

Conclusions: The IPE curriculum impacts student knowledge in areas of communication, collaboration, teams and teamwork in healthcare, scope of practice, and one health. Educators should make a concerted effort to include knowledge assessments of the IPE competencies, as well as assessing skills and attitudes. Not only does this help demonstrate the effectiveness of IPE curricula, it provides useful feedback that can be used to modify and improve the curriculum.

Learning Objectives: Participants in this session will:

1. Understand how knowledge can be assessed in IPE curricula
2. Understand how knowledge changes after IPE
3. Learn how they can apply assessment principles to measure learning in IPE competencies.

Concurrent Breakout Sessions C

C1 (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

Surfacing Values, Meaning and Respect: Narrative & Non-deliberative Approaches to Interprofessional Education & Research

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Background/Rationale: With the strengthening of relationships between the arts and health care, between qualitative researchers and care providers, between academic educators and professional developers opportunities are emerging to shape narrative and non-deliberative processes which can surface values, meaning and respect as important aspects of collaborative care and practice. At University Health Network, through our partnerships with the University of Toronto Centre for IPE, the Poet in Community at University of Toronto and the UHN-York University Academy we are working with students and staff using arts-based education and research modalities to discuss mutual care, relationship based practice, Interprofessional ethics, values and meaning in health care. This workshop will include an overview of the scopes, purposes and modalities of such an approach might include. Work to date has focused on using guided reflective writing, poetry, visual creative arts, stories, plays, reader's theatre and A/R/Tography research as conduits and catalysts for this complex learning. Excerpts and examples from the current curriculum as well as student, staff, researcher and facilitator voices will be highlighted.

The majority of this workshop will be experiential, providing participants with the opportunity to actively engage in two narrative arts-based activities, to discuss, share, reflect and consider innovative ways to incorporate and evaluate such approaches.

Objectives:

1. To introduce the use of narrative, non-deliberative approaches in educating staff and students about complex relational and ethical aspects of Interprofessional practice.
2. To experience two facilitated IPEC group activities which involve both narrative and visual arts.
3. To reflect and build on theory and practice to consider innovative ways of integrating art-based discourse and practice in health care collaborative education and research.

Teaching Methods: Teaching methodology will include didactic, reflective and experiential approaches with an emphasis on engagement in the activity, guiding and elevating connection to IPEC, sharing strengths and discussing opportunities for innovation.

C2 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

Debrief Training as an Essential Component of Interprofessional Healthcare Team Training

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Background: Team and communication strategies are essential for interprofessional (IP) healthcare. Thus a component of IP team training experiences includes a facilitated review of the learners' skills with an individual who is trained in a standardized manner to debrief the team. Prior to a nursing, pharmacy, and medical student IP team experience, both learners and "debriefers" were trained using a patient-caregiver- healthcare team communication model that includes Plain language, Empathy, Engagement, Empowerment, and Respect (PEEER®). Following the experience, debriefers used a PEEER® model rubric to guide team reflection during a video review of their team-based standardized patient experience.

Objectives: Participants will:

1. Describe the components of the PEEER® model; a patient-caregiver-healthcare team communication model.
2. Discuss the characteristics and recruitment strategies of faculty/staff who will debrief learners following an interprofessional team training experience.
3. Experience abbreviated debriefer training and utilization of the PEEER® model rubric for team and communication.

Teaching Methods:

- Introduction to the PEEER® team communication model and its application within three healthcare colleges at the University of Kentucky (UK). - 15 minutes
- Participants will be assigned to teams to view videos of ineffective and effective communication and complete the PEEER® team worksheet. - 20 minutes
- Teams will discuss the expertise /characteristics needed to debrief learners on communication & team skills. - 10 minutes
- Training of debriefers in the UK experience will be outlined. - 5 minutes
- Teams will utilize the PEEER® model rubric to critique a patient-healthcare team reenactment. - 20 minutes

- Large group discussion of debriefer training and use of the PEEER® model rubric including lessons learned and pitfalls to avoid. - 10 minutes
- Summation. - 10 minutes

C3 (90-minute Hands-on/Interactive Workshops; Presentation Level: Intermediate)

Building Better Teams: An Appreciative Inquiry Approach to Interprofessional Conflict Management

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Background: There is a growing body of literature demonstrates the benefits of collaborative practice on health outcomes. Though conflict is often viewed negatively, it is an integral part of teamwork, often critical to the decision-making process in providing optimal client care. Interprofessional Conflict Resolution is identified as one of six core competencies in the Canadian Interprofessional Competency Framework (2009), a resource that forms the basis of interprofessional education for health sciences students at this university. While current literature describes the nature and types of interprofessional conflict, there is a paucity of research and resources regarding approaches and interventions to manage IP conflict. The authors developed an open-access online module to address this gap, adopting an Appreciative Inquiry (AI) approach to interprofessional conflict management, building on strengths of IP teams rather than framing conflict as a team problem.

Objectives: At the conclusion of the workshop, participants will be able to:

1. Define IP conflict management within the Canadian Interprofessional Health Collaborative framework.
2. Recognize their own conflict management style
3. Understand dimensions of interprofessional conflict
4. Be familiar with the use of AI in conflict management
5. Apply principles of AI to conflict management within collaborative teams

Teaching Methods: Participants will be organized into interprofessional teams to learn together throughout this workshop. A new conceptual model of IP team conflict and management will be presented, along with a review of current research. Video scenarios of steps to address interprofessional conflict using an AI approach will guide team discussions. Worksheets will provide participants with a series of self-reflections and team questions to stimulate discussion, based on a clinical example. A large group debrief will sum up key learning points to conclude the workshop.

C4 (90-minute Hands-on/Interactive Workshops; Presentation Level: Advanced)

Defining and Operationalizing Community Engagement: A Natural Context for Interprofessional Learning

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Background: Understanding the social determinants of health is a key learning focus in the health education context today. Interprofessional collaboration finds a natural home in strategies for addressing the determinants and communities are natural partners in helping to determine solutions to problems that affect the health of communities. However, we rarely use explicit community engagement strategies to develop, implement and evaluate interprofessional learning anchored in the determinants of health. This workshop is designed to create a more diverse understanding of community engagement and to allow participants to develop initial plans for including community engagement in their interprofessional education opportunities.

Learning Objectives:

1. To define "community" and identify the various principles involved in authentic community engagement.
2. To share examples of successful community engagement that focus on collaboration.
3. To examine different uses and potential projects of community engagement for practice sites, education sites and community sites.

C5 (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

Experiential Workshop: Use of Problem Based Learning in Continuing Professional Education to Enhance Interprofessional Collaboration

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Upon completion of this workshop, participants will be able to:

1. Experience the problem based learning model for continuing professional education and consider applications in their practice.
2. Identify techniques to engage an interprofessional team of practitioners using an authentic task.
3. Gain insights into potential barriers and solutions for interprofessional collaboration in professional practice.

Background: There are powerful influences of professional enculturation and limited understanding of the impact of continuing professional education (CPE) and actual change in practice (Robertson, Umble, & Cervero, 2003). Interprofessional (IP) collaboration must include IP education, practice and interprofessional interventions (Goldman, Zwarenstein, Bhattacharyya, & Reeves, 2009). Bringing an interprofessional focus to CPE and the development of innovative care delivery models requires collaboration among the health professions to increase learning about, from and with each other (Centre for the Advancement of Interprofessional Education(CAIBE) , 2012), as well as incorporation of a patient centered perspective. Continuing professional education research emphasizes that educating working professionals must use authentic projects that have relevance in practice. To date, there is very limited research addressing knowledge translation for continuing professional education within the interprofessional context (Zwarenstein, et al., 2006).

Objectives: In this experiential workshop, participants will actively work in small facilitated IP groups using a problem based learning format and an authentic case used in a pilot study. Participants will be led through the experience of developing an interprofessional care model for diabetic seniors through interactive work and guided metacognitive activities. Debriefing and discussions with presenters will conclude the workshop.

Teaching Methods: Small group, problem based learning format for workshop delivery with large group debriefing and Q&A at conclusion.

C6 (90-minute Symposia/Panel Presentations; Presentation Level: Beginner)

Collaborative Interprofessional Curricula: Moving from Concept to Practice

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Background: The IHI Triple Aim challenges us to prepare practice-ready graduates who work together to improve the patient experience, improve the health of populations, and reduce healthcare costs. But health profession education programs committed to transforming curricula to teach proficiency with interprofessional collaborative practice competencies face multiple challenges when moving from concept to practical implementation.

Grounded in four years of experience and data, this panel includes faculty, staff, and administrator reflections on the process of building a meaningful, cross-college collaborative partnership that has transcended multiple administrative changes at the institutional level and grown to become the foundation of a core interprofessional longitudinal curriculum at the University of Kentucky.

Deans' Interprofessional Honors Colloquium crosses 8 colleges and 12 educational programs to provide an interprofessional perspective around cross-cutting public health challenges such as HIV-AIDS, domestic violence, substance use and abuse, and health disparities. Panelists will describe the process of coming together and deciding to stay together, share specific curriculum elements that have been successfully transferred to other interprofessional education (IPE) settings, and discuss costs/benefits, lessons learned, and strategies to engage stakeholders at multiple levels. Using a World Café model, participants will rotate through discussion groups with faculty, staff, and administrators representing different perspectives to consider specific building blocks and/or challenges to implementing sustainable IPE within the context of their home institutions.

Objectives:

1. Apply a systematic method to transform existing or develop new curricula to competency-based IPE.
2. Identify process components supportive of cross-college/department collaboration to construct curriculum design principles and course deliverables.
3. Assess strengths and challenges in one's institution in relation to interprofessional curricula development and articulate development strategies.

Implications: Frank discussion about the process of developing successful and sustainable interprofessional education using multiple stakeholder perspectives will illustrate ways to develop collaboration and teamwork across students, faculty, and administrators.

C7 (90-minute Symposia/Panel Presentations; Presentation Level: Beginner)

Training Interprofessional Student Health Care Teams in a Primary Care Setting: Bringing the Joy Back into Teaching, Learning, and Receiving Care

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Learning Objectives:

1. Describe Barbara Starfield's "Four Pillars of Primary care" in the context of an "Advanced Medical Home" capable of delivering "The Triple Aim."
2. Summarize the composition of a faculty supervised interprofessional student Care Team and their model for caring for patients within an FQHC primary care setting.
3. Justify the implementation of a student run clinic based on patient satisfaction data and student/faculty/staff attitudes about participating in this Interprofessional Education and Care Team model.

Background: In July 2010, an elective rotation was created for Year 4 medical students at the Keck School of Medicine(KSOM) of USC entitled "Physician Leadership in the Patient Centered Medical Home." A core experiential component of the curriculum included working as part of an interprofessional health care team within an FQHC-based family medicine residency clinic. Concurrently, a group of students from the KSOM of USC, the USC School of Pharmacy, the USC PA Program, and the Division of Occupational Therapy began working together to develop a "Student-Run Clinic" (SRC). They identified the "...development of a Patient-Centered Medical Home Model..." as the primary objective of their collaboration and developed the Mission Statement, "We are a unique collaborative of medical, pharmacy, occupational therapy, and physician assistant students at USC dedicated to an interdisciplinary approach to quality patient care and education." The students looked for a faculty mentor who would embrace the team-based care model and identified Dr. Brian Prestwich as their primary mentor. Together they developed a Primary Care Medical Home (PCMH)-based model and established a sustainable primary care home for their SRC.

Implications: During this symposium, the curricular foundation for the SRC, the SRC Care Model, and cumulative experiences will be presented, including survey data. Substantial time will be allotted for Q&A and discussion with participants.

C8i (20-minute Oral Paper Presentations; Presentation Theme: Clinical & Leadership)

Creation of an Interprofessional Education Sub-committee

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Learning Objectives:

1. To share how this sub-committee was formed.
2. To describe the sub-committee's mandate/work.
3. To share the challenges/lessons learned.

Background: An Interprofessional Collaborative Project, funded by Health Canada, was led by The Academic Health Council – Champlain Region, from 2010 - 2011, to advance interprofessional education from pre-licensure to post-licensure settings. A large Academic Health Sciences Centre took the lead in developing the program and collaborated with four academic healthcare partners on its dissemination and evaluation.

The project included five half-day sessions at each of the sites. Bilingual education modules were developed based on competencies for interprofessional care (IPC): communication, collaboration, roles/responsibilities, collaborative patient/family centered approach, conflict management, and teamwork. Participants included healthcare professionals.

Methods: The lead healthcare organization had developed a Model of Inter-Professional Patient Care (IPMPC©) as part of a system-wide transformation towards IPC, a first for the Canadian healthcare system. This care delivery model consists of guiding principles that are centered on the concepts of collaboration, communication, teamwork, accountability, and patient involvement in decision-making.

The IPMPC© Steering Committee have reconvened the fourteen participants from the organization, representing Nursing, Physiotherapy, Occupational Therapy, Social Work, Respiratory Therapy, Psychology, Speech Language Pathology, Audiology, and Dietetics to form an Interprofessional Education (IPE) Sub-committee.

Results: The IPE Sub-committee was mandated to: 1) review current IPE offerings; 2) include IPE in corporate orientation; 3) develop Continuing IPE offerings; 4) multiply the number of IPE Advocates; and 5) develop guidelines for interprofessional student placements.

Committee members are meeting regularly and subgroups have been formed to address the mandate. A detailed work plan has been developed including the rollout of education modules and an interprofessional week.

Conclusion: This oral presentation will outline the events leading up to the formation of the IPE Sub-committee, highlight the IPE work completed to date, and share challenges/lessons learned.

C8ii (20-minute Oral Paper Presentations; Presentation Theme: Clinical & Leadership)

Discharge In General Internal Medicine: A Theoretical Analysis of Interprofessional Interactions

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Background: This presentation reports on a study using theories from the sociology of professions literature and negotiated order theory to explore the macro, meso and microsocial factors that shape interprofessional interactions around processes of discharge in a general internal medicine unit. The purpose behind this form of theoretical triangulation is to gain greater insight into how macro-structural factors are involved in shaping the conditions and emergence of interprofessional collaboration at the hospital level.

Methodology: This study is using an ethnographic methodology to examine health care professionals' perceptions and behaviours of interprofessional interactions in discharge within the dynamic organizational context of a general internal medicine unit. Ethnography involves a combination of observation, interview and documentary analysis methods. A directed content analysis approach informed by sociology of professions and negotiated order theories is being used to analyze the data.

Results: Preliminary findings demonstrate that structural factors shape the opportunities and nature of interprofessional interactions within the context of discharge. These structures also give rise to particular forms of interprofessional relations and negotiations through which professionals attempt to exert their understanding of their role in relation to caring for or managing the patient. The data will be further analyzed to examine the implications of these patterns of interprofessional interactions for patient safety.

Conclusions: Early insights into the range of structural and local processual factors that influence interprofessional collaboration in discharge in GIM can inform efforts to promote effective collaboration.

Learning objectives for this presentation:

1. To gain insight into the role of social theory in understanding the nature of interprofessional collaboration in practice.
2. To increase knowledge about interprofessional interactions that occur in the process of discharge in general internal medicine.
3. To think critically about the meaning and significance of interprofessional collaboration in healthcare.

C8iii (20-minute Oral Paper Presentations; Presentation Theme: Clinical & Leadership)

Developing an IP Education and Collaborative Practice Module Using IPEC Core Competency Domains for the Prevention and Treatment of Fetal Alcohol Spectrum Disorders (FASD)

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Background: IPE programs must take leadership to bridge the gap between interprofessional academic programs and interprofessional collaborative practice (IPCP). This presentation will describe efforts to implement an IPE/IPCP model addressing Fetal Alcohol Spectrum Disorders (FASD) and create a replicable model for application to other clinical practices and/or conditions.

The Midwest Region Fetal Alcohol Syndrome Training Center (MRFASSTC) is a Centers for Disease Control and Prevention (CDC) funded project at the University of Missouri (MU). MRFASSTC aims to provide education and training to educators and clinicians from multiple professional disciplines using the CDC competencies that target prevention, diagnosis, and treatment of FASD. The SLU Center for Interprofessional Education and Research (CIER) is collaborating with MRFASSTC to develop a module that moves from a multi-disciplinary to an interprofessional education and care model. Given the complexity and clinical challenges associated with FASD, IPCP frames a unique model for providing coordinated, comprehensive care.

Methodology: Utilizing an interprofessional team of faculty and clinicians, we have developed a model integrating the four IPEC Core Competency Domains (Roles and Responsibilities, Values/Ethics, Communication, and Teamwork) for the care of FASD. The new module will develop practitioner knowledge, attitudes, and skills within an interprofessional practice orientation for FASD.

Results: Learning objectives of this presentation include: 1) presenting a model for applying the IPEC core competencies to a specific health condition; 2) share outcomes and assessment information from the interprofessional development team; and 3) outline both the development process and new IPE/IPCP module to be integrated into the FASD training materials.

Conclusion: Though this collaboration, the SLU CIER and MRFASSTC have developed a model and methodology for applying the IPEC Core Competencies to education and training materials specific to health conditions across the clinical care team, bridging the IPE to IPCP gap.

C8iv (20-minute Oral Paper Presentations; Presentation Theme: Clinical & Leadership)

The Influence of Authentic Leadership and Empowerment on New-Graduate Nurses' Perceptions of Interprofessional Collaboration

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Background: To examine new-graduate nurses' perceptions of the influence of authentic leadership and structural empowerment on the quality of interprofessional collaboration in healthcare work environments.

While the challenges associated with true interprofessional collaboration are well documented, new-graduate nurses may feel particularly challenged in becoming contributing members. Little research exists to inform nurse leaders' efforts to facilitate effective collaboration in acute care settings.

Methods: A predictive non-experimental design was used to test a model integrating authentic leadership and workplace empowerment as resources that support interprofessional collaboration. The sample included 194 new-graduate nurses in Ontario hospitals.

Results: Multiple regression analysis revealed 24% of the variance in perceived interprofessional collaboration was explained by unit-leader authentic leadership and structural empowerment ($R^2=0.24$, $F=29.55$, $p=0.001$). Authentic leadership ($\beta=0.294$) and structural empowerment ($\beta=0.288$) were significant independent predictors.

Conclusions: Results suggest that authentic leadership and structural empowerment may promote interprofessional collaborative practice in new nurses.

C9i (20-minute Oral Paper Presentations; Presentation Theme: Clinical & Leadership)

A Framework to Support Team-based Models of Primary Care

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Learning Objectives:

1. To provide an understanding of evidence that underpins successful team-based models of primary care
2. To describe an evidence-informed framework for supporting team-based models of primary care
3. To present implications for policy, practice and research.

Background/Rationale: Health systems with strong primary care orientations are known to be associated with improved equity, better access at lower costs and improved population health. Team-based models of primary care have emerged in response to health system challenges due to increasing complex patient profiles, patient expectations and health system demands. Despite, evidence about what makes team-based models work, limited frameworks exist to ensure evidence use.

Methods/Methodology: A meta-synthesis of two literature reviews was conducted, including: 1) Review of Incentives for Primary Health Care Team Service Provision and 2) Review of Complex Care Management Team-based models.

Results: Successful team-based models of primary care require a combination of interprofessional education and learning; organisational and management policies and systems; and practice support systems.

To ensure evidence is put into practice a framework comprising of five domains (theory, implementation, infrastructure, sustainability and evaluation) was developed. The framework is conceptualised as a set of ingredients to support team-based models of primary care.

Conclusions: With the proliferation of team-based models of primary care, the framework provides an evidence-informed way to assist policymakers, educators, researchers and professionals. Implications for policy, practice and research are presented.

C9ii (20-minute Oral Paper Presentations; Presentation Theme: Clinical & Leadership)

Learning by Doing: The Effect of an Interprofessional Teamwork Course on Students' Knowledge and Skills

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Background/Rationale: The Interprofessional Education Collaborative (IPEC) expert panel developed core competencies to guide the development of collaborative practice educational experiences. Methods of designing, implementing and evaluating the effectiveness of educational experiences are still in early stages of development. In a collaborative endeavor between a medical school and a school of nursing and allied health, an interprofessional teamwork course utilizing IPEC competencies was held for its second consecutive year.

Methods: 138 physician assistant, nursing, and medical students were enrolled in the course together. The course consisted of didactic lectures and small group activities focused on team development, experiential learning of didactic concepts, and development and facilitation of interprofessional service learning projects. Students completed pre and post measures self-assessing general interpersonal skills, knowledge of roles of various healthcare professions, perceived self-efficacy in interprofessional practice competencies for students, and team skills.

Results: 105 students completed the assessments (36 medical, 34 nursing, and 35 physician assistant). Overall, significant differences were found between pre- and post-assessment of general interpersonal skills and knowledge of healthcare professions' roles. Nursing students indicated significantly greater self-efficacy of interprofessional practice competencies and team skills.

Conclusions: The Interprofessional Leadership course is a two semester course focused on teaching interprofessional teamwork and leadership skills to future healthcare providers. Assessments indicated the course accomplished its objectives of helping students to gain knowledge of different healthcare professionals' roles and to gain increased perceived competence in interpersonal skills. Challenges and course revisions based on results will be discussed.

Learning Objectives:

1. Describe the effect of a teamwork course on the interprofessional knowledge and interpersonal skills of healthcare students.
2. Understand challenges to developing an effective year-long interprofessional learning experience for healthcare students.
3. Utilize the concepts of didactic and small group learning in the development of an interprofessional learning experience.

C9iii (20-minute Oral Paper Presentations; Presentation Theme: Clinical & Leadership)

Team Members' Perspectives on Interprofessional Teamwork in Outpatient Clinical Care

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Background: Working effectively in interprofessional teams is a core educational competency for all health care professionals, yet there is a paucity of instruments to assess the associated skills. Published teamwork skills assessment tools focus primarily on high acuity contexts, such as operating rooms and emergency departments, and may not generalize to low acuity clinical environments, such as outpatient clinics. In this study, we explored the constructs underlying interprofessional teamwork in low acuity settings, with

the ultimate goal of developing a teamwork skills assessment tool applicable to those settings.

Methods: Members of two interprofessional teams affiliated with outpatient clinics participated in individual interviews, for which we used a semi-structured guide grounded in the teamwork literature. Two investigators (SVS, SRA) coded interview transcripts using an iterative process of thematic analysis, and reconciling differences in interpretation through refined definitions and recoding.

Results: 14 team members from 6 different professions participated. Analysis of transcripts revealed 16 themes, grouped in 6 areas: 1) Team members' responsibilities and attitudes towards each other 2) Focus on team and team process 3) Leadership 4) Hierarchy 5) Professional identity 6) Characteristics of effective teams. A clear picture arose of what team members perceived as essential for effective teamwork and the challenges they noted. In particular, health care professionals are seen as having different perspectives and patient care goals related to their professional identity. Clinical teams have a hierarchical structure with the physician taking the lead, but this leadership model may not be appropriate for interprofessional teams.

Conclusions: In our study, members of two outpatient interprofessional teams clearly articulated their perceptions of skills required of individual team members, as well as challenges and success factors for effective interprofessional teamwork. This work lays the foundation for subsequent research aimed at delineating specific skills to inform development of an assessment tool.

clinics.

C9iv (20-minute Oral Paper Presentations; Presentation Theme: Clinical & Leadership)

Introduction to Prevention: An Interprofessional Course for Team-Based Health Improvement

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Learning Objectives:

1. Describe strategies for developing interprofessional short courses.
2. Contrast how differences in professional curricula influence interprofessional course success.
3. Analyze three-year experience of one university in implementing a course required of multiple professional students shortly after matriculation.

Background and Rationale: Faculty from four Duke University programs developed an interprofessional team training course on fundamentals of prevention and population health in 2009. They identified content common to all of their professions, then created a curriculum to meet the needs of four educational programs (MD, PA, DPT, and Accelerated BSN). This course attempts to assist in culture shift from treating illness in one patient at a time to a team approach to improving health on a community level.

Methods: The Introduction to Prevention course meets one afternoon per week for four consecutive weeks. New professional students are organized into interprofessional teams to complete learning exercises that encourage student engagement and understanding. Team-Based Learning is a prominent feature.

In 2012, a health risk assessment was incorporated, allowing students to use aggregate data on their own population to identify health risks and propose strategies to reduce them within their peer group. The course concluded with a campus Community Health Day event, where upper-class students' health promotion and population health research activities were presented.

Results: This required course was approved by the MD, PA, and DPT curriculum committees; efforts continue toward inclusion of nursing students. The program is revised annually based on feedback from students and faculty. Challenges of timing, differences in culture and preferences across the programs will be presented, along with strategies to address them.

Conclusions: Using interprofessional team-based learning and interactive activities, students develop important communication and teamwork skills while learning fundamentals of prevention and population health.

C10i (20-minute Oral Paper Presentations; Presentation Theme: Curriculum)

Interprofessional Education Integration in a Physician Assistant Studies Program

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Learning Objectives:

1. Discuss how a Physician Assistant (PA) curriculum can integrate with a university's interprofessional (IP) education goals.
2. Identify potential IPE activities to design and develop at other institutions.
3. Recognize how to supplement existing curricula with IPE activities.

Background: The Medical University of South Carolina's interprofessional (IP) education plan comprises four learning goals in which students 1) acquire teamwork competencies; 2) acquire knowledge about other health professions; 3) apply IP teamwork competencies in learning settings; and 4) demonstrate these competencies in practice contexts. The PA students engage in multiple activities to acquire, apply and demonstrate their IP knowledge and skills within the context of the university's IP education plan.

Methodology: The PA students acquire teamwork competencies through interactive case discussion around a team survival exercise. Following this, they participate in the university's first-year student Interprofessional Day to acquire knowledge about the professions educated at MUSC. During the RISE (Rural Interprofessional Student Experience) course, students observe and learn more about other health professions in rural hospital settings. To apply their IP team skills, students participate in the university's required IP course, an "IP Caregivers" activity in community, and a high-fidelity healthcare simulation experience. To demonstrate their IP skills during clinical rotations, they engage in intentional interactions with other professions to improve a patient's care and document these.

Results: Multiple evaluation methods, including qualitative and quantitative approaches, are used to assess students' learning and their experiences throughout the various activities. Results suggest students acquire skills and value their interprofessional learning.

Conclusions: The institutions' learning goals provide multiple, increasingly sophisticated opportunities for PA students to acquire interprofessional teamwork competencies. This learning approach can serve as a model for other PA programs engaged in IP education.

C10ii (20-minute Oral Paper Presentations; Presentation Theme: Curriculum)

Student Pathways toward Professional Identity in Interprofessional Contexts

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Background: This study sought to understand the processes by which students develop a sense of professional identity within their discipline, while simultaneously being educated within interprofessional contexts.

Methods: Constructivist Grounded Theory guided the exploration of how students from four health professions make sense of educational priorities that both emphasize their profession's unique expertise and at the same time encourage sharing of tasks which may blur disciplinary and professional lines. Interviews were conducted with students in medicine, nursing, social work and occupational therapy who had completed at least one practice placement in an interprofessional context.

Results: Analyses suggest that the process of developing professional identity includes finding congruence between personal values and the espoused values of one's chosen profession, and that profession having a clear scope of practice. Challenges to these foundations include that practice contexts shape the role of the student practitioner, resulting in shifting areas of emphasis in the professional role. This shifting emphasis can make less certain the students' emerging sense of identity within their profession. Experiences of an interprofessional hierarchy also led to questioning the emerging sense of identity, as well as believing their profession is not well understood or accepted by colleagues.

Learning Objectives: By the end of this presentation, participants will have:

1. Understood the methodology underpinning the results
2. Learned student processes for building uni-professional identity in IP contexts
3. Engaged in dialogue about how educational methods can balance the priorities of professional identity development and interprofessional collaboration

Conclusion: This presentation shares analyses of student perspectives on the processes that facilitate and challenge the development of their professional identity while engaged in interprofessional collaborations. The results of this study can inform teaching strategies of classroom and practice educators that acknowledge and mitigate these tensions as students integrate their professional identity in increasingly interprofessional contexts.

C10iii (20-minute Oral Paper Presentations; Presentation Theme: Curriculum)

Interprofessional Education: Ensuring Quality Teaching through Engagement

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Background: Much of the literature on interprofessional learning has generally focused on structured educational programs, activities and elements of effective interprofessional education; however, there is paucity in the literature on the skills and strategies for effective interprofessional teaching. This presentation describes the impetus for the College of Health Disciplines (CHD), University of British Columbia to begin exploring peer review of IPE teaching and curriculum. We will report on the creation of a peer review program that will include faculty and student engagement in the development of key constructs and benchmarks for best practices in Interprofessional Teaching and Curriculum.

Methods: Construction of the first set of topics was informed by qualitative research and a review of the literature. The process adopted a modified Delphi survey approach in which judgments were obtained through circulation, collation and categorization of suggestions from the previous iteration. Multiple iterations were used to collect data and gain consensus. The judgments were collected from a panel of selected faculty, students and administrators.

Results: This presentation will describe the pilot instrument developed to assist educators and peer-reviewers to identify interprofessional teaching/curricular strengths and weaknesses and thereby identify changes required to improve the opportunities for interprofessional learning.

Conclusions: The aim of this initiative is to support an integrated quality improvement approach to interprofessional education and to encourage best practices for interprofessional teaching and curriculum development. This presentation will describe how participation in the development of an instrument to assist with the peer-review of interprofessional teaching and curriculum has:

1. Contributed to the development of interprofessional competencies among faculty and students;
2. Exposed the underlying and sometimes conflicting assumptions leading to different judgments regarding interprofessional education, and;

3. Informed educators how they can create more opportunities and a better environment for interprofessional learning and practice.

C10iv (20-minute Oral Paper Presentations; Presentation Theme: Curriculum)

Curriculum Renewal for Interprofessional Education in Health: the Australian Experience

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Learning Outcomes:

1. An understanding of IPE and its delivery in Australia
2. An understanding of the 4D curriculum framework
3. Identification of innovative methods for evaluating IPE

Background: Interprofessional education (IPE) is becoming an important component of health professional curricula in Australia. During 2011-13 our consortium of nine universities and AIPPEN (the Australasian Interprofessional Practice and Education Network) was funded by the Australian Learning and Teaching Council (ALTC) and Health Workforce Australia (HWA) to:

- Conduct a national audit of IPE activity
- Develop a national IPE curriculum framework and implementation guide

Methods: We administered an online survey to relevant universities inviting comments around key questions related to understanding and directions for development from higher education, professional, health, consumer and government stakeholders.

Findings/Results: A 4-dimensional curriculum framework –the '4D model' – was developed to inform the data organisation and analysis process. The four dimensions encompass: identifying future healthcare practice needs; defining and understanding capabilities; teaching, learning and assessment; and supporting institutional delivery.

The survey was completed by 26 Australian universities out of 39, and provided data on 83 interprofessional activities. These activities had a similar range of learning outcomes but a diverse range of learning and teaching methods and assessments. While most institutions had conducted internal evaluations, few of these had been published. The evaluations tended to focus on outcomes such as student satisfaction and attitude change.

Conclusions: The project has resulted in a number of comprehensive reports for HWA and the ALTC. We are now exploring innovative methods of evaluation including realistic and process to enhance understanding of what interventions work for whom and in what context to provide recommendations for educators on how to enhance the research and evaluation agendas in IPE in the next decade. This paper will provide an overview of our recommendations,, implementation plan and ideas for future research.

C11i (20-minute Oral Paper Presentations; Presentation Theme: Technology & Simulation)

Design and Development of a Virtual Case System to Support Collaborative IPE

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Background: Scheduling often hinders learners from multiple disciplines from sharing in-person team exercises, so we designed a web-based platform for asynchronous collaborative education.

Methods: The virtual case system presents an unfolding patient case to interprofessional teams. Participants receive discipline-specific information for each of 4 case segments. Like clinical practice, each discipline's information is an incomplete picture; team members must share information using the system's electronic medical record. Next, each student answers individual questions based on information in the medical record. Students then collaborate to answer the same questions as a group gaining knowledge and teamwork skills. Finally, students complete peer evaluations after each segment. As the case progresses the system collects data, evaluating both knowledge and collaboration at the level of individual learners and the team.

We will discuss system design including competency selection, case white-boarding, branching vs. non-branching approaches, login security, generating numeric credit for knowledge and problem-solving, 360-degree tool development, and utility for curriculum evaluation and documentation. The case system uses Microsoft .NET, T-SQL and Adobe Flash so that technology is portable and accessible by users throughout the world. The system design is also flexible, enabling easy changes in content, questions, values, users and user groups, and user definitions.

Results: Between August and October 2012, over 300 senior students from social work, nursing, pharmacy, and medicine successfully engaged in a 6-week, four-segment complex geriatric case, generating extensive data on knowledge, decision-making and teamwork. More than 600 learners will have completed the exercise by June 2013.

Conclusions: The system works as a platform for collaboration and measures team and individual performance.

Objectives:

1. Describe the design of an web-based interprofessional case
2. Identify potential problems that must be addressed in creating asynchronous, web-based interactive cases
3. Discuss advantages of an asynchronous, web-based case for teaching and assessing interprofessional competency

C11ii (20-minute Oral Paper Presentations; Presentation Theme: Technology & Simulation)

Disaster 101: Long-term Retention of Interprofessional Teamwork and Emergency Preparedness Skills Following a Simulation-based Curriculum

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Background/Rationale: Both emergency preparedness and healthcare teamwork require interprofessional communication and collaboration, yet neither are taught consistently using best practices. In 2008, the Centers for Disease Control funded a multi-year study to test the utility of evidence-based strategies for improving emergency preparedness and interprofessional team training for health science students. From 2010-12, over 300 students from six professions (Medicine, Dentistry, Nursing, Veterinary Medicine, Public Health and Pharmacy) completed the 10-hour curriculum. Researchers sought to assess participants' short-term and long-term learning outcomes and the effectiveness of specific teaching strategies identified in the simulation literature.

Methodology: A mixed methods model was used to gather data. Tools included: an emergency response skills and a team skills assessment (developed specifically for this project); pre-/post-tests of knowledge; perceived readiness surveys; and a longitudinal questionnaire administered 6-12 months after curriculum completion. Results: Using heteroscedastic two-way ANOVA, results indicate that learners retained a significant net gain in knowledge. Similarly, results from communication and response skills assessments were analyzed using a generalized linear mixed model (to account for potential sources of correlation while utilizing the ordered nature of the data). Again, data indicate that feedback and repetition are highly significant in improving skills. Finally, results of the longitudinal survey indicate that over 80% of learners self-report specific benefits 6-12 months after completing the curriculum. Conclusions: The Disaster 101 curriculum is an efficient and effective way of teaching emergency preparedness, interprofessional teamwork, and leadership skills that are retained by learners over time. This may have significant implications for meeting IPEC competencies, especially in communication, collaboration, and leadership.

Results: Using heteroscedastic two-way ANOVA, results indicate that learners retained a significant net gain in knowledge. Similarly, results from communication and response skills assessments were analyzed using a generalized linear mixed model (to account for potential sources of correlation while utilizing the ordered nature of the data). Again, data indicate that feedback and repetition are highly significant in improving skills. Finally, results of the longitudinal survey indicate that over 80% of learners self-report specific benefits 6-12 months after completing the curriculum.

Conclusions: The Disaster 101 curriculum is an efficient and effective way of teaching emergency preparedness, interprofessional teamwork, and leadership skills that are retained by learners over time. This may have significant implications for meeting IPEC competencies, especially in communication, collaboration, and leadership.

Learning Objectives: Participants will be able to:

1. Describe how the Disaster 101 curriculum uses best-evidence educational strategies;
2. Understand how a mixed methods research model was used; and
3. Apply conclusions to interprofessional education and research at their own institutions.

C11iii (20-minute Oral Paper Presentations; Presentation Theme: Technology & Simulation)

Effects of the Interprofessional Work Simulation on Reducing Status-inequality

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Background

Dentistry and Dental Hygiene are considered to have inequality in status. Status-inequality may be reduced by interprofessional education, which might enhance the willingness of dental and dental hygiene students to redistribute tasks. The purpose of study was to evaluate a simulation developed to reduce status-inequality and enhance task redistribution.

Methods

Eighteen teams of 4 to 5 dental and dental hygiene students participated in an interprofessional work simulation (IWS) during a period of two weeks. A pretest-posttest design was applied to analyze the impact of the IWS. Items addressing status-inequality and task redistribution were measured on a 5-point-scale. Task redistribution included eleven predefined tasks. Data were analyzed with a paired t-test.

Results

The response was 78% (n=61). Status-inequality was significantly reduced after the IWS (Mean=.22 ± .79, p=.036). Task redistribution had increased with regard to two of the eleven predefined tasks, i.e. teeth cleansing (t=-2.99, df=58, p=.004) and local anesthesia (t=2.08, df=58, p=.042). Teeth cleansing became a more distinctive dental hygiene task, while local anesthesia became a more shared task. All results were based on responses of both dental and dental hygiene students. When both groups were compared, no significant differences were found between dental and dental hygiene students with regard to reduction of status-inequality and enhanced task redistribution.

Conclusions

The IWS reduces status-inequality and enhances task redistribution, although only two out of 11 tasks were redistributed. Future research must clarify if the effects of the IWS on status-inequality and task redistribution remain unchanged and if an extended version will reveal greater effects.

Learning Objectives: To find out if a specific simulation

1. Reduces status-inequality
2. Enhances task redistribution
3. Has the same effect on all included professional groups

C11iv (20-minute Oral Paper Presentations; Presentation Theme: Technology & Simulation)

Preparing Student Preceptors across Disciplines using E-learning

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Background: Alberta Health Services (AHS) is the primary public health care provider for residents of the province of Alberta, Canada. AHS is committed to the support and education of Preceptors in our organization as part of our investment in our future healthcare workforce. We currently provide approximately 20,000 student placement opportunities annually. We rely on preceptors of all disciplines to highlight the importance of collaboration among interprofessional teams while supervising post-secondary healthcare discipline students. To prepare AHS staff for the role of preceptor, an innovative approach was required that provided equitable access to educational materials for clinical staff distributed over a wide geographical area.

Methods: An interprofessional working group created a series of four online interprofessional preceptor modules. The modules provide baseline education on essential topics for the new preceptor with a central theme of collaborative practice. An evaluation was completed by surveying learners who completed the modules.

Results

Evaluation findings indicate that learners felt the module content was valuable preparing them for the role of preceptor and provided them with effective tools to facilitate a good professional relationship with their student. There were also a number of positive statements related to the interactive format, the scenarios, and the concise sections.

Learning Objectives:

1. Outline the role of e-learning in providing baseline knowledge and skills for learners
2. Describe how an interprofessional theme was weaved throughout the program
3. Discuss how to position an independent e-learning program within a blended education delivery plan

Conclusions

The online interprofessional modules are an effective tool for baseline training. Next steps include expanding e-learning content to address feedback requesting education in resolving conflict and other challenging situations. Additional improvements include providing learners opportunities to interact with each other in facilitated synchronous and asynchronous modalities to work through more complex topics as an interprofessional team.

C12i (20-minute Oral Paper Presentations; Presentation Theme: Evaluation/Assessment)

Development and Implementation of an Evaluation Framework to Assess the Impact of an Interprofessional Model of Care on Health Services Delivery

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Background/Rationale: Increased collaborative practice in healthcare is at the heart of many reform recommendations; it is widely believed that this transformation will lead to increased effectiveness and efficiency in the healthcare delivery system. Although there has been extensive research on the benefits of interprofessional collaborative (IPC) practices, current literature lacks quantitative and qualitative measurement data to evaluate the impact and costs of an IPC model of service delivery. The purpose of this project is to develop and implement an evaluation framework that can be used to assess the impact and costs of an IPC model of care on health service delivery outcomes on a new cardio-pulmonary health service delivery unit at a hospital in Ottawa, Ontario, with the ultimate purpose of changing organizational culture and policy.

Methods/Methodology: The new unit team was first transformed into a high functioning IPC team using previously developed modules to teach team members the foundations of IPC. Secondly, a regional team of mentors trained in appreciative inquiry accompanied the team members in the transformation of their practices. An evaluation framework is being developed and implemented to assess the impact of IPC on patients, providers and the organization. To assess impact at the healthcare system level, the evaluation framework includes an overall cost-benefit analysis process that compares implementation costs to the documented benefits.

Results: Preliminary results of the project will be disseminated, of which the learning objectives are to provide the processes used and lessons learned for 1) transforming health service delivery teams; 2) developing and implementing an evaluation framework to assess the impact of IPC; and 3) involving all levels of the organization to initiate culture and policy change.

Conclusion: Upon termination of the project, best practices and outcomes will be widely disseminated in both French and English to encourage application.

C12ii (20-minute Oral Paper Presentations; Presentation Theme: Evaluation/Assessment)

Impact of an Introductory IP Learning Event on IP Attitudes and Self-Efficacy: A Controlled Research Design

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Background: Integrating interprofessional (IP) learning experiences throughout health professional programs is a focus for educators at the University of Alberta. Understanding the value of these experiences on students' self-confidence for collaborative practice, attitudes toward IP learning and teamwork and communication skills is critical for program evaluation purposes.

Methods: A learning experience (IP Pathway Launch) that introduced first year health professional students to the concepts of IP collaborative practice was evaluated using the Readiness for Interprofessional Learning Scale, The UWE Interprofessional Questionnaire and an institutionally developed self-efficacy instrument. Students from OT, PT, SLP, Pharmacy and Nursing (n=250) participated in the Launch; students from Dentistry, Dental Hygiene, Medicine, Medical Laboratory Sciences, Physical Education and Nutrition (n=160) did not participate. Both cohorts completed the questionnaires before the IP Launch (time 1) and in the spring, 2012 (time 2).

Results: At Time 1, significant differences were found for all subscales of the RIPLS and two subscales of the UWE, however actual mean differences were small and not meaningful. No differences were found on self-efficacy. At Time 2, there were no significant differences on SE. The RIPLS subscales and UWE subscales demonstrated some statistically significant differences, however the mean differences were very small and questionably meaningful.

Conclusion: Although two of the questionnaires demonstrated a significant difference with some subscales between Launch participants and non-participants, differences were not functionally meaningful. These findings indicate that measuring changes in IP competencies require a different approach other than self-report measures alone. Implications of evaluating the impact of IPE for large cohorts of students will be discussed.

C12iii (20-minute Oral Paper Presentations; Presentation Theme: Evaluation/Assessment)

Early Perspectives on Interprofessional Collaboration: Content Analysis of First Year Health Sciences Students' Reflections

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Learning Objectives

1. Describe the use of reflection to integrate interprofessional education (IPE) in single discipline curricula.
2. Describe how students engage with IP competencies early in their training
3. Discuss how the insights gained from these reflections might impact instruction in IPC

Background/Rationale: Logistical issues such as timetabling constraints are often cited as major barriers to interprofessional education (Thistlewaite & Nisbet, 2007). The Interprofessional Learning Pathway was created to encourage integration of IP learning opportunities into existing single-discipline curricula and begins with an experiential IP Launch. The Launch introduces students from different disciplines to each other and to the core competencies of the IP pathway. This study explored how core IP competencies emerge within single discipline learning experiences early in students' professional programs, as identified by reflections on IP collaboration (IPC).

Methods/Methodology: To learn about students' perspectives and the impact of their initial education in IPC, students were given reflection assignments in the first year of their training. Content analysis was completed on the reflective assignments of all consenting students, and focused on two questions: 1) Which IP competencies emerge in students' reflective assignments following the IP Pathway Launch? 2) Are there specific aspects of the core competencies that students focus on when they reflect?

Results: Students' reflections focused on large-scale issues of the purpose and goals of IP teamwork related to communication and collaboration. Themes emerged including an increased awareness of other disciplines, the importance of role clarification and patient centeredness as the drive for IPC.

Conclusions: Reflection assignments offer an opportunity to gain insight into students' perspectives regarding their training and experience in IPC. The themes identified by this study serve to inform IP education within the context of single-discipline courses.

C12iv (20-minute Oral Paper Presentations; Presentation Theme: Evaluation/Assessment)

Use of the RIPLS Early in Post-Secondary Settings: Is it an Appropriate Instrument?

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Background/Rationale: The need exists for formal, standardized evaluation of interprofessional education (IPE) within post-secondary institutions. As part of our program evaluation for interprofessional collaboration (IPC), we included the Readiness for Interprofessional Learning Scale (RIPLS), as one measure. The RIPLS is a well-known, frequently used instrument in IPE; however, concerns have been raised in the IP literature about when this tool is best used. While the aim of our study was not to assess the appropriate use of the RIPLS, our findings inform its use in future investigations.

Methods/Methodology: 895 students from eight health science programs were invited to complete the RIPLS at the beginning of their education and again later in their studies

Results: A total of 541 students completed the survey at times one and two. The RIPLS did show a significant effect in each of the four sub-scales; however, the effect sizes were small in each case. We will present our findings and discuss them in the larger context of the positive attributes and challenges of this instrument in health science education. We will also include a critique of the current literature regarding the validity of the RIPLS in early health science education.

Conclusions: Standardized measures to evaluate IPE initiatives and programs are desirable, however outcomes must be clearly defined and appropriate instruments selected. We assert that there is value in using the RIPLS, but there are also limitations with respect to the information obtained and the conclusions that may be drawn from the data generated by this instrument.

Learning Objectives: Participants will:

1. Be familiarized with the RIPLS;
2. Learn about the shortcomings of the RIPLS;
3. Learn about conclusions drawn regarding the appropriate use of the RIPLS in IPE.

Concurrent Breakout Sessions D

D1 (90-minute Hands-on/Interactive Workshops; Presentation Level: Beginner)

IPE...Get Started Today: Applying Instruction Design for Success

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Rationale: As the demand for health profession graduates who enter practice ready to function in interprofessional collaborative teams increases, faculty development is needed so that educational institutions can best prepare their learners for the practice environment and achieve interprofessional competencies. However, many institutions are just beginning to work on IPE endeavors and faculty development is needed. The aims of the workshop are twofold: 1) discuss IPE instructional design concepts and have participants apply them to create their own IPE activity to implement at their institution; 2) provide a model faculty development workshop that participants can recreate at their own institutions.

Specific learning objectives include:

1. Discuss instructional design concepts for IPE.
2. Describe possible delivery methods for IPE.
3. Apply instructional design concepts and national competencies to develop an IPE activity.
4. Identify methods to conduct a faculty development workshop about IPE instructional design.

Teaching Methods: Participants will be introduced to IPE instructional design concepts and will apply the information using active learning pedagogies.

1. Introduction and IPE instructional design concepts (15 minutes)
2. Application of teaching methods to deliver IPE using the national competencies via an interactive card game focused on diverse learning methods and a facilitated debriefing (40 minutes)
3. Application of information learned at the session using an IPE instructional design template and receiving feedback from a small group using think-pair-share technique (20 minutes)
4. Discussion of how to apply this workshop format elsewhere (10 minutes)
5. Conclusion (5 minutes)

Implications: Participants will get “two for the price of one” from the workshop. They will gain: 1) knowledge in instructional design and use it to develop an IPE activity for implementation at their institution; and 2) acquire methods for IPE faculty development that they may implement at their institution.