



All Together
Better Health

ATBH X

‘REINVENTED’

Online, Oct - Nov 2021

BOOK OF ABSTRACTS



Interprofessional
GLOBAL

Global Confederation for Interprofessional Education & Collaborative Practice



MESSAGE

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Dear IPECP friends and colleagues

Welcome to ATBH X Reinvented, a virtual event of webinars promoted and organised by Interprofessional.Global (<https://interprofessional.global>). The Regional and Emerging networks of Interprofessional.Global have been working collaboratively on a programme based on submitted abstracts for ATBH X in Qatar. This internationally respected IPECP Conference was unfortunately postponed to 2023 due to the Covid Pandemic. We have 27 Presentations confirmed from these abstracts which are presented below. Please read through this abstract book, check the programme and register for the presentation sessions you are interested in attending.

We look forward to a varied and stimulating series of presentations on IPECP and welcome your engagement.



JOHANNA DAHLBERG
Facilitator of Interprofessional.Global



Session One: 13 October 2021, 09.30 – 11.00 GMT | **AfriPEN, CAIPE, IP-Health, & NipNET**

Moderators & Experts: Richard Pitt, Marion Huber and Alison Power

Time (GMT)	Presenter	Title
09.30 – 09.55	Elisabeth Schmidt Dorothea Erxleben Learning Hub, Martin Luther University Halle-Wittenberg, Germany	Do you want to play with me? - A party game as a formative assessment in interprofessional education
10.00 – 10.25	Basira Kankia Lawal Department of Clinical Pharmacy and Pharmacy Management, Kaduna State University, Nigeria	Together for patient safety: healthcare professionals' perceptions of safety culture in public health facilities in Kaduna State, Nigeria
10.30 – 11.00	Elisabeth Schmidt Dorothea Erxleben Learning Hub, Martin Luther University Halle-Wittenberg, Germany	Development and piloting of an interprofessional lecture for students of dentistry and allied health professions

Session Two: 20 October 2021, 15.00 – 16.30 GMT | **AfriPEN, CAIPE, IP-Health, & NipNET**

Moderators & Experts: Richard Pitt, Liz Anderson, Melissa Owens and Andreas Xyrichis

Time (GMT)	Presenter	Title
15.00 – 15.25	Mustafa Mohamed Near East University, Turkey	Readiness of Interprofessional Education and Collaborative Practice Management in Health Professions (the impact on learners and practitioners)
15.30 – 15.55	Saira Hussain Department of Audiology, College of Health and Life Sciences Birmingham, UK	Interprofessional Learning between Audiology and Pharmacy Students: More than 'just' ears and drugs
16.00 – 16.30	Birgit Wershofen University Hospital, LMU Munich, Germany	Interprofessional Teaching in Healthcare: an interprofessional Graduate Programme in Germany (ILEGRA)

Session Three: 27 October 2021, 09.30 – 11.30 GMT | **AfriPEN, CAIPE, IP-Health, & NipNET**

Moderators & Experts: Richard Pitt, Elize Pietersen, Johanna Dahlberg, and Alison Powers

Time (GMT)	Presenter	Title
09.30 – 09.55	Gert Ulrich, Hermann Amstad, and Sylvia Kaap-Fröhlich Careum Education Management, Careum Foundation, Zurich, Switzerland	Action on the Future of Interprofessional Education in Switzerland
10.00 – 10.25	Gérard Filies Faculty of Community and Health Sciences, Interprofessional Education Unit, University of the Western Cape, South Africa	The development of an interprofessional education model using a design-based research method.
10.30 – 10.55	Gert Ulrich & Anthony Breitbach Careum Foundation, Department of Education Management, Zurich, Switzerland Department of Physical Therapy and Athletic Training, Saint Louis University, Saint Louis, USA	Interprofessional collaboration in international sports science & sports medicine – an international cross-sectional survey
11.00 – 11.25	Gabriele Vilanova PhD Student King's College London, United Kingdom	Professors' perceptions about patient safety teaching in an interprofessional education experience



Session Four: 28 October 2021, 19.00 – 20.00 GMT | **AIHC, CIHC, & REIP**

Moderators & Experts: Ricardo Ayala - Representative of Chile / REIP

Time (GMT)	Presenter	Title
19.00 – 19.30	Katarzyna Mastalerz Hospitalist & Associate Professor of Medicine, Eastern Colorado Veterans Administration Medical Center, Colorado, United States of America	Bedside Interprofessional Rounds & Relational Coordination: Improving How We Work Together
19.30 – 20.00	José Rodrigues Freire Filho Regional Network for Interprofessional Education in the Americas - REIP and University of Sao Paulo, Brazil	The implementation process for interprofessional education and collaborative practice in the Region of the Americas

Session Five: 29 October 2021, 19.00 – 20.00 GMT | **AIHC, CIHC, & REIP**

Moderators & Experts: Marie-Andrée (Maggie) Girard, CIHC representative to IP.Global

Time (GMT)	Presenter	Title
19.00 – 19.30	Cynthia Smith Camosun College, Victoria, British Columbia, Canada	Creating a culture of interdisciplinary health education in a college setting
19.30 – 20.00	Priscilla Horta Faculty of Community and Health Sciences, Interprofessional Education Unit, University of the Western Cape, South Africa	Education through Work for Health Program: a view of medical students from Amazonas on the practice of interprofessionalism

Session Six: 23 November 2021, 01.00 – 03.00 GMT (10.00 – 12.00 AEDST/08.00 – 10.00 PHT) | **APIPEC, & AIPPEN**

Moderators: Lorraine Walker, Michael Sy, and Kathryn Siongco

Experts: Reeva Ann Sumulong, Monica Moran, and Jill Thistlethwaite

Time (GMT)	Presenter	Title
01.00 – 01.05	N/A	Welcome and Introduction
01.05 – 01.25	Kate Norris Department of Nursing, ARA Institute of Canterbury, AIPPEN, New Zealand	An exploration of how registered nurse prescribers influence collaborative team practice
01.25 – 01.45	Naomi Sugimoto Faculty of Nursing & Medical Care, Keio University, Japan	Effectiveness of a 30-minute continuing interprofessional education (CIPE) training session for physicians and nurses: appraised by subjective and objective measurements
01:45 – 02.05	Azjargal Baatar Faculty of Midwifery, Mongolian National University of Medical Sciences, Ulaanbaatar, Mongolia	Attitudes of health professionals toward interprofessional healthcare teams in Mongolia
02.05 – 02.25	Catherine Escuadra University of Santo Tomas, Manila, Philippines; Ehwa Woman's University, Seoul, Republic of Korea	Understanding the research landscape of Interprofessional Education and collaboration via text mining
02.05 – 02.25	Rod Charlie Delos Reyes College of Allied Medical Sciences, University of Batangas, Batangas, Philippines	Enabling occupational justice in a community-based drug rehabilitation program through interprofessional collaboration
02.45 – 03.00	N/A	Open forum and discussion



PROGRAMME

Session Seven: 24 November 2021, 09.30 – 11.30 GMT | Arab Speaking network, & IndIPEN

Moderators: Alla El-Awaisi & Susan Waller

Time (GMT)	Presenter	Title
09.30 – 09.55	Dr. Muhammad Arsalan Zamir Deputy Physician Lead and Consultant Family Medicine, Al Wajbah Health Centre, Primary Health Care Corporation, Qatar	'Team Walk': a healthy way to talk
10.00 – 10.25	Prof. Guillaume Alinier Director of Research, Hamad Medical Corporation, Qatar	Undertaking projects as a multidisciplinary team-based activity to learn about Quality Improvement science in healthcare
10.30 – 10.55	Dr. Susu Zughaier Associate Professor of Microbiology & Immunology, College of Medicine, Qatar University, Qatar	Immunization Programs Require Interprofessional Team to Sustain High Vaccine Coverage and Community Protection
11.00 – 11.30	N/A	Open forum and discussion

Session Eight: 29 November 2021, 09.00 – 11.00 GMT | Arab Speaking network, & IndIPEN

Moderators: Alla El-Awaisi & Susan Waller

Time (GMT)	Presenter	Title
09.30 – 09.55	Dr. Ahmed Alhammadi Deputy Chairman at Hamad Medical Corporation, Division Chief of General Academic Pediatrics at HMC and Sidra Medicine, Qatar	Effective Communication and Team Collaboration in Multicultural Health Care Environment; Challenges and Solutions
10.00 – 10.25	Dr. Lulu Sherif Mahmood Professor in Anesthesiology & Head of Department, Healthcare Simulation Education, Father Muller Medical College, Mangalore, Karnataka	Simulation based Interprofessional Education to enhance teamwork & communication skills among medical & nursing students
10.30 – 10.55	Dr. Supriya Nambiar Professor & Head, Department of Orthodontics & Dentofacial Orthopaedics at MCODS-Mangalore (Manipal Academy of Higher Education)	Enhancing Competencies among Health Professionals for Primary Prevention in oral health care using an Interprofessional Approach
11.00 – 11.30	N/A	Open forum and discussion



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Do you want to play with me? - A party game as a formative assessment in interprofessional education

Elisabeth Schmidt

Dorothea Erxleben Learning Hub, Martin Luther University Halle-Wittenberg, Germany

ABSTRACT

Background: The module “health promotion and prevention” in the Bachelors program “Interprofessional Health Care” at a medical faculty of a German University offers a series of seminars with different focuses and given by different expert lecturers. Aiming to interconnect the different seminars, the closing module session intended to provide room for a formative assessment. Motivating active student participation intended to provide creativity, fun access to the topics.

Method: A formative assessment was developed, based on a party game. To tailor the game, key words were chosen from the complete seminar series and included into the resulting interactive session. The modified game was played with three different cohorts. Two cohorts evaluated the game with a minute paper which were thematically analysed.

Findings: After the first session, directives for the game were modified. The results of the minute papers of the second and third cohort (n=37; return 100%) show, that the students enjoyed participating in this formal assessment with a fun factor. Some of the key words were considered too difficult.

Discussion: Since no student statements were given regarding the contents of the seminar series, the extent of a related potential discussion currently cannot be specified. One potential solution could be to add a specific question to the minute paper. Potential student knowledge gaps did not become apparent. Keywords should be tested again and modified if necessary.

Conclusion: This modified party game is suitable to thematically interconnect a seminar series in a creative and fun way.

Pearl of wisdom: Unconventional methods can promote active student participation in formative assessment when tailored to match seminar contents. Resources invested into developing the closing session will amortize, as the game can be used for multiple future cohorts.



Together for patient safety: healthcare professionals' perceptions of safety culture in public health facilities in Kaduna State, Nigeria

Basira Kankia Lawal

Department of Clinical Pharmacy and Pharmacy Management, Kaduna State University, Nigeria

ABSTRACT

Background: Patient safety is a global problem and there has been growing concern regarding it in recent years. Much less is known about medication safety in Nigeria. However, anecdotal evidence has indicated there are widespread medication errors and insufficient error reporting in healthcare facilities. The aim of this study was to explore patient safety culture (particularly medication safety) in selected public health facilities in Kaduna State, Nigeria.

Method: A sequential explanatory mixed methods design was adopted, with cross sectional survey followed by key informant interviews. Data was collected from 422 participants (doctors, nurses and pharmacists) across four (4) public health facilities using the Hospital Survey on Patient Safety Culture (HSOPSC) followed by key informant interviews with 15 participants. 358 completed and valid questionnaires were returned (response rate of 84.8%).

Findings: The overall average of the percent positive response of patient safety culture across the health facilities was 55.6%. 'Teamwork within units' was the dimension with the greatest strength (81.3%). The dimension with the most potential for improvement as it had the least average positive responses was 'Staffing' (34.4%). Three other dimensions recorded average positive responses below 50% (Communication openness, Non-punitive response to errors and Frequency of events reported). Interview data revealed 30 sub themes as factors affecting patient safety and also suggestions were provided by respondents on improvements required.

Discussion: Since no student statements were given regarding the contents of the seminar series, the extent of a related potential discussion currently cannot be specified. One potential solution could be to add a specific question to the minute paper. Potential student knowledge gaps did not become apparent. Keywords should be tested again and modified if necessary.

Conclusion: This is the first study on patient safety culture carried out in Kaduna State, Nigeria. The qualitative phase further complemented the findings of the quantitative phase with particular interest on medication safety. The study has identified areas of patient safety culture that are of concern to medication safety and has proffered suggestions on ways of improvement.



Development and piloting of an interprofessional lecture for students of dentistry and allied health professions

Elisabeth Schmidt

Dorothea Erxleben Learning Hub, Martin Luther University Halle-Wittenberg, Germany

ABSTRACT

Background: Interprofessional collaboration (IPC) is important for effective patient-centred health care. Improving oral health and its myofunctionality is a common objective of dentistry, nursing and therapy professions, thus it is a relevant subject to teach IPC. An interprofessional lecture for students of dentistry and of interprofessional health care (IHC) was developed, piloted and evaluated. All students of the IHC-course already graduated in a related health profession. Key feature was an interprofessional case work based on problem-oriented learning with development of an interprofessional treatment plan, presentation and discussion.

Method: The session was evaluated with the Heidelberg University's evaluation tool. Out of 21 participants, 18 returned the evaluation (88%).

Findings: Main findings related to the gain of knowledge and understanding of specific requirements of the professions involved. Data shows that students reflected perceptions, possibilities and strategies of different professions. Newly gained knowledge was applied and health care interfaces were identified. They benefited most from the case work and the discussion. Students further realized the importance of IPC for best results in health care. Dentistry students indicated a high benefit from the lecture. For students of dentistry in Heidelberg this is the only lecture in IPC which potentially explains the higher benefit compared to IHC students.

Conclusion: As there were few participants, findings should be interpreted with care. Implications for future teaching activities are to be discussed. IPC lectures are important for students and should be included routinely throughout curricula. Case works are an appropriate method to teach IPC. Developing an IPC case work needs many (human) resources, but students gain invaluable knowledge and learn about the importance of IPC and about other professions.



Readiness of Interprofessional Education and Collaborative Practice Management in Health Professions (the impact on learners and practitioners)

Mustafa Mohamed

Near East University, Turkey

ABSTRACT

Background: With the acute degree variations in the interprofessional education and collaborative practice (IPECP) impacts on health professional learners and practitioners, the main objective of this study was to measure the IPECP impact on a sample group of participants (learners & practitioners), to explore whether there are significant differences or/and influences, due to profession and demographic characteristics, on participants attitudes and readiness towards IPECP.

Method: The study was targeting learners and practitioners in their pre- licensing and professional registration, through a quantitative model or a research paradigm with adapted RIPLS, as a conducting instrument. A Pre- and post-questionnaire was developed using a five-point Likert scale (1 - 5) to assess the participants' perceived changes in knowledge, interests, and attitudes, and SPSS tool was applied for data analysis.

Findings: These were derived from the selected sample of fifty-three (53) participants (learners and practitioners) of five different health professionals (Physicians, Nurses, Occupational Therapists, Physiotherapists and Medical Radiological Technologists), after the RIPLS completion. Pre- and post-responses indicated meaningful improvements in students' knowledge on the specific roles of different health professionals, knowledge on the value of interprofessionalism, interests in pursuing the various health professions as future careers, and attitudes towards IPECP. Post-responses data also revealed that students acquired valuable knowledge and gained a strong interest in learning more about the various health professions because of this experience.

Conclusion: Overall, the study revealed an acceptable degree of readiness and a generally positive attitude of all health professional learners and practitioners toward shared learning, communications and collaborative teamwork. However, this conclusion supports and answers the questions that arose in the introduction of this study, where there was appreciation and an acceptance among all participants after they completed their mandatory program. Moreover, students seemed to have a high state of readiness for interprofessional learning as they approached their senior year.



Interprofessional Learning between Audiology and Pharmacy Students: More than 'just' ears and drugs

Saira Hussain

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Department of Audiology, College of Health and Life Sciences Birmingham, UK*

ABSTRACT

Background: Team working is a skill necessary to facilitate effective multi-disciplinary work in clinical settings which help improve both patient experiences and outcomes in healthcare. Employers, education providers and students themselves, recognise the importance of having opportunities within their clinical courses to foster these skills. Aston University provides interprofessional (IPL) opportunities between audiology and pharmacy students. Through pedagogical approaches in respect to collaborative working, sessions were designed to focus on patient case studies, allowing students to share expertise from their respective fields for jointly agreed patient pathways.

Method: Tasks included discussions and practical elements regarding conditions such as stroke and diabetes. Although these may not necessarily be areas that the students would solely diagnose or treat, they were designed to facilitate knowledge and responsibility sharing; can a patient who is recovering from a stroke put their hearing aid in/open medicine bottles? Discussion points incorporate their specialist knowledge as well as the empathy and willingness to work across professions to support patients.

Findings: The importance of IPL is recognised at a national level which ultimately aims to improve patient outcomes and overall patient care. By providing opportunities for students to meet from the two subjects and facilitate discussions, shared subject level tasks and address patient case studies, we will better enable these students to continue this method of working into their clinical roles.

Conclusion: Formal feedback was undertaken following sessions to assess the benefit students have found themselves. Students were able to share their views of the importance of future multi-disciplinary working and also expressed their interest in working with more students from the various other healthcare students on campus. Future activities will seek to invite other courses to participate with the view to undertake qualitative research on the students experience and understanding of IPL.



Interprofessional Teaching in Healthcare: an interprofessional Graduate Program in Germany (ILEGRA)

Birgit Wershofen

University Hospital, LMU Munich, Germany

ABSTRACT

Background: In Germany, there is a change in health professions' education, which takes interprofessional education (IPE) increasingly into the curricula and practice. To offer a high quality of modern education and using a scientific approach in teaching, the processes behind the IPE needs to be examined. ILEGRA is a structured, interprofessional PhD-programme, focused on the didactical perspective in IPE. The overarching aim of the PhD-program is to develop IPE, at least to improve collaboration between the health care professionals.

Method: ILEGRA is a cooperation of the University of Osnabrück and the Ludwig-Maximilians-University of Munich and started in October 2018. The Robert Bosch Foundation supported 15 scholars to join the program. The group of scholars include individuals from human medicine, nursing, physiotherapy, occupational therapy, speech therapy, and medical laboratory assistants. Core elements of the program are workshops, continuous colloquia, qualifying papers, two international excursions, and support from two supervisors from the home University and one international supervisor.

Findings: In the context of mediation, evaluation, and examination, the scholars investigate in their research on attributes of educational processes and effective IPE. For example, the topics are about power, communication, teacher's requirements, theory, identity, perceptions, digital learning, virtual patients, and assessment. Most of the scholars start their data collection in spring 2020.

Discussion: The studies under ILEGRA provide first insights into the new and complex field of IPE in Germany and needs further investigation.

Conclusion: The program is unique in the interprofessional personnel composition and the common emphasis on research in interprofessional teaching and learning.

Pearl of wisdom: ILEGRA is the first interprofessional PhD-program to gain scientific findings in the German context of IPE in order to improve teaching and collaboration in healthcare.



Action on the Future of Interprofessional Education in Switzerland

Gert Ulrich ¹, Hermann Amstad ², Sylvia Kaap-Fröhlich ¹

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² Amstad-kor, Basel, Switzerland

ABSTRACT

Background: Switzerland has built favourable framing conditions for interprofessional (IP) education. However, the transformation from monoprofessional to IP healthcare is expandable. Thus, the aim of this project was to review success factors as well as international approaches and perspectives on IP education to derive recommendations for future IP education in Switzerland.

Method: The project was designed as a multi-stage approach that should result in a working paper: First, the most important influencing factors and challenges of IP education were extracted from the literature. Afterwards, 10 IP experts from 7 countries and various healthcare professions were interviewed (written or oral) on the aspects identified in the literature. Furthermore, interviews with a patient and a medical student were conducted to incorporate the insights of parties concerned in IP education.

Findings: Thirty-one recommendations for action on the future of IP education in Switzerland were derived and clustered in 6 main areas: 1. Involvement of stakeholders in the implementation of IP education 2. Development of IP learning objectives and competences 3. Inclusion of IP education contents in the curricula 4. Facilitators as significant role models in IP education 5. Pragmatic and efficient organisation of IP education 6. Use of the research potential in the field of IP education.

Conclusion: Finally, the results from this working paper will be discussed with a panel of Swiss IP experts to define concrete directions for IP education in Switzerland. This presentation will contain the collaborative work of the authors, the respective recommendations as well as the output of the expert panel. Furthermore, transferability across national borders will be considered.

Pearl of wisdom: Experiences of international experts in the field of IP education and collaboration can provide valuable insights on future developments and strategies in the field of interprofessionalism, which can lead to country-specific recommendations for action.



The development of an interprofessional education model using a design-based research method

Dr. Gérard C. Filies

Faculty of Community and Health Sciences, Interprofessional Education Unit, University of the Western Cape, South Africa

ABSTRACT

Background: Health Professions Education has not prepared graduates to address the health challenges of the twenty first century, largely due to fragmented, outdated and static curricula. Interprofessional education (IPE) is a leading approach to facilitate student learning for future interprofessional teams in addressing the complex health needs of the community. This study aims to design an interprofessional education model that endeavours to instill the core competencies of interprofessional collaborative practice in allied health students.

Method: This study makes use of a mixed methods approach and includes a systematic review; a readiness for interprofessional education survey; a Delphi study; curriculum mapping and model design aspects.

Findings: Major findings in the research study are: the systematic review revealed that there are no South African studies currently in the literature that provide evidence of IPE core competency development in curriculum design; findings in this research reveal that the readiness for interprofessional learning increases along the continuum of learning at UWC and that the curriculum must be scaffolded and strengthened to further develop competencies; the preferred activities that are common across all the core competencies are case studies, joint clinical placements, simulations, role-plays and workshops/discussions; the preferred assessments for each of the above activities that related to each of the core competencies are portfolios, reflection and the use of rubrics; and there appear to be similarities between graduate attributes and IPE core competencies, but much-needed further discussions are also required to discuss the items where no similarities are found.

Conclusion: Embedding competencies along the continuum of learning with appropriate activities and assessment methods is a step in the right direction towards producing T-shaped graduates that are able to work collaboratively to solve complex problems. While the model is not new, it has expanded existing theoretical frameworks to provide a structure for new and existing activities in the faculty.



Interprofessional collaboration in international sports science & sports medicine – an international cross-sectional survey

Gert Ulrich ¹, and Anthony Breitbach ²

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² Department of Physical Therapy and Athletic Training, Saint Louis University, Saint Louis, USA

ABSTRACT

Background: The quality of patient care in the field of sport science and sports medicine (SSSM) could benefit from IP collaboration (IPC) between the professions involved. Therefore, it is vital that healthcare providers in SSSM are equipped with positive attitudes and perceptions toward IPC and interprofessional education (IPE), however detailed investigations are rare. The aim of this study was to explore and compare IP attitudes and socio-demographics in SSSM professionals from an international perspective.

Method: 320 complete datasets from an online-survey of respondents working in fields associated with SSSM [USA (n=83), Canada (n=179) and Europe (n=58)] were collected. Respondents' socio-demographic data as well as attitudes toward IPC and IPE using the 4 subscales (communication & teamwork, IP learning, IP interactions, IP relationship) of the University of West of England Interprofessional Questionnaire (UWE-IP) were evaluated.

Findings: A diversity of participants representing different regional healthcare, sports and educational framing conditions was obvious in the socio-demographic data. In the UWE-IP, clearly positive attitudes towards IP communication & teamwork, IP learning and IP relationship were shown in every region. However, in the IP interactions subscale, negative perceptions were documented in every region. Significant effects of participants' demographic variables region, age and gender were detected on some of the subscales.

Conclusion: Our data indicate a high level of willingness and a beneficial preparedness for IPC and IPE in SSSM professionals, but the working systems and framing conditions seem to reflect a contrasting picture. Thus, structures, funding and strategies towards improvement of IP interaction in SSSM should be pushed forward in IP learning settings to improve IP interactions.

Pearl of wisdom: IP activities in practice as well as in teaching in the field of SSSM should be promoted, so that practitioners in this field can be perceived as participants in effective patient care.



Professors' perceptions about patient safety teaching in an interprofessional education experience

Gabriele Vilanova

PhD Student King's College London, United Kingdom

ABSTRACT

Background: Interprofessional Education experiences exist worldwide. It has been discussed how an interprofessional experience might facilitate patient safety teaching and learning. However, little is known about professors' perspectives and what are the facilitators and barriers they might face regarding patient safety in an interprofessional experience. The objective of this paper was to explore professors' perceptions of their experiences in an IPE curricula project and how it would benefit the patient safety teaching in undergraduate health courses.

Method: This qualitative study utilized phenomenology as a theoretical framework and Thematic Analysis for data analysis. The participants were 11 professors from a governmental public university in southeast Brazil. Authors used semi-structured interviews for data collection.

Findings: From the four themes, it is possible to read about professors' experience: (a) IPE project itself is difficult to be sustained ; (b) The National Patient Safety Programme was launched without universities' participation; (c) Using methodology and teaching strategies already incorporated into the professors' routine; and (d) Studying and learning as a team. Enablers to patient safety teaching involved, for instance co-location of professors and having shared projects and lectures between them in consonance with the interprofessional curricular pedagogical project. Barriers to achieving benefits, for example, were lack of knowledge of national programs, inadequate staffing and unfair workload plus publishing pressures.

Conclusion: These findings revealed professors' experiences which paint a complex picture of maintaining an IPE project and dealing with new policies from the government. The participants also revealed advantages of being in an IPE project for the patient safety teaching. New initiatives have been promoted since these interviews were made. This warrants further exploration to follow up professors in their work on patient safety in the healthcare field.



Bedside Interprofessional Rounds & Relational Coordination: Improving How We Work Together

Katarzyna Mastalerz

*Hospitalist & Associate Professor of Medicine,
Eastern Colorado Veterans Administration Medical Center, Colorado, United States of America*

ABSTRACT

Background: In inpatient healthcare teams, where professionals are highly interdependent and work under time pressure, effective interprofessional collaboration (IC) is necessary to provide safe, quality patient care. Bedside interprofessional rounds (IDR) are a way to promote IC in inpatient settings, but despite literature supporting improved communication and teamwork, bedside IDR have not been widely implemented. The theory of relational coordination (RC) provides a promising framework to promote IC, with a focus on communication and relationships. Research shows that healthcare team RC predicts team and patient outcomes. Our team wanted to understand bedside IDR through the lens of RC.

Method: An interprofessional inpatient team collaboratively created and implemented a bedside rounding structure at Eastern Colorado VA Medical Center in 2019. We interviewed interprofessional team members and patients (n=32) about bedside IDR between January and June of 2020, using semi-structured qualitative interviews that included questions about RC. Data was analyzed via an iterative-team-based inductive approach which identified key themes.

Findings: Bedside IDR improved the frequency, timeliness, and problem-solving aspect of communication, and the shared goals, shared knowledge, and mutual respect of inpatient interprofessional teams (including patients). The accuracy of information shared during bedside IDR was an area ripe for improvement, particularly around the specificity of information and the language used to share the information.

Conclusion: RC is a tool that can be used to identify strengths and weaknesses in healthcare IC and to encourage healthcare professionals towards improved teamwork.



The implementation process for interprofessional education and collaborative practice in the Region of the Americas

José Rodrigues Freire Filho

Regional Network for Interprofessional Education in the Americas - REIP and University of Sao Paulo, Brazil

ABSTRACT

One of the most salient advances for IPE in South America was the creation of Regional Network for Interprofessional Education (REIP) in 2017 as a strategy among countries interested in the development of interprofessional education, with the aim of contributing to the improvement of the quality of health services and health education through the work of interprofessional teams. REIP currently has 19 countries. The goal is to reach 25 participating REIP countries with national IPE networks by the end of 2020, an ideal mechanism for carrying forward the implementation of IPE and collaborative practice in the region of the Americas, on the lines stated by PAHO/WHO. The aim of this presentation is to present examples of mechanisms that shape interprofessional education in human resources policies for health in the region of the Americas in the countries. Based on the cooperation of REIP and PAHO/WHO, 15 countries have already advanced with the implementation of the IPE with promising results to contribute to the improvement of health systems.



Creating a culture of interdisciplinary health education in a college setting

Cynthia Smith ¹, and Lori Zehr ²

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² Associate Dean, School of Health and Human Services, Camosun College, Victoria BC, Canada

ABSTRACT

Working within the College Strategic Plan, which identifies the importance of interdisciplinary education and activating physical and virtual learning spaces that foster interdisciplinarity and through internal and external engagement of students, faculty, and community members the School of Health and Human Services created a vision for a building that would house all programs working in an interdisciplinary manner.

This presentation will share how the college changed the culture, curriculum and physical space from one of discipline specific silos to interdisciplinary education and collaboration. It will describe what continues to occur in this process now that the programs moved into the Centre for Health and Wellness in August 2019 and while classroom learning shifted on-line, work continued to build interdisciplinary capacity in theory, labs and clinics during COVID.



Education through Work for Health Program: a view of medical students from Amazonas on the practice of interprofessionalism

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ABSTRACT

Background: In Brazil, health is considered a right and is carried out through the Unified Health System (SUS), responsible for promoting psychosocial well-being in an integral and universal way. As part of the actions to promote teamwork and collaborative practices within health care, the Education through Work for Health Program (PET-Saúde) was implemented.

Method: PET-Saúde works integrating university, community and service. In the program, students - from different degrees in the health field - work together with the various professional categories, in a strategy that combats the isolated training of health professionals and that promotes communicative and interdependent teamwork. Therefore, it is a tool that aims to adapt the undergraduate health curriculum to train professionals more capable of exposing their skills, negotiating with each other and developing an action plan that is carried out in an interdependent manner, with each different professional category contributing with their own skills. In addition to providing improvements in the assistance of health services, identifying the resolution of failures in the work logic, in which the program is present.

Conclusion: During the experience in the program, the authors, all medical students, realized that these professionals, regardless of their area of activity, have the common objective of guaranteeing health care to SUS users. At the same time, collaborative practices, achieved through teamwork, allow achieving this common goal with greater efficiency, with greater resolution of health problems. In this way, PET-Saúde's pearl of wisdom is an effective strategy in overcoming health systems centered on medical professionals and illness; the isolated training of the different professional categories and the difficulties of teamwork, all these paradigms that hinder collaborative practice.



An exploration of how registered nurse prescribers influence collaborative team practice

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ABSTRACT

Background: In 2016 New Zealand (NZ) adopted a model of registered nurse (RN) prescribing enabling nurses to prescribe from a limited formulary under the supervision of an authorised prescriber. This research aims to explore how the inclusion of RN prescribers influences collaborative interprofessional team practice.

Method: Bourdieu's 'Theory of Practice' provided the methodological framework to study health care teams as competitive social spaces where health care professionals vie for position and authority (Bourdieu, 1977). Three health care teams were recruited, individual participants included RN prescribers, doctors, nurse practitioners, pharmacists and non-prescribing nurses. Data was collected by individual interviews, and team meeting observations. Thematic analysis is being used to interpret the data through a bourdieusian lens.

Findings: Data analysis is still underway, however the findings suggest that each team is significantly influenced by the context of the health care delivery model they work in. Whilst all teams are cohesive, their ability to work collaboratively is influenced by perceived possession of various attributes which form the emerging themes of knowledge, time and trust. This presentation explores the nature of these attributes as the core components of collaborative practice, addressing the way they are obtained, shared and recognised by others.

Conclusion: The inclusion of both nurse prescribing and collaborative interprofessional practice have been internationally recognised as efficacious ways of optimising outcomes for both consumers and health care professionals. This research provides an understanding of how RN prescribers influence team practice and suggests mechanisms by which collaborative practice can be enhanced and barriers reduced within the NZ context. The pearl of wisdom offered in this presentation is that an enhanced understanding of the attributes both valued and contested by team members provides grounds for establishing effective models of interprofessional collaborative practice.



Effectiveness of a 30-minute continuing interprofessional education (CIPE) training session for physicians and nurses: appraised by subjective and objective measurements

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ABSTRACT

Background: Simulation-enhanced training, despite being an effective continuing interprofessional education (CIPE) method, is often too time-consuming to fit in the busy schedule of healthcare practice. As an initial effort toward proposing a model comprised of a series of brief training sessions, we developed and tested a 30-minute single-themed collaborative practice (CP) training session for doctors and nurses.

Method: Doctors and nurses (N = 32) received roleplay-based training on the theme that the other profession's seemingly counterproductive work behavior reflects their own unique way of serving the patient's best interest. The participants completed 2 types of measures: Chiba Interprofessional Competency Scale (CICS) and Interprofessional Implicit Association Test (IPIAT) which detects subconsciously held interprofessional stereotypes. Data were obtained from 22 participants at 3 time points: T0 (before), T1 (at the beginning of), and T2 (immediately following) the session.

Findings: CICS scores in 2 of the 6 scale subdomains that were most relevant to the session theme "team management skills" and "providing care that respects patients," significantly improved from T0 to T2, and from T1 to T2. IPIAT scores, measured in terms of time spent on counter-stereotype tasks (e.g., labeling doctors as "supporters") and the frequency of giving stereotypical answers (e.g., labeling nurses as "supporters" when instructed to do otherwise) significantly decreased from T0 to T2.

Conclusion: Scores from both subjective (CICS) and objective (IPIAT) measures indicate that sessions as brief as 30 minutes could positively affect learners' perceptions of potentially conflicting CP situations. Shorter CIPE sessions are more practical alternatives to time-consuming programs. In the future, sessions on additional themes should be developed to determine the effectiveness of a series of brief single-themed sessions when compared to traditional longer formats. CIPE training as short as 30 minutes could produce significant learning outcomes in doctors and nurses.



Attitudes of health professionals toward interprofessional healthcare teams in Mongolia

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ABSTRACT

Background: Patients have complex health needs and typically require more than one discipline to address issues regarding their health status (Lumague et al.,) Interprofessional education (IPE) is an approach to develop healthcare students for future interprofessional teams Interactive learning requires active learner participation, and active exchange between learners from different professions. The purpose of this study is to describe attitudes toward interprofessional education in Mongolian healthcare professionals.

Method: Cross-sectional study, Curran et al and Gardner et al developed the Attitudes Toward Health Care Teams (ATHCTS, 14 items-IPC, 15 items-IPE, 13 items – IPLAS, 10 items for barriers) measured attitudes toward health care teams. During the first term, an attitudinal survey was administered to the health care professionals and supervised by the professors responsible for each health care professionals. Survey responses were always confidential and names and other identifying information were removed. Data combined from healthcare professionals at MNUMS were analysed using the Statistical Package for the Social Sciences, version 23.

Findings: As shown in The Attitudes Towards Interprofessional Education, the overall modified mean score of health care professionals at MNUMS was significantly higher (3.9 ± 1.21 , $p < .0001$). The Kaiser-Meyer-Olkin index was 0.888, indicating sampling adequacy, and the Bartlett Sphericity Chi Square index was 1842.086 ($p < 0.0001$). Cronbach's alpha of the 15 items was 0.794, revealing a high rate of internal consistency. The modified 15 item questionnaire was categorized into the two factors "Expertise" and "Competency".

Conclusion: Results suggest that health care professionals in Mongolia could learn, at least in part, about CP through on-site practical training. IPE programs may be useful in learning about team efficiency in addition to strengthening attitudes toward the value of IPE to health care providers and receivers among undergraduate students. Keywords: Health care professionals, interprofessional education, attitudes, interprofessional health care.



Understanding the research landscape of Interprofessional Education and collaboration via text mining

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ABSTRACT

Background: Interprofessional Education and Collaboration (IPE/C) are terms commonly used in research, clinical practice, and education. Increased number of IPE/C publications were found from the past years.

Objectives: To identify dominant topics of IPE/C research, to summarize the temporal trend of topics, and to interpret the evolution of topics within the past years.

Method: This study systematically mined number of IPE/C studies from two databases to characterize the relevant literature by an efficient and effective approach. Text mining, frequency analysis, topic modelling, analysis and exploration were done to detect semantic patterns and explore the yearly development of research themes.

Findings: The researchers found 20 topics upon review of more than 3,000 manuscripts from 1992 to 2021. Among the topics, highest frequency and significant trend of publication was found among topics related with students development ($P < 0.05$), education training ($P < 0.05$) and health professionals ($P < 0.05$). Changes were found to be consistent with significant events like publication of guidelines, establishment of IPE/C scientific journals organizations and pandemics. It is interesting to note that although majority of the publications are related with health, IPE/C researches about other disciplines like engineering, business, physics, and arts and humanities are also emerging.

Conclusion: This review was able to text mine and analyze IPE/C topic trends from publications since 1992. Though majority of the found research were focused on health student development and training and health professionals, researches about disciplines outside health were also found to be emerging.



Enabling occupational justice in a community-based drug rehabilitation program through interprofessional collaboration

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ABSTRACT

Background: The Participatory Occupational Justice Framework (POJF) is a process guiding justice workers such as occupational therapists to espouse social inclusion and change by recognizing and addressing occupational and health-related injustices. In the Philippines, the POJF, comprising six key enablement skills, has been utilized to frame justice work and interprofessional collaborative practice in substance addiction rehabilitation (SAR) setting. Our goal is to propel the POJF from Enablement Skill 1 (raising consciousness of occupational injustices) to Enablement Skill 2 (engage collaboratively with partners).

Method: We gathered qualitative data from stakeholders via focus group discussions and workshop outputs. Data were processed through thematic analysis in order to explore constructs that can guide the enactment of interprofessional collaboration among those who (in)directly work in the SAR setting and perceived partners.

Findings: We asked: What programs can benefit Filipinos recovering from substance use disorder? How will these programs be implemented? Who will be involved? In our analyses, four themes emerged: 1) Perceived sustainable community-based drug rehabilitation programs (recreational, livelihood, educational, and spiritual programs); 2) Activation of interprofessional collaboration and coordination (between community workers, public and private agencies, and the church); 3) Promotion of value-based and relationship-focused programs (mentorship and values development); and, 4) Becoming a model community (through sustained funding and rebranding “drug rehabilitation” into something more positive and inclusive).

Conclusion: Key elements to sustain community-based drug rehabilitation programs include the enactment of interprofessional collaboration and coordination among justice workers, reinforcement of values and relationship formation among drug recoverees, and participation of community people and partners in program development.



‘Team Walk’: a healthy way to talk

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ABSTRACT

The World Health Organisation has underlined the importance of interprofessional collaboration in delivering improved health outcomes. Team meetings can provide an appropriate working culture and environment for shared decision-making. However, arranging regular interprofessional collaborative team meetings is a challenge in an overburdened healthcare system. To overcome this and sedentary work patterns as a public health concern, the ‘Team Walk’ has been piloted as an innovative style of interprofessional collaboration.



Undertaking projects as a multidisciplinary team-based activity to learn about Quality Improvement science in healthcare

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ABSTRACT

Background: Quality Improvement (QI) provides a framework applicable to various domains, including healthcare, to analyse processes, implement small steps of change expected to have a positive effect, and measure changes in service effectiveness, efficacy, and patient care.

Method: As a collaborative Hamad Healthcare Quality Institute initiative with the Institute for Healthcare Improvement, each Hamad Medical Corporation (HMC) facility can nominate a small team of staff to undertake the 6-month long Clinical Improvement Training Programme (CCITP) to learn about QI science through interactive study days with homework and conduct a project to assimilate the concepts.

Findings: To date the HMC Ambulance Service Group has put 31 staff split in 8 multiprofessional teams through CCITP, representing: Ambulance Paramedics, Critical Care Paramedics, Emergency Medical Dispatchers, Nurses, Family Physicians, Quality Reviewers, and a Pharmacist. The projects undertaken intended to improve patient care delivery and ranged from road safety, infection control, through to diabetic patients management. Some projects only ran for the CCITP duration while other teams carried on implementing new interventions and collecting data for an additional year and presented their work at conferences.

Conclusion: CCITP participation provided valuable interprofessional experience regarding QI as part of a multiprofessional team. It fostered interaction with colleagues representing additional professions and working on different projects. The challenges faced related to scheduling team meetings and the fact that staff were working in different locations across Qatar and sometimes on totally opposite shifts. All projects led to some service and patient care improvements but rely on team dedication for sustenance beyond the CCITP duration and ongoing management support. We remain committed to enrolling more CCITP teams. CCITP projects are a form of IPE activity that helps team members to understand the perspectives and work of other professions in the context of QI.



Immunization Programs Require Interprofessional Team to Sustain High Vaccine Coverage and Community Protection

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ABSTRACT

Background: Vaccines are the most cost-effective intervention in public health as they prevent the spread of highly contagious infectious diseases. Because of vaccine implementation and high coverage, Measles was eradicated in 2000, however the resurgence of Measles, Diphtheria and Mumps is due to a reduction in vaccine coverage and herd immunity. Vaccine hesitant parents, anti-vaxxers, and fake news on vaccines are driving the surge in those infectious diseases. The World Health Organization issued the Global Vaccine and Immunization Action Plan to reiterate the importance of vaccine implementation and coverage for several vaccine-preventable infectious diseases in the world.

Method: Literature search for vaccine coverage rates, resurgence of vaccine preventable infectious diseases and immunization programs team players.

Findings: Seventeen infectious diseases are currently vaccine-preventable. The cost-effectiveness of vaccines is documented as it is estimated for each dollar spent on vaccines, 10 dollars are saved in disease treatment. A drop in vaccine coverage rates to under 90% lead to the resurgence of measles. Immunization programs require an interprofessional team that include public health, physicians, nurses, scientists, policy makers and celebrities who act as advocates to promote vaccine uptake and community protection.

Conclusion: Measles is highly contagious but could be prevented by using the MMR vaccine which is available worldwide. Vaccine coverage rates in Qatar is currently at 95% which is one of the highest in the world. Qatar must maintain this high coverage rate to prevent any measles outbreaks during mass gatherings. In preparation for this major event, Qatar should encourage residents and visitors to be vaccinated not just against measles and seasonal influenza, but also pneumonia, hepatitis, enteritis and meningitis. Maintaining 95% vaccine coverage rate is critical for preventing the resurgence of vaccine-preventable infectious diseases. Interprofessional team is required for successful implementation of immunization programs that protect the community.



Effective Communication and Team Collaboration in Multicultural Health Care Environment: Challenges and Solutions

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ABSTRACT

Background: Promotion of communication and collaboration among Health Care Providers (HCPs) in a busy clinical environment is paramount. Effective communication is associated with better patient care, less medical errors, increased teamwork & job satisfaction. Such collaboration is challenging and often requiring unplanned communication among busy healthcare providers. Differences in training, communication styles and multi-cultural background of nurses and physicians contributes to communication problems. Workshop Objective: 1) Highlights the importance of effective communication & collaboration among (HCPs) in a multicultural healthcare environment; 2) Identify challenges and barriers to promoting communication in multicultural clinical work areas; 3) Use different practical communication tools and strategies to promote such collaboration.

Method: In this interactive workshop participants will be engaged in several activities: (1) interactive didactic introduction on the significance of communication and team collaborations among (HCPs) in a multicultural healthcare environment, share decision and putting plan together, known challenges faced or perceived; (2) Engagement in discussions and reflections on video-clips of different communication gaps in clinical workplace; (3) in small groups, participants will identify barriers to implement effective communication in culturally diverse healthcare environment; (4) Practice different tool and strategies to support communication and team collaboration.

Conclusion: The workshop welcomes all stakeholders in medical education, physicians, patient's safety and quality, nurses and other allied health working in any multicultural clinical environment, and other educators interested in promoting culture of safety in health care.



Simulation based Interprofessional Education to enhance teamwork & communication skills among medical & nursing students

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ABSTRACT

Background: Simulation based interprofessional education (SIPE) is an effective approach for addressing teamwork and communication skills in healthcare settings. This study attempts to evaluate a SIPE module for medical and nursing students on team training using TeamSTEPPS 2.0 guidelines.

Method: Twenty-one students and eight faculty enrolled for a SIPE module that was developed by the core IP team. Four teams participated in trauma simulation scenarios before and after a session on IPE and TeamSTEPPS 2.0 core competencies. The pre and post performance was assessed by faculty as well as by peer teams along with the pre and post self-assessment of SIPE. Quantitative data was analysed using descriptive and inferential statistics. The codes that emerged from the audio recordings of the focus group debriefing and the written portfolios of the reflections formed the data for qualitative analysis.

Findings: Analysis of the pre and post scores related to team performance along with self-assessment of IP Simulation training revealed statistically significant values (p value < 0.001). Major themes that emerged insisted on the need for IP simulation in the curriculum and the impact of structured tools for communication on patient safety.

Conclusion: The results demonstrate the effectiveness of the SIPE module in enhancing interprofessional communication and teamwork and the reduction of negative stereotypes within interprofessional relationships. Students perceive an increased awareness and a positive attitude towards IPE after SIPE module.

Pearl of wisdom: SIPE facilitates a culture of patient safety through enhanced skills of teamwork and communication.



Enhancing Competencies among Health Professionals for Primary Prevention in oral health care using an Interprofessional Approach

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ABSTRACT

Background: The bi-directional relationship among oral health and other diseases provides a strong rationale for increased collaboration in preventive oral healthcare among health workers. An appropriate mix of health care professionals cutting across streams, for more preventive work is the need of the hour providing cost-effective oral health care to all. The aim of this project was to assess oral health awareness as well as the need for interprofessional collaboration in primary oral care among Medical practitioners and also to impart awareness in oral health among an interprofessional group of healthcare learners.

Method: A cross sectional needs assessment survey was conducted among medical professionals of a tertiary hospital in India to assess their knowledge, attitude and need for collaborative care in oral health using a structured, pretested and validated questionnaire. Teaching module designed as part of the National Oral Health Mission by AIIMS, CDER, New Delhi with key areas of focus was used along with an objective pre and post assessment using a pre tested, and structured and validated questionnaire was done on an interprofessional team of 119 healthcare learners.

Findings: Medical practitioners had adequate knowledge regarding oral hygiene practices and other dental conditions but not regarding oral-systemic link. Comparison of pre and post awareness lectures between the three groups showed that difference in knowledge levels was highest among social work groups (17.72) and medical students had the least value of (3.31) (p value of <0.001).

Conclusion: The needs based survey among medical practitioners elicited great enthusiasm and a very positive attitude towards interprofessional collaboration in bridging the gap between oral and systemic health. Oral Health awareness was the least among the social work students compared to nursing and Medical students which can be attributed to the greater knowledge available from the medical and nursing curriculum.



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