

First Middle Eastern Conference on Interprofessional Education

Abstracts of the keynote addresses, oral presentations and
workshops

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Keywords

collaboration; multidisciplinary teams;
interprofessional practice; educational reform;
curriculum design; nurses; pharmacists; physicians;
doctors; dentists; dietitians; medical education;
nursing education; healthcare trends; patient-
centered care

Friday, 4 December 2015

Keynote address

Celebrating interprofessional education worldwide

Keynote speaker

Hugh Barr¹

¹Centre for the Advancement of Interprofessional
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Abstract

Algeria, Egypt, Nepal, Pakistan, the Philippines and
the Sudan—six of the 14 countries cited by the

World Health Organization as long ago as 1973 where
interprofessional education (IPE) was being pioneered.¹
By 2010 a global scoping exercise found 396 IPE
examples in 41 of the 193 WHO member states.² By
2015 Barr found that examples had been reported in
73 countries worldwide.³ Regional networks had been
established in Australasia, Canada, Europe, Japan, the
Nordic countries, the United Kingdom, and the United
States, since then in Africa and Brazil with a World
Coordinating Committee.

There is much to celebrate as the interprofessional
movement gathers momentum across countries
and continents. However, there is also much more
to understand—better ways in which social- and
healthcare professions, by learning together, can
work more closely together for the good of the
individuals, families and communities whom they
serve. That understanding depends on the readiness
of each of us to share our experience during and
beyond this conference—the ups and downs, joys
and sorrows, successes and setbacks, as we travel
the interprofessional road together. Some are at
the beginning of that journey; others already have
a wealth of experience. Join me during this opening
session in sharing your experience, long or short, to
encourage, empower and energize each other.

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References

1. World Health Organization (WHO). Continuing education for physicians (Technical Report Series No. 534). WHO: Geneva; 1973.
2. Rodger S, Hoffman S. Where in the world is interprofessional education? A global environmental scan. *Journal of Interprofessional Care* 2010;24 (5):479-491.
3. Barr H. Interprofessional education: the genesis of a global movement. Aberdeen: All Together Better Health Conferences; 2015. Available at http://www.atbh.org/documents/Global_IPE_2015_corrected_HB_Sept%20_2015.pdf

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Keynotes/Hugh_Barr_Keynote_4-12-15.pdf

Moderated Panel Discussion

Introducing, developing and sustaining interprofessional education in the university environment. Guest speakers share their experiences in England, Scotland and Canada

Moderator

Hugh Barr¹

¹Centre for the Advancement of Interprofessional Education (CAIPE), Fareham, UK

Panelists

Lesley A. Bainbridge¹; Liz Anderson²; Ruby Grymonpre³; Lesley Diack⁴

¹University of British Columbia, Vancouver, Canada; ²Department of Medical and Social Care Education, University of Leicester, Leicester, UK; ³University of Manitoba, Winnipeg, Canada and University of British Columbia, Vancouver, Canada; ⁴Robert Gordon University, Aberdeen, Scotland, UK

With interprofessional activists everywhere, we are united in a common cause to promote health and

wellbeing for all. Our goals, as we may confirm during this conference, are strikingly similar; the means by which we strive to achieve them sometimes are quite different. Necessarily so, for each of our countries has its own cultures and customs, besetting healthcare problems and priorities, policies and practices, and codes and conventions determining the degrees of discretion that our professions enjoy, within the prevailing economic opportunities and constraints. Our universities also differ, within and between countries, some inviting change, others steeped in tradition. While introducing interprofessional education goes with grain in some, it encounters resistance in others.

Context is critical. One size does not fit all. Interprofessional leadership depends for its success on imagination and ingenuity, patience, persistence and persuasion, flexibility and determination to win friends and influence people, especially stakeholders with their diverse perceptions and expectations. There is, however, much that we can learn from each other. Each of the four panel members has agreed to make a start sharing her experience, honestly and openly, in introducing, developing and sustaining interprofessional education in her university. Come prepared to contribute with the same candor to help widen the discussion as we tap the unique breadth of experience that together we represent—experience waiting for us to share.

Moderated panel discussion

Examples from the Middle East—healthcare practitioners' experiences of interprofessional practices in Qatar

Moderator

Mohammad Diab¹

¹ College of Pharmacy, Qatar University, Doha, Qatar

Panelists

Ibrahim Ahmed Janahi^{1,4}; Nabila Al-Meer²; Sumaya Al Saadi³; Noora Al-Jaffali⁴

¹Weill Cornell Medicine-Qatar, Doha, Qatar;

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Medical Cooperation, Doha, Qatar; ⁴Hamad Medical Cooperation, Doha, Qatar

In this moderated discussion we will be hearing about healthcare practitioners' experiences of interprofessional practice in Qatar, specifically focusing on:

- Collaborative care practices,
- Multidisciplinary training and committees,
- The region's overall readiness for interprofessional care, and
- Enablers and barriers to collaborative practice

Moderated Panel Discussion

IPE experiences from the Qatar University College of Pharmacy Interprofessional Education Committee

Moderator

Alla El-Awaisi¹

¹Qatar University, Doha, Qatar

Panelists

Stella Major¹; Ahmad Awaisu²; Mohammad Verjee¹; Kerry Wilbur²; Zhora Hasnani-Samnani³; Kyle Wilby²; Tamara Al-Abdi⁴

¹Weill Cornell Medicine-Qatar, Doha, Qatar; ²College of Pharmacy, Qatar University, Doha, Qatar; ³University of Calgary in Qatar, Doha, Qatar; ⁴College of Arts and Science, Qatar University, Doha, Qatar

Integrating interprofessional education (IPE) into our different healthcare curricula is quite challenging, and it is even more of a challenge when the different healthcare institutions are geographically separated from each other. With this in mind, the Qatar University College of Pharmacy has worked hard with several groups to implement IPE across all healthcare degree programs in Qatar. Formal IPE initiatives in Qatar are now coordinated and organized by the Qatar University College of

Pharmacy IPE committee, with representation from the healthcare colleges in Qatar including medicine, nursing, health sciences and sports science.

In this panel presentation, faculty members will share four different IPE experiences that occurred during the academic year 2014:

- Being an effective team player—IPE activity with six professions,
- Smoking cessation IPE activity involving medicine, pharmacy and public health,
- Case-based diabetes patient care, involving two professions, nursing and pharmacy, and
- Pharmacy and nutrition IPE semester case-based activity.

Organizing these activities required a great deal of planning and preparation. In their brief presentations, the faculty members will describe these activities as well as facilitators and challenges encountered.

Presentation

The World Coordinating Committee and the All Together Better (Health conferences series)

Speaker

Marion Helme¹

¹World Coordinating Committee of the All Together Better Health Conferences (ATBH), Aberdeen, Scotland, UK

This presentation will outline the development of the World Coordinating Committee (WCC) for interprofessional education (IPE) and collaborative practice, a 'network of networks' initiated in 2012. The current WCC draws on a history of previous international associations and includes representatives of IPE networks in North America, Australasia, Europe and Japan.

The objectives, values and membership of the WCC will be discussed, alongside its role in promoting

the *All Together Better Health Conference* (ATBH) series and the contribution of ATBH to the global development of IPE in research, teaching practice, the student experience, service user involvement, and international collaborations.

In addition to its role of overseeing the continuity and quality of the ATBH conferences, the WCC aims to facilitate support and exchange between the current member networks, to establish relationships with other like-minded organizations and to welcome and support new regional networks sharing the same aims and values. Dr. Marion Helme took over the role of Convenor from Professor Hugh Barr in 2014, and for the WCC the challenge now is to build a sustainable organization that will be a resource for information and consultation for new IPE networks and promote their flourishing.

These activities will take into account the very different systems of education, healthcare practice and cultures within which these networks emerge, and the resources available to the WCC. The presentation will conclude by consulting delegates about work in progress with regard to planning for the next and future ATBH conferences, building relationships with other organizations, including the WHO, how to best support new networks and other potential areas in which the WCC could engage.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Keynotes/IPEC_ppt_Marion_Helme_4-12-15_745.pdf

Saturday, 5 December 2015

Keynote address

Competent for collaborative practice: What does a collaborative practitioner look like, and how does the practice context influence interprofessional education?

Keynote speaker

Lesley Bainbridge¹

¹University of British Columbia, Vancouver, Canada

There are many definitions of interprofessional collaborative practice (ICP), which provide a general sense of what the term means. However, to teach ICP, we need to understand what it actually looks like in practice—how do we recognize it when we see it? For many educators, the practice context is the most effective place in which to situate interprofessional education as it reflects ICP in action—real people who are patients, families, and providers of healthcare. It is here that students can see collaborative practitioners and begin to appreciate the skills and behaviors that make up ICP.

Globally there are several competency frameworks that attempt to describe these skills and behaviors. One of them, the *Canadian Competency Framework for Interprofessional Collaboration*, will be used to highlight six competency domains and to link them to the practice context. Communication, patient-centered care, conflict management, collaborative leadership, team function, and role clarification can all be observed in the clinical setting in support of interprofessional education. Conversely, where the competency domains are visibly absent, valuable ‘teachable moments’ can be captured to turn potentially negative examples of collaboration into positive learning experiences.

In addition, an alternative competency perspective that focuses on the individual practitioner rather than on the team will be presented for consideration. Social capital, rhetoric, negotiation, and perspective taking are dimensions of individual collaborative practices that can enable collaboration in a non-collaborative environment.

Several theories support these two perspectives on ICP competencies. Social capital, transformative learning, social identity and behavioral theory provide examples of theoretical guidance for ICP.

By the end of this presentation participants should be able to

1. Describe competencies associated with ICP,
2. Identify the advantages of interprofessional education in the clinical setting,
3. Define ways of applying a competency framework for ICP in education and in practice,

4. Identify their own practice in the context of the Canadian framework, and

5. Understand the implications of theory for education and practice.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Keynotes/Qatar_presentation_Lesley_Bainbridge.pdf

Oral presentation (1)

From a gulf to a bridge: Medical and nursing students learn together in the Royal College of Surgeons in Ireland - Bahrain - a pilot project

Presenter

Maeve Royston¹

Authors

Maeve Royston¹; Andrew Curtain¹; Catherine Abou-Zaid¹; Maryam Alaradi¹

¹Royal College of Surgeons in Ireland – Bahrain, Manama, Bahrain

In the Royal College of Surgeons in Ireland – Bahrain, a pilot initiative of two workshops was started between fourth-year nursing students and medical students in Senior Cycle 1. The theme of the workshops was *Conditions that threaten women's lives in pregnancy and childbirth*. The session was delivered in a world café setting and used a variety of teaching methodologies, including

- A didactic introductory lecture on interprofessional education,
- A simulation to teach the challenges of cardiopulmonary resuscitation in pregnancy,
- The use of technology to hear patients' personal experiences,
- Videos to illustrate that maternal mortality increases and is a global problem, and

- Small group work to discuss the ethical issues that might arise in obstetric emergencies.

The project highlighted that these students had never interacted with each other at all because of cultural and social reasons. Hence this learning session was a new departure, and it was received very positively. The world café supported communication between the groups in a relaxed atmosphere. Interprofessional education must be vertically integrated in medicine and nursing curricula with relevant learning outcomes that can be assessed and evaluated in a meaningful and educationally appropriate way.

Oral presentation (1)

The impact of an interprofessional education workshop on student perceptions of other healthcare professions

Presenter

Brad Johnson¹

Authors

Brad Johnson¹; Myriam Abi Hayla²; Kim Critchley²; Mohamed Said El-Tawil³; Mohamud Verjee⁴; Sherief Khalifa⁵; Maguy El-Hajj⁵

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Healthcare students do not often have the opportunity to interact with students from healthcare professions other than their own except through clinical placements that may put them in only peripheral contact with others. Interprofessional workshops can provide opportunities for interaction between professions that may not otherwise occur.

This study explored the impact of a two-day interprofessional education (IPE) workshop involving students from allied health, medicine, nursing, and pharmacy. All students were from healthcare programs in Qatar. Students were assigned to groups consisting of one student from each profession.

Workshop size was kept low with a maximum of 16 students, or four groups, per workshop. The workshop format included a series of games and healthcare scenarios that engaged participants in teamwork and collaborative activities. Four workshops were conducted over two semesters.

A set of surveys was delivered to students prior to and immediately after the workshop. The surveys included the 19-item *Readiness for Interprofessional Learning* (RIPL) survey, the 15-item *Attitudes towards Interdisciplinary Learning* survey and the 15-item *Role Perception* survey. The RIPL and the *Attitudes* survey scales *Teamwork and collaboration* and *Professional identity* were analyzed to determine if any changes had taken place. The *Role clarification* survey items were also analyzed for change. Effect size was calculated, and t-tests were conducted.

The results showed that most students were indeed ready to engage in interprofessional learning opportunities, and that change, although positive, was not statistically significant. However, perceptions of roles changed in a statistically significant, positive way. The conclusions drawn from this study suggest that student understanding of healthcare roles outside their own can be strengthened and clarified through IPE workshops that promote an understanding of teamwork, collaboration and role clarification.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/ipec_doha_dec2015_bfj_Compatibility_Mode_.pdf

Oral presentation (1)

The effect of an educational workshop on healthcare professionals perceptions of the role of occupational therapy in Kuwait

Presenter

Naser Alotaibi¹

Authors

Naser Alotaibi¹; Fahad Manee¹; Lisa Broom²; Mehdi Rassafiani¹

¹Kuwait University, Kuwait; ²Monash University, Melbourne, Australia

Rationale and background

Although occupational therapists are expanding their services across Kuwait, knowledge of other healthcare professionals about role and contributions of occupational therapy, a relatively new profession, to the healthcare team has not been examined yet. This study aimed at investigating healthcare professionals' perceptions of occupational therapists' role in patient care in Kuwait, and at measuring the change in their perceptions after participating in the workshop.

The study hypothesis was that participants would demonstrate significant improvement in their knowledge of occupational therapy practice following participation in the workshop.

Design and participants

This study used a pre-post intervention design with a questionnaire self-administered online by healthcare professionals prior to workshop attendance, and then at the conclusion of the workshop. The total sample consisted of 98 participants from various disciplines.

Results

The data supported the study hypothesis that participants would demonstrate a significant improvement of their knowledge of occupational therapy practice after participating in the workshop. After the educational workshop, significant differences were found between participants' pre- and post-workshop awareness of occupational therapy areas of practice ($P < 0.001$).

In addition, they demonstrated positive attitude ($P = 0.035$) and self-efficacy ($P = 0.006$) regarding the occupational therapy profession. Following the workshop, participants further identified the value of having common goals ($P = 0.02$) leading to desired mutual efforts, as well as a holistic approach to team management ($P < 0.001$) as an advantage of teamwork.

Conclusion

The results of this study provide preliminary evidence for lack of knowledge about the

role of occupational therapy among different healthcare professionals in Kuwait. This may act as a barrier to effective interprofessional practice and collaboration in the region. Implications for interprofessional education, practice and research are presented.

Oral presentation (1)

An evaluation of interprofessional education in an orthodontic outreach training center

Presenter

Richard Cure¹

¹The University of Warwick, Warwick, UK

This presentation describes an evaluation of interprofessional education (IPE) in a primary care orthodontic outreach training center. It offers a model of integrated education and patient care. As a longitudinal study, for which IPE is the organizational philosophy, it informs theorization of IPE. The methodology is a realist evaluation, which aims to describe and understand the educational environment and to identify how the full spectrum of stakeholders perceives their experiences. Data were collected by semi-structured interviews and focus groups. Thematic analysis allows in-depth data immersion, developing theory iteratively until saturation is achieved. Identified theories are tested and refined by stakeholders, thus providing respondent validation.

Findings show IPE to be successful for the orthodontic team. A core philosophy and attitude are the initiating contexts, which, with time, allow development of an appropriate skill mix, organization and setting to facilitate learning. Empowerment leads to aspects of unlearning, reflection, formal and informal learning, and combining with situated learning to deliver interprofessional learning. Outcomes include individual and team development, enhanced teamwork, communication, and depth of learning.

IPE evolves through situated learning in a conducive community of practice, where individuals develop their own identities, or learning trajectories,

unrestricted by professional protectionism. To be sustainable, IPE must become organizationally contextual, which is dependent upon emergence of new leaders and requires buy-in from and continuing motivation of the majority of stakeholders.

This study identifies contexts required for IPE and mechanisms which generate defined outcome. It suggests that a customized primary care setting is ideally suited for its development. IPE has struggled to transform healthcare professional education. An institutional teaching model with IPE as the core philosophy may achieve this goal. This study suggests that IPE should be an overarching educational theory in its own right, within which other social science and education theories merge, to maximize integrated learning and patient care.

PDF of the presentation

<http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/Richard Cure An evaluation of IPE copy.pdf>

Oral presentation (2)

Learning patient safety and quality interprofessionally: An evaluation of health professional students' attitudes of interprofessional collaboration

Presenter

I Fan Kuo¹

¹University of Manitoba, Winnipeg, Canada

Background

With increasing global emphasis on preparing collaborative-ready health professionals, an interprofessional learning opportunity was integrated into the University of Manitoba health professions pre-licensure education programs with the specific goal of learning to optimize patient safety and quality of care in an interprofessional, collaborative setting. The aim of this study was to assess student attitudes towards collaborative learning before and after a case-based exercise on patient safety.

Methods

Students from the medicine, physician assistant, nursing, pharmacy, dentistry and dental hygiene programs participated in a case-based, interprofessional learning exercise on patient safety and disclosure. An online survey consisting of the University of West of England Interprofessional Questionnaire (UWE IQ) was administered to the students before and after the learning opportunity. The pre- and post-scores for UWE IQ were compared using a non-parametric test ($= 0.05$).

Results

150 students completed the pre- and post-activity questionnaires. At baseline, students' attitudes towards all UWE IQ subscales were generally positive, with the exception of interprofessional interaction, which was rated negatively (median $=32 \pm 0.3$). The Wilcoxon Signed-Rank test showed significant improvement in scores after the learning activity in the subscales of interprofessional communication and teamwork ($=0.0125$), interprofessional interaction ($=0.0001$), and interprofessional relationship subscales (< 0.0001).

Conclusion

The study findings suggest that short-term interprofessional learning activities improve health professional students' attitudes on interprofessional collaboration, regardless of a positive baseline. However, further efforts are needed to address the negative perception of interprofessional interaction prevalent among students.

Oral presentation (2)

Developing an interprofessional clinical educator model and curricula in a greenfield women's and children's hospital in the Middle East

Presenter

Elaine Sigalet¹

¹Sidra Medical and Research Center, Doha, Qatar

Securing a safe patient opening at a greenfield children's and women's hospital creates a unique source of tension and challenge for educational leadership. At Sidra Medical and Research Center (SMRC) the department is tasked with developing a rigorous educational curricula to support the onboarding of 4000 interprofessional and international clinicians. SMRC has developed a comprehensive model of education that lives and breathes the philosophy of interprofessional education.

The model transitions the traditional nurse/allied health educator in each practice setting to an interprofessional educator responsible for collaborating with the unit leadership to secure relevant and timely educational support to deliver effective, timely and coordinated care. The unit educator and unit leadership team are expected to develop collaboratively all educational initiatives.

This approach focuses on creating opportunities for all team members to learn from, with and about each other as they become familiar with the new Sidra environment, policies and procedures, and the new interprofessional team. Each case is an opportunity to manage the case in the unit of practice, and it is supported by e-learning, equipment and skill training. Assessment measures to evaluate the efficacy of the curricula support each educational module.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/Elaine_Sigalet24_11_2015_IP_model_IPEC.pdf

Oral presentation (2)

"Contact is not enough"

Presenter

Susan Waller¹

¹Monash University, Melbourne, Australia

A key component of the redesign of the Australian Health Service hinges on the strengthening of collaborations in practice and service networks. Are

practitioners who have continued to be trained in silos prepared to be change agents in this process?

A study conducted with senior students from physiotherapy, occupational therapy and speech pathology programs undertaking clinical education placements in community rehabilitation teams strongly demonstrated that explicit interprofessional activities are necessary for the development of collaborative competencies. Students' and clinical educators' experiences of the two types of clinical education placements were compared.

The students participated in a directed interprofessional clinical education placement in a multidisciplinary team within community rehabilitation. A comparison group participated in a standard discipline-specific clinical education placement in a similar context. This mixed-methods study used questionnaires and interviews pre- and post-placement to explore students' perception and experiences of clinical education.

Clinical educators were also interviewed on both types of placement. There was also a small cohort of students interviewed as new clinicians to investigate their experience of collaboration in the workplace and their assessment of how their clinical education matched their new graduate experience. In both placements students were exposed to the work of multidisciplinary teams. However, those students who experienced directed activities for collaboration and space for reflection on those interprofessional activities developed a greater insight into team processes and improved self-efficacy in interdisciplinary communication.

Follow-up interviews suggested that despite new clinicians' collaborative competencies, the culture and context of the workplace was paramount in supporting interprofessional practice. We will present the theoretical and practical implications of the study findings and make recommendations for supporting interprofessional competency development in clinical education.

Oral presentation (2)

Redesigning the referral microsystem serving patients on antithrombotic therapy

between cardiology/cardiothoracic surgery and dentistry/maxillofacial surgery

Presenter

Manal Zaidan¹

¹Aspetar Hospital Qatar, Doha, Qatar

Background

Appropriate management of antithrombotic therapy is crucial for patients undergoing any dental procedure or oral surgery to avoid any risk of bleeding or thrombosis with minimal interruption of anticoagulation therapy. The care plan, including medication management, should be customized and clearly communicated and documented according to the patient's condition and the bleeding risk of the procedure or surgery.

Methods

The team decided to use the Dartmouth Institute Microsystem Improvement Ramp to assure the use of a systematic approach across three microsystems in the Heart, Rumailah and Hamad General Hospital. Organize a 'lead team': An interdisciplinary team (including cardiologists, dentists, maxillofacial surgeons, cardiothoracic surgeons, pharmacists, and medical quality specialist) was established to assess and review the current process. Patients were involved through sharing their feedback and inquiries. Use the 5Ps (purpose, patients, professionals, patterns, processes) assessment: To understand our current referral microsystem, we conducted a survey for dentists and for cardiologists to get more information and assess the process well.

Specific aim statement

We aim to implement the new referral and consultation process by January 2015. The used forms were collected and reviewed for

- Eligibility,
- The presence of a clear plan to continue or hold antiplatelet or anticoagulants prior to the dental procedure or surgery,

- Antibiotics prophylaxis considered or recommended,
- Risk stratification of the dental procedure or surgery (low vs. high), and
- Expected date of the dental procedure or surgery.

A slight improvement was observed in the initial phase.

Conclusion

This initial sequential plan-do-study-act cycle has shown an improvement in all process measures by more than 50% in average (exceeding aim of the study). We plan to continue improvement to reach standardize-do-study-act and approach the remainder of the benefit-cost analysis framework functions to reach a full referral system redesign.

PDF of the presentation

[http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/Manal Zaidan HH Dentistry Referral Process.pdf](http://www.qu.edu.qa/IPE2015/documents/presentations/Oral%20Presentations/Saturday%20Dec%205,%202015/Manal%20Zaidan%20HH%20Dentistry%20Referral%20Process.pdf)

Oral presentation (3)

Diversity and internationalization in interprofessional education

Presenter

Sundari Joseph¹

Authors

Sundari Joseph¹; Lesley Diack¹; Sue Barnard¹; Jen Haxton²; Patrick Walker¹

¹ Robert Gordon University, Aberdeen, Scotland, UK; ² National Health Service Grampian, Aberdeen, Scotland, UK

Introduction

Traditionally, interprofessional education (IPE) has focused on topics and disciplines related to health and the different professional roles involved. This is

important to ensure that the learning outcomes of teamwork and communication are achieved. In this context, the IPE curriculum is usually firmly situated in the country in which the courses are delivered. Therefore, students learn about professional roles and health structures pertaining to their own cultural context. However, this strategy limits the future professional workforce to understanding interprofessional working within the country in which they are studying.

The authors of this paper concur with the WHO¹ that in today's globalized world health and education are interconnected and interdependent. Therefore, we need to be innovative for the future and realize that social- and healthcare graduates require diversification and internationalization of their curriculum to deliver effective and safe healthcare.

A new strategy for IPE

This paper will present the development of innovative teaching strategies, which have been evidenced in the UK and can benefit undergraduate and postgraduate professionals from any part of the world. The evaluation of three educational models will be presented: first, diversification of topics, including arts and humanities and public health and protection; second, the diversification of disciplines, including business, arts and police and social work professionals; third, the involvement of other cultures, including the Middle East, Japan and Australia. This evidence has been used to develop and strengthen curricula within the collaborating universities, preparing students with graduate attributes to face the changing needs of the populations they will serve.

Conclusion

These three models possess transferability to other contexts and countries providing a framework for global interprofessional education. Participants will be challenged to consider the application of these models within their own contexts.

Reference

1. World Health Organization (WHO). About the global health workforce alliance. Available at <http://www.who.int/workforcealliance/about/en>

PDF of the presentation

<http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/Sundari Joseph Qatar 2015 Diversity and Internationalisation in Interprofessional Education Saturday 5th Dec 9am.pdf>

Oral presentation (3)

Development of an interprofessional education training course for the Safe High Acuity Adult Retrieval Program (SHAARP)

Presenter

Guillaume Alinier¹

Authors

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¹Hamad Medical Corporation Ambulance Service, Doha, Qatar

Introduction

Hamad Medical Corporation initiated the development of the Safe High Acuity Adult Retrieval Program (SHAARP) for interfacility transfers of high acuity patients involving a multi-disciplinary team of HMC Ambulance Service paramedics and Hamad General Hospital Medical Intensive Care Unit doctors. This presents significant risks, especially when undertaken by hospital staff unfamiliar with the pre-hospital environment and ambulance transport, or paramedic staff unfamiliar with hospital medications and invasive monitoring. A program was created with the aim of training multi-disciplinary teams in the processes, skills, and team dynamics required to ensure the safe transport of high acuity patients, while introducing them through different simulation modalities to the challenges which may be faced during operations.

Methods and results

The two-day course includes a pre-course manual and uses a multi-method approach to teaching. This approach encompasses didactic, interactive, simulation-based learning, and pre-course reading

material. The first day of the course covers a brief overview of the SHAARP system, crisis resource management, visually enhanced mental simulation scenarios, and then a clinical skills workshop about all technical equipment used on the SHAARP unit. Day two includes a written assessment and four full-scale simulations focusing on the hospital handover with the patient preparation phase and the transport phase (within an ambulance).

Each simulation is audio-/video-broadcasted to the remainder of the participants. Debriefing sessions are facilitated to encourage participants to reflect on the learning experience. SHAARP was launched a week after the first course was presented in November 2013 and has now conducted over 160 ground and 32 aeromedical transfers without any reported adverse event.

Conclusions

The interprofessional learning experience contributed to the development of mutual respect within the multi-professional teams. The feedback from SHAARP staff confirms the valuable impact the course has had on their confidence, teamwork, and patient safety. There are plans to facilitate further IPE courses using a similar mixed-modality approach.

PDF of the presentation

<http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/HMC SHAARP presentation - Alinier.pdf>

Oral presentation (3)

Measuring healthcare undergraduate students' attitudes to interprofessional education in Saudi Arabia: the validation of an Arabic version of the University of West England Interprofessional Questionnaire

Presenter

Sukinah Jaffer Alshaikh¹

Authors

Sukinah Jaffer Alshaikh¹; Alan Borthwick¹; Christine Gallagher¹; Sarah Hean²

¹University of Southampton, Southampton, UK;

²University of Stavanger, Stavanger, Norway

Objective

This study explores Saudi Arabian undergraduate students' attitudes towards interprofessional education (IPE).

Methods

A mixed-methods design is adopted in the broader study, which includes the University of West England's Interprofessional Questionnaire (UWE IPQ), exploring students' attitudes' to IPE and collaborative practice (CP). This presentation focuses on data collected for the validation process of the Arabic version of the UWE IPQ. The validation took place first with a team of eight bilingual postgraduate students. Participants carried out a forward-backward translation. A convenience sample of 20 bilingual students from the University of Southampton engaged in a second validation phase in which the participants completed the English version and, after a 48-hour break, completed the Arabic version. The researcher then assessed the level of agreement between the responses from the two versions with the percentage level of agreement calculation and Cohen's kappa.

Results and conclusions

The results demonstrated high levels of agreement in 32 of the 35 items, and the kappa values ranged from moderate to excellent agreement on all items. Participants suggested only a few recommended changes, which will inform the next phase of the study. This suggests that the participants understood both versions of the UWE IPQ to an acceptable extent and suggests that the Arabic version of UWE IPQ demonstrates good inter-language (interrater) reliability.

Additionally, acceptable levels of internal consistency were established for each subscale using Cronbach's alpha: the *Arabic Communication and Teamwork Scale* had an alpha of 0.639, the *Arabic Interprofessional Learning Scale* an alpha of 0.885, the *Arabic Professional Interaction Scale* an alpha of 0.8, and the *Arabic Interprofessional Relationship Scale* an alpha of 0.659. There was no need to

remove any item to significantly increase internal consistency.

These findings suggest that the Arabic version of the UWE IPQ can be used with confidence in the present and future studies that wish to measure attitudes towards IPE in an Arabic-speaking environment.

Oral presentation (3)

To boldly go: Crossing borders and boundaries in social- and healthcare education

Presenter

Lesley Diack¹

¹Robert Gordon University, Aberdeen, Scotland, UK

Social- and healthcare delivery is becoming more complex and involves an increasing number of social-, healthcare and other professionals. Several UK inquiries, including the inquiry into children's heart surgery at the Bristol Royal Infirmary¹ and the tragic death of Victoria Climbié,² have highlighted what can go wrong when there is ineffective collaboration between social- and healthcare professionals. High profile failures feature prominently in the media and create negative perceptions of healthcare professionals and also of their team-working skills.

These inquiries have identified and demonstrated the need to increase and expand interprofessional education (IPE) to become transdisciplinary pedagogy. Thus, health professionals can develop collaborative work practices from their undergraduate studies, as well as from research and work of others, to increase communication and improve patient care through practice or research.

This paper will discuss the increasing challenges to the understanding of interprofessional education, highlight similarities and differences in the use of prefixes such as intra-, multi-, trans-, and inter-, and of the suffixes -professional or disciplinary. It will be argued that the way forward for IPE is to develop not just interprofessional but transdisciplinary teams that require the following characteristics:

- The development of the individual as a professional,
- An appreciation of the other professions and their strengths and weaknesses,
- An understanding that the team includes other varied disciplines,
- Highlighting cooperation and communication to improve patient care, and
- By professionals' understanding who they are and where their skills fit in with the people they work alongside, they support the development of a good team.

Transdisciplinary working and research is the way forward for IPE. However, are we ready to take the next steps and to boldly go?

References

1. The Bristol Royal Infirmary (BRI) Inquiry. The report of the public inquiry into children's heart surgery at the BRI 1984-1995: learning from Bristol. BRI: Bristol; 2001. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273320/5363.pdf.
2. Laming H. The Victoria Climbié inquiry: report. The Stationery Office: Norwich; 2003. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730.pdf.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Workshops/Saturday Dec 5, 2015/Kathy_chappell_workshop.pdf

Workshop (1)

Faculty development for interprofessional continuing education: Employing an innovative, interactive approach

Instructors

Kathy B. Chappell¹, Lawrence Sherman¹

¹American Nurses Credentialing Center, Silver Spring (MD), USA

Continuing education in the health professions has historically been conducted in silos, yet it is critical that healthcare providers practice collaboratively in teams. Academic institutions are incorporating interprofessional education within pre-licensure or pre-registration curricula. Healthcare educators developing interprofessional continuing education (IPCE) for practicing clinicians need to incorporate similar strategies to plan education that improves team performance and patient/system outcomes.

In this session, healthcare educators will participate in a variety of active learning strategies, including role play, case-based analysis and problem-based learning to analyze a problem in practice using an outcomes model framework. Educators will also design an IPCE activity or series of activities to address the practice problem. Using an innovative yet tested approach, participants will role play different healthcare professionals, family members and patients to plan the educational activity, exploring the relationships and dynamics that can support or impede collaboration. Group discussion and presentation will be used to facilitate shared learning and knowledge transfer.

As a result of participating in this interactive session, healthcare educators will develop skills that can be applied to developing IPCE activities specifically designed to improve interprofessional collaborative practice and patient/system outcomes. Participants will also explore methods to measure both team performance and the impact of team performance on patient outcomes.

Objectives of the workshop

- Analyze a problem in practice using an outcomes model framework
- Develop IPCE activities designed to improve interprofessional collaborative practice and patient/system outcomes
- Identify measures of team performance and patient/system outcomes

Who should attend

Faculty from all healthcare professions developing IPCE for practicing clinicians.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Workshops/Saturday Dec 5, 2015/Kathy_chappell_workshop.pdf

Workshop (2)

Developing quality facilitators—tools, tips and techniques

Instructors

Lesley Diack¹; Sundari Joseph¹

¹Robert Gordon University, Aberdeen, Scotland, UK

With the growth of quality interprofessional education (IPE) programs globally, the need to develop facilitators for such programs has increased. Commentators^{1,2} have been advocating training and development of these key roles. We are failing our staff as well as the students by not developing programs and continuing professional development opportunities to support staff as they facilitate IPE. At the end of the workshop, participants will have a toolkit of resources, case studies and suggestions to develop their own quality facilitation programs.

The workshop will be organized as follows:

- Introduction to participants and to IPE facilitation (10 min)
- Stage 1: Discussion of facilitation and facilitation techniques. We will introduce techniques and tools. Participants can begin to identify potential use in their context (20 min).
- Stage 2: Development of frameworks for training and facilitation. We will highlight several facilitation frameworks and discuss the advantages and disadvantages with participants (20 min).

- Stage 3: Tools to help facilitators reflect on their skills. Participants can test and reflect on their own facilitation skills and how to help the facilitation team. There will also be a discussion on case studies and ways forward to improve facilitation techniques when issues occur (20 min).
- Stage 4: Implementing and sustaining IPE facilitators. There will be suggestions and ideas on how to sustain and implement a program of quality assurance on IPE facilitation (10 min).

The workshop is aimed at those just starting out on developing IPE but will also be suitable for those who have some experience and want to discuss improvements or successes.

References

1. Steinert Y. Learning together to teach together: interprofessional education and faculty development. *J Interprof Care*. 2005;19 Suppl 1:60-75
2. Reeves S, Goldman J, Oandasan I. Key factors in planning and implementing interprofessional education in health care settings. *J Allied Health*. 2007;36(4):231-235

Workshop (3)

Simulation-based curricula for an interprofessional audience

Instructor

Elaine Sigalet¹

¹Sidra Medical and Research Center, Doha, Qatar

Interprofessional (IP) simulation-based learning is critical to creating the realism of real practice settings. Yet today, although health professional organizations and licensing bodies internationally endorse IP simulation-based learning, deficits in logistics and resources often impede success of such initiatives. Facilitators will introduce key elements for achieving success using IP simulation-based pedagogy.

To optimize IP simulation-based learning, educators need to understand key principles underpinning effective team performance, interprofessional education, learning theory and curricula design. A short didactic presentation highlighting key principles will provide attendees with the theory and tools to get started.

With faculty coaching and the use of a modified Kern's six-step approach, attendees working in small groups will be asked to (a) identify a common educational issue, (b) identify the relevant IP team members, (c) develop relevant learning objectives to create a framework for content development, (d) develop a supportive scenario, and (e) develop assessment tools to evaluate the efficacy. Groups will present their curricula plan to other group members. Attendees will use templates created by faculty in all phases of the workshop to maximize efficiency and success.

Through active participation, attendees will be coached by facilitators in the design of an IP simulation-based learning initiative that could be embraced in their home institution.

PDF of the presentation

<http://www.qu.edu.qa/IPE2015/documents/presentations/Workshops/Saturday Dec 5, 2015/Elaine Sigalet 27 11 2015 IPEC Workshop on developing curriculum.pdf>

Oral presentations (1)

Interprofessional Education in practice

Presenter

Jenni Haxton¹

Authors

Jenni Haxton¹; Sundari Joseph²; Lesley Diack²; Patrick Walker²

¹National Health Service Grampian, Aberdeen, Scotland, UK; ²Robert Gordon University, Aberdeen, Scotland, UK

This presentation will focus on a model of implementation of interprofessional education (IPE)

in practice for social- and healthcare students. Participants will discover an approach that possesses transferability to any placement setting.

In 2003, a local IPE program involving classroom-based activities in years one and two of twelve professional courses within two universities was introduced. The program was evaluated positively for both students and facilitators in 2008. This evaluation recommended that IPE should be extended from classroom-based to practice-based learning experiences.

Building on this, IPE in practice was designed as an incremental approach, starting with small numbers and then 'snowballing' to more and more participants, replicating the same methodology as used in the 2008 study. The main objective of the pilot operating theatre initiative was to equip students with skills and understanding of interprofessional collaboration involved in patient safety aspects of the perioperative journey.

Activities were created in partnership with the IPE research team and the clinical team to establish a student-led, patient-focused approach to the placement settings. Small mixed groups of students in theater placement areas interacted and shared placement experiences, based on the *Scottish Patient Safety Programme* initiatives. The learning outcomes focused on students recognizing each profession's roles and responsibilities, understanding the surgical briefing and pause procedures, and knowing which checks are in place in the ward, theater and recovery.

Students indicated relevance when dealing with real case scenarios and their reflections of practice compared to designed scenarios. Therefore, IPE can be successful in classroom and practice settings. A model of interprofessional collaboration in practice will be highlighted to participants that they can adapt in their own settings.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/JIHaxton_IPE_in_Practice_Doha_2015.pdf

Oral presentation (1)

Challenges to introducing interprofessional education

Presenter

Jocelyn DeJong¹

¹American University of Beirut, Beirut, Lebanon

The Lancet commission on Health professionals for a new century¹ recommended that all educational institutions training the health workforce globally incorporate interprofessional education (IPE) to reduce professional silos and encourage the formation of non-hierarchical and effective health teams.

Following the participation of a professor of the Faculty of Health Sciences (Dr. Huda Zurayk) at the American University of Beirut (AUB) in that global commission, AUB launched the report in Lebanon and made a commitment to introduce IPE, involving students from the medicine, nursing and public health professions. A committee was formed, consisting of faculty members from the three professions at AUB. The committee has recommended the introduction of a compulsory one-credit course to be taken by medical students, undergraduate nursing students and second-year students in a master's program in public health.

The course is based on case studies of health problems in which collaboration between the three professions is essential to promote health and address patient needs, using the pedagogy of cooperative learning. IPE programs in North America typically include professions that are involved in direct patient care; public health is relatively less frequently involved in IPE.

The presentation will emphasize the importance of introducing IPE in the Arab context and reflect on some of the challenges faced in introducing this course at AUB from a conceptual, logistic and pedagogical point of view. It will also describe the added importance of including a public health perspective within IPE.

Reference

1. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, Fineberg H, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet*. 2010;376(9756):1923-1958.

PDF of the presentation

[http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/Jocelyn_DeJong_Qatar_Presentation_IPE_DeJong_Dec2015_FINAL.pdf](http://www.qu.edu.qa/IPE2015/documents/presentations/Oral%20Presentations/Saturday%20Dec%205,%202015/Jocelyn_DeJong_Qatar_Presentation_IPE_DeJong_Dec2015_FINAL.pdf)

Oral presentation (1)

Playing games to help foster interprofessional education

Presenter

Lesley Diack¹

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Some of the most common issues identified with developing interprofessional education (IPE) are the timing of events for a number of different student groups and the logistics to get them in the same place at the same time. Research over the last years has indicated that the use of simulation and gaming can help. While they can never replace face-to-face events, they can supplement and complement the student experience.

Joseph and Diack¹ identified areas where gaming could be useful to develop understanding of roles and responsibilities, to build teams and increase communication skills. The presenters of this workshop have been using gaming in IPE for over five years, and they have introduced it into other countries, among them Japan, Qatar and Australia.

At the end of the workshop participants will have suggestions for games, gaming techniques and resources. They will be able to develop gaming resources for use in their IPE programs.

The workshop is aimed at those just starting out on developing IPE, but it will also be suitable for those who have some experience and want to discuss improvements or successes.

Reference

1. Joseph S, Diack L. Playing interprofessional games: reflections on using the Interprofessional Education Game (IPEG). *J Interprof Care*. 2015;29(3):260-262.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/Lesley_Diack_Sundari_ipeg_presentation_Qatar_2015_Final.pdf

Oral presentations (2)

Attitude of health sciences students towards interprofessional education in the Ras Al Khaimah Medical and Health Science University

Presenter

Mahmood Y. Hachim¹

Authors

Mahmood Y. Hachim¹; Manal M. Sami²; Rasha A. Salama³

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Background

In interprofessional education (IPE), the attitudes of learners are an important factor to consider. Evidence indicates that students from various professions work better in patient care and delivery of healthcare services if they learn and practice together. An assessment of the students' readiness to interact with other students in shared learning is required to justify the implementation of IPE.

Aim of the study

Assessing the readiness of Ras Al Khaimah Medical and Health Science University (RAKMHSU) students (from medicine, dentistry, nursing and pharmaceutical science) for IPE.

Materials and methods

The *Readiness for Interprofessional Learning Scale* (RIPLS) questionnaire was distributed to randomly selected 250 RAKMHSU students from medicine (123 students), dentistry (31), nursing (38), and pharmaceutical science (48). Respondents were asked to rate their attitudes towards interprofessional healthcare teams and interprofessional education. Information on the respondents' gender, program, study year, and prior secondary school education was also collected.

Results

All participants showed a positive attitude towards IPE. There was no significant difference in attitudes of RAKMHSU students towards interprofessional teamwork and education. Program, gender, year of study, and secondary school experience appeared to be insignificant for the attitudes towards both interprofessional teamwork and education in RAKMHSU students.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/Mahmood_Hachim_MYH.pdf

Oral presentation (2)

Effect of IPE workshops on student perceptions of interprofessional learning

Presenter

Nadine Zeeni¹

Authors

Nadine Zeeni¹; Rooney Zeenny¹; Tala Hasbini¹; Maya Bassil¹; Soumana Nasser¹; Aline Milane¹; Anna Farra¹; Maha Habre¹; Georges Khazen¹; Nancy Hoffart¹

¹Lebanese American University, Beirut, Lebanon

The Lebanese American University Interprofessional Education Steps (LAU IPE Steps) framework consists of a five-step workshop-based series. It is offered throughout the curriculum of social- and healthcare

students (pharmacy, medicine, nursing, nutrition, and social work) at the Lebanese American University.

The aim of this presentation is to report change in students' perceptions of readiness for interprofessional learning before (spring 2012) and after (spring 2014) completing the IPE Steps, evaluating the interprofessional learning outcomes and satisfaction with the learning experience. A longitudinal survey design was used: students completed questionnaires before IPE exposure and after each framework step. Over time, we collected a total of 700 questionnaires, a response rate of 93%.

Before IPE exposure, students' perceptions of their readiness for interprofessional learning was generally favorable (mean scores: 42.52 ± 4.39 for the *Teamwork and Collaboration* item, 17.99 ± 3.02 for the *Professional Identity* and 22.75 ± 2.46 for *Patient Centeredness*), with differences across genders (stronger *Professional Identity* in females compared with males, $p = 0.05$) and across professions (higher *Teamwork and Collaboration* in pharmacy and nutrition students compared to other professions, $p = 0.05$; and lower *Patient Centeredness* in nursing students compared to others, $p = 0.025$).

After participation in the IPE Steps, students showed enhanced readiness for interprofessional learning, and differences between genders and professions were no longer significant. Also, a gradual increase in teamwork and collaboration scores was found across the IPE Steps, with an overall 10% increase between baseline and step five. Participants were satisfied with the learning experience and evaluation scores showed that all IPE learning outcomes were met.

These findings show that the LAU IPE Steps framework is associated with an increase in student readiness for interprofessionalism. Consequently, other interprofessional education program developers may find the framework of value for their own efforts. Additional study is needed to further assess learning outcomes.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/QU2015_Zeeni_-_Final_VERSION.pdf

Oral presentation (2)

Developing an IP education module for maternal collapse in obstetrics in Qatar

Presenter

Tina Anselmi-Moulaye¹

¹Sidra Medical and Research Center, Doha, Qatar

Background

In obstetrics, maternal collapse is a rare event, but when it happens it must be treated quickly and effectively to save the lives of mother and baby. When developing an education plan for obstetric teams, evidence states that focusing on effective interprofessional (IP) teamwork and communication, as well as medical management, may produce the best results¹.

At Sidra Medical and Research Center, the clinical education department is creating a robust IP orientation program where nurses, physicians and allied health professionals will be trained and assessed together as a team rather than separate disciplines in order to ensure good outcomes and patient safety. This presentation will outline the module on maternal collapse that has been developed in obstetrics.

Methods

The module on maternal collapse involves an e-learning session, skills stations and IP simulation scenarios. The first part of the maternal collapse module is an e-learning session that outlines Sidra policies, medical management, emergency code systems, and effective teamwork related to maternal collapse and resuscitation. Next, staff will complete skills stations that will teach and assess skills around equipment training, physical assessments and drug administration. The same e-learning sessions and skills stations will be delivered to physicians, nurses and allied health staff to ensure consistent messages as well as building a foundation of collaborative learning to promote respect and trust across all disciplines. At the end of orientation, staff will participate in an IP simulation scenario that will assess knowledge, skills

and behaviors in maternal collapse based on all information previously obtained.

Conclusion

An interprofessional education module on maternal collapse will create obstetric teams that continuously learn with and from each other to ensure safe, effective patient care.

Reference

1. McPherson K, Headrick L, Moss F. Working and learning together: good quality care depends on it, but how can we achieve it? *Qual Health Care.* 2001;10 Suppl 2:ii46-53.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/Tina_Anselmi-Moulaye_Maternal_Collapse_IP_Module_presentation_v3.pdf

Oral presentation (2)

Effectiveness of inter-professional education and collaborative practice: A review of methods

Presenter

Emmanuel Ngwakongnwi¹

Authors

Emmanuel Ngwakongnwi¹; Doris Nussbaumer¹; Shaikha Ali Al-Qahtani¹; Kim Critchley¹

¹University of Calgary in Qatar, Doha, Qatar

Interprofessional education (IPE) has gained much traction among academic institutions training healthcare professionals. In most hospital settings, there is emphasis to integrate collaborative practice in care delivery models. The basic assumption is that IPE and collaborative practice improves services, patient experience and outcomes. The few studies on the subject have been inconclusive—some found that IPE was effective, whereas others had a contrary view. What stood out in the few

studies examined is the variability in methods and approaches used for examining effectiveness. This represents a gap in the methodology for assessing impact and effectiveness of IPE and collaborative practice.

We propose a systematic literature review to synthesize methods for measuring the effectiveness of IPE and collaborative practice. To achieve this, we will search numerous databases (Embase, PubMed, Google Scholar, Cochrane Library, CINAHL, Global Health) using a combination of search terms (IPE, collaborative practice, healthcare, effectiveness, impact, performance) for studies that have examined outcomes of IPE and collaborative practice in academic and hospital settings. The search will be limited to articles published in English within the last ten years. Inclusion-exclusion criteria will be developed.

The findings will be summarized in the manuscript format for reporting systematic reviews and published. Three direct benefits could result from our study:

- 1) Contribution to the evidence on effectiveness of IPE and use by others interested in the subject;
- 2) Academic institutions whose academic curricular envisage IPE may include an IPE outcome evaluation in their accreditation standards;
- 3) Hospital settings that seek to assess role of collaborative practice in healthcare delivery models. At the present conference, we will present preliminary findings.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/Emmanuel_Effectiveness_of_IPE_ppt.pdf

Oral presentations (3)

Designing an interprofessional educational curriculum for social- and healthcare students: The LAU IPE Steps

Presenter

Anna Farra¹

Authors

Anna Farra¹; Rooney Zeenny¹; Nadine Zeeni¹; Nadia El Asmar¹; Nancy Hoffart¹; Soumana Nasser¹

¹Lebanese American University, Beirut, Lebanon

Purpose

The aim of this presentation is to describe the Lebanese American University (LAU) interprofessional education (IPE) Steps program, a curriculum that brings together students from five healthcare programs for joint learning.

Design

LAU offers degree-granting programs in medicine, nursing, nutrition, pharmacy and social work. In 2010, faculty members from these programs formed an IPE workgroup to develop the learning objectives and structure for an IPE program. What emerged is the LAU IPE Steps framework, a series of five half-day workshops. Students are given content and techniques that they apply to case studies in small groups. Each small group has students from at least three professions and is facilitated by a faculty member from any of the participating programs.

The five topics are introduction to IPE and collaborative practice, interprofessional communication, teamwork and conflict management, healthcare quality, and ethics. Content is delivered using a variety of presentation formats. Cases for each topic were written to ensure that all five professions have a valid role. An IPE certificate is distributed to each student who participated in at least four of the five steps.

Evaluation

We have been running the IPE Steps Program for four years; 905 students have participated. 74 faculty members have served as small group facilitators. Thus, the progression of knowledge and skills gained through the IPE Steps has sustained student and faculty interest.

Students' evaluations after each step have been positive, they consistently respond that they would

recommend IPE to others and anticipate applying what they learned in the future. We observe students interacting freely in the clinical setting, which suggests they are beginning to practice collaboratively. We continue to add new elements to the IPE Steps to address the recommendation to have more IPE learning activities in the clinical setting.

PDF of the presentation

<http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/FarraQatar.pdf>

Oral presentation (3)

Family assessment in Qatar: Building interprofessional knowledge of nursing and medical students within a shared simulated learning environment

Presenter

Debbie Sheppard-Lemoine¹

Authors

Debbie Sheppard-Lemoine¹; Mohamud Verjee²; Juliet Hoffart¹; William Kay¹; Roger de Weerd¹

¹University of Calgary in Qatar, Doha, Qatar; ²Weill Cornell Medicine-Qatar, Doha, Qatar

Family assessment is foundational in building relationships that support the health of patients and their families within a healthcare system. Developing future healthcare professionals who understand how to incorporate family assessment in their practice is included in medical and nursing curricula in Qatar at the University of Calgary in Qatar and at Weill Cornell Medicine-Qatar.

A recent teaching and learning innovation brought together nursing and medical students in a shared, simulated learning environment. Simulation educators and clinical practitioners, as well as expert family assessment, guided the experiential learning. Case-based learning informed by theoretical and evidence-based models of family assessment guided the medical and nursing

students. They together decided which approaches they would implement in simulated family interviews.

This interprofessional teaching and learning initiative provides a foundation for building educational strategies that foster ways for medical and nursing students to build their capacity as they work together within family assessment. Future research based on and developed from this project's exploratory phase has the potential to uncover new opportunities to build interprofessional experiences that will strengthen and support patients and their families in their healthcare system experiences.

Oral presentation (3)

Professionalism: Developing your own modules to suit your multi-cultural context

Presenter

Khalid A. Alyafei¹

Authors

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¹Hamad Medical Corporation, Doha, Qatar; ²Weill Cornell Medicine-Qatar, Doha, Qatar

Background

Perceptions and interpretations of professionalism might vary, depending on the trainees and healthcare providers background. This necessitates the alignment of the workforce through professional development modules that suit the targeted audience, especially if they are multicultural. The goal was to develop a curriculum for trainees, faculty and healthcare providers, addressing the following objectives:

- 1) Illustrate how professionalism terms interpretation might vary,
- 2) Evaluate, give feedback and prepare remediation plan for lapses at Hamad Medical Corporation, Qatar.

Methods

We conducted a needs assessment of four disciplines to inform curriculum development. Two curricula were developed: a comprehensive six-hour course of three workshops for trainees and a three-hour workshop for healthcare providers. The modules contained didactics, videos, case discussion and role play, addressing lapses with patients, healthcare providers, feedback and remediation. For evaluation, a one-to-five Likert scale (least to most favorable rating) with commitment to change in behavior was used.

Outcome

From 2012 to 2014, we conducted 15 courses attended by more than 800 trainees and 13 workshops attended by more than 480 faculty. Overall the evaluations were very favorable, with values from 4.0 to 4.5 for most of the items. Many trainees committed to work on respect to colleagues and patients, altruism and team work and faculty committed to refine feedback skills, work on handling junior faculty and trainees. The course won the *Rising Star* within the *Stars of Excellence Awards* for education by Hamad Medical Corporation.

Conclusion

Designing your own professionalism curriculum is feasible and can lead to better engagement, alignment of perceptions and commitment to change in multicultural healthcare contexts.

PDF of the presentation

[http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Sunday Dec 6,2015/IPEC-Dec_2015_Compatibility_Mode_.pdf](http://www.qu.edu.qa/IPE2015/documents/presentations/Oral%20Presentations/Sunday%20Dec%206,%202015/IPEC-Dec_2015_Compatibility_Mode_.pdf)

Oral presentation (3)

Faculty attitude toward interprofessional education and learning at the Ras Al Khaimah Medical and Health Sciences University

Presenter

Rasha Aziz Salama¹

Authors

Rasha Aziz Attia Salama¹; Mahmood Yassin Hashim¹; Manal Mahmoud Sami¹

¹Ras Al Khaimah Medical and Health Sciences University, Ras Al Khaimah, UAE

Aims of the study

To examine the readiness of health sciences faculty towards interprofessional education (IPE) and their attitude towards interprofessional learning in the academic setting. The purpose of this study was to identify attributes that may have an impact on those attitudes.

Materials and methods

We conducted a cross-sectional survey study at Ras Al Khaimah Medical and Health Sciences University (RAKMHSU) over a period of one month after obtaining ethical committee approval. We asked health sciences faculty of different colleges (College of Medical Sciences, College of Dental Sciences, College of Pharmaceutical Sciences, and College of Nursing Sciences) at RAKMHSU to complete the questionnaire after obtaining their consent. Using scales from the peer-reviewed literature, respondents were asked to rate their attitudes toward IPE (15 questions) and interprofessional learning in the academic setting (13 questions). We also collected information about each respondent's age, gender, college, academic rank, number of years in higher education and years of experience with IPE.

Results

67 faculty out of 109 (61%) completed the questionnaire, 29 (63%) from the College of Medical Sciences, 11 (69%) from the College of Dental Sciences, four (57%) from the University/General Education, and 14 (64%) from the College of Nursing Sciences.

All faculty showed positive attitudes with an average score of 62.31 out of 75 points (SD ± 7.9) toward IPE and 47.96 out of 65 points (SD ± 7.6) toward interprofessional learning. The College of Nursing Sciences faculty showed greater positive attitude

towards interprofessional learning in the academic setting than other faculty ($p < 0.01$). RAKMHSU faculty who were currently participating in or had previously engaged in IPE, and who had more than five years of experience as health sciences faculty, had a more favorable attitude toward IPE, and showed greater intent to engage in or continue with IPE than faculty without IPE experience ($p < 0.01$).

Conclusions

All faculty showed a positive attitude toward IPE that suggest an acceptance of its principles and readiness to engage in interprofessional practice. RAKHSU can use these findings to plan successful faculty development measures for IPE.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Saturday Dec 5, 2015/Rasha_Aziz_IPE_faculty_attitude_-_Copy_Compatibility_Mode_.pdf

Workshop (4)

Feedback by design for an interprofessional audience

Instructors

Elaine Sigalet¹; Barbara Blackie¹; Guy Brisseau¹; Joanne Davies¹; Dina Schnurman¹; Angela Krizan¹; Tricia Tieleman¹; Charlene Mercer¹; Ella Scott¹

¹Sidra Medical and Research Center, Doha, Qatar

The effective use of feedback is important to secure a culture of patient safety. The goal of this workshop is to enhance the confidence and competence of attendees in (a) choosing the correct type of feedback to improve taskwork in role or teamwork in an interprofessional context and (b) using feedback effectively to close performance gaps.

Faculty are frequently challenged by requests to engage in educational initiatives, but rarely afforded opportunities to develop their skill set with provision of feedback. After a brief review of the principles of effective feedback and the value of using a structured approach, attendees will have

the opportunity to provide feedback to a faculty member based on their observations of a video of team performance. Faculty will wear two hats, they will play the role of the person the feedback is directed to and coach the attendee in the process.

This is an immersive workshop planned to expert model experiential learning theory by engaging attendees in all phases of the session. The workshop will begin with the solicitation of each attendee's perspectives of the challenges in providing feedback to educators and colleagues. These themes will be used to frame the learning objectives and attendee learning.

A brief PowerPoint® presentation will review the key principles of effective feedback, supporting three types of feedback (direct feedback, plus delta and advocacy inquiry). A video depicting a learning session will be used to create a context of deliberate practice for attendees, providing the lead educator with feedback. A faculty member will engage attendees in using the plus/delta approach to identify effective and ineffective feedback behaviors, which will be recorded on a flip chart. Next, attendees will be coached in small groups of eight to ten participants to provide feedback, using a blend of the three feedback approaches discussed. Each group will be supported with the Script Assisted to Educate cognitive aid to support a structured approach to enhance learning.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Workshops/Saturday Dec 5, 2015/Elaine_Sigalet_27_11_2015_Feedback_by_design_IPEC.pdf

Workshop (5)

Educator toolkit for interprofessional education

Instructors

Liz Anderson¹; Hugh Barr²; Kerry Wilbur³; Kyle Wilby³; Lesley Bainbridge⁴; Alla El-Awaisi⁵

¹University of Leicester, UK; ²Centre for the Advancement of Interprofessional Education, Fareham, UK; ³Qatar University, Doha, Qatar;

⁴University of British Columbia, Vancouver, Canada;

⁵Qatar University, Doha, Qatar

Interprofessional education (IPE) is a relatively new emerging trend in the healthcare curricula in the Middle East. It has been increasingly mandated by accreditation guidelines for numerous health professional curricula. Recognizing the importance of IPE integration into the healthcare curricula, the College of Pharmacy in Qatar University has led IPE incorporation into the different healthcare curricula in Qatar through the Qatar University College of Pharmacy IPE committee, with participation of other Qatar healthcare colleges, including medicine, nursing, health sciences, and sports science.

The committee was established to provide guidance and support in implementing IPE within the pharmacy curriculum at the Qatar University College of Pharmacy and other healthcare programs in Qatar, including medicine, nursing and health sciences. The program is dedicated to facilitating awareness and understanding of IPE for interprofessional collaboration of students and faculty members.

The goal of this workshop is to provide participants with knowledge and skills to initiate IPE in their curriculum. We wish to take participants on a creative thought journey to develop an IPE activity from idea conception to its actualization and evaluation. This workshop will allow participants to determine at which points in their curricula they could implement an IPE activity in the next year and to outline components for preparation such an activity.

Also, the workshop will enable participants to identify potential challenges for implementation of an IPE activity in their setting, strategies to overcome challenges and to recognize resources available for IPE evaluation. During this interactive workshop, we will give participants opportunities to share their experiences and views, and to develop an IPE activity for their curricula. This workshop is designed for academic faculty keen to incorporate IPE in their courses and curricula.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Workshops/Saturday Dec 5, 2015/IPE_toolkit_workshop.pdf

Sunday, 6 December 2015

Keynote Address

Faculty development in interprofessional education: A vital component of a sustainable interprofessional curriculum

Keynote speaker

Ruby Grymonpre¹

¹University of Manitoba, Winnipeg, Canada

Excellent scientists and scholars do not necessarily make excellent teachers and facilitators. One important component of faculty development is the range of activities designed to assist faculty in improving their teaching practices. With the emergence of interprofessional education for collaborative person-centered practice (IECPCP), faculty responsible for teaching and mentoring health professionals in the classroom and practice environments require a new set of knowledge, attitudes, beliefs, skills and behaviors.

This presentation will discuss the key deliverables of faculty development initiatives in IECPCP. At the individual level, the goal of faculty development activities should be to ensure that faculty

- Believe in and value this educational approach,
- Have knowledge in theoretically grounded interprofessional teaching and collaborative practice approaches,
- Develop and role-model appropriate collaborative behaviors, and
- Develop the unique set of skills required to facilitate interprofessional groups of learners.

At the instructional level faculty, development initiatives should ensure

- Effective planning of interprofessional learning opportunities,
- Innovative development of interprofessional learning opportunities in the classroom, simulation and practice settings, and

- Strategic planning of the IP curriculum along the learning continuum.

By the end of this presentation participants should be able to

1. State the importance and value of offering faculty development in interprofessional education as an important first step to implementing a sustainable interprofessional curriculum,
2. Outline the key deliverables of faculty development in IECPCP, and
3. Describe various interprofessional faculty development strategies and tools.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Keynotes/Ruby_Grymonpre_Faculty_Development_ppt_Qatar_final.pdf

Oral presentations (1)

The role of the grand round in promoting interprofessional learning

Presenter

Susan Barnard¹

¹Department of Health and Social Care, Isle of Man, UK

The Isle of Man is a self-governing British Crown Dependency located in the Irish Sea midway between England and Ireland. With a population of some 85,000 people it enjoys a low tax economy which attracts offshore financial services and, more recently, e-gaming industries. The Isle of Man Department of Health and Social Care, with reciprocal agreements with the UK National Health Service, provide healthcare. The Isle of Man trains many of its adult and mental health nurses in collaboration with UK universities, but it does not have the size or capacity to provide undergraduate medical training for doctors or other social- and healthcare professionals. Every year new graduates are recruited, many of whom are new to the Isle of Man.

As part of professional development for new and existing practitioners a Grand Round lecture program runs weekly in the education center on the main hospital campus. This is held each Friday from September through May and comprises a lecture followed by questions and discussion. Each meeting is preceded by a buffet lunch, which promotes informal networking between professionals from differing fields. Participants receive a certificate of attendance that can be added to their continuing professional development portfolios.

The *Grand Round* addresses a wide range of social- and healthcare topics and attracts speakers from within and outside the Isle of Man. Within the past year topics have ranged from surgery and psychiatry to the impact of traumatic brain injury on families, interprofessionalism and management of an ageing patient population. The rounds have 35 to 108 participants representing a range of professions, including foundation doctors, consultants, general practitioners, nurses, mental health practitioners, allied health professionals, and psychologists. This paper considers the structure, role and impact of the Grand Round in promoting interprofessional learning and working.

PDF of the presentation

<http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Sunday Dec 6,2015/The Role of the Grand Round in promoting - Sue Barnard.pdf>

Oral presentation (1)

Addressing the opportunities and challenges to implementing an interprofessional education program

Presenter

Nancy Hoffart¹

Authors

Nancy Hoffart¹; Rooney Zeenny¹; Nadine Zeeni¹; Soumana Nasser¹; Aline Milane¹; Tala Hasbini¹; Hassan Hammoud¹; Maha Habre¹; Anna Farra¹; Maya Bassil¹; Nadia El Asmar¹

¹Lebanese American University, Byblos, Lebanon

Purpose

In this presentation we provide suggestions for identifying opportunities to overcome the challenges that are commonly encountered when starting an interprofessional education (IPE) program.

Background

Lebanese American University is an 8000-student, three-campus American university that offers degree-granting social- and healthcare programs in medicine, nursing, nutrition, pharmacy, and social work. A workgroup of faculty from all five programs was established in 2010 to develop an IPE program that would prepare LAU health professions graduates for practice and leadership in the interdisciplinary healthcare environment.

In the past four years, we have developed a successful program that has provided 950 students with beginners' knowledge and skills to incorporate interprofessionalism into their practice. We have offered a faculty workshop, half-day workshops for students, clinical IPE experiences and are moving to incorporate simulation activities. Our program has grown and has been evaluated positively by students and faculty alike, despite facing a number of challenges.

Recommendations

We will draw from our own experience to identify ways to overcome the many challenges that arise when developing an IPE program. Recommendations fall into six categories: internal and external environment, team composition, institutional support, program operations, continuous improvement, and persistence of the program.

PDF of the presentation

<http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Sunday Dec 6,2015/Qatar presentation Nancy Hoffart.pdf>

Oral presentation (1)

Crossing boundaries— IPE in practice

Presenter

Patrick Walker¹

¹Robert Gordon University, Aberdeen, Scotland, UK

Introduction

Sharing and combining expertise across disciplines and professions has been vital in interprofessional education. By developing practice, client and patient care is enhanced, and, in complex cases, quality services can be delivered. Innovation in practice can lead to dynamic collaborative approaches, which "...explore ways to combine...expertise, ... improving delivery of service, patient safety and quality of care..." (WHO 2010, in¹). Health and social work professionals increasingly inhabit each other's domains when working with complexity and risk.

An innovative approach

Mindful of national moves towards integrated social- and healthcare, this paper will present the approach deployed in Scotland between the National Health Service (NHS Grampian, NHS Tayside) Nurse Consultant Child Protection and social work academics from Robert Gordon University. A bespoke training program was developed, introducing *Case Supervision for Community Midwives and Health Visitors*. It now includes clinical supervision training for district nurses.

The project gained funding from The Queen's Nursing Institute Scotland and was evaluated in 2014. Findings highlight that health professionals valued introducing *Case Supervision* as enhancing conceptual approaches to risk and complexity. A further result was that working cultures moved tentatively from punitive perceptions to cultures of support and inquiry. Further research indicates that, when staff feel valued and are treated with dignity and respect, a culture of care can be promoted, further enhancing client care, staff retention and recruitment.

Conclusion

As outlined, the real-world application of interprofessional education:

- Offers considerable potential to enhance skills for practitioners,
- Improves interprofessional understanding,
- Recognizes the importance of cross boundary working and increasing blurring of roles, and
- Develops consistent client focused working cultures.

It marries the requirements for professional regulation and also government's strategic objectives towards integration. This paper will challenge participants to explore this model, which has both national and international appeal and challenges.

Reference

1. Barr H, Low H. Introducing interprofessional education. Fareham, UK: Centre for the Advancement of Interprofessional Education; 2013, p. 5. Available at <http://caipe.org.uk/silo/files/introducing-interprofessional-education.pdf>.

PDF of the presentation

[http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Sunday Dec 6,2015/Patrick Walker Qatar presentation Crossing Boundaries final.pdf](http://www.qu.edu.qa/IPE2015/documents/presentations/Oral%20Presentations/Sunday%20Dec%206,2015/Patrick%20Walker%20Qatar%20presentation%20Crossing%20Boundaries%20final.pdf)

Oral presentation (1)

Introducing clinical educators to interprofessional education through scenario-based simulation

Presenter

Guillaume Alinier¹

Authors

Guillaume Alinier¹; Khalid A. Saifeldeen¹; Rahma Salim¹

¹Hamad Medical Corporation, Doha, Qatar

Introduction

Supporting HMC's vision of becoming an academic health center around the pillars of health, education and research, we aim to develop a pull of champions who can facilitate simulation-based interprofessional education (IPE). With the support from a team of primarily visiting international simulation instructors, a three-day interprofessional simulation faculty development workshop was organized in January 2015.

Methods

Course participants received pre-course reading material. Following a didactic phase of introductions, definitions and concepts of debriefing, they then were split into four multiprofessional teams, paired with mentors, and rotated through stations in which they familiarized themselves with simulation technology. Each team eventually chose the simulation technology they wanted to use in an IPE scenario they had to develop. Some opted for a simulated patient (an actor) or a very basic doll paired with a tablet-based patient monitor, while others opted for an interactive computer-controlled patient simulator. All teams had the opportunity to test their scenario within their own team on day two of the workshop. On day three, all teams facilitated their scenario for another team while others were remotely observing them.

Results

The various forms of simulation used demonstrated that highly expensive computerized mannequins are not always necessary to create realistic IPE learning experiences. Each scenario was followed by a small group debriefing period facilitated by the team running their scenario. After that they were debriefed on their preparation, the participants' scenario experience, and debriefing approach by the workshop instructors.

Conclusions

This workshop was a great team-building activity conducted in a supportive and developmental atmosphere. It has enthused participants to explore or expand on their current use of simulation. A second-stage workshop and repetition of this workshop are planned to increase the pool of

simulation facilitators. This also will increase the frequency of IPE simulation sessions aiming at improving teamwork, patient safety and quality of care delivered to our patients. Simulation initiatives have started to emerge and are supported in some of the departments involved and are driven by the workshop participants.

PDF of the presentation

[http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Sunday Dec 6,2015/HMC_simulation_workshop_presentation - Alinier.pdf](http://www.qu.edu.qa/IPE2015/documents/presentations/Oral%20Presentations/Sunday%20Dec%206,%202015/HMC_simulation_workshop_presentation_-_Alinier.pdf)

Oral presentations (2)

Organizational accreditation for interprofessional continuing education: Structure, process and outcomes

Presenter

Kathy B. Chappell¹

¹American Nurses Credentialing Center, Silver Spring (MD), USA

The Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) aligned three accrediting systems to create a unified 'joint accreditation' process for organizations that develop education for the healthcare team. Goals of joint accreditation are to support interprofessional collaborative practice through interprofessional continuing education (IPCE), and to streamline the accreditation processes.

IPCE is designed to address the professional practice gaps of the healthcare team using an educational planning process that reflects input from those healthcare professionals who make up the team. IPCE is designed to change skills, strategy or performance of the healthcare team, or patient outcomes.

Intended outcomes

The presentation will include a brief overview of this innovative accreditation, examples of IPCE activities

and outcomes achieved by jointly accredited organizations, including universities, healthcare systems, governmental agencies, and private education companies. Participants will engage in discussion of strategies to facilitate organizational accreditation, activity planning and evaluation of outcomes.

Structure

Presentation followed by small group activities and discussion.

Who should attend

Individuals responsible for developing IPCE using accreditation standards.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Sunday Dec 6,2015/Kathy_Chappell.pdf

Oral presentation (2)

Communicating when the stakes are high: An interprofessional learning opportunity for senior healthcare learners

Presenter

Megan Delisle¹

Authors

Megan Delisle¹; Rebecca Whitley¹; Ruby Grymonpre¹; Frank Krupa¹; Debrah Wirtzfeld¹

¹University of Manitoba, Winnipeg, Canada

Objective

Preventable adverse events are the eighth leading cause of mortality in medicine. Safety checklists do little to prevent these mistakes if healthcare workers do not have the skills to speak up. Interprofessional (IP) collaboration breaks down professional silos to improve communication and patient care. We sought to improve senior healthcare learners' attitudes towards IP learning, relationships, interactions

and teamwork through participation in IP learning opportunity-Crucial Conversations® (CC).

Methods

Two classes, each consisting of 20 senior pre-licensure healthcare students, were offered. Each cohort attended four sessions of four hours for four consecutive weeks. Efforts were made to recruit equal proportions of students from pharmacy, medicine, medical rehabilitation, dentistry, and nursing. The University of the West of England IP Questionnaire was administered before and after the course to assess changes in attitudes. The attributes of CC as an IP learning opportunity were evaluated using the *Points for Interprofessional Education Score*.

Results

CC was considered to very strongly attain the principles of IP education on the *Points for Interprofessional Education Score*. A total of 38 volunteers completed the training: 15 (39%) from medical rehabilitation, ten (26%) from medicine, seven (18%) from pharmacy, five (13%) from nursing, one (2%) from dentistry. 38 (100%) students completed the pre-questionnaire and 35 (92%) the post-questionnaire. Baseline attitude scores were positive for three of the four subscales, all of which improved post-intervention. Interprofessional interactions remained negative post-intervention.

Conclusion

Students' negative perceptions about IP interactions are a consequence of the hierarchical structure, professional silos and stereotypes in today's healthcare environment. Consequently, students remain silent and accept behaviors that harm patients rather than speaking up. CC teaches a model of communication that promotes psychological safety in conversations to encourage asking for help, admitting errors and seeking feedback. This is one step towards ensuring quality healthcare.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Sunday Dec 6,2015/Megan_Delisle.pdf

Oral presentation (2)

Interprofessional education student society—take on the challenge and ride the journey

Presenter

Myriam Jaam¹

Authors

Myriam Jaam¹; Francis Arevalo²; Ali Khairat³; Nicola Dsouza²; Ghada Abdelaziz⁴; Alya Babiker¹; Mohammed Ibn Hamza⁵; Mikko Marchadesch⁵; Farah Al Sayyed³

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We are a group of health majoring students from different universities in Qatar who seek to promote interprofessional education (IPE) and practice among students. This is a student-lead society, the first ever in Qatar, created to facilitate the interactions between the different healthcare professions. Currently we are eight students from pharmacy, medicine, paramedicine, nutrition, and nursing.

Our mission is to develop and facilitate interaction between students of the University of Calgary in Qatar, Weill Cornell Medicine-Qatar, College of the North Atlantic-Qatar, and Qatar University to work together for enhancing collaboration between healthcare students to create a better educational environment, and to develop and improve patient-centered care.

Our vision is to improve the health sector and create a skilled and effective national workforce capable of providing high-quality health services to help achieve Qatar's National Vision 2030. Our first event was held in October 2015, an *IPE Research Day* during which students presented their research with posters and oral presentation. It was competition-based, and at the end of the day we had four winners from different colleges.

Many challenges are faced within our society, such as finding the time and location to meet and being able to dedicate ourselves to this society, while at the same time addressing our universities' workloads. However, we will be able to overcome these barriers with our commitment and enthusiasm. At this conference we aim to present the work of the IPE student society and enhance interactions between the different institutions. This presentation will show the journey of the society from start to our future plans. For more information visit www.ipestudent-qatar.weebly.com.

PDF of the presentation

[http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Sunday Dec 6,2015/Myriam Jaam Presentation for IPE Conference.pdf](http://www.qu.edu.qa/IPE2015/documents/presentations/Oral%20Presentations/Sunday%20Dec%206,2015/Myriam%20Jaam%20Presentation%20for%20IPE%20Conference.pdf)

Oral presentation (2)

The perspective of the speech and language therapist and the audiologist about the interprofessional collaborative practice and interprofessional education in Turkey

Presenter

Ali Yildirim

Authors

Ali Yildirim¹, Mehmet Ongun²

¹De Montfort University, Leicester, UK; ²Turgut Özal University, Ankara, Turkey

Interprofessional collaborative practice (IPCP) is a work practice that involves different social- and/or healthcare professionals who share a team identity. They work collaboratively in an integrated and independent way to solve problems and deliver services. Interprofessional education (IPE) involves members (or students) of two or more professions, associated with social- or healthcare, engaged in learning "with, from and about each other"¹.

Speech and language therapy (SLT) is a new profession in social- and healthcare, predominately working with people having communication and

swallowing difficulties or disabilities. SLT professionals work in diverse settings and alongside a range of other professions. There is only very little research on SLT teams in community settings, as well on their status among a wider range of professions such as allied health. In particular, only insufficient research exists on SLT and interprofessional practices to support children with communication disabilities (Royal College of Speech and Language Therapists 2013).

This paper aims to show how IPCP can contribute to SLT within audiology departments. The perspective of SLT on both IPCP and IPE is explored in detail. Prior to data collection, a pilot study was undertaken to evaluate and refine the data collection methods. The data was collected using structured interviews. In the interviews, the researchers asked SLT professionals about six themes, focusing on IPCP. A qualitative method was used for data analysis. The result of this research is that both—speech and language therapists and audiologists—have some knowledge about IPE and IPCP, but that they prefer not to work together. However, nearly half of the therapists work in team settings. Rather than viewing teams as interprofessional collaborations, they perceive them just as multidisciplinary groups.

References

1. Barr H, Freeth D, Hammick M, Koppel I, Reeves S. The evidence base and recommendations for interprofessional education in health and social care. *J Interprof Care*. 2006;20(1):75-78.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Oral Presentations/Sunday Dec 6,2015/Ali_yildrim_presentation.pdf

Workshop (6)

Competency framework for the development of an interprofessional education curriculum at the Health Sciences Center of Kuwait University

Instructors

Pierre Moreau¹; Maram G. Katoue¹; Mehdi Rassafiani¹; Mariam Baghdady¹; G. Al-Enezi¹; Eiman Al-Jafar¹; Fawzi

Bouzubar¹; Hamad Ali Yaseen H¹; Pierre Moreau¹

¹Health Sciences Center, Kuwait University, Kuwait

The faculties at the Health Sciences Center (HSC) of Kuwait University, including medicine, dentistry, pharmacy and allied health (departments of occupational therapy, hearing and speech sciences, physical therapy, medical laboratory science, radiology, and health information administration) have initiated their work on developing a competency framework to lead the development of an interprofessional education (IPE) curriculum that would enable healthcare students to develop interprofessional collaboration capability as future healthcare practitioners.

After sharing mutual expectations among the representatives of the healthcare programs, a needs assessment tool was developed. The needs assessment was conducted for several educational programs at the HSC and involved conducting focus group interviews with practicing professionals from various backgrounds and practice settings.

The verbatim transcription of these interviews will be thematically analyzed to identify the current situation of interprofessional collaboration among the practitioners in the healthcare system of Kuwait. Also, we will examine the barriers towards effective interprofessional collaborative practice among these practitioners and the main competencies that need to be developed by healthcare students to foster interprofessional collaboration. Although the analysis of these transcripts is not completed yet, some elements stand out as robust in terms of competency framework identification:

1. The IPE curriculum needs to be flexible to accommodate all the programs and to allow for different disciplines to collaborate according to likely professional scenarios.
2. The IPE activities should start early in the programs within the university setting, but they should also extend to the experiential training part of each curriculum.
3. Role clarification, teamwork functioning and effective communication skills are key competencies that need to be developed within the IPE curriculum.

In conclusion, the HSC faculties at Kuwait University will share their competency framework to support the development of a relevant IPE curriculum in the country.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Workshops/Sunday Dec 6, 2015/Pierre_Moreau.pdf

Keynote Address

Evaluation and Impact: How interprofessional education might improve quality of care

Keynote speaker

Liz Anderson¹

¹University of Leicester, UK

The challenges faced by introducing interprofessional education (IPE), something new, into the hierarchy of any qualified under- or postgraduate curriculum can bring skeptical voices asking for proof of impact and tangible outcomes. It is worth reminding ourselves that the long history of science and social science within curricula, now fully accepted and unquestioned, has stood the test of time, and that—by contrast—IPE remains in its infancy.

IPE should be and is about reform as social- and healthcare globally celebrates the arrival of integrated care. This is delivered as a team-based activity to value scarce resources, relevant skills, and to benefit both patients and practitioners. There is much to be tested and considered. Both the intrinsic and extrinsic factors for evaluating the impact and effectiveness of IPE will be discussed. Any evaluation must consider:

- The abilities of the teacher (here for facilitation of learning),
- Student engagement with the content,
- Student change, be it advanced knowledge, skills, attitudes or behaviors,

- Quality assurance for achieving standards against professional body requirements,
- Identification of faculty development issues, and
- Whether IPE makes a difference to service delivery and the quality of patient care.

Frameworks for evaluation, often cyclical, will be shared with references to published work, for example, 1) the Kirkpatrick framework, 2) the Biggs 3P (presage, process, product) model of learning, 3) Coles and Grants model, and so on. These approaches require different evaluation methods, tools and techniques to capture either hard data for cohort comparisons or, importantly, those nuances unfolding within the social nature of interprofessional learning.

PDF of the presentation

http://www.qu.edu.qa/IPE2015/documents/presentations/Keynotes/Liz_Anderson_Key_Note_Evaluation_and_Impact.pdf