

EIPEN 2017 Conference

Lausanne 6-8 September

6th European Conference on Interprofessional Practice & Education in Health and Social Care




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EIPEN European Interprofessional
Practice & Education Network

Hes-so
Haute Ecole Spécialisée
de Suisse occidentale

La Source.
Institut et Haute Ecole de la Santé

 Groupe interinstitutionnel
d'Education et Pratique
Interprofessionnelles

Programme book

Provisional version for online publication 15 June – not for distribution

Welcome from the host



Jacques Chapuis

Director of La Source School of Nursing, University of Applied Sciences and Arts Western Switzerland

There is no doubt: in the future, health historians will mention that the 21st Century experienced a strong move towards community health and home care, marking the end of hospital-centered thinking. Such a revolution shall be accompanied by in-depth changes regarding collaboration models and efficient use of professional skills. Key aspects for the future are inter-professional collaboration and leadership by expertise. These words may sound trivial but they underlie major revisions in conceptualization and representations that professionals build about others, with whom he or she will have to share his or her knowledge, objectives and, sometimes, power.

Such changes will not take place by decree or in the immediate future. In order to achieve them, one should start as early as initial education. Interprofessional education is obviously one of the key factors for the expected changes. Tomorrow, professionals who used to work side by side will increasingly tap into skills synergy that arose from interprofessional approaches. They will share responsibilities in a different logic than the one of hierarchic diplomas. EIPEN conferences are actively contributing to this effort. Therefore I'm gladly welcoming you in La Source for the 2017 edition.

Welcome from EIPEN



Andre Vyt

Chair of EIPEN, the European Interprofessional Practice & Education Network

The 2017 Conference in Lausanne, Switzerland, is the 6th in the row of the European conferences on interprofessional practice and education. It follows the successful conferences in Krakow (2007), Oulu (2009), Ghent (2011), Ljubljana (2013), and Nijmegen (2015).

Switzerland is known to have a high-standard health care, and also high-level higher education in health sciences and health care professions. The region of Vaud is a pivotal region for interprofessional research and innovation, stimulated by GEPI, a working group of academics.

It is a pleasure to have this conference in the heart of Europe and close to the headquarters of the World Health Organization. In 1988 this organization drew the attention to the necessity of IPE in a growing complexity of health care needs and an increasing specialization within health care professions.

EIPEN now exists for more than 10 years. In 2014 we transformed the project group into a membership society, with an increasing number of institutional members. EIPEN is flourishing thanks to engagement and collaboration. Enjoy the conference, and use EIPEN as a dynamic network!

A collaborative effort

The conference is the result of a joined effort of the host institution, the EIPEN Executive Office, and AQARTO Agency. La Source accepted the challenge of organizing the EIPEN Conference in Lausanne. We had the stimulating support of GEPI, the interinstitutional working group of interprofessional practice and education, linked to the 4 higher education institutions in Lausanne with departments in health care. We have the support of the overarching University of Applied sciences and Arts Western Switzerland (HES-SO), and the collaboration with EIPEN was smooth and well-organized. The European conference is not only a challenge but at the same time a pleasure, and it is a culmination of several years of work from our regional group.



Corinne Borloz
Chair of the Scientific Advisory Committee



Anne Mairesse
Chair of the Local Organizing Committee

Committees

The **Scientific Advisory Committee** supervised the content of the conference. It consists of Corinne Borloz (president), Nadine Oberhauser, David Gachoud, Muriel Gasser, Nynke Scherpbier-deHaan, Majda Pahor, Tiina Tervaskanto-Maentausta, Paul Van Royen, and Andre Vyt. They reviewed the submitted proposals of authors and decided on content aspects.

The **Local Organizing Committee** is responsible for all aspects related to the conference venue: the organization of the welcome, the registration desk, rooms and equipment, internet and printing facilities, the poster displays and exhibition booths, the catering during breaks and lunches, the social event and the dinners. The organizing committee collaborated with the EIPEN EO in preparing and promoting the conference, and in setting up and fine-tuning the programme scheduling. Finally, they overview the service to participants, the atmosphere during the conference, the guidance of presenters, and the solving of problems that may occur. The dedicated team is available for any query you may have.



The Local Organizing Committee with Mathilde Maza, Anne Mairesse (chair), Anne-Claire Huni, and Laurent Gerhard ensures a well-organized conference, including enjoyable dinners and a social programme.

Sponsors

	EIPEN	In the conference package, two books are included. These are offered to you by EIPEN. Also you find a voucher through which you can buy a book at a reduced price in the exhibition area.
	PROSE	PROSE has invested in high-quality laptop bags, backpacks, USB-sticks, and promotional pins for the conference package, to help spreading the message of IPE.
	HES-SO	The University of Applied sciences and Arts Western Switzerland HES-SO has provided extra funding for organizing the conference and using conference infrastructure.
	La Source	La Source School of nursing has invested in this conference through promotional activities, providing infrastructure, and staff costs of the Local Organizing Committee.
	GEPI	The interinstitutional working group on interprofessional practice and education has prepared and partly sponsored the social activity.
	Lausanne City	The wine during dinners is offered by the city council of Lausanne.

Conference package

Your conference package includes:

- A badge giving access to all conference activities, including dinners and social activity
- A writing pad from and an info leaflet about the host institution, HES-SO, and the GEPI group
- An info leaflet on EIPEN, on PROSE, and on a capacity building seminar in May 2018
- Two books offered for free
- A voucher for a reduction on other books, available at the registration desk or exhibition area
- A city map of Lausanne
- Three pins to put on, to promote IPE
- A laptop bag or backpack

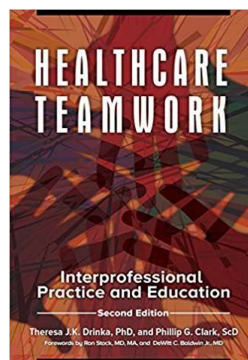
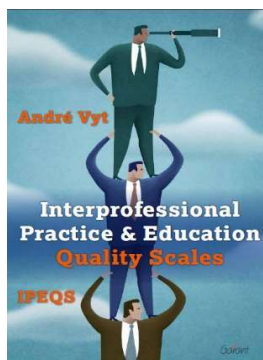
Promo package

At the registration or exhibition area IPE promo-packages are available to promote IPE in your institution or region (including a set of pins). European institutions can ask for such a package. For EIPEN member institutions this is free.

Books distributed at the conference or available at reduced price:



Included in the conference package



Available at reduced price with a voucher



In the picture

It is nice if an EIPEN Conference coincides with an important development in the region of the host institution. We are proud to announce that the interinstitutional working group of interprofessional practice and education of the Vaud region (GEPI) has produced a book describing the model as developed and implemented in Lausanne. The book (in French) is available at reduced price at the conference.



The members of the GEPI (Groupe interinstitutionnel d'Education et Pratique Interprofessionnelles): Jacques Chapuis, Mireille Clerc, Anne-Claude Allin, Serge Gallant, Isabelle Decosterd, Nadine Oberhauser and David Gachoud

Content

Programme

A The venue	7
B Guidelines for a smooth conference	13
C Programme schedule	18
D Overview list of presentations	23

Abstracts & participants

E Abstracts of presentations	30
F List of conference participants	60

Section A

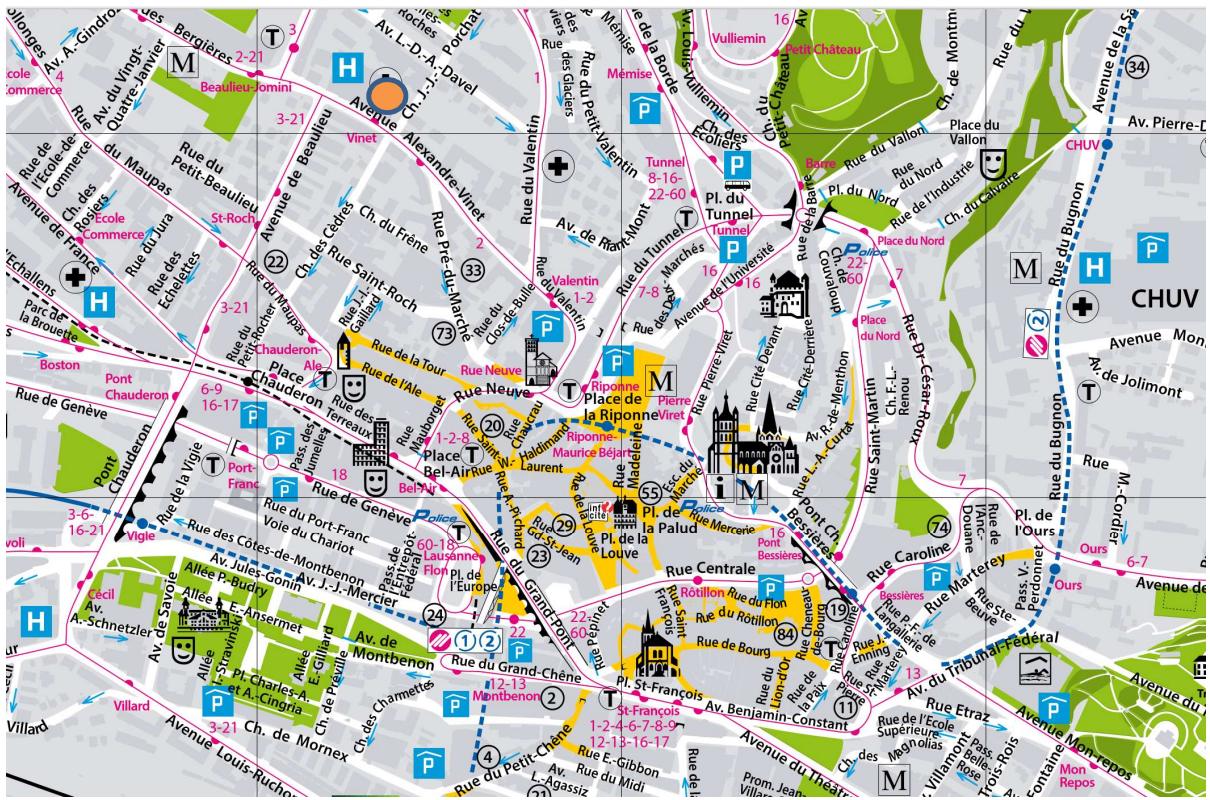
The venue

The setting: Lausanne



Lausanne lies on the banks of Lac Léman (Lake Geneva). It boasts an impressive Old Town, and prime access to the great outdoors, situated in the middle of Switzerland's wine region. The city faces the French Alps, with the Jura mountains to its north-west.

Lausanne has a rich cultural offering, many green spaces, and a rapid public transport system. With several institutes of higher education (La Source, HESAV, Polytechnic Federal School, and UNIL University of Lausanne), clinics, and a highly specialized university hospital, Lausanne offers a rich academic resource for health care. The old town is a charming place to visit.



Extract of the official city map of the Lausanne Tourism Office. The conference venue is indicated in orange.

The venue: campus of La Source

The host of the conference is the first established non-religious institute of higher education for nursing in the world (1859). It now offers several specialized study programmes and is member of GEPI, the health inter-professional initiative of Lausanne. The institute is situated in the centre of the city, Rue Alexandre Vinet 30. The campus buildings have spacious and comfortable rooms, equipped with modern technology for high-quality teaching and learning.

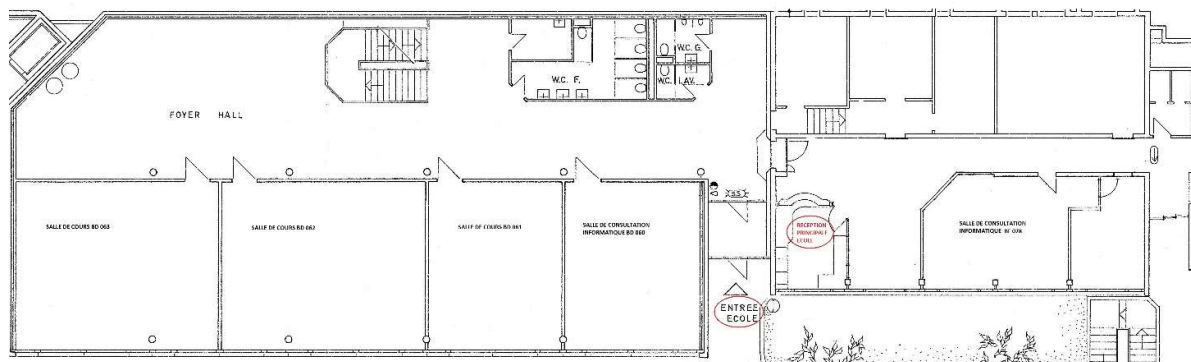
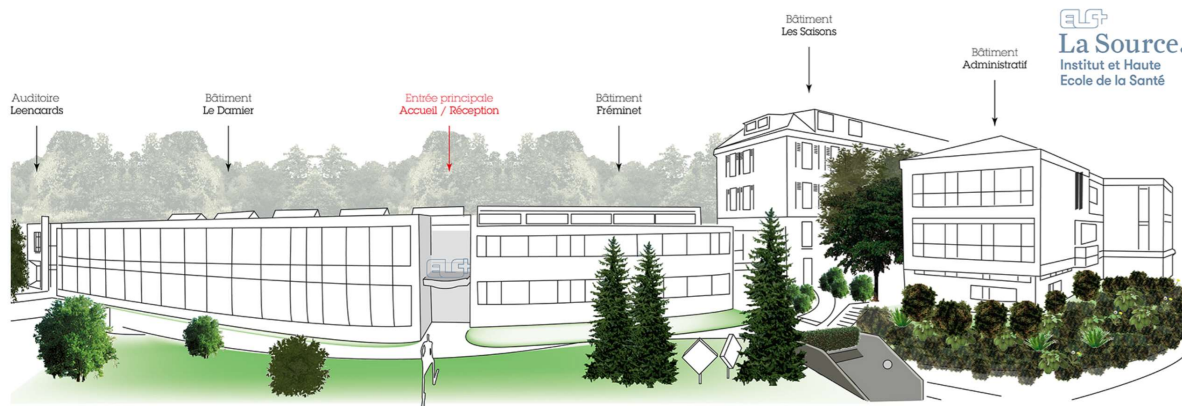


Streetside view on the campus buildings

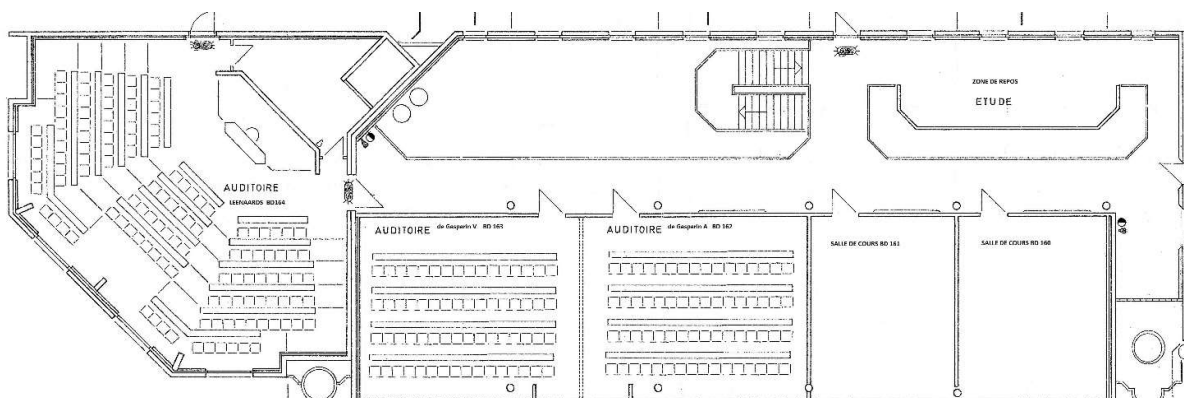


The campus

Map of the venue



Ground floor (level 0)



First floor (level 1)

The surrounding area

Enjoy the city of Lausanne by strolling through the streets, by shopping, or visiting places of interest. Don't forget to participate in the social activity followed by the dinner on Thursday evening.



A typical street in the old city



Lausanne Flon area by the evening

The social activity on Thursday



The social activity consists of a boat trip along the Lavaux Vineyard Terraces, stretching for about 30 km along the south-facing northern shores of Lake Geneva from the Chateau de Chillon to the eastern outskirts of Lausanne. They cover the lower slopes of the mountainside between the villages and the lake. The vine terraces can be traced back to the 11th century, when monasteries controlled the area. It is an example of a centuries-long interaction between people and their environment, developed to optimize local resources so as to produce a highly valued wine. In 2007 the site has been put on the list of UNESCO World Heritage.



Section B

Guidelines for a smooth conference

For all participants

Registration

The registration desk is open from Wednesday 1pm until 6pm, when the cocktail (walking) dinner starts. Persons arriving later than 6pm and still wanting to join this event, are kindly requested to inform the conference secretariat on beforehand. Somebody at the walking dinner can then help you. If you are arriving later than 8pm, you can collect your badge and conference bag at the registration desk on Thursday morning from 8am onwards. Please come early, as the sessions begin at 8.30am sharp. The desk will be open until 11am, and again for one hour between 1 and 2pm, and between 5 and 6pm. On Friday the desk will only be open between 8 and 9am. You may find someone outside these time windows, but we cannot guarantee it.

Badges

Every conference participant has a badge. We ask conference participants to wear the badge at all times. This gives you access to all sessions and all events (also dinner). We only put your name and your country on the badge. This allows to have clearly readable badges. As most of the conference participants are over 45, their cognitive vision may still be very good but the sharpness in visual perception deteriorates after this age as we know. Persons that have a role in the organization of the conference (members of the organizing committee, members of the EIPEN Executive Office, and members of the Scientific Committee) have a coloured badge. If you have a question, and you cannot reach a person at the registration desk, you can ask one of these persons to help you further.

Conference language

The official conference language for presentations and interactions is English. During breaks and social activities you can use any language you want, as long as the conversation for all partners involved are understandable. As the conference is a place for social networking across Europe, it is advisable to use English also during informal events, so that every attendee can join a conversation. Only a minority of the participants are native English speakers, so there is no problem in using European English which is not perfect. Everybody makes mistakes. Also in this programme book the English is not entirely as people from London would expect it to be. So a programme can be a program, a colour can be a color, and an organisation can be an organization. English has become a language with many variants, incorporating expressions from all over the world. Let's see this as an enrichment.

Internet access and printing facilities

Internet is available via wifi at the conference venue. In some areas access may be restricted or the signal may be weak. At the registration desk you will find information on accessibility and eventual passwords or access codes to use. In the registration area there will be computers available with access by cable, not requiring personal codes. These computers will also have limited printing opportunities. If you need to have something printed on multiple copies, please ask the persons at the registration desk to help you.

Programme book

The programme book is available online already 3 months before the start of the conference. You can download it as pdf, but the main sections are also directly available on the EIPEN website. As the website is responsive to screen size detection, you can even consult it on your smartphone.

A list of participants is available in pdf and on paper and will be put also on the website. If you don't want that your e-mail is put on this list, please inform the conference secretariat 1 month before the conference.

Conference bag

The conference bag is available in three formats: a laptop-size one, a handy backpack, or a simple cotton shopping bag. You can choose online which one you prefer. If you like the laptop bag or the backpack, please select one of these. They are of good quality (and partly sponsored), but we want to avoid giving it as standard if you won't to use it. That would be a waste.

The conference bag contains the programme book without the abstracts, and a USB-stick with the full programme book including the abstracts and additional information. You also receive from EIPEN a complimentary book on quality assurance in IPE, a writing pad from the host, and touristic information from the tourism office.

Registration for workshops and roundtable discussions

As we want to guarantee the interactive character of these sessions, the number of participants is limited. You need to register before the end of August to guarantee your participation. You can select one activity during each time window. At the start of the conference, an overview of participation in these sessions is available at the registration desk and on the website. If places are still available, you can register for an additional activity at the registration desk on Thursday.

Exhibition stands and posters

Exhibition booths and tables are reserved for organizations and companies that sponsor the conference. There will also be a table to put information folders available for participants. Please ask the persons of the registration desk if you want to make use of it. Materials that have been put without notice will be removed.

On Friday the poster exhibition area is used for showcases. This is used for posters that have been accepted but that contain no research or innovation. They are considered as interesting examples of good practice. Institutional members of EIPEN can use free space to display info on IPE in their own institution. To use this opportunity, it has to be proposed/submitted at least one month before the start of the conference.

The poster display area is in the hall close to the registration desk. Posters are to be displayed in morning and afternoon sessions during the whole morning or afternoon. At the registration desk pins or stickers will be available to attach your poster. You can choose the format to be A1 in portrait or twice A2 in landscape. We ask poster presenters to attach their poster before 8.30 or before 13.30, and remove their poster accordingly at noon or evening. Poster presenters need to be present at the poster display during the breaks. It's also good to attach your contact details at the poster board.

Sponsors

The conference is sponsored by HES-SO (in using venue infrastructure), by AQARTO PROSE (in providing high-quality conference bags and USB-sticks), and by the city of Lausanne (offering the wine at the cocktail dinner and the social event). Additional sponsors can contact the conference organisers until one month before the start of the conference. Sponsors are mentioned on the website, in the programme book, and on a display stand in the hall.

Breaks and lunches

Breaks are very important in a conference as a networking event. The EIPEN conferences are known to be ideal occasions for this, not only because attendees are generally open and friendly but also because we organize the conference in such a way that these occasions can be used effectively. Please make use of it. During breaks, coffee and tea is served with small biscuits. On Thursday afternoon, fruit is served, as we want you to stay healthy.

Participants have had the occasion, when registering, to indicate special diet requirements for lunches and dinners. We pay attention to this. More than 30% of the food is vegetarian, as we want to stimulate this. For other indicated items (lactose-free, gluten-free, sugar-limited) please use this only if you signaled this when your registered. During lunches, no alcohol is served. During evening activities however, delicious wine from the Lausanne region is available.

Social events and touristic activities

The limited size of the conference allows us to organize social events that are open to every participant. No additional fee is required, and we expect everybody to participate, as in the welcome cocktail dinner on Wednesday and the dinner on Thursday evening. If you are prevented from participating, and you have not signaled this when registering online, please inform the registration desk on Wednesday, so that the chef de cuisine can take this into account and the volume of left-overs can be contained. We don't want to waste delicious meals.

The conference starts on Wednesday afternoon, and ends on Friday noon. So you have the occasion to stroll in the city on Wednesday, and discover the Lausanne region and the mountains area on Friday or in the weekend if you stay longer. The social event on Thursday evening includes a boat trip on the lake, providing an impressive view on the lakeside vineyards and mountains.

For presenters

Time-keeping during presentations

For presenters of **oral presentations** it is important to keep a strict timing in starting a presentation as well as in ending a presentation. We ask presenters to formulate clear conclusions or clear messages after 20 minutes. Additionally 5 minutes are foreseen for questions and answers. Questions can be focused on getting clarification or formulating an additional thought, enquiry, or remark. It is not the intention to start a debate. If there are no questions, that's fine. Maybe there are persons who want to ask a question personally, so ending sooner is no problem. An additional break of 5 minutes allows for the next presenter(s) to put the presentation ready but also for participants to change rooms if they want to attend another presentation.

For **workshops and roundtable discussions** a full hour is foreseen, as they are followed by a break of 30 minutes, but the sessions can end after 50 minutes. We ask workshop and discussion leaders to present their method of working with a time schedule clearly at the beginning of the session, so that participants know what to expect when.

Time-keepers will be present to help in time-management, but we ask presenters and participants to spontaneously follow these guidelines.

oral presentation



workshop or roundtable discussion



■ presentation ■ active interaction ■ plenary ■ discussion (Q&A) ■ break

Settings of your presentation

We know many presenters work on their presentation until the last hour or even minute. That's no problem. Please bring your presentation on USB-stick, and try it out well before the session starts. The computers in the rooms have MS Powerpoint 2013 or 2016. Keep in mind that it is the Francophone version, so you may want to closely study the different menu tabs in your own version so that you can quickly find the appropriate menu item. A room- and time-keeper will be available to assist you when necessary.

All computers will have internet access with MS Edge or Chrome available as browser, but you may not want to take the risk to use this. We advise to take screenshots of websites you want to incorporate in your slides of your presentation. The same applies for using audio or video. If you want to use it, please ask a person available to test this out on beforehand. Finally, keep in mind that there are different screen sizes and screen resolutions for pc-projection. To guarantee a hassle-free presentation you may want to save your presentation in a low resolution and 4:3 screen size instead of high resolution and 16:9 size.

Quality check

We find it important that a conference not only is well-organized but also that presentations are of high quality. This not only depends on the content, but also on how you communicate it and how you succeed in getting the attention of the participant. For workshops and roundtable discussions the active involvement of participants is of paramount importance. At the end of the conference, on Friday noon between 1 and 2pm, participants are invited to go online and respond to a poll asking:

- Which oral presentation of the Thursday morning sessions would you like to nominate as an excellent one? What was especially appealing?
- Which oral presentation was really disappointing according to your expectations? What is the suggestion for improvement you want to give to the presenter?
- Which oral presentation of the Thursday afternoon sessions would you like to nominate as an excellent one? What was especially appealing?
- Which oral presentation was really disappointing according to your expectations? What is the suggestion for improvement you want to give to the presenter?
- Which workshop or roundtable discussion of the Friday morning sessions would you like to nominate as an excellent one? What was especially appealing?
- Which workshop or roundtable discussion was really disappointing according to your expectations? What is the suggestion for improvement you want to give to the presenter?
- Which poster presentation from Thursday would you like to nominate for the Best Poster Award (which will be announced on Friday at 2pm)?
- Are you satisfied with the quality of the welcome and help at the registration desk?
- Are you satisfied with the quality of the conference venue (hall, rooms, furniture)?
- As a presenter, are you satisfied with the equipment and the scheduling for your presentation?
- As a participant, are you satisfied with the quality of the content offered at the conference?
- As participant, are you satisfied with the catering/food during breaks, lunches, and dinners?
- Are you satisfied with the programme schedule, the organization of sessions and social events?
- Are you satisfied with the opening session, including the welcome and the keynote addresses?

The results will be used for the Award of Best Poster at 2pm, for monitoring and improving the quality of our conferences, and for informing presenters so that they can learn from feedback.

Section C

Programme schedule

In this section you can quickly identify where you want to go to, to participate in a session or see a presentation. To make your selection, you first will have to look through the abstracts in the next section.

For workshops and roundtable discussions you will need to register by Thursday afternoon at the latest.

Each presentation has a code, consisting of:

The domain:

EC = education and clinical area

E = mainly for education

C = mainly for clinical and social practice

The format:

OP = oral presentation (max 20 minutes presenting, and max 5 minutes discussion)

PO = poster presentation (during 3 hours, for posters with research or innovation)

PS = poster showcase (for displaying existing practices of training/education without research or innovation)

WS = workshop (max 1 hour, max 30 participants, aimed at exercise and interaction)

RD = roundtable discussion (max 1 hour, max 30 participants, aimed at debate and discussion)

Wednesday afternoon



13.00 Registration desk open

Opening session (auditorium Leenaards) 🎵 Musical intro: Alphorn trio L'écho de la Fleur-de-Lys

16.00 Welcome from the director of the host institution and the Chair of the Scientific Committee **Jacques Chapuis & Corinne Borloz**, La Source School of nursing, Lausanne (Switzerland)

How the Vaud region in Switzerland embraces IPE

In the past twenty years, considerable efforts have been made to deploy and implement interprofessional education and practice in Switzerland. In the French-speaking region of Vaud, a close collaboration exists between institutions, allowing to intensify and solidify interprofessional education. A Working group GEPI coordinates these initiatives.

Invited address

Daniel Scheidegger, Chairman of the Swiss Academy of Medical Sciences (SAMS)



IPE as a key factor for future development in medicine and health care

Engaged in science and research politics, the Swiss Academy of Medical Sciences (SAMS) provides expert activity oriented at politicians and authorities. The academy comprehensively reflects the future of medicine and promotes the professional training of the coming generation of scientists. Moreover, the SAMS focuses on the clarification of ethical questions concerning medical developments and their social impact. How does it engage in IPE?

16.30 Keynote presentation

Phillip Clark, University of Rhode Island (USA)



Why values and voices in interprofessional collaboration are important: Understanding how narratives can improve patient-centered teamwork

Everyone knows that effective communication is essential for interprofessional collaboration in health and social care. However, we don't always think about how our communication is shaped by our perspectives, training, and values as professionals. We all see the patient differently, and we talk with other care providers using different voices. A narrative approach to interprofessional education (IPE) and practice (IPP) reveals important and largely unrecognized dimensions of collaboration. Using the metaphor of the "story", we explore critical aspects of our identities as professionals; how we understand and format the information we gather from patients; and, most importantly, how we communicate with others on the team. The goal is to get us all thinking differently about ourselves, our patients, and our team members in a way that improves health and social care outcomes — whether we are practitioners or educators.

17.30 Welcome address from the Chair of EIPEN

Andre Vyt, Artevelde University College & University of Ghent (Belgium)

The future is bright for IPE in Europe – if we can truly make it truly happen

IPE gets explicit attention since 30 years, starting with the publication of the manifest of the WHO Working group in 1988. But in countries the attention it receives is discontinuous, and it depends upon economy, policy, and educational waves of innovation. The European network can contribute to the expansion of IPE across Europe but also to the solidification and continuity of IP initiatives. The strategy of EIPEN is focused on building partnerships, highlighting examples of good practice and stimulating innovation, but also in assuring quality in IPE, and therefore also in assuring quality of health and social care, both in education and in clinical practice.

🎵 Music: Alphorn trio L'écho de la Fleur-de-Lys

18.00 Welcome cocktail dinner with typical Swiss buffet (ending at 8pm)

Thursday morning sessions

	Oral Presentations Strand A (aud De Gasparin 1)	Oral Presentations Strand B (aud De Gasparin 2)	Poster Presentations Room 6 (8.30-13.00)
08.30	<p>08.30 EC-OP01 SL Golding (Australia) Coordinating an IP student led health service: A juggling act in meeting the learning needs of the students and the health needs of the local community</p> <p>09.00 EC-OP02 AC Allin-Pfister & S Gallant (Switzerland) Interprofessional Lausanne's model: Why and how?</p> <p>09.30 EC-OP03 T Tervaskanto-Mäentausta (Finland) Interprofessional emergency care training in simulation settings</p>	<p>08.30 E-OP01 M Bianchi (Italy) Practicing contextual models of interprofessional care: A grounded theory study</p> <p>09.00 E-OP02 K Hyndes & S Plows (UK) The use of simulated case studies to facilitate development of teamwork and understanding of multidisciplinary team management</p> <p>09.30 E-OP03 S Berger & K Krug (Germany) Facilitating collaborative competence in undergraduate health care students with interprofessional journal clubs</p>	<p>EC-PO01 Busnel & Marjollet Interprofessional training for home nurses: First results</p> <p>EC-PO02 Furlanetto & Pinho Workforce in health: A challenge for the consolidation of the Brazilian Health System</p> <p>EC-PO03 Forestier Prevention of suicide for young people: An educational challenge to reinforce a citizen and interprofessional security net</p> <p>EC-PO04 Manninen & Roivainen Interprofessional team-teaching in prehospital emergency nursing of obstetric and pediatric patients</p>
10.00	Break with coffee/tea and opportunity for poster discussion		
10.30	<p>10.30 C-OP01 J van Dongen & H Smeets (Netherlands) Development of a customizable programme for improving IP team meetings: An action research approach</p> <p>11.00 C-OP03 G Singh (UK) How can effective interprofessional teamwork reduce medication errors?</p> <p>11.30 C-OP04 L Staffoni & D Pichonnaz (Switzerland) "Learning from each other": The transmission of knowledge as a form of high-level collaboration</p>	<p>10.30 E-OP04 CR Watts (USA) Factors influencing the sustainability of an interprofessional education program</p> <p>11.00 E-OP05 F Jakobsen (Denmark) The nexus between emotions and clinical learning in an interprofessional setting</p> <p>11.30 E-OP06 M Mette & M Partecke (Germany) Dealing with professional cultures in the development and implementation of IPE – the German perspective</p>	<p>EC-PO05 Santschi IP education in hypertension: foundation for a team-based care culture in the management of chronic diseases</p> <p>EC-PO06 Oshima A study on changes in consciousness of regional health care professionals before and after an interprofessional collaboration training</p> <p>EC-PO07 Truchot-Cardot I had a dream: Eradicating the malnutrition of hospitalized patients through IP training.</p> <p>EC-PO08 Stallworth & Framil Interprofessional and collaborative education and practice in a school-based and family-centered medical clinic</p>
12.00	Lunch followed by opportunity for poster discussion		

Thursday afternoon sessions

	Oral Presentations Strand A (aud De Gasparin 1)	Oral Presentations Strand B (aud De Gasparin 2)	Poster Presentations Room 6 (13.30-16.00)
13.30	<p>13.30 C-OP05 HF Agreli (Brazil) Team climate and collaboration: Framework for interprofessional collaboration in primary care</p> <p>14.00 C-OP06 A Didier & M Shaha (Switzerland) Patients' perspective about interprofessional collaboration : Preliminary results</p> <p>14.30 C-OP07 A Vyt (Belgium) A typology of interprofessional teamwork in acute geriatric care: A study in 55 units in Belgium</p>	<p>13.30 C-OP02 J van Dongen & A Moser (Netherlands) "They are talking about me, but not with me": Patient perspective on IP team meetings in primary care</p> <p>14.00 EC-OP04 E Careau (Canada) The Continuum of Interprofessional Collaborative Practice in Health and Social Care: A tool to enhance knowledge translation and IP learning</p> <p>14.30 E-OP07 A Mairesse & J Campbell (Switzerland) Training students as facilitators of interprofessional education</p>	<p>C-PO01 Bécherraz & Pichonnaz The interactional structure of IP meetings: Processes of information exchange, knowledge sharing and decision-making</p> <p>C-PO02 Van Landschoot Interdisciplinary care as facilitator for integrated care: An exploratory study among general practitioners, nurses and social workers</p> <p>C-PO03 Desaulniers Patient-as-partner: Development, implementation and evaluation of an interdisciplinary health communication web-based tool</p> <p>C-PO04 Vyt Validation and factor analysis of a quickscan based on the IPEQS in IP teams of geriatric care in hospitals</p>
15.00	Break with coffee/tea and opportunity for poster discussion		
15.30	<p>15.30 C-OP08 Andre Vyt (Belgium) Self-assessment of the quality of interprofessional team meetings in primary and community health care</p> <p>16.00 C-OP09 C F Makoni (UK) Health in justice, education and social care, learning from IP perspectives: Battling with different parts of the same problem</p>	<p>15.30 E-OP08 A Mairesse & N Baudat (Switzerland) Training the health care professionals of tomorrow in an interprofessional environment</p> <p>16.00 E-OP09 Laura Chalmers (Scotland) Interprofessional learning using live drama to explore professional values</p>	<p>E-PO01 Kohlhaas Serious games in IP education</p> <p>E-PO02 Lau Developing IPE in community setting: A Singapore experience</p> <p>E-PO03 Bellemare & Paignon Using Serious Game as a complement in IP simulation in bachelor training</p> <p>E-PO04 Mitzkat & Krug Research-based learning in IP setting</p> <p>E-PO05 Vandaele & Vyt Let's start with an IP intake: A pilot of holistic diagnosis and follow-up</p> <p>E-PO06 Hyndes & Plows "Flipping" the simulations in IPE</p> <p>E-PO07 C Khalili & Reeves The development of an IPCP High Cognitive Skills Test</p>
16.30	Break with coffee/tea and opportunity for poster discussion		
18.00	Social event: boat trip along the Lavaux vineyard terraces		
19.00	Conference dinner		

Friday morning sessions

	Workshops (room 62)	Roundtable discussions (room 63)	Poster Showcases Room 6 (8.30-13.00)
08.30	<p>08.30 EC-WS01 C De Raes & C De Vos (Belgium) Developing interprofessional practice or work settings in co-creation with the professional field</p> <p>09.30 E-WS01 A Stevens, A Moser & R Pitt (Netherlands & UK) Facilitating interprofessional learning of students: The role of the teacher</p>	<p>08.30 EC-RD01 L van Amsterdam & I Boermans (Netherlands) Development of a national network for interprofessional education and collaboration</p> <p>09.30C-RD01 MP Sy & N Ohshima (Japan) Creating a service model of interprofessional collaboration in substance use and addiction settings in the Philippines: Using the Kawakita Jiro method</p>	<p>E-PS01 Nasser & Farra IP education in a teaching hospital setting</p> <p>E-PS02 Farra & Nasser IP education for health and social care students in Lebanon</p> <p>E-PS03 Smeets & Stevens An overview of our IP education curriculum</p> <p>E-PS04 Verweij The implementation of IP cooperation in a diversity of healthcare studies</p> <p>E-PS05 Meche & Jeannot An interprofessional education event</p>
10.30	Break with coffee/tea and opportunity to visit poster displays		
11.00	<p>11.00 E-WS02 M Schokking & M Breteler (Netherlands) Pole position and beyond: Formula 1 racing and interprofessional education</p> <p>12.00 E-WS03 C Borloz & A Vyt (Switzerland & Belgium) Getting out of the comfort zone: beyond the thresholds for effective interprofessional education</p>	<p>11.00 C-RD02 B Sottas & U Baumgartner (Switzerland) Getting prepared for interprofessional primary care in Switzerland</p> <p>12.00 E-RD01 R Pitt & L Anderson (UK) The contribution of theory to the design and delivery of interprofessional education: Findings of a Best Evidence medical education review</p>	<p>Special Roundtable discussion (room 61)</p> <p>11.00-12.00 EC-RD02 M Pahor, T Tervaskanto-Maentausta & A Vyt (Slovenia, Finland, Belgium) Consensus building on interprofessional education competences in Europe</p>
13.00	Lunch		
13.30	Best Poster Award and Press event (aud. Leenaards)		
14.00	End of the conference		

Section C

Overview list of presentations

In this section you find the titles and presenters of the presentations, workshops and roundtable discussions.

Titles may be abbreviated.

To make your selection thoroughly, you will need to read through the abstracts in the next section.

For workshops and roundtable discussions you will need to register by Thursday afternoon at the latest.

Each presentation has a code, consisting of:

The domain:

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E = mainly for education

C = mainly for clinical and social practice

The format:

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PS = poster showcase (for displaying existing practices of training/education without research or innovation)

WS = workshop (max 1 hour, max 30 participants, aimed at exercise and interaction)

RD = roundtable discussion (max 1 hour, max 30 participants, aimed at debate and discussion)

Oral Presentations

EC-OP01

Shannon Loris Golding

Curtin University, Perth, Australia

Coordinating an interprofessional student led health service

EC-OP02

Anne-Claude Allin-Pfister & Serge Gallant

University of Applied Sciences of Western Switzerland, La Source School of Nursing & CHUV Lausanne University hospital, Lausanne, Switzerland

Interprofessional Lausanne's model: Why and how?

EC-OP03

Tiina Tervaskanto-Mäentausta

Oulu University of Applied Sciences, Oulu, Finland

Interprofessional emergency care training in simulation settings

EC-OP04

Emmanuelle Careau

University of Laval, Quebec, Canada

The Continuum of Interprofessional Collaborative Practice in Health and Social Care: A useful tool

C-OP01

Jerôme van Dongen & Hester Smeets

Faculty of Health, Zuyd University of Applied Sciences, Heerlen, The Netherlands

Development of a customizable programme for improving interprofessional team meetings

C-OP02

Jerôme van Dongen & Albine Moser

Faculty of Health, Zuyd University of Applied Sciences, Heerlen, The Netherlands

"They are talking about me, but not with me": Patient perspective on IP team meetings

C-OP03

Gurdas Singh

University of London, King's College, London, England

How can effective interprofessional teamwork reduce medication errors?

C-OP04

Liliana Staffoni & David Pichonnaz

University of Applied Sciences and Arts Western Switzerland, School of Health Sciences (HESAV), Switzerland

"Learning from each other": The transmission of knowledge as a form of high-level collaboration

C-OP05

Heloise F. Agreli

University of São Paulo, São Paulo, Brazil

Team climate and collaboration: Framework for interprofessional collaboration in primary care

C-OP06

Amélia Didier & Maya Shaha

University of Lausanne, University of Health Sciences Vaud (HESAV), & University of Applied Sciences Western Switzerland (HES-SO), Lausanne, Switzerland

Patients' perspective about interprofessional collaboration: Preliminary results

C-OP07

Andre Vyt

Artevelde University College & University of Ghent, Ghent, Belgium

A typology of interprofessional teamwork in acute geriatric care: A study in 55 units in Belgium

C-OP08

Andre Vyt

Artevelde University College & University of Ghent, Ghent, Belgium

Self-assessment of the quality of IP team meetings in primary and community health care

C-OP09 C

Farai Makoni

Buckinghamshire New University & University of Southampton, UK

Health in justice, education and social care, learning from interdisciplinary perspectives

E-OP01

Monica Bianchi

SUPSI, University of Genoa, Manno CH & Genoa Italy

Practicing contextual models of interprofessional care: A grounded theory study

E-OP02

Kirsty Hyndes & Susan Plows

University of Nottingham, Nottingham, UK

The use of simulated case studies to facilitate development of teamwork

E-OP03

Sarah Berger & Katja Krug

Medical Faculty Heidelberg, Heidelberg, Germany

Facilitating collaborative competence in undergraduate health care students with IP journal clubs

E-OP04

Christopher R. Watts

Texas Christian University, Fort Worth, Texas, USA

Factors influencing the sustainability of an interprofessional education program

E-OP05

Flemming Jakobsen

University Clinic for Hand, Hip and Knee Surgery, Hospital Unit West, Holstebro, Denmark

The nexus between emotions and clinical learning in an interprofessional setting

E-OP06

Mira Mette & Maud Partecke

Heidelberg University & University of Greifswald, Mannheim & Greifswald, Germany

Dealing with professional cultures in the development and implementation of IPE

E-OP07

Anne Mairesse & Joan Campbell

La Source School of Nursing, University of Applied Sciences and Arts Western Switzerland, & School of Health Sciences (HESAV), Lausanne, Switzerland

Training students as facilitators of interprofessional education

E-OP08

Anne Mairesse & Nicole Baudat

La Source School of nursing & University of Applied sciences and Arts Western Switzerland, Lausanne, Switzerland

Training the health care professionals of tomorrow in an interprofessional environment

E-OP09

Laura Chalmers

Robert Gordon University, Scotland

Interprofessional learning using live drama to explore professional values

Poster Presentations

EC-PO01

Catherine Busnel & Laurent Marjollet

IMAD (genovese institution for homecare), Suisse

Interprofessional training for home nurses: First results

EC-PO02

Denise de Lima Costa Furlanetto & Diana Lucia Moura Pinho

University of Brasília, Brasília, Brazil

Workforce in health: A challenge for the consolidation of the Brazilian Health System

EC-PO03

Aline Forestier

University of Applied Sciences Western Switzerland, School of Nursing, Geneva, Western Switzerland

Prevention of suicide for young people: An educational challenge to reinforce a citizen and interprofessional security net

EC-PO04

Minna Manninen & Petri Roivainen

Oulu University of Applied Sciences, Oulu, Finland

Interprofessional team-teaching in prehospital emergency nursing of obstetric and pediatric patients

EC-PO05

Valerie Santschi

La Source School of Nursing Sciences, University of Applied Sciences of Western Switzerland, Lausanne, Switzerland

Interprofessional education in hypertension: foundation for a team-based care culture in the management of chronic diseases

EC-PO06

Nobuo Oshima

Tokyo Metropolitan University, Tokyo, Japan

A study on changes in consciousness of regional health care professionals before and after an interprofessional collaboration training

EC-PO07

Dominique Truchot-Cardot

La Source School of Nursing Sciences, University of Applied Sciences of Western Switzerland, Lausanne, Switzerland

I had a dream : Eradicating the malnutrition of hospitalized patients through interprofessional training. Feedback from an interprofessional course of clinical practices in nutrition

EC-PO08 C

Nicolette Stallworth-Harris & C. Victoria Framil

Florida International University, Miami, Florida, USA

Interprofessional and collaborative education and practice in a school-based and family-centered medical clinic

C-PO01

Camille Bécherraz & David Pichonnaz

University of Applied Sciences and Arts Western Switzerland, School of Health Sciences, Lausanne, Switzerland

The interactional structure of interprofessional meetings: Processes of information exchange, knowledge sharing and decision-making

C-PO02

Leen Van Landschoot

University College Ghent, Ghent, Belgium

Interdisciplinary care as facilitator for integrated care: An exploratory study among general practitioners, nurses and social workers in 3 community health centers

C-PO03

Alexe Desaulniers

University of Quebec at Trois-Rivières, Trois-Rivières, Quebec, Canada

Patient-as-partner: Development, implementation and evaluation of an interdisciplinary health communication web-based tool in context of a work rehabilitation process

C-PO04

Andre Vyt

Artevelde University College & University of Ghent, Ghent, Belgium

Validation and factor analysis of a quickscan based on the Interprofessional Practice and Education Quality Scales (IPEQS) in more than 50 interprofessional teams of geriatric care in hospitals

E-PO01

Anja Kohlhaas

Medical Faculty Heidelberg, Heidelberg, Germany

Serious games in interprofessional education: Evaluation of knowledge transfer in a business management module for undergraduate health care students

E-PO02

Siew Tiang Lau

National University of Singapore, Singapore

Developing Interprofessional Education in community setting: A Singapore experience

E-PO03

Pierre Bellemare & Adeline Paignon

School of Health of Geneva, University of Applied Sciences of Western Switzerland, Geneva, Switzerland

Using Serious Game as a complement in interprofessional simulation in health bachelor training

E-PO04

Anika Mitzkat & Katja Krug

University Hospital Heidelberg, Dept. of General Practice and Health Service Research, Heidelberg, Germany

Research-based learning in interprofessional setting – challenges and opportunities

E-PO05

Bianka Vandaele & Andre Vyt

Artevelde University College, Ghent, Belgium

Let's start with an interprofessional intake: A pilot of holistic diagnosis and follow-up training in a real-life simulation context

E-PO06

Kirsty Hyndes & Susan Plows

University of Nottingham, Nottingham, UK

"Flipping" the simulations in IPE

E-PO07 C

Hossein Khalili & Scott Reeves

Western University, Fanshawe College & Kingston and St George's, University of London, London, UK

The development of an IPCP High Cognitive Skills Test

Poster Showcases

E-PS01

Soumana Nasser & Anna Farra

Lebanese American University, Byblos, Lebanon

Interprofessional education in a teaching hospital setting: Clinical activities

E-PS02

Anna Farra & Soumana Nasser

Lebanese American University, Beirut, Lebanon

Interprofessional education for health and social care students in Lebanon: The LAU steps

E-PS03

Hester Smeets & Anita Stevens

Zuyd University of Applied Sciences, Heerlen, the Netherlands

An overview of our interprofessional education curriculum for students and lecturers at Zuyd University of Applied Sciences

E-PS04

Jos Verweij

Rotterdam University of Applied Sciences, School of Healthcare studies, Rotterdam, Netherlands

The implementation of interprofessional cooperation in a diversity of healthcare studies: Working together at an interprofessional assignment

E-PS05

Petra Meche & Emilien Jeannot

University of Applied Sciences and Arts Western Switzerland, School of Health Sciences, Geneva, Switzerland

An interprofessional education event: Joining undergraduate health care and medical & pharmacy students

Institutional EIPEN members have the opportunity to showcase their good practice by submitting an abstract.

Workshops

EC-WS01

Cathy De Raes & Catherine De Vos

University College Ghent, Ghent, Belgium

Developing interprofessional practice or work settings in co-creation with the professional field

E-WS01

Anita Stevens, Albine Moser & Richard Pitt

Zuyd University of Applied Sciences, Heerlen, The Netherlands, & CAIPE, UK

Facilitating interprofessional learning of students: The role of the teacher

E-WS02

Michiel Schokking & Marjon Breteler

Radboud UMC, Nijmegen, Netherlands

Pole position and beyond: Formula 1 racing and interprofessional education

E-WS03

Corinne Borloz & Andre Vyt

La Source School of Nursing Sciences, University of Applied Sciences of Western Switzerland, Lausanne, Switzerland, and Artevelde University College & University of Ghent, Belgium

Getting out of the comfort zone: beyond the thresholds for effective interprofessional education

Roundtable discussions

EC-RD01

Loes van Amsterdam & Ine Boermans

Jan van Es Institute & European Forum for Primary Care, IJsselstein, The Netherlands

Development of a National Network for Interprofessional Education and Collaboration

EC-RD02

Majda Pahor, Tiina Tervaskanto-Maentausta & Andre Vyt

University of Ljubljana, Slovenia, Oulu University of Applied Sciences, Finland, and Artevelde University College & University of Ghent, Belgium

Consensus building on interprofessional education competences in Europe

C-RD01

Michael Palapal Sy & Nobuo Ohshima

Tokyo Metropolitan University, Tokyo, Japan

Creating a service model of interprofessional collaboration in substance use and addiction settings in the Philippines: A workshop using the Kawakita Jiro method

C-RD02

Beat Sottas & Ursina Baumgartner

Careum Foundation & Kalaidos University of Applied Sciences, Zurich, Switzerland

Getting prepared for interprofessional primary care in Switzerland

E-RD01

Richard Pitt & Liz Anderson

CAIPE & University of Leicester, Leicester, UK

The contribution of theory to the design and delivery of interprofessional education: Findings of a Best Evidence medical education review

Section D

Abstracts of presentations

In this section you can read through the abstracts to elect the presentations, workshops and roundtable discussions you want to attend.

For workshops and roundtable discussions you will need to register by Thursday afternoon at the latest.

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Oral Presentations

EC-OP01

Shannon Loris Golding

Curtin University, Perth, Australia

Coordinating an interprofessional student led health service: A juggling act in meeting the learning needs of the university students and the health needs of the local community

Authors: SL Golding

Many university students are involved in interprofessional education in their early years of study. Interprofessional practice is the complex, challenging and engaging learning experience that occurs later in the degree which allows the students to put into practice what they have learnt in the classroom. We have an interprofessional practice clinic at a primary school that hosts health science students from speech pathology, physiotherapy, occupational therapy, social work, counselling psychology and professional psychology. Placements vary in length from five to twenty weeks and occur simultaneously so that students have the opportunity to work as part of an interprofessional team. A coordinator works full time with the students to ensure that every day they are learning with, from and about their peers at the clinic and that together they are providing a free, safe, high quality, accessible interprofessional health care service for at risk children and their families who live in the community. This presentation will discuss some of the ways in which we overcame challenges to coordinate this learning opportunity which provided placements for 45 students who as a team delivered over 5,200 occasions of service to clients in 2016. Examples of team activities and facilitation strategies will be discussed as suggestions that could be adapted for other sites who are wanting to facilitate interprofessional learning amongst their workers/students. The location of the clinic is in an area that is characterised by poverty, domestic violence, drug and alcohol use and child protection issues. The clinic model will be presented as a way of not only allowing for interprofessional practice skills to be developed by students but also as a method for addressing clients' unmet health needs in a community where basic health care is not accessed by the people who need it most.

EC-OP02

Anne-Claude Allin-Pfister & Serge Gallant

University of Applied Sciences of Western Switzerland, La Source School of Nursing & CHUV Lausanne University Hospital, Lausanne, Switzerland

Interprofessional Lausanne's model: Why and how?

Authors: D Gachoud, S Gallant, L Lucarelli, N Oberhauser, AC Allin-Pfister

In the education community, a variety of models have been developed to graphically illustrate an idea, a concept, or even a theory. Take for example the Miller pyramid or the Kolb learning cycle. Their authors use a graphic representation to support the explanation of an idea, a concept or a theory that they have developed. Concerning the field of interprofessional education and practice, models have existed for several years and serve different purposes, including illustrating the key elements of interprofessionality. In Lausanne, a group of authors has worked on the development of a new model that aims to serve as a guide for anyone wishing to set up interprofessional education activities or develop collaborative practice in health care settings. Based on (a) existing models, (b) an integrative review of the literature and (c) their educational and professional experiences, the authors have designed the interprofessional model of Lausanne. In addition to explain the model itself, the objective of this presentation is to examine the rationale and process of developing a new model of interprofessional education and collaborative practice. Two elements will be particularly highlighted: the search for the design of the model, with its related symbolism, as well as the need to closely link interprofessional education, collaborative practice, and patient outcomes.

EC-OP03

Tiina Tervaskanto-Mäentausta

Oulu University of Applied Sciences, Oulu, Finland

Interprofessional emergency care training in simulation settings

Authors: T Tervaskanto-Mäentausta, M Vanhanen, M Järvelä, E Varkki

It is important to rehearse the ability to act in emergencies close to graduation. Interprofessional team training in emergency care was designed and implemented in a simulation studio using high fidelity simulators for medical students (n=102), nurse (n=62), public health nurse (n=19), and midwifery students (n=20). The course was carried out partly as an intensive, interprofessional simulation training with lecturers from different professional backgrounds. The aim of the study was to investigate students' experience of patient safety and their interprofessional and clinical competencies in emergencies. Students' feedback was collected after the training with a questionnaire. The facilitators scored the teamwork skills of the groups with the Team Emergency Assessment Measure (TEAM) tool. Nurse students evaluated the patient safety issues in their earlier clinical placements using a questionnaire. The objectives are that the student is able to examine the patient systematically, to act both as an IP team member and as a leader, to care for patients with emergencies, and to balance the vital functions utilizing all the resources as well as recognizing the limitations of the team. Two key lectures were given about patient safety and crisis psychology. During one day, six groups (2 medical and 2 nurse students) trained with several patient scenarios. IP teacher pairs facilitated the simulations. All students saw the IP simulation training as an effective learning experience. As an IP team they worked and communicated professionally under pressure. The team supported the leader in making decisions and using all available resources. Debriefing is an important part of the simulation learning where the students reflect on their strengths and weaknesses in both IP and clinical competence areas.

EC-OP04 C

Emmanuelle Careau

University of Laval, Quebec, Canada

The Continuum of Interprofessional Collaborative Practice in Health and Social Care: A useful tool to enhance knowledge translation and interprofessional learning

Authors: E Careau, N Brière, E Milot

Interprofessional collaboration (IPC) is a complex and multidimensional process in which different professionals work together to positively impact health care. In order to enhance the knowledge translation and improve practitioners' and students' knowledge and skills toward IPC, it is essential to develop a comprehensive tool that illustrates how IPC should be operationalized in clinical settings. This study aims at developing, validating and assessing the usefulness of a comprehensive framework illustrating how the interactional factors should be operationalized in clinical settings to promote good collaboration. A seven-phases systematic procedure was followed to search the relevant literature and develop the framework. Then, it was validated among experts and stakeholders (n=20) following three consensus group sessions and a survey. The Continuum of Interprofessional Collaborative Practice in Health and Social Care illustrates non-hierarchical and non-linear types of collaboration according to four components. This framework explains that interactions emerge from a specific situation: practitioners need to create a partnership to address the complexity of clients' biopsychosocial needs. Underlying these partnerships is an intention that motivates them to collaborate. Depending on the context, this would evolve into intentions such as to "inform", "exchange information", "agree on disciplinary objectives", and ultimately, "share decisions and actions regarding a common objective". As practitioners advance along the continuum, interdependence increases and disciplinary paradigms become more integrated (unidisciplinarity, multidisciplinarity and interdisciplinarity). Implications: This framework integrates the current scientific knowledge and clinical experience regarding collaborative practice. It is considered as a relevant and useful knowledge translation tool to be used in undergraduate and continuing education initiatives. The Continuum is now used in many settings for research, pre-licensed interprofessional education as well as for continuing education initiatives.

C-OP01

Jerôme van Dongen & Hester Smeets

Faculty of Health, Zuyd University of Applied Sciences, Heerlen, The Netherlands

Development of a customizable programme for improving interprofessional team meetings: An action research approach

Authors: JJJ van Dongen, MA van Bokhoven, WNM Goossens, R Daniëls, T van der Weijden, A Beurskens

Interprofessional teamwork is increasingly necessary in primary care to meet the needs of people with complex care demands. In the Dutch primary care setting, interprofessional team (IPT) meetings are scheduled regularly for this purpose. Those meetings appeared to vary in terms of setting, duration, frequency, numbers of participants, participating disciplines and numbers of patients discussed. To illustrate, an average team comprises a: family physician, practice nurse, occupational therapist, physical therapist, and a district nurse. Conducting efficient and patient centered IPT meetings is not self-evident. A thorough needs assessment encompassing different qualitative studies entail that current practice could benefit from improvements in structure, patient centeredness and leadership. The aim of this study was to develop a programme to improve the efficiency and patient-centredness of such meetings. An action research approach, ensuring involvement of intended users (health care professionals), was used to develop the programme. A first draft of the programme was developed, and iteratively used and evaluated by three primary care teams. Data were collected using observations, interviews and a focus group, and analysed using directed content analysis. The final programme comprises a framework to reflect on interprofessional team functioning, and training activities supplemented by a toolbox. Training also includes two peer feedback sessions and on-the-job coaching and is intended for the chairperson and a co-chair, and aims at organizing and structuring meetings, and enhancing patient-centredness. Our findings emphasize the essential role of the team's chairperson, who, in addition to technically structuring IPT meetings, should act as a change agent guiding team development. Findings show that the programme should be customizable to each individual team's context and participants' learning objectives. Becoming acquainted with new structures can be considered a growth process, in which teams have to find their way, with the chairperson as change agent.

C-OP02

Jerôme van Dongen & Albine Moser

Faculty of Health, Zuyd University of Applied Sciences, Heerlen, The Netherlands

"They are talking about me, but not with me": Patient perspective on interprofessional team meetings in primary care

Authors: JJJ van Dongen, M de Wit, HWH Smeets, E Stoffers, MA van Bokhoven, R Daniëls

The number of people with multiple chronic conditions receiving primary care services is growing. To deal with their complex health care demands, professionals from different disciplines need to collaborate. Several studies describe important factors related to conducting Interprofessional team (IPT) meetings. In the light of patient-centeredness it is valuable to also explore the patients' perspective. Objective of this study is to explore the patients' perspectives regarding IPT meetings in primary care. A qualitative study with a focus group design was conducted in the Netherlands. Two focus group meetings took place, for which the same patients were invited. The participants, chronically ill patients with experience on interprofessional collaboration were recruited through the regional patient association. Participants discussed viewpoints, barriers, and facilitators regarding IPT meetings in two rounds, using a focus group protocol and selected video-taped vignettes of team meetings. The first meeting focused on conceptualization and identification of themes related to IPT meetings that are important to patients. The second meeting aimed to gain more in-depth knowledge and understanding of the priorities. Discussions were audio-taped and transcribed verbatim, and analyzed by means of content analysis. The focus group meetings included seven patients. Findings were divided into six key categories, capturing the factors that patients found important regarding IPT meetings: (1) Putting the patient at the center, (2) Opportunities for patients to participate, (3) Appropriate team composition, (4) Structured approach, (5) Respectful communication, and (6) Informing the patient about meeting outcomes. Patients identified different elements regarding IPT meetings that are important from their perspective. They emphasized the right of patients or their representatives to take part in IPT meetings. Results of this study can be used to develop tools and programs to improve interprofessional collaboration.

C-OP03

Gurdas Singh

University of London, King's College, London, England

How can effective interprofessional teamwork reduce medication errors?

Authors: G Singh, R Howe, D Majidian, A Sira

Medication errors are a major cause of patient morbidity and mortality with almost 4,000 patients dying needlessly due to medication errors in NHS hospitals every year. In our presentation, we aimed to establish how interprofessional team working can help towards reducing medication errors. Data sources included the National Institute of Health, Pharmaceutical journals, The British Journal of Nursing, and independent specialists who have written books on this topic. For each problem that we identified, we extracted data from several sources to provide a possible solution and evaluate what would be the benefits and drawbacks of implementing such solution. We looked at existing solutions and evaluated their efficacy. The main outcome measures were that we considered the stakeholders and the effects each solution would have upon them hence how effective each would be utilitarianly and on a case by case basis. We reviewed a specific case study to illustrate exactly how medication errors have affected people. In our results, we concluded that changing from a blame culture to a learning culture, understanding the need for shared responsibility, mutual respect, honesty, and improved communication were the interprofessional advances that should be made to decrease the occurrence of medication errors both nationally and internationally. We drew on the views of physiotherapists, physicians, nurses and midwives to reach this conclusion. With regards to existing efforts, we have found that universities have begun to implement interprofessional education in their curriculums to improve communication and team-working between professions in the future however, more work needs to be done for those already working in the fields concerned.

C-OP04

Liliana Staffoni & David Pichonnaz

University of Applied Sciences and Arts Western Switzerland, School of Health Sciences (HESAV), Switzerland

“Learning from each other”: The transmission of knowledge as a form of high-level collaboration

Authors: L Staffoni, V Schoeb, D Pichonnaz, C Bécherraz, I Knutti, M Bianchi

According to organisation studies, collaboration can reach various stages of development. In the field of interprofessional collaboration (IPC), this approach leads to consider “low-level” collaboration as, for example, practices of information sharing or task assistance. Other practices can be considered as “high-level” collaboration, for example when a decision is collectively made, leadership is shared, or simultaneous tasks are coordinated. Funded by the Swiss National Science Foundation, our research draws on 20 collective interviews conducted with 79 educators and health professionals and more than 20 hours of videotaped IPC situations, filmed in 7 different healthcare institutions (in acute, chronic care, as well as medico-social and rehabilitation institutions) within the three linguistic regions of Switzerland. The presentation will focus on a specific type of high-level collaboration practices, consisting in the transmission of knowledge. Knowledge is to be understood as professional specific expertise, which includes “substantive knowledge”, “skills” and “techniques” (Freidson 2001), but excludes information (e.g. about patients). Our analysis shows that knowledge transmission between different health (and social work) professionals can take various forms: formally sharing professional expertise, presenting alternative ways of accomplishing tasks or informally teaching ways of carrying out certain tasks. These types of knowledge transmission practices will be presented and illustrated by filmed sequence of IPC practices. The presentation will also discuss the different objectives to be attributed to knowledge transmission: improving patient care, but also saving time or money, or delegating unwanted tasks.

C-OP05

Heloise F. Agreli

University of São Paulo, São Paulo, Brazil

Team climate and collaboration: Framework for interprofessional collaboration in primary care

Authors: HF Agreli, M Peduzzi, C Bailey

In healthcare organizations, Interprofessional Collaboration (IC) and Team Climate (TC) are essential means to improve healthcare quality. However, implementing IC presents a series of challenges, and there is a lack of knowledge on how to operationalize this approach within the Brazilian Health Care System. This study considers the implications of TC for IC, highlights the links between the two, and suggests how TC may have a role in understanding and operationalising IC more effectively. The objectives were to: 1) analyse IC in Primary Health Care (PHC) teams with different TC; and 2) propose a framework of IC in PHC. A mixed methods design was adopted. In Stage 1, TC was assessed using the Team Climate Inventory (TCI) with 159 professionals in 18 interprofessional teams. In Stage 2, a multiple case study, data were collected through 24 in-depth interviews with a sample of team members who participated in Stage 1. Two different clusters of teams were identified in Stage 1: (A) teams with the highest mean scores; and (B) teams with the lowest mean scores on TCI. Findings from Stage 2 reinforced findings from Stage 1. Teams from cluster A demonstrated more positive relational and processual characteristics to support TC and IC. Interpretative analysis revealed two dynamic and contingent modalities of IC: team collaboration; and collaboration within the health and social care network, and with the community. A framework for IC in PHC was developed, based on these modalities of collaboration, and describing the conditions and healthcare consequences of IC. The proposed framework provides fresh insights into the understanding and operationalization of IC, and suggests that although TC is important in establishing collaboration, the understanding of IC also requires consideration of a range of other factors, including innovation in interprofessional work and the organizational structure of PHC and healthcare networks.

C-OP06

Amélia Didier & Maya Shaha

University of Lausanne, University of Health Sciences Vaud (HESAV), & University of Applied Sciences Western Switzerland (HES-SO), Lausanne, Switzerland

Patients' perspective about interprofessional collaboration : Preliminary results

Authors: M Shaha, B Liebig, JP Pfammatter

Interprofessional collaboration is now recognized as a process including professionals, students, patients and their families in order to optimize health outcomes. Despite that patients are key to the care process and are valuable partners in the redesign of the healthcare system, their perspective of their role in interprofessional collaboration (IPC) has scarcely been studied. As such, existing models of collaboration are predominantly based on the perspective of the healthcare professionals, thereby omitting the patients' experience. This study, using grounded theory based on Glaser, aimed at describing the perspective of patients of IPC, i.e., to identify the influence of IPC on the care process and safety as well as explore the role of patients in the collaborative process. Minors and adult patients (N=42) of three departments of a Swiss university hospital have participated in this study. Semi-structured interviews at hospital admission and after discharge were conducted with patients to explore their perspective of IPC during the hospital stay. By applying grounded theory analysis and through constant comparison, patients' main concerns during hospitalization emerged. Links were made between quality of care, patients' personality and patients' active or passive role during hospitalization. For patients, IPC is in part observed directly. However, patients experience the outcomes of IPC on their care and on their well-being. Based on these outcomes, patients surmise good or bad quality IPC. When everything runs smoothly, collaboration is considered good. In case of problems, patients are likely to question the quality of IPC. Patients also observe power-relationships between nurses and physicians. In general, patients feel safe and well cared for in the hospital. As long as everything runs smoothly, the patients do not perceive a need to play an active role in IPC. Based on the patients' perspective, recommendations for IPC can be inferred.

C-OP07

Andre Vyt

Artevelde University College & University of Ghent, Ghent, Belgium

A typology of interprofessional teamwork in acute geriatric care: A study in 55 units in Belgium

Authors: R Piers, K Versluys, J Devoghel, S Lambrecht, A Vyt, N Van Den Noortgate

Perceptions of interprofessional teamwork among team members of 55 acute geriatric units in Belgium were measured using a survey covering 6 areas: 1) collaborative practice and experience; 2) managerial coaching and open team culture; 3) shared reflection and decision-making; 4) patient files facilitating teamwork; 5) members' belief in the power of teamwork; and 6) members' comfort in reporting incidents. Cluster analysis was used to determine types of interprofessional teamwork. Comparisons between professions and clusters was performed by ANOVAs. Of the 890 respondents, 71% were nursing professionals, 20% other allied health professionals, 5% physicians, and 4% logistic support and administrative staff. More than 70% of respondents scored highly on interprofessional teamwork competences, consultation, experiences, meetings, management and results. Fewer than 55 % scored highly on items concerning (1) shared reflection and decision-making, (2) reporting incidents from a colleague and (3) patient files facilitating interprofessional teamwork. Nurses in this study rated shared reflection and decision-making lower compared to physicians of the same acute geriatric units. Using the mean score on each of the 6 areas, hierarchical cluster analysis and consequently scree plot analysis identified 4 clusters that differed significantly in all the areas. Interprofessional teamwork in acute geriatric units is satisfactory, but shared reflection and decision-making needs improvement. The identification of 4 types of interprofessional teamwork can trigger team-oriented discussions to crystallize the most important working points for teams in practice.

C-OP08

Andre Vyt

Artevelde University College & University of Ghent, Ghent, Belgium

Self-assessment of the quality of interprofessional team meetings in primary and community health care: Validation of a questionnaire and results of a regional application over two years

Authors: A Vyt

In the context of a quality assurance policy, a regional network initiated a project to measure the quality of interprofessional consultation meetings. A questionnaire was evaluated on content-validity by 48 stakeholders: health care professionals, representatives from health care organizations, interprofessional consultation meeting coordinators, and representatives from patient organizations. A revision resulted in two subscales (each consisting of 16 items) for assessing process and outcome aspects of interprofessional consultation meetings. After validating the instrument, it was used in a hands-on test by individuals and in a pilot series of team-based self-assessments held in 2015. Responses were used to analyse reliability and consistency of the subscales and the items, and to reveal first indications of relative weaknesses and strengths in interprofessional consultation meetings. Data are now analysed on the basis of more than 30 additional team-based self-assessments held in 2016. This generates a basis for benchmarking, identifying areas of improvement, and monitoring the quality of interprofessional meetings in the region. Results point out that the subscales, now part of the Interprofessional Practice and Education Quality Scales (IPEQS), can be useful for self-assessment of the quality of such meetings in primary and community health care, but maybe also in other areas of interprofessional collaboration.

C-OP09 C

Farai Makoni

Buckinghamshire New University & University of Southampton, UK

Health in justice, education and social care, learning from interdisciplinary perspectives: Battling with different parts of the same problem

Authors: F Makoni, E Meyer, J Byrne

This paper provides a narrative of how professionals from distinct professional backgrounds engaged with each other within a context of Reflective Practice Meetings (RPMs) in a secure forensic environment that catered for young people between the ages of 12-18 years old. We offer a description of how professionals reacted and responded to each other as part of an interprofessional education and collaborative facilitative process that allowed representatives from different disciplines to battle with different parts of the same problem (how to provide collaborative inquiry-based interventions to young people, carers and significant others). Importantly, this needed to occur within a context whereby the staff group had to process some of the unhealthy negative emotions that may have been evoked within them and the team during the course of engaging with each other and diverse (often challenging) young people. This process was noted to have paved the way for learning with, from and about each other as a result, this fostered growth in individuals and the team in relation to co-construction of knowledge structures that helped develop 'a game plan' for dealing with benefits and challenges of health, education and social care demands. We also offer an outline of the perceived service user outcomes as a result of the RPMs. A consideration of the impact of the nature of the caring and education task on the staff group and young people population is also provided. The paper reports on a study conducted within a Forensic Adolescent Mental Unit within the UK, with an interpretive paradigmatic position and a case study methodological approach. The data collection processes were ethnographically inspired. Participant Observations (PO) and Reflective logs (RL) were utilised to complement RPM audio tape recorded data. One-to-one semi-structured interviews were conducted with 13 participants representing different professional disciplines and/or systems.

E-OP01

Monica Bianchi

SUPSI, University of Genoa, Manno CH & Genoa Italy

Practicing contextual models of interprofessional care: A grounded theory study

Authors: M Bianchi, A Bagnasco, G Aleo, L Sasso

In acute and primary care, patients report higher levels of satisfaction, acceptance of care, and improved health outcomes when treated by a collaborative team. To adequately prepare healthcare providers for interprofessional collaboration, their exposure to interprofessional collaboration should start from undergraduate education. The aim of this study was to explore and understand the process of preparation for interprofessional collaboration put in place by clinical tutors and students of the various professions involved in experiences of interprofessional education. A constructivist grounded theory approach was adopted. Ten students attending the bachelor's degree programs in nursing, physiotherapy, occupational therapy, and seven clinical tutors who supervised them during the last clinical placements were involved. Participants were selected through theoretical sampling criteria. This enabled us to develop and confirm the characteristics of the emerging categories. Data were collected through semi-structured interviews, participant observations, and consultation of the documentation produced by the participants and the university. Twenty-three interviews and three participant observations were conducted. The analysis was conducted through the following coding process: initial, focused, and theoretical. Data were analyzed and coded using constant comparative analysis with the support of Nvivo10 and generated the substantive theory "Practicing contextual models of interprofessional care. This theory throws light on the complex process engaged by students and tutors to build students' professional identity and to prepare them to collaborate effectively with other professionals. The key concepts that emerged from this study were: how professional identity is built and the student's role within the team; the relationship develops and consolidates itself between student and tutor along the process; the relationship with patients and families as well as with other professionals. All of these concepts need to be integrated with one another in order to build effective models of interprofessional care in a specific context.

E-OP02

Kirsty Hyndes & Susan Plows

University of Nottingham, Nottingham, UK

The use of simulated case studies to facilitate development of teamwork and understanding of multidisciplinary team management

Authors: KI Hyndes & S Plows

Students from medicine, pharmacy, physiotherapy, midwifery, nursing, dietetics, and sport rehabilitation come together in interprofessional small groups to discuss the development of a management plan for a simulated case study. During this activity it is hoped that students' skills of teamwork, collaboration, problem solving and communication, and at the same time learn from, with and about each other to improve the management of their future patients. We evaluated the effect of IPE on the students' ability to work as a team using the Interprofessional Socialisation and Valuing Scale (ISVS-21). A pre-post test evaluation study was employed. Participants completed a pre-workshop questionnaire (ISVS-21 I), a post-workshop questionnaire (ISVS-21 II) and a written reflection on their learning after completion of a clinical placement. The hypothesis is that student's attitudes towards health care teams are positively affected by the educational activity. It has been found that students often respond positively when they can work with professions that are relevant to their future clinical practice, therefore students were assigned to cases with that in mind. Students (n=1000) were divided into interprofessional small groups and allocated a low-fidelity, paper-based simulated case study from a database of 26, that is relevant to their own profession approximately 2 weeks before the face-to-face workshop. Prior to the workshop students were asked to research the treatment and management of their case. During the workshop the students shared their knowledge (peer-to-peer learning) and then worked together as a team to develop an evidence-based poster that outlined the multidisciplinary care of their case. Each team then presented their poster to other interprofessional groups in a plenary session. Data from pre and post intervention was analysed.

E-OP03

Sarah Berger & Katja Krug

Medical Faculty Heidelberg, Heidelberg, Germany

Facilitating collaborative competence in undergraduate health care students with interprofessional journal clubs

Authors: S Berger, C Mahler, K Krug

Journal clubs are an increasingly prevalent educational tool to expand cognitive knowledge and develop critical appraisal skills while promoting engagement with scientific literature. We implemented interprofessional journal clubs designed to achieve two objectives: a) facilitating student learning about the concept of interprofessional collaboration and b) facilitating the experience of interprofessional collaboration by working together towards the shared goal of journal club presentations as end-of-semester formative assessment. Undergraduate students (Semester 1 to 3) attending an interprofessional Health Care English course were assigned to small "journal club" groups of four to five members for the duration of a semester. Each group received an assigned research article (dealing with interprofessional collaboration) and an analysis guideline, as well as a 90-minute education session. Journal clubs took place outside class time and were grounded in Kolb's experiential learning theory, giving students the chance to gain, review and learn from their experiences and put learning into practice. 22 interprofessional journal clubs with a total of 104 participating students (nursing, medical, physiotherapy, laboratory science, speech language therapy, radiography, orthoptics) took place. Student learning outcomes were appraised at Level 1 of Kirkpatrick's outcomes typology "initial reactions" using a free text self-reflection tool. Completion of the reflection tool was voluntary and anonymous. As a framework for analysis, the US Core Competencies for Interprofessional Collaborative Practice was used. All four interprofessional competency domains (values and ethics, roles and responsibilities, interprofessional communication and teams and teamwork) were addressed in free text responses from students. Results confirmed that journal clubs can be utilized in interprofessional education not only to instruct, but also to facilitate collaborative competence development in undergraduate health care students.

E-OP04

Christopher R. Watts

Texas Christian University, Fort Worth, Texas, USA

Factors influencing the sustainability of an interprofessional education program

Authors: C Watts, S Weeks

This presentation describes one university's model for developing an innovative and sustainable IPE programme which is inclusive of all healthcare disciplines within a college of Nursing and Health Sciences. Among the many factors critical for the development and sustainability of an IPE program, we chose to invest substantial resources to target three: (a) development of an efficient and effective organizational model, (b) appointment of personnel to organize and lead college efforts, and (c) levels of funding to support programmedevelopment and growth. The relationship of each factor to the overall success of the current IPE programme is elucidated. In addition, the specific strategies employed to fortify a successful IPE programme is described, and the approaches to overcoming barriers to the development of this programme is explained. We describe an innovative case-based IPE programme which brings together students from academic programs in Nursing, Social Work, Speech-Language Pathology, Physical Therapy, Medicine, Occupational Therapy, and Pharmacy. Collaborative planning by engaged faculty to develop cases which are authentic across all professions has resulted in obtainment of knowledge and skills associated with core IPE competencies by students who engage in the program. Based on our experiences over five years of IPE implementation, we propose that the three factors targeted in our model were critical for sustainability of the IPE program.

E-OP05

Flemming Jakobsen

University Clinic for Hand, Hip and Knee Surgery, Hospital Unit West, Holstebro, Denmark

The nexus between emotions and clinical learning in an interprofessional setting

Authors: F Jakobsen, P Musaeus, AM Morcke, T Bæk Hansen

There has been a growing recognition that emotions can be of critical importance for students' learning and cognitive development. The aim of this study was to investigate the self-reported and the observed relationship of emotions in students' learning in a clinical interprofessional context. We conducted an exploratory focused ethnography study of medical and nursing students during their placement in an orthopedic outpatient clinic, where the students two and two performed interprofessional consultations with patients. The students had their own consultation room, but could call for their supervisors any time. For analysis of observational notes and interviews, we used thematic and content analysis. Two themes were identified: 'self-regulated learning' with the subthemes 'unexpected incident' and 'reflection'. The other theme was 'cooperative and social learning' with three subthemes 'equality', 'communication' and 'role distribution'. We found positive as well as negative emotions, but surprisingly only activating emotions, thus no deactivating emotions. The emotions were mainly connected to themes like this: 1) unexpected incidents resulting in negative activating emotions; 2) reflection resulting in positive activating emotions; and 3) positive activating cooperative and social emotions. The negative emotions often occurred when the students together experienced an incongruity between their cognitive capability and the type of task. However, the possibility for calling a supervisor, or reflection on the incident, together with their student colleague or their supervisor, could often change negative emotions to positive emotions. This was due to the students' awareness of having acquired new knowledge and capability, and thereby learning. It is important to be aware of the close interplay between emotions and clinical learning in an interprofessional context. The cooperative and social aspects of interprofessional learning seem a very powerful driver for activating positive emotions that could balance the unexpected negative incidents of everyday clinical learning.

E-OP06

Mira Mette & Maud Partecke

Heidelberg University & University of Greifswald, Mannheim & Greifswald, Germany

Dealing with professional cultures in the development and implementation of IPE – the German perspective

Authors: M Mette, B Wershofen, K Reichel, R Behrend, M Partecke

The fact that health care students are socialized into their respective professional cultures poses a challenge for designing effective IPE. Therefore developers must be aware of the values, beliefs, attitudes, customs and behaviours that the students of different health care professions hold and find ways of integrating them into IPE sessions. Dealing with professional cultures is a global issue in the development of IPE that needs to be considered. Germany offers various educational tracks (e.g. university studies, apprenticeship, vocational training) with different structures to train health care professionals that lead to strong (mono)professional cultures. In this context, the support programme “Operation Team” by the German foundation Robert Bosch Stiftung has been funding 17 IPE projects in Germany for developing, testing and implementing innovative IPE concepts for medicine with other healthcare professions. The presentation will give an overview of five of these IPE projects and report on how the German-specific challenges have been tackled. The different project experiences will demonstrate how interprofessional interaction can be achieved by considering professional cultures. This includes different learning and study habits, role expectations, stereotypes and levels of clinical experience. Apart from looking at the student level, implications for teachers of IPE will be addressed as well. It is necessary for teachers to reflect on their own professional socialization when developing IPE concepts and teaching as role models. It is essential for them to extend their understanding of interprofessional teaching by acknowledging and valuing other professional cultures. The question of how teachers should be prepared for IPE will be discussed. Bearing in mind that professional cultures operate on both student and teacher levels will help to develop IPE for effective interprofessional collaborative practice.

E-OP07

Anne Mairesse & Joan Campbell

La Source School of Nursing, University of Applied sciences and Arts Western Switzerland, & School of Health Sciences (HESAV), Lausanne, Switzerland

Training students as facilitators of interprofessional education

Authors: J Campbell, P Hildebrandt-Bydzovsky, A Mairesse

The purpose of this training was to prepare 10 final year and postgraduate students (medical, midwifery, nursing, occupational therapy, physiotherapy and radiography) to be facilitators for a short Interprofessional Education Programme (IPE), which involved them facilitating groups of 10-11 undergraduate students over 1.5 days. The two hours training was developed as a way to provide student facilitators with an opportunity to develop and apply interprofessional leadership and facilitation skills, to share beliefs, fears and feelings about peer to peer education, identify resources and needs as student facilitators. During the training, after listening to the beliefs, fears and feelings of the students, the student facilitators exercised, a mentoring situation which they had previously encountered, a role-playing situation about facilitation difficulties and finally the activities of the IPE programme were discussed. A focus group was used to evaluate the experience 2 weeks after the 1.5 days of IPE. Student facilitators agreed that the training was useful and that they were adequately prepared for the role, they reported positive and meaningful experience. No dysfunctional group dynamics was noted. The student facilitators expressed the desire for more explicit details about the role prior to recruitment and to receive the facilitator's book before the training session. Preparing final year and postgraduate students to be student facilitators for IPE is necessary in order to provide effective facilitators. This training met the student facilitators needs and prepared them for their facilitator's role. The student facilitators agreed that the experience was useful for their future interprofessional life.

E-OP08

Anne Mairesse & Nicole Baudat

La Source School of Nursing & University of Applied Sciences and Arts Western Switzerland, Lausanne, Switzerland

Training the health care professionals of tomorrow in an interprofessional environment

Authors: A Mairesse, N Baudat, L Frobert

Since 2011, the one-year long foundation course has been designed to meet the entry requirements at our higher education institution to study for a degree in health. This course gives the student the opportunity to acquire the knowledge and skills common to all health professionals. With this experience the student can make a more informed choice as to their specialization for study at degree level. The presentation will begin by the contextualisation of interprofessional training in Switzerland and focusing on an understanding of the roles between different professional from a safety perspective. We show the training system, the contribution of teachers from different health professions and the interactions between future nurses, occupational therapists, dieticians, technician radiologists, osteopaths, midwives and physiotherapists. This will be illustrated by an interprofessional practical course for assisting patients to eat. Based on our experience over the last five years of interprofessional study we will share both the challenges and the benefits of a common training. The conclusion will open into a discussion around the questions: when and how should interprofessional education begin?

E-OP09 C

Laura Chalmers

Robert Gordon University, Scotland

Interprofessional learning using live drama to explore professional values

Authors: L Chalmers

The objective of the study is to assess the educational value of using live dramatization to enhance the understanding of professional values in an interprofessional setting. Methods The sample size was 749 students from ten different health and social care professions, with 27% response to survey (n=209). This 'action research' was a large scale IPL event where students witnessed a live dramatization designed to encourage IPL students to examine and question their understanding of professional values. Students witnessed an emotional conversation in a GP waiting room between a drunk woman and a receptionist and worked in multi-professional groups to explore their reactions to this. A web-based survey (Likert scale questions and free text questions) were used to follow up with participants to explore the impact that the live simulation had had on their perceptions of professional values. Responses were summarised descriptively using quantitative and qualitative data and open ended and free text responses were thematically analysed. The findings revealed that 90% (n=180) of respondents stated the live dramatisation had a positive impact on their learning and 75% enjoyed the workshop. A total of 75% (n=156) stated they had made positive connections with students from other professions and 30% (n=64) stated that their understanding of professional values had broadened as a result of the workshop. Students commented that they felt better prepared for the future and it had provided insight into real life and how values may be challenged. Students stated they felt engaged, involved and the dramatisation was thought provoking and memorable. The value attributed to the live dramatization was nearly universal amongst inter-professional learners. Memorable impact of an emotional conversation in relation to professional values in health and social care was achieved with students determining that they will take this forward in their learning.

Poster Presentations

EC-PO01

Catherine Busnel & Laurent Marjollet

IMAD (genovese institution for homecare), Suisse

Interprofessional training for home nurses: First results

Authors: C Busnel, L Marjollet

The ever-growing number of chronic conditions, the ageing of the population, as well as their desire to remain at home, are all reasons that contribute to the complexity of the care for patients who are treated at home. In addition, the fragmented nature of Switzerland's healthcare system, whether in terms of primary ambulatory or domiciliary healthcare, has made continuity and follow-up more complicated. Three collaborating organizations seek to overcome this fragmentation, especially regarding the most complex situations. Their line of approach/action plan is to promote and reinforce local interprofessional connections between patients, family caregivers, doctors, and nurses. To implement this plan, IMAD has set up training for all of its 650 nurses starting in early 2017. The aim is to improve the assessment of complex situations and reinforce interprofessional procedures by formalizing regular coordination sessions, among other things. This collective training is conducted in two stages. First, with one day of immediate use of analysis support tools, then, with half a day of training two months later, focusing on identifying what obstructs and what facilitates the implementation of interprofessional procedures. Individual follow-up is offered to those who request it. To assess this training model, a pre- and post-training evaluation is conducted for each session. The first results have indicated satisfaction as well as interest in achieving better assessment of complex situations and implementing the proposed procedure. However, the challenge for the future is to operate a real change in interprofessional culture regarding optimal care.

EC-PO02

Denise de Lima Costa Furlanetto & Diana Lucia Moura Pinho

University of Brasília, Brasília, Brazil

Workforce in health: A challenge for the consolidation of the Brazilian Health System

D Authors: LC Furlanetto, DLM Pinho, MM Bastos, JWS Júnior

The professional qualification in the health area is of extreme importance for the consolidation of the Brazilian National Health System. The Family Health Strategy is a key policy with focus on primary care for reorientation of the healthcare system, from hospitals and cure to communities and care. Since its creation, it brought the challenge of dealing with the contrast of health professional education offered and the human resource requirements to attend the proposal. Among other health professional training policies tackling these issues, a major initiative was the implementation of a National Programme for Reorientation of Health Professional Education in 2005. The Programme intend to promote the teaching-service integration, in order to promote changes in the teaching-learning process and reorientation of professional training in health, ensuring a comprehensive approach to the health-disease process with an emphasis on primary care. This study aimed to analyze the implementation of the Programme in three undergraduate courses, Nursing, Medicine and Dentistry, which represent some areas that compose the Family Health team. Initially, an instrument designed especially for this study was submitted to a validation process. It consisted of a Likert scale questionnaire, divided into sections, including issues related to theoretical orientation, practice scenarios and pedagogical approach, based on the Programme proposals. After that, the instrument was applied to 645 students and 65 lecturers. In the next stage, a deeper analysis of the experiences was conducted, with semi-structured interviews including some of the questionnaire participants. The results demonstrated that the presented Programme has the potential to be an important tool to reinforce the curricular reorientation of higher education and practice in health. It was found that some approaches, such as the interprofessional collaboration between courses, integration between university and health services and some professional skills require further strategies, as these issues involve resistance and cultural changes that are complex to be targeted. Although there are actions underway, the findings indicate that much remains to be done in order to achieve a health professional education framework that move towards interprofessional and collaborative partnership to meet the needs of the Brazilian Health System.

EC-PO03

Aline Forestier

University of Applied Sciences Western Switzerland, School of Nursing, Geneva, Western Switzerland

Prevention of suicide for young people: An educational challenge to reinforce a citizen and interprofessional security net

Authors: A Forestier, D Anzules

Suicide amongst the young is the third cause of death in the world. In Switzerland, each year 120 young people between 15 and 24 years commit suicide. Suicidal behaviour at adolescence is relatively frequent and many of them are occurring unknown to the closely related, to health and social professionals and schools. As we know that a previous attempt of suicide constitutes the first risk factor for suicidal recurrence, it seems evident that a reinforcement of citizen and interprofessional security is mandatory in suicidal prevention. However, how to reach those that are in the “blind spot” of professionals? According to the Geneva community “aiRe” of adolescents, regrouping health and social professionals, around the problem of suicide amongst the young, students of the school of applied sciences and social workers are the best placed to reach the alternative network of youngsters. They are effectively both young and sensitized to public health questions; socially and relationally marginalized, precarious individuals. Hence, a new inter-school interprofessional module was born. The goals of this module are to enable students to create and experiment, in groups, a project on prevention of suicide for youngsters and understand the different stakes in terms of prevention, public health and social politics. Thus, since 2016, eleven students from both health and social schools collaborated on the implementation of three projects on suicidal prevention amongst adolescent youngsters, living scholastic rupture and attending community centers, in conjunction with peers from both institutions. These projects aim to break taboos around suicide amongst the young, and develop citizen consciousness, so that prevention of suicide becomes a concern for all.

EC-PO04

Minna Manninen & Petri Roivainen

Oulu University of Applied Sciences, Oulu, Finland

Interprofessional team-teaching in prehospital emergency nursing of obstetric and pediatric patients

Authors: M Manninen, P Roivainen

Pregnant women in labor can face long distances even 400 km in Northern and Eastern Finland to the closest maternity hospital. In 2015 186 (0.4%) of the babies were born unplanned outside the hospital. One of the reasons for this is the centralization of care; closing down smaller maternity hospitals. In our institution a course (3 ECTS) was designed and implemented for paramedic students close to their graduation to enhance their obstetric and pediatric skills in this kind of situations as well as improving the patient safety issues. This simulation course has been carried out by a teaching team of midwifery and paramedic lecturers since 2015. The aims of the course are that paramedic students know their tasks in prehospital obstetric and pediatric emergencies and can apply non-technical skills in the emergencies. The course was implemented with flipped classroom method with a keynote lecture and a pretask to be processed in study groups. The course included two full-scale simulation days with 10-12 students. Effective learning was obtained by using versatile methods and involving two specialists teaching together as a team-teaching pair. Simulation scenarios were designed to be as diverse as possible; from very quick low-risk childbirths into high-risk situations including complications during different stages of pregnancy and ethical reflection. Written feedback was collected from students with open questions. The students evaluated the course to be important and meaningful, preparing them to working life. Students felt they gained assurance to perform in previously uncertain situations. The big picture got clearer when treating both mother and a newborn after delivery. The team-teaching received excellent feedback from both students and teachers. Simulations were considered very intensive and educational and the learning process continued and deepened in debriefings. A greater variety of digital pedagogical methods are planned to take in use in future implementation.

EC-PO05

Valerie Santschi

La Source School of Nursing Sciences, University of Applied Sciences of Western Switzerland, Lausanne, Switzerland

Interprofessional education in hypertension: foundation for a team-based care culture in the management of chronic diseases

Authors: V Santschi, A Chiolero, S Tremblay, P Delmas, F Scherrer, G Wuerzner, M Burnier

Hypertension, a major cause of death and morbidity in European countries, is poorly controlled. Due to ageing populations, busy clinical workloads, and shortage of physicians, agencies recommend involving nurses and pharmacists to improve hypertension management. This change in approach of care calls for interprofessional education (IPE). Since 2015, three collaborating institutions develop and lead IPE, including common courses and education for undergraduate nursing and medical students. Our objectives are to describe the principles, contents and challenges of IPE in hypertension care. The course aims to develop common competencies in hypertension care (physiopathology, blood pressure measurement, diagnosis, treatment, medication adherence and communication) and to build the value of working in interprofessional team. A team of nurses, physicians and a pharmacist were involved in the design of curricula and in the teaching. Sessions with participative methods and workshops are devoted to the team-based management of hypertension. Most students experienced for the first time an IPE. They often expressed not knowing the role of other healthcare professionals. Teachers also experienced for the first time interprofessional teaching. One major challenge was the role clarity of each healthcare professional in hypertension management and their degree of independence, while building a team-spirit. Another challenge was to develop a course fitting in both nursing and medical curricula. In conclusion, management of chronic disease such as hypertension requires a change in healthcare. IPE can lead to positive change in the management of hypertension care by developing team-based culture, especially for sharing skills and knowledge among future healthcare professionals and to promote a team-based care culture which is essential for the improvement in hypertension care.

EC-PO06

Nobuo Oshima

Tokyo Metropolitan University, Tokyo, Japan

A study on changes in consciousness of regional health care professionals before and after an interprofessional collaboration training

Authors: N Oshima, H Fujii, T Yoshiura, K Ogawa, MP Sy

We conducted an IPC training at a local hospital for community medical treatment. We were able to obtain various findings from questionnaire based on the reflection theory carried out before and after. 86 people participated in the 3rd IPC workshop for clinicians. Of the participants, 78 subjects who agreed to this study were included. 78 professionals were Medical Doctors, Nurses, PT, OT, ST, MSW, Home care workers, etc. Questionnaires were conducted on Google forms on WEB twice before and after the IPC training. Based on RIPLS (Readiness for Interprofessional Learning Scale), the questionnaire created a self-evaluation sheet conforming to the method of the educator's recycling sheet. In the question items of all 32 items, the six items of power of reflection and growth, the power of interpersonal relationship, the power of mutual relationship, organization power, the ability to collaborate with other professionals, the power to share. The answer was a five-step Likert scale selection method. A significant difference occurred before and after IPC training in 19 items. In fact, it was divided into parts that we could do better than originally thought by doing group work with other occupations and conversely part where we could not share information well, because we were too strongly conceived by our expertise in usual clinical practice. This time structured training, many participants were aware of the importance of information sharing again, especially suggesting the value of the training that emphasized generality. In the field of community medical care, there are many cases where there is a problem in sharing information. Not only from the point of view of each specialty but also from the viewpoint of generality, first build mutual relationships, share information, increase common consciousness, make use of their expertise in the subsequent intervention, and look back on The significance was clarified.

EC-PO07

Dominique Truchot-Cardot

La Source School of Nursing Sciences, University of Applied Sciences of Western Switzerland, Lausanne, Switzerland

I had a dream : Eradicating the malnutrition of hospitalized patients through interprofessional training. Feedback from an interprofessional course of clinical practices in nutrition

Authors: D Truchot-Cardot, N Baudat, B Zulauf, A Mairesse

The prevalence of malnutrition in industrialized countries is 7-8% in the general population and 12-15% in the geriatric population. 30-60% of patients are undernourished or at risk of malnutrition on admission to hospital, especially elderly patients. In the hospital, malnutrition is associated with increased length of stay, nosocomial infections, pressure ulcers, falls and fractures but is not diagnosed early and often not treated properly. Otherwise medical and HES Nursing students have parallel curricula and a very succinct approach to nutrition. In this context, and with a strong institutional desire, we have developed an interprofessional training on the topic of clinical practices in nutrition. A short course (nine half-days) is offered to third-year students Bachelor of nursing and medicine. A pragmatic training centered on collaborative clinical reflection and allowing a very general vision of the nutrition of the healthy man and the sick man. Our feedback of 3 years allows us to highlight strengths: An awareness by students of the transdisciplinary aspect of the problem; Immediate transfers in their practices for nursing students during the course. But also points of improvement: At this stage of their training, medical students do not have sufficient clinical setback to understand the problem as a whole; Nursing students, according to their traineeship path, do not, for some, have sufficient backwardness in terms of complex care plans. We need to review our teaching on interprofessionality, which does not necessarily mean undergoing joint training. Our short experience must be enriched by exchanges with clinical and teaching teams with the same dream.

EC-PO08 C

Nicolette Stallworth-Harris & C. Victoria Framil

Florida International University, Miami, Florida, USA

Interprofessional and collaborative education and practice in a school-based and family-centered medical clinic

Authors: NA Harris, CV Framil, M Fonseca, J Schwartz

In 2014, a nurse-managed, primary-care clinic was established within a high-school with the objective of improving access to high quality, safe, efficient, effective, and equitable primary care medical services to students and families with the ethnically diverse and underserved local community. This clinic focuses on uniting nursing, athletic training, health services administration, physical therapy, occupational therapy, speech therapy, and dentistry disciplines in efforts to collaborate and formulate a team-based practice. Specifically, this team-based practice intends to increase access to culturally competent public health interventions focused on preventive health and environmental issues affecting student and community health. There is value for improving interprofessional education across multiple healthcare disciplines. The purpose of this project is to describe how this collaborative school-based practice can be used to facilitate clinical and educational learning opportunities for graduate level health profession students. Student participants will complete the ISVS-21 and the SPICE-R2 instrument to determine perceptions and attitudes towards interprofessional teamwork prior to and following attendance of an interprofessional communication workshop, modeled after the evidence-based TeamSTEPPS framework. The intention of this workshop is to educate students on respective collaboration and communication within a health care team, in efforts to further promoting the understanding that effective communication promotes patient safety. Identifying strategies to improve interprofessional education and practice in the clinical setting may help to create providers who value the role of team-based care in the improvement of patient outcomes and the prevention or treatment of community health conditions.

C-PO01

Camille Bécherraz & David Pichonnaz

University of Applied Sciences and Arts Western Switzerland, School of Health Sciences (HESAV), Lausanne, Switzerland

The interactional structure of interprofessional meetings: Processes of information exchange, knowledge sharing and decision-making

Authors: L Staffoni, V Schoeb, D Pichonnaz, C Bécherraz, I Knutti, M Bianchi

Interprofessional meetings (IPs) consist in knowledge sharing and exchange of information. They usually aim at reaching an agreement or at making decisions. Our previous research has shown the relevance of looking at organisation of phases within various kinds of IPs. Funded by the Swiss National Science Foundation, our on-going research currently draws on 20 collective interviews conducted with 79 educators and health professionals and almost 20 hours of videotaped IPs, filmed in 7 different healthcare institutions (of various kinds) within three linguistic regions of Switzerland. The starting point of the analysis presented in this poster arises from two aspects of IPs: (a) how pre-planned is their agenda and (b) the number of decisions that are made. Using conversational analysis, our approach looks at the information and knowledge exchanged between health (and social care) professionals, but also at the interactional organization of the conversation, including non-verbal aspects. In the case of IPs with a strictly pre-established order and a limited level of negotiation between professionals, our analysis focuses on how their pre-set structure can be challenged. In the case of IPs with a more indefinite structure, our analysis looks at their fluctuating leadership and the professional's influence on the selection of topics. The comparison between these two types of IPs helps identify the impact different professionals can have on their organisation, on the choice of topics, and on the decisions that are made. Our analysis shows that, although highly structured IPs can be led by nurses, it is more often medical doctors who deviate from their standard structure. Regarding less structured IPs, the influence of medical doctors on the selection of patient cases can be challenged by overlapping roles and expertise with allied health (and social care) professionals and by information about patients they hold.

C-PO02

Leen Van Landschoot

University College Ghent, Ghent, Belgium

Interdisciplinary care as facilitator for integrated care: An exploratory study among general practitioners, nurses and social workers in 3 community health centers

Authors: L Van Landschoot, S Nachtergaele, H Gobeyn, L Devos, D Reynaert, N De Witte

Community health centers (CHCs) in Belgium distinguish from other primary care settings by factors known as facilitators for integrated care. One of them is the interdisciplinary cooperation. The interdisciplinary team consists of at least 3 disciplines: a general practitioner, a nurse and a third discipline, for example a social worker. The aim of this study is to explore how interdisciplinary care is organized in CHCs and how it facilitates integrated care. Two researchers, a social worker and a nurse, examined the implementation of integrated care in 3 CHCs in Ghent. Based on a literature study, a document analysis of relevant documents of the CHCs, and participatory observations in the CHCs, principles, dimensions and influencing factors for integrated care, specific for CHCs were extracted. In order to refine these, 5 cases per CHC were selected. Patients, informal caregivers and professionals concerned in these cases, were interviewed using a semi-structured questionnaire. We can conclude that interdisciplinary practice is regarded as facilitator for integrated care in the CHCs. The drive towards integrated care in turn facilitates interdisciplinary cooperation, for example through the prioritizing of goal-oriented and person-centered care. Although interdisciplinary care is considered important, it is not self-evident to put into daily practice. In order to avoid potential pitfalls, professionals working in CHCs find it important to understand and respect the roles of other team members, to possess good communication skills, strategies and structures, to have a supportive non-hierarchical team climate and to reflect continuously. Looking at the interdisciplinary cooperation with professionals outside the CHCs, we found that this is even less evident. Knowing each other and having confidence in each other is a prerequisite. Professionals indicate that building good relationships demand formal and informal contacts, which require time and continuously attention.

C-PO03

Alexe Desaulniers

University of Quebec at Trois-Rivières, Trois-Rivières, Quebec, Canada

Patient-as-partner: Development, implementation and evaluation of an interdisciplinary health communication web-based tool in context of a work rehabilitation process

Authors: A Desaulniers, PY Therriault

With a patient-as-partner approach, the purpose of this study is to develop, implement and evaluate an interdisciplinary health communication web tool for a clientele suffering from musculoskeletal disorders who receives rehabilitation services involving an insurance agent. According to the World Health Organization (WHO, 2010), the benefits of collaboration in acute, primary and community settings are well demonstrated. This study is a participatory action research to develop with patients and all the actors of the rehabilitation process and address issues of access, inclusion, equity and collaboration with a consideration about their reality and needs. The introduction of new technologies, shared information management systems and more appropriate teambuilding models is needed to address the new realities. Beyond the electronic file, in order to support the desired innovation, it is necessary to adequately equip the media with a generation of systems and information tools. The mobilization and complementarity of each individual's skills will reach the level of efficiency necessary to solve the complex problems of the health system, to the benefit of all the stakeholders, when patients will be partners, not only consumers.

C-PO04

Andre Vyt

Artevelde University College & University of Ghent, Ghent, Belgium

Validation and factor analysis of a quickscan based on the Interprofessional Practice and Education Quality Scales (IPEQS) in more than 50 interprofessional teams of geriatric care in hospitals

Authors: A Vyt, N Van Den Noortgate, K Versluys, R Piers, J Devoghel

A panel of experts in geriatric care ranked items of the Interprofessional Practice and Education Quality Scales (IPEQS), consisting of 60 items, on the basis of their perceived relevance. A 20-item questionnaire was conceived by selecting those items which were placed in the top-3 by at least 70% of the responding experts and as the top item by at least 30% of the respondents. 5 items were added on ethical reasoning and incident reporting. The quickscan has been sent out to more than 1500 health care professionals working in geriatric hospital wards. More than 800 respondents, spread over 55 interprofessional teams of 17 hospitals in Flanders (Belgium), answered based on their team perception and experience. More than 70% of the respondents were nurses. A factor analysis on the individual responses yielded a reduced model of 18 items (of which 13 items from the original IPEQS), explaining 70% of the variance. The 6 components cover (1) actual interprofessional teamwork and consultation by the staff, (2) team reflection and feedback stimulated by the management, (3) ethical reasoning, (4) supportive tools, (5) IP conviction, and (6) incident reporting. The internal consistency of all factors was high ($\alpha \geq .80$), except for the last factor. A separate factor analysis on the 20 IPEQS items yielded a model with similar components (but without the ethical reasoning and incident reporting), with 67% explained variance and high consistency ($\alpha \geq .80$) for all components. The retained components are compatible with the clusters as identified in the original IPEQS.

E-PO01

Anja Kohlhaas

Medical Faculty Heidelberg, Heidelberg, Germany

Serious games in interprofessional education: Evaluation of knowledge transfer in a business management module for undergraduate health care students

Authors: A Kohlhaas, S Berger, K Goetz, C Mahler, J Steinhaeuser

Within an interprofessional education module teaching business management principles to health care students, a serious game has been implemented in the undergraduate degree programme. The aim of this study was to evaluate the effectiveness of this serious game in transferring business management knowledge. A pre-existing product on the market was adapted. During the course of the serious game, small interprofessional groups, of up to four persons, developed a concept to establish and run a general medical practice. Each gaming round simulated one business year. A theoretical/educational input on relevant principles such as entrepreneurship or financial management preceded each gaming round and these ideas were then actively applied in the game. After each round, results for the “business year” were analyzed at a debriefing. Qualitative evaluation of the serious game was conducted with 18 individual participant interviews using a semi-standardized interview guideline. Digital recordings of interviews were transcribed and thematic analysis identified new knowledge in three key areas: self-employment, serious gaming and effects/outcomes. With regard to self-employment, a significant perceived barrier was the accompanying responsibility. However, through the serious game experience, a more accurate sense of actual knowledge, skills and abilities required could be gained. Serious gaming was perceived as being a suitable teaching method for business management; in particular, the fact that choices in the gaming rounds could be immediately connected to business results was highlighted as effectively enhancing learning. In terms of effects/outcomes, participants reported the development of their “process thinking” as an important educational gain. In addition, the ability to apply theory in (simulated) practice and the experience of collaborating in interprofessional teams were reported positively. In summary, use of a serious game for teaching small business management proved effective for knowledge transfer in an interprofessional education setting

E-PO02

Siew Tiang Lau

National University of Singapore, Singapore

Developing Interprofessional Education in community setting: A Singapore experience

Authors: ST Lau, SY Liaw, V Lopez

This presentation focuses on the context, content and process of developing an interprofessional education programme for undergraduate medical and nursing students in the community setting. In Singapore, clinical education has been hospital-centric and there was no formal interprofessional education programme for healthcare students within the community setting. With the shifting healthcare demographics, meeting the needs of the rapidly ageing population has become a key driver of healthcare demands for Singapore. Consequently, preparing healthcare students to be collaborative community practitioners has become crucial for their entry into clinical practice. The pilot interprofessional education programme in community setting was conceptualised by incorporating the interprofessional education collaborative patient-centred practice framework. It was developed, implemented and evaluated using the presage, process and product learning system. 60 nursing and 120 medical undergraduate students participated in the programme. Three students (two medical and one nursing) students form a team and one medical mentor mentors them. The team visits a community dwelling patient and learns about the care management and trajectory of illness over one year period. At the end of the programme, focus group discussions and individual interviews of the medical and nursing students and their mentors conducted gain insights on their perception and experience of the interprofessional education programme in the community. The results show that the students value the interprofessional collaborative learning and they developed community practice competence. The factors facilitating and inhibiting the collaborative learning in community practice were discussed. Improvements were made based on students' report and the programme had been included as part of interprofessional education in the nursing undergraduate curriculum.

E-PO03

Pierre Bellemare & Adeline Paignon

School of Health of Geneva, University of Applied Sciences of Western Switzerland, Geneva, Switzerland

Using Serious Game as a complement in interprofessional simulation in health bachelor training

Authors: P Bellemare, F Cinter, E Van Gessel, P Mèche, A Paignon

New challenges in health care require interprofessional collaboration. This is particularly the case for management of chronic diseases and medical emergencies due to a shortage of adequately-skilled health care practitioners. In this new health care context, interprofessional education has become a prerequisite to ensure quality of care. In our institute interprofessional education has been made an integral part of all Bachelor degree curricula from the first year of study onward. Simulation practice sessions allow students to experiment with and experience interprofessional collaboration in a safe and secure approximation of clinical scenarios. To improve the efficacy of this approach, we propose the use of a serious game to prepare for case scenario simulations. A trial conducted with 37 students indicated that they appreciated the quality and the utility of the serious game for preparing for case scenarios prior to simulation, for revision of knowledge, and to improve collaborative practices. Thus, our findings support the notion that students consider serious games to be efficient, useful, and pertinent in regard to preparation for case scenarios and for collaborative practice. Serious games appear to be an efficient means for improving the interprofessional competencies of students and to assist them with appreciating their various professional specificities.

E-PO04

Anika Mitzkat & Katja Krug

University Hospital Heidelberg, Dept. of General Practice and Health Service Research, Heidelberg, Germany

Research-based learning in interprofessional setting – challenges and opportunities

Authors: A Mitzkat, S Schüler, G Ottawa, C Mahler, S Karstens, K Krug

Research-based learning has the potential to address the gaps between research and education. We hypothesize that it also has the potential to promote interprofessional learning. At our institution research-based learning was implemented in a module within an interprofessional bachelor-degree programme in which students achieve both vocational training (nursing, diagnostic, therapy professions) and an academic degree. The module “Quantitative methods” comprises 240 hours and enables students to accomplish a complete circle of the research process through research-based learning. Faculty members work closely together with a partner in clinical practice who provides a research topic and ensures practical support to conduct a study. The module addresses competencies within the IPEC Framework, with emphasis on “Team and Teamwork” by establishing interprofessional teams for each step of the research process. This research-based learning process has been completed by three cohorts. Experiences so far have shown high feasibility provided that challenges and opportunities are considered from the start. This includes, that a research topic relevant for all participants with diverse professional backgrounds is chosen. Organizational and logistic challenges due to clinical routines and the curriculum need to be coordinated. Unplanned changes within the research project may lead to didactic pitfalls which have to be managed flexibly. Each interprofessional team achieved good results in the assigned research step, students demonstrating research as well as team competencies on the highest level of Miller’s competence pyramid. After developing and piloting this project further evaluation on the interprofessional competencies to be acquired will be needed.

E-PO05

Bianka Vandaele & Andre Vyt

Artevelde University College, Ghent, Belgium

Let's start with an interprofessional intake: A pilot of holistic diagnosis and follow-up training in a real-life simulation context

Authors: B Vandaele, A Vyt

In our institution we have a tradition of in-depth interprofessional training of students during a trajectory of 3 months. In this trajectory, more than 600 students from 6 different study programs participate in interprofessional team meetings, coached by a 20 lectures who have been trained as interprofessional coaches. This learning trajectory is aimed towards the production of shared care planning for patients. In 2016 we have experimented with a pilot project in which two groups of students participated. Instead of being trained on campus, the sessions were held in a hospital facility, with rooms especially equipped to simulate different contexts of health care. Also, students were trained to simulate a patient role. Thirdly, instead of having training sessions on different cases, the interprofessional teams had three sessions on the same patient case in a follow-up trajectory: an intake interview, a diagnostic team meeting, and a follow-up meeting. A very important focus was on the intake interview. Participating students already have skills in interviewing patients from their professional role, but they were trained in structuring and executing the interview in a way that generated information and data are of immediate use for interprofessional clinical reasoning. The simulation sessions were organized in such a way that two teams executed the interviews and the meetings, and they could compare their performance and discuss which elements showed to be productive or counterproductive. Both student groups performed a SWOT-analysis, which was then discussed within the team of interprofessional coaches. The pilot is now being considered for wider implementation. More specifically an expansion of the learning trajectory is considered so that the intake interview, the training to simulate a patient role and the comparison of outcomes can be implemented.

E-PO06

Kirsty Hyndes & Susan Plows

University of Nottingham, Nottingham, UK

"Flipping" the simulations in IPE

Authors: KI Hyndes & S Plows

The evaluation of a year-2 interprofessional programme indicated students wanted to learn together whilst working on clinical case studies that were relevant to their own profession. Therefore 26 case studies were written in collaboration with clinicians, academics and service users that would engage the different (n=10) professions. A programme using the learning set model was developed, and a 'flipped' element of learning was utilised with a strong emphasis on peer to peer learning in order to engage the students. Students from medicine, pharmacy, sports rehabilitation, midwifery, all branches of nursing, physiotherapy and dietetics (n=906) were assigned to a learning set and allocated a case study dependent on the professions in the group. Each student was contacted 1 week prior to the timetabled session and instructed to read the paper based case study. All cases were placed on Moodle, and students were able to access any of interest as well as the assigned case study. They were asked to search for information on the case, for example NICE guidelines, publications, and information on treatment and to bring this with them to the session. Each group completed 3 hours of face-to-face sessions where they shared their information and then worked together to develop an evidence based poster that demonstrated multi-professional care. Each group presented their posters to a plenary. At a later date posters were judged by an expert panel and the prize winners were given the opportunity to present their poster at a University conference. Results of student evaluation and analysis of focus groups will be presented. In our experience it is possible to engage large groups of students in meaningful work where they can learn with and from each other to improve the care of their future patients.

E- PO07 C

Hossein Khalili & Scott Reeves

Western University, Fanshawe College & Kingston and St George's, University of London, London, UK

The development of an IPCP High Cognitive Skills Test

Authors: H Khalili, S Reeves, C Parson, S Price, R Grymonpre, S DeLuca

Interprofessional education (IPE) and interprofessional collaborative person-centred practice (IPCP) play a prominent role, as the roadmap, in the future of health/social professions' education and the healthcare delivery in Canada. In Canada, the Canadian Interprofessional Health Collaborative (CIHC) and the Accreditation of Interprofessional Health Education (AIPHE) have developed the National Competencies for IPE/IPCP (CIHC, 2010) and the Interprofessional Health Education Accreditation Standards Guide (AIPHE, 2011) to facilitate the incorporation of IPE/IPCP into the health/social professional education and the accreditation process. In response, currently many of the health/social professional programs and accreditation bodies have included IPE/IPCP in their entry-to-practice competencies, mandating student involvement in IPE/IPCP activities during their professional education. Despite all of the above, there is still a lack of a standardized assessment tool to measure students' IPE/IPCP higher-order cognitive skills within diverse learning environments (including simulation, clinical/community placements and the online learning), which makes it difficult for the faculty, administrative and researchers to identify the real learning outcomes of such IPE/IPCP initiatives. The current IPE/IPCP tools are mainly designed to measure students' perceptions and attitudes towards, rather than cognitive skills in, interprofessional education and practice. In this presentation we present and discuss the process of developing two high-cognitive skills tests to measure interprofessional critical thinking, clinical judgment and collaboration in education and practice. An online Delphi Method will be used to develop the IPE-HCST and IPCP-HCST tests.

Poster Showcases

E-PS01

Soumana Nasser & Anna Farra

Lebanese American University, Byblos, Lebanon

Interprofessional education in a teaching hospital setting: Clinical activities

Authors: S Nasser, A Farra, R Doumit, S Karnaby, J AbiKharna, W Kabbara

At our institution we have several clinical IPE (InterProfessional Education) activities, one of them multidisciplinary discussion of patient cases. Students from nursing, nutrition, pharmacy and medicine chose one patient case from the internal medicine ward where they were assigned for training. The students were asked to: collect information and study the case, identify their role in this patients care and develop and implement a care plan for the patient. They would meet and have an interdisciplinary patient round observed by faculty from all 4 programs. Constructive feedback and discussion was given at the end of each session. At the end of each clinical activity, participating students and attendees were asked through a questionnaire to evaluate the activity. A total of 47 students participated in both activities and provided feedback. In general (64%), these activities met their expectations as students were able to role model their profession through the inter-professional collaboration that occurred with the other healthcare professionals. The team interaction was adequate (79%). Students were satisfied as they felt that such activities would help them improve their practice (74%) in real settings by allowing them to recognize and respect the roles, responsibilities and expertise of the other healthcare professionals (80 %) and practice good communication techniques (77%) with fellow colleagues with the ultimate goal of optimizing patients' care. Moreover, these activities allowed the students to practice the process of shared decision making (80%) and demonstrate evidence-based interdisciplinary approaches when planning and implementing optimal health care activities/outcomes with other health care professionals within the hospital setting (69%), as well as been able to solve ethical issues that arise in the health care setting (57%). Finally such activities were viewed as highly useful and as a platform to apply IPE on a daily based to optimize patients care.

E-PS02

Anna Farra & Soumana Nasser

Lebanese American University, Beirut, Lebanon

Interprofessional education for health and social care students in Lebanon: The LAU steps

Authors: A Farra, R Zeenny, S Nasser, N Asmar, A Milane, M Bassil, M Haidar, M Habre, N Zeeni, N Hoffart

The aim of this presentation is to describe the IPE Steps program, a curriculum that brings together students from five health care programs for joint learning. We have degree-granting programs in medicine, nursing, nutrition, pharmacy and social work. Faculty members from these programs formed in 2010 an IPE workgroup to develop the learning objectives and structure for an IPE program. What emerged is the IPE Steps framework, a series of 5 half-day workshops. Students are given content and techniques that they apply to case studies in small groups. Each small group has students from at least three professions and is facilitated by a faculty member from any of the participating programs. The five topics are introduction to IPE and collaborative practice, interprofessional communication, teamwork and conflict management, health care quality, and ethics. Content is delivered using a variety of presentation formats. Cases for each topic were written to ensure that all five professions have a valid role. An IPE certificate is distributed to each student who participated in at least 4 of the 5 steps. We have been running the IPE Steps Programme for 5 years; more than 1100 students have participated at least one step. 90 faculties have served as small group facilitators. 4 cohorts have the certificate. Thus, the progression of knowledge and skills gained through the IPE Steps has sustained student and faculty interest. Students' evaluations after each step have been positive, they consistently respond that they would recommend IPE to others and anticipate applying what they learned in the future. We observe students interacting freely in the clinical setting, which suggests they are beginning to practice collaboratively. We continue to add new elements to the IPE Steps to address their recommendation to have more IPE learning activities in the clinical setting.

E-PS03

Hester Smeets & Anita Stevens

Zuyd University of Applied Sciences, Heerlen, the Netherlands

An overview of our interprofessional education curriculum for students and lecturers at Zuyd University of Applied Sciences

Authors: HWH Smeets, A Stevens

At our university we started with IPE in 2011 in the Faculty of Health Care. In 2015 we first implemented our pilot for 70 first year students of the faculty. Today, we have an IPE curriculum consisting of education for year 1 to year 4. In year 1, 600 students from 7 different educational programs participate in the IPE. Our IPE curriculum follows our competency framework: the 5 building blocks, 5 main competencies for interprofessional education and its sub competencies, which build up in difficulty. We do this in a module "Interprofessional communities of practice (IP CoP)". In year 1, we start with getting to know each other by giving demonstrations to the other students and having a guided tour around the educational programs. In year 2, we start with practicing IPC in simulated situations. The focus is then on the patient perspective. Students also learn to look through the eyes of the patient. In year 3 and 4, during their internship, they put what they learned into practice. Students observe and participate in an IP team meeting and they shadow a patient who is treated interprofessionally. We also want lecturers to provide high-quality IPE and pay attention to faculty development. We train all lecturers involved in facilitating IPE in several meetings. In every meeting we pay attention to competencies lecturers need for facilitating IPE of students. We integrated these meetings with the IP CoPs. Before every IP CoP meeting, the lecturers get together, they receive a training and we discuss issues they encounter during facilitating IP CoPs. The goal is to educate students to be able to work interprofessionally, and to develop the skills of lecturers to provide high-quality education.

E-PS04

Jos Verweij

Rotterdam University of Applied Sciences, School of Healthcare studies, Rotterdam, Netherlands

The implementation of interprofessional cooperation in a diversity of healthcare studies: Working together at an interprofessional assignment

Authors: J Verweij

Recent developments/changes in (the organization of) healthcare and welfare in the Netherlands show that the importance of interprofessional cooperation stands above any doubt. At the same time, the training of many of the healthcare professionals in the Netherlands is developing towards a new curriculum structure based on the CANMEDS roles. The similarity of approach between the CANMEDS roles and the NICF (National Interprofessional Competency Framework; also developed in Canada) was the reason for our institute to base the interprofessional parts of the curriculum on the NICF. A Dutch translation of the NICF was used to make a framework for the implementation of interprofessional cooperation in the curricula of our healthcare studies. Our institute has implemented interprofessional cooperation in the curriculum of all the vocational studies of second year students. During 6 months (for one day a week) these students and second year healthcare technology students of the institute of engineering work together in interprofessional, at random composed, groups, at interprofessional skills. They use real life cases of healthcare professionals and healthcare related organizations. Part of the programme is an international exchange week with participants all over Europe. Implementing interprofessional cooperation in the other years of the vocational studies is in progress. The poster presents the choices made (pathway, working methods, successes and bottlenecks).

E-PS05

Petra Meche & Emilien Jeannot

University of Applied Sciences and Arts Western Switzerland, School of Health Sciences, Geneva, Switzerland

An interprofessional education event: Joining undergraduate health care and medical & pharmacy students

Authors: P Meche & E Jeannot

We offer an original transversal curriculum, involving students of the Health School (Nutrition & dietetics, Physiotherapy, Midwifery, Nursing and Medical radiology technology) and Medical & Pharmacy students, registered in 3 sequential training units. This innovative curriculum is constructed between the School of Health Sciences and the Faculty of Medicine around 3 major axes: connecting multiple expertise and creating interprofessional synergies, transforming professional cultures and facilitating collaborative practice in health and social care. The entire curriculum was organized around a shared vision and strong missions to train future professionals, capable of interaction and mobilizing collective competencies to face increasingly complex situations at individual, family and community levels. Moreover, students develop an interprofessional culture and intelligence, underlined by a patient-centered collaborative approach focused on individual and collective benefits in integrated health. Communication tools are used to develop structured and facilitating team communication, specifically in simulation. Highlighting this curriculum, a major event will occur in 2018, bringing together students of the 1st year of the BSc of Health and for the first time, 2d year students of Medicine, in a weekly course with plenary sessions and workshops to initiate interprofessional team work. One of the workshops starts with a filmed standardised patient centered scenario, leading to collective analysis, a shared care plan, and conducts to team debate. Selected health themes include perinatal, infectious disease and immunization, prevention of depression and suicide in young adults and rehabilitation after stroke. Students will mobilize knowledge about federal health and social policies and implementation taught during plenary sessions.

Workshops

EC-WS01

Cathy De Raes & Catherine De Vos

University College Ghent, Ghent, Belgium

Developing interprofessional practice or work settings in co-creation with the professional field

Authors: C De Raes, C De Vos

Developing an interdisciplinary trajectory not only entails setting up the learning outcomes with its accompanying goals and contents but also includes re-thinking and re-shaping the way of delivery so that at the end of the trajectory it can be established with confidence that the learning outcomes have been adequately achieved. Acquiring competences at a level of integration encompasses being able to practise these interdisciplinary skills in an interprofessional practice or work settings. It is paramount that the old, monodisciplinary practice setting are obsolete in aiding students to acquire these interprofessional skills or allow faculty staff to assess these interprofessional competences. New practice models should therefore be contrived, designed, discussed and implemented which will allow all parties involved to professionally develop towards a consistent and integrated interprofessional working place. Preferably, this is done in a co-creation process with all interested professional partners. In order to collaboratively develop these interprofessional practice or work settings, we have prime partners that are willing to offer their work field expertise. They include the city education and health departments and other organisations in the field of health care and social work. The design team has currently worked out an approach to engage with interested organisations in which they focus on the mutual benefits of this co-creating approach in the professional staff development of both organisations. We present this approach and generate additional methods and strategies to complement and fine-tune it. The outcome of the abovementioned activities and process should result in a step-by-step guide for other organisations in the development of similar models for interprofessional practice or work settings.

E-WS01

Anita Stevens, Albine Moser & Richard Pitt

Zuyd University of Applied Sciences, Heerlen, The Netherlands, & CAIPE, UK

Facilitating interprofessional learning of students: The role of the teacher

Authors: A Stevens, A Moser, R Pitt

The literature demonstrates the need for health care students to learn together to be enabled to collaborate effectively to provide best quality care to patients. One of the success factors of high-quality interprofessional education is the skills of faculty members to support interprofessional learning among students from different professional backgrounds. The aim of this interactive workshop is to clarify an understanding of IPE and prepare faculty staff to facilitate interprofessional learning and collaborative team working. This workshop is for faculty staff, policy makers, curriculum managers and students, who are commencing interprofessional education. The workshop commences with a small exercise getting to know each other and building relationships, followed by an open forum of IP education and curriculum. Key factors for successful planning and developing IPE will be presented. The workshop ends with reflection and discussion. Several interactive learning methods will be used in smaller groups. The workshop experience will role model successful facilitation of learning. Participants will (1) Identify ground rules of facilitating interprofessional learning, (2) identify strengths, challenges and opportunities faculty staff may encounter, (3) develop successful strategies engaging key stakeholders, and (4) be prepared for the interprofessional teaching role focusing on skills of facilitation and faculty development.

E-WS02

Michiel Schokking & Marjon Breteler

Radboud UMC, Nijmegen, Netherlands

Pole position and beyond: Formula 1 racing and interprofessional education

Authors: M Schokking, M Breteler, A Welmers, N Aalfs, T Klaassen

Getting started in Interprofessional Education (IPE) is one thing, getting on with it in the best way remains a challenge. The specific goal of this workshop is finding out how to monitor and improve an IPE-programme in the best way. In an IPE-pilot in the Radboud UMC with medical and postgraduate nursing students feedback of both students and faculty was used to monitor and improve IP-teaching. This interactive workshop starts with a short introduction and a plenary Game of Theses on IPE and Formula 1 racing, followed by discussions in small groups. Comparing our IPE-programme to a Formula 1 race, we discuss with the participants how to implement a good starting position, how to use briefing and debriefing, how to improve content of the course as well as performance of the faculty team continuously. Specific experiences of the participants are compared with our findings using Educational Design Research as a tool of evaluation and improvement of our IPE-efforts. In our study best practice in IPE focused on choosing a well-balanced IPE-faculty team, that is enthusiastic and flexible, involving students of both professional training programs regarding development, improvement and performance of IPE, incorporating real experiences of patients in the programme and application of interactive educational methods in IPE. Participants will be able to take home sustainable ideas and suggestions on best practice of IPE.

E-WS03

Corinne Borloz & Andre Vyt

La Source School of Nursing Sciences, University of Applied Sciences of Western Switzerland, Lausanne, Switzerland, and Artevelde University College & University of Ghent, Belgium

Getting out of the comfort zone: beyond the thresholds for effective interprofessional education

Authors: C Borloz & A Vyt

In European higher education institutions a growing number of initiatives exist for interprofessional education by introducing course units or events. Practically always such events are appreciated by students and staff in a positive way. In many cases it is the first time students actively work together from a different professional perspective, and frequently is also the case for staff. Initiatives are not only considered as nice but also useful, as there is a growing awareness that siloed professional education does not match with modern health care issues, as is frequently stated also by regional and worldwide authorities such as the WHO. But interprofessional education needs to get out of the comfort zone, and needs to be self-critical with regard to effectiveness. Is it okay to continue focusing on events and course-units as add-ons to study programs, or do we need to focus on assuring the effective acquisition of interprofessional competences in study programs? How do we avoid putting the IP activities in the focus instead of the IP outcomes? We know IP competences are hard to assess, but we have an ethical duty to point out what is at stake. In the workshop, a hands-on self-assessment exercise will be used, and data will be compared with a benchmarking base. Participants of the workshop need to have at least two years' experience in interprofessional education.

Roundtable discussions

EC-RD01

Loes van Amsterdam & Ine Boermans

Jan van Es Institute & European Forum for Primary Care, IJsselstein, The Netherlands

Development of a National Network for Interprofessional Education and Collaboration

Authors: EJLM van Amsterdam, I Boermans, A Moser, N Scherpbier-de Haan

The Dutch network for Interprofessional Education and Collaboration (IPEC) was founded in 2014 for Dutch health care professionals, lecturers, policy makers, consultants, patient organisations, researchers, change agents, administrators and managers in social and health care. The IPEC network aims to: make the WHO guideline Framework for action on interprofessional education and collaborative practice (WHO 2010) more visible and accessible in the Dutch context; promote interprofessional education and collaboration in the educational institutes for social and health care, continuous education, practice and research; be an independent platform to exchange knowledge and experiences to strengthen interprofessional education and collaboration. Social media, use of national and international peer contacts, underpinning by research and practical experiences, have all proven to be essential in the creation and establishment phase. A Collaboration triangle has been developed which has proved itself to be an effective and supportive working model of the IPEC network. The EIPEN conference in Nijmegen has been a driving factor for the (increasing) interest in IPE and IPC in the country. Now it is necessary to explore how to build the next phase of the network. Our aim is to let others learn from our experiences in setting up a nationwide network and to invite participants from other countries to share theirs. In this 'round table' session, a joint dialogue can take place about the Dutch initiative and the approach of others in the development of a (national) network about Interprofessional Education and Collaboration. To start the dialogue a short presentation will be given about process and content, after which the successes will be highlighted, pitfalls can be explored and challenges can be identified.

EC-RD02

Majda Pahor, Tiina Tervaskanto-Maentausta & Andre Vyt

University of Ljubljana, Slovenia, Oulu University of Applied Sciences, Finland, and Artevelde University College & University of Ghent, Belgium

Consensus building on interprofessional education competences in Europe

Authors: M Pahor, T Tervaskanto-Maentausta, A Vyt

In a growing number of European higher education and clinical institutions initiatives arise to train and assess interprofessional skills and competences. Also governmental initiatives focus on interprofessional aspects in recognition of competences. Frequently reference is made to frameworks such as CANMEDS, as this is known to be one of the first frameworks developed for medical professions. In the UK, benchmarks have been formulated by the QAA for graduates in health care professions. In Finland, a close collaboration exists between government and institutions for the implementation of interprofessional education. In Belgium, the decree regulating the health care professions has recently been put under major revision to incorporate interprofessional collaboration, and to put this even more into the focus. As higher education and health care is more and more becoming a matter on European level, a consensus regarding the definition and assessment conditions of interprofessional competences is needed. Higher education institutions could then adapt their study programs accordingly. National accreditation bodies could integrate these conditions into their frameworks for health care study programs. Professional bodies could integrate them into their professional codes. In this roundtable a draft document for consensus building is presented, and attendees will be able to validate this IP competence framework, which will then be adopted by EIPEN as a standard reference. Participants need to have at least two years' experience in interprofessional training in a European setting.

C-RD01

Michael Palapal Sy & Nobuo Ohshima

Tokyo Metropolitan University, Tokyo, Japan

Creating a service model of interprofessional collaboration in substance use and addiction settings in the Philippines: A workshop using the Kawakita Jiro method

Authors: M Sy, N Ohshima

In the past year, the Philippines has been featured across international media for its government's controversial battle against illicit substances and to its users, abusers, and traders. Despite the controversies, the Philippine's health, social welfare, and police ministries have managed to perform their functions more visibly to address the issues on mental health care services, social care services, and community peace and order, respectively. An initial step in this research project is to conduct study visits and interviews in selected sites where drug users are living and undergoing rehabilitation. A total of three hospitals and one community district was visited where semi-structured interviews were conducted. The aim of the interview was to 1) identify the health and social care professionals and services available to drug users, 2) to determine gaps for collaborative practice, and 3) create a model for collaborative practice on substance use and addiction settings within the Philippine health and social care systems. The interviews initially revealed that health and social health professionals naturally refer to each other but often miss the opportunity to sit down and discuss assessment plans, goals, intervention programs, and discharge plans for the client. Moreover, the shortage of qualified health and social care professionals serves as the major setback in providing quality care necessitating a strategy that will address human resource management and development. From the interviews, a narrative from a former substance user and trader was captured, which will serve as a case study for the workshop. The workshop primarily aims to gather ideas from different health and social care professionals to generate a preliminary framework for the Philippines' substance use and addiction service model.

C-RD02

Beat Sottas & Ursina Baumgartner

Careum Foundation & Kalaidos University of Applied Sciences, Zurich, Switzerland

Getting prepared for interprofessional primary care in Switzerland

Authors: B Sottas, K Levine-Bürki, I Bischofberger, U Baumgartner, S Essig et al.

There is worldwide a phenomenon in primary care towards task shifting. The Swiss case is particularly interesting. It is oscillating between strong resistance of the majority of the family doctors and some early adopters who integrate nurses and implement organizational changes. There are also some political initiatives (Swiss Academy of Medicine, Health Ministry etc.) which need support. The workshop discusses issues regarding competencies, i.e. the acquisition of needed skills as well as the strategies and models leading not only to co-habitation but to real co-production. Inputs will illustrate (1) the upgrade process of acquisition of primary care skills & competencies by medical preceptorship, (2) the observations and taxonomic reflections of a future primary care nurse accompanying her experienced colleague on home visits, and (3) the changes occurring in the observed primary care settings by better addressing the needs of patients and professionals as the transformation reaches beyond the doctor-nurse interaction. The roundtable discussion aims to get conceptual and practical advice and backing from participants.

E-RD01

Richard Pitt & Liz Anderson

CAIPE & University of Leicester, Leicester, UK

The contribution of theory to the design and delivery of interprofessional education: Findings of a Best Evidence medical education review

Authors: S Hean, C Green, EA Anderson, C O'Halloran, C John, R Pitt

This workshop presents the outcomes of a Best Evidence Medical Education Systematic Review which aimed to offer guidance for curriculum developers who wish to design interprofessional curricula with strong theoretical underpinnings. A short presentation outlines the difficulties encountered during the evaluating approach to synthesis, the main findings and some good practice suggestions. Reviewing papers between 1988 and 2015 show a recent growth of studies with higher theoretical quality. Reports tend to be either theory-heavy/curriculum-light or curriculum-heavy/theory-light. The evaluation has had to grapple with defining inclusion criteria concerning theory and our deliberations have led to a richer understanding on theoretical quality. Take home outcomes: Theory is shown to aid curriculum designers, providing explanations for observed interactive learning and allowing conditions for improvement to be implemented and experimented. Theoretically informed curricula rely upon theoretically informed research to propel the field.

Section F

Conference participants

TO BE ADDED



Interprofessional Practice & Education in health & social care
Lausanne 6-8 September 2017
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La Source. Institut et Haute Ecole de la Santé
Groupe Interinstitutionnel d'Education et Pratique Interprofessionnelles

Thank you for participating in this conference.

Looking forward to see you again at the 7th conference in 2019!

You're welcome to submit your candidature as host institution.