and adaptation for broader health professions education.

Supporting Documents:
https://inhwe.org/system/files/webform/2026%20INHWE%20-%20PIATT%20by%20KOZMENKO%20et%20al.docx

2026147
AI-Enabled Coaching and Skills Intelligence to Strengthen Confidence and Competency in the Future Health Workforce

Mr Lance R Bradshaw, Director, HR Workforce Transformation, Intermountain Health, USA

Short Paper

Global healthcare systems are undergoing profound transformation as digital technologies, workforce shortages, and shifting patient expectations reshape how care is delivered. These pressures are intensifying the need for health professionals who are not only clinically competent but also digitally fluent, psychologically prepared, and confident in navigating uncertainty. The future of healthcare education must therefore integrate new competencies that address gaps in digital literacy, interprofessional collaboration, and psychological readiness. This presentation introduces a comprehensive, practice-informed model for integrating AI-enabled coaching, skills intelligence, and confidence-building frameworks into health workforce education across academic, clinical, and operational settings.

Drawing on more than twenty years of experience in healthcare operations, workforce transformation, leadership development, and digital enablement, as well as ongoing doctoral research on impostor syndrome in healthcare leadership, this work examines how confidence gaps, role ambiguity, and low psychological safety undermine competence development and digital adoption. Research and practice show that early-career clinicians and health professionals often struggle not because they lack ability, but because they lack structured developmental support, real-time feedback, and a learning culture that normalizes experimentation. This is especially evident in environments where rapid AI adoption, workflow redesign, and organizational restructuring contribute to feelings of inadequacy or fear of failure.

The model presented integrates three interdependent threads:
1. AI-supported coaching that delivers scalable developmental feedback through reflective prompts, micro-learning nudges, and role-specific guidance.
2. Skills intelligence built on data-driven mapping of capability gaps, strengths, and learning needs, enabling personalized development plans.
3. Confidence-building methods rooted in leadership psychology that help learners manage uncertainty, reduce impostor feelings, and strengthen professional identity.

This model is grounded in real transformation work at Intermountain Health. Recent enterprise initiatives have centered on building digital fluency, developing an AI-ready culture, strengthening interprofessional collaboration, and reducing silos across HR, clinical operations, IT, and marketing. These initiatives include an AI learning continuum that moves learners from Awareness to Application to Advocacy, role-based microlearning such as Data Confidence for Clinicians, and integration of AI literacy into leadership programs, including the Advanced Training Program, Leading Through Others, and the Executive Development Program. Coaching plays a central role in this ecosystem, providing structured, reflective support that helps leaders apply new skills, process change, and build confidence in real time.

The session incorporates examples from multiple education-adjacent initiatives, including workforce modelling using advanced spans and layers analytics, restructuring to improve leader visibility and decision support, predictive staffing pilots, automation and robotic process redesign, and unified experience strategies that merge patient and caregiver insights. For instance, collaboration between HR and Marketing caregivers has improved communication clarity, supported AI readiness messaging, and increased trust during significant system changes. Similarly, the development of an automated mobile app for food pantry check-ins at Primary Children's Hospital has improved caregiver and family experience while reducing administrative burden.

This experience intersects directly with the challenges facing modern health workforce education. AI-enabled tools such as Microsoft Copilot and predictive analytics platforms have shown that digital technology is successful only when leaders and educators invest in building psychological safety, creating cultures of innovation, and equipping health workers with the skills to evaluate, question, and collaborate with AI systems. As organizations shift toward competency-based, interprofessional, and holistic educational approaches, integrating coaching, digital skills training, and confidence-building strategies becomes essential.

The presentation also incorporates insights from international conference work, including topics on building an AI-ready workforce, breaking down silos to build the workforce of the future, and developing skills-based operating models. These experiences reinforce the need for future healthcare education to bridge disciplines and remove barriers among IT, clinical practice, operations, HR, and communications. Digital transformation requires that all stakeholders understand the impacts of AI on workflows, risk, communication, and patient trust. Educational strategies must therefore adopt multi-stakeholder and interprofessional methods that reflect the realities of cross-functional care delivery.

In addition to conceptual alignment, this model is supported by measurable outcomes from large-scale workforce initiatives. Intermountain Health's internal coaching programs have produced an 81% increase in team functioning and a 67% reduction in onboarding time for new leaders, illustrating how structured coaching strengthens both competence and confidence. Digital enablement pilots further reinforce the value of integrated learning approaches.

System-wide AI adoption has generated more than 270,000 Microsoft Copilot-assisted actions in a single month, representing thousands of labor hours redirected from administrative work to higher-value clinical and educational activities. Unified experience platforms that consolidate patient and caregiver insights have captured more than one million pieces of feedback annually, creating a data-rich environment that supports continuous learning and more responsive workforce development. These results demonstrate that combining AI-enabled coaching, skills intelligence, and confidence-building strategies produces measurable improvements in readiness, engagement, and adaptability across diverse roles.

Combined, these experiences demonstrate the need for educational systems that prepare learners for a rapidly changing workforce. By embedding AI-enabled coaching, skills intelligence, and confidence-building frameworks into curricula and workforce programs, health educators can close critical skill gaps, improve readiness for digital transformation, and support the development of adaptable, resilient, and future-ready professionals. This approach supports the INHWE 2026 themes of digital skills, interprofessional education, leadership and health management, and research in the education and training of health professionals. It reflects the future of health workforce education: one that develops not only competent clinicians, but confident, collaborative, and digitally fluent leaders.

2026148
Readiness and Implementing Digital Health and AI Competencies in Healthcare Education

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Dr Muhammad Junaid Shaikh, Senior lecturer, Indus University of Health Sciences, Pakistan

Short Paper

The use of artificial intelligence, telemedicine, and digital technologies all over the world has become popular worldwide day by day. When it came to integrating, none of the industry left behind in adopting the new innovations in their operational system. Likewise in health care system, the global digital revolution is already embedded as a major change in education system of future health care professionals in high income countries.

In low- and middle-income countries, the lack of supporting system, substantial structure and resistance to change will confront the incorporation of digital revolution in the system. Stakeholders may use the DECODE framework as a guide to develop digital health and AI competencies that fit their national healthcare context.

We contend that, despite obstacles like inadequate infrastructure, unprepared faculty, and disjointed policy environments, LMICs also have special opportunities that can be used for contextualized integration, such as affordable innovation, Mobile health jump-ahead, and expanding digital ecosystems. To incorporate digitalization in the health care education system, it is necessary to emphasize the policy decisions makers across the ministries of health education, accreditation bodies, and technology partners to collaborate with each other and develop guidelines for successful and sustainable implementation of digitalization. It advocates a two-tier capacity-building approach that emphasizes faculty development as a crucial element and combines advanced pedagogical training for competency-based teaching with basic digital health literacy.

To direct ethical AI education, we advocate for the use of frameworks like FUTURE-AI (Fairness, Universality, Traceability, Usability, Robustness, Explainability).

In the end, this opinion paper envisions a technologically proficient, ethically based, equity-driven, and locally responsive healthcare workforce in LMICs. Governments, academic institutions, professors, students, and international partners may work together to develop inclusive, scalable, and future-proof digital health education systems with our practical ideas.

Moreover, incorporating digital tools and Artificial Intelligence competencies into health education has become a worldwide demand as health systems place an emphasis on data driven innovations for diagnosis, treatment, and patient engagement. To make future healthcare providers for a rapidly changing world, a comprehensive educational plan that incorporates digital literacy, AI learning, and health informatics into training programs is required.

Digital competencies are viewed as essential skills rather than optional or additional ones since they provide future health care workers with the ability to critically assess new technologies, understand algorithmic function, recognize limitations, and guarantee ethical and effective use of digitals tools in clinical practice.

2026149
Teaching to Think: The Reality of Building Diagnostic Reasoning and Critical Thinking in an LMIC

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Short Paper

Worldwide, it is considered important to teach residents diagnostic reasoning (DR) to reduce diagnostic errors and ensure cost-effective management. The need is more acute in low- and middle-income countries (LMICs) due to greater proneness to errors and over-testing, with a cost impact on patients and families, which is more profound because of a lack of financial protection. However, teaching DR to residents in LMICs like Pakistan is challenging because trainees generally lack generic critical thinking (CT) skills and dispositions. While the framework for teaching DR is well suited to develop residents as critical thinkers, CT should not be assumed synonymous with DR. CT skills, both generic and content-specific, as well as dispositions, can be taught effectively from early childhood, at all educational levels and across all disciplinary areas.

In Pakistan, brain development from fetal life to adolescence is jeopardized by widespread chronic undernutrition in the earlier years and high rates of attrition from school in the later years. At educational institutes, national curricula emphasize rote learning over generic learning skills like communication, collaboration, and problem-solving. English language deficits further impair critical thinking, especially in public schools, compared to elite private institutions. Thus, students entering medical colleges usually lack the foundational CT skills, and sadly medical education also fails to remediate this. Preclinical teaching lacks evidence of cognitive integration, and clinical clerkships as currently structured provide insufficient longitudinal continuity with the clinical supervisor for effective formative assessment.

During postgraduate medical education (PGME), the apprenticeship model dominates, which is at variance with the idea of developing critical thinking in residents. Moreover, excessive clinical workload puts education and training in second place; missing on the last opportunity to address the lack of CT & DR skills in the graduating specialists. Although national accrediting bodies like the College of Physicians and Surgeons of Pakistan (CPSP) include CT in competencies, the system relies heavily on summative exams rather than formative, competency-based assessment, affecting its utility.

This opinion piece discusses the crucial link between Critical thinking and diagnostic reasoning as a potential area for intervention to improve the quality of doctors in Pakistan. It focuses on how critical thinking must be reframed not merely as a tool for accurate diagnosis but as a transformative force enabling residents to question and address day-to-day challenges.

2026150
Welcome to the Hexaflex - An introduction to ACT (Acceptance and Commitment Therapy), an innovative approach to supporting the Learning and Wellbeing of Medical Students

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Short Paper

Background
Rates of psychological distress are continuing to increase among the medical student population (Bhugra et al 2021). Psychological Flexibility (PF) is an adaptive behavioural skill set that has demonstrated relationships with medical student burnout and wellbeing. Evidence suggests that PF may mediate burnout and wellbeing outcomes and may be a protective factor (Wersebe et al 2018). Acceptance and Commitment based approaches are increasingly being used as a way of increasing PF including amongst medical students (Ditton et al, 2022).

The ACT model, also known as the psychological flexibility model, posits six overlapping therapeutic processes: 1) Acceptance; 2)Cognitive defusion; 3) Contact with the present moment; 4) Self-as-context; 5) Values; 6) Committed action. Collectively these are known as the "Hexaflex model" (Arch et al, 2022).

Summary of work
My Medic is a confidential and multidisciplinary service for Cardiff University medical students. My Medic has been carrying out a pilot study of the impact of ACT based Group Training on levels of anxiety and wellbeing. The intervention has run with 5 groups of 3 to 9 students, over 18 months, between February 2024 and July 2025. Each group ran over an 4-week period, including virtual group workshops and self-directed learning activities. The results build upon last year's presentation to INHWE 2025, when the pilot project structure and initial feedback were shared.

Quantitative data was collected at 3 time points including: student demographics, two measures of PF, and clinical measures of stress, anxiety, depression and wellbeing. In addition, students participated in a focus group designed to explore student perspectives around the intervention in terms of acceptability, accessibility and usefulness. In order to fulfil Kirkpatrick's 4-level training evaluation model (Kirkpatrick, 1959) an additional evaluation form was emailed to each participant.

Summary of results, discussion and conclusions
The results so far have been promising. 100% of participants stated they would recommend the course to others. Student feedback indicated that they acquired skills in acknowledging and stepping back from overwhelming thoughts. They found the course highly relevant, especially due to its tailoring for medical students. There was a preference for small, mixed year groups. Suggestions for improvements from students included greater scheduling flexibility and continuation of post-session materials.

Pre- and post-course results from the ACT courses were highly encouraging, recording consistent positive change across the two cohorts on measures of psychological flexibility and wellbeing, with over 85% of items recording a positive change. This result indicates an improvement in participants' ability to manage anxiety and handle challenging thoughts.

In particular, students reported significant improvement in their personal efficacy, including:
• Confidence about their ability to handle their personal problems
• Ability to manage difficult thoughts
• Improved awareness of their unwanted or unhelpful thoughts
• Appreciation of their wellbeing needs
• Use of wellbeing and mindfulness strategies

Also of note, participants recorded robust improvement in their psychological flexibility and managing the effect of difficult thoughts. Students reported:
• The effect of difficult emotions as less problematic
• Improved decision-making
• Being less reactive to distressing thoughts or images.

This study suggests that the online ACT small group training had a positive impact on students, by pairing ACT skills training alongside individual exercises and group reflection. This work is ongoing to develop the evidence base around the use of small group ACT skills training within the medical student population. Further analysis of participant feedback will inform future ACT courses and study.

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Supporting Documents:
https://inhwe.org/system/files/webform/Welcome%20to%20the%20Hexaflex_0.docx

2026151
Medical Illustration Pictured Through Visual Culture

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Short Paper

Medical Illustration Pictured Through Visual Culture explores how illustrated medical texts from the fifteenth to nineteenth centuries, which has been historically used to visualize anatomy and communicate clinical knowledge, are a means of informing the future of healthcare education through the lens of Visual Culture. Drawing from illustrated medical texts spanning the fifteenth to nineteenth centuries, including De Humani Corporis Fabrica (1555) and Traité Complet de l'Anatomie de l'Homme (1844), this analysis traces how art and medicine have long collaborated in pedagogy. These sources prompt observation, empathy, and interdisciplinary understanding. In this context visual culture is the study of how images and visual systems shape perception, power, and knowledge. This reveals how societies see, interpret, and assign meaning and value to the human body.

Applying these historical insights to contemporary health education, this research argues for the integration of artistic engagement into interprofessional training, using key examples from Case Western University and Stanford University as examples. Medical illustration fosters collaborative learning between healthcare professionals, artists, and educators, developing critical skills in observation, communication, and education.

By reintroducing artistic visual analysis and creativity into care curriculum, healthcare education can strengthen diagnostic precision while nurturing humanistic awareness. This prepares resilient and empathetic practitioners capable of both seeing and understanding the full humanity of their patients.

Supporting Documents:
https://inhwe.org/system/files/webform/Spaulding_INHWE%20Images.docx

2026152
From Needs Assessment to Widespread Adoption: A Case Study in Weight Stigma Intervention Research

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Short Paper

Weight stigma pervades fitness and physical activity contexts, creating barriers to participation for individuals in larger bodies and undermining public health efforts. Although this issue is increasingly recognized, few interventions have advanced from initial research to widespread implementation. This presentation describes a five-year case study of developing, testing, and scaling an evidence-based intervention to reduce weight stigma among health and wellness professionals.

The Weight Inclusive Thinking for Fitness Spaces (WIT FITS) project illustrates how systematic research progression can lead to real-world impact. Our work began with a needs assessment of 141 university recreation leaders, which identified weight-centric attitudes and significant professional development gaps. Guided by the Health at Every Size framework and attribution theory, we designed a two-hour, self-paced online course to promote inclusive and evidence-informed practices.

Rigorous testing followed through multiple research phases. A pilot study with 36 recreation professionals confirmed feasibility and preliminary effectiveness. A randomized controlled trial with 105 exercise professionals demonstrated significant improvements in attitudes toward body weight, body acceptance, and attribution complexity. A three-month follow-up (n=46) confirmed sustained effects. Replication studies with new populations - a cluster randomized trial with fitness and wellness majors and an RCT with 94 kinesiology students - established generalizability across pre-professional and professional groups.

Across six empirical studies, WIT FITS consistently improved participants' attitudes toward fatness. Participants described the content as relevant, practical, and directly applicable to their professional contexts. The program's development and evaluation were supported by over $20,000 in grant funding and resulted in nine peer-reviewed publications, with one additional manuscript under review.

The dissemination phase was critical to achieving real-world reach. We transformed the validated intervention into a freely available, open-access resource (weightinclusivethinking.com) compatible with learning management systems. Since Spring 2025, the course has reached more than 2,000 students and professionals, and faculty at 11 universities and 16 fitness organizations have independently adopted the materials - demonstrating scalability beyond the original research team.

This case study exemplifies the full research-to-practice cycle: establishing need, grounding in theory, iterative development, demonstrating efficacy, confirming durability, testing generalizability, and enabling adoption through accessible dissemination. Our experience offers a practical roadmap for health professions education researchers seeking to move beyond publication toward measurable real-world impact in reducing weight stigma and promoting inclusive care.

Supporting Documents:
https://inhwe.org/system/files/webform/Research-to-practice-model.pdf

2026153
Breaking Barriers in Healthcare Education: Mixed-Methods Insights from the ECHOES Project

Dr Nicola Pagnucci, Researcher assistant, Royal College of Surgeon in Ireland - RCSI, Ireland

Short Paper

Background
Persistent inequalities in healthcare education across Europe limit equitable access to expertise and contribute to uneven skill development among professionals. These disparities hinder healthcare systems' capacity to ensure consistent quality of care and equitable professional opportunities.

Aim
Identify and understand expertise gaps in healthcare professional education across Europe, integrating quali-quantitative findings to inform more equitable and accessible educational systems.

Methods
A mixed-methods study was conducted within the Erasmus+ ECHOES project. A cross-sectional survey (n=230) measured perceived gaps in knowledge, practice, research, and teaching across four domains: hard, transversal, digital, and green skills. Reliability and validity were assessed using Cronbach's alpha and confirmatory factor analysis. Complementary qualitative data were collected via four online focus groups and two semi-structured interviews involving 28 healthcare professionals and educators from 12 European countries.

Results
Quantitative results revealed the largest gaps in digital (mean=5.04, SD=2.10) and green skills (mean=6.16, SD=2.30), with Eastern Europe reporting the widest theoretical knowledge gaps. Qualitative findings reinforced these trends, identifying five themes: limited access to continuing professional development, lack of interprofessional collaboration, insufficient integration of evidence-based practice, inadequate digital competencies, and minimal attention to green and sustainable healthcare practices.

Conclusion
The findings highlight systemic inequities in healthcare education that restrict access to high-quality learning and perpetuate regional disparities. The ECHOES platform addresses these barriers by connecting European institutions and professionals through digital collaboration, promoting equitable access to expertise, and fostering innovation in teaching and learning. This approach contributes to redesigning healthcare education systems for equity, inclusivity, and sustainability.

Acknowledgements
We thank the European Union for co-funding this study.

2026154
Understanding Interprofessional Education in Scotland's Health and Care Workforce: Mapping the Landscape and Strategic Directions

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Short Paper

Introduction

Interprofessional Education (IPE) is increasingly recognised as a vital component of health professions education. While understanding of IPE implementation and its impact in undergraduate education has increased, IPE for the health and care workforce remains underexplored. As part of strategic IPE development in Scotland, a scoping survey was conducted by NHS Scotland Academy (NHSSA) and the Clinical Skills Managed Educational Network (CSMEN) to determine the status of IPE involving the health and care workforce, and identify factors influencing implementation.

Methods

Educators involved in leading or implementing workforce education or training for health and care professionals across Scotland were invited to complete an online survey. A series of questions requiring a combination of Likert Scale responses, and open-ended questions requiring free text responses. The survey was conducted between June 2024 and September 2024. Using the framework approach to guide thematic analysis, a number of themes were inducted from the qualitative data generated from the survey.

Results

Seventy health and care professionals completed the survey. 27.1% of participants reported that IPE occurred "on a monthly basis" in their departments, and 17.1% reported that IPE occurred on a weekly basis. Some of the IPE initiatives described indicated "well-structured, active interactive" IPE. Common educational approaches used with IPE included case-based learning and simulation-based education. Despite these encouraging findings, a notable barrier identified was in relation to evaluating or measuring the impact of IPE. 28.6% of survey participants expressed uncertainty about how to measure the impact effectively.

Discussion

These findings highlight the need for IPE faculty support along the IPE continuum from undergraduate to workforce education. To advance IPE in practice areas, national and international IPE organisations, and IPE leads in Higher Education Institutes must actively engage with workforce educators to share resources and support implementing and effectively evaluating the impact of IPE in practice.

2026155
Future Directions in Health Workforce Education: Digital Learning, Inter professional Collaboration and Learner Development

Short Paper

Health workforce training is undergoing rapid transformation as educators adapt to technological innovation, staffing pressures and rising expectations for patient-centred care. This narrative review examined recent literature to explore how digital learning, simulation, interprofessional education and personal development initiatives influence learner preparedness. Evidence shows that both in-person and virtual simulation consistently enhance clinical readiness by allowing learners to practise complex scenarios safely. Interprofessional activities strengthen teamwork, communication and shared decision-making, while the integration of digital tools highlights the growing need for strong digital health literacy. Although leadership and cultural competence training are applied inconsistently, available studies suggest they foster self-awareness, confidence and responsiveness to diverse patient populations. Overall, the review indicates that flexible, blended educational models incorporating these elements are essential for preparing an adaptable and resilient health workforce.

Supporting Documents:

2026156
Advancing Research Competencies Through Remote Team-Based Learning Among Healthcare Students

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Dr Rawan I. Al-Ahmad, Intern, Prince Hamza Hospital, Jordan

Short Paper

Background
Team-Based Learning (TBL) is a structured active-learning strategy that has gained broad adoption in health professions education. Initially developed within business schools, TBL has become increasingly utilized in medical and public health programs for its emphasis on collaboration, accountability, and applied problem-solving.

Objectives
This study assesses the effectiveness of TBL as a mentoring and instructional modality for healthcare students in a remote cohort-based environment and evaluates its impact on research-related learning outcomes.

Methods
Two consecutive 2-month research training cycles were delivered to more than 200 students between November 2024-January 2025 and February-April 2025. Learners completed pre- and post-course assessments consisting of multiple-choice questions aligned with Bloom's taxonomy, in addition to surveys and focus groups designed to measure comprehension, engagement, and perceived competency.

Results
A total of 150 students achieved final course scores exceeding 80% and were subsequently referred to research-related opportunities. Many participants initiated or completed scholarly outputs, including conference abstracts, dissemination projects, and research manuscripts. Across cohorts, post-test scores demonstrated substantial improvement and were complemented by consistently positive learner feedback regarding the TBL structure and digital learning environment.

Conclusion
TBL is an effective approach for delivering research training in remote healthcare education. The model strengthened students' knowledge, confidence, and capacity for scholarly engagement, highlighting its value for integration across health workforce development programs.

2026157
Enhancing healthcare worker mental health via artificial intelligence-driven work process improvements: a scoping review

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Short Paper

Background
Healthcare workers (HCWs) are exposed to higher rates of mental health issues, such as burnout, anxiety, cognitive overload, and stress, compared to the general population. These may be exacerbated by administrative activities, such as extensive paperwork and disorganised work processes. The implementation of artificial intelligence (AI) in healthcare holds the potential to combat these challenges by streamlining workflow processes, lowering administrative load, and increasing efficiency. The role of AI in supporting HCWs' mental health is yet to be fully explored. This scoping review mapped the current evidence on how AI can enhance HCWs' mental health through workflow optimisation.

Methods
This scoping review was informed by best practice in the conduct and reporting of scoping reviews. A comprehensive search of academic and grey literature was performed without date restrictions. A two-stage dual screening process was employed using Covidence. A customised data extraction tool was developed to systematically extract data, which was then summarised descriptively.

Results
Twenty articles were included in the review, with the majority published between 2020 and 2024. These comprised empirical studies, literature reviews, position papers, and selected grey literature. The studies explored various AI applications such as Natural Language Processing (NLP), AI-integrated Electronic Health Records (EHR), Machine Learning (ML), Clinical Decision Support Systems (CDSS), and Generative AI-driven tools such as ChatGPT. Burnout was the most frequently addressed mental health issue, followed by stress and cognitive load. Clinical documentation emerged as the most frequently addressed workflow, followed by clinical decision-making and diagnostics. Literature indicated that AI was capable of streamlining workflows, reducing administrative burden, and improving job satisfaction among HCWs. However, challenges such as data integration, algorithmic bias, and increased oversight demands were noted as potential barriers to effective implementation.

Conclusion
AI holds significant potential to improve HCWs' mental health and well-being by addressing workflow inefficiencies and reducing administrative burden. While available evidence highlights its benefits in enhancing job satisfaction and mitigating burnout, challenges such as data standardisation and user trust must be addressed for successful adoption. Future research should focus on evaluating the long-term impacts of AI on HCWs' mental well-being and developing strategies to mitigate unintended consequences.

Supporting Documents:
https://inhwe.org/system/files/webform/Figure%201%20docx.docx

2026158
Stakeholders' Perspectives on Interprofessional Education and Collaboration in Health Professions Training

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Short Paper

Background & Aim

Interprofessional collaboration (IPC) and interprofessional education (IPE) are increasingly recognized as essential components of modern healthcare systems. IPC is broadly defined as teamwork based on shared goals, coordination, solidarity, leadership, and joint decision-making, supported by holistic approaches, communication, and mutual understanding of roles and responsibilities. In healthcare, IPC is considered a necessity of our time, as it prevents medical errors, improves care quality, reduces morbidity and mortality, enhances patient safety, and shortens treatment duration. For professionals, IPC decreases workload, prevents burnout, improves workplace relationships, and fosters motivation and confidence. Despite these benefits, challenges such as professional hierarchies, medical dominance, lack of guidelines, and role conflicts remain. IPE, on the other hand, is described as learning together, understanding roles and responsibilities, and engaging in interactive, experiential methods. This study aimed to explore the perspectives of faculty members and senior students on IPC and IPE, identifying perceived benefits, barriers, and recommendations for integrating IPE into health professions curricula.

Methods

A qualitative design was employed. Data were collected through semi-structured interviews with 47 faculty members and focus group discussions with 35 final-year students from universities in Ankara offering health sciences programs. Audio recordings were transcribed verbatim and analyzed using content analysis. Themes and subthemes were identified to capture the perspectives of different stakeholders.

Results

Two main themes emerged: perspectives on IPC and perspectives on IPE.

IPC Benefits

Participants emphasized that collaboration reduces medical errors, enhances holistic care, lowers morbidity and mortality, and improves patient safety. For professionals, IPC decreases workload, prevents burnout, fosters positive relationships, and increases motivation and confidence. It also provides opportunities for experience sharing, reduces malpractice, and enhances professional satisfaction.

IPC Barriers

Despite role definitions in regulations, there are no clear guidelines modelling interprofessional relationships. Barriers include hierarchy, medical dominance, overconfidence, role conflicts, marginalization, mistrust, superiority, ego, and low self-esteem. Positive factors include love for the profession, valuing patients, trust, belonging, and recognition. Decision-making bodies dominated by physicians were seen as reinforcing professional chauvinism and conflicts. Employment concerns, unemployment, economic pressures, and autonomy issues also negatively affect collaboration.

IPE Benefits

IPE was described as learning together, experiencing roles, and engaging in interactive methods such as simulations, standardized patients, and joint clinical skills training. For students, IPE develops teamwork, empathy, communication, leadership, problem-solving, patient-centeredness, and professional satisfaction. For faculty, IPE enhances collaboration, reduces workload, and fosters recognition. For patients and society, IPE builds trust, satisfaction, and happiness. Institutions benefit through prestige, resource efficiency, social credibility, influence in health policy, and improved educational quality.

IPE Barriers

The most frequently mentioned challenge was the separation of students by discipline, with limited interaction despite sharing the same faculty. Faculty members often lacked awareness of each other's courses and were overly specialized in their own fields. Weak social and academic collaboration among faculty and students limited interprofessional engagement.

Conclusion

Stakeholders agreed that collaboration is a core competency for health professionals. Successful implementation of IPE requires institutional vision, stakeholder alignment, adequate infrastructure, and consideration of local needs and resources. Embedding IPE into curricula and extending it to postgraduate and continuing education is essential for sustainable impact.

Recommendations

Educational programs should establish common terminology, involve diverse stakeholders in curriculum design, and integrate IPE early through interactive and experiential methods. Programs must be realistic, sustainable, and supported by infrastructure, faculty leadership, and opportunities such as rotations, shared courses, and social activities. Faculty development and clear guidelines are needed to strengthen educators' roles as facilitators and role models. For research, interdisciplinary teams, postgraduate programs, and the use of qualitative and mixed methods are encouraged. Systematic planning, stakeholder feedback, and evaluation of IPE outcomes across learners, providers, and policymakers are critical. In the long term, IPE and IPC should be assessed by their impact on population health, patient satisfaction, and healthcare costs.

2026159
Development and evaluation of conflict resolution skills training for newly promoted nurse clinicians using Roger and William's principled negotiation framework

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Short Paper

Background
Newly promoted nurse clinicians face significant challenges in managing workplace conflicts, yet evidence-based training programmes specifically designed for this population remain limited. Current leadership development initiatives often lack structured conflict resolution components tailored to the unique needs of nurses transitioning from clinical to supervisory roles.

Objective
To develop, implement, and evaluate a comprehensive conflict resolution training programme for newly promoted nurse clinicians using Roger Fisher and William Ury's principled negotiation framework.

Methods
A mixed-methods study was conducted at an academic medical centre involving 24 newly promoted nurse clinicians. The programme comprised four interactive sessions incorporating role-play scenarios, case studies, and reflective discussions based on Roger Fisher and William Ury's four principles: separating people from problems, focusing on interests, not positions, generating options for mutual gain, and using objective criteria. Evaluation followed Kirkpatrick's four-level model, utilising pre-post surveys, focus group discussions, and three-month follow-up assessments. Quantitative data were analysed using descriptive statistics and paired t-tests, whilst qualitative data underwent thematic analysis.

Results
Participants demonstrated significant improvements in conflict resolution confidence ($p<0.001$) and knowledge scores ($p<0.001$) immediately post-training. Qualitative findings revealed three key themes: enhanced self-awareness in conflict situations, improved communication strategies, and increased confidence in addressing workplace disputes. At three-month follow-up, 92% of participants reported applying Roger Fisher and William Ury's principled negotiation techniques in their clinical practice, with sustained improvements in conflict management capabilities.

Conclusions
The structured conflict resolution training programme based on the principled negotiation framework effectively enhanced newly promoted nurse clinicians' conflict management skills and confidence. Integrating the four core principles with experiential learning methods proved particularly valuable for this population.

Clinical relevance
Embedding structured conflict resolution training within leadership development initiatives can strengthen nurse clinicians' ability to manage interpersonal and interprofessional conflicts, promote team collaboration, and foster psychologically safe workplaces.

2026160
The impact of training programs on reducing burnout among caregivers of Alzheimer's patients: insights from current practice

Ms Crina Maria Isac, Master student, Alexandru Ioan Cuza University of Iași, Romania

Short Paper

Burnout among caregivers of Alzheimer's disease (AD) patients is one of the most common consequences of long-term care work, often underestimated and insufficiently addressed. Studies and observations from residential centers and home care services show that caregivers who do not receive specific training experience increased levels of emotional stress, difficulties in managing difficult patient behaviors, and a persistent feeling of helplessness. In contrast, in contexts where structured training programs are implemented, even of short duration, caregivers report greater stress tolerance, more effective communication with patients, and reduced burnout episodes. This study starts from the analysis of existing educational programs and the experiences of professionals in the field to highlight the mechanisms through which training influences the psychological state of caregivers. The three essential components identified are understanding the progression of the disease, applying adapted communication techniques, and developing emotional self-regulation strategies. Integrating these elements into training programs leads to decreased burnout levels and improved quality of patient care. The results suggest that training should not be viewed solely as an educational tool, but as an essential protective factor in maintaining the mental health and professional performance of caregivers. Systematic implementation of training programs within institutions and services that care for patients with AD can reduce emotional distress, increase caregiver satisfaction, and improve the overall patient experience. This study emphasizes the importance of continuing education and practical strategies for maintaining the emotional health of caregivers working with patients with AD.

2026161
Challenges faced by newly promoted Asian nurse leaders in the acute care setting-a case study

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Short Paper

Background
Research on Asian nurse leaders is limited, especially during first year of transition into leadership roles. Understanding their challenges is needed to provide support and inform organisational training and retention strategies.

Objective
This study aimed to explore the key challenges experienced by Asian nurse leaders who were newly promoted (within one year of promotion) in the acute care setting.

Methods
A single case study design. A total of 62 nurses who were newly promoted to floor managers completed a survey with open ended questions from June to December 2023. Data were analysed using an inductive content analysis approach.

Results
Three key challenges were identified: coping with new managerial role, communication with staff and facing with physical barriers. The participants highlighted various challenges while coping with their new managerial responsibilities, including: (i) lack of knowledge in managerial duties; (ii) steep learning curve; and (iii) the need to manage challenging work situations as a Nurse Manager. The subthemes highlighted under the theme of staff communication included: (i) understanding and managing staff from different generation; and (ii) having difficult conversations with staff as a new leader. Participants felt that communication with their staff was an ongoing challenge as they take on the new managerial role. The subthemes highlighted under the experience of physical barriers were: (i) shortage of manpower reduced time for managerial role learning; (ii) balancing patient care and managerial duties; and (iii) personal commitments from family responsibilities.

Various recommendations to improve the transition to practice of the newly promoted nurse managers arising from the study findings are to ensure: (i) A systematic approach to conduct a professional assessment of skills and behaviours required by the nurse managers; (ii) A structured and formal development training program to enhance competency for the nurse manager adapting to a new role; (iii) Leverage on a senior nurse manager mentor to develop the orientation and training program and implement it among the new nurse managers; (iv) Development of leadership education programmes that promotes communication skills among the nurse managers, particularly when interacting with staff from various generations; and (v) Provide better support for the nurse managers by carrying out regular conversations to assess their scope of work and evaluate existing role challenges.

Conclusion
The findings revealed the various challenges experienced by the Asian nurses during the transition process of undertaking the new managerial role and responsibilities. Recognizing their challenges will help inform the development of strategies to assist newly promoted nurses, particularly the younger ones, in adapting to their new roles and promoting sustainable nursing leadership within the workforce.

2026162
The role of digital skills in optimizing the performance and accuracy of laboratory analyses

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Short Paper

The rapid development of digital technologies in healthcare has transformed the way healthcare professionals acquire and apply technical skills, with a direct impact on the efficiency and quality of healthcare. In medical laboratories, the accuracy and speed of processing biological samples is not only based on theoretical knowledge, but also on the mastery of digital tools, including laboratory software, automation systems and patient data management platforms. Observations from educational institutions and clinical laboratories indicate that structured digital training increases technicians' ability to use equipment accurately, reduces processing errors and optimizes workflow. This study analyses existing digital educational programs for medical laboratory personnel, emphasizing the essential elements that contribute to the formation of practical skills: familiarization with specific software, digital simulations for sample processing and access to interactive platforms for continuous learning. Integrating these elements into educational curricula promotes a thorough understanding of laboratory techniques and develops skills to manage complex or unforeseen situations. Thus, practical training includes the use of automated blood analysis systems, digital sample management platforms and interactive simulations that allow staff to reproduce real laboratory scenarios, thus increasing accuracy and confidence in the work process. In addition, continuous digital training allows staff to quickly adapt to new protocols and technologies, helping to maintain safety and quality standards in the laboratory. In addition, it supports the development of critical thinking and problem-solving skills, essential skills in a rapidly changing environment that requires constant accuracy. The results indicate that digital skills not only improve the accuracy and efficiency of analyses, but also stimulate the rapid adoption of new technologies, contributing to the standardization of processes and the reduction of human errors. This paper highlights the importance of continuous education and digital strategies in the training of laboratory staff, highlighting their role as essential tools for the quality of medical services and patient safety. The integration of digital programs into technician training is thus a critical component of modern education, which can have significant effects on the performance of medical institutions and the patient experience, preparing personnel for the future challenges of the medical laboratory.

2026163
Impact of Therapeutic Patient Education on Treatment Adherence and Quality of Life in Adults with Epilepsy: A Systematic Review

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Short Paper

Introduction
Therapeutic Patient Education (TPE) has emerged as a key strategy for improving treatment adherence and empowering individuals with epilepsy to manage their condition. Despite its growing implementation, evidence regarding the effectiveness and specific characteristics of TPE programs for adults with epilepsy are limited and inconsistent. This systematic review aimed to synthesize recent evidence on how TPE interventions contribute to better adherence, enhanced self-management, and improved quality of life in adults living with epilepsy.

Methods
Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines, a systematic review was conducted using scientific databases such as PubMed, Science Direct, and Google Scholar to identify studies published between 2018 and 2025. All retrieved records were exported and screened using Rayyan, an AI-based platform for systematic review management and analysis. Sixteen studies met the inclusion criteria.

Results
Sixteen studies involving approximately 2,500 participants from nine countries were included in the review. Most studies focused on adults with epilepsy, although a few considered caregivers or mixed-age populations. Ten of these studies were conducted in hospital settings, while three used digital or community-based platforms. The research designs varied considerably, ranging from cross-sectional and interventional studies to systematic reviews, validation work, and qualitative explorations. The follow-up period was extended from a single session to as long as six months. Interventions were classified into three categories: educational programs, self-management initiatives, and hybrid or mHealth-based approaches. Because the studies differed in terms of design and outcome measures, conducting a meta-analysis was not feasible. Instead, the findings were summarized in narrative form. Overall, educational and counselling interventions led to moderate improvements in treatment adherence and patient knowledge, whereas mHealth-focused programs tended to produce stronger gains in adherence and self-management. Quality of life outcomes improved in several cases, although these effects were somewhat inconsistent across intervention types. These results highlight how digital and hybrid approaches may increasingly enhance the accessibility and long-term impact of Therapeutic Patient Education for individuals living with epilepsy.

Conclusions
Therapeutic Patient Education remains central to epilepsy care, helping individuals better understand their condition and adhere to treatment. Emerging digital health and mHealth tools offer new ways to expand access, foster engagement, and support sustainable health outcomes.

Supporting Documents:
https://inhwe.org/system/files/webform/Abstract-Oumaima%20EL%20idrissi.docx

2026164
Developing a Strategy to Guide Interprofessional Education - The Park and Cust Model

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Short Paper

Introduction
Interprofessional Education (IPE) has become a cornerstone to prepare health and social care professionals for collaborative practice. As a globally recognised educational approach to improve interprofessional collaboration in health and social care (WHO, 2010), it is recommended that IPE is planned using an educational strategy (Barr at el., 2017). Despite many universities delivering IPE (van Diggele et al, 2020) and over 60 years of evidence demonstrating that IPE enhances collaborative practice (IP.Global, 2023), there is a distinct lack of practical guidance in this area. A strategic approach to embedding IPE within interprofessional curricula remains a challenge. Our presentation draws upon our published model for IPE strategy development.

Methods
The Park and Cust Model of IPE Strategy Development (Park and Cust, 2025) has been established to guide the curriculum design of IPE using educational strategy. The model has 8 steps and has been developed based on the authors academic experiences of planning, implementing and evaluating IPE Strategy in university curricula, drawing on evidence, professional requirements, stakeholder analysis, policy and guidelines. The model integrates existing best practices, emphasising curriculum mapping, faculty development, and interprofessional learning opportunities.

Results
The Park and Cust Model has been successfully implemented into two UK universities and resulted in increased awareness of interprofessional roles and improved confidence in collaborative skills. Within this talk we will introduce each step, describing the stages recommended to design robust IPE Strategy that aligns with professional statutory body requirements to meet the demands of the health and social care workforce for integrated care provision.

Discussion
The Park and Cust IPE Strategy Development Model provides a practical framework for institutions aiming to enhance interprofessional learning within health and social care education. The model's emphasis on stakeholder involvement and evidence-informed practice supports sustainable curriculum change and improved patient outcomes.

Conclusion
We will explore the complexities of IPE provision, strategy development and evaluation, and our presentation showcases the development and impact of the Park and Cust IPE Strategy Development Model, offering a blueprint for embedding interprofessional education in health and social care programmes. The approach holds promise for wider adoption across health professions education.

Supporting Documents:
https://inhwe.org/system/files/webform/250826-Developing-a-strategy-to-guide-interprofessional-education.pdf

2026165
Ward Integrated Simulated Environment: Enhancing Prioritisation, Escalation and Communication for Safer Ward Rounds

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Short Paper

Introduction

Supporting final-year medical students as they transition into foundation training requires opportunities to practise the realities of ward-based clinical work. The Ward Integrated Simulated Environment (WISE) was created to address this need by offering a low-fidelity simulation that replicates the pace, workload, and decision-making pressures encountered during ward rounds. Deficits in prioritisation, escalation, and communication are recognised contributors to early-career adverse events, yet undergraduate education rarely provides authentic practice in these safety-critical skills (1). This study explored whether WISE enhances learners' ability to lead safe and effective ward rounds (2).

Methods

A longitudinal intervention was implemented for final-year medical students from two UK medical schools; this report focuses on data from Queen Elizabeth Hospital Birmingham. Sessions ran during three distinct periods: Nov 2021-Mar 2022, Oct 2024-Jan 2025, and Sept 2025-Oct 2025.

Each teaching encounter lasted two hours and comprised: a brief orientation to ward-round safety expectations, a one-hour independent ward-lead simulation within a realistic ward setting, and a facilitated debrief led by three Clinical Teaching Fellows (CTFs) for groups of 2-6 participants.

Learners completed matched pre- and post-session surveys using 5-point Likert scales measuring confidence across domains aligned with transition-to-practice competencies.

Results

Across 27 WISE sessions, 96 students responded to the pre-teaching survey and 95 to the post-teaching survey (average 3.6 participants per session). Across all assessed competencies, learners demonstrated greater preparedness for undertaking independent ward-round responsibilities after participating in WISE. Increases in mean Likert scores included:

- confidence running an independent ward round (2.07, 3.66; +1.59)
- clarity and structure of documentation (2.63, 3.81; +1.18)
- ability to prioritise tasks (2.32, 3.74; +1.41)
- recognising when escalation is required (2.43, 3.88; +1.44)
- confidence presenting to senior clinicians (2.42, 3.91; +1.49)

Self-reported understanding of board-round processes also increased (3.1, 4.6; +1.50).

Every respondent agreed that WISE was relevant to their upcoming clinical role. Satisfaction scores were consistently high for session content (4.53/5), facilitator quality (4.57/5), resources (4.43/5), and overall experience (4.56/5).

Discussion

WISE offers a practical method for embedding realistic ward-based challenges into undergraduate teaching. By reflecting common sources of error encountered by new doctors, the model provides a safe environment for practising critical patient-safety behaviours (1). Despite its low-fidelity design, WISE appears to promote meaningful development of clinical reasoning and decision-making under pressure.

The observed gains in confidence, including ward-round leadership, documentation, prioritisation, escalation, and communication, indicate that WISE can support essential transition-to-practice competencies. Its flexible, resource-efficient structure positions it as a scalable training approach capable of strengthening early-career preparedness across diverse healthcare settings.

Overall, WISE demonstrates how low-fidelity simulation can effectively prepare final-year medical students for the demands and responsibilities of ward-based patient care.

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2026166
IPE3P: An Interprofessional Education Policy Practice Pilot

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Short Paper

Interprofessional education (IPE) occurs when students from two or more professions learn with, from, and about each other to prepare them to work within interprofessional (IP) healthcare teams that promote health (WHO, 2010). IPE has largely focused on direct clinical care which may not include the expertise of non-clinical health professions or encompass the full scope of practice of healthcare professionals. There is a need for IPE activities where healthcare professionals and students work together to consider scenarios beyond patient-facing care. One such example is policy practice, as policy is the umbrella under which clinical practice occurs. Policy training across health-professions degree programs has been inconsistent, although policy is highly relevant to healthcare and practice (Herman et al., 2016). This presentation describes an innovative IPE activity designed to fill this gap: the IPE policy practice pilot (IPE3P). IPE3P fosters an inclusive understanding of IP collaboration and is flexibly designed to allow students from any health profession to participate in an IP 3-hr policy analysis activity. Our pilot exposes students from dental medicine, social work, public health, and health sciences to the foundational IPE competencies as well as policy analysis skills; the vignette focuses on whether a healthcare institution should-as the literature supports the strong association between oral health and physical health-institute dental screenings in primary care. While this iteration focuses on policy related to dental practice, the policy analyzed can be substituted as needed to create relevance for participating professions. After an orientation, pre-assigned IP students groups will complete an icebreaker, analyze the policy vignette, produce policy recommendations, and debrief. Students will individually reflect on the group's process, IPE experience, and complete Archibald et al.'s (2014) Interprofessional Collaborative Competencies Attainment Survey (ICCAS). Evaluation of learning outcomes will use a mixed-methods concurrent parallel design to assess students' applied IPE competencies. We expect the IPE3P to promote skills related to communication, roles and responsibilities, collaborative patient-family-centered approach, conflict management, and teamwork. We anticipate the IPE3P to have notable second-order effects; because policy practice training is uneven across professions and within specializations, students who participate in this activity will be exposed to policy practice and understand its application to their own field. IPE3P is a scalable approach to inclusive IPE that can be replicated across institutions and adapted to various contexts. By embedding policy practice into IP learning, future healthcare professionals may be motivated to embrace policy as part of their practice.

2026167
From workforce surveys to a sustainable nursing/midwifery workforce in primary health care

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Short Paper

Background
The profile of professional and demographic characteristics of nursing and midwifery workforce is essential to assess the coverage and sustainability of primary health care (PHC) services, as well as the sustainability of this workforce. Longitudinal research involving data from a consecutive period of time in this area has been limited yet important to inform workforce planning and/or policy making.

Aim/Objectives
To investigate Australian PHC nursing and midwifery workforce demographics, professional characteristics, factors that influenced their decisions to work in PHC, and trends in the data during 2015-2019.

Methods
Longitudinal descriptive design was applied using retrospective data that were collected annually by Australian Primary Health Care Nurses Association (APNA).

Findings
Survey data from 7066 participants were analysed, informing a snapshot of Australian PHC nursing and midwifery workforce's demographics and professional characteristics during 2015-2019. Highlights of the results include: (1) a small steady increase in the number of young nurses and midwives (aged 25-34 years) working in Australian PHC settings, (2) a downward trend in the percentage of postgraduate study completion among participants, and (3) how factors influencing participant decision to work in PHC differed among different age groups and postgraduate qualification. More specifically, participants with nurse practitioner qualification rated professional autonomy and opportunities for career advancement highest among all other registration sub-groups. Nurses/midwives less than 34 years old preferred practical opportunities to advance their nursing/midwifery career while those above 35 years old had a strong preference to access flexible work arrangements to suit their personal lifestyle and family commitments.

Implications
Recommendations are provided to inform practice, education and research. First, recruitment and retention strategies need to be tailored to nurses and midwives' qualifications and age groups to attract and retain qualified workforce. Second, relevant education/accreditation bodies and PHC organisations need to enhance PHC content in both theoretical and clinical components of pre-registration nursing/midwifery programs to better promote student awareness of the importance of PHC and of a potential career in various PHC settings. Last but not least, future research using well-designed longitudinal workforce survey is warranted to capture high-quality data in a variety of PHC localities/settings to increase nurses/midwives' visibility in national workforce policy planning.

Supporting Documents:
https://inhwe.org/system/files/webform/Abstract1_Figures_INHWE.docx

2026169
Investigating Post-Application Institutional Support Systems Available to Widening Participation (WP) Medical Students in Scotland

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Short Paper

Background
Widening participation (WP) refers to strategies that aim to promote equity in higher education by reducing the impact of social, economic, and cultural barriers to success (1). Within medical education, WP policy has historically focused on initiatives aimed at minimising barriers at the pre-application and application stage of medical school. As the number of WP students in medical schools increases, there is a growing recognition of the need to ensure post-application support (2). The "deficit model" in medical education refers to a theoretical approach in which students are primarily viewed in terms of what they lack compared to a presumed "norm" (3,4). In contrast, the capability approach emphasises the medical school's duty to enable environments where students can realise their potential and wellbeing (5). This project will use the capability approach as a theoretical lens to analyse whether institutions create conditions that enable full participation of WP learners.

Objectives
The aim of this project is to evaluate post-application institutional support systems available to widening participation medical students in Scotland by:
- Identifying the guidance or requirements set by the GMC and MSC for post-application (in-course) support for widening participation students.
- Identifying post-application institutional support available to WP students across Scottish medical schools.
- Evaluating WP students' awareness of post-entry supports and their perceived effectiveness and.
- Identifying gaps in support systems offered by medical schools to provide practical recommendations.

Method
This will be a mixed-methods study combining directed content analysis and qualitative enquiry. The first stage will involve analysis of the General Medical Council and Medical Schools Council policy documents through a capability approach lens to identify expectations for WP post entry support. The second stage will review publicly available information from Scottish medical schools to assess whether post-application support is explicitly addressed in their policies. The third stage will involve interviews with WP representatives at medical schools as well as medical students. Interviews with WP representatives will explore institutional strategies and measures of effectiveness of post-application support. Medical student interviews will focus on lived experiences and perceptions of available support.

Results
The initial literature review that forms the background to this study identified the main categories of barriers faced by WP students: financial limitations, social isolation, discrimination and stigma, and challenges related to mental health and wellbeing. The corresponding categories of post application support - financial assistance, academic and pastoral support, social and peer initiatives and wellbeing focused provision - will form the basis of the coding matrix for content analysis.
The review also identified interchangeable use of "widening access" and "widening participation" across academic writing and institutional documents. The interchangeable use of these terms can obscure distinctions between entry focused and post entry measures and reduces consistency across research and policy. Therefore, the coding matrix will focus exclusively on widening participation.
The data collected from the content analysis and qualitative enquiry will then undergo thematic analysis to identify gaps and opportunities for institutional support.

Conclusions
The aim of this study is to provide evidence-based insights into how medical schools can improve their support for widening participation students beyond admission. Recommendations will inform institutional practice aimed at promoting equality, diversity, and inclusion and belonging within medical education.

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2026171
Embedding Digital Clinical Safety into Health Workforce Education: Developing a National Training Programme for New Zealand

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Short Paper

Introduction
The healthcare sector is undergoing a major digital transformation, driven by technologies that can enable new models of care. This transition presents several challenges, including concerns about patient confidentiality, the reliability of digital tools, and their integration into existing workflows. Digital Clinical Safety (DCS) aims to prevent harm from the use of technologies that have been developed and implemented within the healthcare system. The Health New Zealand - Te Whatu Ora (Health NZ) Data and Digital team have developed the first DCS framework for New Zealand. Despite its importance, there is limited understanding of DCS among healthcare professionals in New Zealand. We designed a corresponding national training programme to embed DCS principles across the health workforce.

Methods
We interviewed subject matter experts across the organisation to identify knowledge gaps, barriers to adoption, and preferences for implementation of the training programme. The findings from these interviews informed the design of seven e-learning modules, tailored to varying professional roles and levels of digital engagement. The modules are concise, self-paced, and supported by online discussion forums and Digital Clinical Specialists. The module content will undergo ongoing quality improvement through the evaluation of data on completion and dropout rates, pre- and post-training knowledge assessments, and participant feedback surveys completed by staff enrolled in the modules. Long-term outcomes will track changes in error rates related to the use of digital tools and patient safety indicators.

Results
Stakeholder analysis revealed three significant findings: (1) there is currently a low level of DCS understanding across clinical and technical staff, (2) unanimous support for implementing online training on this topic, and (3) there is variable compliance with existing mandatory training, highlighting the need for an effective change management strategy that includes education. Interviewees emphasised that the practical relevance of the training and availability of wrap-around support were essential for uptake. A detailed change-management strategy, informed by Mento et al.'s1 12-step model, underpins the implementation plan to enhance engagement in DCS thinking and related actions in the workplace.

Discussion
Embedding DCS training across Health NZ represents a transformative approach to integrating patient safety with digital innovation. This initiative aims to enhance digital literacy, reduce technology-related errors, and support equitable and safe care by integrating DCS principles into the standard ways of working for digital health users. This approach contributes to the future of healthcare education by demonstrating how digital safety can be systematically integrated into workforce learning, ensuring that technology is used safely and effectively to improve patient outcomes.

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2026172
Knowledge, Attitudes, Practices, And Perceptions Of Patients And Health Practitioners Towards Food-Drug Interactions

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Short Paper

Introduction and aims of the study

Food-drug interactions (FDIs) are a critical aspect of pharmacotherapy that directly impact the safety and efficacy of medications. Various health practitioners have a role within the pharmacotherapeutic pipeline, either as direct prescriber, administrator, dispenser, educator or provider of non-pharmacological therapy. Contextual nuances thus arise which may influence their ability to engage effectively in patient consultation concerning FDI, though invariably may be affected by several other circumstances. The understanding of FDIs within the African healthcare setting also needs to consider diverse dietary habits, widespread polypharmacy and treatment considering our quadruple burden of disease, common use of traditional medicine, and inconsistent access to pharmacological training. Despite the importance of FDI consultation, the factors that facilitate or hinder FDI education remain unexplored, especially in South Africa. This scoping review explored the knowledge, attitudes, practices, and perceptions of patients and health practitioners regarding FDIs to determine potential influencers of FDI consultation to inform further targeted focus group interviews within the South Africa public healthcare sector.

Methods

The Joanna Briggs Institute evidence synthesis framework was used to conduct a scoping review of publications from three databases using relevant Medical Subject Headings (MeSH) and free-text keywords. Only full-text, primary research focusing on patient or health practitioner knowledge, attitudes, practices or perceptions towards FDIs was considered. The screening followed a blinded double-reviewer approach, with quality assessment conducted using the mixed-methods appraisal tool. Data was expressed using thematic analysis, with quantitative description where appropriate.

Results

A total of 48 publications were included from an initial pool of 391 citations, with a Cohen's kappa of 0.756 (title and abstract screening) and 0.645 (full-text screening), indicating good agreement for both screening stages. Most studies were from the high (n = 27) and middle (n = 17) income countries, with limited representation from low-income settings (n = 4). Overall, only four studies reported on South Africa. Most studies focused on the pharmacist (n = 14) and patient (n = 17) perspective. Although health practitioners had general awareness of FDIs, significant knowledge gaps for specific interactions were present, such as those involving warfarin. Pharmacists' knowledge was highest, with nurses being less proficient, highlighting the contribution of educational backgrounds. Although attitudes were mostly positive towards education and counselling, this was not consistently reflected in practice, where errors persisted or communication was lacking. Common barriers included unclear professional roles, limited training, high patient loads, and time constraints. Patients supported education efforts, but knowledge deficits were observed and complicated by illiteracy and reluctance to engage in lengthy consultations.

Discussion/conclusion

The review identified several factors that influence how patients and health practitioners engage with FDIs consultation, including significant knowledge gaps, inconsistent counselling practices, and systemic barriers that limit effective education. Subsequently, pharmacotherapeutic care may thus be compromised, with potential therapeutic inefficacy or increased adverse effects. Nuanced approaches are needed across health practitioner groups, supported by bolstered pre-service and in-service education on locally relevant medication and foodstuffs, and tailored patient counselling strategies to support sociocultural and perceptual differences. The limited representation of African contexts highlights the need for region-specific research that considers local dietary habits, cultural practices, and healthcare challenges to provide localised solutions to FDI-related concerns. The findings inform pertinent topics to address during subsequent consultations with health practitioners.

2026173
Knowledge and Awareness of Iron Deficiency Symptoms among Female University Students

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Short Paper

Background
One of the most common problems worldwide that affects young women during early adulthood, such as university and school students, is iron deficiency. This problem impacts their lives in several ways, causing fatigue, reduced academic performance, decreased physical strength, increased susceptibility to infections, and poor concentration. Despite its high prevalence, university students lack sufficient knowledge and awareness of iron deficiency symptoms, which leads to delayed early detection and appropriate intervention.

Methods
A literature review was conducted using PubMed and Scopus to identify previous studies published during the last five years that assessed knowledge and awareness of university students regarding the symptoms of iron deficiency.

Results
Previous studies indicated that the level of knowledge regarding iron deficiency symptoms among university students is generally low. A significant association was observed between age, academic stage, and the level of knowledge. Some studies also indicated that the prevalence of iron deficiency among female university students ranges between 28% and 30%, with most cases being mild to moderate and no severe cases reported.

Conclusion
Previous studies confirmed that the level of knowledge among university female students regarding iron deficiency symptoms is low, highlighting the impact of age and academic stage on knowledge. It was also observed that poor nutrition and lack of awareness increase the risk of iron deficiency. This calls for the development of health awareness programs aimed at enhancing knowledge and preventing iron deficiency through proper nutrition and a healthy lifestyle.

2026175
Future Global Citizens: Lessons Learned from Co-creating Global Citizenship Education from module level, to course, to institutional level and internationally

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Mrs Leila Alexandra Neshat Mokadem, CEO & PhD scholar, Equity Lighthouse & Robert Gordon University, United Kingdom

Short Paper

With rising health inequalities, changing demographics, geo-political tensions, the need for person-centered care, and calls for decolonial curricula, the Global Citizenship Framework (GCF) was developed to focus on "people and planet" in healthcare education.1

Global citizenship education equips healthcare students enrolled in undergraduate programmes with the knowledge, values and skills to practice in an increasingly interconnected world. If students are to develop as global citizens, first they need to know what this means, what good citizenship looks like and how to work towards it. They need to critically evaluate the challenges facing themselves, their professions, and wider society. Educators in turn, need to create opportunities for learning that encompass our people, our planet, and our professions, ensuring and enabling future graduates' to develop cultural humility, leadership and collaborative skills and ethical and socially responsive practices.

With apprehension around the enormity of tackling health inequalities and the UN Sustainable Development Goals (SDGs)2, the GCF was created in 2021; a novel framework driven by the need for a practical and adaptable blueprint for staff and students to feel confident in embedding Equality, Diversity, Inclusion and Sustainability (EDI-S) in curricula.

The framework was co-designed by staff, students, equality champions and alumni and encompasses 3 Cs:
- Connect (connecting through community)
- Create (creating inclusive sustainable curricula)
- Celebrate! (celebrating personal, professional, and global identity)

In this presentation we will share our journey of designing, developing, implementing and evaluating global citizenship education across module, course and institutional level, and beyond - through knowledge dissemination at international level.

Our presentation will demonstrate the rationale for developing a Global Citizenship Framework. It will showcase the design, development, implementation, and evaluation of GCF informed by theoretical, and instructional design models3,4 and how we overcame practical and pedagogical challenges. As well as the impact at each level on the graduates' awareness as global citizens and real-world learning.

We will provide delegates with solutions, suggestions, student feedback and an opportunity to reflect on their own embedding and embodying of EDI-S across higher education.

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2026176
Artificial Intelligence Education Learning Objectives in Radiography: A Document Analysis

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Short Paper

Introduction
Artificial Intelligence (AI) is transforming healthcare delivery and reshaping both radiography practice and education. However, there is little consensus on educational priorities and how to organise them within radiographer curricula. This study aimed to collate the relevant Learning Outcomes (LOs) for AI education in radiography from literature, organised within the European Qualifications Framework (EQF) model of knowledge, skills and competences (KSCs). A secondary aim of analysing the literature inductively to identify other relevant aspects to AI education was also set.

Methods
A systematic literature search was conducted, followed by a thematic analysis of the documents guided by Saldaña's 1 framework for thematic coding. Data was coded deductively using the European Qualifications Framework (EQF). However, open coding was also applied to the literature to identify other relevant aspects of AI education for radiographers.

Results
The analysis identified five major themes: Knowledge, Skills, Competencies, Pedagogical Approaches and Design Principles, subdivided into 21 subthemes. The LOs presented as recommended for radiographers ranged from basic practice (e.g., ensuring patient safety) to advanced roles (e.g., coding AI).

Conclusion
Given the diversity of identified LOs, it is disingenuous to present AI education in radiography as a single unified framework. Educational approaches should be tailored to the various roles radiographers may undertake in relation to AI. This will ensure that radiographers at various levels of practice are equipped with the most relevant AI-KSCs.

Implications for Practice
AI education should be integrated within existing educational structures; however, different learning outcomes may be indicated for higher levels of education and for specific AI-related roles of radiographers. Further research is critical to understand which LOs should be prioritised for different roles and education levels.

2026177
The efficacy of simulation-based education versus traditional approaches for ethical and professional responsibilities undergraduate health professions education: A literature review

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Short Paper

Introduction
Ethics and professionalism are a fundamental part of healthcare professionals' day to day operations. Undergraduate education is a critical phase in which future professionals receive the foundations of their ethics education, traditionally delivered using didactic approaches such as lectures or via case-based learning. Simulation-based education (SBE) is a technique that can be used to replicate ethical scenarios allowing within a safe learning environment. Despite the use of these approaches, the retention and the effectiveness of didactic or traditional teaching methods versus SBE is underexplored. This literature review aimed to assess how SBE is used in ethics and professional responsibilities education, students' perception of this, and to compare assessment performance of SBE to other teaching approaches.

Methods
A literature search was conducted in July 2025 in MEDLINE, PsychINFO and ERIC of peer reviewed studies published within the past 10 years. Studies were screened by title and abstract, then by full text by one author. Empirical studies were included if written in the English language and compared assessment performance using traditional teaching approaches versus SBE for ethics and professionalism education. The final included studies were quality appraised using the Joanna Briggs Model and Mixed Methods Appraisal Tool.

Results
From a total of 5211 studies retrieved, 9 studies met the inclusion criteria and were included in this review. Role play was the most common SBE approach used in undergraduate ethics and professionalism education. Other studies described the involvement of simulated patients or combined approaches, for example role play with problem-based learning. A variety of ethical scenarios were taught, from general communication skills to requesting euthanasia. Overall cohort sizes varied but student feedback was generally positive. SBE improved assessment results in comparison to traditional teaching however most studies did not reach statistical significance.

Discussion
The included studies present the diverse scenarios that require ethical training and how SBE can be effectively employed. SBE can bridge the gap between theoretical and practical knowledge, further increasing students' confidence when faced with ethical dilemmas as practicing professionals.
Pre-test to post test scores increased for both teaching modalities. SBE produced larger relative increases despite not all studies reaching statistical significance. The difficulties examining students' ethical awareness and professionalism was demonstrated in the heterogeneity of assessment methods between studies. Vitally, in combination with qualitative feedback; studies reported that SBE produced higher academic achievements and a depth to students' skill set didactic teaching could not provide.
Studies with positive outcomes featured rigorous simulation construction to increase the credibility of simulation before students took part. Negative feedback was linked to poor simulation quality, especially inadequate pre/de-briefing. This is likely due to the resultant lack of psychological safety in students highlighting the importance of careful simulation design by educators.
Key issues with the studies decrease generalisability of the results; for example, the validity of tests, small cohort sizes and diverse study designs. This calls attention to the need for future research exploring the impact on long-term knowledge retention.
To conclude, despite the underemployment of SBE for undergraduate ethics and professionalism education, it exhibits clear strengths and potential to provide bespoke, impactful experiential learning for health professions students, complementary to the theoretical knowledge didactic teaching provides.

2026178
Technological innovations in an online Biomedical Sciences degree

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Short Paper

The Open University (UK) is a global leader in online, distance learning and is one of the world's largest universities with around 200,000 students, offering a wide range of undergraduate and postgraduate qualifications, from Arts to STEM. The Open University uses a supported, open learning (SOL) model, whereby students are provided in advance with the material to study following a predetermined study calendar. Their study of the material is supported by various synchronous and asynchronous educational methods, including online and F2F tutorials, labcasts, forums, social media, etc. The pre-prepared material is delivered primarily online, with extensive interactivity built into the learning material via the use of novel and innovative technologies, to ensure active and experiential learning.

The recent introduction of a new Biomedical Sciences qualification within STEM faculty has resulted in the introduction of novel technologies and innovation of existing technologies using real-world settings. Use of these technologies aims to develop students' knowledge, transferable and professional skills and sector awareness relevant to Biomedical Sciences. This includes extensive incorporation of Interactive Screen Experiments (ISEs) via the award-winning OpenSTEM labs, such as digital microscopy, PCR, qPCR, ELISA, CLIA and flow cytometry. Students learn about the theory, reagents and protocols associated with each laboratory technique in depth, including sample preparation, handling and storage, before undertaking the ISE. As part of the activity they then go on to interpret the results/data and undertake statistical analysis using an online tool, StatsCloud (where relevant). The output from these ISEs and other activities is typically linked to assessment.

A novel online Laboratory Information Management System (LIMS) has also recently been developed as part of the Biomedical Sciences qualification, which is similar in design and functionality to a hospital LIMS. The students engage with the LIMS in multiple ways, such as patient entry, result retrieval, generation of lab reports and QAA, In addition, they undertake a number of problem-based learning activities using the LIMS, in order that the students assimilate various aspects of their learning in real-world scenarios.

Other novel technologies included within the qualification include the use an eXtended reality (XR) laboratory, interactive 3D cell, interactive 3D brain, augmented reality heart app, and the first use of an Anatomage table in an online setting.

2026179
The use of Artificial Intelligence and Deep Learning for Imaging-Based diagnoses of Congenital Heart Disease in Pediatrics: A literature review

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Short Paper

Background
Congenital heart disease (CHD) remains one of the most common birth defects. It is a leading cause of morbidity and mortality; therefore, it is crucial to offer cost-effective ways for accurate identification to provide timely intervention. Recently, several studies explored the use of AI and DL in improving the diagnostic accuracy in CHD in pediatric patients.

Methodology
A literature review was performed to assess the use of AI and DL on pediatric CHD imaging or ECG. Databases including pubmed, Google Scholar and Cochrane Library were used to identify relevant studies published till 2024. Studies that reported diagnostic performance such as sensitivity, specificity, AUC were included.

Results
Significant advances were reported by multiple studies. In fetal echocardiography, a study trained a deep learning model using 1,326 retrospective echocardiograms. This mode achieved an (AUC) of 0.99, 95% sensitivity and 96% specificity, showing the potential for AI-assisted prenatal screening. In pediatric echocardiography a DL model was applied to seven standard echocardiographic views from 1,411 children, achieving an (AUC) of 0.91, accuracy of 92.3%. Similarly, a multi-view video-based model for ASD and VSD detection was used on 1308 subjects and reported a binary classification accuracy of 95.4% and three-class classification accuracy of 92.3%. Moreover, a phonocardiogram-based AI model for CHD classification, researched overall 92.7% sensitivity, and specificity of 96.3%, and demonstrated applicability in low-resource and noisy recording environments.

Conclusion
AI and deep learning models provide a significant impact on healthcare delivery. However, further studies should be done to confirm its effectiveness and generalizability.

2026180
Effectiveness of Practical versus Theoretical Teaching in Acquiring Clinical skills

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Short Paper

Background
Core clinical skills are fundamental to medical students' curriculum, as their acquisition is an essential part of their education to ensure proper and safe patient care. Different teaching methods, including theoretical, practical, and blended, help accurately measure learning outcomes and comprehensively evaluate them, which is essential for mastering proper education and for understanding which method is more effective in training different skills.

Methods
A literature review was conducted using PubMed and Scopus to identify previous studies published during the last five years that compared teaching methods, including theoretical, practical, and blended approaches, for training clinical skills in medical students.

Results
Previous studies confirmed that practical or blended teaching for students achieved better outcomes compared to theoretical-only education. These teaching methods increased student satisfaction, knowledge acquisition, and improvement of clinical skills, in addition to enhancing communication skills and patient-centered care techniques. Overall, practical and blended teaching methods were more effective in preparing medical students for clinical practice compared to traditional theoretical methods.

Conclusion
Practical and blended teaching approaches have been shown to be more effective in training medical students compared to theoretical-only education.

2026181
Identifying Guidelines for Educational Design to Foster Interprofessional Identity Formation - a Critical Narrative Review

Miss Annemarie Sänger, PhD candidate, School of Health Professions Education, Maastricht University, Netherlands

Short Paper

Introduction
Undergraduate interprofessional education (IPE) aims to prepare students for a work field increasingly demanding interprofessional collaboration (IPC) across and beyond health professions. Fostering interprofessional identity (IPI) has been suggested to be key to developing IPC competencies. However, enabling IPI formation during IPE is hampered by varying definitions and conceptualisations of IPI and the absence of an educational design framework. Therefore, this study aimed to identify (1) the main characteristics of an IPI and (2) theoretically grounded design principles for education fostering IPI formation.

Methods
We conducted a critical narrative review of educational sciences, health professions education and management sciences literature. We performed two iterative, non-exhaustive literature searches. The first search focused on conceptualisations of IPI to identify its main characteristics and theories explaining IPI formation, the second on the mechanisms of these theories that foster IPI formation to derive guidelines for educational design. Reflexive thematic analysis was used on both searches separately.

Results
Reflexive thematic analysis of the conceptualisations of IPI yielded five themes capturing its main characteristics: (1) sense of belonging to an interprofessional team; (2) commitment to working interprofessionally; (3) values, attitudes, beliefs and ethics related to IPC; (4) knowledge and understanding of roles, responsibilities and expertise; and (5) IPC skills. We identified five theories as being commonly used to explain IPI formation. Next, we used reflexive thematic analysis to develop the Educational Design framework for fostering Interprofessional Identity Formation (ED-IPIF) to support this process. These guidelines for educational design aim to support learners in developing their IPI and knowledgeability through reflection, practice, and feedback, with support from their team, faculty and curriculum. Interprofessional student teams should facilitate interaction, practice and feedback opportunities, faculty provide guidance and act as role models, and the curriculum ensures prolonged engagement in interprofessional projects with varying degrees of wickedness and relevant stakeholders, such as patients. Together, the team, faculty and curriculum should create a psychologically safe learning environment essential for fostering IPI formation.

Discussion
Fostering IPI formation in IPE provides opportunities to ensure that health professions students are optimally prepared for IPC to tackle complex problems in their future field of work. This critical narrative review identified key characteristics of an IPI and proposed ED-IPIF, a theory-based framework for fostering IPI formation through integrated educational design. Future research should address the influence of power dynamics and the hidden curriculum on IPI formation, and examine how the identified guidelines for educational design principles foster IPI formation in practice through design-based and longitudinal research. Overall, our findings underscore that IPE fostering IPI formation requires an integrated design involving the student teams, faculty and curriculum to cultivate a supportive and psychologically safe learning environment. The ED-IPIF provides a theory-informed basis for shaping this design.

2026182
Health Professions Educators' Perspectives on Generative Artificial Intelligence: Experiences, Training, and Recommendations

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Short Paper

Generative artificial intelligence (Gen-AI) has transformed multiple sectors, including education. In health professions education (HPE), many universities are increasingly adopting Gen-AI within their learning environments, recognising its potential to enhance teaching efficiency and support student learning. However, limited research has examined how health professions educators (HPErs) integrate Gen-AI into their teaching, or identified the institutional support required for effective adoption. Understanding HPErs' experiences is essential for informing strategies for meaningful and sustainable Gen-AI integration in HPE.
This study explored Australian HPErs' experiences of Gen-AI use and identified the training and institutional support needed across medicine, nursing, midwifery, and allied health disciplines. A qualitative descriptive approach, guided by an interpretive paradigm was used. Data were collected through semi-structured interviews and focus group discussions and analysed thematically using Braun and Clarke's (2006) six-phase framework.

Guided by the Technology Acceptance Model (TAM), the findings reveal that most HPErs had already integrated Gen-AI into their teaching. Attitudes towards Gen-AI were mixed, with some recognising its efficiency, while others expressed scepticism and concerns. Key barriers to adoption were institutional and personal challenges, including unclear policies, insufficient training, workload pressure, and limited understanding of Gen-AI applications. Most HPErs highlighted the need for ongoing discipline-specific professional development and strong leadership support.

This study provides insight into Australian HPEs' perceptions and experiences of Gen-AI use, emphasising the importance of structured training, clear policy, and ethical guidance. These findings inform the design of sustainable professional development programs and broader institutional strategies for responsible and effective Gen-AI adoption.

Supporting Documents:
https://inhwe.org/system/files/webform/Mashael_GenAI_HPE.docx

2026183
Assessing and addressing career development needs of nurses, midwives and allied healthcare professionals (NMAHPs) in an acute Trust: A needs-led intervention approach

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Short Paper

Despite their critical role, many nurses, midwives, and allied health professionals (NMAHPs) face challenges in navigating career pathways, accessing development opportunities, and building confidence in key professional skills. This project was initiated within an acute NHS trust to identify and address these barriers through a structured, needs-led approach.

An initial online survey, completed by 56 NMAHPs, revealed widespread uncertainty around how to begin career progression, a lack of clarity regarding development pathways, and limited confidence in interview and presentation skills. In response, a suite of targeted interventions was co-designed with staff input. These included an online resource hub for career planning, interactive development workshops, one-to-one consultations, mock interview sessions, and tailored support for presentation preparation. The initiative aimed to equip staff by providing accessible, personalised support while adapting a culture of continuous professional development and career ownership.

Early feedback indicates that participants gained greater awareness of available opportunities, improved readiness for career advancement, and increased engagement with personal development planning. This project highlights the value of listening to the workforce and co-creating practical, inclusive solutions. The interventions not only enhanced individual confidence and competence but also contributed to broader organisational goals of retention, morale, and leadership development.

The findings emphasise the importance of sustained support mechanisms and organisational commitment to nurturing talent. This work contributes to the wider agenda of workforce development by demonstrating how targeted, responsive interventions can build capacity for future leadership, innovation, and service improvement. It advocates for a proactive approach to career development that aligns staff aspirations with organisational priorities, ultimately strengthening the healthcare system's ability to meet evolving demands.

2026185
Simulation in Anesthesiology

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Short Paper

Introduction
Anesthesiology is a highly practical specialty that requires mastery of both technical and non-technical skills through repeated practice. Simulation has been introduced as a modern teaching method aimed at improving patient safety and enhancing clinical training.

Aim
This study aims to evaluate the effectiveness of simulation-based training in anesthesiology and its impact on trainees' performance.

Methodology
A review of recent literature was conducted, including studies addressing integrated simulation, flipped-classroom approaches, and the management of critical perioperative scenarios such as pulmonary embolism and tension pneumothorax.

Results
Evidence shows that simulation improves both technical and non-technical skills, enhances interdisciplinary interaction and collaboration, and strengthens trainees' confidence in managing emergencies. Participants reported improved decision-making and faster implementation of critical interventions, such as airway management and decompression in tension pneumothorax. Studies demonstrated higher performance scores, particularly in teamwork, communication, and task management. Approaches such as the flipped classroom resulted in more effective preparation and higher performance in both theoretical and practical assessments, without increasing overall learning load. Interdisciplinary simulation further improved communication across specialties and enhanced the efficiency of responses in critical situations.

Conclusion
Simulation in anesthesiology represents an essential educational strategy that complements traditional teaching and significantly contributes to improved patient safety. Its integration into medical specialty curricula is necessary to prepare more competent and confident healthcare professionals.

2026186
Findings and recommendations from a scoping review exploring the processes for creating an interprofessional mental health identity among pre-registration healthcare students

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Prof Gerard Charl Filies, Chairperson: Interprofessional Education Unit, University of the Western Cape, South Africa

Short Paper

This paper will discuss the results of a scoping review examining the processes for creating an interprofessional mental health identity among pre-registration healthcare students, and make recommendations for future practice. The need to address the burden of mental illness remains a priority globally, yet access to services remains challenging. However, in considering the future of healthcare education, it is important to ensure our students are equipped to work collaboratively and that the mental and physical needs of our populations are met.

The World Health Organization (2010) argued that healthcare professionals need to be "collaborative practice ready" at the point of qualification. This creates particular challenges in the field of mental health when most programmes provide a generic qualification. The exception to this is in the United Kingdom (UK), where nursing students focus on a particular field of practice, with one of the fields being that of mental health.

Social identity refers to the association of oneself in relation to a specific group, with interprofessional identity building on this (Reinders et al. 2024). The genericism of most healthcare programmes, however, could make it problematic for pre-registration healthcare students to achieve this in the field of mental health, underscoring the need for this scoping review.

In carrying out this review, we used Arksey and O'Malley's five-stage framework and identified search terms using the "population", "concept", and "context" (PCC) criteria. We searched databases from 1990 to 2025 and uploaded relevant papers into Covidence. Two reviewers screened the papers independently, and agreement was sought from a third reviewer when required.

Three papers met our inclusion criteria, one of which was a pilot of a larger study. We created and piloted data extraction forms, which were then used by two independent reviewers to extract data. We then identified themes using a narrative synthesis.

In this presentation, we will describe the process we followed to conduct the review and discuss our findings. The limited number of papers that were eligible for inclusion highlights the paucity of research in this area. Opportunities for future research will be discussed in the context of our findings.

2026187
Embedding Coaching Across Healthcare Education: Strengthening Culture, Multiprofessional Collaboration, and Leadership Through Internal and External Partnerships

Dr Nichola Jane Ashby, Director, Axis Culture Group, United Kingdom

Short Paper

Healthcare systems require practitioners who are reflective, collaborative, and capable of adaptive leadership. Embedding coaching across healthcare education programmes has emerged as an effective strategy to transform learning culture, strengthen multi-professional teamwork, and improve leadership behaviours at all organisational levels. This abstract examines the impact of coaching-informed education and highlights the role of external partners, such as Axis Culture Group, in facilitating sustainable cultural change.

Coaching differs from traditional supervision by emphasising psychological safety, inquiry-based dialogue, reflective practice, and personal accountability. When embedded across nursing, medicine, allied health, and public health programmes, coaching creates growth-oriented environments in which learners feel empowered to question, problem-solve, and take ownership of their development. Evidence aligns with the WHO and IHI frameworks, recommending improved communication, relational competence, and team-based practice. Coaching particularly enhances multi-professional education. It reduces hierarchical barriers, supports shared decision-making, and fosters collaborative problem-solving. Coaching-based simulation and placement models improve role clarity, team cohesion, and mutual respect. Students report higher confidence, better feedback experiences, and enhanced readiness for integrated care models.

Culturally, coaching helps shift organisations from compliance-driven teaching to psychologically safe, reflective learning environments. Educators benefit through stronger supervisory relationships, reduced conflict with students, and improved communication. Embedding coaching also supports educator resilience and reduces burnout. Leadership development is a significant outcome. Coaching develops emotional intelligence, self-awareness, and adaptive leadership skills, which are essential for navigating digital transformation, system pressures, and population health challenges. Learners who are exposed to coaching develop stronger clinical reasoning, communication, and conflict-resolution skills.

External organisations, such as Axis Culture Group, provide expertise in behaviour change, psychological safety, leadership, and cultural transformation. Their involvement supports faculty development, programme design, multi-professional team interventions, and long-term organisational adoption of coaching behaviours. Case studies demonstrate improvements in team cohesion, student experience, and workforce wellbeing following coaching-based cultural interventions. Embedding coaching across healthcare education strengthens culture, enhances teamwork, and builds a more resilient future workforce. When supported by experienced external partners, coaching can catalyse sustained improvement in leadership, communication, and organisational performance.

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2026188
Sim-IPE Event: Building Interprofessional Connections

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Mr Matthew Kempson, Project Manager, Hull York Medical School, United Kingdom

Short Paper

The aim of IPE is to equip health and social care students with the knowledge and skills to be able to work collaboratively at the point of qualification (WHO 2010). The use of Simulation-based learning in IPE (Sim-IPE) is now recognised as an effective way of facilitating this and is defined as occurring when "participants and facilitators from two or more professions are engaged in a simulated health care experience to achieve shared objectives and outcomes" (Decker et al. 2015).

The Hull and York pilot IPE events, undertaken in the 2024/25 and 2025/26 academic years, bring together the principles of IPE and high-fidelity simulation to create a collaborative environment as close to clinical reality as possible. As part of a 2-year pilot project between the University of Hull, the University of York, and Hull York Medical School, year 4 medical students, year 3 nursing students of different nursing specialisms (inc. adult, paediatric, mental health and learning disability), and year 2 physician associate students attended half-day events to work through four IPE scenarios with themes aimed to promote patient safety, teamworking, effective communication, problem-solving, person-centred care, and to empower students to learn from each other in a controlled and supportive educational environment. These themes and skills were developed through clinical cases that covered sepsis, breaking back news, delirium, paediatric safeguarding, and learning disability.

Working as part of a strong multi-professional clinical partnership, we developed an expert and engaged team of regional NHS trusts, GPs and academics from the medical school, and different nursing specialists from both nursing schools, to plan the events at York and Hull, co-write all scenarios in multi-professional teams, and finally, deliver and facilitate the sessions and undertake the invaluable student debriefs. The delivery of the sessions was supported by professionally-trained simulated patients, adding further realistic feel to the simulation. Working across many different organisations, complex clinical programmes, and limited capacity, meant this was a highly complex and intensive but significantly worthwhile project.

In this discussion paper, we reflect on the delivery of this collaborative 2-year pilot (currently in its second year), that led to the creation of Sim-IPE, critically evaluate the delivery of the sessions at York and Hull and the positive feedback from both students and facilitators, Based on this success and our strong and committed partnership, we hope to integrate this invaluable clinical learning experience within our programmes on an on-going basis.

2026189
Navigating Transition Shock: Collaborative and Organisational Supports for Early-Career Nurse Integration

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Short Paper

Background
The transition from student to professional nurse is widely recognised as a challenging phase marked by emotional strain, uncertainty, and adaptation. This period of transition shock affects confidence and retention across healthcare systems. While individual coping strategies are often emphasised, growing evidence suggests that supportive organisational and collaborative structures play a pivotal role in moderating this experience.

Aim
To synthesise evidence on the emotional and professional challenges experienced by newly qualified nurses, and to explore how collaborative and organisational supports can strengthen adaptation, resilience, and retention during early practice.

Methods
A scoping review was conducted in accordance with Joanna Briggs Institute (JBI) methodology and PRISMA-ScR guidelines. Thirty-five studies spanning 1986-2025 were analysed thematically using the PAGER framework. The synthesis integrated Transition Shock Theory, Benner's Stages of Clinical Competence, and Social Cognitive Career Theory to interpret individual and contextual influences on early-career adjustment and professional development. Data extraction focused on study characteristics, transition experiences, and reported support mechanisms. Themes were mapped to identify patterns of emotional, behavioural, and organisational adaptation, highlighting factors that either mitigated or intensified transition shock across diverse healthcare settings.

Results
Transition shock manifested through emotional overload, self-doubt, and perceived lack of institutional support. Studies revealed that supportive organisational cultures, team collaboration, and structured preceptorship programmes mitigate psychological strain and promote competence development. Collaborative work environments improved role confidence, wellbeing, and professional commitment, reducing turnover intention among early-career nurses.

Implications
Viewing nurse transition as an organisational and collaborative process reframes how healthcare institutions support early-career practitioners. Structured transition programmes that integrate teamwork, mentorship, and reflective practice can buffer transition shock, enhance confidence, and strengthen workforce sustainability. Supporting nurses through this critical juncture is essential to maintaining a competent and resilient healthcare workforce.

2026190
Implementation of an Interprofessional Education Plan in Health Sciences in Spain: Designing the new curriculum

Dr Maria Laura Gómez-La Cruz, Assistant Professor, Universitat Internacional de Catalunya, Spain

Short Paper

Effective interprofessional teams are vital for ensuring safe and high-quality healthcare. Training students within a collaborative environment that integrates multiple professional disciplines is becoming increasingly significant in the health field. This approach enhances competencies in multiculturalism and multidisciplinarity, which are essential for modern healthcare. Recognizing this, it is crucial to offer opportunities for students from various health professions to work together, learning about and from each other. Interprofessional education (IPE) equips students with the skills to function effectively in teams, thereby prioritizing patient safety and fostering collaboration across disciplines.

Since 2018, an Interprofessional Education (IPE) plan has been systematically implemented across the Health campus at the Universitat Internacional de Catalunya. The plan is organized into three key phases: (1) identifying one's professional role, (2) recognizing the roles of other professions, and (3) constructing the interprofessional "we". This paper presents the strategic design of this long-term plan, along with the stages that have been completed to date. It details both the design and implementation process, as well as the phases that have been implemented.

Phase 1: Identification of one's professional role. First-year students engage in reflective activities, such as the "heraldic shield of the profession" exercise, to explore and define their emerging professional identities. Phase 2: Recognition of the roles of other disciplines. Students participate in activities designed to build an understanding of the roles and competencies of other health professions. These include guided sessions with faculty from various disciplines and group dynamics exercises, sometimes involving interdisciplinary student groups. This approach fosters an appreciation for interprofessional work. Phase 3: Construction of the interprofessional "we". Advanced group exercises and interdisciplinary clinical simulations have been introduced to promote effective collaboration, teamwork, and the development of shared professional identities. All these phases will be worked on and integrated in a transversal approach, and will serve to create a visible curriculum in IPE that can be certified for all participating degrees.

The progress made in implementing IPE activities shows that identifying both individual and collective roles is an effective strategy for fostering interprofessional collaboration. This approach contributes to the comprehensive training of future health professionals, emphasizing patient safety and teamwork. In addition to recognizing activities, the IPE curriculum will allow this content to be certified. Although conclusive data is not yet available, the progress in implementing the IPE model is promising and has made it possible to design teaching and research activities. Challenges, including the need for careful planning and systematic evaluation, are acknowledged. Ongoing assessment of the model's effectiveness will be critical to ensuring its long-term success and impact on healthcare education.

2026191
Addressing global challenges by contextualising learning at scale

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Short Paper

Global health challenges demand rapid adaptation and continuous learning among? Healthcare workers (HCWs) working across One Health sectors. Professional development programmes, especially in diverse, resource-limited contexts, often tend to focus on delivering knowledge at scale but fall short in addressing the persistent gap between "what one knows" and "what one practices" (Penkunas et al., 2021; Davies et al., 200).

The study presented in this paper draws on long-term research focusing on the challenge of antimicrobial resistance (AMR), a leading global health issue that imposes significant social and economic costs on society and is severely affecting resource-limited settings, particularly in Sub-Saharan Africa and South-east Asia. As a major global health challenge, practices associated with AMR change rapidly requiring professionals in AMR-related roles across One Health sectors: environmental, human and animal health, to learn at pace and adapt to new working practices and processes.

The tensions that professionals may face when they accommodate the new AMR surveillance practices have guided the design of The Tackling AMR programme, an online programme developed by The Open University in collaboration with the Fleming Fund. The programme aims to provide learning for AMR at scale and support professionals in LMICs to identify, develop and apply skills and knowledge relevant to their role in order to change and improve their working practice and the practice of people that they work with. It comprises a practice toolkit and 29 short courses linked as a set of ten discrete learning pathways targeted towards professional in specific job roles. Each short course focuses on an area of knowledge and skills that were deemed essential to effectively tackle AMR, allowing learners to purposefully select and navigate through the course based on their individual needs, roles and workplaces.

To date over 9900 learners have enrolled and earned 4170 digital badges recognising their learning through the courses. Evidence from implementation shows benefits for professionals in AMR-related roles, including improved AMR knowledge, surveillance practices, and interprofessional communication.

Supporting Documents:
https://inhwe.org/system/files/webform/INHWE%20conference%20abstract%20V2.docx.

2026192
The Impact of Extended Reality (XR) on Neurosurgical Trainees: A Literature Review and Implications for Future Surgical Education

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Short Paper

Background
Traditional surgical training models, particularly in high-stakes fields like neurosurgery, face significant challenges. Limited operating room exposure, Working Hour Limitations (WHLs), and the inherent complexity of neuroanatomy create a difficult learning environment. As the healthcare workforce evolves, Simulation-Based Education (SBE) has become critical to bridge this gap, moving beyond traditional cadaveric models which carry ethical, cost, and safety concerns. This review investigates the impact of Extended Reality (XR) "an umbrella term for Virtual, Augmented, and Mixed Reality" as a transformative educational tool for the next generation of neurosurgical trainees.

Methods
A literature search was conducted (MEDLINE, PubMed, EMBASE, Web of Science) for studies published between January 2023 and February 2025, supplemented by hand-searching. The review focused specifically on studies involving neurosurgical trainees (residents, interns, and fellows). Sixteen studies were selected for qualitative synthesis. Data extraction concentrated on four key areas: subjective trainee experiences, objective performance, technology metrics, and the fidelity of neurosurgical skill representation. Included studies were assessed for quality and risk of bias as needed.

Results
The findings demonstrate strong, consistent support for XR's role in surgical education. Subjective metrics from ten studies revealed that trainees' experiences were positive, fostering motivation and confidence in neurosurgical skills. However, six of these studies also highlighted trainee feedback requesting functional improvements, particularly in the realism of haptic (touch) technology. Objective performance metrics, reported in eleven studies, consistently showed quantifiable improvement in trainee performance after XR-applied simulation, including reduced error rates and faster completion times. Notably, this benefit was most pronounced in junior trainees, with senior trainees showing less significant gains. Furthermore, trainees in nine studies expressed positive opinions about formally integrating XR into their official neurosurgical training curriculum.

Conclusion & Implications for Future Healthcare Education
XR is poised to become a foundational pillar in the future of healthcare education. This review provides robust evidence that XR simulation enhances objective technical performance and is strongly endorsed by trainees. For successful and efficient workforce development, integrating XR simulation at the early stages of the training curriculum would be a future solution to maximise benefit. Crucially, this review identifies a significant gap: the lack of long-term follow-up studies. Future research must focus on correlating XR simulation performance with clinical outcomes in the operating room. Concurrently, development must prioritise improving technological fidelity. The creation of standardised, evidence-based guidelines is a necessary next step for the formal integration of XR into surgical curricula.

2026193
Capacities matter - from reactive to proactive health workforce planning and policies

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Short Paper

Strategic health workforce (HWF) planning is an essential tool for developing health system preparedness, responsiveness, flexibility and resilience, particularly in the post-COVID times. A global common challenge is the need to shift from reactive workforce management toward anticipatory, long-term dynamic planning systems. This requires forecasting future HWF needs using robust data systems, time series analyses, scenario modelling, and demographic projections. As global societies face increasingly complex challenges "from demographic transitions and the rise of chronic diseases to accelerating digital transformation, climate crises, generational differences of workers and persistent inequities" the ability of countries to develop, maintain, and manage an adequate, competent, motivated, and equitably distributed HWF is central to achieving universal health coverage (UHC) and sustainable development. Strategic HWP provides frameworks, analytical tools, planning datasets, forecasting models, and governance mechanisms necessary to align HWF supply with dynamic population health needs, evolving health service delivery models, and labour market conditions. It integrates evidence-informed decision making, labour market analyses, regulatory and educational reforms, financial and governance instruments, and organizational development into a coherent approach that supports long-term system performance and transformation.

The HEROES Joint Action is one of the key enablers these days, focussing on advancing the main pillars of HWF planning and policies. The JA (2023-2026) aims to improve 19 countries' capacity for health workforce planning to ensure a future accessible, sustainable and resilient systems, focusing on 4 main areas: 1) optimizing databases, data collection, analysis, linkages, sources, on health workforce supply and demand; 2) optimizing forecasting tools and planning methodologies to address health workforce future challenges; 3) optimizing HWF planning skills, development and enhancement of skills and capacities for effective management of the health workforce planning systems at national and regional levels; and 4) optimizing stakeholder engagement for a successful and sustainable health workforce governance. In the present paper, we discuss the role of policy dialogues in advancing strategic HWF planning. The objective of this activity is to support the development and adoption of national, regional, local policies related to an effective and flexible HWF planning through policy dialogues with key stakeholders.

As we step into the last year of the HEROES JA, the preliminary results show that countries have progressed significantly. Since the maturity level of HWF planning varies in EU Member States, there is no unified scale for measuring the total advancements or one-size-fit-all solutions, still each action implemented in the 19 countries in the last 2 years justifies remarkable steps for achieving more resilient and sustainable HWF planning in Europe. All countries managed to improve capacities in more centralized HWF datasets for planning (e.g. Lithuania, Slovenia, Hungary), capacities in building resilient forecasting models (e.g. Slovakia, Estonia, Croatia), capacities in training HWF planners, capacities in involving various groups of stakeholders in policy dialogues and finally, all these actions foster the institutionalization of strategic HWF planning and its governance function.

Crucially, health workforce policies addressing today's challenges depend on inclusive policy dialogues and deep stakeholder involvement. To date close to 50 stakeholder-inclusive policy dialogue sessions were organized in 18 countries in the course of 2025 reaching more than 350 participants. The main topics of these dialogues were the following: addressing workforce shortages, legal and data-sharing frameworks, HWF data Integration & quality improvement, competency & skill-mix analysis, multi-stakeholder governance & enabling collaboration, and sustainability & conditions for long-term HWF planning. Additionally, the first HEROES EU level policy dialogue in September 2025 resulted in close to 700 registrations to the event, engaging 350 participants during the day. The EU level policy dialogue focussed on the new models of care, task shifting and institutionalization of HWF planning. Effective workforce strategies require the engagement of an extensive network of actors: ministries of health and education, professional councils, labour organizations, health service providers, training institutions, digital health innovators, civil society, and community representatives. Policy dialogues create safe, structured spaces where stakeholders negotiate priorities, discuss trade-offs, interpret evidence collectively, and co-produce feasible, legitimate solutions. They strengthen governance by ensuring transparency, accountability, and shared ownership of reforms. Collaborative policy processes also help ensure integrating perspectives from frontline workers, managers, unions, and professional representatives to understand workplace realities, identify barriers, and design effective retention strategies. Moreover, strategic HWP recognizes the interdependence of the health and education and further sectors; it promotes coordinated health reforms in curriculum design, competency development, digital literacy training, and pedagogical innovation to accelerate the formation of a future-ready workforce capable of adopting and leveraging emerging technologies such as AI, telemedicine, smart devices, health information systems, and data-driven decision-making tools.

The multi-stakeholder engagement as a driving force enhances the political feasibility of policy options, aligns incentives, and builds trust elements essential for implementing long-term HWF strategies that often require institutional change, regulatory adjustments, and sustained public investment. By integrating multi-stakeholder perspectives, fostering interprofessional collaboration, strengthening data-driven intelligence, and promoting forward-looking workforce development, strategic HWP becomes not only a technical exercise but a transformative force shaping the future of health systems and the wellbeing of societies. Through shared evidence review, participatory priority-setting, and cross-sectoral negotiation, countries can produce HWF strategies that are context-appropriate, costed, implementable, and adaptable to emerging shocks. They translate evidence into action, align diverse interests, and secure the long-term commitment required to build a competent, motivated, and adaptable health workforce able to meet the challenges of the future.

2026194
How does representation in medical school affect students' perception, differential attainment, and career choice?

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Short Paper

Background
Medical education is vital to shape our future workforce, yet with only 4% of doctors from working-class backgrounds, many aspiring and current medical students face barriers to success. It is imperative that we examine the factors which affect outcomes in medical school and how we can reduce disadvantages in education. Representation, of an umbrella of characteristics beyond the Equality Act, may hold an association with outcomes as a medical student.

Objectives
Our primary objective is to examine how hidden factors beyond protected characteristics influence medical school attainment and resits. The second objective is to highlight how inequalities are present within medical education.

Methods
A questionnaire was distributed among medical students across the United Kingdom (n=63) to collect data on background, employment during study, Widening Participation (WP) eligibility, and examination resits. Descriptive statistics and cross-tabulations were used in this study.

Results
Working-class students were more likely to be employed during medical school and faced larger resit rates. Resit rates in medical school were significantly higher among those who were eligible for WP schemes.

Conclusion
Findings from this research suggest that class-based disparities are apparent in medical school, as those from working-class backgrounds face different academic outcomes. Employment during education, a factor limited within the literature, presented a strong association with lower academic outcomes. This demonstrates how unexamined factors within financial background need to be explored and targeted to ensure the success of medical education in the United Kingdom. A larger study could confirm these trends and provide more representation nationally.

Supporting Documents:
https://inhwe.org/system/files/webform/201489729_AP2_Manuscript_2_.docx

2026195
Silos to Synergy: Effective faculty collaboration facilitates students' experience and outcomes of IPCL

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Short Paper

The Quintuple Aim emphasizes interprofessional team approaches to healthcare to enhance patient experience, improve health outcomes, reduce costs, support provider well-being, and advance health equity. Graduates of health professions programs are expected to be workforce ready for an interprofessional work environment and educators are tasked with preparing students with skills of their profession and for team-based practice.
Simulation-based learning (SBL) has been utilized across healthcare disciplines since the 1960s and has been found to be highly effective in building students' competence and skills in assessment, interviewing, and other program learning outcomes. SBL has also been used as an effective interprofessional education (IPE) experience, bringing learners from two or more professions together to achieve shared objectives, and to learn from and with each other. Effective IPE is collaboratively planned and delivered by faculty across disciplines and includes assessment of learning objectives, program evaluation, and aligned with professional and IPE competencies.
This presentation will highlight the progressive development of an IPE simulation for social work and MH nurse practitioner students that led to better student outcomes. This includes strengthening of faculty collaboration, incorporating student and faculty feedback to improve the event, and the role of curriculum integration in improving student outcomes.

Supporting Documents:
https://inhwe.org/system/files/webform/Silos%20to%20Synergy%20for%20INHWE%20online%20conference.pptx

2026196
How We Integrate Educational Ethics into Medical Curricula: Insights from Students, Teachers, and Administrators

Dr Sukru Keles, Assoc. Prof., Karadeniz Technical University, Faculty of Medicine, Department of Medical History and Ethics, Türkiye

Short Paper

Educational ethics focuses on why ethical principles and values are important in every environment where educational activities can be carried out. Determining value-based problems experienced in educational environments is related to medical ethics.
In a former study, we conducted qualitative research involving 29 in-depth interviews with medical teachers and medical school administrators, as well as seven focus group discussions with 45 medical students across seven medical faculties in Türkiye. (1) We followed the SRQR and COREQ reporting standards throughout the research process and analyzed the data using thematic content analysis.
The findings were grouped under three main themes: (i) fundamental ethical values in medical education, (ii) responsibilities of medical students, medical teachers, and administrators in upholding these ethical values, and (iii) ethical problems encountered in learning-teaching processes along with proposed solutions. These findings provide insight into how educational ethics is understood in medical education. The ethical problems experienced by participants highlight issues related to the quality of educational programs and practices, as well as the attitudes and behaviors of educational administrators and other stakeholders. Suggested solutions emphasize the need to develop educational programs that ensure students receive high-quality medical education in safe learning environments and to build an institutional culture that supports ethical practice.
In this presentation, drawing on these findings, discuss how the perspectives revealed in the study can be reflected in curriculum development and integrated into the medical education program.

References:
1) Keles S, Demiroren M, Turan S. A Qualitative Study of Students', Teachers', and Administrators' Perspectives on Educational Ethics in Medical Education in Türkiye. Teach Learn Med. 2025 Nov 4:1-10. doi: 10.1080/10401334.2025.2583284. Epub ahead of print. PMID: 41185587.

Supporting Documents:
https://inhwe.org/system/files/webform/INHWE%202026%20_How%20We%20Integrate%20Educational%20Ethics%20into%20Medical%20Curricula.docx

2026197
Public Health Education in Azerbaijan (1930-2025): Historical Foundations and Contemporary Adaptation

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Short Paper

Introduction

Public Health education in Azerbaijan has a 95-year history beginning in 1930 with the establishment of the first Sanitary-Prophylactic Faculty. Initially shaped by centralized Soviet standards, the program faced weak alignment with the evolving health system after independence. Since 2020, major reforms and new State Standards have driven modernization, supported by ongoing studies to define Public Health competencies and education. This study analyses the historical evolution of Azerbaijan's public health education from 1930 to 2025.

Methods

A historical-documentary review was conducted using archival records of Azerbaijan State Medical Institute (1930-1991), Ministry of Health regulations, USSR higher education decrees, State Education Standards (1999, 2003, 2009, 2014, 2020), Bologna Process implementation documents (2005-2013), and Public Health curricula. Findings were categorized into five chronological reform stages.

Results

Public health education in Azerbaijan has evolved through five major phases.

- During the Soviet period (1930-1991), training was shaped by centralized USSR curricula following the establishment of the Sanitary-Prophylactic Faculty. Education focused heavily on hygiene, epidemiology, parasitology, and social medicine, with limited clinical exposure and practical training mainly conducted in Sanitary Epidemiology Stations. Post-graduate preparation followed the internatura model.
- In the early independence years (1992-2005), the Soviet structure largely persisted, as economic and institutional challenges slowed modernization. New hygiene departments were established, especially as demand for epidemiologists grew during public health crises, but competency-based models and implementation of performance assessment methods were still lacking.
- The Bologna transition (2005-2013) introduced the ECTS framework and partial curriculum reform, increasing emphasis on biostatistics, health management, and environmental health, although alignment with the national health system remained weak.
- During ECTS integration (2013-2020), programs fully aligned with European credit requirements, improving transparency and mobility. While curricular clarity improved, persistent gaps remained in areas such as practical training in epidemiology and environmental health, assessment methods and faculty development, highlighting the need for more robust experiential learning environments.
- The modern reform stage (2020-2025) represents the most comprehensive set of reforms in Azerbaijan's public health education system, initiated with the introduction of the 2020 State Education Standard. The competencies required for public health education have been redefined, the curriculum has expanded to include applied epidemiology and data science, and new training and assessment methods "such as skills labs, case-based learning, simulation, and OSPI" have been implemented. Additionally, two new bachelor programs have been launched, and partnerships with national health agencies have been strengthened.

Discussion and Conclusion

Over nine decades, Public Health education in Azerbaijan has evolved from a Soviet hygiene model to an internationally aligned system. The 2020 reforms represent a transformative shift: reviewing competencies, integration of skill training, and development of pilot modules of performance assessment methods. Despite progress, challenges remain: uneven faculty preparedness, limited research capacity, and inadequate digital epidemiology infrastructure. Sustainable improvement requires continued investment in interprofessional education, community-based education, and technology-supported training.

2026198
Faculty Implementation of Undergraduate IPE: a Viable System Model?

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Short Paper

Introduction

In the UK, IPE is part of mainstream health and social care pre-registration curricula, offering a foundation for interprofessional collaborative practice aimed at improving health systems and health outcomes. Higher Education Faculty/School leaders will be responsible for shaping and driving their organisational and educational culture and will be tasked with supporting IPE as a strategic initiative. Due to the complex and multifaceted aspects of IPE, a process of holistic planning will be necessary for any IPE initiative to be effective from both a local and a broader organisational level. While IPE guidelines, models and frameworks have been made available to educators over the years, research remains limited in providing holistic and integrated examples of practice at an organisational level. Pre-registration IPE remains underexplored, and studies have focussed primarily on discrete IPE interventions and on outcome-focussed quantitative methods rather than on broader organisational approaches. Consequently, this presentation outlines the preliminary findings from a single case study bound within a multicampus UK University and within a life and health science Faculty. The purpose of the study is to explore how IPE is being operationalised cross-Faculty as a strategic initiative, using a Viable Systems Model as a lens for analysis. The aim of the study is to identify and analyse factors promoting, supporting, or inhibiting sustainable IPE integration across undergraduate healthcare curricula.

Methodology

The study is couched within an interpretivist (anti-positivist) paradigm, drawing from a conceptual framework comprising the Viable Systems Model (VSM), organisational change models, CAIPE IPE guidelines, and pedagogic principles. The framework is applied to interpret the collective behaviours and communications within an organisational system, in this case a higher education Faculty (College) adapting to the IPE initiative. The single case offers a rich, contextualised depiction of practice and provides a particular standpoint from which logical deductions can be made by the wider sector. The case study includes mixed methods of inquiry across stratified, cross-faculty stakeholder groups, taking an iterative approach including semi-structured interviews, surveys, and document analysis. Interviews were conducted with Faculty management, IPE Director, lecturers, Heads of Schools (Dept) and the Director of Faculty operations (n=9). Surveys included IPE champions, practice placement managers (n=12) and students post IPE activity (n=146). Documents for analysis included programme specifications, IPE Steering group documentation, professional competency standards, and professional educational standards. Thematic analysis included deductive and inductive coding. The VSM provided a framework for analysis.

Findings

Preliminary findings reveal that Cross-Faculty management of IPE includes an IPE Steering group with senior sponsorship, led by a Faculty-funded IPE Lead. The group includes representation from all Schools, central services, and practice partners. Membership has been transient which can impact momentum. A network of IPE champions from each School feeds into the steering group and are tasked with building a community of practice. Faculty-level IPE definition, aims and objectives were generated collectively by the steering group but were not always transparent to all champions, lecturers or practice educators. Mechanisms for reporting IPE and communicating IPE objectives and good practice exist, inspiring buy-in and support, but some mechanisms are underutilised. Localised IPE activity is typically across two disciplines where there is an authentic, shared focus but multidisciplinary, cross-Faculty events are also supported, and receive Faculty funding. Initiatives typically evolve from symbiotic relationships between like-minded colleagues and have included collaboration with external bodies to meet local needs. Schools exhibit some autonomy, interpreting IPE through the varying Professional standards of practice. While this previously generated some standardised, multiprofessional learning models with limited impact on interprofessional outcomes, practice has evolved to include a curriculum framework which promotes an iterative approach to IPE across a learning continuum, enabling individual autonomy in design. IPE-related research is being generated and includes collaboration with external partners, but internal evaluation of IPE activities needs further encouragement. A standard pre-post IPE evaluation tool has been approved for faculty use but uptake has been limited. While Interprofessional collaboration is considered inherent across teaching faculty due to their prior experience in practice, there is also a level of optionality with their involvement in IPE ("horses for courses"). There were mixed views on the need for IPE staff development. Dedicated space has been liberated for IPE initiatives, but further development of IPE pedagogies would maximise space usage; maximum space usage would help ensure University funding for IPE.

Discussion

The Variable System Model (VSM) applies to the Faculty as an operating organisation including distinct Schools, programme teams and individual staff nested as subsidiary components. IPE is the operational process; gradually being implemented due to policy and practice drivers from the external environment. The aim is for IPE to become normalised across the Faculty whereby subsidiary Schools are implementing IPE autonomously. The Faculty level steering group has responded to external drivers, providing a standardised vision of IPE for cross-Faculty synergy, while individual Schools and programme teams have flexibility with IPE interpretation, enabling IPE initiatives to emerge organically. However, while Schools should work autonomously to ensure viability in a changing internal or external environment, the message and values of IPE need to be fully integrated to ensure all graduates will

contribute to improving health systems and outcomes. For most Faculty educators, IPE engagement remains optional which makes the wider system heavily dependent on individual enthusiasts. The system is at risk if those individuals move on. There is scope for Schools to be accountable through their own IPE mission statements and objectives, where progress and risks can be tracked. Educator development programmes could be embedded through staff induction to ensure IPE objectives are integrated widely. Furthermore, a university might only invest in IPE where there is a financial return, especially in the current financial climate. Additional revenue to sustain IPE may be generated through research grants and through mutually beneficial development programmes for practice partners.

Supporting Documents:
https://inhwe.org/system/files/webform/IPE%20conceptual%20Framework.png

2026199
The Health System Leadership Academy: A Systemwide Effort to Develop Health System Leadership Capacity in Nova Scotia, Canada

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Ms Samantha K Lavallee, Evaluation Research Coordinator, Nova Scotia Health, Canada
Ms Andrea Johnson, Director, Health System Leadership Academy, Nova Scotia Health, Canada

Short Paper

Background
Health systems worldwide are under increasing pressure due to factors such as demographic transitions and the aftershocks of the COVID-19 pandemic. While health system modernization and innovation can enhance system performance, leadership capacities at all levels of the health system are required to bring about these changes.
In 2022, the Canadian province of Nova Scotia launched Action for Health, its provincial roadmap to modernize and improve healthcare. As part of this transformation, senior provincial health system leaders recognized these ambitions would require guidance from strong, capable leaders. This spurred the creation of the Health System Leadership Academy (HSLA), a year-long multimodal leadership training program for leaders from organizations across the provincial health system. The goals of the HSLA were to build a common language of leadership behaviours, connect leaders from across the health system, and empower leaders to drive meaningful, collaborative change.
The HSLA program was rapidly co-created between multiple public-sector organizations within Nova Scotia, including government departments and regional health authorities, as well as a national learning partner. One hundred participants were selected from across organizations and assigned into Emerging, Experienced, and Executive cohorts depending on leadership experience. Participants participated in a variety of training and education activities, including in-person meetings, individual and group coaching, online learning, a ""œ360-degree""□ evaluation, and an Applied Leadership Activity.
The curriculum for the HSLA was built around LEADS in a Caring Environment, an evidence- and behaviour-based health leadership framework. LEADS identifies four key behaviours across each of its five domains: Lead Self, Engage Others, Achieve Results, Develop Coalitions, and System Transformation. The program also included content and training on priority areas such as equity, diversity, inclusion, reconciliation, and accessibility (EDIRA).

Methods
A convergent parallel mixed-methods evaluation was designed by an experienced internal evaluation team to determine the impact of the HSLA, and included both developmental and summative components. An evaluation framework was developed using the LEADS framework and the Kirkpatrick model to assess both program outcomes and processes. The Kirkpatrick model was used to study the impact of the HSLA on four levels: 1) participant reaction to the HSLA, 2) skills and knowledge gained, 3) behaviour change, and 4) organizational impacts.
Surveys were administered both at the beginning and end of the program, as well as following each in-person workshop, to assess participant satisfaction, knowledge, and skills. Mid-point and end-point semi-structured focus groups explored participant experiences and the effects of the program on their leadership abilities. Interviews with HSLA partners were conducted to identify successes and challenges in implementing the program. Interviews were also held with a subset of participant managers to determine what effect they thought the program had on their employees.
Interviews and focus groups were recorded and transcribed. Quantitative data were analyzed descriptively while qualitative data were analyzed thematically as a team, with ongoing meetings to refine themes and sort quotes. Findings were summarized and reported to program organizers periodically to enable ongoing refinements.

Results
Of the initial 100 participants, 89 completed the program, with 75 receiving full credit; attrition was due to substantial role changes, leaving the host organization, or withdrawal due to HSLA workload. Participants found the academy was a safe space to share their challenges and learn from other leaders; the content and delivery of the HSLA were rated highly. The largest self-reported changes in the year-end survey were related to the System Transformation domain and EDIRA content (n=39). Year-end focus group participants (n=31) reported substantial self-improvements in their understanding of their own leadership abilities as well as identifying different strengths in others and their ability to navigate conflict. Involving managers helped to protect time for participating in the HSLA, which was seen as critical for successful engagement.
While ongoing evaluation is needed to understand the impact of the HSLA on participant behaviour and organizational impact, focus group participants shared how they were building networks with other HSLA participants outside the bounds of the program. Some participants reported that new projects could begin more rapidly and with greater alignment when their counterparts were also HSLA graduates. Local synergies were reported when multiple members of the same team all participated in the HSLA.
Development evaluation interviews with HSLA partners (n=9) recognized successes and challenges with the inaugural year. Expectations needed to be determined and communicated to participants and their managers early, often, and from a single source, and the online learning modules were cumbersome to access. The HSLA also presented an opportunity for health system leadership to discuss and align leadership development in Nova Scotia.

Conclusions

The first year of the HSLA was successfully carried out and participants found the content relevant and valuable. Evaluation findings from HSLA participants and partners have informed design considerations for year two, which is now underway. Long-term evaluation of HSLA participants will continue to assess the impact of the program on their behaviours and health system outcomes.

2026200
PROTECT student wellbeing in practice-based learning

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Mrs Sarah Julie Drake, Associate Professor, University of East Anglia, United Kingdom

Short Paper

Introduction
Student wellbeing is increasingly recognised as a key factor influencing retention, progression, and overall learning outcomes. Practice based learning environments are integral to employability and professional identity formation A key issue identified from an earlier collaborative project with students, practice educators, and academic colleagues was students' reluctance to discuss wellbeing concerns with placement supervisors for fear of judgment or negative impact on assessment outcomes, and supervisors' frustration at only becoming aware of wellbeing issues once performance had deteriorated. This presentation will share a pilot of a student and educator wellbeing template. The template was co-created to in response to the earlier project findings to promote safe, open, and honest dialogue prior to placements commencing. The template provides structured prompts for discussing expectations, potential concerns, and support needs, helping to build trust and psychological safety from the outset.

Method
Across one academic year all BSc Occupational Therapy and Physiotherapy students and their educators used the wellbeing templates that had been developed. One placement in each of the year groups was evaluated using an anonymous survey. The link to the evaluation survey was emailed to the students and practice educators after completion of the practice placement. The survey included quantitative questions ranking the usefulness of the templates, along with qualitative questions to seek further details about those experiences and suggestions for improvements.

Results
179 responses were received. 124 (69%) respondents agreed or strongly agreed and only 12 (7%) disagreeing, that the student wellbeing template had been helpful. This was supported with powerful qualitative comments regarding the positive influence on the practice placement experience for both the students and educators (e.g. "It helped my practice educators understand how I felt and what I was thinking. Which has helped me become more comfortable and confident within my placement"; "It allowed me to share my concerns or anxiety about starting the placement and allowed me to have more structure to follow and think about other areas of wellbeing other than my questions asked in the intro email"; "gave us a good understanding of the areas student lacked in confidence or felt would be problematic and so we could address these as we went along").

Discussion
Initial evaluation has been positive. Both students and educators facilitated important conversations that might not otherwise have occurred. Early disclosure enabled supervisors to tailor learning environments and offer timely, appropriate support. From the findings of this pilot the PROTECT framework has been created:
P - Prioritisation: "Focus on the wellbeing of students and the importance of self-care. Foster responsibility among students and educators for mutual support".
R - Reflect: "Encourage students to reflect on their previous placement experiences, learning, and potential growth for this placement".
O - Opportunity: "Create opportunities for students to express concerns, ask questions, and engage in their learning process".
T - Trust: "Build a safe and respectful relationship between students and educators where students feel valued, respected and able to disclosure any concerns".
E - Expectations: "Actively involve students in discussions about the student and educators' expectations of the placement".
C - Compassion: "Cultivate empathy and understanding towards each other. Creating a supportive and inclusive space for personal and professional growth Empower students in taking initiative to advocate for their learning and wellbeing needs".
T - Transparency: "Encourage open and honest conversations to ensure there is a shared understanding".

Conclusion
The pilot of the wellbeing template has led to the creation of the PROTECT framework. The framework provides a structured approach to the implementation of the well-being templates. The next stage of the project is the development of a PROTECT package with associated training. The audience will be invited to be part of the evaluation of the PROTECT framework within their own placement settings.

2026201
Evaluating the impact of training CPD educators in low and lower middle-income countries (LLMIC)

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Short Paper

Background
Leadership and a framework to support the development and sustainability of continuing professional development (CPD) systems is important. However, there is scant evidence in the literature around the impact of training CPD educators in low and lower middle-income countries (LLMIC) and how this could influence the delivery of effective CPD programs using evidence-based methods.

Methods
This was a mixed methods study that evaluated a CPD educator course, delivered in LLMIC's. In the quantitative phase, participants completed a 12-item questionnaire covering learning, community building, achievement, and impact. In the qualitative phase, five focus groups were conducted with participants from Lesotho, Kenya, Rwanda and Malawi to explore their perspectives on the course's effectiveness and how it supported their ability to create and evaluate their own CPD initiatives.

Results
Survey findings showed high participant satisfaction and relevance for the course and its effectiveness in meeting their learning needs. The focus group data reinforced these results revealing increased self-efficacy and professional recognition, enhanced ability to design, deliver and evaluate CPD programs, evidence of behaviour change and motivation to influence organizational and, in some cases, national CPD policies.

Discussion
The course demonstrated significant impact in strengthening the skills, self-confidence, interprofessional collaboration and professional capacity of educators across diverse contexts. The course effectively supported a shift from ad hoc to outcomes focus CPD contributing to a sustainable culture of continuous learning and quality improvement in healthcare. These results highlight the value of well-structured collaborative CPD programs empowering educators to drive change and improve patient outpatient outcomes.

2026202
Empowering Hearts Globally: Introducing a Contextualized, Competency-Based Assessment and Credentialing Process

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Short Paper

Objectives & Foundational Rationale

The global burden of pediatric and congenital heart disease (PCHD) falls disproportionately on low- and middle-income countries (LMICs), where the scarcity of specialty-trained practitioners creates a profound gap in care outcomes. Traditional postgraduate medical education models are often rigid and resource-intensive, limiting their applicability in diverse international settings. Empowering Hearts Globally (EHG) aims to introduce a contextualized, competency-based, and novel assessment and credentialing framework designed to bridge this gap.

EHG's primary objective is to develop and implement a robust process, ensuring all graduates meet a high, standardized level of clinical competence while remaining adaptable to local healthcare needs and constraints. Rather than relying on region-specific accreditation bodies, this framework is rooted in universally accepted domains of competency-based medical education. It aims to provide a validated pathway for developing and certifying proficient, locally attuned pediatric cardiac practitioners without imposing an unsustainable level of administrative burden.

Methods

A Global Framework for Competence

The assessment system is designed to be practical and multimodal, prioritizing demonstrated clinical proficiency in both the clinical workplace and educational settings. The competency-based methodology moves beyond time-based training to evaluate a trainee's ability to apply knowledge, articulate management plans, and skilled care for patients safely and continuous quality improvement within their specific resource context.

Global Domains of Competence and Essential Tasks

The curriculum is built upon a foundation of internationally recognized competency domains (including knowledge, skills, and attitudes), ensuring that graduates are well-rounded professionals. These domains "encompassing Patient Care, Medical Knowledge, Interpersonal Skills, Professionalism, Systems-Based Practice, and Practice-Based Learning" are operationalized through Entrustable Professional Activities (EPAs). These EPAs serve as a conceptual guide, defining the essential clinical tasks required for independent practice (e.g., "Management of Rheumatic Heart Disease") and allowing faculty to assess competence holistically and reliably.

Integrated Assessment Cadence

The learner's assessment is woven directly into existing clinical and educational activities via a three-tiered cadence to ensure feasibility and reduce administrative burden:

1. Continuous Workplace & Conference Assessment (Weekly/Monthly): This tier emphasizes "high-touch, low-stakes" feedback derived from daily activities.

- Self-Reported Logs: Learning journals that document which patients were seen, which competencies were challenged, what went well, and what were areas for the learner's improvement.
- Bedside Observations: Utilizing simplified tools (e.g., Mini-CEX), faculty provide brief observations of trainees during routine patient care.
- Conference-Based Assessments: A critical component of evaluation occurs during weekly case-based conferences. These sessions, attended by multiple pediatric cardiology specialists, serve as a high-yield venue for assessing clinical reasoning and communication skills. By presenting complex cases to a panel of experts, trainees demonstrate their ability to synthesize data, defend management decisions, and navigate professional discourse. This allows for "group consensus" on a trainee's knowledge base without requiring separate oral examinations.

2. Periodic Progress Review (Every 6 Months): This longitudinal check-in synthesizes data to track development. It incorporates Multi-Source Feedback (including gathering perspectives from nurses and peers) and results from the weekly conference performance reviews. This acts as a safety net to identify trainees who may require additional support or remediation in specific domains like diagnostic accuracy or professional conduct.

3. Summative Credentialing Review (24 Months): The final evaluation determines readiness for independent practice. This process is envisioned as a holistic review of the Trainee's Portfolio, which aggregates procedure logs, case mixes, and longitudinal feedback summaries. A regional or international Clinical Competency Committee reviews this evidence to make a final summative judgment, confirming that the trainee has achieved the necessary level of independence to practice safely.

Supportive Role of Simulation

Recognizing that clinical volume varies by region, simulation is employed as a valuable adjunctive tool to assess technical and non-technical skills. Simulation is used to verify procedural skills and manage emergencies. A suitable catalogue of simulation modules needs still to be created. The core of

the assessment strategy is grounded in real-world clinical encounters and case conferences, ensuring the program remains viable as simulation is developing.

Results (Anticipated)

Implementation of this globally oriented model is anticipated to yield several key benefits:

1. Efficiency via Integration: By utilizing learning logs and weekly case conferences as formal assessment points, the program effectively "double counts" educational time as evaluation time. This reduces the need for separate exams and allows multiple specialists to evaluate a trainee simultaneously, increasing the reliability of the assessment.
2. Universal Relevance: By grounding the curriculum in global competency domains, the credential holds international validity while remaining culturally and operationally adaptable.
3. Clinical Reasoning Focus: The emphasis on conference-based assessment ensures that graduates are not just skilled technicians, but critical thinkers capable of managing complex physiology in collaborative environments.
4. Contextual Leadership: The focus on Systems-Based Practice ensures that graduates are contextually aware leaders, capable of advocating for system improvements and optimizing care within their specific resource constraints.

Conclusions

The proposed Contextualized, Competency-Based Assessment and Credentialing Process offers a rigorous yet flexible solution for global pediatric cardiology education. By focusing on universal domains of life-long learning, competence, leveraging existing infrastructures like weekly case conferences for evaluation, and employing a streamlined assessment cadence, this framework provides a robust pathway to certification. This approach ensures the development of highly competent professionals who are ready for independent practice, fulfilling the mission of Empowering Hearts Globally through a standard of excellence that is both high-quality and administratively sustainable.

Supporting Documents:

https://inhwe.org/system/files/webform/EHG%20INHWE%202026%20Abstract%20FINAL%2011%2017%2025.docx

2026203
Identifying core teamwork competencies for community-based health and social care professionals: an e-Delphi study

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Short Paper

Background
Due to the increasing burden of chronic diseases, the European Recovery Plan aims to enhance community-based healthcare services across Europe by 2026. Therefore, healthcare professionals will need to be prepared to work effectively in teams to ensure effective patient-centred care. However, few courses specifically designed for developing teamwork competencies are available. The aim of this study was to identify core teamwork competencies for in Community-Based Interprofessional Team specialists for person-centred care.

Methods
Guided by the European Skills, Competences, Qualifications and Occupations framework of the European Centre for the Development of Vocational Training for transversal skills and competencies, a 3-round e-Delphi study was conducted between March-May 2024. The experts were identified by the project partners. Following a literature review, focus groups, and interviews with service users and healthcare professionals from four different countries, an initial list of 63 competencies was identified. In Rounds 1 and 2, experts were asked to "agree", "disagree" or "amend" the competencies. An agreement threshold of 70% was established for the inclusion of the competencies. In Round 3, experts rated the priority of each competency on a Likert scale from 1 (low) to 10 (high).

Results
Nineteen experts from 6 European countries responded to all rounds. Consensus was achieved for 58 core competencies grouped into: "Interprofessional Teamwork"; "Interprofessional Communication, Roles and Professional Conduct"; "Shared Vision and Approach to Healthcare"; "Digital Health"; and "Planning and Coordination of Integrated Care Services".

Conclusions
The competencies identified through this study covered a wide range of areas, such as conflict management, collaborative leadership, respect and dignity, cultural sensitivity, digital skills, data management, artificial intelligence, and green skills. The competencies were developed in line with European skills classification and crediting systems to ensure transferability across Europe. These competencies will subsequently be used to develop an EU Curriculum to adequately prepare a new cohort of healthcare professionals specialised in Community-Based Interprofessional Teamwork.

2026205
Impact on Non Clinical Waiting Room Staff through a Facilitator Orienter Program: Improvements in Empathy, Performance and Workplace Climate in Emergency Care

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Short Paper

Background
In waiting areas of high-complexity emergency departments, interactions between users and non-clinical staff (information desks, admissions, security, coordination, triage) strongly determine patient experience, perceived quality and flow of care. After a six-month volunteer intervention that deployed nursing students as facilitators-orienters to support patients and families, a systematic evaluation was undertaken to determine the intervention's impact on first-line non-clinical personnel, their daily performance and workplace climate.

Approach
We conducted a mixed-methods action-research study with descriptive and evaluative aims, performed immediately after the six-month student volunteer program in a Chilean high-complexity emergency hospital waiting area. Population: first-line staff who had interacted with at least four students (information and complaints office, admissions, security, triage nursing, coordination). Quantitative component: Likert 1-7 surveys assessing perceived support for job tasks, perceived change in quality of service and perceived student learning. Qualitative component: 22 semi-structured interviews, purposive sampling to ensure representation across shifts and roles, verbatim transcription and thematic coding with systematic analysis. Ethical procedures, informed consent and data protection followed institutional regulations. The design combined evaluative measurement with formative feedback to inform iterative improvement.

Results
Twenty-two staff participated, representing all shifts (OIRS n=10; coordination n=4; security n=4; admissions n=2; triage nursing n=4). Mean rating for student presence as functional support was 6.4/7. One hundred percent reported a significant improvement in service quality; 96% considered the experience relevant to student professional training. Thematic analysis produced seven core categories: (1) knowledge and attitudes toward the project; (2) interaction dynamics and integration between students and staff; (3) perceived impact on service quality; (4) effects on non-clinical personnel (well-being and workload); (5) learnings and competencies developed by students; (6) emergent interprofessional collaboration; (7) sustainability and recommendations. Quantitative and narrative data consistently identified concrete improvements in active listening, empathic responses, conflict management, effective communication and stress tolerance. Participants reported increased institutional recognition of administrative roles and reduced perceived workload during peak demand. Documented learning transfer included students' internalization of administrative pressures and adoption of communication and behavioral strategies that de-escalated user tension and facilitated inter-area coordination, producing a calmer atmosphere and smoother operational flow. Implications and conclusions The facilitators-orienters model generated multidimensional positive effects: it humanized the waiting-area experience, strengthened students' relational competencies and delivered direct benefits to the performance and well-being of non-clinical staff.

Findings align with Pillar 4 (Workforce capacity, skills and inclusion), demonstrating that situated learning and co-production between students and administrative staff are effective strategies to build a more inclusive, skilled and motivated workforce. For scalability and more rigorous evaluation we recommend: (a) implementing pre-post measures with validated instruments for empathy and workplace climate (e.g., Jefferson Scale, CARE); (b) standardizing induction, supervision and formative assessment protocols for students and host staff; (c) integrating continuous quantitative follow-up on service and well-being indicators; (d) developing a sustainability plan to replicate the model across services and contexts. These steps will facilitate translation of the experience into a replicable program to strengthen the non-clinical workforce within person centred integrated care models.

2026206
Preparing Educators to Lead Interprofessional Learning

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Short Paper

Background
Interprofessional education (IPE) is required across many health professions and depends on learners from different disciplines engaging meaningfully with one another. Effective facilitation is essential, as trained faculty can create collaborative, inclusive learning environments that strengthen teamwork skills. Investing in faculty development ensures higher-quality IPE and ultimately supports better healthcare outcomes.

Methods
A quasi-experimental design evaluated faculty outcomes before and after a January 2025 Interprofessional Education Facilitator Training workshop. Randomly selected faculty for the university's Grand Rounds were assigned to small groups, completing pre- and post-assessments including the Facilitation Skills Self-Assessment, Interprofessional Facilitation Scale, and open-ended questions. Focus groups explored faculty perceptions of applying facilitation techniques during student learning sessions.

Results
Findings from pre- and post-workshop assessments "including the Facilitation Skills Self-Assessment, the Interprofessional Facilitation Scale, and open-ended reflective responses" will be presented. Additionally, insights and lessons learned during the development and implementation of the workshop will be discussed, supported by summary perception data collected from the workshop organizers and event host.

Conclusions
Faculty development in IPE facilitation enhances both skills and confidence, supporting more effective and engaging interprofessional learning experiences. Well-trained facilitators help students improve collaboration, communication, and understanding of team-based care, better preparing them for real-world healthcare practice. Ongoing faculty training fosters continuous professional growth and institutional support, cultivating a culture that values and strengthens IPE facilitation across programs.

2026207
An organisational approach to building research capacity among nurses, midwives and allied health professionals (NMAHPs) in clinical practice

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Short Paper

As nurses, midwives and allied health professionals deliver the majority of direct patient care, they are well placed to lead research and generate evidence to inform practice.

Aims

To consider how best to implement the findings of The Whitehouse Report, to reflect on the development of a nursing, midwifery and allied health professions research and evaluation service at a UK NHS foundation trust, and to understand the mechanisms that contribute to change.

Methods

Using the principles of change theory we developed four theories of change, underpinned by a logic model, to consider the sequence of events and the expected results. The impact of the new service on workforce capacity and capability and the mechanisms of change were considered retrospectively over a two-year period between 2019 and 2021. Surveys, interviews, field notes and data regarding a number of projects were collected and reviewed.

Results

Research, quality improvement and service evaluation activity have increased across all nursing, midwifery and allied health professions at our hospital trust. Six underpinning core values and seven practical mechanisms to implement these values were identified as successful drivers of change for the service.

Discussion

The intentional development of a network of teams, individuals and patients was fundamental to building capacity, capability and confidence among staff. Enablers to the increase in research activity included using role modelling, inspiration and perseverance to make visible the value of nurses, midwives and allied health professionals in leading research-based care. Preconceived ideas of who ‘should’ do research challenged the positive culture of critical inquiry for the benefit of patients, service improvements and celebration of existing work. Strategies to support research activities across the professions require vision, time, infrastructure and buy-in at micro, meso and macro levels, as well as a sustained effort from those directly involved.

Conclusions

It would be beneficial to encourage bespoke approaches to help staff translate ideas into practice-based projects as part of capacity, capability and confidence building for research across the clinical workforce. Audit, quality improvement and evaluation activities can lead directly to an increase in research engagement, involvement and leadership among nurses, midwives and allied health professionals, as well as supporting recruitment and retention. Future research could explore whether this approach would be replicable and effective in other healthcare organisations or systems.

Supporting Documents:

https://inhwe.org/system/files/webform/Abstract%202%20INGWE%20Conference%20CWhitehouse%20Education.docx

2026210
Using Near-Peer Teaching to Address Learning Gaps and Cognitive Overload in Preclinical Medical Education

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Short Paper

Background
First-Generation in Medicine (FGIM) is a University of California Davis School of Medicine student-led organization that plays a growing role in promoting academic support, mentorship, and educational equity. One core FGIM strategy is peer-led tutoring, in which more senior medical students reinforce foundational science content through weekly, structured review sessions. Despite widespread informal use, there is limited literature evaluating how these student-driven systems influence learning behaviors, confidence, and curricular engagement during preclinical training.

Objectives
This study aimed to: (1) evaluate student receptivity to peer-led anatomy tutoring, (2) assess changes in self-reported confidence and perceived mastery of anatomy content before and after the intervention, (3) examine students' ability to apply foundational anatomy knowledge to subsequent coursework, and (4) identify how peer-led academic support models can be optimized and extended across multiple preclinical blocks.

Methods
Voluntary, anonymous surveys were distributed to first-year medical students across two foundational science blocks: a cadaver-based anatomy course (HAF) and a subsequent molecular/cellular medicine course (MCM). Pre- and post-HAF surveys assessed prior exposure, learning preferences, confidence, and preparedness. A separate survey administered after the MCM course evaluated study strategies, use of curricular and non-curricular resources, stressors, and perceived alignment between learning activities and assessments.

Results
A total of 34 students completed the pre-HAF survey and 21 completed the post-HAF survey. Participants were predominantly female in both cohorts (79% pre, 71% post). Post-HAF responses showed increases in self-reported knowledge, content mastery, and ability to apply anatomical concepts. Twenty-five students completed the second survey assessing study strategies and final performance. Eighty two percent of survey respondents used FGIM HAF tutoring. Regarding other resources for studying anatomy, 64% primarily relied on in-house learning materials, with 28% supplementing and 8% relying exclusively on external resources.

Most respondents participated in FGIM-led anatomy tutoring and identified it as a primary contributor to learning course material. Across both blocks, students relied heavily on a hybrid model combining in-house resources with third-party tools such as question banks and spaced-repetition platforms. However, active learning components embedded in the formal curriculum (e.g., team-based learning sessions) were inconsistently used as intended, with students often repurposing this time for independent study. During the subsequent block, most students (91%) did not independently revisit anatomy content despite recognizing its relevance to integrated examinations and licensing preparation. Commonly reported stressors included unclear expectations, resource overload, and difficulty balancing content acquisition with practice-based learning.

Conclusions and Educational Implications
Peer-led FGIM tutoring represents a scalable, low-cost educational intervention that improves learner confidence and supports foundational science mastery during preclinical training. Findings highlight a mismatch between curricular design and actual student study behaviors, underscoring opportunities to better align protected learning time with students' preferred active-learning strategies. Expanding structured peer-led office hours, increasing the tutor: learner ratio, and intentionally integrating longitudinal review of foundational content may enhance learning efficiency and reduce cognitive overload. The FGIM review sessions for HAF anatomy were favorably received and rated effective by the participants. Given the challenges and stresses reported by the current cohorts, the FGIM organization is poised to offer resources to improve the learning environment of future UC Davis medical student classes. This FGIM-based model is broadly adaptable and may inform academic support frameworks across medical schools seeking to improve student outcomes and educational equity.