9th to 10th **January 2019**

Royal College of
Surgeons in Ireland,
Dublin, Ireland

International Network for
Health Workforce Education

2ⁿᵈ European Conference of Health
Workforce Education & Research

Theme: Inter-Professional Education

Abstracts Book

Summary

Summary

2nd European Conference of Health Workforce Education & Research

We are very pleased to announce that the 2nd European Conference of Health Workforce Education & Research will take place at the Royal College of Surgeons in Ireland (Coláiste Ríoga na Máinleá in Éirinn) in Dublin, Ireland on Wednesday 9th and Thursday 10th January 2019. Hosted in collaboration with the RCSI Faculty of Nursing & Midwifery, the International Network for Health Workforce Education holds the conference to promote interdisciplinary co-operation and critical understanding of the latest research in the field of health workforce education, training and development. The event will bring together researchers, educators, trainers and policy makers from around the world.

Conference Theme: Interprofessional Education

There is now significant evidence to indicate that effective interprofessional education is an innovative strategy that enables effective collaborative practice and improves healthcare systems. The 2010 WHO Framework states that "after almost 50 years of enquiry, the World Health Organization and its partners acknowledge that there is sufficient evidence to indicate that effective interprofessional education enables effective collaborative practice". The development of strong interprofessional teams to aid collaborative working practices must be imbedded thought out the working career of health professionals. This continual reinforcement of interprofessional skills will allow the health workforce to deal with an increasingly changing healthcare landscape.

Global healthcare systems face increased demand for health services due to ageing populations, rising patient and workforce mobility, and a diminishing supply of health workers caused by retirement rates that surpass recruitment rates. Interprofessional education, along with other transversal or soft skills, is a necessary and important step in preparing the health workforce for these difficulties and challenges that are faced by both by newly qualified and establish practitioners. For policy makers the benefits of interprofessional education and collaborative practice can be seen in the evidence that implementation contributes to the transformation of health care, enhance patient care and thus control of costs.

The European Conference of Health Workforce Education & Research allows participants to discuss the diverse possibilities and challenges of "Interprofessional Education" with international colleagues.

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2018113: Interprofessionality in the DACH-Countries – a "snapshot"

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REHUMANISING HEALTHCARE PROFESSIONALS

Current healthcare training curriculum relies upon a comprehensive understanding of the bio-medical model of medicine. However, it has been recognised that a curriculum that incorporates a more rounded model is critical. This workshop promotes "Storytelling" as a way for educators show the hidden and silent stories of both, patients, healthcare professional and loved-ones. The workshop includes group work which identifies the necessity of rehumanising our healthcare professionals.

2018133: Rehumanising healthcare professionals to appreciate how IPE can be enhanced, through the healing craft of storytelling

SUSTAINING A CURRICULUM FOR INTERPROFESSIONAL LEARNING

This workshop looks at Interprofessional education (IPE) and problem-based learning (PBL) at the Faculty of Medicine and Health Sciences at Linköping University, Sweden. Global challenges of the changing health care system, institutional challenges of a new generation of teachers, and the increasing numbers of undergraduate students have been incentives to revise the IPE curriculum and think anew in terms of sustainability for the future.

2018161: Sustaining a curriculum for IPL: Strategic development of undergraduate programs in medicine and health

MONTESSORI FOR INTERGENERATIONAL LONG TERM CARE WORKFORCE DEVELOPMENT

This workshop will present recent research into the core curriculum of the National Certification Council for Activity Professionals (NCCAP) Certification for health care providers using the Montessori Philosophy of Care for serving older adults across the continuum of care. The workshop organisers will outline the evidence base for applying Montessori to the long-term care setting, both for adults and within paediatric care units.

2018167: Montessori for Intergenerational Long Term Care Workforce Development

PROPOSED FEDERATION OF HEALTHCARE EDUCATION

Each profession has its own distinctive body of clinical knowledge and expertise, however, in educational terms there is much that all professions can share and learn from each other. This workshop looks at the possibility of creating a federation to help develop a common language which facilitates positive dialogues between and within healthcare professions educators and the organisations that represent them.

2018111: Proposed Federation of Healthcare Education

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2018167: Montessori for Intergenerational Long Term Care Workforce Development

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2018104: Inter-professional leadership education at postgraduate level

Ms. Alison James, Lecturer, Cardiff University

Short Paper

Leadership development has been a focus within healthcare in the UK for more than two decades and poor leadership has been identified as a contributory factor for negligent care. Interprofessional working has also been driven by policy and changing workforce agenda and the formation of interprofessional teams has led to challenges for leadership; enabling effective teamwork with differently skilled professionals, breaking down professional silos and coordinating efforts to provide patient centred care requires excellent leadership skills.

In Wales, the population consists of more over 85-year olds than the rest of the UK with a continuous increase predicted. Frailty and multiple morbidities are also increasing within this population and an integrated workforce approach to complex care health provision and prevention has been the approach for policy from Welsh Government (Prudent Healthcare 2014, Social Services and Wellbeing (Wales) Act 2014). Welsh Government has stated an expectation that all healthcare practitioners should see themselves as leaders and develop qualities to fulfil this role (WG 2008). For the health and social care workforce, development of leadership skills with an inter-professional focus has been a priority, however has proven to be challenging.

Inter-professional Leadership development at postgraduate level

Education at postgraduate level requires funding, time and commitment within an already demanding work/ life balance for students. To address the challenge the development of a distance learning module aims to prepare interprofessional practitioners to lead in increasingly demanding and complex healthcare systems and provide an awareness of the challenges facing healthcare provision is provided at postgraduate level. With an e-learning focus the module enables the individual student to continue in employment and study in their own locality, while being able to engage with peers and academics. It also aims to enable students to gain rich and varied insights from engaging in online forums with peers from a range of diverse backgrounds and disciplines. The aim is to build an interprofessional network with leadership skills which are transferable into everyday practice, supporting a resilience and effective approaches to healthcare.

Early student evaluation of the learning experience has enabled the module to evolve and adapt to address challenges and support the students to learn and translate knowledge into practice.

2018105: A stakeholder approach to design, implement and evaluate Inter-Professional Education

Dr. Anita Stevens, Senior Lecturer, Researcher, Zuyd University of Applied Sciences, Heerlen, Netherlands

Dr. Albine Moser, Senior Lecturer, Researcher, Zuyd University of Applied Sciences, Heerlen, Maastricht University, Maastricht, Netherlands

Objectives

In 2011 Zuyd University of Applied Sciences (the Netherlands) started with an Inter-Professional Education (IPE) program at the Faculty of Healthcare, comprising six educational programs. From the beginning stakeholder participation was pursued aiming at developing an IPE program based on values of educational staff, students, health care institutions and patient organizations. The objective of this presentation is to provide insight into the mechanisms of stakeholder participation and their impact on the IPE program.

Method

Several stakeholders participated as follows. The educational staff from all six educational programs participated in the IPE faculty-group, and curriculum committees in 4-monthly meetings. Students and student representatives of the 6 statutory student advisory councils participated as thinking tanks, as evaluators of modules and as student-tutors. Healthcare institutions participated in focus group discussions and as living labs were IPE in practice is designed and piloted. Patient organizations participated in monthly meetings in the IPE development group. The impact of the educational staff on IPE was that first-hand experience in providing input on the content and improvement of IPE tutor material and better fit of implementation strategies.

Results

The impact of the curriculum committees was creating a shared-space of IPE across all curricula. The impact of students was information on the feasibility of IPE and they suggested that IPE needed to begin early in year 1. The impact of healthcare institutions was on supporting the practice placement in pilot settings and on IPE enabling resources in practice. The impact of patient organizations was safeguarding that the focus of IPE served better patient care. As an outcome, year 2 is devoted to the patients' perspective which we developed in cooperation with patient advocates.

Conclusions

Stakeholder participation and value-negotiation is a long-term endeavour and relationship-oriented. At the moment we handle a network approach and prefer to develop towards an IPE Community of Practice.

2018106: Embedding an Online International Learning (OIL) experience in an undergraduate Children and Young People's Nursing programme

Miss Ambra Righetti, Lecturer in Children and Young People's Nursing, Coventry University, United Kingdom

Mr. Jason Pritchard, Senior Lecturer in Children and Young People's Nursing, Coventry University, United Kingdom

Ms. Laura Fornoni, Responsabile Centro Formazione, Istituto Giannina Gaslini, Italy

Dr. Simona Calza, Nurse Researcher, Istituto Giannina Gaslini, Italy

Short Paper

Nowadays, the internationalisation of the curriculum (IoC) has provided greater focus for Higher Education Institutions (HEIs). In fact, IoC allows students to be equipped with enhanced skills in relation to being global citizens and ensuring that they become culturally competent, both essential for graduate attributes. Moreover, it is now crucial to provide undergraduate children and young people's nursing students with learning opportunities to meet the outcomes set by the new NMC standards (2018), in particular to enable future practitioners to deliver care in a way which reflects cultural awareness and ensures that the needs, priorities, expertise and preferences of people are always valued and taken into account. This presentation analyses and evaluates some of the important issues and concepts related to the implementation of an online learning experience in an undergraduate Children and Young People's Nursing programme (UK). This project has proven a useful and successful teaching practice for promoting an intercultural awareness among students and it provides guidance for future OIL design. Finally, this presentation offers an insightful perspective and recommendations and subsequently, inform possible ways to tackle barriers and challenges related to this teaching method.

2018107: Interprofessional education in a field lap at the region of South Limburg, the Netherlands: best practices

Dr. Albine Moser, Senior Lecturer, Researcher, Zuyd University of Applied Sciences, Heerlen, Maastricht University, Maastricht, Netherlands

Dr. Anita Stevens, Senior Lecturer, Researcher, Zuyd University of Applied Sciences, Heerlen, Netherlands

Dr. Erik van Rossum, Associate Professor, Zuyd University of Applied Sciences, Netherlands

Prof. Sandra Beurskens, Full Professor, Maastricht University, Netherlands

Mrs. Claudy Cobben, Programme Manager Speech therapy and physical therapy, Zuyd University of Applied Sciences, Netherlands

Short Paper

Background: The Dutch minster of Health, Welfare and Sport installed a national commission advising the government on the needs for future professions and education in the broad field of prevention, cure, care and welfare from an integrated care perspective. This commission used as points of departure: (1) the demand of care in 2030 instead of the supply; (2) functioning instead of the disease or medical problem; and (3) the ability to adapt and self-manage instead of a complete state of physical, mental and social well-being. The commission published two reports, the first one on professions (2015) and the second on education (2016)). Four regional field-labs were appointed by the commission to assess the challenges and develop initiatives in an interactive way involving citizens, professionals and educators.

Aim and objectives: The aim of this presentations is to provide insights into best-practices of IPE in the field lab at the region of South Limburg, the Netherlands, based on the advises of the national commission is to provide interprofessional education (IPE) among students from various educational programmes and bringing together different levels of education.

Best-practices IPE: We will present three best-practice cases how IPE is being developed and implemented in vocational and academic programmes. The first best-practice is about interprofessional team meetings where medical students from Maastricht University, bachelor students (nursing, physical therapy, occupational therapy, speech therapy) from Zuyd University of Applied Sciences, and vocational nursing students from ROCs Limburg discuss care for vulnerable elderly people. The cases are real-world cases from internship in primary care provided by medical students. The second best-practice is about interprofessional learning in communities of practice in the Care Network for Elderly People Elsloo. Here bachelor students (nursing, physical therapy, occupational therapy, speech therapy) and vocational nursing students together with professionals from the network are trained in interprofessional problem-solving on frequent occurring health and life problems of elderly community dwelling people. The third best-practice is an IPE activity aimed at shifting future healthcare professionals focus from the disease to a personals functioning, living and coping with physical, mental, emotional and social activities. Here bachelor students (nursing, physical therapy, occupational therapy, speech therapy, arts therapy and biometrical sciences) and vocational nursing together shadow people living with chronic health problems.

Conclusion and implications: In the field labs, we strive to provide innovative IPE to prepare a collaboration ready future health professionals by embedding IPE in the real-world context. The reinforcement of interprofessional competencies will allow future health professionals to deal with the challenges of an increasingly complex healthcare. In future IPE activities we plan to involve students from other faculties than healthcare such as ICT, facility management, business etc.

2018108: Strategic Process Intended to Infuse Interprofessional Education into a Health Profession

Dr. Anthony Breitbach, Associate Professor, Saint Louis University, United States

Short Paper

Professional preparation in athletic training (AT) has grown quickly from modest roots based in physical education in the 1960's to its emergence as a recognized health profession today. The profession has long embraced interprofessional practice but many times was not included in discussion of interprofessional education (IPE) at the institutional, governmental and international levels. As a result, the concept of IPE, which has been an emphasis in medicine, nursing and allied health since the 1990's has not been a part of AT programs. Investigation into IPE in AT found that the concepts were misunderstood by AT educators where there was a lack of common language and appreciation for the role that it has in the future of health care. In 2012, the Executive Committee for Education of the National Athletic Trainers' Association authored Future Directions in Athletic Training which made recommendations regarding the evolution of AT. IPE was included and a strategic plan developed for formal inclusion of Interprofessional Education (IPE) into AT. An important part of this strategy was to develop a white paper, Interprofessional Education and Practice in Athletic Training, to inform the profession and other stakeholders on the best evidence and pedagogy that can be implemented in professional programs in AT. This white paper was developed using a structured process with an inclusive work group of authors from a wide range of setting. This work group has organically developed the NATA Interprofessional Education and Practice (IPEP) interest group in 2015. IPE was included in the accreditation standards for AT post-professional programs in 2015 and is part of the newest professional program accreditation standards in 2020. This presentation describes the strategic process implemented to make IPE a standard component of AT professional programs. It is hoped that, through IPE, AT's will become valuable members of interprofessional teams to positively contribute to improved patient/client outcomes.

2018109: Connecting Interprofessional Teaching to Collaborative Scholarship - Keys to Success

Dr. Anthony Breitbach, Associate Professor, Saint Louis University, United States

Dr. Kathrin Eliot, Assistant Professor, Saint Louis University, United States

Short Paper

Interprofessional Education (IPE) initiatives have been developed with the goal of preparing collaboration-ready health professionals with the ultimate objective of improving health outcomes for persons and the greater population. Progress has been made in IPE in health professions but growth is needed to make IPE more universally available. To respond, accrediting organizations have embedded IPE into accreditation standards and academic institutions have worked to provide learning experiences to meet these standards. Interprofessional teaching teams in IPE provide unique opportunities for collaborative scholarship. However, this collaboration does not happen with all faculty in these groups. It is important that these faculty find colleagues with complimentary skill sets and professional goals. It is also essential that the research process be organized to optimize communication, organization and accountability. This presentation provides a framework which brings together faculty in teaching teams in a structured, yet organic, process of collaborative scholarship. It is hoped that this research can contribute to the growing foundation of evidence of IPE. Participants in this presentation will be able to employ these strategies in their work as they engage in IPE and collaborative scholarship.

2018110: The Effectiveness of an Introductory Interprofessional Course in Building Readiness for Collaboration in the Health Professions

Dr. Kathrin Eliot, Assistant Professor, Saint Louis University, United States

Dr. Anthony Breitbach, Associate Professor, Saint Louis University, United States

Dr. Leslie Hinyard, Associate Professor, Saint Louis University, United States

Eileen Toomey, PhD student, Saint Louis University, United States

Objectives

Interprofessional Education (IPE) prepares collaborative-ready health professionals although the actual process of learning about, from and with each other is widely debated in the literature. The goal of the study was to examine the effectiveness of an introductory IPE course in improving students' collaboration skills.

Method

176 Undergraduate, health professions students completed the 11-item Self-Assessed Collaboration Skills (SACS) survey before and after completing an introductory IPE course.

Results

Results of paired samples t-tests suggest that were significant ($p < .001$) improvements in students' self-assessed collaboration skills and on the learning, information sharing, and team support dimensions.

Conclusions

This study highlights the role of an introductory IPE course in improving self-assessed collaboration and teamwork skills of entry-level learners. Features of the course design that contribute to its effectiveness include: interactive class sessions, a culminating team project, and using in-class time for team meetings. An introductory IPE course can be effective in improving learners' self-assessed collaboration skills and prepare them for future IPE courses.

2018111: Proposed Federation of Healthcare Education

Dr. John Jenkins, Director, Transforming Healthcare Education Project, Royal College of Surgeons in Ireland, Ireland

Prof. Derek Gallen, President, Association for the study of Medical Education

Ms. Julie Browne, Senior Lecturer, Centre for Medical Education, Cardiff University, United Kingdom

Prof. Alison Bullock, Director, CUREMeDE, Cardiff University, United Kingdom

Short Paper

Good team work is essential to safe and effective patient care, and in recent decades evidence has steadily accumulated indicating that a broader approach to the preparation of all healthcare professionals is critical to their acquiring the appropriate skills, knowledge and experience to support team working in the workplace. While each profession has its own distinctive body of clinical knowledge and expertise, in educational terms there is much that all professions can share, and many areas in which they can learn from each other. It is therefore important to develop a common language in order to facilitate positive dialogues between and within healthcare professions educators and the organisations that represent them.

Healthcare education also needs a strong voice if it is to have the necessary influence at national and international level to provide evidence for and secure the priority and resourcing required to further develop the systems of education and training across the healthcare professions. To achieve a unified healthcare education vision, a united voice is essential.

In 2017 a consultation was held (1) in which healthcare professions educators gave their views on the possibilities for the development of closer collaboration between healthcare professions organisations. The response was overwhelmingly positive with 75% of respondents supporting the idea of a multiprofessional organisation to promote partnership working between healthcare education organisations. The current working title for this is Federation of Healthcare Education.

This presentation will outline the current UK and Ireland project taking this work forward.

The consultation report concluded (2) that there was a consensus in favour of developing closer ties, but that in order to achieve better working relations, preliminary work is needed to identify and affirm the essential values and principles that all healthcare professionals share (around such issues as, for example, patient safety, respect for colleagues and learners, and commitment to excellence and evidence-based practice), alongside recognising shared areas of educational activity.

A consensus study is now underway with the following aims:

To identify and establish shared key values regarding the purpose and practice of healthcare education.

In light of this, to identify and establish practice guidance for the demonstration and recognition of excellence in a number of key areas of educational activity that would be relevant/acceptable/useful to a broad range of healthcare educators.

In light of this, to develop an agreed policy statement for support by healthcare professions organisations affirming key values and shared areas of activity in the practice of healthcare education.

The work is being undertaken in three phases.

Phase 1 involves (1) a search of relevant literature to identify what guidance, standards, values statement and curricula for healthcare professions educators already exists and to interrogate it for information on how far core shared values have already been identified and articulated by each profession; (2) a telephone and email

engagement exercise to support and enhance the literature review; (3) using the results of (1) and (2) preparation of a nominal group agenda for delivery in phase 2.

Phase 2 involves (1) a nominal group event; and (2) an online public consultation with related data analysis.

Phase 3 involves at least two rounds of a Delphi process to establish key areas of consensus among the professions, followed by analysis, write up and reporting.

An up to date report on the progress of this work will be presented at this conference. The final results will be disseminated at an international meeting of healthcare educators and submitted for publication in a peer reviewed journal. They will include:

1. A summary of the views expressed in the online consultation and in the nominal group and Delphi studies

2. A statement on shared values of healthcare professions educators and areas of common educational activity (including high-level guidance on their implementation in practice)

3. A final report for the steering group and the commissioners of this work; including a draft Consensus Statement for consideration by Healthcare Professions Education Organisations.

References

1. https://www.asme.org.uk/newsletter/proposed-federation-of-healthcare-education-december-2017.html

2. https://www.asme.org.uk/news/proposed-federation-of-healthcare-education-report-1.html

2018112: Peer assisted learning in interprofessional education

Ms. Doreen Herinek, Junior Researcher, PhD Student, Institute of Health and Nursing Science, Charité – Universitätsmedizin Berlin, Germany

Prof. Michael Ewers, Director of Institute of Health and Nursing Science, Charité – Universitätsmedizin Berlin, Institute of Health and Nursing Science, Charité – Universitätsmedizin Berlin, Germany

Short Paper

Peer assisted learning is an approach which encourages learners supporting each other in learning by taking on a teacher-like role. Internationally, it has been used as a teaching format for quite few years in health professions education, especially in medical education. Nevertheless, until today there has been a lack of discussion and research in how this approach might support the development of interprofessional competencies and facilitate interprofessional teamwork. Hence, the aim of our contribution is (1) to clarify the general meaning and terminology of peer assisted learning, (2) to summarize the available knowledge on research findings and practical application in mono-professional educational contexts and (3) to present and discuss experiences from the implementation of an interprofessional education peer assisted learning cooperation and development project (InterTUT at Charité – Universitätsmedizin Berlin). These experiences suggest that peer assisted learning offers great potential for collaborative learning and deserves the attention of the health professions. Our contribution invites to engage more intensively with peer assisted learning and to explore its potential in educational practice and educational research.

2018113: Interprofessionality in the DACH-Countries – a "snapshot"

Prof. Michael Ewers, Director of Institute of Health and Nursing Science, Charité – Universitätsmedizin Berlin, Institute of Health and Nursing Science, Charité – Universitätsmedizin Berlin, Germany

Ms. Doreen Herinek, Junior Researcher, PhD Student, Institute of Health and Nursing Science, Charité – Universitätsmedizin Berlin, Germany

Short Paper

Interprofessionality is currently gaining great momentum in Germany, Austria and Switzerland. In order to promote cooperation and coordination in health care, interprofessional education initiatives have increasingly been implemented during the last years in the so-called DACH-Countries. These efforts are linked to international developments in the qualification of the health professions. Our contribution summarizes the status of Interprofessionality in the three countries by providing a snapshot of the status quo. We are asking about central starting points, motivations, involved stakeholders, panellists, the level of health and educational support on a political level as well as about the status of institutionalization of interprofessional education and networking in this field. In addition, we consider curricular adjustments and the involvement of professional regulatory bodies in these processes. We further present the state of the knowledge and the research base. The snapshot shows that, despite comparable starting points developments diverge. The DACH countries have partially succeeded in promoting Interprofessionality, accelerating relevant educational initiatives and supporting related research. However, in order to connect with the global movement promoting inter-professional education and collaboration, significant efforts are still needed at different levels in all three countries.

2018114: Nursing and Biomedical Laboratory Science (BMLS) Students' Interprofessional Training in the Simulation Laboratory

Prof. Synnøve Hofseth Almås, Professor, NTNU, Norway

Dr. Frøydis Perny Vasset, Associate Professor, NTNU, Norway

Objectives

The purpose of this study is to present nursing and Biomedical Laboratory Science students' perceptions of interprofessional education and collaborative practice in a simulation laboratory.

Method

A mixed-method research was employed, and the approach was an explanatory sequential design. A quantitative study was followed by a qualitative study. Sixty-nine students participated in the survey, with 16 items representing different aspects of interprofessionalism.

Results

The factor "value of IPE" scored the highest mean, followed by the factor "need for collaborative practice". The female students were more positive on the value of IPE than male students. The focus-group interviews revealed that the students considered debriefing after the simulation to be a useful learning opportunity.

Conclusions

The students commented that it was useful to understand each other's roles and it made them respect each other more. The BMLS students felt that they were peripheral to the case, like a visitor in the simulation scenario.

2018116: The Venus Model - Interprofessional Learning for sustainable person-centred transformation

Prof. Kim Manley, Professor & Co-Director, England Centre for Practice Development, Canterbury Christ Church University & Joint clinical chair East Kent Hospitals University Foundation Trust, United Kingdom

Mrs. Carolyn Jackson Director, England Centre for Practice Development, Canterbury Christ Church University, United Kingdom

Short Paper

This paper presents a synthesis of the theoretical and practical insights relevant to the focus, processes and impact of inter-professional learning. This synthesis is presented as a theoretical framework the Venus Model for sustainable person centred transformation, derived from three practice based research studies that focused on using the workplace as the main resource for learning, developing and improving;

a realist evaluation of how to embed safety cultures in frontline teams (Manley et al, 2017)

a Delphi study developing international standards for supporting an integrated approach to facilitation using the workplace as the main resource for inter-professional learning,

development, improvement, inquiry, knowledge translation and innovation -a key factor in transforming the workforce (Martin & Manley, 2017),

a realist evaluation of how continuous professional development from an inter-professional perspective can be more focused on providing care that is person-centred, safe and effective (Jackson et al, 2015; Manley et al, 2018).

These studies were combined with outputs from an inter-professional workshop for an international network of fellows.

The Venus model describes the key elements and linked concepts (and relationships) required to support front line teams (micro-systems) transform practice through inter-professional learning, development, improvement and innovation, and the essential organisational and systems factors required to enable this.

The five key elements of the model are 1) supporting development of facilitation skills across a continuum of complex purposes in the workplace (Martin & Manley, 2017; Manley& Titchen, 2016), 2) leadership development at clinical to systems levels, (Akhtar et al, 2016; Manley et al, 2016), 3) practice development - a complex methodology that focuses on collaborative, inclusive and participative approaches with stakeholders, to develop person-centred, safe and effective cultures (Manley et al 2008; McCormack, et al, 2013) that complement quality improvement (Manley et al, 2017), 4) using quality improvement skills and tools (Manley et al, 2017) and 5) the culture change skills at the front line of practice (Manley et al. 2011).   Bottom up, as opposed to top down models for supporting complex change in organisations are crucial to understand how to transform systems, services and cultures of care within and across organisations to deliver new models for 21st century health and well-being as well as inter-professional learning focused on providing person centred, compassionate , safe and effective care.

The symposium will conclude by sharing implications for inter-professional practice based learning, continuous professional development; research and inquiry, workforce development and new emergent roles by considering how best to support and evidence the contribution of inter-professional learning to the future workforce on a global platform. This will include consideration of how inter-professional learning is pivotal to the delivery and evaluation of sustainable transformation across the health economy to impact on future new models of care.

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2018117: An Inter Professional Education Initiative Centred Around Discharge Planning

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Dr. Claire Dillon, Senior Lecturer, University of Otago, Christchurch, New Zealand

Ms. Tika Ormond, Clinical Educator, University of Canterbury, New Zealand

Dr. Mary Leigh Moore, Otago Medical School Simulation Lead, University of Otago, Christchurch, New Zealand

Short Paper

It is widely recognised that inter-professional collaboration is an essential element in contemporary healthcare in achieving optimum health outcomes for patients (World Health Organisation 2010). The transfer of care from hospital to primary care providers at the point of discharge represents an area of considerable risk for patients.

This educational initiative is an attempt to improve inter professional collaboration and practice through the preparation of a single, multi professional transfer of care plan from hospital based care providers to a simulated patient's primary care provider.

In 2018 we introduced a new teaching session for final year medical students studying at the University of Otago, Christchurch. The session was developed by a multi professional group, to be offered as an inter-professional education session, centred around the development of a plan for the transfer of care from secondary to primary providers. It parallels the regional health board's development of a multi professional discharge planning process and as such is extremely timely.

Faculty and participants from eight different professions have been in the sessions which are run four times a year. The inter professional faculty has enabled participation of a mix of final year students and new graduates from medicine, nursing, physiotherapy, pharmacy, dietetics, speech language therapy, occupational therapy, and social work.

The session has been delivered 4 times to a total of more than 200 participants and is now a fixed event in the 6th year medical student programme. Over this period we have encountered, and resolved, a number of logistical and other challenges.

A simulated patient profile was created, and her electronic clinical record developed. Participants have access to her electronic records on iPads during the session. The electronic notes mimic the format of our local public hospital and include community notes, outpatient letters and investigations, emergency department record of her acute presentation, imaging, and laboratory test results.

The primary objectives for the students/participants are to:

a) Identify the roles and responsibilities of each professional group from hospital to home

b) Reflect on the quality and safety of the documented discharge plan

c) Identify opportunities for improvement in the discharge process through inter professional collaboration with a patient focus

As we have had an over representation of medical student participants we were able to keep one of the small groups as "medical students only" whilst the other groups have representatives from a mix of professions (up to 8). This has allowed a comparison / control group to assess output (the electronic discharge summary) as well as attitudes (pre and post survey), compared with the mixed groups.

The three and a half hour session is preceded by participants receiving a comprehensive biography of "Mary", the person, a week before the timetabled session. At the start of the session, the participants are advised that Mary has been admitted to hospital. A combination of small, inter professional working group activities, each with a faculty member, and two large groups across the whole session are targeted at producing a cohesive,

single discharge plan. A facilitated, whole group discussion with Mary's daughter is an integral part of the session.

All groups take part in the large group discussion at the closure of the teaching session.

We believe that sharing the experience of developing and modifying this session, together with identifying and resolving a number of logistical and other challenges will be of interest and assistance to others considering such a development.

2018118: Impact of an Interprofessional education session on attitudes to interprofessional learning and discharge planning

Dr. Claire Dillon, Senior Lecturer, University of Otago, Christchurch, New Zealand

Mr. John Dean, Professional Practice Fellow, University of Otago, Christchurch, New Zealand

Ms. Tika Ormond, Clinical Educator, University of Canterbury, New Zealand

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Ellen Nijhof, Speech Language therapist, University of Canterbury, New Zealand

Laura Joyce, Emergency Physician, Canterbury District Health Board, New Zealand

Objectives

The introduction of Interprofessional education into health care professional curriculum aims at improving collaboration of the future workforce to improve patient care. Some prior studies have shown a decline in attitudes following exposure to interprofessional education experiences. We aimed to evaluate attitudes towards interprofessional education before and after taking part in a session based around discharge planning of a simulated patient. Our research questions were:

1) Does a single inter-professional education (IPE) session impact on attitudes, and knowledge about IPE, professional roles and collaborative Inter-professional practice?

2) Does prior exposure to IPE impact on engagement during the session?

3) How does inter-professional education influence the content and quality of the discharge plan and documentation of that?

Method

Participants from eight different health care professions (dietetics, medicine, nursing, occupational therapy, pharmacy, physiotherapy, social work, speech language therapy) took part in a newly developed education session that was run four times during 2018. Between 48 and 75 participants attended each session. The session involved a mix of small and large group discussions around the discharge planning of a simulated patient. Participants had access to the patient's electronic medical notes â€" including outpatient letters, pathology, radiology, and acute admission note. They were also able to ask questions of the patient's daughter prior to crafting an electronic discharge summary. Each participant in the session was invited to complete the University of West England (UWE) entry level Interprofessional questionnaire (Pollard et al 2004) pre and post session. This validated questionnaire analyses participant's attitudes to interprofessional learning and teamwork. Video recording of some of the small and large groups' discussions was saved. A medical student only group has allowed comparison of outputs of the groups (their discharge documentation) and group behavior.

Results

A total of 173 participants have completed the session with 152 completing part of the survey. 116 responses included both pre and post session surveys and these formed the data for further analysis. Demographic data collected allowed comparison of participants by professional group and prior exposure to interprofessional education. Responses showed a statistically significant improvement in attitudes to interprofessional interactions and teamwork across the four domains examined:

1. Communication and teamwork

2. Interprofessional learning

3. Interprofessional interaction

4. Interprofessional relationships

NB. A reduction in the mean raw score correlates with an improvement in the domain. See Table 1 (attached).

Conclusions

This format for interprofessional education appears to be associated with an improvement in attitudes across all four domains examined. This is in contrast to previous studies. It is unclear what attributes of this particular session have led to an apparent improvement in attitudes to interprofessional interactions and teamwork in our participants.

Further research around this education session is being developed â€" in particular looking at outcomes (the electronic discharge summary) with respect to group makeup / mix of professions. This will hopefully show improvements in discharge summary generation that will transfer to real clinical environments. We also have the opportunity to review video footage of some of the small and large group discussions to explore further the features of this form of education that has led to these results.

2018119: Self-guided learning of non-traditional students in the context of further education in health and nursing care

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Mrs. Anika Eiben, Research Assistant, Ostfalia University of Applied Sciences, Faculty of Public Health Services, Germany

Prof. Martina Hasseler, Chair for Nursing Science, University of Heidelberg, Faculty of Medicine, Department of General Practice and Health Services Research and Ostfalia University of Applied Sciences, Germany

Objectives

Based on the growing compression in the daily work routine in health and nursing care the German Science Council recommends the promotion of academic study programmes for employees in health and nursing care. But typical academic programmes are not suitable for this target group because of their high workload at work, family responsibilities or other responsibilities. Within the sub-project 'Bachelor Upgrade Applied Nursing Science' of the joint project 'Installation of part-time study programs in nursing- and health sciences' (funded by the German Federal Ministry of Education and Research) new scientific programmes in Nursing and Gerontology will be developed, implemented and evaluated. In this context it is of special interest which curricula concept promotes the self-guided learning of non-traditional students.

Method

To answer this question findings from the evaluation of seven new modules that use a blended learning concept will be presented in this input. The evaluation was conducted by using a standardised online questionnaire at the end of the semester (n=45).

Results

The first results show different challenges for the use of new educational technology. Non-traditional learners are oriented on their previous educational experiences and strategies, e.g. interaction with their fellow students or in-class lectures. The new programmes request a high individual responsibility of the participants. The learning success depends on the existence of supportive environments in private as well as professional settings. An instrument can be found in the inclusion of online-mentors. Furthermore a user-friendly educational technology is very important. Especially the combination of different educational technology tools (e.g. video tutorials, learning platforms) seems to be helpful for the non-traditional students.

Conclusions

Overall the present results indicate that blended learning has a high potential for non-traditional learners. From our current point of view it seems to be very important to create supportive environments for the non-traditional students.

2018120: Designing ethics-orientated interprofessional education for health and social care students

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Mr. Keiran Bellis, Lecturer in Paramedicine Practice, University of Central Lancashire, United Kingdom

Dr. Clare Dixon, Clinical Tutor in Clinical Psychology, Lancaster University, United Kingdom

Dr. Hannah Morgan, Senior Lecturer in Social Work, Lancaster University, United Kingdom

Ms. Jane Pye, Senior Teaching Associate in Social Work, Lancaster University, United Kingdom

Dr. Phil Spencer, Clinical Tutor in Ethics and Law, Lancaster University, United Kingdom

Dr. Richard A. Williams, Lecturer in Management Science, Lancaster University, United Kingdom

Short Paper

Health and social care professionals are required to work together to deliver person-centred care. Professionals therefore find themselves making decisions within multidisciplinary teams. For educators, there has been a call to bring students from differing professions together to learn to enable more effective teamwork, inter-professional communication, and collaborative practice. This multidisciplinary working is complicated by the increasingly complex nature of ethical dilemmas that health and social care professionals face. It is therefore widely recognised that the teaching and learning of ethics within health and social care courses is valuable. In this presentation, we will briefly make the case in support of teaching and learning health and social care ethics through the medium of interprofessional education and describe some of the ethics-orientated inter-professional education activities we deliver. We will also share our ongoing experiences of designing and implementing ethics-orientated interprofessional education sessions across five departments within two universities located in the North of England over a five year period. We hope by sharing our reflections it will guide educators intending to design ethics-orientated interprofessional education sessions for health and social care students.

2018121: Facilitating interprofessional virtual student groups - opportunities and challenges

Dr. Bente Hasle, Associated Professor, Volda University College, Norway

Mrs. Irene Andersen, Assistant Professor, University College in Western Norway, Norway

Dr. Ingunn Aase, Associated Professor, University of Stavanger, Norway

Rutt Bengtsson, Assistant Professor, University of Stavanger, Norway

Objectives

The main topic in the study is to research opportunities and challenges facilitators face meeting inter-professional student groups in virtual rooms. They are challenged both by the wide heterogeneity in the groups (students from a wide range of health and social work educations) and by the virtual communication. Both affect the role of the facilitators in new ways they traditionally do not meet. We are interested in how they use these new experiences in developing their role as facilitators.

Method

The study is conducted by using Grounded Theory. Facilitators have been interviewed in 4 groups, and data analysed line-by-line individually by 4 researchers, before the research group together made the next step in the analyses in focusing the categories. Theory used to elaborate the categories are mainly Wengers "Learning in Landscapes of Practice".

Results

The preliminary results shows that facilitators adjust their role to the inter-professional group by being less instructive and more reflecting. In the virtual room they can see the faces of all the students , giving the facilitators a possibility to reduce the loss of nonverbal communication we face in traditional groups.

Conclusions

Interprofessional learning in virtual student groups, gives huge possibilities of bringing together students across different colleges in spite of geographical distances. The facilitators adjust their roles to the context in ways that give good possibilities for students to be active and reflexive.

2018123: Understanding the meanings of interprofessional relationships within a stroke care multidisciplinary team

Miss Laura Park, Graduate Tutor, Northumbria University, United Kingdom

Objectives

Interprofessional (IP) collaboration in stroke is an undisputed component of evidence based stroke care. Achieving IP collaboration that is successful has been found to be much more complex than simply assigning any staff members to work together. With so much of our time spent at work the workplace is regarded as a key site for the development of relationships, with a network of different relationships developing each with their own set of rules and interactions. According to the literature professionals within IP teams form strong links, with research into stroke teams finding that allegiances form between team members. Other research suggests that IP teams will not successfully collaborate if their efforts are based only on benefiting the patient. Therefore, successful collaboration relies on something other than patient care.

Aim: To explore the meanings professionals within a stroke care MDT attach to their day-to-day working relationships with others.

Method

Following ethical approval, within a symbolic interactionism framework using constructivist grounded theory, theoretical sampling was utilised to recruit a multi-disciplinary sample of 14 professionals from one stroke care unit in an acute NHS Trust. 13 of these participants were observed in practice, and out of the 13, 12 were individually interviewed, resulting in 25 data collection episodes. The data has been analysed using the grounded theory method of constant comparative analysis.

Results

To date, four categories have emerged which are, rewards and recognition, developing a sense of belonging, Inclusive working and learning and Interprofessional compassion. The prominent theory that has been engaged in to help explain the emerging four categories is self-expansion theory. The construction of a theoretical model to explain the data is still in the development stages.

Conclusions

Findings of this in depth study will complement the existing evidence base for stroke care by generating better understanding of the interprofessional working relationships, which has the potential to aid the development of forming stronger collaborative working teams. Findings from this study will additionally add a further dimension to theoretical understanding of the concept of IP collaboration.

2018124: Learning and inter professional collaboration before, during and after implementation of IPL at the school of Health and Welfare, Jönköping University

Dr. Berith Hedberg, Associate Professor in Health and Care Science, School of Health and Welfare, Jönköping University, Sweden

Mrs. Eva Edström, University lecturer, Programme Coordinator Occupational Therapy Program, PhD-student, School of Health and Welfare, Jönköping University, Sweden

Short Paper

In autumn 2018, the School of Health and Welfare, Jönköping University have introduced Inter Professional Learning for 250 students in semester 1 on the Occupational Therapy Program, the Prosthetics and Orthotics Program, the Nursing Program and the Social Work Program.

For 10 weeks, Intended Learning Outcomes for Inter Professional Learning, IPL, will be processed in four themes: Health and Welfare, Sustainable Development, Professionalism and Ethics where the students in each topic will participate in an introduction lecture, inter professional study group work and an inter professional student active seminar. The intended learning outcomes are integrated with program-specific intended learning outcomes in each program's course syllabus in semester 1. Students will alternately be part of inter professional group configurations and alternatively discuss/process knowledge in profession-specific groups on their own program.

The background for the initiative is to find in different global policy documents. For example, the World Health Organization (2010) emphasize the need for the students to be prepared for inter professional collaboration and that inter professional collaboration practice should be included in the initial education since inter professional skills are necessary to meet future healthcare!

At the School of Health and Welfare, therefore, a working group consisting of representatives from various departments/education programs led by the Educational Development Manager Berith Hedberg, has been working since January 2017 to form a common view of how IPL, in the form of intended learning outcomes, can be implemented in all Bachelor programs. Based on the working group's proposal and the management team's assignments, program managers from all training programs, together with prospective IPL supervisors and the educational development manager, have been working on the logistics and implementation that has now become reality in this, for Jönköping University, unique investment!

Follow-up research will also be conducted where the overall aim is to explore how the students develop both the perception of inter professional collaboration and the inter professional cooperation performance as well as how deep learning is developed during the education and one year after completion of education when inter professional learning is included or not included in the education. Methods that will be used are a questionnaire with questions about perception of inter professional collaboration and inter professional practice based on a framework from D'amour et al. (2005) and deep learning based on John Biggs Revised Study Process Questionnaire (R-SPQ-2F), Focus groups interviews and participative observations.

Knowledge gain in this project is primarily that both the School of Health and Welfare and other Educational Institutions get deeper knowledge of how inter professional learning in undergraduate education affects the professional's perception of inter professional collaboration and inter professional collaboration practice which is necessary in future health care!

At the conference, success factors and difficulties in the planning and implementation of Inter Professional Learning will be presented together with the first results of the study.

2018126: Fostering Interprofessional Collaborative Practice through Leadership

Miss Jennifer Graebe, Director of Primary and Joint Accreditation, American Nurses Credentialing Center, USA

Short Paper

As the climate of healthcare evolves, effective leadership underscores the ability for providers and healthcare teams to be engaged, empowered and resilient. With the advancement of healthcare providers in higher level leadership roles, leaders must identify their individual leadership profiles to identify and analyze ways to expand on those profiles by evaluating many leadership theories and the applicability to current practice. Leadership is not a one size fits all, and leaders will implement a variety of strategies and skills in their practice.

Transformational leadership has been noted to be a dominant leadership style in healthcare and specifically nursing. Although much emphasis has been placed on transformational leadership as more importance is placed on interprofessional collaborative practice, incorporating different leadership styles within one's own leadership style is necessary to meet the varying needs of healthcare teams. However, as the focus on interprofessional collaborative practice (IPCP) gains momentum, leaders are challenged to enhance their leadership styles and to build authentic partnerships with other healthcare professions to address patient, system and public health challenges. Contemporary leadership theories, such as collaborative and collective leadership, are gaining popularity in healthcare and leaders have a unique opportunity to leverage the attributes of these theories in their leadership style. Collaborative leadership calls for leadership to be synergistic (Al-Sawai, 2013) and interprofessional with a shared vision (Orchard, 2017).

The most common approach to leadership, as noted in a scoping review of the literature, in interprofessional practice is collective leadership where shared power and decision making is based on knowledge and expertise versus role or title (Brewer et. al., 2016). Effective leadership also requires leaders to address issues with integrity including managing ethical practice, diversity, and inclusion. Leadership attributes and theory and their applicability in healthcare are multifaceted. Empowered, engaged and energized leaders create work environments that promote trust, creativity, innovation, and collaborative practice. The more teams are engaged the more likely they are to perform resulting in improved team performance and patient/health outcomes. Therefore, leaders have an obligation to motivate and role model IPCP and professional practice to include but are not limited to fostering life-long learning, professional development and career advancement (Kennedy & Jury, 2016). As a result of attending this session learners will feel empowered and energized to revaluate their IPCP leadership strategies and leverage IPCE to meet strategic goals and improve team performance.

Learner Outcomes:

1. Identify leadership styles and opportunities for growth mindset

2. Commit to life-long learning through self-reflection and enhance knowledge of IPCE and IPCP

3. Apply knowledge and lessons from workshop to practice to engage key stakeholders

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2018127: Assessment for the Interprofessional Learning (IPL) Working with Others Module

Dr. Ruth Strudwick Associate, Professor, University of Suffolk, United Kingdom

Dr. Jane Harvey-Lloyd, Associate Professor, University of Suffolk, United Kingdom

Objectives

To evaluate an innovative approach to interprofessional learning and assessment.

Method

This presentation describes and evaluates the assessment used for a module entitled 'IPL - Working with Others'. 320 students sat the module from; adult, child health, and mental health nursing, midwifery, social work, operating department practice, diagnostic and therapeutic radiography.

Students were divided into interprofessional groups of eight students. Groups were given a case study of a service user coming into contact with different health and social care professionals. They worked together to produce a poster about the case study. These groups provided a 'real' experience of working together and understanding one another's roles (CAIPE, 2008). The students then had to defend their poster as a group and answer questions from two assessors.

In order to review the assessment both students and staff were asked to provide feedback about the assessment process, listing the positive and challenging aspects. All of the staff provided feedback and approximately 60% of students also provided feedback.

Results

Both staff and students have found this to be both a good learning experience as well as a good way to assess IPL. Students had a 'real' experience of interprofessional working, facing the barriers and challenges to overcome which are similar to practice.

Conclusions

The teaching and assessment worked well, both staff and students have found it to be both a good learning experience as well as being a good way to assess IPL. Students had a 'real' experience of interprofessional working, facing the barriers and challenges to overcome which are similar to practice.

students were able to work together, learn from and about one another and understand one another's roles

the assessment mirrored interprofessional practice and highlighted issues that occur with inter-professional team working

case studies help students to see the relevance to their own professional practice.

2018128: Effective inter-professional education; an innovative approach to delivering collaborative working

Dr. Ruth Strudwick Associate, Professor, University of Suffolk, United Kingdom

Ms. Suzanna Pickering, Senior Lecturer, University of Suffolk, United Kingdom

Objectives

To evaluate an innovative approach to interprofessional learning (IPL).

Method

This poster analyses the effectiveness of an IPL day for health and social care third year undergraduates.

The aims of the day were to equip students with the necessary skills to engage with other disciplines in practice environments, to create an authentic IPL experience mimicking current practice and to generate self-directed independent learners.

A family case study was developed to use that was both inclusive but remained authentic. This was carefully written so that there was something that was relevant to each of the professional groups represented. A problem based learning approach enabled students to work as small interprofessional teams.

In the afternoon an interprofessional panel of practice experts came and answered questions from the students.

Results

228 students took part and every student was asked for written feedback. Written feedback was given by 143 students, a response rate of 63%. Generally the day was positively evaluated.

The staff members involved in the day (the authors), also found this to be a positive experience.

Conclusions

students were able to work together, learn from and about one another and understand one another's roles

safeguarding issues were taught in an innovative way

students were able to learn from an expert panel.

2018129: The role of interprofessional learning (IPL) in developing transformative health & social work professionals

Dr. Ruth Strudwick Associate, Professor, University of Suffolk, United Kingdom

Mrs. Hollie Hadwen, Lecturer, University of Suffolk, United Kingdom

Dr. Jane Harvey-Lloyd, Associate Professor, University of Suffolk, United Kingdom

Objectives

The purpose of this presentation is to discuss the experience of delivering IPL at our university by using examples from our modules in order to highlight and debate the importance of IPL in preparing health and social care students for their professional roles.

Method

The presentation will describe two IPL modules where students work in interprofessional groups examining case studies. All of the staff and students involved completed a feedback questionnaire which evaluated their experiences of the case study work.

Results

This feedback will be shared from the staff and student perspective. The impact of these experiences will be discussed in terms of professional development for the students involved and the impact that these learning experiences have on their future roles. We will argue that these IPL experiences allow students to develop their own professional roles and identity, understand the roles of others and are enabled to provide more holistic care for service users.

Conclusions

We believe that working together in interprofessional groups to look at service user case studies is transformative in that it allows them to learn from and about other professionals, it equips the students with knowledge about one another's roles and enables them to work together with other members of the Interprofessional team. This in turn enables the students to work together for the good of their service users and thereby becoming more compassionate and patient-centred professionals.

2018130: Empower Savannah – Serving the Poor within an Interprofessional Health Profes-sions Course

Dr. Janet Buelow, Professor of Health Services Administration, Georgia Southern University, United States

Dr. Paula Tillman, Assistant Professor of Health Informatics, Georgia Southern University, United States

Dr. McKinley Thomas, Associate Professor of Health Sciences, Georgia Southern University, United States

Dr. Helen Taggart, Professor of Nursing, Georgia Southern University, United States

Objectives

Each year health professions students are given an opportunity to participate in community services. The focus for 2018 was 'Empower Savannah' in which military physicians, dentists, and healthcare staff flew to Savannah to-provide healthcare services targeting those in poverty. For nine days, over 300 military health professionals provided free medical, dental and veterinarian services. A total of 7,942 individuals were served through 23,135 procedures. Additionally, over 1,551 prescription eyeglasses were provided at no charge. Significant community support was provided in terms of free clinical spaces, lodging, and advertisements. However, it was the daily efforts of 80 students and their professors who processed each patient through registration, triage screenings, and then follow-up care that supported the numbers of individuals served each day. Students came from six different health professions and each received credit for one 3 unit college course. Extensive community hours, daily reports, reflection papers and pre/post surveys were conducted to ensure learning by all.

Conference participants will be able to:

1. Describe at least three different methods to serve populations in poverty and poor health with student involvement.

2. Identify key components to ensure students from multiple health professions programs fully participate in community health programs.

3. Evaluate and discuss the impact of the program on student learning and attitude changes.

Method

Throughout the 'Empower Savannah' program, students completed short evaluations and reflections of their days; however, the most important learning elements came from the structured reflection essay at the end of the experience and a pre/post survey, which used the Attitude toward Poverty Short-Form (Yun and Weaver, 2010). The ATP-SF is a 21 item instrument which measures student attitudes towards individuals in poverty as having a personal deficiency and stigma and structural perspectives towards individuals in poverty. All items are scored on a 5-point Likert scale.

Both qualitative data and quantitative data were analysed to determine student learning. Descriptive qualitative research was used to identify themes within students' reflective essays. To do this, the authors examined students' responses to specific reflective questions and developed a coding scheme using a constant comparative method for the purpose of quantifying and examining primary perceived learning regarding patients, the community and professional growth and development.

For the quantitative data, students completed the ATP-SF survey online in a retrospective post-then-pre design (e.g., at the conclusion of the course, students rated their attitudes 'now' and then reflect back to assess their attitudes prior to participating in the program). This design was used to avoid pre-course overestimation or response shift bias. Extensive research has shown that this design reduces or eliminates response shift bias, is more congruent with interview data collected from program participants and has been used to evaluate many types of programs in varied settings (Howard et al, 1981).

Data were then examined descriptively to include frequencies, means and standard deviations for all 21 ATP-SF items. Subscale scores were calculated and differences examined. To examine differences in the pre and post scores, paired t tests were used to evaluate changes between pre and post.

This study was reviewed and approved by the institutional IRB.

Results

Several themes were identified from the students' reflective essays. Some of these include: recognizing the diverse challenges individuals face in accessing health care, despite efforts to make care costs low; importance of effective communication skills in dealing with both diverse patients, as well as diverse health professions; and need for self to decrease judgement on others.

From the ATP-SF quantitative survey, several attitude changes were identified. Students displayed statistically significant differences in their attitude that poverty is caused by individual behaviours and many stigmatizing attitudes towards the poor were changed. Specific beliefs regarding structural policies' influence on poverty were also changed.

Conclusions

To provide patient centred care, it is important to appreciate a person's socioeconomic status and how it influences one's health and well-being from reduced access to health care providers, delay in seeking medication or treatment and even loss of faith in a health care system. As future practicing health professionals, knowledge in how poverty impacts health and health related decisions, in addition to individual bias, may help the services and care provided to future patients be more patient-centred and effective for all.

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2018131: Nursing Students experiences of Medication Administration Errors, obstacles for reporting them and suggestions to improve the process

Ms. Sirkku Säätelä, Senior Lecturer, Novia University of Applied Sciences, Vasa, Finland

Objectives

To describe second year Nursing Students experiences of Medication Administration Errors in elderly care units and describe their opinions about obstacles for reporting the adverse events. Students also discussed suggestions to improve the Medication Administration Process in order to improve patient centred care and patient safety. The aim was to improve students' skills in critical thinking and problem solving.

Method

A qualitative, descriptive method. Data was collected by analysing second year nursing students' discussion in a virtual forum about their experiences of Medication Administration Errors in their practical studies. The forum for discussion was a closed internet forum on their educational internet platform with access only for the students. The discussion was a part of the studies and had a base in a theoretical framework about safe medication administration in a nursing scope of practice. 78 students participated in the study.

Results

All (100%) of the students experienced some kind of Medication Administration Errors during their practice periods. The students also recognized several barriers to report and improve the medication administration process. Administrative routines, insecurity and even fear appear to be the main obstacles to report Medication Administration Errors on the wards. Students also often experienced that they did not get enough support, supervision or encouragement in the wards to talk about their experiences or to give suggestions for improvement. Suggestions given about how to avoid or minimize the risk of Medication Administration Errors were to systematize the process, discuss ethical values, have clear responsibilities, improve the communication and focus on patient centred care.

Conclusions

Findings suggest that there are many unreported incidents and adverse events in medication administration to patients. Earlier research shows that Medication Administration Errors are globally a big issue for higher costs and individual suffering. Unreported Medication Administration Errors are thus a big issue for patient safety. Because Medication Administration is a core nursing skill and a current scope of nursing practice it this has to be noticed also in the Nursing Education. This is why supervisors, nursing leaders, teachers and staff have a very important role to encourage the students to report experienced incidents and adverse events. Improving the Medication Administration Process in the wards has an impact on patient safety and ethics of care.

2018132: Organising learning at work: Simulation exercises for interprofessional teams to improve clinical outcomes of maternity care

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Prof. Marie Blomberg MD, Professor, Linköping University, University Hospital, County Council of Östergötland, Sweden

Short Paper

This paper explores the pedagogical practice and clinical outcomes of a ten year competence development program in maternity care. The simulation-based team-training program, Practical obstetric team training (PROBE), was introduced in 2008 at the delivery ward at Linköping University Hospital, Sweden. The objectives were to improve interprofessional teamwork, improve obstetric emergency skills, and thus improve patient outcomes.

PROBE was organized for teams of obstetricians, midwifes, and nurse assistants, scheduled during working hours at an interval of 1.5 years. The simulation exercise focused on preventing complications due to shoulder dystocia using the algorithm HELPERR, which offers a stepwise procedure to manipulate the baby's position in the birth canal.

Evaluations of all medical records from the maternity ward showed how the incidence of deliveries with shoulder dystocia increased, while clinical outcomes demonstrated how the incidence of injuries on the new-borns have decreased since the start ten years ago.

The pedagogical practice of simulation training was studied gathering empirical data through video-recordings of teams participating in simulation activity and through observational field notes of these recordings. The analyses of data from the video-recordings of three debriefing sessions demonstrated how the instructors facilitated individual professional reflections to be relational to the work of the whole team during the simulation. Hence, the model of facilitating relational reflection adopted in this study seemed to provide ways of keeping the collaboration and learning in the interprofessional team clearly focused and could be one of the factors leading to improved clinical outcomes.

2018133: Rehumanising healthcare professionals to appreciate how Interprofessional education can be enhanced, through the healing craft of storytelling

Mr. Eli Anderson, Director, StoryAID, United Kingdom

Short Paper

The NHS and private healthcare companies are experiencing a growing number of healthcare professionals, i.e. Nurses, Doctors, Ancillary care staff, affected by 'burn-out', substance misuse, relationship traumas and increased vulnerability to mental ill-health. Long-term psychological and physical damage is currently causing healthcare professional to leave, in addition the impact of financial burdens to access higher education for training has also caused a reduction in the numbers of healthcare professionals.

The current training curriculum relies upon a comprehensive understanding of the bio-medical model of medicine. It has been recognised that a curriculum that incorporates a more rounded model which includes: the promotion of self-care and life-balance for the individual, a recognition of the person's heritage & culture, and ensuring that the holistic care of the student/professional, is critical. Simultaneously, the emotional resilience required for the impact of vulnerable patients requires the students' background to be woven into their thinking and being to reconstruct the meaning of the professional. Currently I am using storytelling to deliver groupwork and individual contact to support trainee Nurses, doctors, ancillary staff and the patient's loved ones. This has proved that the medicine of the person is more beneficial.

Storytelling is able to translate and make available in a sensitive and appropriate manner, the hidden and silent stories of both, patients, healthcare professional and loved-ones. It also seeks to provide healing and adaptation to various social and cultural environments for the group and individual. It embodies thoughts, knowledge and heritage, and reveals the language of the world and community in which we live.

The ability to listen and experience the articulated story from a vulnerable person, requires the trained professional to be available mentally, physically and spiritually to the reconnecting and rediscovering of the person. In short, the patient is re-established as a human being with rights and privileges as befits this status. It is the incorporation of physical, mental and spiritual that becomes the catalyst for holistic healing. This forms the narrative medicine that drives the social prescription appropriate to the person in this case, 'patient'•.

In a paper by Lederer, he describes a relationship between Dr. Paul Tornier and a patient sent to him and his eventual surprise at her recovery. When Tornier reflected upon her answer he surmised that:

'It is not only a question of time, but also a problem in regard to atmosphere. It is very difficult to shift from the doctor-patient situation to the human situation of contact between man and man. Doctors are, to some extent, victims of their own routine'

It is this humanisation of a caring relationship, which is fundamental to the recovery, and maintenance of the person. Simply listening to the story is not enough, creating space for the story to unfold, is critical. In addition, recognising the cultural and heritage needs of the individual, can only surface, when time and caring energy forms part of the relationship. This is a glaring omission in the training of healthcare staff. My work with trainee GP's, nurses proves this phenomenon. In addition, the role of the healthcare professional continues to focus on the biomechanical model of health. It cannot be denied that pharmacological interventions have their roles to play in the reduction of symptoms, and eventual recovery of vulnerable people. However, this is only part of the human story. Both individuals (healthcare professional and patient) require support to process the stories of the person, enabling the person to freely express their story, their hopes. The health professional has to build human-hope-bridges across which, the person can find opportunities to enhance their ability to recover. But what of the health professional? They too, must find a way to enhance their story. Simply hearing carries emotional and spiritual impacts. I am not advocating that all healthcare professional become storytellers, though that would be an excellent process. I am suggesting that the role of a storyteller is to incorporate a degree of

mindfulness. It is certainly a prerequisite for a storyteller to be still, aware and create a space wherein both themselves and others can explore opportunities for reflection.

This storytelling approach is able to facilitate opportunities for specific people, e.g. patient, healthcare professional, family and loved ones, to co-create a healing space for the patient to recover with dignity. This has been proven to enhance the healing process. In addition, storytelling strives to impress upon the participant that individuals, communities and groups have a right to live, voice and realise their own story. Story affects the physical, emotional and spiritual aspects of the human being. Recognising this impact is to understand the holistic approach to healing.

Other healthcare professional now include Occupational Therapists, Carers, caterers, ancillary staff e.g. cleaners, who now become members of the medicine of the person, the community through which the person and healthcare professional can gain support. Every story told fires the imagination, highlights diversity, challenges injustice, confirms the humanity of a human being and re-establishes positive relationships.

During this interactive presentation, participants will be invited to experience how sharing and listening to story can promote more sensitive and balanced decision-making in all areas of the patients' and professionals well-being community.

The session will occur within a group work setting. Each person will be invited to participate in two storytelling activities. Each learning experience will be inclusive, underpinned by respect, dignity and an acknowledgement of the Interprofessional values that continually drive the inclusivity of the human being. The 'silo-mentality' will be challenged sensitively, and it is hoped that differences in cultural values will surface as pointers to rehumanising relationships. Participants will be encouraged to voice their thoughts, opinions, and experiences.

2018134: Tools to improve interprofessional education for residents for optimal childcare

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Short Paper

Interprofessional collaboration (IPC) has received growing attention in the past years, for its contribution to good healthcare outcomes and personalized healthcare. As a natural consequence, interprofessional education (IPE) has become increasingly important in the clinical setting, as has intraprofessional education, for example for/between residents from different medical disciplines. The Amalia Children's hospital of the Radboud University Medical Center in Nijmegen, the Netherlands, has set up a workplace project for intraprofessional education for residents in childcare from 23 different medical disciplines. The aims of the project were to: 1. Explore current intraprofessional practice and recognize opportunities for intraprofessional education; 2.Provide tools for both faculty and residents to recognize, support and improve intraprofessional education to contribute to optimal healthcare. As time is limited in healthcare, we focussed on how to improve intraprofessional education in daily work. In this oral, we will provide an overview of the project methods (interviews, focus groups and a workshop with faculty and residents) and share the results of the project (assumptions, tools and conditions).

2018135: Interprofessional Experiences Across a Nursing Curriculum: Not a "One and Done"

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Prof. Elizabeth Roe, Professor of Nursing, Saginaw Valley State University, United States

Dr. Andrea Frederick, Associate Professor of Nursing, Saginaw Valley State University, United States

Objectives

Most professional accreditation standards in the US address interprofessional education (IPE) and practice. There is agreement among multiple professional groups on 38 IPE sub-competencies within four competency domains (IPEC, 2016). There is also general agreement on the value of simulation for enhancing the IPE competencies. The Interprofessional and Healthcare Symposium (Wilhaus, 2012) identified a lack of curricular mapping as a barrier to IPE and other authors (Bridges, 2011; Sheree, 2012) have identified a lack of programmatic infrastructure to support IPE. In this undergraduate nursing curriculum at Saginaw Valley State University in Michigan, US, housed within a College of Health and Human Services, IPE has been incorporated into simulation (IPSE). As part of the programmatic evaluation of the curricular infrastructure, the IPEC competencies were used to map IPE simulations across an undergraduate nursing program. As part of the programmatic evaluation of student perception of IPE learning, student self-reports related to attainment of competencies were collected using the Interprofessional Collaborative Competencies Attainment Survey (ICCAS) in the final semester.

Method

Curricular infrastructure: Faculty were asked to identify not more that 2-3 sub-competencies addressed by the IPE simulations at each semester of the curriculum. These were combined into an overall map of the curriculum.

Student Perception: At the end of their final semester (which includes the largest number of IPSE experiences) students were asked to reflect on their perception of where they believed their competency attainment was at the beginning as well as at the end of the semester using the ICCAS, a 20 item instrument with 7 point Likert scale.

Results

Curricular Infrastructure: Across the five semesters, 12 simulations were identified which met the criteria (including students from two or more professional groups). The professional groups included, Social Work, Nursing, Dental Hygiene, Medical Lab Science, and Athletic Training. Seven simulations addressed chronic care, health promotion and disease prevention all or in part. The remainder were related to acute/episodic care. Each of the domain competencies were addressed and approximately half of the sub-competencies were addressed. No sub-competencies were repeated in more than three simulations. The number of IPE simulations increased across the semesters with the largest number being in the final semester.

Student Perception: Students (N=80) averaged a total score of 5.11 out of a possible 7 on the pre-test and 6.57 on the post-test. The lowest score on the pre-test (4.88) related to the question about understanding overlap in skills and knowledge. The highest (6.57 each) were related to taking into account the ideas of others and addressing conflict in a respectful manner. In the post-test the lowest scored item (6.41) was ability to express ideas in a clear and concise manner and the highest was again taking into account the ideas of others (6.7). The instrument has 6 sub-scores as indicated below, indicated an increase in perceived ability in each of the areas.

Communication collaboration roles Pt/Family Conflict Team total
Pre- 5.10 4.98 5.08 5.06 5.38 5.05 5.11
Post- 6.48 6.58 6.61 6.58 6.67 6.58 6.57

Narrative comments indicated students enjoyed the simulations and felt they would be helpful in preparing them to work as a team in practice.

Conclusions

Implementation of IPE in the form of simulation across a curriculum can be mapped with the IPEC competency domains and sub-competencies to explore infrastructure. Mapping indicated all competency domains were addressed and where sub-competencies were addressed. This will aid in future course development. Student perception of their competency attainment in the last semester indicated an increase in all areas. Review of student performance evaluations from the simulations needs to be added as another outcome measure.

2018136: Comparison of Perceived Team Development in Differing Conditions

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Ms. Jill Innes, Assistant Professor, Saginaw Valley State University, United States

Objectives

Team Development happens in many conditions in healthcare. While stable teams occur in some settings (with traditional stages of development), in may setting the teams are dynamic with changing compositions so team development would differ. The goal of the team and roles of team members have also been identified as important to team development. In the current study, the student role was the assignment to a unit, and did not relate to the professional role they were studying. The learning goals for the students were from the IPEC communication competency, sub-competency 4: listen actively and encourage ideas and opinions of other team members, and sub-competency 6: use respectful language.

Method

Students in nursing and occupational therapy (OT) played the proprietary board game, "Friday Night in the ER" in teams of 4-5 students per game (approximately 9 games per session) under three different conditions.

Session 1- Nursing and OT students (no previous development as a team and assigned as being in charge of one of four units in a hospital)

Session 2- Nursing and OT students (no previous development as a team and while placed around a game board in front of a unit, assigned to the hospital)

Session 3- Nursing students only (experience in working with each other over multiple situations, assigned as in charge of one of four units in the hospital)

Sessions were 3.5 hours with an hour for the pre-brief, hour for the game, and hour for debrief and completion of instruments. "Friday Night in the ER" is designed as a team building game and has been used in a variety of healthcare and non-healthcare settings. Knowledge of the ER is not important to the success of the game. Student perception of team development was measured with the Team Development Measure (TDM), a 31-item questionnaire with a Cronbach's alpha of 0.97 when used previously with 1,194 individuals in health care settings. Usable instruments were returned by 135 students.

Results

Scores across all students ranged from 55 to 124 with a mean of 107.49 and SD of 13.27. The individual item with the highest rating across all sessions was "I enjoyed being in the company of other team members." The individual item with the lowest rating across all sessions was "We came up with creative solutions." There was no difference in team scores across the three sessions (F=1.61, df (2, 131), p=0.02). When individual items met the .05 threshold for difference in the three groups, the second session (group with both nursing the OT students but assigned to hospital versus unit) had the highest score. Students assigned as observers noted some teams shared resources across units quickly, especially in the session where student assignment was to the hospital.

Conclusions

In this group of nursing and OT students, the stable versus dynamic teams and combination of professional learners did not result in differences in perception of team development. The perception of "loyalty" to the unit versus the overall hospital may influence the experience of team development.

2018137: Assessment of readiness for interprofessional education among various healthcare professions in Europe and North America

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Dr. Shane Schellfeffer, Director of Student Evaluation, USD Sanford School of Medicine, United States

Objectives

This is a survey-based research project to determine students' from a given healthcare institution:

1. readiness for IPE
2. attitudes toward IPE
3. readiness to teach other providers
4. readiness to learn from other providers
5. specialty-specific attitudes toward IPE
6. relationship between the degree of development of professional identity and attitude toward IPE
7. optimal number of specialties to participate in an IPE training
8. intercultural differences regarding IPE
9. confounding factors that affect readiness for IPE.

Method

An international group of INHWE members from the United States, Spain, Portugal, Bulgaria, Romania, Albania, Sweden, and Poland has developed a 29 item survey to assess readiness healthcare students for IPE. The survey is a modification of the original survey developed by the University of South Dakota Sanford School of Medicine that was designed for assessing medical students. This project's survey has been modified to be applicable to the other healthcare specialties including nursing, nursing assistant programs, pharmacy, paramedicine, social work, laboratory medicine, respiratory therapy, and physical and occupational therapies. To cover a broad spectrum of international participants, the survey has been translated into eight languages including Albanian, Bulgarian, English, French, Polish, Romanian and Spanish. The survey has been deployed via PsychData in March 2018.

Results

Collected data identified distinctive trends in the attitudes toward IPE among healthcare professions and various cultures. Preliminary data analysis demonstrates positive attitudes toward IPE in general, younger students are more open toward IPE that their elder classmates, best time to institute IPE education is the early stage of clinical rotation, students with interest in primary care are more interested in IPE than students with interest in surgical specialties, etc. The research team is currently conducting an in-depth data analysis of the obtained results.

Conclusions

IPE is an important component of modern healthcare education. It is a common trend in curricula development in many European and North American countries. The data obtained in this project help to overcome challenges and successfully implement IPE in various countries in Europe and North America.

2018138: Longitudinal Integrated Clerkship is an innovative curricular design in healthcare education

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Short Paper

The longitudinal integrated clerkship (LIC) is a curricular model that is increasingly being used in medical schools in the United States, as well as many other countries around the world. This model has been first time introduced at the University of South Dakota Sanford School of Medicine, and later adopted by Harvard. The LIC model integrates the core clinical disciplines throughout the length of the primary clinical year for students during what is typically referred to as the "third year" of medical school. As opposed to the block clerkship model, which focuses on one discipline at a time, the LIC model exposes students to all disciplines throughout the entire year. Students will typically have one half day of clinic time in each discipline per week on a rotating four-week schedule. Then the four-week schedule repeats throughout the year. For example, in internal medicine, a student would be exposed to internal medicine for one half day per week for approximately 40 weeks which would equate to approximately four full weeks of exposure in the block clerkship model. The benefit of this model is that it more easily allows a student to integrate what he/she is learning in internal medicine to other disciplines, such as OB/GYN, Surgery and Pediatrics. This allows for both lateral (across disciplines) and longitudinal (in each discipline) learning to occur. Additionally, the LIC model allows for more flexibility for students to self-direct their own learning. A final benefit is that it allows student progress and competency in each discipline to be monitored and tracked longitudinally. This is beneficial for the student's learning so that corrections can be made and additional learning modules can be offered to assist the student in enriching his/her knowledge gaps. Presentation attendees will obtain an in-depth insight of the LIC from students' and faculty perspective. Additionally, there will be provided statistics of adoption of this innovative curricular model in the United States, Canada, UK, and Australia.

2018139: OSCE as a predictor of the USMLE STEP 2 CS success

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Short Paper

USMLE STEP 2 CS is a United States national board examination that test applicants' readiness for a functioning in a resident-physician role in the US healthcare system. To begin residency training in the United States, American and international medical school graduates need to successfully pass this exam. The exam includes interviewing an actor who is trained by the script to portray a given medical condition, perform physical exam, and write a patient note. Patient encounter needs to be performed within 15 minutes, and applicants need to write a patient note within 10 minutes time constraint. OSCE examination is an intra-institutional examination required to graduate from the University of South Dakota Sanford School of Medicine. It closely mimics the USMLE STEP 2 CS structure and tests medical students in the same areas. In many aspects, OSCE is a more challenging test that the national board exam. Medical students at USD Sanford School of Medicine participate in OSCE training from the first days of the curriculum. They begin with simple one-system focused physical examinations and history taking and over the course of study advance to more complex standardized-patient and simulation-based scenarios that requires time-efficient critical thinking, decision-making, communication skills, search for relevant clinical information in the available healthcare databases, and patient documentation-management skills. At the end of the third year of the four-year curriculum, students take a high stakes OSCE exam that is required for successful graduation from the medical school. Good performance at the high-stakes OSCE is a strong predictor of success at the national USMLE STEP 2 CS exam. At the conference, attendees will learn specifics of training and preparation for high stakes OSCE that might be used to enhance preparation of the international medical school graduates for taking the USMLE STEP 2 CS exam and practice healthcare in the United States.

2018140: Virtual mobility: providing opportunities for students in global health education?

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Objectives

Harmonization of education through the Bologna process has facilitated student mobility between countries. Students can opt to study at other institutions during their programme. Physical mobility improves cultural, personal and career outcomes. Educational institutes may offer students modules on topics in which they lack expertise. Using ICT it has been speculated that virtual mobility can offer similar benefits as physical mobility. However, little evidence exists to back up such claims. Recently an MSc programme was set up to provide extensive opportunities to experience virtual mobility; 22 students from 16 countries and diverse professional background enrolled in one of three academic institutes (Bergen University, KIT Royal Tropical Institute and Queen Margaret University). After a core face to face component students took 2-4 e-learning modules, organized by the different institutes. This study aims to evaluate experiences with virtual mobility from students, educators and institutes.

Method

A baseline survey was sent to explore students expectations on virtual mobility. A focus group discussion with 4 students and semi structured interviews with 8 students, 4 teachers and 3 institute managers were conducted to evaluate experience.

Results

Students experienced benefits of virtual mobility comparable to those of physical mobility. The variability in learning methods was appreciated. Students found virtual mobility flexible in terms of content, use of resources like different libraries and possible combination with work and care for dependents. They perceived benefits to their professional network and in development of online collaborative competencies. They experienced mobility while avoiding visa application and housing issues. Challenges consisted of enrolment in different platforms, technical and communication issues and diverse marking methods across institutes. Teachers appreciated student diversity and increased online teaching skills but experienced limited learning from colleagues from other institutes. Potential benefits perceived by management include increased collaboration opportunities with southern partners and opening up education.

Conclusions

Virtual mobility may contribute to the EU vision to open up education and by use of technology widen access to programmes with mobility to people who are constrained to leave home. Virtual mobility potentially contributes to development of digital competencies as described in the European Digital Competence Framework. These are relevant to global health where online collaboration is frequent. Virtual mobility is seen as an attractive alternative to physical mobility for students and educational institutes provided that institutes share a similar vision, sufficient trust and interest in ICT for learning. Further investment in peer to peer learning between educational institutes may optimize benefits.

2018141: Embracing e-health to enhance collaboration in Irish primary care teams

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Dr. Tara Cusack, Associate Professor, University College Dublin, Ireland

Objectives

1. To outline a user centred design approach for the development of an online Interprofessional Education module for primary care healthcare professionals in Ireland
2. To present the results of the studies completed as part of the overall development.

Method

The user centred design approach for the development of this online interprofessional education resource consists of 4 phases. The initial phase included a scoping review to understand best practice for use of technology to support Online IPE. In the next phase, a series of semi-structured interviews with healthcare professionals (HCP's) from five out of nine community health organisations were conducted. HCP's were asked about their role within the primary care team, their experience of collaboration, their needs regarding education and the barriers or facilitators that exist toward engaging in Online IPE. The third phase brought together best practice from the literature and the analysis of the interviews with primary care professionals to develop a needs assessment for the technology and the user. The final phase involved the initial development of the online resource for review by a multidisciplinary focus group in a to ensure authentic educational content.

Results

Through analysis of the best practice regarding online deployment of IPE and the semi structured interviews with the designated user a tailored online IPE solution was identified. When considering the needs of the user and the technological and time capabilities they possess the technology can be tailored to suit these needs. By demonstrating a low fidelity solution to a multidisciplinary group, the course content and online platform could be tested and changes made to enhance the resource in a reiterative process to develop a solution that can be piloted nationwide.

Conclusions

A user centred design approach has enabled the development of an online IPE module in a way that meets the needs of the users within the technological and team based infrastructure they operate within.

2018143: Immersive IP Learning: A simulation to develop practice-ready graduates

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Short Paper

This paper provides an overview of a cross-faculty interprofessional simulation event, to help in the development of practice-ready graduates. The simulation is based on a simulated music festival, CovSim 2018, which was used as a context for a set of collaborative capability learning outcomes. A series of six individual but interlinked simulation stations were developed, with a linear major incident narrative to help contextualise the learning outcomes. These simulations were: 1) preparation and then 2) immersion into the music festival, 3) social media, 4) emergency department, 5) healthcare leadership, 6) public inquiry. These simulations comprised immersive simulation elements, using innovative technology but underpinned with existing, evidenced pedagogical tools and structures. This project was designed, in part, to evaluate the feasibility of interprofessional education collaboration with seemingly disparate learners and whether this type of event could affect cognitive change. This paper describes the implementation process and presentation of a multi-phase research project and analysis.

Fifty years of inquiry support the use of interprofessional education (IPE) to prepare healthcare students for the workforce. This integrating of care has a strong correlation to improved health outcomes, higher staff satisfaction and better acceptance of care. To ensure integration of care in the health workforce, the effective transition from higher education to the work environment is fundamental. This 'story' was chosen based on the learning outcomes for each station and what event could potentially precipitate the learning required. Although a music event was chosen, several options were considered, but all were based on an event and its aftermath. For organisational ease, all stations were 30 minutes long exactly, learners all experienced the simulations in the same order, in a linear fashion. There was no assumption or requirement for pre-learned knowledge.

Simulations:

Music Festival Simulation

This workforce simulation started with a preparation station, a pre-briefing of the simulation activities, a vital aspect of effective simulation. It consisted of a table-top exercise, enabling the learners to contextualise some of the information before the immersive aspects of the next simulation stations. In addition, health and safety requirements were outlined and this ensured the learners were able to plan in a safe environment with the known conditions (e.g. learners were aware of impacting factors such as weather conditions and had an outline of the music festival) and received an event briefing. It was emphasised that this would be an experience to allow learners to explore and develop. After this pre-briefing station, learners were immediately immersed in a simulated music festival, via a 120° curved, 10-metre-wide projection screen and 30 square-metre activity space. In this station a nerve agent release and ensuing panic was simulated.

Social Media Simulation

The next simulation station was based on a social media exercise. Social media is an increasingly important communication method; a recent Reuters Institute report finds that "across all countries, younger groups are much more likely to use social media and digital media as their main source of news." This, combined with the rise in citizen journalism, means breaking news stories and information – and misinformation – are often disseminated via social media before the traditional print and broadcast channels. The importance of managing

social media in a crisis situation is therefore an important skill, especially in relation to a public interest story. The session, which facilitated participants to create and post to a simulated social media platform, built on earlier work in response to the important role of social media in disaster management. Learners were required to make a series of decisions based around a non-linear narrative, promoting them to make decisions based on the fast-flowing information available to them at the time. This scenario was designed to deliberately overload the learners, encouraging them to consider triaging information as they might in a casualty management scenario. This then led to the next simulation, centred around the receiving emergency department.

Emergency Department Management

Errors in healthcare are often due to poor communication and have negative implications on patient care and organisational reputation. Emergency departments are high-risk environments, requiring people to work together under pressure, often in demanding and unforgiving circumstances. It would seem obvious then to introduce SBTT to students to help them develop and refine their decision-making ability and build a strong team-working capability without the fear of patient harm. This station gave learners the chance to display, not only their ability to prioritise, but to be able to remain calm in the melee that was a department in crisis. Decisions at management level have ramifications that far outreach immediate health interventions. The learners can then better prepare for the work environment by learning together in fast-paced and stressful circumstances to an effective and positive end, resulting in safe decisions and ultimately safer patient care.

Healthcare Leadership Simulation

The challenges of being in a problem-solving workforce role are immense, and usually learners would not experience such a challenge in a role until they are doing it in the workforce. Therefore, the fifth of the six simulations tested group dynamics, team co-operation and decision making, similar themes to the previous simulations but at a wider system-level overall. The learners prioritised actions in a time-pressured environment and at two points in the simulation, a person role-played a member of NHS England, requested an update on the decisions being taken, which were to be reported back to the Prime Minister. This was to develop the learners' confidence in their decisions and replay this in a structured and comprehensive way, within a short time-frame. The pedagogy of this simulation was to provide participants with an experience that could develop their critical and strategic thinking in an environment akin to working as team when major situations arise in the workforce. This improvement in self-efficacy from simulations and this scenario, whilst not having a 'correct' list of actions to be produced was designed to support the development of confidence in one's own and one's team decision-making skills.

Public Inquiry Simulation

The final simulation was a public inquiry, which interrogated the learners not only as a test of memory but also to allow them the opportunity to justify their decision-making, in a mock court environment. As with the other simulations, this took place in a representation of the workplace environment, in this case, an actual court room, with a facilitator acting as the cross-examiner, in full legal robes and wig, further immersing the learner. The scenario was only a cross-examination simulation, rather than a full mock court simulation, mostly due to time constraints. A full debrief of the entire simulation event took place at the end of this simulation, including contact details for learner support systems. In addition, facilitators and everyone else who either took part or observed were debriefed and support systems shared.

If the initial question is whether the use of interprofessional workforce simulation for undergraduate learners feasible, then the presentation of this CovSim event would suggest that yes, it is feasible. It is self-evident, by the ability to develop and run the event, that it is possible to have an interprofessional workforce simulation. The participants in this first simulation event comprised learners of a range of disciplines across all four faculties at Coventry University. In addition, as part of the data collection and treatment for this event, a research study was undertaken and a design that utilised a within-groups survey method of what participants felt. However, it is perhaps the fundamental evaluation, that of relatively permanent cognitive change, that remains to be evaluated. This longitudinal study is on-going, although initial results appear promising.

We would like to present this to the delegates of the conference and present our early findings.

2018145: Motivational interviewing in social work practice: implications for social work theory and practice

Dr. Sally Boyle, Head of School, The Open University, United Kingdom

Dr. Martyn Higgins, Associate Professor, London South Bank University, United Kingdom

Dr. Jitka Vseteckova, Lecturer, The Open University, United Kingdom

Short Paper

In social work Motivational Interviewing (MI) is seen as helpful because the values of MI are aligned with traditional social work values of empathy, respect and empowerment. MI has been used both on social work qualifying courses and in social work practice.

Working together with social work practice agencies the authors of this study became interested in the frequent use of MI in practice. Although MI is by no means the only intervention, its popularity and its 'alignment' with social work values evidence its popularity in many areas of social work practice. However, reviewing some of the evidence base for the use of MI in social work, we came across research that suggested MI did not produce the positive effects originally expected. Indeed, we found that the evidence base for the use of MI in social work seemed limited.

The dissonance between the popularity of MI in social work interventions and the lack of robust evidence to support MI's popularity in social work resulted in us deciding to undertake a systematic review of the impact of MI in social work. We used a systematic literature search. We scoped the wider literature to identify the most relevant terms in what seems to be a broad spectrum of participants and interventions related to motivational interviewing.

Following an agreement on the final scope of the review, we devised and conducted a systematic literature review of studies appraising the existing evidence in practice research literature around the impact of MI on service users' outcomes and social workers' engagement, interviewing skills and confidence in working with service users. The two main aims of this systematic review were to:

· Identify and synthesise the practice research literature around the use of motivational interviewing and its impact.
· Identify gaps in the practice research literature in the effective use of motivational interviewing.

Our findings indicate that MI as an approach can be understood to be a 'good fit' with social work in terms of the underlying values and aims of the profession. Empowering service users and helping them to build on their own abilities and develop their potential is consistent with the theoretical structure and values of MI. This review supports current views that MI can have a positive impact on service users. Social work students and practitioners must be equipped with sufficient teaching and learning and ongoing support when delivering MI in practice. Students and practitioners will need more than a 2-day training course. Interventions lasting longer seemed to have some more effect. It may be therefore important to focus on longer-terms sustained support and longer lasting interventions for both staff delivering the MI interventions as well as the participants receiving the MI intervention. Examples of support given to staff could include structured coaching sessions as well as well inbuilt supervision and course feedback from the participants on Mi intervention and the way it is being delivered.

MI may not necessarily be the only relevant intervention. Social workers may find it helpful to explore whether MI could be helpfully combined with other therapies. Whether using MI on its own or in combination with other interventions social workers need to have a clear rationale for their choice(s) of therapies. Finally, it is important that social workers consider the context of their organisations and whether and how MI is a 'good fit' with the organisational and wider context of their practice. Relating our findings to the debate on how and what to teach students to become well-prepared and competent social workers, we will explore in our presentation:

1. What equips students to learn effective skills to intervene in practice using MI

2. The compatibility of the spirit of MI with the spirit of the organisation

3. The existing evidence for MI in social work

Whilst this review was focused on social work practice, the papers were multi-professional and therefore relevant to an inter professional workforce.

2018146: Prehospital Emergency Nursing of Obstetric and Pediatric Patients; IPE Team-teaching Improves Patient Safety

Ms. Minna Manninen, Senior Lecturer, Head of Midwifery Education, Oulu University of Applied Sciences Oulu, Finland

Mr. Petri Roivainen, Senior Lecturer, Oulu University of Applied Sciences Oulu, Finland

Short Paper

Pregnant women in labour can face long distances even 400 km in Northern and Eastern Finland to the closest maternity hospital. In 2016 190 (0.4%) of the babies were born unplanned outside the hospital. One of the reasons for this is the centralization of care; closing down smaller maternity hospitals. In Oulu University of Applied Sciences, "Prehospital Emergency Nursing of Obstetric and Pediatric patients" –course (3 ECTS) was designed and implemented for paramedic students closes to their graduation to enhance their obstetric and paediatric skills in this kind of situations as important part of improving the patient safety issues. This simulation course has been carried out as a teaching team of midwifery and paramedic lecturers since 2015.

The aims of the course are that paramedic students know their tasks in prehospital obstetric and pediatrics emergencies and can apply non-technical skills in the emergencies. The course was implemented with flipped classroom method with a keynote lecture and a pretask to be processed in study groups. The course included two full-scale simulation days with 10-12 students. Effective learning was obtained by using versatile methods and involving two specialists teaching together as a team-teaching pair. Simulation scenarios were designed to be as diverse as possible; from very quick low-risk childbirths into high-risk situations including complications during different stages of pregnancy and ethical reflection. Written feedback was collected from students with open questions. Number of respondents were 96.

The students evaluated the course to be important and meaningful preparing them to working life. Students felt they gained assurance to perform in previously uncertain situations with an impact to improved patient safety and quality of care. The big picture got clearer when treating both mother and a newborn after delivery. The team-teaching carried thru the entire course combining two substances, midwifery and paramedics, received excellent feedback from both students and teachers. Simulation-scenarios were considered very intensive and educational as the learning process continued and deepened in debriefings. A greater variety of digital pedagogical methods and more interprofessional student groups are planned to take in use in future implementation.

2018147: Interprofessional education integrated in innovation processes of the future health services

Dr. Tiina Tervaskanto-Mäentausta, Senior Lecturer, Oulu University of Applied Sciences, Finland

Mrs. Minna Vanhanen, Senior Lecturer, Oulu University of Applied Sciences, Finland

Short Paper

Rapid diagnostics, active pharmaceutical ingredients and data convergence will open totally new ways preventing illnesses and delivering care. Future health solutions are based on new technologies combined with digital solutions and patient paths will look quite different. Health professions education should prepare graduates to the challenges of the 21 century. ProVaHealth Eu-project 2017-2020 (ERF, Baltic See Region BSR) tackles challenges with enlarging the opportunities for future health care services. The 14 participants (Living Labs, LLs) of the project are test labs, higher education institutes and partners and clients from service systems from eight BSR countries. SimLab of Oulu University of Applied Sciences (OUAS) is one of them.

LLs are user-centred, open-innovation ecosystems integrating concurrent research and innovation processes within a public-private-people partnership collaborating for creation, prototyping, validating, and testing of new technologies, services, products, and systems in real-life contexts. The main aims of the project is to help and support companies rapidly commercialize and scale up their innovations and products to global markets.

The aim of OUAS is to integrate interprofessional co-creation during the innovation processes in curriculum. Students from different under- and post-graduate programs, teachers and professionals from the service system will participate in the testing and validation processes. For the SMEs, OUAS will provide a safe testing and validation environment with SimLab facilities. A new optional course has launched to foster the new type of collaboration. It will include for example breakfast meetings where students will connect the companies. During the course, students are able to assess the innovation process and give feedback to the company. Their opinions as future professionals are important in product and service validation. The partnership with Oulu Health ecosystem helps OUAS to connect the companies and market the new interprofessional services.

During the project, the LLs will be monitored and assessed by the partnership, and the assessment results will enable the Living Labs to further improve their services and adapt them to the needs of transnational validation processes. The improvement of the LLs will be benchmarked in the project consortium and the Living Lab that is most successful in making improvements will be awarded a prize.

2018148: Development of a Competency Framework for Clinical Effectiveness Education: An Interprofessional Collaborative Approach

Dr. Heloise Agreli, Post-doctoral researcher, University College Cork, Ireland

Ms. Simone O'Connor, Research Assistant, University College Cork, Ireland

Prof. Josephine Hegarty, Professor, University College Cork, Ireland

Short Paper

This project aimed to identify and describe competencies to prepare Irish students and healthcare professionals for clinically effective practice. The Clinical Effectiveness Unit of the National Patient Safety Office of Ireland, Department of Health funded a national interprofessional project to formulate its clinical effectiveness education competency framework. This project consists of five phases: documentary analysis, scoping review, framework development, stakeholder consultation and refinement of proposed clinical effectiveness education competency framework. The expected product is the first framework internationally for clinical effectiveness education guided by concepts of interprofessional work and education.

Introduction

Clinical effectiveness is defined as "the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice" (Department of Health, 1996, p.7). The application of best standards of practice in healthcare settings implies the implementation of evidence based practices to ensure continuous quality improvement.

The directive for promoting clinical effectiveness stems from the need to achieve the following; (1) improved patient experience of care, (2) improved health of populations and (3) reduced per capita cost of healthcare (Gilliam & Siriwardena, 2014). Collaborative practice and interprofessional education have been regarded as a potential means to achieve this triple aim, and may represent an important step forward in the advance of clinical effectiveness.

Since the mid-1970s there is an ongoing emphasis on the importance of interprofessional education and collaborative practice to improve healthcare processes and outcomes (Reeves et al., 2008). This emphasis is supported by evidence of positive impact of interprofessional education for collaborative practice (Guraya, Barr, 2018) and the acknowledged potential of collaborative practice to quality improvement in healthcare delivery (WHO, 2010).

A critical reason for having an underpinning interprofessional collaborative approach in the development of this framework was the premise that preparing health professionals to deliver clinically effective care requires changes in education for integrating professionals and service users toward implementation of evidence based practice to ensure continuous quality improvement processes. The development of this framework is also in line with the national recommendations for teaching evidence based practice, which described the need of interdisciplinary, interprofessional and collaborative approaches.

Methods

The project aimed to identify and describe domains of competencies and indicators to prepare Irish students and healthcare professionals for clinically effective practice. This project consisted of five phases: documentary analysis, scoping review, framework development, stakeholder consultation and refinement of Proposed Clinical Effectiveness Education Competency Framework.

Phase 1: Documentary analysis

This phase comprised of a documentary analysis of national reports and professional guidance documents pertaining to "Competency Framework for Clinical Effectiveness Education".

To present the current requirements of Irish health regulators in relation to education standards, competencies, curriculum, learning outcomes, assessment and teaching of clinical effectiveness, a document analysis of Irish Regulatory bodies was undertaken. In these documents, elements of interprofessional education were

observed. Professions included were; Dentistry, Dietitians, Medicine, Nursing and Midwifery, Optometrists, Occupational Therapy, Pharmacy, Physiotherapy, Psychology, Radiographers and Speech and Language Therapy.

Discussions from the National Clinical Effectiveness (NCEC) Education Forums from 2016 and 2017 were documented in the form of narrative data. The findings from NCEC Education Forums were grouped according to the topics of discussion, by looking for core aspects and agreements between participants.

Topics of discussion were: 1) components of a competency framework for clinical effectiveness education; 2) teaching and learning strategies; 3) assessment of clinical effectiveness education; and 4) Integration of clinical effectiveness education.

Phase 2: Scoping review

This phase aimed to systematically map and categorize existing competency frameworks that might be classified under the umbrella term ''clinical effectiveness education''.

The development of this scoping review provided a better understanding of how competency frameworks have been addressed in clinical effectiveness education for healthcare professionals, educators and students. Therefore, two research questions were chosen to guide the scoping review:

i. What are existing competency frameworks (or guidance documents) of clinical effectiveness education?

ii. What are the competencies aligned to clinical effectiveness?

The search strategy followed the steps recommended by the Joanna Briggs Institute (1) for scoping reviews, which includes: the statement of a research question, in accordance with the review objectives and guided by the PCC mnemonic; the definition of inclusion criteria; the search strategy, extraction and presentation of the results.

Phase 3: Framework development

The integration and synthesis of data from numerous key international (scoping review) and national sources (documentary analysis) led to the generation of a draft competency framework. Competencies for clinical effectiveness education were proposed and a draft presented to further development and modification through stakeholder consultation.

Phase 4: Stakeholder consultation

A key component of the framework's development was the full engagement and consultation with stakeholders and experts from across the healthcare, regulatory and education sectors. Different methods were used to include as many stakeholder groups as possible in the consultation process. To this end, competency development consultation groups were held with a wide range of stakeholders, in addition to eliciting feedback from the NCEC sub groups (Education and Training) on the penultimate framework draft.

The specific aims of the focus groups were to: a) Elucidate participants' perspectives on clinical effectiveness education competencies for healthcare professionals; b) Examine proposed competencies and associated indicators of clinical effectiveness education for relevancy, clarity and comprehensiveness; and c) Discuss potential teaching and learning modes of delivery and assessment methods for clinical effectiveness education.

Note-based analysis, guided by an iterative constant comparison method, (Strauss & Corbin 1998) was employed and included analysis of notes from the focus groups, the debriefing session and summary comments from the moderators.

Phase 5: Refinement of Proposed Clinical Effectiveness Education Competency Framework

Further integration of the outcomes of Phases 1 & 2, in addition to feedback from the stakeholder consultation on the penultimate draft, will result in a proposed competency framework for clinical effectiveness education.

Findings and discussion

In Phase 1, the evidence collated offered some consistent trends which addressed the following components of clinical effectiveness education:

(1) Competency Frameworks & Indicative Core Competencies for Clinical Effectiveness Education: There was no evidence of competency frameworks (or guidance documents) pertaining specifically or explicitly to clinical effectiveness education. Competency frameworks describing individual core components of Clinical Effective-

ness, in particular EBP, were evident. The international literature focused on the need for clinical effectiveness competencies to focus on EBP, quality improvement processes and implementation science strategies. Related competencies, which addressed the need for effective communication, collaborative practice and leadership, were also prevalent within the literature. Repeated reference to patient /service user engagement and expertise as central to clinical effectiveness processes was prominent across all data sources.

(2) Curriculum Considerations: The explicit integration of clinical effectiveness competencies throughout academic and clinical learning domains of health professional curricula was recommended. The incorporation of educational theories, in particular adult learning principles, mapping tools and scaffolding of competency acquisition according to prior learning experiences, was deemed valuable in structuring curricula overall to facilitate meaningful integration of clinical effectiveness. The creation of frequent and valued opportunities for students and practitioners to engage in the application of clinical effectiveness processes in practice was also recommended.

(3) Regulatory/Accreditation Body Professional/Educational Standards: Explicit reference to the term 'Clinical Effectiveness' was not evident from the review of the documents published by regulatory bodies in Ireland. However, reference to the core components of EBP and quality improvement were stated as essential within professional standards and requirements. This points to implicit recognition by regulatory bodies of the concept of clinical effectiveness through clear statements regarding expected performance in these core areas for the delivery of safe and effective health services.

(4) Teaching, learning and assessment methods: Recommended teaching, learning and assessment strategies for clinical effectiveness education included: An interdisciplinary focus to teaching and delivering the core common components of clinical effectiveness education across undergraduate, postgraduate and CPD programmes and the use of structured self, peer or inter-professional approaches to the assessment of clinical effectiveness learning activities in practice.

In phase 2 and 3, the integration and synthesis of data from key international and national sources led to the generation of a draft competency framework. Four competency domains for clinical effectiveness education were proposed and included: (1) EBP; (2) Quality improvement processes; (3) Implementation strategies and (4) Professional practice.

Preliminary findings from the ongoing phase 4 indicated the potential appropriateness of the competency framework. In total, 13 focus groups were held with 45 participants (3-4 per group). Fourteen healthcare professions were represented in addition to the following stakeholders: professional body organisations and regulators; advisors/specialists in quality improvement (HSE), clinical effectiveness (DoH) and patient safety, research & guideline programme managers, healthcare policy-makers (DoH), the HPRA- Health Products Regulatory Authority and HIQA - Health Information and Quality Authority. The roles of participants varied with the majority involved in either the provision of education to students/trainees within a third level institution or oversight/regulation/standard setting for student/trainee education. Overall, participants found the framework relevant, appropriate and important for developing workforce capacity in clinical effectiveness and were satisfied that the domains reflected the core competencies for clinical effectiveness education overall. Participants agreed with the structure of the framework as presented at the consultation sessions. Specific feedback for each competency domain has been analysed. Further analysis of the data will provide a list of amendments to generate a Clinical Effectiveness Education Competency Framework for refinement of phase 5.

Concluding comments

Findings from phases 1,2,3 and preliminary findings from phase 4 suggest an initial set of competency domains for clinical effectiveness education for healthcare professionals, underpinned by principles of collaborative practice and interprofessional education. The final competency framework will provide guidance to healthcare educators and regulators in the blueprinting of curricula, learning outcomes, assessment strategies, and graduate/clinician attributes, in addition to further informing professional statutory requirements and standards.

Acknowledgements

2018150: 'The experiences of female Sudanese doctors and medical students in career decision-making'

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Mrs. Susie Schofield, Research supervisor - Professor, University of Dundee, United Kingdom

Objectives

The intake of female students into Sudanese medical schools has been steadily increasing, reaching up to 64 percent in 2008. Females constitute 51% of the current health-workforce in Sudan with figures expected to increase further. In response to recent debates and prevalent concerns around a rapidly feminizing medical field. This research explores career-decision-making processes and career construction of Sudanese women doctors. It identifies factors shaping their specialty choices and advocates how health planners and medical educators can better respond to their rising numbers.

Method

The research follows a Qualitative Research phenomenological approach designed as a case study. In-depth phone interviews and face to face focus group discussions were conducted with 17 Sudanese females at different levels in their Medical training using story-telling as means of exploration. Focus group discussions and In-depth interviews were recorded, translated and transcribed, then analysed using thematic framework analysis.

Results

When deciding about specialty choices, Sudanese women doctors first reduced the number of alternatives they considered to a set of alternatives deserving further attention before determining their choice. Few were interested in joining Surgery, the majority being more attracted to Paediatrics, Obstetrics & Gynaecology and Internal Medicine. A variety of influencing factors on career decision-making were identified. Highly influencing factors included intrinsic factors such as interest, enjoyment, perceived good outcomes, emotional impact as well as interacting with patients, and extrinsic factors such as the presence of emergency care, availability of jobs, financial security as well as the availability of role models regardless of the role model's gender. With interest, perceived outcomes and emotional impact ranked highest. Most of the qualified participants showed reasonable certainty when choosing their careers. This was not the case for the students. All qualified participants were satisfied with their specialty of choice and showed resilience in overcoming workplace challenges, and women leaders displayed positive attitudes towards the feminizing medical field.

Conclusions

Initiatives aimed at providing flexible training opportunities, removing obstacles and unfavourable career structures hampering vocational progress of Sudanese women doctors such as the unavailability of part-time trainings, absence of role models and non-satisfactory maternity leaves are essential for responding to changing workforce trends. Introducing financially awarding job postings and training may be promising for attracting women to surgery and other underrepresented specialties. Applying proposed initiatives may eventually allow women to reach their full potential and prepare them for holding high leadership positions, and thereby create a positive outlook for the feminizing medical field.

2018151: Increasing sports participation and physical activity of children and young people with disabilities with the help of PAPAI and IP group

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Short Paper

PAPAI is a person who works as a Personal Adapted Physical Activity Instructor. The PAPAI-pilot was developed and executed in Finland as part of the EU-funded SEDY-project. Oulu University of Applied Sciences (OUAS) was one of the 18 partners of the project. The goal of the pilot has been to find a physical hobby for children and young people with disabilities with help of a PAPAI, increase physical activity and promote inclusion. PAPAIs were students of physio, occupational therapy- and social service degree programmes. IP student groups facilitated with the teachers worked together with local sport clubs.

The project activities were documented with photographs and hobby-try-out -diaries in co-operation with the PAPAI and the participant. The feedback was collected from families, PAPAIs, teachers and municipality representatives by structured electronic questionnaire. The OUAS pilot (14 children) added the qualitative part to evaluation by using ICF classification.

The results of pilot were promising. The PAPAI-model is a win-win -situation for the family, the student and the sport providers. It respects the individual needs and situation of the family and the voice of the children and youth. In Finland altogether 155 of the applicants informed that they had completed the program, and 54% of them found a hobby, and 61 % reported increase in physical activity level. Most of the PAPAIs (87%) evaluated the experience useful for their future career. The participated children evaluated as most important factors that the sport coaches were good, they had fun and joy, they had an opportunity to do sports immediately after the school days and they influenced on the hobby-try-outs. Individual barriers were lack of motivation and the negative conception of one's own skills. Suitable groups, sufficient number of skilled instructors and finding a friend from the group were the positive environmental factors. The programme has continued with intake of new participants and PAPAIs in 2018.

2018153: Student evaluation of an online inter-professional ethics learning tool

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Mr. Matthew Stibbs, Teaching Fellow, School of Pharmacy, University of Keele, United Kingdom

Miss Carole Watkins, Lecturer, School of Health and Rehabilitation, Keele University, United Kingdom

Miss Jane Baggley, Teaching Fellow, School of Nursing and Midwifery, Keele University, United Kingdom

Miss Maria Allinson, Lecturer in Pharmacy Practice, Keele University, United Kingdom

Objectives

Multi-disciplinary/inter-professional working is viewed by the NHS as an important means of achieving person-centred care[1]. To promote inter-professional learning and working, undergraduate pharmacy, physiotherapy, nursing, midwifery and medical students complete inter-professional education tasks throughout their degrees at the University of Keele. This study reports on student feedback for one of these exercises which uses a commercially available online ethics learning tool, known as the Values Exchange[2]. The online tool consists of an ethical case which the student works through individually followed by participation with an inter-professional group discussion board, on which the student discusses the issues raised, and group completion of a summary of their discussion. The aim of using the tool is to enable students to develop their ethical problem-solving skills, communicate with students outside their immediate profession and to promote team and inter-professional working.

The aim of this evaluation was to determine whether use of the online learning tool helped to:

· Further develop students' ethical reasoning skills through completion of an ethical case
· Raise awareness of the ethical viewpoints of different professional groups.

Method

This is a retrospective review of student evaluations of the learning experience from the 2015, 2016 and 2017 student cohorts.

An evaluation questionnaire composed of statements about the online learning tool and the learning experience was circulated to students following completion of the exercise. Students were asked to indicate their opinion of each statement using a 5 point Likert rating scale. Free text comment fields were included to allow students to expand on their views.

Responses to the evaluation questionnaire were compared using the chi-squared test, and free text comments analysed using basic thematic analysis.

Results

Across the 3 years, 1313 students were asked to complete the online exercise as part of their ethics learning. 1051 (80%) completed the online ethics case, with 581 students (55% of the total who completed the case - 218 pharmacy, 136 medicine, 128 physiotherapy and 99 nursing/midwifery) providing feedback on their experience. Table 1 shows responses to the evaluation statements.

Chi-squared analysis of the responses from 2015 and 2017 demonstrated a significant increase in the number of students reporting that the discussion board allowed in-depth consideration of the ethical issues ($p<0.05$) and in the number of students who felt that the online tool was a suitable format to learn alongside students from other disciplines ($p<0.05$).

Conclusions

Approximately two thirds of students felt that the online tool enhanced their ethical reasoning and was a valuable inter-professional learning experience. The percentage of students giving positive feedback has in-

creased over the 3 years of the study and this increase was significant for two of the key evaluation statements. This could be a result of our experience allowing us to refine the use of the online tool.

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www.vxcommunity.com

2018154: The use of Situational Judgement Tests to evaluate non-academic competencies including empathy, teamwork and professionalism in MPharm undergraduates

Dr. Roisin O'Hare, Lead Teacher Practitioner Pharmacist, Southern Health and Social Care Trust, United Kingdom

Miss Dol Lee, pre-registration student, Queens University Belfast, United Kingdom

Ms. Johanne Barry, Lecturer in Education, Queens University Belfast, United Kingdom

Dr. Sharon Haughey, Director of Education, MPharm, School of Pharmacy, Queens University Belfast, United Kingdom

Objectives

It is widely recognised in the literature that there is a need for improved measures to evaluate the non-academic attributes of future healthcare professionals at the point of selection into their healthcare roles. Recent UK government enquires have highlighted public concern regarding the apparent decline in compassion and empathy in healthcare and have paved the way for the concept of "Values Based Recruitment" (VBR) which has been widely adopted for recruitment across all healthcare workers in the NHS, including here in Northern Ireland. The core beliefs behind VBR include the desire to ensure that individuals appointed into our healthcare system have the right attributes to work there, including ethical and moral judgement.

Situational Judgement Tests (SJT) are designed to measure inter and intra-personal attributes for a given role and candidates do not require clinical knowledge to achieve a high score. SJTs are believed to assess individuals' judgement regarding situations which occur in the workplace, which requires 'situational' judgement, but not clinical or therapeutic knowledge per se. These judgements require the candidate to have an awareness of what makes an ethical pharmacist. Medicine and Dentistry have already embraced the SJT and use it for recruitment to their foundation and vocational training programmes and from 2017, Health Education England are using the SJT to recruit appropriate candidates via the Oriel System for pre-registration pharmacists posts in England and Wales.

The types of professional attributes evaluated by SJT are thought to be;

Professional Attribute assessed by SJT

1. Commitment to professionalism
2. Coping with pressure (mental resilience)
3. Effective communication
4. Learning and professional development
5. Organisation and planning
6. Patient focus
7. Problem solving and decision making
8. Self-awareness and insight
9. Working effectively as part of a team

The objectives of this study were to:

1. Determine pharmacy students' ability to complete an SJT by designing an SJT paper for pharmacy undergraduates and evaluating students from level 1 through to level 4.
2. Explore, using focus groups, first to fourth year undergraduate MPharm student understanding of the key professional attributes evaluated by SJTs including how these are developed throughout the MPharm and how the MPharm teaching could be adapted to further enhance their skills.

Method

This was a mixed methods study with student ability to complete an SJT evaluated via an SJT examination; student views on the use of SJT were investigated during focus groups. All MPharm undergraduates were invited to complete the SJT in January 2018. Purposive sampling was used to select a representative group for gender and ethnicity to attend the focus groups in order to reflect the student cohort at QUB. All SJT data was entered

into SPSS. Sub-analysis was completed by program level and gender. The focus group discussion was audio recorded, and the recording was transcribed verbatim. Any data that would expose the participants' identity was removed from the transcript. Themes were derived from the transcripts via thematic analysis.

Setting: School of Pharmacy, Queen's University Belfast.
Subjects: Undergraduate Level 1, 2, 3 and 4 pharmacy students.
Inclusion Criteria: Students were eligible to participate if he/she is a Pharmacy undergraduate student at QUB.
Exclusion Criteria: Nil to note
Sample Size: Link to the online SJT sent to all undergraduate MPharm students; 10 - 20 students recruited for focus groups.
Ethical approval achieved from the School of Pharmacy at QUB.

Results

A total of 298 MPharm undergraduate students from QUB School of Pharmacy (response rate of 74.8%) completed the non-compulsory SJT in Jan 2018. In relation to student performance on SJT, there was no significant difference found in the SJT scores across different academic levels (that is from year 1 to year 4 across the MPharm) ($p > 0.05$) although there a non-significant increase in SJT score by fourth year candidates. No significant differences were found with respect to gender, previous pharmacy or public facing work experience or the impact of English as a student's first language.

The key themes arising from the focus groups were; why use SJT, professionalism and horizontal integration.

Conclusions

This study evaluated the role of SJT as a selection test which determined the non-academic competencies of MPharm students. We have found that undertaking the MPharm had no significant impact on student development of non-academic competencies, although students already displayed high levels of desirable attributes regardless of academic level. No significant impact was observed from different demographic groups - which provides powerful evidence with regard to the validity of SJT as a fair selection method. These results are useful to both Pharmacy education providers as well as pharmacy professional bodies to support the understanding the evolution of the professional attributes throughout the MPharm degree, as well as the validity and usefulness of this method. We believe that the statistical analysis further validated the use of SJT as an effective and reliable selection test in high stakes recruitment. The results from the focus group had provided an insight into the current MPharm students' understanding about SJT, with particular emphasis on their understanding of professionalism in practice. They also provided some food for thought as to how we can implement educational strategies to support further undergraduate development of these non-academic competencies in the future in order to ultimately improve these skills in our healthcare workforce.

2018154: The use of Situational Judgement Tests to evaluate non-academic competencies including empathy, teamwork and professionalism in MPharm undergraduates

Dr. Roisin O'Hare, Lead Teacher Practitioner Pharmacist, Southern Health and Social Care Trust, United Kingdom

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Situational Judgement Tests (SJT) are designed to measure inter and intra-personal attributes for a given role and candidates do not require clinical knowledge to achieve a high score. SJTs are believed to assess individuals' judgement regarding situations which occur in the workplace, which requires 'situational' judgement, but not clinical or therapeutic knowledge per se. These judgements require the candidate to have an awareness of what makes an ethical pharmacist. Medicine and Dentistry have already embraced the SJT and use it for recruitment to their foundation and vocational training programmes and from 2017, Health Education England are using the SJT to recruit appropriate candidates via the Oriel System for pre-registration pharmacists posts in England 2. Explore, using focus groups, first to fourth year undergraduate MPharm student understanding of the key professional attributes evaluated by SJTs including how these are developed throughout the MPharm and how the MPharm teaching could be adapted to further enhance their skills.

Method

This was a mixed methods study with student ability to complete an SJT evaluated via an SJT examination; student views on the use of SJT were investigated during focus groups. All MPharm undergraduates were invited to complete the SJT in January 2018. Purposive sampling was used to select a representative group for gender and ethnicity to attend the focus groups in order to reflect the student cohort at QUB. All SJT data was entered into SPSS. Sub-analysis was completed by program level and gender. The focus group discussion was audio recorded, and the recording was transcribed verbatim. Any data that would expose the participants' identity was removed from the transcript. Themes were derived from the transcripts via thematic analysis.

Setting: School of Pharmacy, Queen's University Belfast.
Subjects: Undergraduate Level 1, 2, 3 and 4 pharmacy students.
Inclusion Criteria: Students were eligible to participate if he/she is a Pharmacy undergraduate student at QUB.
Exclusion Criteria: Nil to note
Sample Size: Link to the online SJT sent to all undergraduate MPharm students; 10 - 20 students recruited for focus groups.
Ethical approval achieved from the School of Pharmacy at QUB.

Results

A total of 298 MPharm undergraduate students from QUB School of Pharmacy (response rate of 74.8%) completed the non-compulsory SJT in Jan 2018. In relation to student performance on SJT, there was no significant difference found in the SJT scores across different academic levels (that is from year 1 to year 4 across the MPharm) (p>0.05) although there a non-significant increase in SJT score by fourth year candidates. No

significant differences were found with respect to gender, previous pharmacy or public facing work experience or the impact of English as a student's first language.

The key themes arising from the focus groups were; why use SJT, professionalism and horizontal integration.

Conclusions

This study evaluated the role of SJT as a selection test which determined the non-academic competencies of MPharm students. We have found that undertaking the MPharm had no significant impact on student development of non-academic competencies, although students already displayed high levels of desirable attributes regardless of academic level. No significant impact was observed from different demographic groups - which provides powerful evidence with regard to the validity of SJT as a fair selection method. These results are useful to both Pharmacy education providers as well as pharmacy professional bodies to support the understanding the evolution of the professional attributes throughout the MPharm degree, as well as the validity and usefulness of this method. We believe that the statistical analysis further validated the use of SJT as an effective and reliable selection test in high stakes recruitment. The results from the focus group had provided an insight into the current MPharm students' understanding about SJT, with particular emphasis on their understanding of professionalism in practice. They also provided some food for thought as to how we can implement educational strategies to support further undergraduate development of these non-academic competencies in the future in order to ultimately improve these skills in our healthcare workforce.

2018155: Pills, ills and clinical skills – using Multiple Mini Interviews (MMI) to recruit a values based workforce for clinical pharmacy in Northern Ireland

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Dr. Tracey Boyce, Head of Pharmacy and Medicines Management, Southern Health and Social Care Trust, United Kingdom

Miss Sara Laird, Teacher Practitioner Pharmacist, Southern Health and Social Care Trust, United Kingdom

Mrs. Ann McCorry, Clinical Services Manager, Southern Health and Social Care Trust, United Kingdom

Mrs. Lyn Watt, Patient Services Manager, Southern Health and Social Care Trust, United Kingdom

Objectives

There has been a growing emphasis on the "values" of our workforce, partly as a result of enquiries such as the Mid Staffordshire National Health Service (NHS) Foundation Trust Public Inquiry. The National Values Based Recruitment framework supports the recruitment and retention of a workforce with not only the essential knowledge and skills, but also with the most appropriate values to support safe and effective team work required to provide excellence in patient care.

Selecting pharmacists for the future pharmacy workforce who are able to provide safe, compassionate care to patients and their families whilst displaying the desirable personal and professional qualities of a pharmacist professional is a challenging task. Prior academic and professional achievements such as undergraduate degree results as well as registration with a professional leadership body will demonstrate academic competence and traditionally, a panel interview attempt to investigate individual attributes of applicants. One consistent problem with the panel interview format is "context specificity" i.e. how a candidate acts in one situation is not always predictive of their behaviour in another context. The "Multiple Mini Interview" was developed based on the principles of Objective Structured Clinical Examination (OSCE), in an attempt to improve upon the limitations of the panel interview. It consists of a series of short interview stations (5 – 15 minutes), each comprising of a single standardised scenario and a single assessor (interviewer). The questions may be "behavioural" i.e. requiring the candidate to provide a real life example to illustrate a value or "situational" where the applicant must outline what they would do in the situation outlined. All candidates rotate through all stations and are rated at each station using a predetermined standardised scoring rubric. It is usual that each short station in the MMI circuit is independent and measures one value or competence area and may also evaluate overall communication skills.

Patients attending NHS hospitals are entitled to receive care which reflects the six values embedded within the NHS constitution including respect, compassion and the view that "everyone counts".

During the Mid Staffordshire Inquiry, service users' experiences were highlighted and inadequacies were identified. In order to determine what professional attributes a pharmacist must display, we must review the opinion of the professional leadership body for Pharmacists in Great Britain, the Royal Pharmaceutical Society (RPS). The RPS Foundation Programme for newly qualified pharmacists provides a set of core competencies developed by a collaborative cross-sector group of pharmacists and representatives from across Great Britain and Northern Ireland and comprises 4 key clusters; "The patient and pharmaceutical care"; "Professional practice"; "Personal practice" and "Management and organisational".

This abstract describes the development and piloting of a 5-station MMI for the selection of newly qualified pharmacists (band 6 on the NHS pay scale) in Northern Ireland. Applicant numbers consistently surpass the number of available positions. The existing system for recruitment is a National approach where all 5 Health and Social Care Trusts participate in recruitment contemporaneously, ranking candidates based on their application form, performance in a written clinical pharmacy based exam as well as their performance at a panel interview. We developed, piloted and delivered a 5-station MMI for the selection of FPs in Northern Ireland.

Ethical approval was not required. Research governance approval was granted from the Southern Health and Social Care Trust Governance Committee.

The Study objectives were:

1. To improve the efficiency of the recruitment process for FP

2. To evaluate the non-academic attributes identified from the RPS FP framework in an MMI designed for recruitment to a role in hospital pharmacy practice

3. To explore the feasibility and acceptability of the MMI with candidates and interviewers.

Method

In June 2018, a literature review was undertaken to inform the development of suitable scenarios to evaluate the 4 Royal Pharmaceutical Society (RPS) clusters for FPs; "The patient and pharmaceutical care"; "Professional practice"; "Personal practice" and "Management and organisational". These scenarios were reviewed by 4 Senior Pharmacists with a range of experience from clinical practice, dispensary practice, education, medicines governance, management and technical services. An implementation planning team (IPT) was formed to plan, implement and evaluate the interview process. Each MMI station comprises a single standardised scenario and a single assessor (interviewer). The questions were all "situational" where the applicant must outline what they would do in the situation outlined. All candidates rotated through all stations and were rated at each station using a predetermined standardised scoring rubric, each one scored out of 15 marks. Each station had a pre-determined pass mark via the Angoff method. Each station in the MMI circuit was independent and measured one competency but all also evaluated overall communication skills. The scenarios included a patient on the wrong dose of apixaban requiring negotiation with a prescriber; identifying and managing a significant drug-drug interaction including duty of candour; knowledge of controlled drug regulations and the ability to explain these to junior member of staff; teamwork in a challenging situation and how to handle a data-security breach from the Trust. Communication at each station was evaluated as either cause for concern (0), borderline competent (3) or excellent (5). Interviewers were all informed that the concept of "borderline competence" implied safe and effective practice.

All interviewers were invited provided with a pre-pack of information and references on MMI and attended a 2 hour training session on the scenarios being evaluated in this pilot MMI. Candidates were divided into one of two cycles, and participated in a 5 station MMI, each MMI was 5 minutes in duration. Candidate and Interviewer questionnaires were developed and piloted. These were administered to all candidates (n=95) and all interviewers (n=10) post-MMI. This study achieved research governance approval from the Southern Health and Social Care Trust.

Results

A total of 95 candidates were interviewed in approximately 8 hours by 10 interviewers over a 2 day period. Eighty-three percent of candidates passed 3 or more stations. Candidates performed best in the teamwork and handling an awkward colleague situation and worst in the management of the apixaban incorrect dose scenario. 99.2% of candidates displayed either borderline competence or excellence in communication at all stations - communication was poorest at the controlled drug station where CD schedules were expected to be described to a junior member of staff.

One hundred percent of interviewers and >98% candidates agreed or strongly agreed that the MMI purpose and use were clearly explained and that the day was well organised. Ninety percent of interviewers and 95% candidates agreed that there was no gender, age or cultural bias in the MMi - free text analysis revealed some older candidates believed a lack of experience in OSCE at undergraduate may have disadvantaged them. Ninety percent of interviewers and 79% candidates agreed or strongly agreed that the number of stations was sufficient. Ninety percent of interviewers however only 59% of candidates agreed or strongly agreed that MMI was an effective method to evaluate non-academic qualities. The free text analysis revealed that some more experienced candidates believed they were unable to demonstrate their actual experience as the MMI was scenario based.

All stations marked out of 15

Range of marks at each station

Apixaban station; 3 to 13 average 7)

Asthma station; 0 – 14 average 8

CD; 1 – 12 average 9

Cross colleague; 5-14 average 10

Email; 4 – 14 average 8

Conclusions

We believe that this novel recruitment method has demonstrated increased acceptance in the robustness and "fairness" of the method compared to the previous method of recruitment. It has also increased the objectivity of interviews as all interviewers were trained together and also in their pairs and all candidates participated in the same stations. We have identified some areas for improvement based on interviewer and candidate feedback including the potential for using both behavioural and situational questions, although this may reduce the objectivity of the assessment.

2018156: The value of peer observation between healthcare professionals in an Acute Trust

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Ms. Alice Conway, Lead for Pharmacy Education, Brighton & Sussex University Hospital Trust, United Kingdom

Ms. Amanda Lackey, Associate Library Services Manager, Brighton & Sussex University Hospital Trust, United Kingdom

Objectives

Peer observation (PO) has been advocated as a means of monitoring and improving the quality of teaching. The process of PO within educational and clinical settings could facilitate improvements in all aspects of practice and facilitate inter-professional education (IPE) through different healthcare professionals learning from each other's practice.

PO is a form of peer review within teaching practice in which colleagues observe each other's practice enabling feedback and discussion which will promote reflection and identify areas for improvement. It is not a new concept and a routine practice for practitioners completing education training qualification. Equally practitioners are aware of quality standards for education in healthcare. However within a busy acute trust where it can be challenging to deliver education within a service driven environment, we asked whether peer observation added any value to personal development of practitioners, increased opportunities for IPE and contribute to meeting the requirements of the professional standards both as educators and own professional body.

Method

This study was designed to evaluate PO within an acute hospital with respect to the Health Education England Quality Framework. Key aims were:

· Evaluation of peer observation within the healthcare environment
· To assess the opportunities to increase IPE
· To develop ideas for future research and practice

Participants were recruited from an existing multi-professional education forum. Observers had to have taken part in PO at some point, while teachers were expected to have teaching as an integral element to their practice. Focus groups and online piloted questionnaires were completed to obtain qualitative and quantitative data from each participant group.

Results

Data were analysed according to the principles of thematic analysis (qualitative data) and descriptive statistical analysis (quantitative data). All data were amalgamated into a cohesive narrative in order to answer the aim and objectives of the research project.

This study provided an in-depth analysis of the perceptions and expectations of the healthcare staff towards peer observation.

Conclusions

Overwhelmingly positive attitudes were reported by both observers and those being observed. This suggests the process is a valuable experience, provides the opportunity to work with different people, increases awareness of other healthcare disciplines and facilitates IPE. It also has positive implications for personal development all of which contributes to improved education practice and compliance with regulatory standards for healthcare education. All of which ultimately positively impacts on patient care. As a result of this study, the authors have now developed and delivered an internal multi-professional training course for Peer Observation. Feedback has been very positive and the course is now embedded within the curriculum to support all

educational staff within the Acute Trust. The impact of this course on the quality of education will form the basis of a further research project.

2018158: Understanding Higher Education Academic Employees Workplace Well-being In Ghana

Mr. Dudley Ofori, PhD-Student, University of Hull, United Kingdom

Dr. Jo Bell, Senior Lecturer, University of Hull, United Kingdom

Objectives

Background: The higher education workplace has become more business oriented with employers paying attention to profits, work outcomes, student support, higher numbers of students' intake and progression, quality assurance process and productivity rather than the people whose hard work, dedication and commitment that yielded the results of profits and success (Harter et al., 2003). Understanding the higher education workplace has been a major concern to researchers due to its complexity over the last decade of changing working conditions, diverse responsibilities, litigation and liabilities (King and Billot, 2016). These changes have an impact on academic employee's productivity, lifestyle, attitude and students work (Borg and Ridding, 1991; Kossek et al., 2012; Lai, 2010).

While the higher education work environment presents a wide range of sociocultural opportunities to an individual to meet his or her needs of well-being, productivity and positive self-experience, it also presents unique challenges to the well-being of the individual (Marmot et al., 2006; Gillespie et al., 2001). In some contexts, these opportunities may affect the well-being of employees negatively if not properly managed, especially the academic employees. In the past decades, scholars have focused on how workplace demands contribute to and affect the well-being of staff working within the higher education work environment (Gillepie et al., 2001; Sun and Wang, 2011).

Concerns have been raised by scholars with respect to the need to pay attention to stress-related activities within the higher education sector and how it affects the quality of teaching of the academic employees work, their health and general well-being. A study by Winfield et al. (2003); Tytherleigh et al. (2005); Wood, (2010); Watts and Robertson, (2011) has revealed that factors such as workload and pressure to get research funding and publish are making the higher education work environment unfriendly and contributing to high-stress levels among academic employees.

The Ghanaian Context: There are distinct similarities between the changes that have shaped the western education sector in recent decades and the changes currently occurring in Ghana (Kinman et al., 2006; Atindanbila, 2011; Watt and Robertson, 2011). In Ghana, there have been several changes to the higher education sector by the government since its independence in 1957 (Mills and Handley, 2001). These changes include the reduction in government funding, high students' intake and educational reforms. Despite the importance of these reforms by the various governments, none of these reforms has been tailored around the well-being of the academic employee.

According to Bichard (2009), there is a need for a balanced approach to understanding workplace issues that affect academic employees well-being which till date has been primarily 'westernised' with very little 'Africanised'. The existing literature on workplace issues that affect academic employees' workplace well-being from Africa is low, as compared to research on workplace well-being from other parts of the world i.e. Australia, Europe, China and the Americas (Blix et al.,1994; Chen and Zhuang, 2005; Dickson-Swift et al.,2014). There appears to be little research about the role of well-being in the higher education profession in Ghana and what well-being means to the academic employees' in their teaching practice. This study intends to fill the gap in the existing literature by focusing on the Ghanaian public universities and try to answer the research question: What does wellbeing mean to academic employees in the higher education workplace in Ghana?.

Method

Interpretative phenomenology approach (IPA) will be adopted together with semi-structured interviews to get the experience of academic employees who have worked from five years and above in the three oldest public universities in Ghana to address the research question.

Results

This project is on its data analysis stage.

Conclusions

This project is on-going. The study impact on society/present science. The findings from this study will contribute to the knowledge of understanding workplace well-being of academic employees in Ghana and inform policymakers on the need to pay attention to negative workplace well-being issues to enhance productivity and the quality of life the employees.

2018160: Promoting collaboration through understanding interprofessional team dynamics that often emerge from an interpretation of multi-verse perspectives: Reflective Practice Meetings Space Utilisation

Dr. Farai Makoni, Senior Lecturer and Researcher, Bucks New University and UoS, United Kingdom

Prof. Jenny Byrne, Associate Professor, University of Southampton, United Kingdom

Prof. Edgar Meyer, Professor, University of Southampton, United Kingdom

Short Paper

Most of the literature sources advocate for collaboration across sectors one of the reasons for this positionality is its perceived benefits such as building collaborative capital that can in turn shape a community of practice. For example, in the healthcare sector guidance at a national, regional and local level within the United Kingdom (UK) has been provided in relation to approaches that can be implemented so as to inform the strategic operations of health and care delivery processes in differing contexts. This seems to be a novel idea however, there is a policy-practice translation gap in particular how to translate strategies outlined within the policy context into tangible practice operations. It is acknowledged by many contributors within the literature sources that one of the aims of the policy intervention is aimed at redressing the competing practice (approaches) and theoretical (knowledge) base that often influence the way clinicians react and respond to each other when dealing with the everydayness realities of their practice within the clinical settings. Inevitably, there are tensions that can come to existence as a result of the multi-verse perspectives and these bring to light the differences of opinions, values, beliefs and attitudes at point of delivering interventions to a group patient or during clinical conversational encounters with others. However, there is a general consensus that once professionals from different disciplines work (better) together and utilise a lens that encapsulates notions of co-creation and a shared understanding of the nature of the caring task a sense of cohesiveness within teams can be realised. Evidence suggests that there is a limited application of reflective practice in particular, meetings in understanding how translation of the policy that informs collaboration so as to realise better patient outcomes. Notably, others argue that collaboration does not only help realise how patient outcomes can be achieved rather it promotes a sense of belonging within teams. To realise benefits of the collaborative advantage that takes into consideration the voices of the different professional disciplines and systems in order to influence the structure and process of interprofessional CoP require thoughtful methodologies. As such, Reflective Practice Meetings present opportunities for professionals from different disciplines to talk, react and potential learn, from and about each other during the dialogic process. Ultimately, reflective spaces can help address the policy-practice translation gap to enrich an understanding of the diverse viewpoints that professionals engage with. For this reason, the multi-verse perspectives may offer in-depth insights into the nature of team dynamics. As a result, these insights may be utilised as a basis for the development of well-informed and collaborative ready clinicians. It is argued that RPMs provide a vital space (physical and or conceptual) that can shape the healthcare landscape through careful negotiation of the interprofessional team dynamics that often emanate from the interpretations of the multi-verse voices related to a particular issue within the care setting. To illustrate the importance of paying attention to interprofessional team dynamics and the role multi-verse voices have on patient care narrative construction, findings of a Qualitative research study that was conducted within a Specialist Child and Adolescent Forensic setting are presented.

2018161: Sustaining a curriculum for interprofessional learning: Strategic development of undergraduate programs in medicine and health

Dr. Johanna Dahlberg, Senior lecturer, IPE-coordinator, Linköping University, Sweden

Dr. Annika Lindh Falk, Senior lecturer, Linköping University, Sweden

Prof. Madeleine Abrandt Dahlgren, Linköping University, Sweden

Short Paper

Interprofessional education (IPE) and problem-based learning (PBL) have been corner stones of the pedagogy at the Faculty of Medicine and Health Sciences at Linköping University, Sweden since the inauguration in 1986. Global challenges of the changing health care system, institutional challenges of a new generation of teachers, and the increasing numbers of undergraduate students have been incentives to revise the IPE curriculum and think anew in terms of sustainability for the future.

A group of professional health care educators across the faculty, representing all undergraduate programs, collaboratively developed a new interprofessional curriculum including all students: Biomedical Laboratory Science, Medical Biology, Medicine, Nursing, Occupational Therapy, Physiotherapy, Psychology, and Speech and Language Pathology. The process of interaction with critical stakeholders and the phases of educational development was guided by a theoretical model for interprofessional curriculum development (Steketee et al, 2013).

After an analysis of the challenges for health care education of future health care demands, and the challenges on a national and local level, learning outcomes for interprofessional competence were defined, which build on the domains and core competencies for interprofessional practice, as defined by Interprofessional Education Collaborative Expert Panel (IPEC, 2011).

Learning objectives were formulated with progression over three modules within the IPE-curriculum. A fifth competence domain was added, Pedagogy and learning processes, to support the development of competencies for teamwork and quality improvement. The curriculum over three periods, where all undergraduate students in the faculty come together for interprofessional learning activities under three themes, are: I) Professionalism in Health Care, II) Patient centred Health Care, and III) Professional Perspectives in Collaboration.

Our ambition is to inspire and contribute to the field of educational development of IPE-curricula and interprofessional clinical practices.

References

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Interprofessional Education Collaborative Expert Panel. (2011) Core competences for interprofessional collaborative practice: report of an expert panel. Washington, DC: Interprofessional Education Collaborative

2018164: The Hospice Model: Leading the Way for IPE and Competency

Ms. Jennifer Shepherd, Director Educational Services, Community Health Accreditation Partner, United States

Short Paper

Hospice care has been viewed as an exemplary model of interprofessional practice (IP) and delivery of team-based care for decades. Education leaders in this specialty area have designed and delivered interprofessional education to increase competency and influence quality outcomes. This presentation will examine hospice interprofessional collaborative education and how utilizing the hospice model, design innovative interprofessional education (IPE) curricula to influence the quality delivery of patient-centred care.

2018167: Montessori for Intergenerational Long Term Care Workforce Development

Mr. Peter Illig, CEO and General Counsel, National Certification Council for Activity Professionals, United States

Ms. Kathleen Guinan, Executive Director, Center for Montessori and Aging at Crossway Community, United States

Short Paper

This is a short paper and presentation on the most recent edition of the core curriculum of the National Certification Council for Activity Professionals (NCCAP) Certification for health care providers using the Montessori Philosophy of Care for serving older adults across the continuum of care. The authors and presenters will include the evidence base for applying Montessori to the long-term care setting, both for older adults and within paediatric care units. It will also include presentation of evidence that supports the positive outcomes from non-pharmaceutical therapeutic interventions using the social model of care. These interventions are designed to optimize physical and cognitive function thereby ensuring a higher quality of life for those receiving care. A key new initiative that will be featured relates to Workforce Development using NCCAP's Activity Professional Certification (APC) which is based on a 90 hour core curriculum and 90 hour practicum. This entry-level certification targets high school, vocational schools and 2 year college degrees. Related, the latest approaches to engagement of individuals with dementia, post-traumatic stress and behavioural disorders as outlined in new regulations will be featured. The co-presenter will be from the Center for Montessori and Aging at the Crossway Community in Washington, DC.

2018168: Triangulating Interprofessional & Intercultural Education within Public and Global Health

Dr. Sharyn Maxwell, Senior Lecturer, School of Pharmacy, Newcastle University, United Kingdom

Objectives

This project's objectives were to:

· Develop work-integrated, role–emerging placement learning opportunities for students in a Master of Public Policy & Global Health that introduced them to the 'real politic' of public and global health challenges
· Provide students with interprofessional and intercultural learning experiences in public and global health in public health oriented organisations
· Extend and consolidate students' skills in:
  - ☐ Solving problems
  - ☐ Working teams and self-management
  - ☐ Exhibiting leadership
  - ☐ Empathising with those on whose behalf policies and programmes are enacted
  - ☐ Becoming a reflective manager and/or policymaker
  - ☐ Working inter professionally with colleagues from different socioeconomic and national cultures.

Background

Three student cohorts undertook four-week duration, 'deep immersion, work-integrated learning placements during the 2014/15, 2015-16 and 2016/17 academic years. These were primarily undertaken in a range of local government, national authorities, local health organisations and local, national and international charities within some of the most deprived areas of northern England. Within these placements, students were expected to identify a role for themselves and contribute towards the host organisation's policy and/or programme targets. Table One Reported Student Demographics over Three Cohorts

The students were more ethnically, culturally and professionally heterogeneous than Table 1 indicates. There were many 'third culture kids' within the cohorts, for example, one UK student had Sudanese parentage, lived in Saudi Arabia until high school, completed high school in the UK, and studied medicine in Sudan. Many UK/EU students had dual nationality (though they met the home fee criteria) and moved back and forth between both countries and/or additional countries according to family needs or parental employment opportunities. Several of the Chinese students studied in the UK or US for their high school years or their first degree. This was in marked contrast to the national and cultural mixes of the academic staff (all white though 40% were not of UK origin) and the hosts (all but three were white and local to the wider area).

Method

This project was structured as an evaluation of an educational innovation from student, placement host and university staffs' perspectives. It entailed interviews with 18 placement mentors, thematic analysis of free text responses to 30 student evaluations, a review of achieved learning outcomes indicated in 60 assessed student papers and 30 student reflections, and reflections by two university staff (one academic and one administrative).

Results

With a few minor caveats, all participants viewed the placements as being highly successful.

Placement hosts measured success in terms of demonstrable outputs that facilitated organisational gaols and increased staff reflection about practice. On a personal level, many also appreciated learning from the students in ways they hadn't anticipated.

Students valued experiencing aspects of policy and programme implementation they hadn't previously considered, understanding the social dynamics and cultural values of local communities (especially in the context of urban deprivation with which most had almost no experience), honing their managerial and organisational

skills, and developing skills in managing big 'p' and little 'p' politics. They also felt that the diversity of their student cohorts had helped prepare them for their placements through dealing with difference in small intimate working groups and through the insights into the priorities and mind-sets of a range of professional disciplines fostered by the classroom activities.

For University staff, the enthusiasm of the participants, especially the spontaneous marketing for new students undertaken by participating students, the increasing confidence and eagerness of hosts to remain in the placement scheme, and the clear evidence of solid learning outcomes by students was deeply satisfying.

There were indications though that, had the course continued, this innovation may have struggled to maintain the standards achieved. Arranging bespoke placements such as these was time-consuming for University staff. This was aggravated over time as placement providers began to struggle to provide the necessary time investments, address rapid political and economic change, and manage their limited financial resources in support of the placement outputs they anticipated. The most difficult challenge for University staff however arose in managing the growing potential for disappointment implicit in the ever-growing expectations of incoming students (sourced in the glowing reports from previous students) coupled with the increasingly high expectations of hosts who had begun to rely on students to plug gaps in their staffing quotas and/or fulfil missed public health policy and programme targets. At times, students and hosts almost demanded of the other, especially when negotiating placement 'matches'; in doing so, one or both parties were idealistic or unrealistic in their expectations. This required very careful management by University staff and significantly increased the time commitment required by University staff.

Conclusions

This was a highly effective innovation on all the evaluated grounds however it was also time intensive for the academic staff, required considerable negotiation to implement, would not be easily replicated for cohorts with large numbers, and was subject to significant pressures arising from growing expectations and deteriorating political and financial circumstances. For all these reasons, this approach to placement or 'work-integrated education' risked becoming a victim of its own success.

2018170: Interprofessional communication: introduction into study curriculum of health care specialists in Lithuanian University of Health Sciences

Prof. Jurate Macijauskiene, Dean, Lithuanian University of Health University, Lithuania

Prof. Algimantas Tamelis, Dean, Lithuanian University of Health Sciences, Lithuania

Prof. Asta Baranauskaitė, Vice-dean, Lithuanian University of Health Sciences, Lithuania

Prof. Ramune Kalediene, Dean, Lithuanian University of Health Sciences, Lithuania

Assoc. Prof. Ruta Butkeviciene, Lithuanian University of Health Sciences, Lithuania

Dr. Viktorija Grigaliuniene, Lecturer, Lithuanian University of Health Sciences, Lithuania

Prof. Nida Zemaitiene, Head of the Department, Lithuanian University of Health Sciences, Lithuania

Jolanta Zilinskiene, Lithuanian University of Health Sciences, Lithuania

Short Paper

The development of good teamwork is essential to ensure collaborative practice in modern health care, patient safety and to move from fragmented care towards collaborative teamwork. According WHO, "interprofessional education is a necessary step in preparing a "collaborative practice-ready" health workforce that is better prepared to respond to local health needs". Interprofessional education during graduate studies enables students to learn from each other and to learn about each other while building core competencies of health care specialist.

Lithuanian University of Health Sciences has unique opportunity for interprofessional education, as the university offers study programmes in medicine, nursing, midwifery, physical therapy, occupational therapy, health psychology, social work and others. Three faculties – Faculty of Medicine, Faculty of Public Health and Faculty of Nursing – consented to develop an interprofessional course. The possible topics and content were discussed, and the communication was considered being essential in interprofessional relations and teamwork.

Interprofessional course of 3 ECTS "Interprofessional communication" was introduced for nursing, physical therapy, occupational therapy, psychology, social work and medicine students at the beginning of their studies as obligatory course. Joint lectures, seminars and practical works were delivered on teamwork, social interaction and competent behaviour, conflicts in team and with patients and their families, communicating bad news, health promoting and destroying behaviour, role of health care specialists in mental health and others. Totally, 368 medical students together with students from other specialties participated in the course. After the course the results, expectations, challenges and future recommendations were discussed with administration, studies programs committees, and students. The feedback session revealed differences in teaching methods and design since the course had been provided by several departments. Readjustments were done according the opinion of students and teachers. "Interprofessional communication" course was well accepted by the students. More comprehensive assessment of the course will be performed.

Supporting Documents

2018108
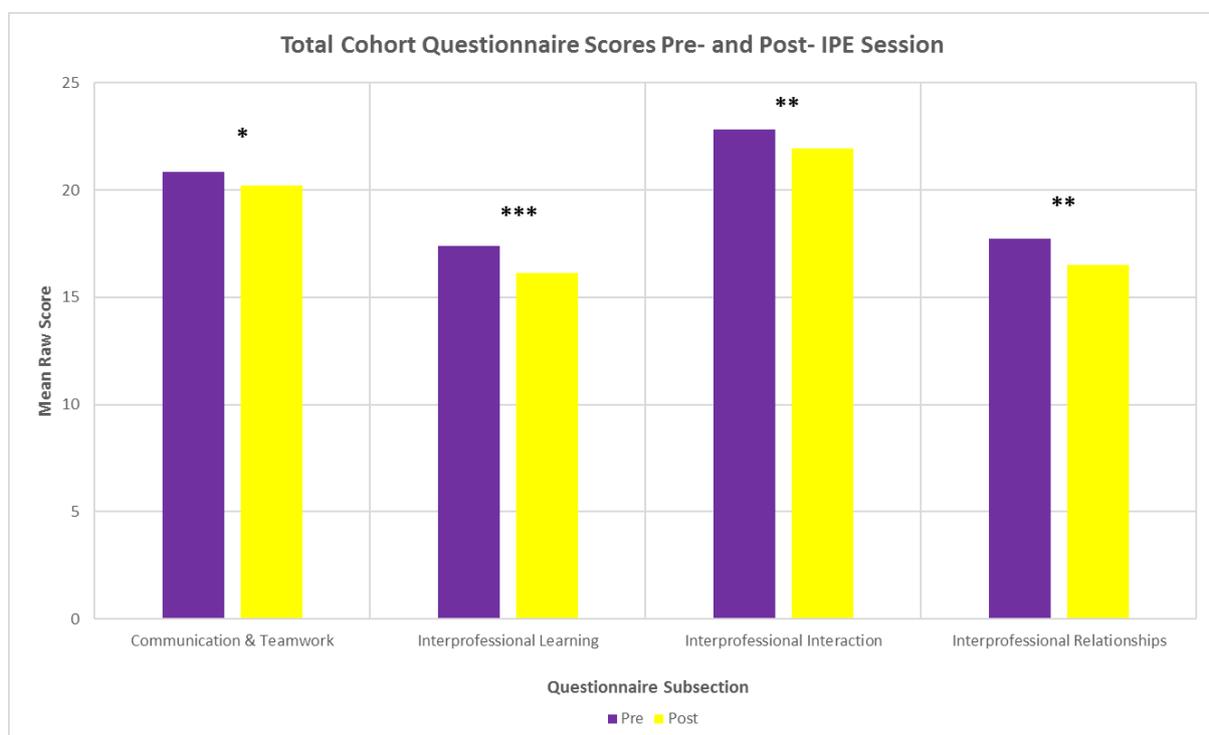https://inhwe.org/system/files/webform/Breitbach-Richardson%20ATEJ%202015.pdf

2018109
https://inhwe.org/system/files/webform/IPE%20Research_2%20page%20layout.pdf

2018110
https://inhwe.org/system/files/webform/Eliot%20at%20al%20-The%20Effectiveness%20of%20an%20Introductory%20Interprofessional%20Course%20-%20HIP%202018.pdf

2018118
Table 1

2018119
https://inhwe.org/system/files/webform/supportive%20document%20PuG.pdf

2018130
https://inhwe.org/system/files/webform/Buelow%20Tables%201%20-%203.pdf

2018132
https://inhwe.org/system/files/webform/Pregnancy%20and%20Childbirth.pdf

2018153
Table 1: Percentage response to evaluation statement (2015, 2016 and 2017 combined)

Statement	% Response with positive agreement ('Agree' or 'Strongly Agree')	% Response with neutral or disagreement ('Neutral', 'Disagree' or 'Strongly Disagree')
The online learning resource adds an additional dimension to developing ethical reasoning skills	72%	28%
Completing the case helped me to explore the ethical issues in depth	71%	29%
The discussion board allowed me to explore the ethical issues in depth	65%	35%
The online tool is a suitable format to learn alongside students from other disciplines	64%	36%
Completing the online IPE process has raised my awareness of the views of other professionals	69%	31%

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https://inhwe.org/system/files/webform/NCCAP_Standards_Booklet_082018%20.pdf

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Table One - Reported Student Demographics over Three Cohorts

Gender		Region of Origin		Disciplinary background	
Female	20	Africa	4	Medicine	2
Male	10	China	10	Nursing	2
		Western and Central Europe	2	Various AHPs	9
		North America/Canada	4	Social sciences	10
		Middle East/Central Asia	1	Arts & Humanities	2
		United Kingdom	9	Science	5