ALL TOGETHER BETTER HEALTH VI
The 6th international conference for Interprofessional Education and Collaborative Practice

October 5-8 2012
Kobe, Japan

Exploring New Horizons:
Diversity and Quality in Interprofessional Education and Collaborative Practice

Venue: Kobe Gakuin University
Co-chairs: Yuichi Ishikawa & Hideomi Watanabe

PROGRAMME & ABSTRACT BOOK
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Message</td>
<td>1</td>
</tr>
<tr>
<td>Organizing Committee</td>
<td>3</td>
</tr>
<tr>
<td>Conference at a Glance</td>
<td>5</td>
</tr>
<tr>
<td>Access</td>
<td>6</td>
</tr>
<tr>
<td>Floor Plan</td>
<td>9</td>
</tr>
<tr>
<td>Instructions for Presentations</td>
<td>12</td>
</tr>
<tr>
<td>Time Table</td>
<td>18</td>
</tr>
<tr>
<td>Programme</td>
<td>28</td>
</tr>
<tr>
<td>Social Events</td>
<td>76</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>77</td>
</tr>
<tr>
<td>Optional Tours</td>
<td>79</td>
</tr>
<tr>
<td>Useful Information / General Information</td>
<td>81</td>
</tr>
<tr>
<td>Conference Venue</td>
<td>82</td>
</tr>
<tr>
<td>Abstracts</td>
<td>83</td>
</tr>
</tbody>
</table>
A warm welcome from the conference co-chairs:
On behalf of the Japan Organizing Committee for All Together Better Health VI (ATBH VI) and InterEd, we welcome you to the sixth All Together Better Health Conference. ATBH VI, 5-8 October 2012 in Kobe, Japan. This is the first time the All Together Better Health Conference will be held in Asia. It will also aim to recognize the rural, national, and global importance and scholarship in interprofessional learning and collaborative practice occurring in this region.

The All Together Better Health conferences are the leading international interprofessional education and collaborative practice conferences. The All Together Better Health conferences are supported by InterEd, the international association for Interprofessional Education and Collaborative Practice - a not-for-profit association. The fifth conference in the series was held in Australia in April 2010 and was hosted by Australasian Interprofessional Practice and Education Network (AIPPERN).

Globally, gaps and inequities in health within and between countries have become evident, and new infectious diseases and environmental and behavioral risks threaten health security. Most countries face severe shortage and inequitable distribution of health workers, especially for remote rural areas. Mismatch of competencies to patient and population needs, poor teamwork, and weak leadership are pointed out as problems. Interprofessional and trans-professional education that breaks down professional silos while enhancing collaborative and non-hierarchical relationships in effective teams play a role in overcoming the problems.

WHO has recently published a framework for action on interprofessional education (IPE) and collaborative practice. The report recognizes that present and future health workforces are tasked with providing health-services in the face of increasingly complex health issues, and it states that opportunities to gain interprofessional experience help students learn the skills needed to become part of a collaborative practice-ready health workforce. Furthermore, an independent Lancet Commission highlighted the need for, amongst others, interprofessional collaboration and teamwork competencies, skill set that are critical to achieving equity and cost-saving measures.

Nowadays, more and more institutions are developing IPE activities and collaborative practice initiatives. IPE and collaborative practice require global evidence for their
effectiveness. Much has been published on these subjects, but mainly from the UK and Northern Europe, the USA, Canada, Australia and New Zealand. It, however, has not been possible to draw general inferences. Asian countries, including Japan, have produced relatively few researches, despite many medical and educational institutions and healthcare professionals having noted the significance of IPE and collaborative practice. This might be due to language barriers, but ATBHVI will aim to overcome these by providing simultaneous English-Japanese translation for the keynotes and organized symposia in the main hall, as well as translation support at the oral-poster presentations and poster exhibition. We do welcome English presentations by those without English as their mother language.

We take the opportunity here to express our sympathy with the victims, survivors and health workers of disasters not only in Japan but also of all nations of the world. More than a year since the enormous damage and suffering caused by the Great-East Japan Earthquake in March 11, 2011, there is still much suffering to relief and lives and communities to rebuild.

ATBH VI offers an exciting opportunity for Asian people to engage with international health professionals and educators. At the conference we hope to share the experience to explore new horizons in terms of diversity and quality in interprofessional learning and collaborative practice around world. Kobe is both a modern and traditional Japanese city. There should be something to find and enjoy for everyone in this international city. We hope to see you here.

Co-chairs: Yuichi Ishikawa & Hideomi Watanabe
### Organizing Committee

**Co-chairs**
- Yuichi ISHIKAWA, Kakogawa West City Hospital
- Hideomi WATANABE, Gunma University Graduate School of Health Sciences

**Organizing Committee**
- Hiroshi FURUKAWA, Kobe Gakuin University Faculty of Rehabilitation
- Yumi TAMURA, Jikei Institute Graduate School of Health Care Sciences
- Nobuo OSHIMA, Tokyo Metropolitan University Graduate School of Health Sciences
- Peter BONTJE, Tokyo Metropolitan University Graduate School of Health Sciences
- Hitoshi SOHMA, Sapporo Medical University
- Akira MAGARA, Niigata University of Health and Welfare
- Yoshihiro EHARA, Keio University Faculty of Pharmacy
- Satoko ISHIKAWA, Keio University Faculty of Pharmacy
- Midori HIRAI, Kobe University Graduate School of Medicine
- Kazunori KAYABA, Saitama Prefectural University
- Yasuyoshi NAISHIRO, Sapporo Medical University
- Noriko TSUDA, Jikei Institute Graduate School of Health Care Sciences
- Yasusi MIURA, Kobe University Graduate School of Health Sciences
- Taku SHIRAKAWA, Kobe University Graduate School of Health Sciences
- Ikuko MIYAWAKI, Kobe University Graduate School of Health Sciences
- Noriko NAGAO, Kobe University Graduate School of Health Sciences
- Fusae TOZATO, Gunma University Graduate School of Health Sciences
- Nana KURURI, Gunma University Graduate School of Health Sciences
- Bumsuk LEE, Gunma University Graduate School of Health Sciences

**Advisory Board**
- Hideaki E TAKAHASHI, Niigata University of Health and Welfare
- Kohzoh IMAI, The Institute of Medical Science, The University of Tokyo
- Osamu FUKUSHIMA, The Jikei University School of Medicine
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution/Position</th>
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<tbody>
<tr>
<td>Masanobu KINOSHITA</td>
<td>Tokyo Metropolitan University Graduate School of Health Sciences</td>
</tr>
<tr>
<td>Kensaku OASHI</td>
<td>Japan College of Social Work</td>
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<tr>
<td>Misako KOIZUMI</td>
<td>Niigata College of Nursing</td>
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<td>Yukimichi IMAI</td>
<td>Japan College of Social Work</td>
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<tr>
<td>Ayumi TAKAYASHIKI</td>
<td>University of Tsukuba School of Medicine and Medical Sciences</td>
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<td><strong>International Advisory Board</strong></td>
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<tr>
<td>Hugh BARR</td>
<td>President, CAIPE (Center for the Advancement of Interprofessional Education), UK</td>
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<td>Jill THISTLETHWAITE</td>
<td>President, InterEd (International Network to Promote IPE and Collaborative Practice), AUSTRALIA</td>
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<tr>
<td>John GILBERT</td>
<td>Project Lead and Chair, CIHC (Canadian Interprofessional Health Collaborative), CANADA</td>
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<tr>
<td>Janice CHESTERS</td>
<td>Chair, All Together Better Health V (Sydney, Australia, 2010); Director of Awhina, Waitemata Health Campus, Waitemata District Health Board Auckland, NEW ZEALAND</td>
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<tr>
<td>Ratie MPOFU</td>
<td>Emeritus Professor, Faculty of Community and Health Sciences, University of the Western Cape, SOUTH AFRICA</td>
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<tr>
<td>Ananyr ORTO FAJARDO</td>
<td>Teacher at Technician and Post-Graduation Interprofessional Health Courses; Research Advisor at Teaching and Research Sector, Conceiciao Hospital Group, BRAZIL</td>
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<td>Gillian NISBET</td>
<td>PhD candidate Pam McLean Centre, Sydney Medical School - Northern, The University of Syndey, AUSTRALIA</td>
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<tr>
<td>Scott REEVES</td>
<td>Director, Center for Innovation in Interprofessional Healthcare Education, University of California, USA</td>
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Conference at a Glance

All Together Better Health VI (ATBH VI)
The 6th International Conference for Interprofessional Education and Collaborative Practice.

Date: October 5-8, 2012
Venue: Kobe Gakuin University, Port Island Campus, Port Island, Kobe, Japan
Website: http://www.k-con.co.jp/atbh6.html
Main Theme:
   Exploring New Horizons: Diversity and Quality in Interprofessional Education and Collaborative Practice
Sub-Themes:
   Futuristic horizons
   Engaging policy makers and clients
   Reaching out to underserved communities
   Diversity in CP and IPE
   Disaster preparedness and management
   Developments, evaluation and evidence in Collaborative Practice
   Developments, evaluation and evidence in Interprofessional Education
   Student events

A Note on Language:
All papers are to be presented in English. There will be simultaneous translation provided for all keynotes and symposia in the main hall. Volunteer translation will be available for the Q&A at oral-posters and from 13:00 to 13:30 at the poster exhibition.

JAIPE 5
JAIPE5 stands for the 5th annual congress by the Japan Association for Interprofessional Education (http://www.jaipe.jp). JAIPE5 will be organized parallel to ATBHV6 from Sunday, 7 October noon to Monday, 8 October. An open-to-the-public symposium on IPW in Japanese community care will be held Monday, 8 October as a joined ATBHV6/JAIPE5 event.
**Access to Kobe**

**Transportation from the airports (domestic and international)**

The nearest international airport is Osaka/Kansai airport. Kansai airport is conveniently connected to Kobe-city with airport limousine buses or the MK-taxi omnibus taxi ‘Skygate shuttle’ service (http://www.mk-group.co.jp/english/index.html). MK taxi will bring you to the door of your hotel. Alternatively one can take the JR train (change trains at Osaka station).

Other international travelers may arrive in Tokyo and change to domestic flights arriving at Osaka International Airport (Itami*) or Kobe airport. This may require a transfer by airport limousine bus to Tokyo Haneda Airport.

There are two major airlines, Japan Airlines (JAL) and All Nippon Airways (ANA), which run regular flights between Kobe or Osaka International Airport (Itami)* and Tokyo Haneda Airports.

* Beware that in spite of its name there are no international flights arriving at Osaka International Airport (Itami).

Transportation between Osaka/Itami airport and Kobe is easiest by airport limousine bus. Alternatively there is the combination of monorail and Hankyu train, but this requires at least 2 times changing trains.

**Kansai International Airport**


**Osaka International Airport (Itami)**

http://osaka-airport.co.jp/en/

**Kobe Airport**

http://www.kairport.co.jp/eng/index.html
Access to the Venue

The conference venue Kobe Gakuin University Post Island campus is located on Port Island. It can be reached on foot from the hotels on Port Island, but from Kobe-city take the New Transit Port Liner from Sannomiya station (get there on foot or by JR Kobe Line, Hankyu train, Hanshin train, or Kobe Municipal Subway). Alight the ‘Port Liner’ at Minatojima Station and the conference venue will be an approx. 6-minute walk to the west from Minatojima Station.
Building B /2nd Floor

Conference Room = B204 ~ B207 (ATBH VI)

ATBH VI Oral Presentation

ATBH VI Oral Presentation

Women W.C.

Men W.C.
Building B /3rd Floor

Conference Room = B301 ~ B302
Registration Desk = Foyer
PC Data Registration = B308
Poster Presentation = B314 ~ B319
Round Table Session / Workshop = B321 ~ B326

Round Table / Workshop

Poster Presentation

Oral Poster Presentation

PC Data Registration

Women’s W.C.

Men’s W.C.
Instructions for Presentations

Oral presentations

Oral presentations are meant to present complete scientific research reports or innovative initiatives that have been implemented and evaluated. Presentation time will be 15 minutes followed by 5 minutes for questions. Presenters are requested to strictly observe the allotted presentation time. The session chairperson or staff may use a bell or buzzer to assist adhering to presentation time.

Presenters are required to upload their PowerPoint presentations onto a Windows-operated laptop prepared by the conference for their session. All presentation slides should be prepared with “Microsoft Office PowerPoint 2003, 2007, or 2010. After uploading their files, presenters should check to ensure that their data, slide layouts and so forth are not deformed after transfer. Such problems may arise with files made on Apple/Mac systems or in regions where fonts are used other than the western alphabet.

Presenters should come to the PC Data Registration Desk (room B309) with their presentation-files saved on a USB flash memory or CD-R disc. For a smooth operation of the conference presenters preload and check their presentation-files any time from Friday 6th 9:00 onwards, but no later than one hour before the session starts (not presentation time!). Those presenters who present on Monday 8th in the sessions starting 9:00 will preload and check their presentation-files before 17:30 on Sunday 7th.

Name your file as follows: registration number of abstract_first author’s name

For example, abstract # 10999 by I.P. Work will have as filename: 10999_Work

Video tape presentation is not available. Please use a digital form (Windows Media player). The projection does not support Full HD video mode, please avoid this kind of file format.

A laser-pointer will be available for use during the presentation.

Internet connections at the venue are restricted to faculty and students as per institutional policy. Presenters are warned they cannot have access to the university internet network.

Last but not least, presenters are requested to arrive at their presentation room 10 minutes before the scheduled start of the session and introduce themselves to the chair person.
**Oral Poster presentations**

Oral poster presentations are meant to present complete research reports or innovative initiatives that have been implemented and evaluated. Posters should require minimal explanation and a presentation time of less than 10 minutes. An oral poster presentation will be followed by maximum 5 minutes for Q & A. English-Japanese bilingual chairpersons will be appointed to assist with Q & A. The session chairperson will lead the group round the poster panels. The session chairperson or staff may use a bell or buzzer to assist adhering to presentation time. Presenters are requested to strictly observe the allotted presentation time. Presenters of oral-poster presentations display their posters only for the day or their presentation. They should mount their poster at 9:00 on Saturday 6th or Sunday 7th, but before 9:00 if on Monday 8th. The rooms for oral poster presentations will be B314 or B315. Free pins will be available for mounting of poster. Staple guns are prohibited for mounting. For sizes, see below. Posters must be removed between 17:00 and 17:30 on Saturday 6th or Sunday 7th, or between 13:30 and 14:00 if on Monday 8th. Any posters remaining after these times will be removed by the conference staff without further notice. Last but not least, presenters are requested to arrive at their presentation room 10 minutes before the scheduled start of the session and introduce themselves to the chair person.

**Poster presentations**

Poster presentations are meant to present complete research reports or innovative initiatives that have been implemented and evaluated. Posters should be self-explanatory, thus not require additional explanation. However, authors are encouraged to be present at their poster during break times and to provide a contact-address for interested persons. Posters will be in display for free viewing from Saturday 6th 10:30 to Monday 8th 13:30. Authors of posters are requested to be present at their posters daily between 13:00 and 13:30 (we apologize for shortening your lunch time). Presenters are advised
to make themselves available for answering questions or engaging in discussion with conference participants outside these times by leave name cards with contact details or announce additional times when they will be present at their posters. Volunteers with Japanese and English skills will be on site to assist in communication between 13:00 and 13:30 daily and upon request. Please bring your posters with you – posters cannot be send to the conference in advance.

Presenters of poster are required to mount their posters between 9:00 and 10:30 on Saturday 6th on the panel indicated by their poster number (same as the abstract notification). The rooms for oral poster presentations will be B316, B317, B318 and B319. Free pins will be available for mounting of poster. Staple guns are prohibited for mounting.

Posters are to be removed between 13:30 and 14:00 on Monday 8th. Any posters remaining after these times will be removed by the conference staff without further notice.

**Round table forum**

Round tables provide a forum for discussing and/or learning with and from each other. Contents may be topical issues or innovative initiatives that are in the planning or implementing stages. Three presenters or a team of presenters will be allocated to a table. Each speaker will have maximal 10 minutes for his/her initial presentation. The presentation should clearly state the issue for discussion. Presenters may wish to bring handouts or other means to facilitate discussion, but AV equipment will not be available (meaning too that there will not be computers and projectors available for PowerPoint presentation).

Following the presentations all presenters and the audience will engage in a discussion until the session finishing time. A moderator/chair-person will facilitate the discussion and keep time. The moderator/chairperson will also ensure that all presentations are given their fair share of discussion.

**Workshops**

Workshops will be 90 minutes in length. Workshops may have different purposes
and formats. In all cases the workshops organizers will keep teaching to an absolute minimum to provide for participants active participation. If the purpose is to pedagogical then organizers will adhere to principles of interprofessional teaching/learning. Workshops can also have purposes that require exchange of ideas and discussion.

The size of the workshop rooms limits the number of participants to 24. There is no advance sign up for workshops. Entry to workshops will be on a first come first served basis. Once the maximum number of 24 has been reached a “workshop full” sing will be placed on the door. We kindly ask your understanding for this arrangement.

Workshop organizers are requested to bring their own laptop computers and any other materials required for their workshop. Copy services are not available. Internet connections at the venue are restricted to faculty and students as per institutional policy. Presenters are therefore requested to avoid the need for using the internet, for example by pasting screenshots into their presentation slides.

**Role of the chairpersons**

Before the session starts, check that the presenters are present (10 minutes before the scheduled start of the session). Any last minute changes will be provided then. Presentation PowerPoint files will have been loaded on the session’s computer and conference staff will be available to assist if required. Student volunteers will assist with lighting, time-keeping or any other eventualities or call upon a technician if needed.

Introduce each speaker according to the program, and ask him/her to stop speaking when the allotted time period is over (15 minutes presentation with 5 minutes Q&A for oral presentations, and 10 minutes presentation with 5 minutes Q&A for oral-poster presentations). Ensure that the total amount time of 20 minutes for oral presentations and 15 minutes for oral-poster presentations is not exceeded.

If a presenter does not arrive, arrange for the time period to be used for discussion; the next presentation should not start early so as not to disappoint interested persons who would arrive at the scheduled time.
Poster panel lay-out

Poster No.  
(Prepared by conference)

Poster title  
Authors and affiliations
Available space:  
70 cm wide by 20 cm high

Available space for poster:  
90 cm wide by 180 cm high
### ATBH VI/JAIPE5 Programme

<table>
<thead>
<tr>
<th>Time</th>
<th>Oct, 5, 2012 (Friday)</th>
<th>Oct, 6, 2012 (Saturday)</th>
</tr>
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<tbody>
<tr>
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<tr>
<td>11:00</td>
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<td>ATBH VI</td>
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<tr>
<td>11:30</td>
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<tr>
<td>12:00</td>
<td>Available to enter into the room</td>
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<tr>
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<td>ATBH VI</td>
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<tr>
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</tr>
</tbody>
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## Oct. 7, 2012 (Sunday)

<table>
<thead>
<tr>
<th>ATBH VI</th>
<th>JAIPE 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keynote/Round Tables</td>
<td>Exhibition</td>
</tr>
<tr>
<td>Tea Break</td>
<td>Poster</td>
</tr>
<tr>
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## Oct. 8, 2012 (Monday)

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<tr>
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<tr>
<td>Joint Symposium</td>
<td>Student Event: Health Care Team Challenge</td>
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<tr>
<td>ATBH &amp; JAIPE</td>
<td>Closing Ceremony</td>
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**JAIPE:**

The Japan Association for Interprofessional Education (http://www.jaipe.jp) organizes an annual JAIPE congress, JAIPE5 (chairperson Prof. Furukawa, Dean Faculty of Health Sciences, Kobe Gakuin University) will be organized parallel to ATBH VI. The final session of ATBH VI and JAIPE5 will be a joined event bringing collaborative practice in Japan into communication with international ATBHVI participants have free access to the JAIPE5 events (only in Japanese without translation).
<table>
<thead>
<tr>
<th>Time</th>
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**Preparation**

**Registration**

**Tea Break**

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**Welcome Reception at Cafeteria Breath (Bldg. B, 1st Floor)**
### DAY2: Saturday, 6 October 2012

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<tr>
<th>Time</th>
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### Tea Break

- OP-1 1~6
- OP-7 11

### Lunch

- OP-12 12~17
- OP-18 23~24

- P-1 1~22
- P-23 44
- P-45 67
- P-68 91

### Tea Break

- WS-6
- WS-7
- WS-8
- WS-9
- WS-10
- ST
- WS-1
# DAY3: Sunday, 7 October 2012

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<td>Or-43～46</td>
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**Registration**

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**Lunch**

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**Tea Break**

Party “KIZUNA”
at Cafeteria Breath(Bldg. B, 1st Floor)
### DAY4: Monday, 8 October 2012

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#### Keynote Lecture 7

- JAPE
- Or. 55~58
- Or. 59~62
- STOr. 4~6

#### Keynote Lecture 8

#### Keynote Lecture 9

- Or. 63~65
- Or. 66~68
- Or. 69~71
- Or. 72~74
- Or. 75~77
- Or. 78~80

#### Tea Break

#### Lunch

#### ATBH & JAPE Joint Symposium Open to the Public

- Student Event 2 (HCTC)
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<td>OP-47~52</td>
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<td>P-1~22</td>
<td>P-23~44</td>
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8:00 - 8:30
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16:30 - 17:00
17:30 - 18:00
18:30 - 19:30
19:30 - 20:00
Conference Chairs' Address (1, 2)

FRIDAY, 5 OCTOBER
15:30-15:50

Conference Chairs’ Address 1 B302
NETWORKING OF INTERPROFESSIONAL EDUCATION IN JAPAN
Hideomi Watanabe, Japan

Chair: Hldeaki E. Takahashi

SUNDAY, 7 OCTOBER
15:30-15:50

Conference Chairs’ Address 2 B302
TRIBUTE TO DR. JOHN HORDER
Yuichi Ishikawa, Japan

Chair: Ikuko Miyawaki
Opening Keynote Lectures

FRIDAY, 5 OCTOBER
13:30-14:10

OKN-1
THE FUTURE OF HEALTH PROFESSIONAL EDUCATION: LEADING CHANGE FOR HEALTH EQUITY
Patrick W. Kelley, USA

Chair: Hugh Barr

14:20-15:00

OKN-2
TERMINAL CARE AT THE SINGLE HOUSEHOLD
Chizuko Ueno, Japan

Chair: Hiroyuki Fujii

Keynote Lectures

SATURDAY, 6 OCTOBER
9:20-10:00

KN-1
SYSTEM APPROACH AND CROSS PROFESSIONAL COLLABORATION IN DISASTER HEALTH MANAGEMENT
Naruo Uehara, Japan

Chair: Yuichi Ishikawa

15:30-16:10

KN-2
IMPACT OF IPE ON STUDENTS IN CHIBA UNIVERSITY
Itsuko Ishii, Japan

Chair: Satoko Ishikawa
<table>
<thead>
<tr>
<th>Time</th>
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<th>Room</th>
<th>Title</th>
<th>Speaker, Country</th>
<th>Chair, Country</th>
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<td>B302</td>
<td>UNDERSTANDING THE SCIENCE OF EVALUATING INTERPROFESSIONAL EDUCATION ACTIVITIES: APPROACHES FOR GENERATING ROBUST EVIDENCE</td>
<td>Scott Reeves, USA</td>
<td>Yoichi Nagai, Japan</td>
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<td>SUNDAY, 7 OCTOBER</td>
<td>KN-4</td>
<td>B302</td>
<td>THE GLOBAL HEALTH WORKFORCE ALLIANCE / WHO GENEVA</td>
<td>Shinjiro Nozaki, Switzerland</td>
<td>Hideomi Watanabe, Japan</td>
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<td>16:00-16:40</td>
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<td>B302</td>
<td>INNOVATION OF HEALTH ENGINEERING FOR AGING SOCIETY THROUGH INTERPROFESSIONAL COOPERATION</td>
<td>Zhiwei Luo, Japan</td>
<td>Yuichi Ishikawa, Japan</td>
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<td>16:50-17:30</td>
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<td>B302</td>
<td>IPE: FROM WHAT AND WHY TO HOW – THE UNIVERSITY OF MANITOBA EXPERIENCE</td>
<td>Ruby Grymonpre, Canada</td>
<td>Seigo Iwakawa, Japan</td>
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<td>MONDAY, 8 OCTOBER</td>
<td>KN-7</td>
<td>B302</td>
<td>THE IMPLICATIONS OF PROFESSIONAL REGULATION FOR INTERPROFESSIONAL WORKING</td>
<td>Mike Saks, UK</td>
<td>Akira Magara, Japan</td>
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9:50-10:30

KN-8 B302
IMPROVING CONTINUITY OF PRIMARY CARE IN CHRONIC DISEASE MANAGEMENT
Ratana Panpanich, Thailand

Chair: Yumi Tamura

11:00-11:40

KN-9 B302
PRIMARY CARE IN JAPAN
Masaji Maezawa, Japan

Chair: Hideaki E. Takahashi
ATBH&JAIPE Joint Symposium

MONDAY, 8 OCTOBER
13:00-15:00
B302
CHALLENGES OF HEALTH AND SOCIAL CARE IN THE RURAL AND URBAN COMMUNITIES WITH INTERPROFESSIONAL COLLABORATIVE PRACTICE IN JAPAN
Moderators: Masaji Maezawa
Hideaki E. Takahashi

Organized Symposia (1~3)

SATURDAY, 6 OCTOBER
10:30-12:00
OS-1
B302
DISASTER MANAGEMENT AND INTERPROFESSIONAL WORK
Moderator: Yuichi Ishikawa
Naruo Uehara

13:30-15:00
OS-2
B302
‘FROM LITTLE ACORNS GREAT OAK TREES GROW’ - DEVELOPING AN INTERNATIONAL COMMUNITY OF PRACTICE IN INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE
Moderator: Elizabeth Howkins

SUNDAY, 7 OCTOBER
10:30-12:00
OS-3
B302
TRANSFORMATIVE SCALE UP OF HEALTH PROFESSIONAL EDUCATION IN ASIA: IPE IN WESTERN PACIFIC REGION
Moderator: Hideomi Watanabe
Submitted Symposia (1~5)

FRIDAY, 5 OCTOBER
16:00-17:30

SS-1 (#10006) B302
A REVIEW OF THE DEVELOPMENT OF INTERPROFESSIONAL EDUCATION IN THE UK

SUTURDAY, 6 OCTOBER
10:30-12:00

SS-2 (#10180) B301
WEST MICHIGAN INTERPROFESSIONAL EDUCATION INITIATIVE

13:30-15:00

SS-3 (#10234, #10044, #10102) B301
TRANSFORMATIVE SCALE UP OF HEALTH PROFESSIONAL EDUCATION IN ASIA

SUNDAY, 7 OCTOBER
13:30-15:00

SS-4 B302
INTERPROFESSIONAL COLLABORATIVE PRACTICE FOR THE ELDERLY CARE IN JAPAN
-How Interprofessional Education Reflects for Various Needs of The Elderly-
Moderators: Hideaki E. Takahashi
Teiji Nakamura

13:30-15:00

SS-5 (#10087, #10237) B301
REPOSITIONING INTERPROFESSIONAL EDUCATION FROM THE MARGINS TO THE CENTRE OF HEALTH PROFESSIONAL CURRICULA: A NATIONAL AND GLOBAL CHALLENGE
Workshops (WS-1~13)

FRIDAY, 5 OCTOBER
16:00-17:30

WS-1 (#10152)
INTERPROFESSIONAL COLLABORATION ON THE RUN: A FLEXIBLE CURRICULUM FOR TEACHING COLLABORATIVE PRACTICE TO HEALTH AND HUMAN SERVICE STUDENTS IN DIFFERENT EDUCATIONAL SETTINGS
Christie Newton, Canada

WS-2 (#10148)
INTERPROFESSIONAL EDUCATION (IPE): A VIRTUAL REALITY? STUDENT ADVICE ON HOW TO ENGAGE HEALTH AND SOCIAL CARE STUDENTS IN IPE USING MULTI-MEDIA PLATFORMS
Lucy A. Fulford-Smith, United Kingdom of Great Britain and Northern Ireland

WS-3 (#10155)
INTERPROFESSIONAL EDUCATION PASSPORTS AS A MEANS OF INTEGRATING INTERPROFESSIONAL LEARNING INTO CURRICULA
Lynda Eccott, Canada

WS-4 (#10016)
SUSTAINABILITY OF INTERPROFESSIONAL EDUCATION PROGRAMS: REVIEWING SUSTAINABILITY FACTORS
Wilma Jelley, Canada

WS-5 (#10295)
THE PEEER MODEL: AN INSTRUCTIONAL MODEL TO TEACH INTERPROFESSIONAL TEAM DYNAMICS IN HEALTH PROFESSION COLLEGES
Mikael D. Jones, United States of America

SATURDAY, 6 OCTOBER
15:30-17:00

WS-6 (#10291)
UNVEILING THE PERSON IN PERSON CENTRED CARE: - EXPLORING OPPORTUNITIES FOR SERVICE USERS TO DEVELOP THE PERSON CENTRED SKILLS OF HEALTHCARE PRACTITIONERS
Jenny Miller, United Kingdom of Great Britain and Northern Ireland
<table>
<thead>
<tr>
<th>Workshop ID</th>
<th>Session Time</th>
<th>Title</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WS-7 (#10010)</td>
<td>B322</td>
<td>MODELS FOR INVOLVING CLIENTS/ USERS/ PATIENTS IN MEANINGFUL INTERPROFESSIONAL EDUCATION THAT REACH OUT TO POLICY MAKERS</td>
<td>Elizabeth Anderson, United Kingdom of Great Britain and Northern Ireland</td>
</tr>
<tr>
<td>WS-8 (#10176)</td>
<td>B323</td>
<td>FANSHAWE COLLEGE INTERPROFESSIONAL CHARTER; DEVELOPMENT AND IMPLEMENTATION</td>
<td>Hossein Khalili, Canada</td>
</tr>
<tr>
<td>WS-9 (#10219)</td>
<td>B324</td>
<td>THE HEALTH MENTORS PROGRAM: AN APPROACH TO TEACHING INTERPROFESSIONAL COLLABORATION, CHRONIC ILLNESS AND PATIENT-CENTRED CARE</td>
<td>Lesley Bainbridge, Canada</td>
</tr>
<tr>
<td>WS-10 (#10191)</td>
<td>B325</td>
<td>TEAM BUILDING TRAINING - FACILITATING INTERPROFESSIONAL TEAMS</td>
<td>Uffe Hylin, Kingdom of Sweden</td>
</tr>
<tr>
<td>WS-11 (#10213)</td>
<td>B321</td>
<td>INTERPROFESSIONAL DIVERSITY IN EUROPE</td>
<td>Margaret Sills, United Kingdom of Great Britain and Northern Ireland</td>
</tr>
<tr>
<td>WS-12 (#10157)</td>
<td>B322</td>
<td>DEFINING AND OPERATIONALIZING COMMUNITY ENGAGEMENT: A NATURAL CONTEXT FOR INTERPROFESSIONAL LEARNING</td>
<td>Lesley Bainbridge, Canada</td>
</tr>
<tr>
<td>WS-13 (#10141)</td>
<td>B323</td>
<td>EVALUATING THE OUTCOMES OF INTERPROFESSIONAL EDUCATION: A PRAGMATIC APPROACH</td>
<td>John Carpenter, United Kingdom of Great Britain and Northern Ireland</td>
</tr>
</tbody>
</table>
Student Workshops (ST WS-1~3)

SATURDAY, 6 OCTOBER 
15:30-17:00

ST WS-1 (#10163) B326
ENGAGING TRAINEES IN INTERPROFESSIONAL EDUCATION (IPE) 
Hannah Beckwith, United Kingdom of Great Britain and Northern Ireland

SUNDAY, 7 OCTOBER 
15:30-17:00

ST WS-2 (#10225) B326
LET’S TALK ABOUT OUR CURRENT IP-CURRICULA TO CREATE BETTER ONES ALL TOGETHER! 
Alice Sugiyama, Japan

MONDAY, 8 OCTOBER 
9:00-10:30

ST WS-3 (#10331) B322
OVERCOMING STEREOTYPES FOR THE FUTURE OF TOMORROW 
Le B. Le, Australia

Students’ Events

SUNDAY, 7 OCTOBER 
13:30-15:00

STE-1 B209
"MY IPE", INTERPROFESSIONAL EDUCATION AND THE STUDENT PERSPECTIVE (#10119, #10146, #10194)

MONDAY, 8 OCTOBER 
13:00-15:00

STE-2 B301
THE INTERNATIONAL HEALTH CARE TEAM CHALLENGE(HCTC)
Special Event - Debate  
- InterEd / Standing Conference -

SATURDAY, 6 OCTOBER  
15:30-17:00

Moderator: Hugh Barr  
Jill Thistlethwaite

BUILDING THE GLOBAL INTERPROFESSIONAL MOVEMENT
Round Tables (RT1~10)

SATURDAY,  6 OCTOBER
9:00-10:00

Moderator: Lynda d’Avray

RT1-1 (#10211)  B321
STRATEGIES FOR IMPLEMENTING IPE WITHIN A UNIVERSITY OR HIGHER EDUCATION INSTITUTION
Sari Ponzer, Kingdom of Sweden

RT1-2 (#10114)
AWHINA - HELPING UNIVERSITIES AND HEALTH SERVICES DO BETTER TOGETHER
Janice E. Chesters, New Zealand

RT1-3 (#10049)
BRIDGING PERCEIVED FACULTY AND INSTITUTIONAL BARRIERS TO INTERPROFESSIONAL EDUCATION
Leamor Kahanov, United States of America

Moderator: Elizabeth Anderson

RT2-1 (#10009)  B322
ASSESSING PROFESSIONALISM AND INTERPROFESSIONALISM USING A PORTFOLIO OF PROFESSIONAL COMPETENCE
Sezer Domac, United Kingdom of Great Britain and Northern Ireland

RT2-2 (#10251)
DEVELOPMENT AND PRACTICE OF INTERPROFESSIONAL EDUCATION IN JAPAN
Kazuo Endoh, Japan

RT2-3 (#10061)
TEACHING INTERPROFESSIONAL COLLABORATION TO ALLIED HEALTH STUDENTS, A TEAMWORK LEARNING MODEL
Jenny Rose, Australia
Moderator: Yoichi Nagai

RT3-1 (#10312)  B323
DIVERSITY IN INTERPROFESSIONAL EDUCATION: DISCIPLINES AND TOPICS
Sundari Joseph, United Kingdom of Great Britain and Northern Ireland

RT3-2 (#10099)
ARE STUDENTS CONFIDENT TO UNDERTAKE INTERPROFESSIONAL EDUCATION THE DEVELOPMENT OF A MEASURE TO ASSES INTERPROFESSIONAL EDUCATION ACADEMIC BEHAVIOURAL CONFIDENCE
Sharron Blumenthal, United Kingdom of Great Britain and Northern Ireland

RT3-3 (#10158)
BRIEF REPORT: PRELIMINARY COURSE IMPACT EVALUATION
Craig Phillips, Canada

Moderator: Monica Moran

RT4-1 (#10187)  B324
THE ADDITION OF OSTEOPATHIC MANUAL THERAPY TO THE ROUTINE USE OF COMPRESSION GARMENTS IN THE MANAGEMENT OF BREAST CANCER RELATED ARM LYMPHOEDEMA
Erin E. Eydt, New Zealand

RT4-2 (#10199)
FAMILY 101: AN EMPOWERMENT TRAINING PROGRAM FOR FAMILIES OF CHILDREN WITH SPECIAL NEEDS
Michael P. Sy, Republic of the Philippines

Moderator: Gillian Nisbett

RT5-1 (#10128)  B325
THE CHALLENGES OF THE FACILITATOR: EVALUATION OF STUDENT FACILITATORS IN A INTERPROFESSIONAL LEARNING PACKAGE, PRODUCED BY STUDENTS AND DELIVERED TO UNDERGRADUATE HEALTH AND SOCIAL CARE STUDENTS
Lucy A. Fulford-Smith, United Kingdom of Great Britain and Northern Ireland

RT5-2 (#10100)
ADVANTAGES OF PRESENTING INTERPROFESSIONAL EDUCATION TO HIGHER EDUCATION STUDENTS USING A CONFERENCE FORMAT
Jenny Lorimer, United Kingdom of Great Britain and Northern Ireland
RT5-3 (#10206)
SIMULATION BASED INTER-PROFESSIONAL HEALTH CARE EDUCATION AND TRAINING: HOW ARE INTER-PROFESSIONAL LEARNERS DEBRIEFED?
Shanaz Pasha, United Kingdom of Great Britain and Northern Ireland

SUNDAY, 7 OCTOBER
9:00-10:00

Moderator: Valerie Ball

RT6-1 (#10042) B321
THE ARTS AND HUMANITIES IN INTERPROFESSIONAL EDUCATION
Sundari Joseph, United Kingdom of Great Britain and Northern Ireland

RT6-2 (#10174)
CLOSING THE EDUCATION PRACTICE GAP: DEVELOPING A NEW IPE CLINICAL UNIT
Karyn Taplay, Canada

RT6-3 (#10098)
INTERPROFESSIONAL EDUCATION IN THE NORDIC COUNTRIES, DIVERSITY AND SIMILARITIES
Gerd Bjorke, Kingdom of Norway

Moderator: Yumi Tamura

RT7-1 (#10070) B322
INTERPROFESSIONAL NON-TECHNICAL SKILLS FOR SURGEONS IN DISASTER RESPONSE: A QUALITATIVE STUDY OF THE AUSTRALIAN PERSPECTIVE
Anneliese M Willems, Australia

RT7-2 (#10272)
SHORT-TERM AND LONG-TERM OUTCOMES OF AN EVIDENCE-BASED INTERPROFESSIONAL EMERGENCY PREPAREDNESS CURRICULUM FOR HEALTH SCIENCE STUDENTS
Jane L. Miller, United States of America

RT7-3 (#10173)
ANALYZING MY INTERPROFESSIONAL WORKING EXPERIENCE IN AN INTERNATIONAL DISASTER RELIEF ACTIVITY
Yosuke Takada, Japan
Moderator: Ratie Mpufo

RT8-1 (#10020) HEALTHCARE STUDENTS VIEWS ON HOW REFLECTIVE LEARNING HELPS PROMOTE INTERPROFESSIONAL EDUCATION, LEARNING AND PRACTICE OLGA SHUTTLEWORTH: 4TH YEAR MEDICAL STUDENT UNIVERSITY OF EAST ANGLIA
Olga K. Shuttleworth, United Kingdom of Great Britain and Northern Ireland

RT8-2 (#10090) WHOA TO GO IN NINE FOR IPE: SET UP AND FIRST DELIVERY OF A NEW RURAL IPE PROGRAMME IN NEW ZEALAND
Sue Pullon, New Zealand

RT8-3 (#10030) A CROSS SECTIONAL SURVEY OF INTERPROFESSIONAL EDUCATION IN AUSTRALIAN AND NEW ZEALAND HEALTH PROFESSIONS PROGRAMS
Samuel Lapkin, Australia

Moderator: Victoria Wood

RT9-1 (#10274) FROM INTERPROFESSIONAL TO TRANSPROFESSIONAL LEARNING THROUGH HUMANISING CARE: PERSPECTIVES, TRANSFORMATIONS, AND FUTURES
Maggie Hutchings, United Kingdom of Great Britain and Northern Ireland

RT9-2 (#10038) TEAM WORKING RESILIENCE AND LEADERSHIP PERFORMANCE: THOUGHTS ON INTERPROFESSIONAL EDUCATION STRATEGIES FOR SUSTAINABLE PRACTICE
Janet McCray, United Kingdom of Great Britain and Northern Ireland

RT9-3 (#10055) CONSTRUCTS OF READINESS FOR INTERPROFESSIONAL LEARNING IN POSTGRADUATE STUDENTS OF ISFAHAN UNIVERSITY OF MEDICAL SCIENCES, IRAN
Aliraza Irajpour, Islamic Republic of Iran

Moderator: TBA

RT10-1 (#10286) THE NEED FOR A UNIVERSAL COMPULSORY TERTIARY UNIT ON INTERPROFESSIONAL COLLABORATION
Rebecca K Webb
RT10-2 (#10345)
CHALLENGES OF IPE IN MULTI-LEVEL EDUCATIONAL INFRASTRUCTURES
Leamor Kahanov, United States of America

RT10-3 (#10145)
A MEDICINES SAFETY TEAM OBSERVATION TOOL FOR USE IN UNDERGRADUATE INTERPROFESSIONAL SIMULATIONS: ISSUES OF DEVELOPMENT AND USE
Christine A. Hirsch, United Kingdom of Great Britain and Northern Ireland
Oral Presentation (Or-1~80)

SATURDAY, 6 OCTOBER
10:30-12:00

Moderator: Jane Furnas

Or-1 (#10086) B201
EXAMINING THE EFFECTIVENESS OF INTERPROFESSIONAL EDUCATION. NEW FINDINGS FROM AN UPDATED COCHRANE SYSTEMATIC REVIEW
Scott Reeves, United States of America

Or-2 (#10201)
TELECONFERENCE TRAUMA THINK TANK FOR COLLABORATIVE CAPACITY BUILDING IN MENTAL HEALTH
Sue Foley, Australia

Or-3 (#10076)
A PRACTICE-BASED PATIENT-CENTRED MODEL OF IPE WHICH ENGAGES PRACTITIONERS AND IMPROVES PATIENT OUTCOMES
Elizabeth Anderson, United Kingdom of Great Britain and Northern Ireland

Or-4 (#10120)
THE ROYAL PERTH HOSPITAL - CURTIN UNIVERSITY STUDENT TRAINING WARD: BUILDING A SUSTAINABLE INTERPROFESSIONAL PRACTICE PLACEMENT IN AUSTRALIA
Margo L Brewer, Australia

Moderator: Christie Newton

Or-5 (#10050) B205
USING ROLE EMERGING PLACEMENT MODEL TO FOSTER INTERPROFESSIONAL LEARNING AND COLLABORATION DURING FIELDWORK EXPERIENCE IN LONG TERM CARE FACILITIES
Rosemin Kassam, Canada

Or-6 (#10167)
MEASURING HEALTH PROFESSIONAL STUDENTS INTENTION TO BEHAVE IN A WAY THAT PROMOTES MEDICATION SAFETY USING THE THEORY OF PLANNED BEHAVIOUR
Samuel Lapkin, Australia
Or-7 (#10052)
FACTORS ASSOCIATED WITH STUDENT ABILITIES TO CLEARLY EXPLAIN THEIR SPECIALTIES TO STUDENTS FROM OTHER SUBJECT AREAS IN AN OCCUPATIONAL HEALTHCARE DEPARTMENT
Shuichi Hara, Japan

Or-8 (#10151)
ENGAGEMENT STUDIOS: CREATING A CULTURE OF ACTION
Lesley Bainbridge, Canada

Moderator: Jill Thistlethwaite

Or-9 (#10075) B206
CAN A WORD-CLOUD HELP US INTERPRET QUALITATIVE FEEDBACK DATA? COMPARING LEARNING POINTS BETWEEN INTERPROFESSIONAL AND UNIPROFESSIONAL SIMULATION TRAINING
Nicola J Morgan, United Kingdom of Great Britain and Northern Ireland

Or-10 (#10182)
THE PROGRESS OF IPE AT NIIGATA UNIVERSITY OF HEALTH AND WELFARE -4. CREATION OF THE IPE COURSEWARE-
Akira Magara, Japan

Or-11 (#10235)
LAST YEAR MEDICAL STUDENTS AND NURSE STUDENTS LEARN INTERPROFESSIONAL TEAMWORK THROUGH SIMULATION
Pia Tingstrom, Kingdom of Sweden

Or-12 (#10159)
ASSESSING STUDENTS’ ATTITUDES TOWARDS TEAMWORK FOLLOWING AN EXPOSURE TO INTERPROFESSIONAL EDUCATIONAL ACTIVITIES DURING COMMUNITY ORIENTED HEALTH CARE PROJECTS: A CASE STUDY IN UNIVERSITY SAINS MALAYSIA, MALAYSIA
Majmin Sheikh Hamzah, Malaysia

Moderator: Flemming Jakobson

Or-13 (#10104) B207
LEARNING TOGETHER TO WORK TOGETHER: EVALUATING AN INTERPROFESSIONAL EDUCATION INITIATIVE FOR HEALTH SCIENCE STUDENTS
Bonny Jung, Canada
Or-14 (#10278)
EARLY OR LATE? ADDRESSING THE QUESTION OF OPTIMAL TIMING FOR PREREGISTRATION IPE THROUGH DEVELOPMENT OF A THREE-PHASE CURRICULUM
Gary D. Rogers, Australia

Or-15 (#10172)
THE ART OF NURSING: DESIGNING A MODEL OF INTERPROFESSIONAL EDUCATION LEADING TO ENHANCED OBSERVATIONAL AND CLINICAL REASONING SKILLS IN NURSING STUDENTS
Jeanne Walter, United States of America

Or-16 (#10139)
SAFEGUARDING CHILDREN: THE ORGANISATION, OUTCOMES AND COSTS OF SHORT COURSE INTERAGENCY TRAINING IN ENGLAND
John Carpenter, United Kingdom of Great Britain and Northern Ireland

13:30-15:00

Moderator: Janice Chesters

Or-17 (#10111)  B201
A TEAM OBSERVED STRUCTURED CLINICAL ENCOUNTER (TOSCE) FOR LEARNERS IN MATERNITY CARE: A PILOT PROJECT
Beth Murray-Davis, Canada

Or-18 (#10248)
INTERPROFESSIONAL RESEARCH TRENDS: A SOCIO-HISTORICAL ANALYSIS FROM 1970-2010
Scott Reeves, United States of America

Or-19 (#10150)
LAUNCHING STUDENTS ON THEIR INTERPROFESSIONAL JOURNEY: AN EVENT FOR ALL FIRST YEAR STUDENTS
Lynda Eccott, Canada

Moderator: Louise Nasmith

Or-20 (#10305)  B205
TO SEE A WORLD IN A GRAIN OF SAND: EXPERIENCES IN LEADING INTERPROFESSIONAL EDUCATION CURRICULUM DEVELOPMENT AND IMPLEMENTATION
Susan J. Wagner, Canada
Or-21 (#10325)
EVALUATING THE USE OF A COMMUNITY-FOCUSED VOLUNTEERING EXPERIENCE TO FACILITATE INTER-PROFESSIONAL EDUCATION AMONG FIRST-YEAR OCCUPATIONAL THERAPY AND PHYSIOTHERAPY UNDERGRADUATE STUDENTS IN AUSTRALIA
Lisa Broom, Australia

Or-22 (#10027)
INTERPROFESSIONAL TRAINING IN THE PERIOPERATIVE PROCESS
Staffan Sahlin, Kingdom of Sweden

Or-23 (#10123)
A TOOL TO ASSESS STUDENTS INTERPROFESSIONAL PRACTICE CAPABILITIES FOR DIVERSE PROFESSIONS AND IN DIVERSE CLINICAL SETTINGS
Margo L. Brewer, Australia

Moderator: Francis Gordon

Or-24 (#10202)
PREVENTION OF HARM TO BABIES. THE RESPONSIBILITY OF ALL
Sue Foley, Australia

Or-25 (#10019)
THE READINESS OF PROFESSIONALS IN THE UK MENTAL HEALTH SERVICES AND CRIMINAL JUSTICE SYSTEM TO ENGAGE IN SHARED LEARNING
Sarah Hean, United Kingdom of Great Britain and Northern Ireland

Or-26 (#10081)
CRITIQUE OF AN INTERPROFESSIONAL EDUCATION CHANGE PROCESS WITHIN A LARGE HEALTH SERVICE
Brenda M Flood, New Zealand

Or-27 (#10230)
MINIMIZING PATIENT RISK BY MAXIMIZING TEAM COLLABORATION
Zaev Wulffhart, Canada

Moderator: Lesley Bainbridge

Or-28 (#10109)
HOW TO PREPARE FUTURE HEALTH/SOCIAL PROFESSIONALS FOR INTERPROFESSIONAL COLLABORATIVE CLIENT-CENTERED PRACTICE
Hossein Khalili, Canada
Or-29 (#10212)
IPE WITHIN THE MEDICAL CURRICULUM - IS THERE ROOM FOR IMPROVEMENT?
Radhika Sheorey, Australia

Or-30 (#10271)
THE IMPACT OF COLLABORATIVE INTER-PROFESSIONAL EDUCATION AND PRACTICE ON DEVELOPING socIAly RESPONSIBLE GRADUATES WHO ARE WELL EQUIPPED TO PRACTICE IN RURAL AND UNDERSERVED AREAS
Ratie Mpofu, Republic of South Africa

Or-31 (#10106)
ASSESSING EFFECTIVE INTERPROFESSIONAL TEAMWORK
Keith Stevenson, United Kingdom of Great Britain and Northern Ireland

SUNDAY, 7 OCTOBER
10:30-12:00

Moderator: Sari Ponzer

Or-32 (#10012)  B204
USING COMPLEXITY INFORMED METHODS TO PROMOTE COLLABORATIVE PRACTICE
Patty Solomon, Canada

Or-33 (#10059)
FOCUS ON PRACTITIONERS: BUILDING INTERPROFESSIONAL COLLABORATION CAPACITY IN HEALTH SERVICES
Mollie B. Burley, Australia

Or-34 (#10133)
BUSINESS CONFLICT RESOLUTION TECHNIQUES APPLIED TO TRAINING HEALTH CARE WORKERS IN COLLABORATIVE PRACTICE
Juan-Jose Beunza, Spain

Or-35 (#10263)
MAKING INTERPROFESSIONAL TEAMS WORK: LESSONS LEARNED FROM A NEONATAL INTENSIVE CARE UNIT
Myuri Manogaran, Canada
Moderator: Susan Wagner

Or-36 (#10281)  B205
THE DEVELOPMENT AND EVALUATION OF INTERPROFESSIONAL AND COLLABORATIVE PRACTICE IN AN INPATIENT ADMISSION PROCESS: A MODEL OF EXCELLENCE
Kim Bradley, Canada

Or-37 (#10333)
EFFORTS AND SKILLS FOR THE COLLABORATION AND COORDINATION ACTIVITIES AMONG JAPANESE OCCUPATIONAL HEALTH NURSES
Noriko Nishikido, Japan

Or-38 (#10222)
COLLABORATIVE PRACTICE AND LEARNING ENVIRONMENTS: A VICTORIA EXPERIENCE
Lesley Bainbridge, Canada

Moderator: Simon Kitto

Or-39 (#10092)  B206
THE MEANING OF INTERPROFESSIONAL EMPATHY AMONG HEALTHCARE TEAM MEMBERS
Dr. Keith Adamson, Canada

Or-40 (#10033)
IMPACT OF UNIVERSITY-BASED OPEN CLASSES ON THE COMMUNITY PEOPLE HEALTH PROMOTION-A FOLLOW-UP STUDY
Ikuo Murohashi, Japan

Or-41 (#10118)
INTERPROFESSIONAL COLLABORATION FOR INTERPROFESSIONAL PRACTICUMS IN AMBULATORY CARE
Helen M. Dugmore, Australia

Or-42 (#10300)
SAVE STAN SIMULATION SATURDAY SUCCESS STORY!
Sam Magus, Canada
13:30-15:00

Moderator: Yumi Tamura

**Or-43 (#10284)**
REFLECTIONS ON INTERPROFESSIONAL COLLABORATION AMONG MATERNITY CARE PROVIDERS
Sherry Espin, Canada

**Or-44 (#10301)**
THE INTERPROFESSIONAL OBJECTIVE STRUCTURED CLINICAL EXAMINATION (IOSCE): OPPORTUNITIES AND CHALLENGES
Susan J. Wagner, Canada

**Or-45 (#10321)**
A INTERPROFESSIONAL WORK TO LIFE SUPPORT AIMING INDEPENDENT TRANSPORTATION FOR PEOPLE WITH ACQUIRED BRAIN INJURY
Shouta Nakayama, Japan

**Or-46 (#10072)**
INTERPROFESSIONAL EDUCATION IN POSTGRADUATE LEARNING
Colm Watters, United Kingdom of Great Britain and Northern Ireland

Moderator: Ann-Christine Person

**Or-47 (#10323)**
EVALUATION OF AN INTER-PROFESSIONAL EDUCATION SIMULATED LEARNING ACTIVITY FOR UNDERGRADUATE OCCUPATIONAL THERAPY AND PHYSIOTHERAPY STUDENTS IN AUSTRALIA
Lisa Broom, Australia

**Or-48 (#10247)**
HOW CAN WE IMPROVE OUTCOMES FOR SERVICE USERS - THE USE OF DIGITAL STORYTELLING AS A VEHICLE FOR COLLABORATIVE PRACTICE IN AN INTERPROFESSIONAL MODULE ON SERVICE DEVELOPMENT AND QUALITY IMPROVEMENT
Trish Hafford-Letchfield, United Kingdom of Great Britain and Northern Ireland

**Or-49 (#10335)**
AN EVALUATION OF THE EFFECTIVENESS OF INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE IN A STUDENT-RUN CLINIC MODEL
Maxine Holmqvist, Canada
Or-50 (#10138)
STUDENTS UNDERSTANDING OF COLLABORATIVE COMPETENCIES. A CASE STUDY OF THE 2011 OZHFTC WINNING TEAM
Marguerite Conley, Australia

Moderator: Richard Pitt

Or-51 (#10043)
INVESTIGATING STUDENTS EXPERIENCES OF COLLABORATION AND TRIAL-LOGICAL ACTIVITIES (COLLABORATIVE KNOWLEDGE CREATION ACTIVITIES) DURING A COURSE AT AN INTERPROFESSIONAL TRAINING WARD (IPTW), USING THE CONTEXTUAL ACTIVITY SAMPLING SYSTEM (CASS) AND SEMI-STRUCTURED INTERVIEWS
Hanna Lachmann, Kingdom of Sweden

Or-52 (#10029)
THE EFFECTIVENESS OF INTERPROFESSIONAL EDUCATION IN UNIVERSITY-BASED HEALTH PROFESSIONAL PROGRAMS: A SYSTEMATIC REVIEW
Samuel Lapkin, Australia

Or-53 (#10221)
MEDICATION RECONCILIATION AS A CONTEXT FOR IPE FOR MEDICAL AND PHARMACY STUDENTS: A PILOT
Lesley Bainbridge, Canada

Or-54 (#10117)
SUPPORTING THE NEEDS OF OLDER PATIENTS AFTER HOSPITAL ADMISSIONS: AN INTERPROFESSIONAL EDUCATION INITIATIVE IN PRIMARY CARE
Fiona Kent, Australia

MONDAY, 8 OCTOBER
9:00-10:30

Moderator: Helena Low

Or-55 (#10144)
BAD NEWS TRAVELS: HOW APPRECIATIVE INQUIRY METHODOLOGY CAN EXPLODE MYTHS AROUND STUDENTS PERCEPTIONS OF INTERPROFESSIONAL EDUCATION
Frances Gordon, United Kingdom of Great Britain and Northern Ireland
Or-56 (#10220)
USING STANDARDIZED PATIENTS TO CONSOLIDATE IP LEARNING FOR MEDICAL STUDENTS
Lesley Bainbridge, Canada

Or-57 (#10122)
INTERPROFESSIONAL PRACTICE PLACEMENTS FOR OVER 1,000 STUDENTS FROM 10 DISCIPLINES: KEY OUTCOMES AND STRATEGIES FOR SUCCESS
Margo L. B, Australia

Or-58 (#10217)
THE ROLE OF INTERPROFESSIONAL COLLABORATION IN THE DELIVERY OF MEDICAL LABORATORY SERVICES IN CANADA
Brenda J. Gamble, Canada

Moderator: Jennifer Newton

Or-59 (#10018) B206
STUDENTS AND ORGANISATION BENEFITS FROM INTERPROFESSIONAL EDUCATION
Flemming Jakobsen, Kingdom of Denmark

Or-60 (#10183)
PATIENT-CENTERED INTERPROFESSIONAL PRACTICE IN ONCOLOGY SETTING
Karine Bildoeau, Canada

Or-61 (#10330)
EVALUATING THE USE OF CASE-BASED LEARNING TO FACILITATE INTERPROFESSIONAL EDUCATION IN A COHORT OF UNDERGRADUATE OCCUPATIONAL THERAPY AND PHYSIOTHERAPY STUDENTS IN AUSTRALIA
Lisa Broom, Australia

Or-62 (#10306)
FURTHERING INTERPROFESSIONAL EDUCATION THROUGH HEALTHCARE SIMULATION: A REPORT FROM THE 2012 INTERPROFESSIONAL EDUCATION AND HEALTHCARE SIMULATION SYMPOSIUM
Janice C. Palaganas, United States of America
11:00-12:00

Moderator: Tagrin Yassine

Or-63 (#10255) B204
FOSTERING INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE: THE WINNIPEG INTERPROFESSIONAL STUDENT-RUN HEALTH CLINIC
Ashley N. Walus, Canada

Or-64 (#10243)
AN INTERPROFESSIONAL CURRICULUM FOR A DISADVANTAGED REGION
Monica Moran, Australia

Or-65 (#10320)
PROVING THE SENSE OF IPE: INFORMING PROGRAM DESIGN, IMPLEMENTATION AND COMPETENCY-BASED EVALUATION OF A ONE WEEK INTERPROFESSIONAL - THE GET READY PRE GRADUATE PILOT PROGRAM
Grainne A O’Loughlin, Australia

Moderator: Pia Tingstrom

Or-66 (#10116) B205
REACHING OUT TO UNDERSERVED COMMUNITIES: IMPACT OF COMMUNITY MENTAL HEALTH RESOURCES ON UNDERSERVED COMMUNITIES
Sivajini Suthaharan, Canada

Or-67 (#10216)
ENHANCING INTERPROFESSIONAL COLLABORATION FOR THE DISCHARGE PLANNING PROCESS ON A NEONATAL INTENSIVE CARE UNIT WITH POST-LICENSURE INTERPROFESSIONAL EDUCATION
Myuri Manogaran, Canada

Or-68 (#10121)
INTEGRATING A STUDENT RUN INTERPROFESSIONAL HEALTH SERVICE INTO A PRIMARY SCHOOL SETTING: A SUCCESSFUL PRACTICE BASED IPE PARTNERSHIP
Kristy Tomlinson, Australia

Moderator: Margaret Sills

Or-69 (#10015) B206
COLLABORATION IN ACTION PROJECT: STUDENTS PARTNER WITH HEALTH CARE MENTORS TO ACHIEVE INTERPROFESSIONAL COMPETENCY
Margo Paterson, Canada
Or-70 (#10071)
INTERPROFESSIONAL EDUCATION IN PRACTICE
Jenni Haxton, United Kingdom of Great Britain and Northern Ireland

Or-71 (#10115)
AN INNOVATIVE INTERPROFESSIONAL PLACEMENT PROGRAM IN A RESIDENTIAL AGED CARE SETTING
Kirsty E Marles, Australia

Moderator: Jean Nagelkerk

Or-72 (#10214) B207
A CONFIRMATORY FACTOR ANALYSIS OF THE READINESS FOR INTERPROFESSIONAL LEARNING (RIPLS)
Brett Williams, Australia

Or-73 (#10077)
TEACHING DIALOGUES ACROSS PROFESSIONAL BOUNDARIES FOR IMPROVED QUALITY OF CLINICAL EDUCATION
Margaretha K Forsberg Larm, Kingdom of Sweden

Or-74 (#10101)
COLLABORATION AMONGST HEALTH CARE PROFESSIONALS TOWARDS ENHANCED PATIENT CARE: PERCEPTIONS OF FIRST YEAR HEALTH SCIENCE STUDENTS IN UNIVERSITI BRUNEI DARUSSALAM
Deeni R. Idris, Brunei Darussalam

Moderator: Karen Baum

Or-75 (#10203) B208
ENHANCING INTERPROSSIONAL LEARNING IN UNDERGRADUATE STUDENTS THROUGH BLENDED LEARNING
Richard Pitt, United Kingdom of Great Britain and Northern Ireland

Or-76 (#10310)
TELEHEALTH CONSULTATIONS IN ALLIED HEALTH: OUTCOMES OF A COLLABORATIVE PILOT STUDY
Jennifer M Newton, Australia

Or-77 (#10178)
HIGH FIDELITY CLINICAL SIMULATION PRACTICE; AN INNOVATIVE APPROACH TO IMPROVE INTERPROFESSIONAL COLLABORATION
Hossein Khalili, Canada
Moderator: Jane Taylor

Or-78 (#10268)  B209
EXPLORING ELECTRONIC DOCUMENTATION TO ACHIEVE COLLABORATIVE PRACTICE
Keith Adamson, Canada

Or-79 (#10044)
ONLINE INTERPROFESSIONAL EDUCATION, A MODEL TO PROMOTE COMMITMENT AND REFLECTION ACROSS PROFESSIONAL BOUNDARIES
Ragnhild Nilsen, Kingdom of Norway

Or-80 (#10124)
ENGAGING GREY POWER - REDUCING AUSTRALIAN CHRONIC DISEASE BURDEN
Sandra K Lynn, Australia
Student Oral Presentation (STOr-1～6)

SUNDAY, 7 OCTOBER
10:30-12:00

*STOr-1 (#10067) B209*
CHANGES IN UNDERGRADUATE ATTITUDES TOWARD INTERPROFESSIONAL LEARNING: A MIXED METHODS STUDY
Vanessa Webb, Australia

*STOr-2 (#10164)*
EXPANSIVE APPLICATION OF “IPW” CAN LEAD PEOPLE TO MORE HEALTHY LIFE
Ayaka Tomohiro, Japan

*STOr-3 (#10171)*
PERCEPTION OF STUDENTS FROM VARIOUS PROFESSIONS REGARDING INTERPROFESSIONAL EDUCATION (IPE) IN INDONESIA: A NATIONAL PILOT STUDY
Fitri. A Fauziah, Republic of Indonesia

MONDAY, 8 OCTOBER
9:00-10:30

*STOr-4 (#10046) B209*
INTERPROFESSIONAL EDUCATION AT SAITAMA PREFECTURAL UNIVERSITY AND INTERPROFESSIONAL WORK AFTER GRADUATION
Natsuko Ito, Japan

*STOr-5 (#10129)*
THE USE OF INTERPROFESSIONAL COLLABORATION TO IMPROVE RETENTION OF GRADUATES IN RURAL AUSTRALIAN COMMUNITIES
James Roth, Australia
STOr-6 (#10267)
INVESTIGATION OF INTERPROFESSIONAL COLLABORATIVE PATIENT CARE IN CLINICAL EDUCATION: BELIEFS, BEHAVIORS, AND ATTITUDES OF PHYSICAL THERAPY STUDENTS
Amber Fitzsimmons, United States of America
Oral Posters (OP-1~57)

SATURDAY, 6 OCTOBER
10:30-12:00

Moderator: Ayumi Takayashiki

OP-1 (#10332) B314
PROBLEMS IN INTERPROFESSIONAL WORK PRACTICE HIGHLIGHTED BY COMPARATIVE REVIEW OF PROFESSIONAL EDUCATION CURRICULUM-BASED ON A VISUALIZED MATRIX ANALYSIS OF PROFESSIONAL EDUCATION - Tomomi Nakajima, Japan

OP-2 (#10062)
NEGOTIATING PROFESSIONAL RESPONSIBILITIES IN AN INTERPROFESSIONAL TRAINING WARD. STUDENTS ENACTMENTS OF THE EXPECTED AND THE UNEXPECTED Annika Lindh Falk, Kingdom of Sweden

OP-3 (#10242)
AN INVESTIGATION OF THE RELATIONSHIP BETWEEN INTERPROFESSIONAL EDUCATION (IPE), INTERPROFESSIONAL ATTITUDES AND INTERPROFESSIONAL PRACTICE Hannah M. Schutt, United Kingdom of Great Britain and Northern Ireland

OP-4 (#10261)
ENHANCING INTERPROFESSIONAL EDUCATION PRACTICES: ESTABLISHING A FRAMEWORK TO GUIDE THE PEDAGOGY AND CONTENT OF INTERPROFESSIONAL EDUCATION PROGRAMMES Dominique Parrish, Australia

OP-5 (#10154)
HOSPITAL SOCIAL WORKERS' ROLE IN THE DISCHARGE PLANNING PRACTICE IN JAPAN: WHAT SHOULD BE EVALUATED AS THEIR SOCIAL WORK PRACTICE? Mai Yamaguchi, Japan

OP-6 (#10276)
DEVELOPMENT OF THE TEAM INTERPROFESSIONAL LEARNING PROFILING QUESTIONNAIRE Gillian Nisbet, Australia
Moderator: Takami Maeno

OP-7 (#10140) B315
DIFFERENCES IN NURSING STUDENTS’ PERCEPTIONS OF THEIR ABILITY TO PERFORM SKILLS IMPORTANT TO TEAMWORK-A COMPARISON BETWEEN A UNIVERSITY IN JAPAN AND THE UNITED KINGDOM
Yumiko Matsui, Japan

OP-8 (#10231)
DEVELOPING TEAM-BASED COLLABORATION AND COMMUNICATION COMPETENCY IN GERIATRICS: A COMPARISON OF FACE-TO-FACE AND ON-LINE LEARNING
Sylvia M Langlois, Canada

OP-9 (#10209)
CROSS DISCIPLINARY EDUCATION FOR INTERPROFESSIONAL LEARNING FOR STUDENTS IN MENTAL HEALTH. CHALLENGES AND OPPORTUNITIES: A SNAPSHOT FROM AUSTRALIA
Shirley Morrissey, Australia

OP-10 (#10233)
LEARNING MODELS FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE
Gerd Bjorke, Kingdom of Norway

OP-11 (#10073)
EFFECTIVENESS OF THE INTERPROFESSIONAL EDUCATION PROGRAM CONDUCTED THOUGH INTER-UNIVERSITY COLLABORATION BETWEEN THE UNIVERSITY OF TSUKUBA AND TOKYO UNIVERSITY OF SCIENCE
Takami Maeno, Japan

13:30-15:00

Moderator: Noriko Nagao

OP-12 (#10041) B314
HOME VISITS AS A MEANS OF EXPEDITIOUSLY ASCERTAINING THE HEALTH-RELATED NEEDS AND CONDITION OF ELDERLY PEOPLE LIVING IN REMOTE AREAS IN THE EVENT OF A NATURAL DISASTER: A CASE STUDY OF A HOSPITAL IN IBARAKI PREFECTURE, JAPAN
Hiroshi Kurihara, Japan
OP-13 (#10328)
ENGAGING DENTAL STUDENTS IN EMERGENCY PREPAREDNESS AND INTERPROFESSIONAL COLLABORATION
Peter Berthold, United States of America

OP-14 (#10125)
EFFORTS OF THE HOSPITAL’S DISASTER EMERGENCY ADMISSION TEAM DURING THE 2011 TOHOKU EARTHQUAKE
Hiroshi Takagi, Japan

OP-15 (#10195)
DEPARTMENT OF OCCUPATIONAL THERAPY RESPONDED TO BURN INCIDENT IN BANGLADESH
Md. Mahfuzur Rahman, People’s Republic of Bangladesh

OP-16 (#10068)
INTERPROFESSIONAL BASIC LIFE SUPPORT
Morag CE. McFadyen, United Kingdom of Great Britain and Northern Ireland

OP-17 (#10256)
THE WINNIPEG INTERPROFESSIONAL STUDENT-RUN HEALTH CLINIC: THE IMPACT OF SOCIAL SUPPORT ON ACCESS TO CARE
Natasha Mankow, Canada

Moderator: Bun Suk Lee

OP-18 (#10223)
FORMATION OF AN EATING/SWALLOWING SUPPORT TEAM IN COOPERATION WITH MULTIPLE PROFESSIONALS
Akiko Asami, Japan

OP-19 (#1039)
THE REAL DEAL: A PHENOMENOLOGY STUDY OF STUDENTS PERCEPTIONS OF INTERPROFESSIONAL EDUCATION
Dawn Prentice, Canada

OP-20 (#10236)
STUDENTS SELF ASSESSMENT AND REFLECTION ON INTERPROFESSIONAL LEARNING IN COMMUNITY BASED HEALTH CARE: A CASE STUDY IN STATE ISLAMIC UNIVERSITY SYARIF HIDAYATULLAH, INDONESIA
Dwi T. Kusuma, Republic of Indonesia

OP-21 (#10063)
ANALYSIS OF NURSE-PHYSICIAN COLLABORATION AND RELATED FACTORS USING THE NURSE-PHYSICIAN COLLABORATION SCALE
Rei Ushiro, Japan
OP-22 (#10085)
PERCEPTIONS OF SIMULATION-BASED INTERPROFESSIONAL TEAM TRAINING: A QUALITATIVE ANALYSIS
Sandjin Van Schaik, United States of America

OP-23 (#10083)
CONCEPTUALIZING AND IMPLEMENTING A NEW CENTER FOR INTERPROFESSIONAL EDUCATION AT THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO. AN INSTITUTIONAL CASE STUDY
Scott Reeves, United States of America

SUNDAY, 7 OCTOBER
10:30-12:00

Moderator: Hitoshi Sohma

OP-24 (#10197) B314
A SWEDISH NATIONAL PLATFORM FOR IMPROVEMENT KNOWLEDGE
Staffan Pellling, Kingdom of Sweden

OP-25 (#10175)
INTERPROFESSIONAL EDUCATION IN WESTERN PACIFIC REGION COUNTRIES
Bumsuk Lee, Japan

OP-26 (#10011)
COLLABORATIVE PARTNER OR PASSIVE PARTICIPANT? CLIENT INVOLVEMENT IN INTERPROFESSIONAL COLLABORATION IN PRIMARY HEALTH CARE
Nathan R. Pyle, Canada

OP-27 (#10102)
INTERPROFESSIONAL COMPETENCE AS PART OF THE CORE COMPETENCE
Almas Synnove, Kingdom of Norway

OP-28 (#10296)
RECIPE FOR SUSTAINED SUCCESS: A MODEL FOR AN INTER-INSTITUTIONAL PARTNERSHIP
Sharla King, Canada

OP-29 (#10147)
THE IMPORTANCE OF CURRICULUM INTEGRATION AND ASSESSMENT IN DELIVERING INTERPROFESSIONAL EDUCATION
James P Selby, United Kingdom of Great Britain and Northern Ireland
Moderator: Yumi Tamura

**OP-30 (#10014)**
COLLABORATION AMONG REHABILITATION STAFF IN RECOVERY REHABILITATION HOSPITALS  
Hiroko Makita, Japan

**OP-31 (#10021)**
CANADIAN INTERPROFESSIONAL HEALTH LEADERSHIP COLLABORATIVE  
Margo Paterson, Canada

**OP-32 (#10168)**
THE USE OF IN-HOUSE VIDEO AS A TRIGGER FOR TEACHING, LEARNING AND ASSESSMENT OF INTERPROFESSIONAL LEARNING ATTRIBUTES: HOW WILL MEDICAL AND NURSING STUDENTS VALUE THEIR EXPERIENCE?  
Majmin Sheikh Hamzah, Malaysia

**OP-33 (#10135)**
RELATIONSHIP BETWEEN STANCES FOR INTERPROFESSIONAL WORK AND OCCUPATIONAL SATISFACTION AND CAREER IDENTITY  
Kzuya Ogura, Japan

**OP-34 (#10088)**
JUMPING HEALTH SERVICE BARRIERS: EVALUATION OF A STUDENT INTERPROFESSIONAL CLINIC EMBEDDED IN A RURAL HEALTH SERVICE  
Jane Taylor, Australia

13:30-15:00

Moderator: Satoko Ishikawa

**OP-35 (#10317)**
THE EXPERIENCE AND IMAGE, APPEARING IN THE EXPRESSION OF PICTURES  
Eri Yasuda, Japan

**OP-36 (#10275)**
BAYANIHAN AND OCCUPATIONAL THERAPY: A FILIPINO STUDENT’S EFFORT IN DISASTER MANAGEMENT  
Diana Jane A Luib, Republic of the Philippines

**OP-37 (#10292)**
ACTIVITIES OF STUDENTS’ ORGANIZATION OF GUNMA UNIVERSITY  
Izumi Sugiura, Japan
OP-38 (#10232)
DEVELOPING TEAM-BASED COLLABORATION AND COMMUNICATION COMPETENCY IN GERIATRICS
Sylvia M Langlois, Canada

OP-39 (#10288)
PRACTICE OF SIMULATED INTERPROFESSIONAL TRAINING FOR STUDENT AMONG THE VARIOUS HEALTH PROFESSIONS AT GUNMA UNIVERSITY
Naoyuki Isobe, Japan

Moderator: Yumiko Matsui

OP-40 (#10179)
USING ONLINE COMMUNITIES TO DEVELOP IPE IN PRACTICE
Lesley Diack, United Kingdom of Great Britain and Northern Ireland

OP-41 (#10051)
PRACTICE AND PERCEPTIONS OF THE HOSPITAL CLASS ROOM TEACHERS SUPPORTING THE CHILDREN WITH CANCER: HOW COULD HEALTH CARE PRACTITIONERS COLLABORATE WITH TEACHERS?
Shiomi Kanaizumi, Japan

OP-42 (#10112)
INTERPROFESSIONAL COLLABORATION IN PRIMARY HEALTHCARE - INCEPTION AND CONTEXTUALISATION IN A PRACTICE SETTING
Predeebha Kannan, Republic of Singapore

OP-43 (#10311)
The IPE PROGRAM IN THE INTERNATIONAL UNIVERSITY OF HEALTH AND WELFARE
Toshinori Shimo, Japan

OP-44 (#10314)
COMMUNITY HEALTH CARE TRAINING BEYOND THE UNIVERSITY HOSPITAL IN ORDER TO ESTABLISH GREATER MUTUAL UNDERSTANDING BETWEEN MEDICAL STUDENTS AND THE COMMUNITY
Hitoshi Sohma, Japan

OP-45 (#10319)
ENHANCING INTERPROFESSIONAL EDUCATION AND PRACTICE IN A COMMUNITY-ACADEME PARTNERSHIP
Louricha A. Opina-Tan, Philippines
MONDAY, 8 OCTOBER
09:00-10:30

**Moderator: Nobuo Oshima**

OP-46 (#10257)
EARLY INTERVENTIONS FOR FIRST YEAR MEDICAL AND NURSING STUDENTS AFFECT ON TRANSFORMATION OF THEIR PERCEPTION TOWARD INTERPROFESSIONAL TEAMWORKING; A CASE STUDY IN JAPAN
Chihiro Kawakami, Japan

OP-47 (#10343)
INTERPROFESSIONAL LEARNING IN A MASTER’S PROGRAMME IN MEDICAL EDUCATION
Lena E Boman, Kingdom of Sweden

OP-48 (#10078)
THE PREPARATION AND DEVELOPMENT OF FACULTY TO FACILITATE A CASE-BASED INTERPROFESSIONAL EDUCATION PROGRAM
John H. Tegzes, United States of America

OP-49 (#10218)
THE NAME OF THE GAME IS LET US NOT PLAY HOUSE: AN INNOVATIVE INTERPROFESSIONAL EDUCATION SIMULATION
Sylvia M Langlois, Canada

OP-50 (#10252)
THE PROGRESS OF IPE AT NIIGATA UNIVERSITY OF HEALTH AND WELFARE (3) SHORT-TERM LEARNING EFFECT OF IPE OF THIRD YEAR STUDENTS
Mitsuko Kanaya, Japan

OP-51 (#10008)
ROLE EMERGING OCCUPATIONAL THERAPY PLACEMENTS: LEARNING AND COLLABORATING TOGETHER
Karina Dancza, United Kingdom of Great Britain and Northern Ireland

**Moderator: Tomoko Hayashi**

OP-52 (#10302)
THE EFFECTIVENESS OF AN INTEGRATED, CONTINUOUS CARE BY A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR CHILDREN WITH HOME MECHANICAL VENTILATION
Tomoyuki Dobata, Japan
OP-53 (#10066) 
AN INTERPROFESSIONAL FIRST YEAR CURRICULUM FOR 22 HEALTH SCIENCES DISCIPLINES: EXPERIENCES, EVALUATION AND EVIDENCE
Jill Downie, Australia

OP-54 (#10107) 
A COMMUNITY-BASED INTERPROFESSIONAL EDUCATION PILOT PROGRAMME: UNDERGRADUATE STUDENT EXPERIENCES
Sherry Espin, Canada

OP-55 (#10227) 
THE PROGRESS OF IPE IN NIIGATA UNIVERSITY OF HEALTH & WELFARE -3 ADVANTAGES OF THE INTEGRATED LEARNING SEMINAR (IPE SEMINAR) FOR SENIOR STUDENTS
Reiko Oshiki, Japan

OP-56 (#10058) 
DEVELOPING IPE FOR STUDENT SCHOOL TEACHERS
Jenny Ford, United Kingdom of Great Britain and Northern Ireland

OP-57 (#10229) 
ENGAGING STUDENTS IN INTERPROFESSIONAL COLLABORATION: A U.S.-JAPAN EXCHANGE
Susan Toth-Cohen, United States of America
Posters (P-1～91)
SATURDAY, 6 OCTOBER ~ MONDAY, 8 OCTOBER

P-1 (#10279)  
CONSCIOUSNESS CHANGE OF THE PHYSIOTHERAPY STUDENTS BY CLASS PARTICIPATION OF A SCHOOL FOR DISABILITIES CHILDREN  
Hiroko Aoda, Japan

P-2 (#10162)  
EXPERIENCES AND ATTITUDES TOWARDS INTERPROFESSIONAL EDUCATION (IPE) IN EMERGENCY MEDICINE  
Hannah Beckwith, United Kingdom of Great Britain and Northern Ireland

P-3 (#10318)  
PRACTICE REPORT OF STUDY FOR EARLY STAGE OF INTERPROFESSIONAL EDUCATIONS ‘WORLD OF QOL’  
Miyuki Ishihara, Japan

P-4 (#10299)  
IMPACT OF SHORT-TERM EXPERIENCE PROGRAM FOR PHARMACY STUDENTS IN A REHABILITATION HOSPITAL  
Satoko Ishikawa, Japan

P-5 (#10110)  
THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF) INTERPROFESSIONAL AGING AND PALLIATIVE CARE ELECTIVE  
Josette Rivera, United States of America

P-6 (#10193)  
EVALUATION OF A WORKSHOP ON COLLABORATIVE PRACTICE BETWEEN MULTIDISCIPLINARY HOME CARE PRACTITIONERS  
Mika Hasegawa, Japan

P-7 (#10342)  
THE EFFECTS OF INTERPROFESSIONAL EDUCATION FOR MID-LEVEL STAFF AT HOSPITALS PROVIDING COMMUNITY HEALTHCARE  
Yumiko Onodera, Japan
P-8 (#10205)
SYSTEM DEVELOPMENT FOR LEARNING MATERIALS BASED ON VIRTUAL CASES WITH COLLABORATION TOOLS
Watari Uchiyama, Japan

P-9 (#10000)
CHALLENGING DISPARITY TOWARDS PATIENT CENTERED CARE: INTERPROFESSIONAL EDUCATION AND TECHNOLOGY
Cheryl Brunoro-Kadash, Canada

P-10 (#10244)
CHOOSING THE RIGHT STUDENTS - AN INTER-PROFESSIONAL LOOK AT ADMISSIONS
Paul A. Gamble, Canada

P-11 (#10307)
ADVANCED INTERPROFESSIONAL EDUCATION PROGRAM SPECIALLY FOCUSED ON HOME HEALTHCARE BY NAGASAKI PHARMACEUTICAL AND NURSING SCIENCES CONSORTIUM
Mikiro Nakashima, Japan

P-12 (#10250)
THE PROGRESS OF IPE AT NIIGATA UNIVERSITY OF HEALTH AND WELFARE (5) SHORT-TERM EFFECTS OF IPE: DID THE PERCEPTION, KNOWLEDGE AND ATTITUDES OF THE STUDENTS CHANGE AFTER THE INTEGRATED LEARNING SEMINAR?
Yoichi Nagai, Japan

P-13 (#10249)
AN INTERPROFESSIONAL STANDARDIZED PATIENT EXERCISE IMPROVES ATTITUDES TOWARDS TEAM CARE
Maria Wamsley, United States of America

P-14 (#10277)
DEVELOPING INTERPROFESSIONAL SIMULATION IN THE UNDERGRADUATE SETTING: EXPERIENCE WITH FIVE DIFFERENT PROFESSIONAL GROUPS
Sharon Buckley, United Kingdom of Great Britain and Northern Ireland

P-15 (#10240)
THE PROGRESS OF IPE AT NIIGATA UNIVERSITY OF HEALTH AND WELFARE - INTEGRATION OF MEDICAL AND SOCIAL WORK FIELDS USING IPE MODULE
Emiko Hoshino, Japan
P-16 (#10253)
THE PROGRESS OF IPE AT NIIGATA UNIVERSITY OF HEALTH AND WELFARE
1. BASIC SEMINAR I AND II; NOW BASIC SEMINAR AND IPE SEMINAR I
Kazuo Endoh, Japan

P-17 (#10065)
HOW READY ARE PARAMEDICS FOR INTERPROFESSIONAL LEARNING AND
COOPERATION: A MULTI-INSTITUTIONAL STUDY?
Brett Williams, Australia

P-18 (#10188)
CHANGES IN ATTITUDE TOWARD INTERPROFESSIONAL EDUCATION IN THE
FIRST AND THIRD YEAR UNDERGRADUATE STUDENTS
Takatoshi Makino, Japan

P-19 (#10134)
THE EFFECTS OF THE SPECIAL PROGRAM FOR ENHANCING THE COORDINA-
TION CAPABILITY IN SCHOOL NURSE EDUCATION
Kikuko Okuda, Japan

P-20 (#10113)
A STUDY ON THE CURRENT STATE AND CHALLENGES OF MULTIDISCIPLINARY
COLLABORATION FOR SUPPORT TO OLDER PEOPLE WITH HEART DISEASE
REQUIRING LONG-TERM CARE
Noriko Kimura, Japan

P-21 (#10204)
PROFESSIONAL-IDENTITY ACQUISITION PROCESS MODEL IN INTERPRO-
FESSIONAL EDUCATION USING STRUCTURAL EQUATION MODELING: TEN
YEARS INITIATIVE SURVEY AT GUNMA UNIVERSITY
Fusae Tozato, Japan

P-22 (#10200)
NURSE-LED CLINIC FOR NEUROLOGICAL PATIENTS LEADS TO SYSTEMATIC
COLLABORATION BETWEEN HOSPITAL AND COMMUNITIES
Mitsuko Ushikubo, Japan

P-23 (#10028)
PERCEPTIONS OF FACULTY OF MEDICINE UNIVERSITAS INDONESIA
STUDENTS ON INTERPROFESSIONAL EDUCATION/LEARNING: VALIDATION
STUDY OF THE READINESS FOR INTERPROFESSIONAL LEARNING SCALE
(RIPLS)
Diantha Soemantri, Republic of Indonesia
P-24 (#10017)
DESIGNING INTERPROFESSIONAL ONLINE CURRICULA TO TEACH PATIENT SAFETY, HEALTH LAW AND BIOETHICS IN A UNIVERSITY FACULTY OF HEALTH SCIENCES
Margo Paterson, Canada

P-25 (#10045)
EVALUATION OF “HUMAN COMMUNICATION” COURSE AS INTERPROFESSIONAL EDUCATION (IPE) FOR MEDICAL TECHNOLOGY RELATED UNIVERSITY STUDENTS
Keiko Sekido, Japan

P-26 (#10034)
MINI-GRANTS FUEL IPE COLLABORATIONS AND INNOVATIONS AT UCSF
Gail L. Persily, United States of America

P-27 (#10329)
PSYCHOLOGICAL ADJUSTMENT IS HIGHER IN DISABLED PEOPLE WHO ENJOYING IN SPORTS
Hiroko Kazama, Japan

P-28 (#10074)
INTERPROFESSIONAL ADAPTATION FOR REFUGEE AND MIGRANT HEALTHCARE PROFESSIONALS
Jenny M. Peacock, United Kingdom of Great Britain and Northern Ireland

P-29 (#10093)
STUDENTS’ EXPERIENCES DURING INTERPROFESSIONAL EDUCATION IN THE NUTRITION SUPPORT TEAM IN A HOSPITAL -TRIAL PRACTICUM FOR JOINT TEAM TRAINING IN NURSING AND NUTRITION DEPARTMENTS-
Masumi Hasegawa, Japan

P-30 (#10024)
Ikuko Sakai, Japan

P-31 (#10013)
A REGIONAL STRATEGY FOR HEALTH SYSTEM IMPROVEMENT- CHAMPLAIN CENTRE OF EXCELLENCE IN INTERPROFESSIONAL COLLABORATIVE PRACTICE
Dawn Burnett, Canada
P-32 (#10023)
DEVELOPMENT OF THE INTERPROFESSIONAL COMPETENCY SCALE (2): TESTING THE RELIABILITY AND VALIDITY
Takeshi Yamamoto, Japan

P-33 (#10069)
EVALUATION OF NETWORK CONSTRUCTION AT A COMMUNITY GENERAL SUPPORT CENTER
Yoshimichi Ogawa, Japan

P-34 (#10031)
COLLABORATIVE CARE APPLYING CHANGE WITHIN A CANADIAN HOSPITAL
Rosemary A. Brander, Canada

P-35 (#10054)
FACTORS INFLUENCING INTERPROFESSIONAL COLLABORATION IN MENTAL HEALTH SERVICES IN IRAN: A QUALITATIVE STUDY
Mousa Alavi, Islamic Republic of Iran

P-36 (#10084)
MULTIDISCIPLINARY INTRODUCTION TO CLINICAL EDUCATION: MEASURING THE IMPACT OF A PILOT IN COLLABORATIVE PRACTICE FOR QUEENSLAND HEALTH CLINICIANS
Karen E. Roberts, Australia

P-37 (#10025)
DIMENSIONS REGARDED AS IMPORTANT FOR BELIEF IN THE POSSIBILITY OF RECOVERY FOR PEOPLE WITH MENTAL ILLNESS: A QUALITATIVE ANALYSIS OF DIVERSE PROFESSIONALS IN MENTAL HEALTH CARE IN JAPAN
Rie Chiba, Japan

P-38 (#10126)
SELF-ASSESSMENT OF INTERPROFESSIONAL WORK AND NUTRITIONAL CARE AND MANAGEMENT IN LONG-TERM CARE FACILITIES
Manami Shinde, Japan

P-39 (#10324)
RECOGNITION TOWARD REHABILITATION PROFESSION IN COMMUNITY FROM THE LONG-TERM CARE SUPPORT SPECIALIST VIEW
Hideaki Ishii, Japan

P-40 (#10228)
INTERPROFESSIONAL TEAM NAVIGATORS FOR THE LIFE-STYLE REDESIGN OF POST-DISCHARGE PATIENT
Ryoko Tomizawa, Japan
P-41 (#10056)  
EXPANDING INTERPROFESSIONAL EDUCATION (IPE) TO TRANSPROFESSIONAL EDUCATION (TPE)  
Junji Haruta, Japan

P-42 (#10089)  
A CASE REPORT OF COLLABORATIVE PRACTICE BY VARIOUS HEALTH PROFESSIONALS IN NICU (NEONATAL INTENSIVE CARE UNIT)- SUPPORT FOR FAMILY AND THEIR BABY WHO WAS BORN, LIVED, AND PASSED AWAY -  
Yumiko Okada, Japan

P-43 (#10105)  
INTERPROFESSIONAL EDUCATION FOR BETTER HEALTH - STRATEGIC ORGANIZATION AND DEVELOPMENT  
Eva Broberger, Kingdom of Sweden

P-44 (#10260)  
ENHANCING THE CLINICAL EXPERIENCE WITH INTERPROFESSIONAL EDUCATION - A RADIATION THERAPY STUDENT’S PERSPECTIVE  
Susan Chen, Canada

P-45 (#10064)  
PSYCHOMETRIC PROPERTIES OF THE INTERDISCIPLINARY EDUCATION PERCEPTION SCALE (IEPS)  
Brett Williams, Australia

P-46 (#10190)  
EFFECTS OF GROUP THERAPY FOCUSED ON THE COGNITIONS OF NEW FEMALE NURSES WHO EXPERIENCED VIOLENT LANGUAGE AND VIOLENT ACTS BY PATIENTS  
Etsuko Niiyama, Japan

P-47 (#10341)  
PRIMARY AND MENTAL HEALTH CARE PROVIDERS DELIVERING MENTAL HEALTH SERVICES IN COMMUNITY SETTINGS: TOWARDS A MODEL OF COLLABORATION  
Pamela Wener, Canada

P-48 (#10184)  
PATIENT-CENTERED INTERPROFESSIONAL CARE FRAMEWORK  
Karine Bilodeau, Canada

P-49 (#10127)  
THE ACTUAL SITUATION OF THE RECOGNITION ABOUT INTERPROFESSIONAL WORK OF NURSES AND CARE WORKERS IN ONE GENERAL HOSPITAL  
Kaoru Furukawa, Japan
P-50 (#10241)
THE PROBLEM OF HOME-NURSING-CARE SERVICE RECOGNIZED BY INTER-
PROFESSIONAL WORK OF HOME CARE
Mariko Zensho, Japan

P-51 (#10297)
DEVELOPMENT OF AN INTERPROFESSIONAL WORK COMPETENCY SCALE (2)
Naoko Kunisawa, Japan

P-52 (#10091)
BUILDING A COLLABORATIVE COMMUNITY OF PRACTICE IN RESEARCH
ETHICS
Sudeshni Naidoo, Republic of South Africa

P-53 (#10293)
CHARACTERISTICS OF INTERPROFESSIONAL WORK COMPETENCIES OF
MANAGEMENT STAFF AT CORE REGIONAL HOSPITALS
Naomi Hasegawa, Japan

P-54 (#10282)
COMPARISON OF INTERPROFESSIONAL WORK COMPETENCIES OF STAFF
AT CORE REGIONAL HOSPITALS BASED ON JOB TYPE
Yu Maruyama, Japan

P-55 (#10290)
CHARACTERISTICS OF INTERPROFESSIONAL WORK COMPETENCIES OF
STAFF AT CORE REGIONAL HOSPITALS
Mariko Otsuka, Japan

P-56 (#10186)
INTERPROFESSIONAL EDUCATION TO COMMUNITY OUTPATIENT REHABILI-
TATION HEALTH PROFESSIONALS FOR TREATMENT TO U. S. WOUNDED WARRIORS WITH BRAIN INJURIES
Jean Nagelkerk, United States of America

P-57 (#10022)
A CONSIDERATION OF HOW THE IPE CONCEPT MIGHT APPLY TO A NEW MOD-
EL OF SCIENCE EDUCATION
Akinori Yamabe, Japan

P-58 (#10280)
AN INVESTIGATION OF INTERPROFESSIONAL VALUE IN A WILDERNESS
TRAUMA PROGRAM FOR MEDICAL AND PARAMEDIC STUDENTS
Dale Edward, Australia
P-59 (#10137)  
INTERPROFESSIONAL ROUNDS-CREATING A LEARNING ENVIRONMENT  
Eva Barkestad, Kingdom of Sweden

P-60 (#10185)  
DIFFERENTIAL RESPONSES OF ATTITUDES TOWARD INTERPROFESSIONAL HEALTH CARE TEAMS TO MANDATORY INTERPROFESSIONAL EDUCATION PROGRAMS FOR THE FIRST- AND THIRD- YEAR UNDERGRADUATE STUDENTS  
Tomoko Hayashi, Japan

P-61 (#10181)  
PATIENT SAFETY STUDY  
Jean Nagelkerk, United States of America

P-62 (#10313)  
AN ACTIVITY REPORT ON INTERPROFESSIONAL CONFERENCES HELD AFTER PATIENTS’ DEATHS IN A RURAL COMMUNITY IN JAPAN  
Yurika Kawamura, Japan

P-63 (#10258)  
WHO IS NOT AT THE TABLE: HEALTH CARE AIDES ROLE IN COLLABORATIVE PRACTICE  
Sharla King, Canada

P-64 (#10262)  
THE ROLE OF FACILITATORS AND SERVICE USERS UTILISING THE LEICESTER MODEL  
Hyun J Park, Japan

P-65 (#10254)  
THOUGHTS AFTER TRIP TO LAOS  
Yuta Takahashi, Japan

P-66 (#10165)  
FACTORS ASSOCIATED WITH SUBJECTIVE WELL-BEING IN CANCER WORKERS IN QUEENSLAND  
Michael G. Poulsen, Australia

P-67 (#10316)  
THE TEAM-BASED RESIDENTIAL COMMUNITY INTERNSHIP PROGRAM IN HOKKAIDO  
Toshio J. Sato, Japan
P-68 (#10265)  
A STUDY ON LIFE MODEL APPROACH IN ICF & IPW #2-EFFECTIVENESS OF THE LIFE SITUATION INTERVIEW (LSI) USED BY CARE WORKERS AND OTHER PROFESSIONALS-  
Shogo Kojima, Japan

P-69 (#10326)  
DEVELOPMENT AND EVALUATION OF AN INTER-PROFESSIONAL EDUCATION PROGRAM ON GLOBAL HEALTH FOR UNDERGRADUATE STUDENTS OF THE MEDICAL, NURSING, AND PHARMACEUTICAL DEPARTMENT  
Tomoko Koike, Japan

P-70 (#10334)  
A COLLABORATIVE APPROACH TO INTERPROFESSIONAL EDUCATION  
Amanda Squire, United Kingdom of Great Britain and Northern Ireland

P-71 (#10192)  
IMPROVING PATIENT SAFETY IN MEDICATION ADMINISTRATION: AN INTER-PROFESSIONAL LEARNING APPROACH IN THE BACHELOR OF NURSING  
Sharon L. Latimer, Australia

P-72 (#10149)  
THE EVOLUTION OF A MULTI-MEDIA INTERPROFESSIONAL LEARNING PACKAGE, CREATED BY STUDENTS  
Lucy A. Fulford-Smith, United Kingdom of Great Britain and Northern Ireland

P-73 (#10294)  
TEAM CARE EDUCATION SYSTEM FOR UNDERGRADUATE TO GRADUATE CNS TRAINING PROGRAMS OF CERTIFIED NURSE SPECIALISTS IN GERONTOLOGICAL NURSING  
Yoko Uchida, Japan

P-74 (#10082)  
CHANGING PROFESSIONAL IDENTITIES: INSIGHTS FROM THE SOCIOLOGY OF WORK  
Mark Bahnisch, Australia

P-75 (#10289)  
ASSESSMENT OF INTERPROFESSIONAL EDUCATION STUDENT LEARNING: THE GLOBAL RATING SCALE LANDSCAPE  
Susan J. Wagner, Canada
P-76 (#10264)  
A STUDY ON LIFE MODEL APPROACH IN ICF & IPW #1-ROLES OF CARE WORKER THAT FOCUSING ON USER-ORIENTED LIFE SUPPORT-  
Noriko Shimasue, Japan

P-77 (#10189)  
CROSS-SECTIONAL STUDY ON ATTITUDES TOWARD INTERPROFESSIONAL HEALTH CARE TEAMS BETWEEN UNDERGRADUATE STUDENTS AND THE ALUMNI  
Takatoshi Makino Japan

P-78 (#10198)  
NATIONAL RURAL HEALTH STUDENTS NETWORK: AN INTERPROFESSIONAL EDUCATION INITIATIVE  
Simon N. Reid, Australia

P-79 (#10094)  
DEVELOPMENTAL DISORDER, ATTENTION DEFICIT DISORDER AND OR ATTENTION DEFICIT HYPERACTIVE DISORDER (ADD/ADHD), FOOD HABIT AND ITS LONG TERM IMPACT IN CHILDREN HEALTH  
Narayan Panthi, Australia

P-80 (#10287)  
INOHANA IPE; MULTISTEP, STRUCTURED, FOUR-YEAR INTERPROFESSIONAL EDUCATION COURSE  
Mayumi Asahina, Japan

P-81 (#10132)  
NIGHT SCHOOL IS USEFUL FOR THE LOCAL RESIDENTS AND MEDICAL STAFF?  
Emiko Kono, Japan

P-82 (#10270)  
EVALUATION OF CASE-BASED INTERPROFESSIONAL EDUCATION SESSIONS: DEVELOPMENT AND IMPLEMENTATION  
Susan J. Wagner, Canada

P-83 (#10080)  
RESPONSES OF SCHOOLS THAT SERVED AS EVACUATION SITES FOLLOWING THE GREAT EAST JAPAN EARTHQUAKE: COLLABORATION BETWEEN SCHOOLS AND COMMUNITIES  
Keiko Sakou, Japan
P-84 (#10224)
CURRENT STATUS OF INTERDISCIPLINARY TEAMS AND ITS FUTURE VISION. COMPARISON OF PHARMACEUTICAL EDUCATION BETWEEN TOKYO UNIVERSITY OF SCIENCE AND HOUSTON UNIVERSITY, DRAWN THROUGH THE PERSPECTIVE FROM AN UNDERGRADUATE STUDENT
Yuki Fukata, Japan

P-85 (#10103)
HANDS UP FOR HEALTH: AN INNOVATION IN INTER-PROFESSIONAL SIMULATION-BASED HEALTH EDUCATION FOR INNER-CITY YOUNG PEOPLE
Bethan K. Thomas, United Kingdom of Great Britain and Northern Ireland

P-86 (#10269)
AN INTERPROFESSIONAL HEALTHCARE EDUCATION LEARNER DEVELOPED AND CENTERED CURRICULUM
Amber Fitzsimmons, United States of America

P-87 (#10337)
AN EVALUATION OF SERVICE-DELIVERY IN A STUDENT-RUN CLINIC MODEL
Maxine Holmqvist, Canada

P-88 (#10266)
THE IMPORTANCE AND POSSIBILITIES OF INTERPROFESSIONAL EDUCATION ANALYZED THROUGH FIELD TRIP IN LAO PDR BY STUDENTS OF MEDICINE, NURSING, AND PHARMACY
Mariko Kondo, Japan

P-89 (#10169)
KEY POINTS WHICH SHOULD BE OBSERVED IN HOME BASED CARE FOR ELDERLY PATIENTS WITH CARDIAC DISEASE
Shinta Takeuchi, Japan

P-90 (#10215)
COLLABORATIVE PRACTICE FOR THE PATIENT WITH HIGHER BRAIN DYSFUNCTION UNDER THE DIFFICULTIES OF AN EARTHQUAKE DISASTER: A CARE REPORT
Nana Kururi, Japan

P-91 (#10166)
THE COST OF UNUSED MEDICATION IN END OF LIFE CARE
Douglas McGregor, Canada

P-92 (#00000)
HOUSING AND CARE – SUPPORTING DAILY LIVING IN THE COMMUNITY
Yasuko Yoshii, Japan
Social Events

Welcome Reception

Time: October 5, 18:00-20:00
Place: Cafeteria Breath (Building B, 1st floor)
Fee: Included in conference registration fee.
    Accompanying persons are requested to pay 3000JPY at the conference reception desk.

ATBH VI wishes to welcome the participants to the conference with food, drinks and some music and Japanese cultural experiences (including a tea-ceremony but due to limited number of places prospective participants will be determined by lottery).

Party “Kizuna”

Time: October 7, 18:00-20:00
Place: Cafeteria Breath (Building B, 1st floor)
Dress code: smart casual
Fee: 5000JPY, to be paid in advance via the website registration page or at the conference reception desk (participants and accompanying persons).

‘Kizuna’ is a Japanese word meaning ‘bonds’. It is often used as in bonds between parents and their children or as husband and wife kizuna. Links of a new ‘kizuna’ are now spreading in Japan after last year’s Tohoku earthquake and tsunami, particularly the helping of people who are unknown to each other. ‘Kizuna’ forged by the players’ teamwork was cited with pride when Japan won the women’s football World Cup and an Olympic Silver Medal. ‘Kizuna’ could be an important core idea symbolizing Interprofessional Work. At the party ‘Kizuna’ we expect that the link of kizuna will be experienced and spread among participants from both ATBH VI and the parallel organized national congress JAIPE5.
The ATBHVI Organizing Committee expresses its gratitude to the following supporters.

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Optional Tours

**NO. 1** Kobe Sightseeing tour (Oct. 4 & 9)

Time: 09:00-16:00  • Lunch included  (Tour fare: ¥10,000)

- **Kobe City Museum**
  
  We can learn about the history of Kobe. The fundamental theme was settled as "International Culture Exchange-Contact between Eastern and Western Cultures and Changes by the Interaction"

- **Nankin-machi (China Town)**
  
  Lunch

- **Ikuta Jinja Shrine**
  
  This Shrine is a “Shinto Shrine in Kobe, and is possibly among the oldest shrine in the country. It was founded at the 3rd Century.

- **Soraku-en Japanese Garden**
  
  Soraku-en is a traditional Japanese landscape garden in Kobe.

Accompanying Person's Tours

**NO. 2** Kyoto and Nara 1 day tour (Oct. 6)

Time: 07:00-20:00  • Lunch Included  (Tour fare: ¥12,600)

- **Nijo Castle**  *UNESCO World Heritage Site*
  
  The Kyoto Residence of the Tokugawa Shogun built in 1603, Nijo Castle is noted for contrast of its solemn appearance and gorgeous interiors.

- **Kyoto Imperial Palace**
  
  Kyoto Imperial Palace preserves the look and ambiance of the palace as it had been in the time of Japan's ancient imperial dynasties.

- **Kyoto Nagomi Kan**  — Lunch —

- **Todaiji Temple**
  
  Todaiji was constructed in 752 as the head temple of all provincial Buddhist temple of Japan. Todaiji housing is the largest wooden building also bronze Budha statue is also largest in the world.

- **Deer Park**
  
  The park is one of the “Places of Scenic Beauty” designated by the Ministry of
Education, Culture, Sports, Science and Technology. The over 1,200 wild sikadeer Freely roaming around in the park.

● Kasuga Shrine
Kasuga Taisha Shrine was founded to protect the heijo-kyo capital and is the head shrine for about 3,000 Kasuga Shrines all over Japan. The most famous and Beautiful Shinto Shrine in Nara.
— Souvenir Shop —

NO. 3 Kyoto Maiko Dinner (Oct. 6)
Time: 16:00-20:30 ・ Dinner included  (Tour fare: ¥11,000)
You can enjoy the exotic dances of Maiko and Japanese cuisine Kaiseki dish. Traditional parlor play and photo shot with Maiko.

NO. 4 Hiroshima and Miyajima (Oct. 8)
Time: 07:00-18:30 ・ Lunch not included  (Tour fare: ¥37,000)
From Shinkobe Station to Hiroshima station by Shinkansen“Nozomi”
● Miyajima and Itsukushima Jinja shrine (2 hours)  * UNESCO World Heritage Site
Itsukushima Island(or Miyajima) is considered sacred and pure in Shinto region. The view of the Shirine with its vermilion gate in front and Mt.Misen towering behind is considered one of Japanese three best views. It is the most photographed spot in Hiroshima Prefecture — Lunch on your own —
● Hiroshima Peace Memorial Park  * UNESCO World Heritage site
It is dedicated to the legacy of Hiroshima as the first city in the world to suffer a nuclear attack and to the memories of the bom’s direct and indirect victims (of whom there may have been as many as 140,000) There are a number of memorials and Monuments, Museum.
Usefull Information / General Information

Japan is an island country and consists of four major islands (Honshu, Hokkaido, Kyushu and Shikoku), surrounded by more than 4,000 smaller islands. Most of the islands are mountainous, many volcanic.

Kobe, host city of ATBH VI, is located almost in the center in Japan. The city has a population of about 1,520,000, which is the 6th-largest in Japan. It is known as a city having a unique style with the exotic atmosphere in Japan, which has been affected by the foreign cultures and flourished as the international port since old days. Kobe is blessed with nature beauty such as Mt. Rokko and Seto Inland Sea. Expect nice weather with daytime temperatures of 20 ℃ to 25 ℃, but there is a chance of bad weather due to a passing typhoon. Transportation in Kobe is well served by train railways, bus service, taxi service and airlines.

Currency Exchange

Although credit cards can be used in most department stores and restaurants, Japan is by-an-large a cash society. Only Japanese yen is acceptable at regular stores and restaurants. Certain foreign currencies may be accepted at a limited number of hotels, restaurants, and souvenir shops. You can buy yen at foreign exchange banks and other authorized money exchangers on presentation of your passport. However, banks are not open on Saturdays, Sundays and public holidays (day 4 of the conference).

Electricity

Electric current is uniformly 100 volts, AC, throughout Japan, but with two different cycles: 50 in eastern Japan including Chiba and Tokyo, and 60 in western Japan including Kyoto and Osaka. Leading hotels in major cities have two outlets of 100 and 220 volts but their sockets usually accept a two-leg plug only (same as North America).

Banks and credit cards.

Banks are open between 9:00 and 15:00 on weekdays only (please note banks are closed for a public holiday on day 4 of ATBHVI). Some hotels may provide currency exchange services. Major credit cards are accepted in hotels, department stores, restaurants and so forth. However, shops and taxis may or may not accept credit cards and it is advisable to always carry Japanese Yen. Many bank ATMs may not accept overseas credit cards, but the ATMs at particularly the 7-eleven convenience stores generally do.

Use of credit cards for onsite registration will be limited to Masters and Visa.
Conference Venue

Kobe Gakuin University was founded in 1966 as a single-department college with the establishment of the Faculty of Nutrition and a founding philosophy of “love of truth and respect for individuality.” It has developed into a comprehensive university with seven faculties, eight graduate schools and 10,000 students. Since its founding, nearly 70,000 people have graduated and are now actively working all over the country.

Internet connections at the venue are restricted to faculty and students as per institutional policy. Presenters are therefore requested to avoid the need for using the internet, for example by pasting screenshots into their presentation slides. However, people who bring their own mobile wifi-connections should have stable internet access.

Copy service

Unfortunately we cannot offer copy-services and presenters are requested to prepare handouts and other materials themselves. However, the secretariat will do its best to deal with any eventualities, provided these are limited amounts of copies. Volunteer staff may be able to deal with larger amounts provided the material is presented by the end of the day prior the copies are needed and the requesting person covers the cost of copying (typical JPY10 for a black and white copy).

Lunch and drink services

Coffee and tea will be provided free of charge during the breaks in the morning (10:00-10:30) and afternoon (15:00-15:30) breaks at restaurant “Breath” on the first floor.

Please do not take your coffee or tea to the conference meeting rooms (but you are free to bring your own drinks, e.g. pet-bottles or thermos flasks to the conference rooms).

Lunch, i.e. Japanese bento lunch-boxes, is included in the conference registration. Please present your conference badge to the staff of restaurant “Breath” on the first floor when collecting your lunch. Please note that lunch is not provided on the first day.

We will do our best to cater for various dietary requirements. Please make these known upon registration. If you register on day 2, 3 or 4, please get in touch with the secretariat via email: atbh6@k-con.co.jp, because orders for lunchboxes are made a day in advance.
ABSTRACTS
Friday, 5 October, 2012; 15:30-15:50

NETWORKING OF INTERPROFESSIONAL EDUCATION IN JAPAN

Hideomi Watanabe
Co-Chair, ATBH VI
Chair of International Committee, JAIPE
Organizer, JIPWEN
Dean, Gunma University Graduate School of Health Sciences

Efforts to scale up health professional education, Transformative scale up of health professional education, must increase the quantity, quality and relevance of the providers of the future if they are to meet population health needs. Effective interprofessional education (IPE) fosters the collaborative practice (CP)-ready health workers.

There are several organizations that promote IPE/CP nationally or internationally. Among those are Centre for the Advancement of Interprofessional Education (CAIPE), Nordic Interprofessional Network (NIPNet), Canadian Interprofessional Health Collaborative (CIHC), Australasian Interprofessional Practice and Education network (AIPPEN), European Interprofessional Education Network (EIPEN), and so on. In Japan, the Japan Interprofessional Working and Education Network (JIPWEN) has been established by ten (now 11) universities in 2008. Among JIPWEN universities, the programs vary in content, as do their individual backgrounds, goals, methods, modules, student compositions, facilitation systems, and timing of their respective university curricula. JIPWEN aims to present plural models so that institutions who are interested in the IPE programs can adapt the models to their academic and social settings. On the other hand, the Japan Association for Interprofessional Education (JAIPE) is an independent Japanese organization, but both are cooperating closely. All JIPWEN universities send staff to act as JAIPE board members, who then actively participate in the management of JAIPE activities. JAIPE consists of individual members from a wide range of institutions including universities, colleges, hospitals, clinics, nursing homes, welfare facilities, and so on. JAIPE organizes an open-discussion meeting annually.

This presentation will highlight the initiatives of the two Japanese networks, providing a clue to understanding the role of Japanese IPE and CP in the global scaling up of health professional education.
TRIBUTE TO DR. JOHN HORDER

Yuichi Ishikawa
Co-chair, ATBH VI
Member, Japan Interprofessional Working and Education Network (JIPWEN)
Trustee, Japan Association for Interprofessional Education (JAIPE)
Professor Emeritus, Kobe University
Vice-President, Kakogawa City Hospital Organization
Director, Kakogawa West City Hospital

I noticed an article when I searched the web site of CAIPE (Centre for Advancement of Interprofessional Education). The article said that “CAIPE members and friends will be very sad to learn of the death of Dr John Horder, who died peacefully in his sleep at home on 31th May.” He was Past President of the Royal College of General Practitioners and Founding Chairman of the Centre for Advancement of Interprofessional Education.

When I attended ATBH III in London, 2006, Dr Hugh Barr introduced me to Dr Horder at the Gala Party. I already knew his name and his great achievements in IPE because Hugh talked about Dr Horder when Dr Hugh Barr and Dr John Gilbert were invited to Kobe University in support of our establishing the IPE program in the compulsory curriculum. ATBH III was the first time to meet Dr John Horder. He enthusiastically talked to me why and how he and his colleagues established CAIPE and how important Interprofessional Collaboration was not only in primary care settings but also in hospitals. He also encouraged me to implement the IPE program in Kobe University and Japan.

Since then we worked very hard to get funds from the Ministry of Education with Drs Yumi Tamura, Peter Bontje and colleagues. We did it and Dr. John Horder certainly contributed to the quality of our successful application.

We are very happy to have old friends and new friends who dedicate themselves to IPE/IPW. I believe that we need ‘Champions’, Institutional Support and so on to accomplish the great educational plan.

Dr John Horder was and he still is my ‘Champion’.
Patrick W. Kelley, MD DrPH, joined the Institute of Medicine (IOM) of the US National Academies in July 2003. He currently serves as Senior Board Director for the Board on Global Health. He has subsequently also been appointed to direct the Board on African Science Academy Development. Dr. Kelley has overseen over 25 reports including IOM expert consensus studies and convening activities on subjects as wide ranging as: the evaluation of the US emergency plan for international AIDS relief (PEPFAR), the US commitment to global health, sustainable surveillance for zoonotic infections, cardiovascular disease prevention in low- and middle- income countries, interpersonal violence prevention in low- and middle-income countries, and microbial threats to health. Since 2004 he has also directed a unique capacity-building effort, the African Science Academy Development Initiative, which over ten years aims to strengthen the capacity of eight African academies to provide independent, evidence-based advice their governments on scientific matters.

Prior to coming to the National Academies Dr. Kelley served in the US Army for more than 23 years as a physician, residency director, epidemiologist, and program manager. Dr. Kelley founded and directed the DoD Global Emerging Infections Surveillance and Response System (DoD-GEIS). This responsibility entailed managing surveillance and capacity-building partnerships with numerous elements of the federal government and with health ministries in over 45 developing countries. He also founded the DoD Accession Medical Standards Analysis and Research Activity. Dr. Kelley is an experienced communicator having lectured in English or Spanish in over 20 countries. He has published over 70 scholarly papers, book chapters, and monographs. Dr. Kelley obtained his MD from the University of Virginia and his DrPH in epidemiology from the Johns Hopkins School of Hygiene and Public Health. He is also board certified in Preventive Medicine and Public Health. Dr. Kelley was a member of the Lancet Commission on the Education of Health Professionals for the 21st Century.
THE FUTURE OF HEALTH PROFESSIONAL EDUCATION: LEADING CHANGE FOR HEALTH EQUITY

Patrick W. Kelley
Director, Board on Global Health, Institute of Medicine, USA

In 2012 the Institute of Medicine (IOM) established the Global Forum on Innovations in Health Professional Education in response to two high level reports. In 2010 an independent Lancet Commission released Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World and the IOM published The Future of Nursing: Leading Change, Advancing Health. These reports highlight the increasing need for leadership, as well as inter-professional collaboration and teamwork competencies, skill sets that are critical to achieving health equity, as well as lower costs.

The Lancet Commission wrote: “As a desirable outcome, interdependence in education involves three shifts; from isolated to harmonized education and health systems; from stand-alone institutions to worldwide networks, alliances, and consortia; and from self-generated and self-controlled institutional assets to harnessing global flows of educational content, pedagogical resources, and innovations.” The future demands a rethinking of health professional education globally to make it more efficient, more effective, and to create increased capacity for task sharing, teamwork, and leadership. The Lancet Commission’s call for transformative learning, learning that produces health system leaders and change agents, is universal. The circumstances of the global South may be advantageous for teaching the global North new ways to achieve needed reforms.

This presentation will highlight the work of the IOM Forum to bring together academicians, practitioners, policy makers from across the globe to explore in an ongoing fashion curricular innovations, pedagogic innovations, cultural elements that affect inter-professional health professional education; innovative approaches to achieving an adequate supply and mix of health workers; and measuring how these influence individual and population health. It will illustrate how the Forum seeks to strengthen competency-driven approaches, support inter-professional and trans-professional education; integrate education more closely with community needs, take advantage of information technology, build global networks, and foster a new professionalism.
Chizuko Ueno, now Professor Emerita, was Professor of Sociology and Gender Studies at the University of Tokyo Graduate School of Humanities and Sociology until March 2011, and is an author of numerous books and articles on a wide range of topics related to gender and social welfare in Japan. She has a long publication list both in Japanese and English, which includes Nationalism and Gender (Trans Pacific, 2004) and The Modern Family in Japan: Its Rise and Fall (Trans Pacific, 2009). She has written widely on issues related to the care of the elderly, neo-liberalism, and women’s position in recent years.
TERMINAL CARE AT THE SINGLE HOUSEHOLD

Chizuko Ueno
Emeritus Professor, Tokyo University, President NPO Women’s Action Network, Japan

Japan’s Long-Term Care Insurance originally aimed at the support for the family care to reduce their burden, accordingly was limited to apply for the elderly living with family. With the increase of single households, terminal care at the single household has become an option. What makes it possible? Based on the empirical survey, I will investigate the conditions.
Keynote Lectures
Prof. Uehara has promoted disaster health preparedness and management in Japan, as founding member of the Japanese Society for Disaster Medicine, advisory committee member of international disaster relief teams (JMTDR), and consultants for WHO on disaster preparedness in Vietnam, etc.
He was actively involved in disaster response in the Great East Japan Earthquake & Tsunami Disaster, as advisor and coordinator to Miyagi prefectural government.
SYSTEM APPROACH AND CROSS PROFESSIONAL COLLABORATION IN
DISASTER HEALTH MANAGEMENT

Naruo Uehara
Emeritus Professor, Tohoku University Graduate School of Medicine, Japan

The primary lesson of the Great East Japan Earthquake & Tsunami Disaster is “what are not prepared can be hardly done in disaster.” It reminded us that the disaster destroys not only buildings/lifelines but also a local health system as a whole. The contingency plan of the national/local governments, and professional societies as well, have focused, or rather confined to, emergency medical responses to mass casualties, and have forgotten that disaster is public health agenda which requires appropriate preparation and effective responses to the needs of; (1) mass casualties, (2) health management of the evacuees and affected people (3) restoring functions of the health service system, and (4) control of potential health risks by monitoring and long term care of the affected population. It was praiseworthy that thousands of healthcare teams voluntarily gathered from county-wide and served at healthcare stations in shelters, although it took a few weeks until their efforts were coordinated. Still, the external assistance were dominant in healthcare human resources and at short, or delayed, in support of logistics, information system, on-demand procurement/supply, and aids to those who needed special care. Also, variety of teams from different systems, combined with the lack of preparation of standard operational procedures and due tools, reduced efficiency in communication and close collaboration in early phase. It is suggested that in case of an extensive disaster we should identify one particular prefecture for each affected municipality to serve as counterpart by provision of any required resources for replacement and restoring of destructed local health system.
1988.3.23 Graduate from Faculty of Pharmaceutical Sciences, Chiba University
1988.4.1 Assistant Professor in Faculty of Pharmaceutical Sciences, Chiba University
1999.1.27-2000.4.30 Post Doctor in NHLBI, NIH, USA
2003.1.1~ Associate Professor in Graduate School of Pharmaceutical Sciences, Chiba University
IMPACT OF IPE ON STUDENTS IN CHIBA UNIVERSITY

Itsuko Ishii
Chiba University Graduate School of Pharmaceutical Sciences, Japan

Medical care is organized service sponsored by cooperation of plural professionals. In the bachelor's degree as the basics of career education stage, the students have to learn not only medical knowledge and skill but also indispensable attitude to realize “patient-centered medical care”. Interprofessional education (IPE) refers to occasions when students from two or more professions in health and social care learn together during all or part of their professional training with the object of cultivating collaborative practice for providing client- or patient-centered health care. From the reason, Chiba University introduced IPE into the curriculum from 2007. IPE of Chiba University covers all students in all grades from school of medicine, nursing, and pharmacy. IPE is a four-stage course from Step 1 to Step 4. It provides multistage and comprehensive through lectures, drills, and practical training. The core of the program is the fostering of communication skills, ethical sensitivity, and problem-solving skills. This program is designed to train autonomous healthcare professionals with healthy occupational views, a strong sense of social responsibility, ethical solution, well-balanced views, and willingness for lifelong learning. In every class, students evaluate themselves and reflect as a short report, and teachers evaluate their attitudes in group-works.

Students make final reports after finishing of each step and complete the portfolio. Most students who finished all course of IPE could evaluate holistically patients, and were accustomed patient-centered medical thinking in mind. In this time, I will report the changes of the student accompanied by introducing the program and its evaluation.
Scott Reeves is the Founding Director, Center for Innovation in Interprofessional Education and Professor of Social & Behavioral Sciences, University of California, San Francisco, USA. He is also Editor-in-Chief of the Journal of Interprofessional Care. He is a social scientist who has been undertaking health professions education and health services research for nearly 20 years. Trained in the UK, he recently moved from Canada where he spent the past six years developing conceptual, empirical and theoretical knowledge to inform the design and implementation of interprofessional education and practice activities. To date, he has successfully captured over $13m of grant income and published over 200 peer-reviewed papers, book chapters, textbooks and monographs. He also holds honorary faculty positions in a number of institutions around the world.
UNDERSTANDING THE SCIENCE OF EVALUATING INTERPROFESSIONAL EDUCATION ACTIVITIES: APPROACHES FOR GENERATING ROBUST EVIDENCE

Scott Reeves, PhD
Founding Director, Center for Innovation in Interprofessional Education, University of California, and Editor-in-Chief, Journal of Interprofessional Care, USA

This presentation will discuss and reflect the array of issues linked to generating more rigorous forms of evidence through comprehensive evaluation of interprofessional education (IPE) activities. Specifically, it will describe the state of the art of evaluating IPE, considering the strengths and limitations of current the IPE evidence base. It will then examine and discuss various methodological approaches which can be employed to help enhance the quality of IPE evidence. The presentation will also explore the potential contribution different evaluation models and theories can offer in designing robust IPE evidence. Finally, the presentation will discuss various approaches that can be used to ensure IPE evidence can be disseminated to ensure IPE evaluation work is impactful.
Following my experiences in JICWELS, I was invited to Nagasaki University as Deputy Director and professor of the Center for International Collaborative Research (CICORN). I was managing and coordinating all international cooperation activities / projects / programs in cooperation with WHO, JICA, Japanese government ministries, Japanese universities, Mahidol University, University of Indonesia, London School of Hygiene & Tropical Medicine, Imperial College, and ICDDR, B. Now I am working in Geneva as the secondment staff by the Ministry of Health, Labour and Welfare of Japan and as External Relations Officer of GHWA, the Global Health Workforce Alliance, which was created in 2006 as a common platform for action to address the crisis. GHWA is a partnership of national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations dedicated to identifying, implementing and advocating for solution, hosted by WHO. Health workers are the heart and soul of health systems. And yet, the world is faced with a chronic shortage - an estimated 4.2 million health workers are needed to bridge the gap, with 1.5 million needed in Africa alone. The critical shortage is recognized as one of the most fundamental constraints to achieving progress on health and reaching health and development goals. GHWA is leading for advocacy and adding value for HRH issues.
After graduation of university, I was in charge of humanitarian assistance in Japanese Red Cross Society as a logistics officer and studied coordination and management for international cooperation activities. Especially, I mainly coordinated humanitarian assistance for Former Soviet Union on behalf of the Government of Japan. After changing my position to the Ministry of Foreign Affairs, as one of the key coordinators for medical assistance for the former Soviet Union countries, I planned and coordinated EPI vaccine assistance needed for five years for the former Soviet Union countries with donor countries and UN organizations, including the United States, EU, WHO, and UNICEF. I also took the initiative in the establishment of a donor coordinating mechanism named Inter-Agency Immunization Coordinating Committee (IICC), which was one of the first donor coordinating mechanisms in the field of global health. Then, I changed my position to Japan International Cooperation of Welfare Services, JICWELS, which is the sole implementing organization for technical cooperation on behalf of the Ministry of Health, Labour and Welfare of Japan. My responsibility was management of all activities of JICWELS as a Director of International Programmes. I managed more than 250 human resources development programs for Asian and African health personnel, such as communicable diseases control, HIV/AIDS, pharmaceutical administration, mother and child health and health systems. The targets of the programs were government officials in health ministries, and more than 5,000 health personnel from 75 countries participated in the programs. Since most of participants became high-ranking officials in health ministries after the programs, our contribution was fundamental for health development in Asia and Africa. Additionally, in Cambodia and Mongolia, I established and implemented the Health Sector Strategic Master Plan Development Projects. Through these projects, I succeeded in developing new health policy and strategy for both countries. I also engaged in donor coordination under these projects with USAID, AusAID, WB, ADB, WHO, UNICEF, UNFPA and many NGOs. The successes that were achieved in the master plan development process became one of the tools of capacity building for local organizations and health personnel in the countries where the projects were implemented. I was also main organizer for the scheme “Deployment and acceptance of Indonesian and Filipino nurses and care givers to Japan.” I was mainly involved in coordinating the provisions of the Memorandum of Understanding between the two governments and organized mechanisms and schemes for nurses and care givers coming to Japan, including training programs. This scheme was the first time for Japan to open its labor markets and it made a significant impact on Japanese society.
Dr. Zhiwei Luo got his Dr. Degree of Engineering from Nagoya University in 1992. From April 1992 to 1994 he was an Assistant Professor of Toyohashi University of Technology. He worked on autonomous decentralized system control, artificial neural network, self-organization and control applications in robotics. In April 1994, he moved to Bio-mimetic Control Center (BMC), The Institute of Physical and Chemical Research (RIKEN) as a Frontier Researcher to study motor control functions of biological systems and applications in robot’s environmental interactive manipulations as well as locomotion. He then worked in Yamagata University as an associate professor to study tele-manipulation via internet and virtual reality. Since Oct. 2001, he served as a laboratory head of BMC, RIKEN to study environmental adaptive robotic systems. He leaded the development of a human interactive robot RI-MAN, which was selected by TIME as the best invention of 2006. In 2006, he became a professor of Kobe University, where he is promoting integrative researches on health engineering for the ageing society. He proposes to use computer simulation technology to design and evaluate the human interactive robots and is now pushing new research field called computational robotics which will introduce supercomputer in studying super redundant biologic motor control functions and human-robot interface. He was an associate editor of IEEE Trans. on robotics and program chair of the 26th Annual Conference of The Robotics Society of Japan.
Sunday, 7 October, 2012; 16:00-16:40

INNOVATION OF HEALTH ENGINEERING FOR AGING SOCIETY THROUGH INTERPROFESSIONAL COOPERATION

Zhiwei Luo
Kobe University, Graduate School of System Informatics, Japan

For the coming aging society, people’s health and quality of life become more and more important. Health engineering is then necessary to be innovated through interprofessional cooperation within many independent scientific fields such as health science, medical science, engineering, etc. We are promoting the interprofessional education for students who come from different graduate schools to work cooperatively so as to develop the new robotic technologies in rehabilitation, health promotion, as well as human care. This presentation will introduce our detailed activities and will discuss the problems for improvements.
Dr. Ruby Grymonpre is a professor at the Faculty of Pharmacy with a cross appointment in the Faculty of Medicine and the Interprofessional Education (IPE) Coordinator at the University of Manitoba. Dr. Grymonpre’s interest in Interprofessional Education and Collaborative Practice (IPE&CP) stemmed from her expertise in ‘Geriatric Pharmacy’ where her scholarly work involved an exploration of medication management issues in older adults and provided evidence to support the critical role of the pharmacist on interprofessional geriatric teams. She has published widely on such topics as drug related hospitalizations, medication non-adherence and benzodiazepine use in older adults. In the early 1980’s she was instrumental in developing the Medication Information Line for the Elderly (MILE), a consumer oriented drug information service. She has authored several book chapters on geriatric topics, including a chapter in the 4th and 5th Editions of Therapeutic Choices. For 15 years she sat on the Editorial Advisory Panel and served as a contributing author to the ‘lilac pages’ of the Compendium of Pharmaceuticals and Specialties (CPS).

Dr. Grymonpre has received numerous awards and distinctions. Most recently she was recognized by her peers as the Manitoba Pharmacists’ Association: 2007 Pharmacist of the Year; in 2005 she was appointed to the Board of Fellows of the Canadian Society of Hospital Pharmacists; and in 2001 she received the Manitoba Pharmacists’ Association: Centennial Award. The receipt of a $1.3 million dollar Health Canada grant for the project entitled: “Interprofessional Education in Geriatric Care” in 2005 marked a turning point in Dr. Grymonpre’s career. In 2008 Dr. Grymonpre was appointed the Interprofessional Education (IPE) Coordinator for the University of Manitoba. She was invited to serve as an IPE Educator for the Phase 1 Accreditation of Interprofessional Health Education (AIPHE) project and co-chair for the Phase 2 project. She has been a Steering Committee member of the Canadian Interprofessional Health Collaborative (CIHC) since its inception in 2005, serves as the co-chair to the CIHC Research and Evaluation subcommittee and most recently was appointed to the Board of the CIHC. She continues to publish and present her scholarly work in Interprofessional Education and Collaborative Practice, with a particular interest in program evaluation, IP clinical placements, bridging partnerships between academia and practice, and health human resource outcomes.
IPE: FROM WHAT AND WHY TO HOW – THE UNIVERSITY OF MANITOBA EXPERIENCE

Ruby Grymonpre, PharmD, FCSHP
IPE Initiative, University of Manitoba, Canada

Interprofessional education (IPE) is a teaching strategy where learners from 2 or more health professions get together to learn ‘about, with and from’ each other for the purposes of them becoming competent members of collaborative person centred teams for the ultimate purpose of ensuring the health and wellbeing of individuals, their families and communities. By definition, IPE is grounded in adult learning theories with several additional features including facilitated debrief, knowledge exchange and explicitly teaching the collaborative competencies. The University of Toronto Points for Interprofessional Education (PIPEs) Instrument is a useful instrument to guide the development of or assess the quality of an IP learning opportunity. Interprofessional Education and Collaborative Practice (IPE&P) is here to stay, it is not a transient fad or passing trend. There is a growing evidence base to suggest that IPE&P optimizes chronic disease management, improves safety and quality of health care delivery and is an innovative strategy to address our worldwide shortage of health care providers. Although understanding WHAT and WHY IPE&P is critical to implementing a successful IPE curriculum, this presentation will focus on HOW IPE is being integrated within the University of Manitoba (UofM). Based on the UofM experience, 4 key strategies for sustainability (systems approach to implementation, open and transparent lines of communication, strategic plan, ‘inter-’ planning for IPE) will be discussed. Longitudinal data on funding, faculty development, and numbers and quality of IP learning opportunities suggest positive advancement and integration of IPE within the UofM.
Professor Mike Saks is Provost and Chief Executive of University Campus Suffolk (UCS), an institution jointly owned by the University of Essex and the University of East Anglia. He achieved an internationally-rated profile in Politics and International Studies and Social Work and Social Policy & Administration in the 2001 and 2008 national Research Assessment Exercises respectively.


Professor Saks has been a member/chair of many National Health Service (NHS) committees at all levels – covering areas from the changing healthcare workforce to research and development in primary care. He is currently a member of the Board of Suffolk NHS Primary Care Trust. He has also acted as an adviser to the NHS at national level. In 2000 he led the team that produced a commissioned report on health support workers for the UK Departments of Health and has advised the Department of Health and professional bodies such as the General Medical Council and the General Social Care Council on the regulation of health and social care professions.
THE IMPLICATIONS OF PROFESSIONAL REGULATION FOR INTERPROFESSIONAL WORKING

Mike Saks, PhD
Provost and Chief Executive, University Campus Suffolk, UK

The presentation begins by examining the benefits and drawbacks of interprofessional practice and the general factors that have affected its implementation. It then explores the concept of professions, asking how far professional regulation specifically has facilitated or inhibited interprofessional working. It is argued that historically professionalisation has not always promoted effective joint working either amongst professional groups or between professions and other occupations in the division of labour. The presentation concludes by noting that, while there are both supporters and detractors of the role of professions in society, professionalism can still in principle be liberating in terms of interprofessional practice. The analysis throughout is based on a case study of health and social care professions in the UK.
KEYNOTE LECTURES

Educational Qualifications
1997 Master of Tropical Paediatrics (Distinction), Liverpool School of Tropical Medicine, UK
1995 Certificate in Epidemiology, Liverpool School of Tropical Medicine, UK
1985 Diplomate Thai Board of Pediatrics, Thai Medical Council, Thailand
1979 Doctor of Medicine, Faculty of Medicine, Chiang Mai University, Thailand
Awards and Honors
WHO scholar 1995, British Chevening scholar 1997
Professional experiences
1986-1996: Pediatrician, working at regional hospital in Udonthani province, Northeast of Thailand for 7 years and Nakornping Chiang Mai provincial hospital for 3 years
1998-present: Cochrane reviewer, worked for ARI Group and Infectious Disease Review Group
1999-2002: Assistant director of North branch of Health System Research Institute of Thailand, supporting area-based health research projects.
2003-2006: Head of Department of Community Medicine, managing curriculum for Medicine and Public Health, community and health care research
2000-2010: Deputy Dean, Faculty of Medicine, Chiang Mai University, responsible for medical education, faculty development and quality assurance
2010- Present: Deputy Director, Sriphat Medical Center, Faculty of Medicine, Chiang Mai University, responsible for care process improvement, and risk management and interdisciplinary team work
Current Topics of Interest
- Process and quality management in Healthcare
- Holistic care, spirituality in healthcare
- Self care and community care
IMPROVING CONTINUITY OF PRIMARY CARE IN CHRONIC DISEASE MANAGEMENT

Ratana Panpanich
Department of Community Medicine,
Faculty of Medicine, Chiang Mai University, Thailand

Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of mortality in the world, representing 60% of all deaths. Additionally, a large number of chronic disease deaths occur in low and middle income countries. What we can do are promoting healthy living and healthy societies, preventing premature deaths, avoiding unnecessary disability, treating chronic diseases effectively, and facilitating equitable and good quality health care for major chronic diseases.

Continuity of care is the delivery of a seamless care through integration, and coordination between different care providers. In this seminar I will talk about Sarapee chronic disease management model focusing on how Sarapee district hospital organizes itself and sets up operations to improve continuity of primary care for patients with chronic illness. Sarapee is one of community-based learning resources for final year medical students of Chiang Mai University. Sarapee’s chronic disease management and home-based care are facilitated by nurse practitioners with team-based approach, providing continuity of care to patients, both directly and through coordination with other health care professionals and community network. The function of patient care teams and critical processes, such as information transfer, patient assessment and development of discharge plan, are essential components of health care delivery to ensure the quality and continuity of care. The model has shown strong linkages between home, community and health facility, and a good collaboration between all partners in delivering holistic, integrated and continuous care. The key success factors are policy decision of the leading team, responsibility for the management, close cooperation at all stages and positive attitudes towards the model.
Masaji Maezawa, MD, PhD, MSEd is a professor emeritus of Hokkaido University and currently a director of Himawari Clinic Kyougoku. After he was an associate professor at the Division of Community and Family Medicine of Jichi Medical University in 1984, he has implemented the community health and social care as a director of Wakuya Kokuho Hospital and the Wakuya Medical and Welfare Center in Miyagi Prefecture since 1988. He moved to Hokkaido University as a professor of the Division of General Medicine in 1996, and the graduate school in 2005. Not only he was a practitioner and educator in community and family medicine, but he has been an organizer and leader in Japan. He is the first chairperson of the Japan Primary Care Association, established by merging three societies for general and family medicine. He has sent a Primary Care for All Team (PCAT) for the Great Eastern Japan Earthquake. He was a recipient of the Takemi Memorial Award in 2011. He was an author and editor of many books, such as “Teaching Primary Care in a Clinic”, “Handbook on Family Medicine” and “Policy makers and Volunteers in Underserved Age”.
GLOBAL HEALTH INDICES SUCH AS LIFE EXPECTANCY AT BIRTH IN JAPAN ARE AMONG THE BEST IN THE WORLD, WHILE ITS EXPENDITURE IS FAIRLY LOW, ONLY ABOUT 8.5% OF THE NATION’S GROSS DOMESTIC PRODUCT, GDP. WHY DID JAPAN USE TO CONTAIN COST?

There are sociocultural factors and medical problems in the reason. One of the sociocultural reasons is that GDP increased drastically. And physical training and nutritional improvement spread to Japanese population through the enhanced education of them. Improvement of the access to medical care by the equal education opportunity and universal coverage decreased the healthy difference between people.

On the other hand, with medical aspect the death rate due to the infectious disease decreased with the medical aspect rapidly from the 1950s. Originally there were few fat intakes that were a coronary heart disease and some cancer risk factors. The universal coverage started in 1961, and the use of the medical technology spread, and the death rate due to the cerebrovascular diseases largely decreased. A high medical technology of the cost-effectiveness such as enlightenment activity or the antihypertensive agent of the nation levels such as sodium restriction campaigns brought stabilization of the blood pressure. A lot of specialists in hospitals became the private practitioners in clinics, and people came to be able to receive specialized medical care easily.

However, GDP may decrease, and medical expenditure will be more likely to be enhanced by the increase of the elderly person in future. In addition, since 1998, the number of the annual suicides surpasses 30,000 people, and the correspondence to a psychosocial disease is insufficient.

It takes it how we develop quality and the quantity of primary care whether we can maintain past health. Therefore upbringing of the general medicine and the establishment of the specialist system are necessary. In addition, it is an important problem that clinics and hospitals perform clear role allotment.
ATBHVI&JAIPE Joint Symposium
- open to the public -
CHALLENGES OF HEALTH AND SOCIAL CARE IN THE RURAL AND URBAN COMMUNITIES
WITH INTERPROFESSIONAL COLLABORATIVE PRACTICE IN JAPAN

Moderators:
Masaji Maezawa, MD (Former-chair, Japan Primary Care Association)
Hideaki E. Takahashi, MD (Former-chair, Japan Association for Interprofessional Education)

Japan is a rapidly ageing society, with a ratio of the elderly, older than 65 year-of-age, was 12.0% in 1990, 17.3% in 2000, and 23.3% in 2010, and to be 35% in 2050. Mean life expectancy in 2010 was 86.39 for men and 79.64 for women. Population is concentrating in the metropolitan areas, such as Tokyo and Osaka, resulting in disparity of medical service and health and social care between rural and urban areas. Long-term care insurance has established in 2000, separating from the national medical insurance system, revised in 2005. A point of emphasis on health and social care has shifted from medical services in a hospital to the service in the welfare facilities, then to the community care.

In this symposium, four leading challenges, in three rural and one urban communities, will make a presentation of their ideas and implementation in health and social care in their communities, with interprofessional collaborative practice.

Saku General Hospital has been a regional center of health and social care in Nagano Prefecture since 1945. Not only treatment, but prevention of diseases have been emphasized in the community, led by a superb leader, late Toshikazu Wakatsuki. Now, mean life expectancy of Nagano Prefecture is the longest in Japan for men and the third for women in 2010.

A city medical association may play an important role to provide excellent service and care with interprofessional collaborative practice in underserved rural areas. There are two examples. Onomichi City Medical Association in Hiroshima Prefecture, led by Hisashi Katayama, has played an indispensable role to provide excellent medical service, health and social care to residents, with interprofessional collaborative practice. 1) Uonuma City Medical Association in Niigata Prefecture, led by Masaaki Niwayama, has worked together with the City Government to promote not only medical service, health and social care, but also cultural activities. 1)

Not only an excellent medical practice in urban community in Tokyo, but Yasuki Fujinuma has developed unique family medicine residency program, with “the show-case portfolio” 2) to build their competences for interprofessional primary care.

References:
Symposist:
1. Team Uonuma:
   Masaaki Niwayama¹, Norihito Kamimura¹, Katsuya Fuse², Takaaki Suzuki², Seitaro Iguchi³, Yoko Sato⁴, Taeko Odaira⁵
¹Uonuma City Medical Association. Doctor, ²Niigata Prefectural Koide Hospital. Doctor, ³Department of Community Medicine, Niigata University Graduate School of Medical and Dental Sciences, Professor. ⁴Uonuma Local Government Official, Public Health Nurse. ⁵Uonuma Social Welfare Conference, Care Manager

Title of presentation: Uonuma School for Community Health and Social Care

School:
Uonuma medical district is the region with the smallest ratio of medical doctors and the largest ratio of the elderly in Niigata Prefecture. In this aging society, probably the same as the future Japan, to secure the public health promotion, all assets of health care must collaborate with each other especially with community residents themselves as the parties concerned. In cooperation with city government and Niigata-university as educational institution and through close communication with community residents and health-care professionals, Uonuma City Medical Association has established “The Uonuma Community School for Health and Social Care” in 2011 supported by the governmental funds for medical system reconstruction. In this school, many professionals of community health care and residents will be able to learn and practice together on-the-spot. The school has no buildings for class but any spot of the community would be a classroom if necessary. Anyone who wants to learn about community health care and health promotion can access the school, and there is no graduation ceremony as they can keep learning throughout their lives.

Curriculum:
The school curriculum features three inter-professional education (IPE) courses, including On-the-job training, Mutual understanding program and On-the-spot floor meeting. First, we have a training course for students and interns by many professions in health and social care. They will learn much about collaborative work through on-the-job training. Second, the school presents IPE lectures and practices for regional professionals to deepen mutual understanding. All professionals take part in the program as both lecturers and students. Hospital nurses may feel encouraged to learn with, from and about each other by visiting patients’ homes with care managers. Third, the school lecturers visit the area to provide an on-the-spot floor meeting with local residents. The participants, consisting of multi-professionals from hospital, medical association, and also students and interns, interact with the residents and learn much from their real voices. Because the key concept of the school is “Consider the residents as medical assets”, we provide them knowledge and skills to manage their own health and to keep the community health care system as a common social capital

Conclusion:
Although there are very few medical assets in this area, we will be able to achieve the future concept of “Comprehensive Regional Health and Social Care”, if local professionals learn each other about collaborative practice, and if residents make themselves medical assets for their own health.
Symposist: 
2. Hisashi Katayama \(^{1,2,3}\)
   \(^1\) Director, Chief researcher, Community Medical Service System Research Institute
   Onomichi Medical Association
   \(^2\) Clinical Professor of palliative care, end of life care, social capital and dementia care
   Okayama University Graduate School of Medicine
   \(^3\) Director of Clinic Katayama

Title of presentation: Onomichi Medical Association (OMA) Method on Long-Term Care Management Programs

The care of frail elderly requires multidisciplinary approach. It has long been a important problem how to systematize the quality care management for integrated care. The Onomichi Medical Association regards the care conference as a core of quality services and establish a very sophisticated care management system that is based on the family physician led conference system, so called “the OMA method on long-term care management programs”. Thus the percentage of having CC is more than 95%.

In 2000 the Japanese government has introduced the Long Term Care Insurance scheme in order to systematize ADL care for the frail aged. Usually a frail aged has various kinds of health, ADL and social needs. Thus such a person requires an integrated care system. In policies concerning integrated care for the disabled elderly, care management has become an important topic for consideration. Standardized care, continuity of care, flexibility of care, and finely tuned coordination between the different kinds of care providers are central parts of care management in order to realize an integrated care for the disabled aged and to enable them to continue to live independently in their own homes for as long as possible. This is the most important reason that the Japanese LTCI scheme has formalized the care management process.

In the Japanese LTCI system, it is required for care managers to organize a care conference (CC) in order to discuss the content of services in respecting the needs and wants of users and their family members. However, this CC is not fully utilized mainly because of busy working condition and difficulty for care managers to establish a good relationship with family doctors of clients. In fact the percentage of having CC is less than 50% for most of the cases.

Symposist: 
3. Junichi Cho\(^1,2\), Hiroyuki Fujii\(^1\), Satoshi Izawa\(^1\)
   \(^1\) Saku Central Hospital
   \(^2\) Ishinomaki City Hospital, Kaisei Tentative Clinic

Title of presentation: History of Interprofessional Work in Saku Central Hospital

Affiliated with the local Agricultural Cooperative, the Saku Central Hospital was established to take care of destitute farmers. Placed once under the competent leadership of the late Toshikazu Wakatsuki, the hospital has served not just as a pioneer of community and rural medicine but also as a contributor to the development of medical care in Japan. The hospital staff has evolved all sorts of activities under his slogan of “Getting among Farmers.” The largest of all general hospitals in Nagano Prefecture, Saku is evolving a broad range of medical activities, to say the least of not only the delivery of primary through tertiary health care but also guidance on the development of local communities. Immediately after its establishment, or shortly after the end of World War II, Saku’s staff organized a touring theatrical group to present health-related plays to enlighten locals. They then
made it a practice to visit neighborhoods to perform a health checkup on a regular basis. Thus, the delivery of primary care, which would eventually conform to WHO’s cardinal policy line, was already delivered by Saku may be considered realistically contributory to the fact that Nagano eventually ranked first in Japan in terms of longevity. In 1952, or a long time before the inception of a universal health insurance scheme in Japan, destitute peasants used to pass away without any medical consultation whatsoever. Wakatsuki declared at the First National Congress of Rural Medicine in 1952 from the standpoint of inter-professional work (IPW): “The science of rural medicine must be designed to have rural people live affluent. For this, not only doctors but public health nurses, regular nurses, administrative clerks and all other personnel as well most involve themselves in the democratic management of this scientific organization.” Wakatsuki’s philosophy here is utterly in line with the spirit of inter-professional work (IPW) today. Inherited today, what Wakatsuki remarked there reflects on a wide variety of approaches: When it comes to community care, specifically, IPW, including coordination with local communities, Saku has already carried it out for more than 20 years, to say the least of talks for the coordination of hospital discharge, which are held when a patient shifts to home care from inpatient’s service.

In this presentation, an attempt will be made to introduce IPW done at the Saku Central Hospital today and historically review Wakatsuki’s philosophical thought and practice as its background.

Symposist:
4. Yasuki Fujinuma
Centre for Family Medicine Development, Hew-COOP Japan

Title of presentation: Empowering the Family Medicine Residents to Build Their Competences for Interprofessional Primary Care in Tokyo Through Development of Showcase Portfolios

Japan is a greying country. The number of frail and homebound elderly patients is increasing rapidly. In addition health disparity has been recognized as pervasive problems in urban communities.

Although primary care service in Japanese context requires interprofessional collaboration and teamwork, the current segmentation of knowledge and skills in health education and training systems does not acknowledge this reality. So, it has been recently emphasized that through interprofessional education (IPE), primary care providers will acquire the knowledge, skills, and attitudes necessary to collaborate interprofessionally to work together and provide high quality primary care.

Meeting these changing health care needs, some systematic and relevant schemes for training primary care doctors have been developed as family medicine residency programs accredited by Japan Primary Care Society.

Our family medicine residency program, managed by Centre for Family Medicine Development HeW-COOP Japan, established in 2006 has been running successfully with 6 teaching group practices and 2 affiliated general hospitals in Tokyo. Typical services provided by teaching practices are as follows; wide-ranged outpatient care, home care (home visits) for acute and chronic conditions including end-of-life care, health maintenance/promotion activities, community outreach projects. In addition, key features of our 3-year family medicine residency program are as follows; community-based, outcome-based, emphasis on reflective practice, developing showcase portfolios revealing required competences.

Portfolio is a relatively new method of evaluation introduced in health care education. “The showcase portfolio” suggested by O’Sullivan et al is one of the unique type of portfolios. It
encourages us to critically reflect upon our own core values as family doctors and to promote the process of crystallization of our philosophy into everyday work. As it requires extensive dialogue among the educators and the learners in order to determine "the area of entry" for the showcase portfolio, we believe that "the area of entry" must include many issues on interprofessional work.

Areas of showcase portfolio entries related to IPW include biopsychosocial care, complex/chaotic case management, community health promotion project, quality improvement project and so on. Through developing showcase portfolios related to interprofessional work, our residents can learn many important aspects of teamwork.

In the symposium, I will review the concept of "the showcase portfolio" as an effective educational tool for interprofessional education and discuss how to successfully implement it in the participants’ own educational program.

Symposist:
5. Elizabeth S. Anderson
   - Senior Lecturer in Shared Learning
   - National Teaching Fellow
   - University of Leicester
   - Department of Medical and Social Care Education
   - School of Social Work

Title of presentation: Challenges of Health and Social Care in The Rural and Urban Communities with Interprofessional Collaborative Practice in Japan
Organized Symposia
(1~3)
In past 30 years, 8720 of Natural Disaster occurred (mean 290/year) and the Natural Disaster not only claimed 5.718 billion lives (190 million/year) but huge amount of economical burden. Those numbers are increasing annually. So, we have to prepare for disaster in pre-disaster and post-disaster. During pre-disaster period, we need to construct interprofessional organization for disaster preparedness and mitigation. In post-disaster period, interprofessional team must work together to save victims.

Dr. Ishikawa experienced the Great Hanshin-Awaji Earthquake in 1995 when he was a professor of Kobe University. He voluntarily worked in field of disaster and realized that Interprofessional Work (IPW) was very important. So, he implemented Interprofessional Education in the curriculum as a compulsory course with the Support of Ministry of Education.

In this symposium, 5 lecturer will talk disaster and interprofessional work based on their experiences. Finally, we will discuss how IPW is important and essential in last part of symposium

Symposist:
1. Tadashi Ishii
   Ishinomaki Red Cross Hospital
   Ishinomaki Red Cross Hospital Medical Social Work Director
   Miyagi Prefecture Disaster Medical Coordinator
   Ishinomaki Zone Joint Relief Team Supervisor Japan

Title of presentation: Report on Great East Japan Earthquake Relief Efforts

Abstract: Ishinomaki Red Cross Hospital is the only disaster relief hospital in the Ishinomaki Medical Zone, which consists of the Ishinomaki, Higashi Matsushima, and Onagawa municipalities. After the Great East Japan Earthquake struck, emergency cases were concentrated at our hospital, which was undamaged. Ishinomaki Red Cross Hospital treated 3938 patients within the first seven days and 18,381 patients within the first 100 days after the disaster.

The day after the disaster, relief teams gathered at the hospital. Due to lack of information, we were initially sending uncoordinated medical relief teams to nearby emergency shelters and isolated areas in response to requests from Japan Self-Defense Force (JSDF) personnel as well as others. However, the tsunami completely destroyed the southern section of the former Ishinomaki City as well as in Onagawa, Kitakami, Ogatsu, and Oshika. It was clear that this was an unprecedented disaster. When we learned that the number of emergency shelters was approximately 300, we realized that relief efforts would be inefficient unless centrally coordinated.

We therefore liaised with a wide range of relevant organizations, including Miyagi Prefecture; Ishinomaki, Higashi Matsushima, and Onagawa municipalities; local medical and dental associations; and Tohoku University. On March 20, we launched the Ishinomaki Zone Joint Relief Team, an organization that unified the Red Cross relief teams, university and prefectural hos-
pitals, medical and dental associations, and DMAT teams. The Joint Relief Team fielded as many as 59 individual relief teams and 100 physicians in a single day. Through September 30, a total of 3,633 teams participated, of which 1101 teams were from the Red Cross. A total of 328 shelters with 46,480 evacuees were managed by the Ishinomaki Zone Joint Relief Team, and 53,696 people were seen at evacuation centers during the relief team’s visits until activities ended.

Profile: Dr. Tadashi Ishii currently working at Ishinomaki Red Cross Hospital as a general surgeon specializing in surgery on the esophagus and liver. Since assuming the position of Medical Social Work Director, he has been completing an emergency response manual, fulfilling a teaching role in the instruction and training of staff, and establishing a disaster medical care program for Ishinomaki Red Cross Hospital. In addition, I have taken on a central role in the disaster medical care of the Ishinomaki medical district in my efforts at building relations with government offices, fire departments, police, self-defense forces, nearby hospitals, and others. And since the Great East Japan Earthquake that occurred on March 11, 2011, he has been Miyagi Prefecture Disaster Medical Coordinator of the relief team that is active in the Ishinomaki medical district. My specialties are the fields of gastroenterological surgery and disaster medical care.

Symposist: 2. Takashi Ukai
Consultant, Hyogo Emergency Medical Center
Director Emeritus, Hyogo Prefectural Nishinomiya Hospital
Consultant, NGO/NPO Humanitarian Medical Assistance (HuMA) Japan

Title of presentation: Interprofessional Collaborative Work in Disaster Health Management

Abstract: Utmost goal of disaster health management is to do the best for the greatest number and to reduce mortality and morbidity to the lowest as possible. For that purpose, it is imperative to mobilize and utilize every available resource for a medical team to provide effective services at disaster setting, especially when all the social services including lifelines are lost. On the first day of the occurrence of the Great East Japan earthquake and tsunami disaster, administrative board of HuMA decided to send relief medical teams to the affected area after the withdrawal of DMATs and to cooperate with other relief organizations/NGOs including foreign medical teams which were expected to be sent to East Japan. Advance team of HuMA was dispatched to Minami-Sanriku, Miyagi, from March 19, followed by 7 teams consecutively until the middle of May, 2011. On arrival at Minami-Sanriku, health care management was chaotic due to the total destruction of local health care facilities, the surge of patients and the surge of relief teams dispatched from various organizations. Fortunately, strong support was provided from Japan Mountain-Guide Association (JMGA) and one

Profile: Doctor Takashi Ukai joined in the Japan Medical Team dispatched to Thailand for the medical services of Cambodian refugees in 1980. After returning home, he principally contributed in establishing Japan Medical Team for Disaster Relief (JMTDR), and was the first leader of this team dispatched to Ethiopia in 1984. He was also dispatched to many other countries after disasters such as Mexico, Iran, Jordan, Sri Lanka, Philippines, Myanmar, etc. He is one of the founding member of the Japan Association for Disaster Medicine and a NGO Humanitarian Medical Assistance (HuMA). He was actively involved in disaster response after the Great East Japan Earthquake.
Japan earthquake and tsunami disaster as president/consultant of HuMA.

Symposist:
3. Arturo M Pesigan
   Team leader of urban health emergency management
   WHO Centre for Health Development (WHO Kobe Centre) Japan

Title of presentation: Crucial Role of Inter-professional Education for Health Human Resources in Emergencies and Disasters

Abstract: Health professionals and the broader spectrum of health workers are usually mobilized to support preparedness and response to emergencies and disasters. The situation gets complicated when such teams are deployed in acute emergencies especially when they many not have the proper training on health emergency management or knowledge of emergency plans of hospitals or communities. Furthermore they would have to work with limited resources. The presentation reviews the challenges of health human resources in emergencies/disasters. WHO has been supporting efforts of Member States in strengthening health human resources for emergencies. WHO conducted a study to map the roles and functions of health workers for emergency preparedness and response. The presentation discusses the results of this study and recommendations as to the areas that would need further development for training and capacity building for the health workers engaged in health emergency management. Health workers are said to have been underutilized because of the limited knowledge on how they should function in emergencies/disasters. Functional roles of the health workers are presented so that these could be highlighted in future training activities to enable health workers to adapt more easily to the demands during crises. Identified key areas for training include: planning and coordination, assessment communication and primary health care.

Profile: Dr Arturo M Pesigan is presently the team leader of urban health emergency management of the WHO Centre for Health Development or the WHO Kobe Centre. Prior to his assignment to Kobe, he was the regional responsible officer of the Emergency and Humanitarian Action unit of the Regional Office for the Western Pacific of WHO. Prior to this, he was the public health officer of the WHO office in Timor Leste. Before joining the WHO, Dr Pesigan was Professor of public health of the College of Public Health of the University of the Philippines Manila. He was also a Vice Chancellor of the University of the Philippines Manila and a Dean of the School for Distance Education of the University of the Philippines Open University. He is one of the pioneers in the training programmes for health emergency management in the Philippines. He has published several books on disaster management in health and has contributed to various publications on public health, community medicine and environmental/occupational health. He graduated pre-med (BS, Zoology) with honors and medicine from the University of the Philippines. He was a Rotary International fellow for undergraduate studies at The Johns Hopkins University. He went for postgraduate studies on public health /community medicine at the Memorial University of Newfoundland (Canada). Training on disaster management was from the Catholic University of Louvain, University of Geneva, WHO, ICRC/IFRC and UNDAC. He was a recipient of the national award in the Philippines: Ten Outstanding Young Men and the international award: Outstanding Young Persons of the World. Dr Sheila Bonito (University of the Philippines Open University), contributor
Symposium:
4. Tsuyoshi Koyama
    Comprehensive Care Center for the Elderly, Kobushi-en, Executive Director, Japan

Title of presentation: Disaster Relief and Interprofessional Collaboration - Care is to Support Everyday Living, Not Just Life in Disasters

Abstract: Since our aim is to provide all-inclusive continuous home care services, we established a support center offering around-the-clock all-inclusive care in the provisional housing area after the Chuetsu Earthquake in October 2004. When our friends who gathered from all over Japan to offer their help after the earthquake suggested that this system should be spread all over the country, we formed the Disaster Welfare Supporting Network Thunderbird in August 2005. In 2006 the network was approved by the Cabinet as an NPO corporation, and in 2009 it was approved by the Chief Secretary of the Taxation Bureau as an authorized NPO. This support center system, which was the only one managed and financed by a social welfare corporation at the time of the 2004 earthquake, has been finally appropriated a budget for operating costs after the Great East Japan Earthquake in March 2011, and centers have been built and are operating in the affected prefectures.

Since running such an activity only by the local project staff is difficult, we obtained great help from friends and also from students of the Tohoku Fukushi University. The university announced a call for students to do volunteer work for which they could earn credits, and 25-30 students at a time were assigned for 10 day shifts.

Experiencing such a systematic support was important not only for the disaster victims, but it served also as an opportunity for personal growth for the participating students. Different professionals such as doctors, nurses, pharmacists, care workers and social workers registered in the Thunderbird Network are still working in the affected areas providing services to the victims of the Great East Japan Earthquake.

Urgent tasks for the future are the establishment of
1) collaboration over a wide area,
2) an activity base for the support staff
3) an emergency reserve stock of necessary commodities in the community.

Profile:
- Authorized NPO Disaster Welfare Supporting Network Thunderbird, Representative Director
- Social Welfare Corporation, Nagaoka Welfare Association, Director, Executive Officer
- Comprehensive Care Center for the Elderly, Kobushi-en, Executive Director
- Niigata University of Health and Welfare, Visiting professor
- Tohoku Fukushi University, Specially appointed professor
- NPO for Human Resources Career Development, Executive Board Member
- Liaison Group for National Small-Scale Multifunctional Home Care Entrepreneurs, Vice President
- The Japanese Society for Dementia Care, Representative
- National Association for Managers, Committee for Long-Term Care Insurance Managers, Specialist
Symposist:
Ayako Furuyama
Social Health and Welfare Department, Fukushima Prefectural Government

Title of presentation: Interprofessional Work for Disaster Refugees

Abstract: This presentation will report on health and welfare support activities for refugees from the Great East-Japan Earthquake and Tsunami and the Fukushima Nuclear Power Plant Accident.

In the aftermath of ‘Fukushima’ whole communities, including local village and town administrations, were relocated to towns and cities several tens of kilometers or even more than 100km away. The local population dispersed within and beyond Fukushima-prefecture boundaries. With the loss of the community-base support systems hitherto taken for granted were no longer possible.

1. Health activities in shelters
I was active in shelters with over 2500 displaced people and administrative functions of two local authorities. Health care was provided by the DMAT, JMAT, and professional organizations of nursing, pharmacy, physiotherapy, care-management and more. A system of two health care teams was established as well as prevention teams that made rounds in order to preserve the displaced persons’ health. In order to make the best use of professionals’ expertise it was important in include the local authority managers in the teams and persons were in charge of overall coordination and allocation of human resources.

2. Health activities in temporary housing units
Health salons were held once a week where participants received health education and exercise, and another goal was to create connections between the people living in temporary housing units. In collaboration with local officials, social welfare services were dispatched and provided daily life counseling/advisory and prevented social isolation and house-boundedness through the salon activities.

For displaced people living in apartments, nurses and the social welfare counselors performed home-visits in close collaboration with the aim of establishing needs and arranging necessary support, such as financial support and social welfare services provision.

In conclusion, in the aftermath of disasters, interprofessional collaboration, between professionals and organizations, facilitates targeted support activities. Coordination function (person) as well as regularly held liaison meetings are indispensable.

Profile: Ayako Furuyama,P.H.N,R.N.
1981.4- 2012.4 Work at Social Health Centre (included Social Health and Welfare Centre) as a PHN in Fukushima Prefectural Government
2011.3.11 Support activities for disaster refugees as a PHN from Social Health and Welfare Centr,Fukushima Prefecural Government.
2012.4.1- Engineer or Technical Staff, Childre&Families Support Division, Social Health and Welfare D
Saturday, 6 October, 2012; 13:30-15:00

‘FROM LITTLE ACORNS GREAT OAK TREES GROW’ - DEVELOPING AN INTERNATIONAL COMMUNITY OF PRACTICE IN INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE

Moderator: Elizabeth Howkins

Introduction: The symposium theme is around the development of an international, Community of Practice, (CoP) in interprofessional education and collaborative practice, examining the links between international IP networks; the relationships between institutions and individuals in different countries and the impact on IPE development and delivery. Beginning with a global, macro approach, the theme will then use the UK / Japan and CAIPE /JAIPE relationship as an example, showing how it evolved and its effect, not just on the enhancement and ongoing development of IPE in both countries, but also the ‘ripple’ effect on other countries. As well, the experiences and the practicalities of working across professions, organisations, countries and cultures will be shared by those involved in both Japan and the UK.

Presentation One: Cultivating and nurturing the seeds of interprofessional collaboration: An overview of the evolving relationship between the UK and Japan.

Presenters:
Elizabeth Howkins (Chair CAIPE: Centre for the Advancement of Interprofessional Education)
Helena Low (Vice Chair CAIPE: Centre for the Advancement of Interprofessional Education)

A summary of the growth of CoPs in interprofessional education and collaborative practice across the world is followed by a UK perspective of the relationship, highlighting the benefits to CAIPE and UK universities that resulted from: sharing experiences and values; exchanging and developing ideas and knowledge; and a recognition of the similarity of challenges faced in two different contexts and cultures on opposite sides of the world.

Presentation Two: ‘How CAIPE helped us to grow; the story of JAIPE (Japan Association of Interprofessional Education) over the past 9 years’.

Presenters:
Professor Masanobu Kinoshita, Tokyo Metropolitan University
Professor Nobuo Ohshima, Tokyo Metropolitan University

Providing a Japanese perspective of the relationship with CAIPE, this presentation will reflect on the development of IPE in some universities across Japan. It will particularly highlight the establishment and achievements of JAIPE.
Presentation Three: ‘Learning with, from and about’ each other – the benefits and the challenges
Those who have been actively involved in taking forward IPE in the 2 countries by working together, sharing experiences, expertise and the cross fertilisation of ideas share their experience. They consider the benefits and outcomes of the experience, highlighting what was useful, what was difficult and how they addressed the challenges of bridging different cultures, languages, health and social care provision and educational contexts.

Presenters:
1. ‘Staff development through international staff exchange’
   Assoc. Professor Yumiko Matsui: Niigata University of Health and Welfare (J)
   Dr Susanne Lindqvist: University of East Anglia (UK)

2. ‘Curriculum Development’
   Professor Misako Miyazaki, Chiba University (J)
   Dr. Elizabeth Anderson, University of Leicester (UK)

3. ‘Student exchange supported by e learning’
   Dr Akira Magara, Niigata University of Health and Welfare (J)
   Assoc. Professor Richard Pitt, University of Nottingham (UK)
Saturday, 7 October, 2012; 10:30-12:00

TRANSFORMATIVE SCALE UP OF HEALTH PROFESSIONAL EDUCATION IN ASIA

Organizers: Western Pacific Regional Office (WPRO) and Japan Interprofessional Working and Education Network (JIPWEN)

Moderator:
Dr. F. Gulin Gedik, WPRO and Dr. Hideomi Watanabe, JIPWEN

Background / Overview:
Efforts to scale up health professional education, Transformative scale up of health professional education, must increase the quantity, quality and relevance of the health-care providers of the future. There is increasing evidence that multidisciplinary teams with task shifting may be the most effective means of care delivery in a variety of settings. IPE plays a role in the WHO initiative to scale up and transform health professions education. In the Human Resources for Health Action Framework for the Western Pacific Region (2011-2015), “to develop and continually upskill an interprofessional, flexible, competent workforce able to prevent and range a full range of conditions and empower people and communities to manage their own health needs as full as possible” has been stated as a strategic objective, indicating the important role of IPE in the regional strategy on human resources for health (HRH) in the Western Pacific Region. Currently under Western Pacific Regional strategy, several universities implement their educational initiatives in the “Education Development Center (EDC)” in Asia. On the other hand, the Japan Interprofessional Working and Education Network (JIPWEN) established in 2008 has been promoting and strengthening the interprofessional approach as one of the solutions to overcome health workforce crisis in Japan. Through the collaborating activities with WHO and WPRO, the JIPWEN recognizes the importance of comprehensive pre-qualified IPE curricula in the WHO global and regional strategy on HRH.

Objectives:
This symposium will aim at sharing information of Western Pacific Regional strategy and initiatives on HRH and a promotion of networking among Asian universities, the regional governmental agencies of health sector, and the international academic institutes implementing IPE initiatives with research evidence.

Symposists:
1. Dr. F. Gulin Gedik, WPRO, keynote in this symposium
   Title: Global and Regional development in health professional education
2. Mr. Takatoshi Makino, JIPWEN
   Title: JIPWEN initiatives
3. Dr. Samantha Pang Professor, School of Nursing, Hong Kong Polytechnic University and WHO CC
   Title: Engaging persons with severe mental illness in their journey of recovery through professional and community partnerships
4. Dr. Ducksun Ahn, President, Association of Medical Education in the Western Pacific Region (AMEWPR), Professor, Korea University Medical College, Korea
   Title: Young Health Professionals’ Perception of IPE in Korea
Symposist:
1. no abstract

Symposist:
2. Takatoshi Makino (Presenter), Bunsuk Lee, Hiroki Matsui, Yoshiharu Tokita, Nana Kururi, Hiroko Kazama, Hiromitsu Shinozaki, Fusae Tozato, Kiyotaka Iwasaki, Yasuyoshi Asakawa, Yumiko Abe, Youko Uchida, Shiomi Kanaizumi, Keiko Sakou, Takako Yasukawa, and Hideo-mi Watanabe

Title of presentation: JIPWEN initiatives

Abstract: The Japan Interprofessional Working and Education Network (JIPWEN) has been established in 2008 by 10 universities (now 11). The purpose of this network is to discuss critical issues of interprofessional education (IPE) each other and to present plural models so that institutions who are interested in the IPE programs can adapt the models to their academic and social settings.

The JIPWEN mission first visited Department of Human Resources for Health (HRH) in World Health Organization (WHO) at Geneva in December 2008. Since then, the JIPWEN maintained dialogue on health workforce with WHO. JIPWEN activities in Western Pacific Region will be:

1. To contribute to better understanding of IPE in the context of overall transformative scaling up of health professional education
2. To conduct research work on evaluating the efficacy of IPE programs, in order to provide and monitor evidence for transformative scale up of health professional education
3. To collaborate to the implementation of WHO global and regional strategy on HRH
4. To expand linkages with health professional education institutions and to provide IPE training courses in Western Pacific Region

In this symposium, I will show the proposed activities, discuss the possibilities to further collaborate with educational institutions in not only Western Pacific Region but also other regions globally.

Symposist:
3. Samantha MC PANG, Cherrie CHUNG
   School of Nursing, The Hong Kong Polytechnic University

Title of presentation: Engaging persons with severe mental illness in their journey of recovery through professional and community partnerships

Abstract: In order to meet the contemporary complex health challenges, conventional approach of training health professionals with defined boundaries need to be replaced by a competency-based approach to curriculum and team-based learning for collaborative practice that can meet the population’s health needs as well as be able to produce positive health outcomes. To this end, what constitute the professional health workforce in terms of quantity, quality and relevance has to be aligned with the intended health outcomes. This paper will discuss how such collaborative practice model can be developed by drawing on the empirical findings of a prospective cohort study which aims to evaluate the health outcomes of persons with severe mental illness (SMI) after discharged from hospital and have returned to the community over a period of 12 months. Facilitating and inhibiting factors influencing community tenure are exam-
ined by focus groups and personal interviews with different stakeholders.

The recovery of persons with SMI is a non-linear and oftentimes sinuous journey. From a recovery model perspective, it is clear that this trajectory towards recovery is best travelled and defined by the individual with the support of both professionals and people around them. This includes allowing fluidity for each person’s unique journey and needs between periods of relapse within medical or professional settings as well as life within his or her community. Accordingly, the definition and journey of recovery is sometimes centered on how well individuals achieve community tenure as a health outcome. With this in mind, the mental health service in Hong Kong currently follows developments to adopt a recovery-oriented multidisciplinary model. This aims to provide services in a more person-centered way in line with the recovery model as well as through the collaboration between related disciplines and the community. Recovery within the community is especially dynamic and multifaceted as it involves lay-persons, groups or organizations related to mental health as well as professionals in different disciplines. As holistic and supported person-centered recovery increasingly becomes central to mental health care in Hong Kong, the boundaries between these different groups in an SMI individual’s life have necessarily become less rigid. Through the strengths and contribution of each area combined, individuals are more likely to journey in a more holistic and better supported path of recovery. The importance and effectiveness of breaking down these boundaries for collaboration is at the forefront of engaging individuals in recovery within the community as measured by community tenure.

Symposist:
4. Lee Younghee, Han Kuemsun, Ahn Ducksun
Korea University College of Medicine, and College of Nursing

Title of presentation: Young Health Professionals’ Perception of IPE in South Korea

Abstract: South Korea is a country heavily influenced by Confucianism. Certain social stereotypes were born of social norms: the age hierarchy, where young must respect the old; the relationship between women and men; and the power dichotomy of the subjects versus the ruler. Since the introduction of Western allopathic medicine, doctors, along with lawyers and government officers, replaced the Socra-aristocratic class of the old monarchy regime. The prescribed nature of Confucian stereotype still prevails in Korean society. Breaking down the trans-generational nature of the hierarchical culture, in which frank and honest dialogue in the professional setting is close to nonexistent, is difficult. Medicine is no exception. It is evident that patient outcomes can be improved if health professionals can cooperate, coordinate, collaborate, and communicate with mutual respect and understanding. However, the recent upsurge in inter-professional education barely reflects the real clinical setting in S. Korea. Confucian stereotypes that entail the culture of meritocracy have created social strata based on elitism for medicine and law. Both occupation and narrow boundaries of the family concept prove problematic to the introduction of inter-professional education. Indifference and ignorance hinder efforts to achieve equality among health professionals in the team approach. Factors such as low individualism, high collectivism, a strong tendency to avoid the new and unknown, in addition to a low tendency for risk-taking organizational culture in high power distance led to many countries such as Korea recognizing that inter-professional education is good in theory, but not yet active in practice. To establish basic foundational data, a pilot study on the current status of inter-professional education in S. Korea has been undertaken. The results indicated that there are high expectations among young prospective professionals for
IPE, which may signal an opportunity to break the counterproductive barriers among health professionals. Given the opportunity, 62.8% of doctors (medical students: 74.3%) and 78.3% of nurses (nursing students: 89.3%) would opt to receive IPE, according to this study. The new generation with emerging individualism may begin to overcome the cultural barriers and change the organizational culture of traditional familial constructs into an integrated collaborative system for better patient outcomes.
Submitted Symposia
(1~5)
A REVIEW OF THE DEVELOPMENT OF INTERPROFESSIONAL EDUCATION IN THE UK

Lynda d’Avray1, Marion Helme2, Hugh Barr3
1St George’s University of London, Division of Population Health Sciences & Education 2CAIPE 3University of Westminster

This symposium is based on our current project reviewing the development of interprofessional education (IPE) in the UK. The focus of our research is on formal structured IPE at pre-registration level. The first stage, a thematic review, has been published (Barr et al 2012). The second stage, a survey of IPE in UK higher education 2010-2011, is well advanced and results will be presented for discussion. The third stage will be a selection of studies of interprofessional learning in universities and clusters of universities which have experience of supporting interprofessional learning over at least a five year period. These studies will explore issues only briefly covered in the second-stage survey, and will have two components, a reflective account from those involved in interprofessional teaching and learning, and interviews with the IPERG team to investigate specific trends and themes arising from the reflective accounts. The collection of studies, subject to editing, will be part of and inform the final complete review to be published early 2013. This work picks up from where the previous historical review (Barr 2007) left off and revisits many of the issues raised as interprofessional activists have engaged with the changes ahead (Barr 2002). The outcome is, however, more than a historical record of events during the past 15 years. It paves the way for another chapter in the on-going saga of IPE in the UK as newfound policies have shaped education and practice, following a change of government. We address policy makers, managers, teachers and researchers who have travelled all or some of the same road to help reappraise the experience, review the evidence, revisit the arguments and refocus; also to colleagues, who are relatively new to IPE, to learn from others, obviating the need to reinvent the wheel and avoiding some of the pitfalls.

WEST MICHIGAN INTERPROFESSIONAL EDUCATION INITIATIVE

Jean Nagelkerk¹, Peter Coggan², Dianne Wagner³, Brenda Pawl¹
¹Grand Valley State University, Office of the Vice Provost for Health ²Grand Rapids Medical Education Partners ³Michigan State University

The Institute of Medicine (IOM 2003) report, Health Professions Education: A Bridge to Quality, now followed by the 2011 Interprofessional Education Collaborative Core Competencies for Interprofessional Collaborative Practice, are central in informing the restructuring of health care education curricula. In response to this call, the West Michigan Interprofessional Health Education Initiative (WMIPEI) was formed in 2008 at Grand Valley State University. The objective is to work collaboratively with healthcare leaders in West Michigan from education and practice to develop a replicable model for interprofessional learning. The three founding members include Grand Valley State University, Grand Rapids Medical Education Partners, and Michigan State University College of Human Medicine.

The goals are to: 1) integrate interprofessional learning throughout the curricula; 2) identify, develop, implement, and evaluate interprofessional learning experiences for teams of students; and 3) to implement interprofessional scholarship across disciplines and institutions.

The operational structure includes the Interprofessional Education Steering Committee comprised of representatives from the founding organizations. To sustain progress on the defined goals, six champion workgroups have been formed populated by the membership -- clinical setting, curriculum, cross-professional competency, scholarship, service, and simulation. All workgroups have been charged with short and long term goals. These goals are updated annually and assessed based on a logic model. Examples of outcomes from the champion groups include an annual Interprofessional Education Conference, Promoting Interprofessional Education for Students (PIPES) organization, a pilot patient safety study, summer internship for interprofessional scholarship, interprofessional introductory student modules, and an interprofessional preceptor manual.

Through this initiative interprofessional education, practice philosophies and expectations are being institutionalized in regional educational programs and health care services. A discussion question will ask the audience what has worked and what they have learned in implementing interprofessional education and practice in their respective communities. The authors have no ethical considerations for disclosure.
QUALIFYING FOR TEAMWORK IN HEALTH AND SOCIAL SERVICES EFFECTIVE LEARNING MODELS FOR INTERPROFESSIONAL COLLABORATION

Gerd Bjorke¹, Synnove Hofseth Almaas², Ragnhild Nilsen³
¹Oslo and Akershus University College of Applied Sciences ²Aalesund University College, Norway ³Tromso University, Norway

Background/Rationale Teamwork has become increasingly important within health and social services as the specialization and fragmentation the last decades have become obvious features of the services. One of the educational challenges is to prepare students for future teamwork. Since 1995 the curriculum of the various study programmes within health and social education in Norway has a common part, aiming at improving the quality of care. By developing collaborative skills and understanding of other professionals characteristics and roles, as well as emphasizing the common ethical and scientific foundation for professional practice, the intentions are to prepare students for teamwork. There are, though, different ways of qualifying for collaborative skills in health and social services. What would be appropriate and effective learning models within the study programmes for learning interprofessional collaboration? This is the main question in a nationwide action-oriented network projects, including eight universities and colleges in Norway. The aim is to explore ways of learning interprofessional collaboration, to try out, evaluate and implement appropriate teaching and learning collaborative skills.

Objectives
By attending this symposium you will learn about various teaching and learning models aiming at developing collaborative skills. Through a short introduction and thereafter discussion around experiences you will learn about strengths and weaknesses of various learning models.

Questions to be discussed
- To what extent can interprofessional collaborative skills be named generic skills?
- To what extent is experiential learning a necessity for acquiring collaborative skills?
- What can different learning arenas offer for learning collaboration?

Symposium:
1. Synnove Hofseth Almaas (#10102)
   Medical Education Centre, Whipps Cross University Hospital

Title of presentation: Experiences and Attitudes towards Interprofessional Education (IPE) in Emergency Medicine

Context: Poor Interprofessional communication and teamwork is often identified as a contributory factor in inquiries into failures of care. The Department of Health has stipulated that ALL health professionals should receive common learning with other professions, both pre- and post-registration. The emergency department is an environment reliant on interprofessional teamwork. Despite this, little interprofessional education is currently in place at a postgraduate level.

Objectives: This study aimed to examine experiences of interprofessional learning. It aimed to explore attitudes towards IPE, willingness to engage with it, and positive and negative experiences associated.
Method: Anonymous questionnaires were distributed to doctors, nurses, radiographers, ambulance crew, healthcare assistants, physiotherapists and occupational therapists working at a busy District General Hospital Emergency Department in London.

Results: 63 responses were returned (<86%). 33/63 had experiences of interprofessional learning as an undergraduate, although when asked to cite specific examples, 6 (<9.5%) cited courses such as “Advanced Life Support”: traditionally deemed shared or collaborative practice. All felt that IPE had been beneficial, enabling more integration, better teamwork, a different perspective, sharing of knowledge and a better understanding of others roles. 56/63 (<88.9%) stated they would attend regular IPL training if offered it. 26/63 (<41.3%) would be more likely to attend compared to same-profession teaching, 6/63 (<9.5%) less likely and for 31/63 (<49.2%) it would make no difference. Factors that would encourage learners to attend included: high quality of training, relevant topics and simulation-based training. Positive experiences of IPL involved wider knowledge and better insight. Negative experiences of IPL were humiliation, embarrassment and repetition. The biggest hurdle to postgraduate IPE within this department was difficulties with staffing release and rota coordination.

Discussion: Low levels of IPL in pre-registration training may have been partly due to training prior to 2001. It also illustrated the difficulty in characterising IPL, showing that students’ perceptions of IPE may not correspond to defined definitions. This study supported previous work demonstrating students find IPE to be beneficial to learning, and indicated a high level of enthusiasm amongst Emergency Department staff towards additional training. To be effective, IPE needs to be perceived as high-quality and relevant. Simulation training is widely received, but risks negative emotive experiences if incorrectly moderated. As a result of this study, interprofessional training sessions have been designed and employed in this Emergency Department. Work is on-going to ensure continued effectiveness and positive effects on staff knowledge and patient safety.

Symposist:
2. Ragnhild Nilsen (#10044)
Department of Health and Care Sciences, University of Tromsø, Norway

Title of presentation: Online interprofessional education, a model to promote commitment and reflection across professional boundaries

Abstract: Arranging for interprofessional education (IPE) is important for the professions to be able to cooperate later. Students need to develop skills in being able to reflect on cooperation with other professions. An important question to answer is how ICT may contribute in this respect. This study explores how participation in a digital community of practice can promote reflection and profession understanding in health science students. The guideline curricula for professional education areas in health and social studies in Norway describe a common core part whose aim it is to develop a joint frame of reference as a basis for future interprofessional cooperation. In 2010 the University of Tromsø (UiT) offered a joint instruction to their health science students. Here the subject matter is linked to ethics, communication, central and municipal government studies, health and social policies plus theory of science and research methods. First-year students from five educational professions (bioengineering, dental hygiene, ergotherapy, physiotherapy and radiography students) participated in the common core part at UiT. 12 students participated in the study and took part in a web based variant of the common course. They were split on two groups where students from various health science specialisa-
tions were together. The students who took part in the web based course had the same subject syllabus and the same curriculum as the students in the ordinary coeducational programme, but all the lectures, cases and discussions were web based. During the course the students discussed five authentic health professional situations. These were filmed with drama students from UiT as actors. There were five web discussions, one for each case. There were concrete questions relating to the cases. After attending the lectures and reading the literature for each topic, the students should have sufficient knowledge to participate in the web discussions. Based on focus group interviews and the students’ web discussions, the data material was analysed. The findings show that the flexibility offered by the Internet is important for the students and help them so that they, together and across the professions, feel they are given the opportunity to build up their arguments in a reflective and calm atmosphere. The findings are relevant to the development of health science students’ reflective powers and understanding of their professions.
INTERPROFESSIONAL COLLABORATIVE PRACTICE FOR THE ELDERLY CARE IN JAPAN
---HOW INTERPROFESSIONAL EDUCATION REFLECTS FOR VARIOUS NEEDS OF THE ELDERLY.---

Moderators:
Teiji Nakamura, PhD. President, Kanagawa University of Human Services
Hideaki E. Takahashi, MD. Consultant, Niigata Rehabilitation Hospital

Population of the elderly, older than 65 year-of-age, in Japan is 23.3% in 2011, and it will be 35% in 2050. In order to maintain independent living of the elderly as long as possible, it is important to understand many diseases and symptoms occur particularly in the elderly and to know how to take care of them.

In this symposium the elderly care with interprofessional collaborative practice (IPCP) in five common diseases and symptoms, i.e., senile dementia, diabetes mellitus, dysphagia, hip fracture and urinary difficulty in the elderly, will be described and discussed by each speaker.

On the other hand, a senior could have such diseases more than one with more or less various symptoms. Then, all professionals have to be familiar with how to take care of each senior with various needs. Then, interprofessional education (IPE) has to reflect various needs of the elderly with IPCP. When a senior is getting older, weight of the needs may shift from medical and health care to social care, in maintaining quality of life.

Development of core competencies for IPCP is important in pre-qualification, and advanced competencies are required in post-qualification, particularly for the elderly care. How to keep “eating”, for example, may be a common denominator to know by all professionals for maintenance of independent living for the elderly.

Finally, planning and implementation of a curriculum or a program of IPE in both pre-and post-qualification will be discussed for improvement of the elderly care in future.

Symposist:
1. Kiyoshi Maeda

Title of presentation: Care for Demented People, -Management of BpSD by Health Care Professionals in Japan-

Abstract: The percentage of the Japanese population aged over 65 years in 2011 is 23.1%. The ratio of the elderly population in 2011 is highest in Japan in the world. It took 24 years (1971 to 1995) for the proportion of the Japanese people aged over 65 years to increase from 7% to 14%. So, it would be said that Japan is one of the most rapidly aging countries. The percentage of elderly people aged over 65 years old will reach 40% in the year of 2050. The Japanese government launched public long-term insurance for nursing and home help services in April 2000 to cope with the growing medical expenditures for the elderly people.

A large number of elderly people will result in a large number of demented elderly. About 10% of the elderly is supposed as having dementia in Japan and the number of demented elderly...
will be three millions in 2035.
WHO announced people with dementia are 24.4 million in the world in 2005. This number will go up to 44.0 million in 2035. Over one (1.14) % of the population are suffering from dementia in highly developed and aged countries. This number will elevate to 1.75% in 2035. All countries including developing countries in the world, 0.38% of the population in 2005, and 0.56% in 2035 are people with dementia.
BPSD, psychosis in demented people, should be managed, since it is one of the most severe caregiver burdens. BPSD are seen very commonly among dementia people, and have been reported in more than 80% of subjects in most studies. Dementia people with BPSD have shorter life span than dementia without BPSD. BPSD lower QOL of patients, their family members and caregivers.

We carried out several surveys to understand how health care professionals, such as certified specialists for dementia, primary care physicians, care managers (mostly care workers) for long term care insurance and occupational therapists, managed BPSD in dementia elderly. The surveys were performed in 2010 to 2012.
Over a half of health care professionals felt difficulty to cope with psychosis of dementia. The most difficult BPSD to be managed are violent behaviors. They also have difficulty when their demented elderly with BPSD once have severe medical illness. The result indicated that the integrated net work among specialist physicians for dementia, primary care physicians and care providers did not well function yet and should be improved more.

Symposist:
2. Saeko Imai1, Emi Shimoyama2, Michiaki Fukui3, Shizuo Kajiyama2,3
  1Faculty of Comprehensive Rehabilitation, Osaka Prefecture University, Japan
  2Kajiyama Clinic, Japan
  3Kyoto Prefectural University of Medicine, Graduate School of Medical Science, Japan

Title of presentation: Effect of Patient’s Education In Participant-Centered Approaches by Collaboration with Medical Staffs on Long-Term Improvement of Glycemic Control in Elderly Patients with Type 2 Diabetes

Abstract: Patient’s education should be considered as an integral part of diabetes management. To investigate the effects of dietary education by doctors, dietitians, nurses, and pharmacists on long-term glycemic control in Japanese elderly patients with type 2 diabetes. A total of 333 elderly patients (mean age 65.0 yrs) in either an education group or control group were compared the impact on HbA1c, body weight, serum lipids, and blood pressure at 30 months of follow-up retrospectively. The study was conducted at the diabetes out-patient clinic at Kajiyama Clinic. The education members were consisted of doctors, dietitians, nurses, and pharmacists who learned coping skills and participant-centered approaches. All patients were scheduled for return visits at every 4 weeks with physical examination. The patients in the education group were routinely scheduled to see dietitians for individual counseling which was focused on eating ‘vegetables before carbohydrates’, and took group education conducted by doctors for diabetic complications, nurses for self-care and physical activity, and pharmacists for drugs and supplements in the first month of the intervention. The patients in the education group were required to keep a diary that monitored body weight, food intake, blood pressure, and exercise. At presentation the education group and the control group were comparable in sex, BMI, HbA1c, and serum lipids. Improvements in HbA1c levels over 30 months were maintained from 8.6 to 7.5% (NGSP) with the education group (p < 0.001) while no change
was observed with the control group (8.2 to 8.1%), and HbA1c levels in the education group were significantly lower than the control group after 3 to 30 months of the study period. The patients of the education group also exhibited significant improvements in body weight, systolic blood pressure, and HDL-cholesterol levels. The factors for the metabolic improvements in the education group can be explained by significant reduction in intake of carbohydrates, fat, fruits, and sweets. Additionally the diabetic education was done by participant-centered approaches contributed these metabolic improvements. Patient's education can be effective for long-term improvement of glycemic control in elderly patients with type 2 diabetes when carried out participant-centered approaches in collaboration with medical staffs.

Symposist:
3. Makoto Inoue
Professor
Division of Dysphagia, Rehabilitation, Niigata University Graduate School of Medical and Dental Sciences, Niigata, Japan

Title of presentation: Oral Treatment And Care of Dysphagic Patients at Nursing Homes in Japan

Abstract: Maintenance of oral hygiene and feeding functions are important elements, especially in the elderly. Because dysphagia is frequently observed in that population, not only dental treatment but also oral health care and physical therapy related to feeding functions should be included in the clinical management during interventions whenever needed. Improving the oral environment is expected to contribute to the maintenance or improvement of general well-being, as well as the maintenance or recovery of oral or feeding functions. On the other hand, for the elderly in need of assistance in maintaining a safe diet, it is recommended that a specialized team comprised of physicians, dentists, and speech therapists in functional rehabilitation observe meal conditions of the subjects and evaluate meal contents, posture during meals, usage of dishes and cutlery, meal times, status of consciousness, perception, motivation and so on. I will present you the clinical interventions to the elderly at nursing homes, which include oral health care, meal assistance, as well as team approaches in those circumstances.

Symposist:
4. Jun Hirose
Professor
Department of Medical Information Science and Administration Planning, Kumamoto University Hospital, Kumamoto, Japan

Title of presentation: Hip Fracture and Liaison Critical Pathways

Abstract: Adequate surgery and early rehabilitation for elderly patients with hip fractures are important for preventing complications and optimizing recovery of ambulatory function. Interprofessional collaborative practice among surgical, nursing, and rehabilitation facility staff members is necessary to achieve appropriate medical management. As recent medical policies have begun to specify the role of medical institutions, management of patients with hip fractures has shifted from comprehensive treatment in a single institution to cooperative management among facilities in a regional health network. Critical pathways (CPs) originally developed for use in a single hospital are now being utilized in regional networks as tools for practice management.
Our local health network for hip fracture shares a web-based liaison critical pathway (LCP) system that was started in 2004. We set the ambulatory status and postoperative hospitalization days as outcomes at discharge from the rehabilitation facilities. We repeatedly analyze the variances in the outcomes and revise our LCP according to the CPs used in a single institute. To complete these processes, we hold a conference for several professionals in our network every one or two months. These activities contribute to the maturation of collaboration among institutions and among interprofessional staff members. Moreover, interprofessional collaborative practice among institutions promotes early recovery of ambulatory function and shortens hospitalization. In our network, postoperative hospitalization decreased from 123 days in 2004 to 95 days in 2006. Similarly, hospital costs decreased by 510,000 yen during these first 3 years. In contrast, the rate of achievement of acquired ambulatory function compared with the predicted achievement was 67%. Because this rate is insufficient (although it was higher than our first rate of 55%), further modification of the outcome setting is needed. We are also wrestling with another problem, which is to establish a corporation of rehabilitation institutes for chronic recovery.

Symposist:
5. Eiji Iwatsubo M.D.
Chief of the consultant Office for Urinary Care, Kitakyushu-Koga Hospital

Title of presentation: Urinary Care for The Handicapped Elderly

Abstract: Urinary care of handicapped elderly people are often dealt with pads and diapers, but in some cases whose acceptance of diaper seems to be a declination of all cares. Nursing stiffs seldom recognize this situation and used to say that he or she has no urinary sensation or has aphasia and dementia! Since hourly urinary output depends on kidney function to maintain homeostasis of the body fluid at any time, the time and the volume of urine secretion are not predictable by the time and the amount of water-intake. The timing of assistance is noticed only by urinary sensation, and control of holding or passing urine depends on bladder function. We cannot control urination unless our bladder is sound. Patients with neuropathic bladder are common candidates of diapers. To be free from these restrain, bladder function should be normal and mental-physical ability should be retained somewhat to ask help for toilet. Sufferer from frequency and incontinence may have urinary diseases such as bacterial cystitis, overactive bladder or prostatic pathology. Polyuria resulting from misled or forced polydypsia in dependent elderly is another common crime of nursing stiffs. The bladder function is estimated by calculation of one-day strict voiding record, so to say a urinary diary. Bladder function and mental-physical ability of the handicapped define the prognosis of urinary nursing care. On the other hand, mental-physical and emotional manpower of every caregivers to communicate with handicapped elderly seems to be most important. Every nursing staff should be the same level for nursing specialty. To shape-up knowledge and common sense, stuffs in 8 hospitals of Kitakyushu hospital group (total 3,000 beds) are studying and being trained using unified educational run-system for urinary care. Every stuff has to report detail information of her patient in charge according to the unified urinary care form to the administrative officer. This unified urinary care form includes systematic review of the patient, ability of ADL, communication, positioning and the bladder function which is calculated automatically from one day diaper check-up record. Observing these data reported through internet-run system, the officer in charge can image the patient’s situation and also can see the mind, idea and knowledge of the stiffs. 2,750 correspondences in past 3 years seem to have helped us to brush-up our understanding of evidence based urinary nursing care.
Repositioning Interprofessional Education from the Margins to the Centre of Health Professional Curricula: A National and Global Challenge

Roger Dunston¹, Tagrid Yassine¹, Marie Manidis¹, Monica Moran², Jill Thistlethwaite³
¹Centre for Research in Learning & Change, University of Technology Sydney, Sydney, Australia ²University of Central Queensland ³University of Queensland

The symposium addresses two ‘thematic categories’ contributing to the conference’s main theme: 1) developments, evaluation and evidence in interprofessional education, and 2) engaging policy makers and clients. To stimulate participant debate on IPE curriculum development, we report on three national IPE development projects in Australia: - a national audit of IPE activity; - the development of a national IPE curriculum framework and implementation guide; - a state-based IPE consultation and development activity in Western Australia. The projects are funded by government bodies. Project partners include eight Australian universities and two government bodies. All three projects are designed to resource and influence the development of a coherent approach to IPE across Australia and to increase communication and collaboration between higher education, health professions and government. Project members argue the need for a strong approach to curriculum development addressing global, national, local, institutional and pedagogic imperatives. The symposium: 1. presents data and analysis from the national IPE survey/consultation, discussing the methodology and the experience of partner organisations participating in this large complex project. It presents the first national picture of Australian IPE activity, its teaching, learning and assessment activities. 2. outlines ideas on the development of a national curriculum framework and implementation guide, presenting a four-dimensional approach to IPE curriculum development, linking: a. understandings of health policy needs and drivers; b. the interprofessional practice capabilities/competencies required of graduating health professionals; c. tertiary teaching and learning methodologies and assessment of IPE; d. approaches to implementation at the local level, including developing improved partnerships between universities, health agencies and government bodies. 3. maps and compares IPE curricula from Canada, UK, USA, Japan and Australia, utilising what has been learned in the Australian context to explore the development of IPE globally.
A NATIONAL AUDIT OF IPE ACTIVITY IN AUSTRALIA

Tagrid Yassine

1Centre for Research in Learning and Change, University of Technology, Sydney, Australia

A national audit of IPE activity in Australia. Part of the symposium Repositioning Interprofessional Education (IPE) from the margins to the centre of the health professional curricula. A national and global challenge. The symposium addresses two of the thematic categories contributing to the main theme of the conference. 1. Developments, evaluation and evidence in interprofessional education, and 2. Engaging policy makers and clients. This paper presents findings from three projects looking at IPE curricula in Australian universities. Firstly, it presents the first national picture of Australian IPE activity, its teaching, learning and assessment activities. Then it presents the methodology used to collect data, including a national survey, desktop research and consultation process. Finally, the paper outlines the experience of partner organisations participating in these large and complex projects, particularly how the challenges of communicating across disciplinary and institutional boundaries have enabled capacity-building for partners while still maintaining the integrity of the scope of the project. The findings from this initiative have shown that IPEH activities across Australia are numerous and diverse, education providers and partnering agencies undertake a wide range of approaches, program activities, and teaching, learning, assessment practices, suggesting varied but not divergent understandings of IPE. Although these differences exist, they appear to be largely influenced by local needs and reassuringly most approaches share similar views on the overall imperative for IPE in the curriculum, and the need for its transfer into practice. Education providers also face similar challenges in sustaining, embedding and implementing IPE. The study shows an increasing uptake of IPE by some universities, reflecting recent momentum in funding support from governments and renewed interest from key health registration, and accreditation bodies. However, overall, a more consistent approach and uptake of IPE is required by all to ensure a coherent national agenda. In undertaking such a large national project, we draw out lessons learned from the overall methodological approach and evaluate the effectiveness of a survey methodology, consultations and data mining activities. We outline aspects of the success of the project to date based on a high interest in the project by most stakeholder groups; regular communication and contact with partners; the commitment to IPE in the partnership group; and support from state and local government agencies.
Workshops
(WS1-13)
INTERPROFESSIONAL COLLABORATION ON THE RUN: A FLEXIBLE CURRICULUM FOR TEACHING COLLABORATIVE PRACTICE TO HEALTH AND HUMAN SERVICE STUDENTS IN DIFFERENT EDUCATIONAL SETTINGS

Christie Newton¹, Donna Drynan¹, Victoria Wood¹
¹College of Health Disciplines, University of British Columbia, Vancouver, Canada

Abstract: The Health Canada funded Accreditation of Interprofessional Health Education (AIPHE) initiative demands that health and human service programs such as medicine, nursing, pharmacy, occupational therapy, physical therapy and social work provide their students with interprofessional education (IPE) opportunities. The competencies required for effective collaborative practice have been articulated in the Canadian Interprofessional Competency framework; however, little literature describes how to formally integrate and evaluate these competencies in health and human service curricula. In 2008, the College of Health Disciplines at the University of British Columbia developed the Interprofessional Collaborative Learning Series (IP-CLS) that was designed to provide professional development interventions to health and human service faculty and practitioners so they incorporate elements of interprofessional collaboration into practice and learn how to provide interprofessional education to a broad range of students. The content was informed by the Canadian Interprofessional Competency Framework and has been tested and evaluated extensively. Evaluations of the series indicate that the content effectively teaches the interprofessional competencies necessary to be a collaborative practitioner. Further, faculty and practitioners who completed the series suggested that pre-licensure health and human services students would benefit from engaging directly with this content. Therefore, the College of Health Disciplines designed, piloted and evaluated a series of six online learning modules for health care students to assist them in developing interprofessional collaborative practice competencies, based on each of the IP-CLS workshops. The ‘IPC on the Run’ module consist of a series of short, user-friendly, online modules that can be used in both the clinical placement and classroom setting by a wide range of health professional programs, across all levels of residency training. This workshop will describe the design, implementation and evaluation of the ‘IPC on the Run’ Program and will allow participants to explore what content would be relevant to their own unique context.
INTERPROFESSIONAL EDUCATION (IPE): A VIRTUAL REALITY? STUDENT ADVICE ON HOW TO ENGAGE HEALTH AND SOCIAL CARE STUDENTS IN IPE USING MULTI-MEDIA PLATFORMS

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Overview and objectives
Explore the challenges of using remote methods of delivering interprofessional education (IPE) Discussing the advantages of using the internet to embed IPE into health care curricular. To allow participants to share experiences and outcomes from their use of remote technology to facilitate IPE.

Points for discussion
Things to consider:
The success of Facebook and Twitter
Engaging students with IPE
The need for cost-saving
Timetabling constraints and ease of access of IPE

University of Nottingham has recently merged their online portals so that all students use Moodle. This inclusivity should break down barriers between professional bodies. Everyone will be working within the same framework, so a sense of unity can be achieved. This virtual space allows communication between members of different academic schools, via online discussion forums.

Students and professionals love using the internet for leisure and rely upon it for work. So why is it difficult to use it for IPE?
We will share how we have been student facilitators for an interactive interprofessional learning package. We would like participants to share their experiences of using online media for IPE delivery and some of the challenges they have faced.
Using participants experiences and ideas for the future, we will discuss how we can make the internet a useful tool for IPE.

Hints and tips:
Fun and easy to use forum, including examples from workshop authors
Update your forum regularly
Email notifications
Space for socialising: consider having a safe environment for discussion and socialising outside of the structured curriculum. If students wish to get together on a social and informal basis outside of their working lives they should be allowed to do so. We can provide evidence from students who have become friends since being involved in IPE.

Workshop activities
Opening activities:
How many times a day do you check your phone, emails etcetera? Put your mobile in a box to the side. How do you feel without it?
Describe the Facebook homepage. Now describe the homepage of you institutions website or faculty page. Which is harder? Why?

Closing activity:
Small groups of participants work together to design a name and logo for their own online IPE forum. The whole group will chose the best and a prize awarded!
INTERPROFESSIONAL EDUCATION PASSPORTS AS A MEANS OF INTEGRATING INTERPROFESSIONAL LEARNING INTO CURRICULA

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Abstract: The Accreditation of Interprofessional Health Education (AIPHE) project will require post secondary institutions in Canada to demonstrate that their health and human service students have acquired a number of interprofessional competencies prior to graduation. However, ensuring students participate in interprofessional education (IPE) as a required component of their program remains a continual challenge. The University of British Columbia, the University of Toronto and McMaster University have separately started to use online passports/IPE management systems as a means of ensuring learners engage in IPE as a required component of their program. This is a flexible approach that puts students in the driver’s seat with regard to their learning. These online systems give learners control over their participation in IPE, while allowing programs to hold their students accountable. While each system is somewhat different, they all help students track their interprofessional learning and demonstrate that they have acquired the necessary competencies to be an effective member of an interprofessional team.

The systems can be used as both a reporting and a pedagogical tool, providing an easy aid that improves the quality of education. This workshop will present the rationale behind this approach and give an overview of the three online passports/IPE management systems. The workshop will enable participants to:

- Explore the benefits of the IPE passport approach.
- Brainstorm ways in which a passport could be integrated into their own context.
- Strategize new and innovative ways to enhance the passport approach.

Participants will work in small groups, each facilitated by a representative from one of the three Canadian post secondary institutions that have implement this type of tool. This will give participants the opportunity to learn from three unique experiences.
SUSTAINABILITY OF INTERPROFESSIONAL EDUCATION PROGRAMS: REVIEWING SUSTAINABILITY FACTORS

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Sustaining interprofessional clinical education, especially when the program is initiated from outside the clinical agency, can be a challenge. To learn about facilitators and barriers to their rural IPE program, the presenters conducted a qualitative descriptive study on factors that led to successful and unsuccessful implementation and sustainability. During the data analysis, they recognized that the emerging patterns reflected those of the National Health Service (NHS) Institute for Innovation and Improvement Sustainability Model (2007). The elements of sustainability identified by participants in the study fit with the staff, organization and process factors and sub factors of the model. The presenters realized that to succeed in specific environments, factors in the sustainability model should be individualized to the IPE program and clinical agency.

Learning objectives: Participants in this workshop will develop an appreciation of the factors to consider and support when working on sustainability of IPE programs in health care. Using the staff, organization and process factors of the NHS Sustainability Model (2007) from the UK, participants will be able to: 1) describe the importance of each sustainability factor for IPE, 2) apply the model to their own IPE program and 3) determine the areas of strength and weakness in sustaining their IPE programs.

Workshop activities: The workshop will begin with an interactive slide presentation about a rural IPE project and the application of sustainability factors. The participants will then work in small interprofessional groups of 4 to apply the NHS Sustainability Model (2007) to their own IPE programs. Discussion, appraisal, and consideration of each sustainability factor will be encouraged. The large group will reconvene to discuss findings, review results of exercise and examine what other unique factors emerged from discussions.
THE PEEER MODEL: AN INSTRUCTIONAL MODEL TO TEACH INTERPROFESSIONAL TEAM DYNAMICS IN HEALTH PROFESSION COLLEGES

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Objectives: (1) Compare and contrast existing patient-centered and interprofessional communication models. (2) Explain the PEEER model as a tool for interprofessional and patient communication and team dynamics. (3) Describe the various settings and learner levels in which the PEEER model could be used. (4) Apply the PEEER model to assess communication and team dynamics skills of learners.

The World Health Organization and Institute of Medicine have identified high functioning interprofessional health care teams as essential for the delivery of safe, high quality patient-centered care. Effective interprofessional healthcare teams are complex, with responsibilities including developing team structure, flexibility, conflict management, trust and respect, and inter- and intra-team communication. However, many health professionals and health professions students have not received training to manage these team responsibilities. Recognizing the importance of such communication in our diverse and complex health systems, health profession programs are actively redesigning didactic and experiential curricula to improve the quantity and quality of interprofessional experiences. There is a need for instructional activities and tools to model and evaluate interprofessional team dynamics and communications.

The workshop will describe and demonstrate a video-based educational communication model called the "PEEER Model". PEEER refers to 5 skill domains needed for effective interprofessional and patient communication: Plain language, Engagement, Empathy, Empowerment, and Respect. The model was developed using evidence-based communication theory and was implemented in the University of Kentucky Colleges of Medicine, Nursing, and Pharmacy. Workshop participants will engage in the following activities: (1) a discussion of interprofessional communication models currently employed at their institutions, (2) participation in a training activity to introduce and apply the PEEER model using video vignettes, (3) a discussion on how the PEEER model was implemented and evaluated at the University of Kentucky with interprofessional student groups. Workshop participants will work in groups of 2-3 for each of the activities.
Person centred care is described as **Mutually beneficial partnerships between patients, their families and those delivering healthcare services, which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making** (The Healthcare Quality Strategy for NHSScotland, SG 2010). This is the value base for health care in Scotland, a concept shaped by Crossing the Quality Chasm (2001). However, the achievement of this quality ambition and indeed any quality service is dependent on a workforce that understands the needs and the person at the centre of the delivery. In order to develop person centred care it has been argued that the teaching of communication and person centred skills will be more effective when using experiential and practice based methods (Aspergren 1999, Berkhof et al 2011). It has also been highlighted that if education and training is to support the development of services that reflect the priorities of those that use and need them, then it requires to be developed in partnership, bringing together service users and service providers (Repper and Breeze 2007). This has been further supported by the Sydney Declaration, WHO Framework for Action (2010).

The objective for this workshop is to explore practice based educational solutions that engage with service users and carers as educators to develop person centred and communication skills; learning about and from those who use and need health and social care services. Utilising open space methodology, participants who are passionate about this area of education will be engaged in sharing their ideas and practice. By the end of the workshop the beginnings of an international collaboration will have emerged and new and existing approaches to engaging in partnership with service users and carers to develop person centred skills within the workforce will have been shared.
MODELS FOR INVOLVING CLIENTS/ USERS/ PATIENTS IN MEANINGFUL INTERPROFESSIONAL EDUCATION THAT REACH OUT TO POLICY MAKERS

Elizabeth Anderson¹, Jenny Ford²
¹Department of Medical and Social Care Education, The University of Leicester ²Jenny Ford, De Montfort University

This workshop will address the following question: How can we further develop a client-centred educational course for pre-registration professionals to influence policy makers?

Aims: In discussion with workshop participants the presenters will: 1. Describe an educational project which moves healthcare users into educational roles (Anderson & Ford, 2011) 2. Discuss partnerships between users, Higher Education Institutions (HEIs) and Health Care Providers 3. Reflect on how the power of clients voices can influence policy makers to improve the quality of services 4. Discuss the engagement of the health care workforce in this learning

Background: We will share a successful and sustained interprofessional education course, shaped and delivered as a partnership between clients, HEIs and service providers (Anderson & Ford 2011). The interprofessional learning (IPL) focuses on clients narratives of their experiences of healthcare. Students identify team solutions to improve quality and safety in order to ensure efficient, effective services. after 5 years, with support from the Higher Education Academy UK, this educational model is being developed to take clients into leading roles through the design of a training programme with employment opportunities.

Workshop Methods: We will address our question through, interactive debate and discussion of; i) case scenarios; ii) learning materials; iii) research findings and examples will be given in different formats.

Outcomes: Participants will take away 1. Materials from the course e. g. students workbooks, training materials for clients 2. Links to Open Educational Resources including operational guidance.

FANSHAWE COLLEGE INTERPROFESSIONAL CHARTER; DEVELOPMENT AND IMPLEMENTATION

Hossein Khalili¹, Pam McLaughlin¹, Sandra De Luca¹, Sandra Fieber¹, Christine Griffith¹
¹Fanshawe College

Fanshawe College is one of the largest community colleges in Ontario, Canada with a focus on community and a commitment on delivering excellence in teaching, learning and service. Interprofessional education and practice (IPE&P) are the top priority and the number one strategic direction within the Faculty of Health Sciences and Human Services at Fanshawe College. In an effort to incorporate IPE&P within the faculty, the first author (HK) in collaboration with the Dean of the faculty and the Chairs of the Schools of Nursing, Health Sciences, and Human Services have developed an Interprofessional (IP) Charter as a platform for IPE&P integration. The IP Charter incorporates concepts derived from interprofessional literatures, interprofessional socialization framework, interprofessional national competency framework, social identity theory, and intergroup contact theory. The IP Charter includes four main domains: 1- IP Infrastructure to build the culture of interprofessional collaboration within the faculty and the schools; 2- IP Socialization to facilitate the transformation among the students from developing a uniprofessional identity to the development of an inclusive dual professional and interprofessional identity; 3- Practicing IP Competencies to meet the national IP competencies through incorporating the three levels of IPE: Exposure, Immersion and Mastery; and 4- Cultural Change towards Interprofessional Collaborative Practice to ensure actual changes in the students practice in the community. An Appreciative Inquiry approach is being used to implement the IP Charter within the faculty by actively engaging the faculty and staff to collaboratively discover what gives life to the schools programs concerning IPE&P and to create collaborative curriculum planning groups to embed and sustain IPE&P within all programs curricula. During this workshop we will present the IP Charter, our goals and progress to date. Through facilitated group discussion we hope to receive constructive feedback on our progress.
Interprofessional collaboration is essential in the delivery of effective health care. Interprofessional education (IPE) is recommended as a means to prepare health professional students for team-based, patient-centered chronic illness care. The Health Mentors program (HMP), which originated from Thomas Jefferson University in the USA, was developed to provide a longitudinal patient-centered team-based curriculum. The program at the University of British Columbia (UBC) puts patients at the centre as teachers/mentors, providing a longitudinal experience over 16 months to allow students the opportunity to learn about the effects of chronic illness or disability on their lives. The flexible program allows students from many professions to participate and can accommodate large or small numbers of students at one or more campuses. We introduced a pilot program in 2011 as an elective for 90 students from 6 health programs and 23 mentors. In this workshop we describe our experiences, and engage workshop participants in a focused discussion of some of the key issues in planning, implementing and evaluating this kind of program.

Learning Objectives: At the end of this workshop participants will: 1. Identify issues involved in working with a variety of health professional programs to introduce an interprofessional Health Mentors program. 2. Describe a potential framework for a health mentors program. 3. Describe approaches to the recruitment and support of health mentors. 4. Describe methods to track students and mentor teams and to respond to unexpected challenges. 5. Describe approaches to the supervision and assessment of students.

Instructional Methods: Introduction: (20 minutes) A brief overview of the HMP at UBC: challenges, lessons learned. Discussion: (60 minutes) Reframing the objectives as questions, we will ask the audience to consider what the opportunities and barriers might be for introducing this kind of program in their institutions. Summary and Evaluation: (10 minutes)
TEAM BUILDING TRAINING – FACILITATING INTERPROFESSIONAL TEAMS

Uffe Hylin¹, Sari Ponzer¹, Margareta Forsberg Larm¹, Susanne Kalén¹, Hanna Lachmann¹, Marie Sjöstedt¹
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Interprofessional Education (IPE) occurs when members (or students) of two or more professions learn with, from and about each other, to improve collaboration and the quality of care. Health care is managed by professionals who work in teams even if most of our students are still educated in their own “silos”. However, interprofessional learning (IPL) activities have become more common and during the workshop there will be an overview of present knowledge of IPE/IPL. Experiences from Karolinska Institutet, Stockholm, Sweden, will exemplify how IPE can be managed for undergraduate students and for students during specialist training. Learning together promotes team work and aims also to enhance patient safety and good patient care.

At our university, health care students have a mandatory clinical interprofessional training ward (IPTW) course. This course is on a regular orthopaedic ward, lasting for two weeks. The IPTW-course gives students opportunity to practice their clinical skills, apply theoretical knowledge, develop professional roles and enhance understanding of other professions. During the first day of this course team building is offered as an introduction with the aim to enable better communication and collaboration during the course.

The objectives with the workshop is to get experience and understanding of some methods for how a group of people, for example students from different health care educations can be facilitated in their development towards a well working team. The workshop will be based on the team building training the IPE students at Karolinska Institutet get. The main part of the workshop is dedicated to practical exercises with the participants. All participants will participate in the practice. Small group discussions will also be an important part of the workshop. We would like to discuss the value of team building activities as a part of IPE.
INTERPROFESSIONAL DIVERSITY IN EUROPE

Margaret Sills¹  
¹Department of Education and Professional Studies, King’s College London

Background  
The European Interprofessional Education Network (EIPEN) has been working together for almost 10 years, part funded by two grants from the European Commission. From the initial partnership across 6 countries there are now universities in 29 European countries which have a stake in EIPEN. Across Europe there is considerable diversity in languages, health and education systems and structures, and work force development. This diversity affects linguistic and conceptual understanding and practices in IPE and CP. Three European conferences (in Krakow, Oulu, and Ghent) and several workshops held across Europe have explored issues arising from differences, leading to further developments in education and practice.  

Aim  
Consider the learning from the diversity of IPE and CP in Europe and the future contributions of EIPEN to the development of IPE and CP in European and global contexts.

Format  
After a short presentation outlining some current practices and issues arising, collaborative activities and discussion will focus on:  
1. Similarities and differences in IPE and CP in a variety of contexts in Europe  
2. Ways of using diverse experiences to enhance future developments in theory and practice  
3. Building a common culture of quality in IPE and CP  
4. Structure and function of EIPEN in the short term (until the 4th European conference in Ljubljana 11-13 September 2013) and longer term.  
5. Relationships between European and Global developments.  
Time will be allowed for other relevant issues and ideas to be exchanged and addressed according to the priorities of the participants, whether they are from EIPEN or elsewhere.  
The session will conclude by agreeing recommendations for future developments in Europe.
DEFINING AND OPERATIONALIZING COMMUNITY ENGAGEMENT: A NATURAL CONTEXT FOR INTERPROFESSIONAL LEARNING

Lesley Bainbridge¹, Louise Nasmith¹
¹College of Health Disciplines, University of British Columbia, Vancouver, Canada

Background: Understanding the social determinants of health is a key learning focus in the health education context today. Interprofessional collaboration finds a natural home in strategies for addressing the determinants and communities are natural partners in helping to determine solutions to problems that affect the health of communities. However, we rarely use explicit community engagement strategies to develop, implement and evaluate interprofessional learning anchored in the determinants of health.

Purpose: This workshop is designed to create a more diverse understanding of community engagement and to allow participants to develop initial plans for including community engagement in their interprofessional education opportunities.

Objectives: 1. To define “community” and identify the various principles involved in authentic community engagement. 2. To share examples of successful community engagement that focus on collaboration. 3. To explore various community engagement tools. 4. To examine different uses of community engagement for practice sites, education sites and community sites. 5. To develop a preliminary proposal for a community engagement IP project to test in the participants’ home contexts.

Format: Short plenaries on community, community engagement tools/principles, and examples interspersed with small group discussions on: Types of community and community engagement. Community engagement strategies for the practice, education and community environments. Proposals for projects that involve community engagement and IPE.
EVALUATING THE OUTCOMES OF INTERPROFESSIONAL EDUCATION: A PRAGMATIC APPROACH

John Carpenter¹
¹School for Policy Studies, University of Bristol, UK

This workshop is designed for participants who wish to evaluate the outcomes of programmes of IPE. The concern here will be with measurable outcomes and robust research designs, but the emphasis will be on the pragmatics of evaluation.

Learning objectives
At the end of the workshop, participants will be able to:
1. Identify levels of learning outcome using the Kirkpatrick framework as elaborated by Barr and colleagues.
2. Select from a range of validated outcomes measures the most appropriate ones for the evaluation.
3. Consider the potential of various research designs for the evaluation of both short courses and extended programmes of IPE.

Teaching and learning methods
Participants are encouraged to attend the workshop with a particular programme of IPE in mind. This could be a programme which they would like to evaluate or one which they have already attempted to evaluate and would like to review. The workshop will include brief presentations of frameworks, measures and designs. Participants will be given handouts and worksheets. They will be invited to work in pairs and small groups to identify learning outcomes for their programmes and to select measures and choose between possible research designs. The facilitator will provide consultation to the discussions. Participants will then be invited to share the results of their deliberations with the group. More experienced participants will be encouraged to share their experiences of evaluating IPE.

The facilitator will draw on over 20 years experience and his own published research to illustrate possible approaches and methods for robust evaluations.

Outcomes for workshop participants
Participants will come away with an evaluation plan for their programme or ideas for improving the rigour of existing evaluations.
Student Workshops
(ST WS1-3)
ENGAGING TRAINEES IN INTERPROFESSIONAL EDUCATION <IPE>

Hannah Beckwith¹
¹Medical Education Centre, Whipps Cross University Hospital

Learning Outcomes:
1. Sharing of experiences of IPE of participants: identifying and discussing positive and negative aspects
2. Understanding of the importance of IPE to improvements in patient quality and care.
3. Construction of a project transferable to local institutions
4. Fostering enthusiasm towards IPE as an educational tool
5. Forming collaborations and friendships with other conference participants.

Context: Trainees are at the forefront of patient care. We are in a unique position in that through regular rotations, we witness a vast range of practice, and are taught by many different educators, from many different disciplines. Perhaps more than anyone, we rely on others experiences to guide our own practice, but it will not be long before we too are becoming the teachers. Interprofessional Education is vital to improvements in the quality and delivery of patient care and by using our shared experiences, we can visibly change practice within our local departments. It is our responsibility and privilege to ensure lasting improvements, and engaging trainees in IPE is integral to this.

Plan:
Brief introduction - 5 min
Participants reflect on experiences of IPE to date - 5min
Round table discussion of participants IPE experiences - 10 min
Brainstorming session: why IPE is fundamental to optimal patient care - 10 min
Presentation on how IPE has directly improved patient care at my local hospital - 5 min
Brief presentation of why engaging trainees in IPE is so important - 5 min
Small group exercise: design an IPE session to benefit patient care at your local institute - 20min
Presentation of designed sessions - 20min, 5 min per group
Round up and conclusion: how trainees can take this forward within their own institutions - 5min
Questions and networking - 5min
LET’S TALK ABOUT OUR CURRENT IP-CURRICULA TO CREATE BETTER ONES ALL TOGETHER!

Alice Sugiyama¹, Kanako Miyata¹, Haruka Sawada², Ayumi Shinno¹, Yuri Nishijima¹, Sayaka Yamauchi¹, Maiko Takeda¹, Mami Matsuura², Soko Matsuzaki², Yukie Nishikawa¹, Tomoyo Awazu¹, Keiko Kobayashi¹
¹Kobe Pharmaceutical University, Kobe, Hyogo, Japan ²Division of Nursing Studies, Faculty of Health Science, School of Medicine, Kobe University, Kobe, Hyogo, Japan

With this workshop our purpose is to consider IP-curricula across different countries’ viewpoints, based on students’ exchange and discussion leading to consider ideal IPE. Japanese health care students have few opportunities to experience clinical practice. In other words, we don’t have enough opportunities to get to know about other professions. We think that curricula that hardly introduced IPE are the cause. Therefore, it is against this background we wanted to know about curriculum of IPE of other countries and think that we should consider about the best IPE.

We will first hand out data from curricula of health care departments in some countries. Of course, participants from courses which are not mentioned in these data are encouraged to tell what their courses are. Then, in our workshop we compare the curricula with each other and find out problems which prevent us from adapting IPE.

This ATBH is a valuable opportunity, because we can exchange opinions with people who come from foreign countries. Some countries adapt IPE actively and others don’t. Therefore we can discuss the advantages and disadvantages both have.

We will also have a presentation about the present condition in health care practice from a medical worker who actually works on the spot. Based on this we will consider that if IPE spreads how it may bring about change in health care practice.

Thus, new views may be found since health care workers can also hear the viewpoint unique to students. The various senses of values from different countries are found out through these activities, and let it be a policy objective to consider the form of the required best IP study for your own country.

We hope the workshop results can be used for future activity from the results of the exchange of opinions.
OVERCOMING STEREOTYPES FOR THE FUTURE OF TOMORROW

Le B. Le¹
¹The School of Population Health, University of Queensland, Queensland, Australia

The aim of this workshop is to illustrate how understanding common stereotypes promotes better awareness and appreciation for cultural and social diversity, which therefore allows opportunities for education and learning between various groups of people and different countries. Stereotypes exist everywhere. They exist in the professional field, within countries, and even between countries. Many preventable health-related issues are linked to the effects of discrimination due to common misunderstandings of stereotypes. Participants will be asked to discuss the common stereotypes of various ethnicities, sexual orientation, social class, and religious beliefs that generally appear in Hollywood films, and evaluate how these stereotypes affect a specific health concern prevalent in America. Next, participants will discuss common stereotypes that are shared by world travelers on different countries, and determine whether or not these stereotypes justify the massive deaths of populations that result from wars. Finally, participants will discuss the common stereotypes of various professions, including doctors, lawyers, engineers, and public health professionals, and examine how efficiently conflicts may be resolved with the cooperation of professionals from different fields in the event of a natural disaster. By raising awareness and understanding stereotypes, people can influence its effects on their surrounding environment. The key point for the discussion is the implications of interaction and collaboration among people of various identities for improving the health and well-being of the population and preventing risks that result from lack of cultural and social awareness.
Students’ Events
(1, 2)
Sunday, 7 October, 2012; 13:30-15:00

“MY IPE”, INTERPROFESSIONAL EDUCATION AND THE STUDENT PERSPECTIVE

Kazunori Kabaya, Yasuyoshi Naishiro

Three oral presentation abstracts have been selected and grouped together to from a session where Interprofessional Education will be considered from student perspectives. Different from other oral presentation sessions is that there will be time after the three presentations to engage in discussion and reflection. Students and other conference participants are invited to form part of the audience.

The following abstracts are included:

Interprofessional Education in the Undergraduate Program and the Graduate School of Saitama Prefectural University for Professionals of Health and Social Services.
Yasuyo Sato, Kazunori Kayaba, Midori Shimazaki

Creating “Meaningful Discourse” amongst student healthcare professionals to improve engagement in IPE.
Amanda J. King, Lucy A. Fulford-Smith, James P. Selby, Richard Pitt

Designing Interprofessional Online Curricula to Teach Patient Safety, Health Law and Bioethics in a University Faculty of Health Sciences.
Nichole Phillips, Megan Edgelow, Janice van Dijk, Priscilla Ferrazzi, Erin Holder, Theresa Bernard, Jennifer Medves

Symposist:
1. Yasuyo Sato1, Kazunori Kayaba2, Midori Shimazaki2
   1Graduate student, division of Health Science and Social Work, Graduate School, Saitama Prefectural University, Saitama, Japan 2School of Health and Social Services, Saitama Prefectural University, Saitama, Japan

Title of presentation: Interprofessional Education in the Undergraduate Program and the Graduate School of Saitama Prefectural University for Professionals of Health and Social Services

Abstract: When I was an undergraduate nursing student at Saitama Prefectural University (SPU), students in the departments of nursing, physical therapy, occupational therapy, and social work made a care plan for a patient with students from other departments. We presented ideas from the viewpoints of our disciplines in discussion, and I was surprised at different ideas of the group members. After graduating from SPU, I worked in hospital as a midwife. Nurses had a conference about care plans and problems, but no other professionals were there. For example, there was a child who might have been abused, and the nurse in charge contacted a public health nurse and community staff. However, a meeting was not held for diverse professionals, and only nurses in the ward discussed the case from their viewpoints. There was a complaint from a staff member in another field about handling the case. Though I learned interprofessional work (IPW) in the university, I could not effectively use what I learned. After-
wards I contacted dietitians, pharmacists, social workers to promote mutual understanding. I had interprofessional education (IPE) again at the graduate school of SPU, which was a very valuable experience. The Graduate Course of Health and Social Services is targeted at those who already have experiences as health care workers, and almost all students have had problems about the relationship with other professionals in their workplace. The students in a variety of disciplines such as nursing, physical therapy, occupational therapy, nutrition, dental hygiene, and social work discussed IPW in groups and gave presentations. My group realized a limitation to give care to patients who want to receive better care and raise their quality of life, and we made a model plan that included oral health care for patients in hospital. We discussed actual conditions, methods, merits, problems and solutions. We found barriers for IPW and discussed measures that we should take. First, we have to understand each professional’s specialty and role. Second, we need to have a meeting to discuss care plans with multiple professionals. Third, we should enhance IPE and make IPE mandatory. It is essential for the graduate students to have IPE. Most of them have abundant experiences as professionals and continue to make efforts to provide better services in their workplace through IPE.

Symposist:
2. Amanda J. King¹, Lucy A. Fulford-Smith¹, James P. Selby¹, Richard Pitt¹
¹The Centre of Interprofessional Education and Learning, University Of Nottingham, Nottingham, England

Title of presentation: Creating “Meaningful Discourse” amongst student healthcare professionals to improve engagement in IPE.

Introduction
The Centre for Interprofessional Education and Learning (CIEL) at the University of Nottingham formulates and delivers its interprofessional education (IPE) through ethical debate of a healthcare-related scenario within multidisciplinary groups (online and face-to-face). As the scenario is central to the debate, its creation and development is key to its success. Historically clinical staff have held responsibility for scenario inception and analysis, but three students have developed their own scenario with improved enjoyment and positive responses based upon the principle of creating “meaningful discourse”.

Objectives
The scenario aimed to divide its audience evenly between those who agreed with the final proposal, and those that disagreed, to provide a foundation for effective debate. The scenario was specifically designed so that participants could take lines of argument from clinical judgement, life experience or ethical principles enabling personal and professional engagement with the debate.

Methods
Data was collated from six separate IPE exercises from 2009-2012, involving six different disciplines of healthcare students. Data collected included: engagement levels, perceived enjoyment of tasks and scenario proposal decision (agree or disagree), obtained by the online scenario programme (Values Exchange) and feedback forms.

Results
The student-created scenario obtained an average agree:disagree ratio of outcomes as 54.5:45.4 compared to 17.1:82.7 obtained by the staff-created scenarios. Feedback from par-
participants was more positive about the student-created scenario, with 76% agreeing that they had enjoyed the task, in comparison to 62%.

Conclusions
The groups who debated with a more contentious issue (one where the group was split nearer to 50:50) enjoyed the task more when compared to those where the groups had uneven ratios of proposal agreement. Students can create successful resources for IPE but are currently under-utilised by IPE providers. Involvement of, or consultation with, relevant student bodies (e.g. student forums or formalised feedback groups) would provide more engaging and successful learning tools for stimulating meaningful discourse in IPE.

Symposist:
3. Nichole Phillips
   Unitec New Zealand

Title of presentation: To what extent does experimentally induced pain affect the mental rotation of body parts and non-body objects in healthy participants?

Abstract: There is a growing body of work on investigating the effects that peripheral nociception can have on the central nervous system and brain. One way of measuring cortical changes is by asking a participant to complete a mental rotation task; deciding whether a picture of a limb (e.g. a hand or foot) is a left or right limb. Previous research has shown that chronic and acute pain cause different effects on mental rotation which is clinically important because the transition of acute pain to chronic pain is not well understood. My research project will investigate the effects that experimentally induced acute pain in the hand and elbow has on the mental rotation in healthy subjects. The outcomes of my research will be:

- To investigate the effects of pain in proximate areas of a limb on mental rotation
- To test the current hypothesis that acute pain causes an information bias towards the affected limb
- Increase base knowledge regarding the effects of acute pain on mental rotation

This research is expected to provide base knowledge for initiating research into whether a mental rotation task could be a clinical tool to gauge the neural transition of acute pain to chronic pain or as a prediction tool for negative clinical outcomes. This is important because current diagnosis of chronic pain is based on chronology of the symptoms. A tool that could provide early indications of neuroplastic changes during this transition could be extremely effective in allowing more prompt intervention and treatment.

This research topic also has implications for discussion about what osteopathy and other musculoskeletal therapies can offer conventional medicine. Osteopathy uses a holistic patient view during diagnosis, treatment and patient management which is beneficial during the treatment of chronic pain patients. Master of Osteopathy students undertake research projects that are excellent opportunities for collaboration with other research groups. This conference will provide the opportunity to start forming links with other musculoskeletal and pain research groups.

Ethics approval will be obtained from the Unitec Research Ethics Committee prior to commencement of this research project.
ALL TOGETHER BETTER HEALTH 6 INTERNATIONAL HEALTHCARE TEAM CHALLENGE

Abstract
In 2010 the biannual All Together Better Health V, in Sydney, Australia, played host to a world first as delegates from around the globe competed in the International Health Care Team Challenge (Inter HCTC). The Inter HCTC saw two multi-nationality interprofessional teams compete in front of an audience in a live demonstration at the cutting edge in interprofessional collaboration and education.

The Inter HCTC was the first time the popular Challenge event had ever been held at an international level. Participants came from Australia, Brazil, Canada, Japan, New Zealand and the USA. Each team was made up of a mix of students and professionals from a range of health backgrounds including nursing, dentistry, physiotherapy, health policy and occupational therapy. The competition was included at the ATBH5 conference as a demonstration event to showcase the strength and flexibility of the Health Care Team Challenge model.

The event was so successful and well-liked by participants and audience members alike that another Inter HCTC has been planned for the ATBH VI Conference. Teams prepare a complete management plan for a fictional patient, live on stage under timed conditions in front of some of the world’s leading IPE experts. Once each team has presented, they are each given an extension question and asked to devise and present an adapted plan. Teams utilize the full range of health practitioners in each team and can even tap into the audience’s expertise for additional resources. Recruitment and selection of team participants will take place on the ABTH VI student’s Facebook page and onsite at the conference venue. All conference delegates are invited to form part of the audience for this exciting event.

Lesley Bainbridge
Director, Interprofessional Education | Faculty of Medicine Associate Principal | College of Health Disciplines The University of British Columbia, Vancouver, British Columbia, Canada

Valerie Ball
Research Coordinator College of Health Disciplines | University of British Columbia, Vancouver, British Columbia, Canada

Karyn Baum
Associate Chair for Clinical Improvement | Director University of Minnesota TeamSTEPPS Training Resource Center | University of Minnesota Medical School | Minnesota, USA

Peter Bontje
Division of Occupational Therapy | Tokyo Metropolitan University, Tokyo Japan

Prof Rosalie Boyce
Research Academic | Director HealthFusion Team Challenge | University of Southern Queensland, Australia
Jane Furnas BJ
Project Officer HealthFusion Team Challenge | The University of Queensland, Australia

Monica Moran
Discipline Lead Occupational Therapy | Director HealthFusion Team Challenge | Central Queensland University, Australia

Christie Newton
UBC Department of Family Practice, Faculty of Medicine | College of Health Disciplines | University of British Columbia, Vancouver, British Columbia, Canada

Barbara Richardson
Interprofessional Education | Washington State University Division of Health Sciences | Spokane, Washington, USA

Don Uden
Department of Pharmaceutical Care & Health Systems | The University of Minnesota | Minnesota, USA

Susan J. Wagner
Faculty Lead – Curriculum at the Centre for IPE | University of Toronto, Canada

Yumi Tamura
Graduate School of Health Care Sciences | Jikei Institute, Osaka, Japan
Special Event - Debate
BUILDING THE GLOBAL INTERPROFESSIONAL MOVEMENT

The proposed Standing Conference for Interprofessional Education and Collaboration for Global Health

Much has been done to establish communication and collaboration between interprofessional activists and organisations worldwide through the ATBH conferences, the Journal of Interprofessional Care, the WHO study group and partnerships between regional networks. Much remains to be done to build a recognisable, representative and influential global movement. Ideas gathered momentum during successive ATBH conferences to establish an Interprofessional Federation comprising the existing regional networks (associations, centres or collaboratives) leaving the door ajar for others to join as they were established. Attractive though the proposition was, doubts were raised as to whether the networks were themselves sufficiently firmly established to federate (assuming that their governing bodies were ready and in favour). None of them would have been in a position to contribute financial resources, while raising funds directly for the federal body through membership subscriptions might have been seen as competitive. It was thought doubtful in the current financial climate whether a subscription funded federation would be realistic and therefore viable.

The current proposal is designed to provide a more modest and more realistic way to begin. It has already attracted influential and widespread support during the months leading up to ATBHVI with a view to presenting it to the governing bodies of the networks for their endorsement following the conference, as amended in the light of discussion during this meeting. Additional names can be added up to the conference by e-mailing Hugh Barr at barrh@wmin.ac.uk

Preliminary discussions have focused on:

• whether to concentrate on implementing the first of the two aims in the attached paper as the priority or both of them with more substantial resource implications;
• whether the networks will be ready and able to ‘host’ the Standing Conference in rotation, and what ‘hosting’ would involve, or it would be more realistic to invite an established and interprofessionally committed institution such as a university working in partnership with the networks.

These are two of the key issues for discussion during the meeting.

The programme follows the format of a business meeting with ample opportunity for discussion including pairs and small groups.

The meeting is open to all ATBHVI delegates. We shall value your contribution.

Jill Thistlethwaite
Hugh Barr
August 2012

Building the Global Interprofessional Movement
1 Welcome and introductions
2. The proposal – preliminary discussion
3. Future ATBH conferences
   - inviting offers to host and choosing between them
   - supporting local planning groups
4. ATBHVII 2014
5. Communication between conferences – designing and maintaining a website
6. Including a research network
7. Other suggestions
8. The proposal revisited – formulating recommendations to the networks
9. Priorities, timeline and transitional arrangements
10. Reporting progress during the concluding plenary session.
11. AOB
Round Tables
(RT 1-7)
STRATEGIES FOR IMPLEMENTING IPE WITHIN A UNIVERSITY OR HIGHER EDUCATION INSTITUTION

Sari Ponzer¹, Carina Gezelius¹
¹Karolinska Institutet

This round table discussion aims to highlight different aspects and difficulties when implementing interprofessional education within a university or higher education institution on a larger scale.

To initiate interprofessional learning activities on program or course level is becoming more common at universities all over the world. These activities are often based on small but successful IPE projects that have been implemented after the project period is finished. It is well known that there are several difficulties when implementing IPE and most of them are related to the tradition of educating different professionals within their own silos without any interaction with other programs, e.g. time tables, teachers not knowing each other, different intended outcomes and assessment methods.

Decision makers at universities and in health care institutions are most often positive towards IPE initiatives but organizational structures are not designed to support common learning activities between different educational programs or courses. Therefore, there is a need to discuss and share experiences how to develop strategies to make organizational changes so that IPE initiatives and activities can become sustainable also on long term i.e. how to become an IPE university where IPE is an integrated part of the university. In this round table discussion we wish to bring together teachers, administrators and others so that they can share their ideas and thoughts.
One of the key ongoing interprofessional debates concerns the timing of interprofessional education and therefore which sector should be responsible for carrying it out. Some health services suggest that interprofessional training is the responsibility of the university while university teachers often argue that learning interprofessional skills should be part of on the job training and post licensure education and training programs. This debate often results in trivial arguments about the balance of conference presentations. More importantly it can result in no one person, or group taking responsibility for appropriately staged, life-long interprofessional education and training and the development of the evidence base for interprofessional practice and innovation. A large health service in New Zealand is starting to recognise that education, training, research and innovation are interlinked areas of work and are part of the core business of health care services. The Awhina Health Campus at Waitemata District Health Board in Auckland, New Zealand accepts its responsibility in the area of interprofessional education and training, research and innovation. However, Awhina is also working very closely with universities and other pre licensure training organisations to ensure that stage appropriate interprofessional education, innovation and research occurs within and between both types of organisation. Awhina aims to work interprofessionally to combine the best that health and education organisations can provide. Rather than argue about whose job it is Awhina is working to encourage a middle way where health and education come together interprofessionally to ensure the best interprofessional education and practice. This round table forum will provide a short presentation on the Awhina, Health Campus model and encourage discussion on questions such as: Should we work to provide a middle way that links health services and education providers on the issue of interprofessionalism? Can separate Ministries of Health and of Education effectively work together to fund joined up interprofessional education, training, research and innovation? Are there any other examples or models of deep collaboration between health care services and education providers on interprofessional education, research and innovation?
BRIDGING PERCEIVED FACULTY AND INSTITUTIONAL BARRIERS TO INTERPROFESSIONAL EDUCATION

Leamor Kahanov1, Lindsey E. Eberman1, Richard Williams1
1Indiana State University

The World Health Organization initiative to enhance patient outcomes, reduce clinical error rates, increase patient satisfaction and increase retention of healthcare professionals through interprofessional practice and interprofessional education is essential on a global scale. The healthcare educational system is responsible for facilitating interprofessional practice through the production of professionals that value interprofessional practice. Creating a culture of interprofessional education across disciplines with perceived institutional barriers to curricular efficiency, teamwork, interprofessional clinical and didactic activities must include a leader that mentors faculty into the role of interprofessional educator. The perceived institutional and accreditation barriers to co-curricular articulation can inhibit healthcare programs from achieving the global goal of interprofessional practitioners. Faculty may perceive that interprofessional articulation will not meet accreditation standards, increase class time, increase cost to students and increase workload for faculty. The program, department or institutional leader must articulate the professional commonalities, curricular redundancy and benefit to faculty in order to facilitate a common value system. Models of interprofessional education may in reality decrease workload through collaborative efforts and increase individual efficiency. Collaborative partnerships across professions may also facilitate translational research among faculty and students, provided a common climate of mutual respect and shared values exists. Creating such a climate through team-building and mentorship activities is the key to a successful interprofessional educational experience for both faculty and students (future practitioners). During this round table discussion, we intend to present ideas on how to facilitate mentorship philosophies to create shared respect and values to overcome perceived faculty and institutional barriers to develop interprofessional curricula.
SESSION STYLE: The session aims to generate debate and discussion on the assessment of interprofessional learning. To date there is little application of educational theory relating to interprofessional education (IPE) assessment, although the importance of assessment is strongly endorsed (1, 2). The use of an agreed cross school Portfolio for the assessment of interprofessional learning will be shared and discussed. Northampton University, University of Leicester and De Montfort University use a modified competency model to assess the knowledge, skills and attitudes of health and social care students throughout their training, in preparation for interprofessional practice. Within 3 Universities, students are required to complete a Portfolio reflecting on their developing IPE competence at the beginning (strand 1), middle (strand 2) and end (strand 3) of their training since 2005. Delegates can share their experiences of the use of Portfolio in the assessment of core professional competence within health and social care education and its purpose and flexibility for affirming interprofessional learning (3). Our local Three Strand Model of a thematic IPE curriculum within the Midlands UK will be shared and the flexibility of different types of assessment from case studies, to exam questions, Objective Structured Clinical Examinations and written exams debated. We will show how our Portfolio is used to collect and collate data on progress and in addition the importance we have found of asking students to record their self-perceptions of progress in interprofessional competence across the strands.

RESEARCH METHOD: We will share the on-going qualitative analysis of the use of our IPE Portfolio in Leicester. The study uses a random sample of n=100 reflections from students of medicine, pharmacy, speech and language therapy and social work. Analysis uses the principles of grounded theory shaped by an iterative process. Thematic analysis of content is on-going. 30 exiting student interviews have been completed on discussions concerning the students views on the use of a Portfolio for collecting their assessment of interprofessionalism. Outcomes: Delegates will leave with insight into the possible tools and techniques for assessment of IPE and reflections on possible approaches to take and on-going research required in this aspect of IPE. References:

2-Dunworth, M. Joint Assessment of Inter-professional Education SW Education. 2007; Vol 26 (4), 414-422.
Saturday, 6 October, 2012; 9:00-10:00

DEVELOPMENT AND PRACTICE OF INTERPROFESSIONAL EDUCATION IN JAPAN

Kazuo Endoh¹, Yasuyoshi Naishiro², Midori Shimazaki³
¹School of Health Science, Niigata University of Health and Welfare, Niigata, Japan ²Department of Educational Development, Sapporo Medical Univ. Center for Medical Education, Sapporo, Japan ³School of Health and Social Services, Saitama Prefectural University, Koshigaya, Japan

Session Style: The session aim to inform the process and present status of Interprofessional Education (IPE) in JAPAN based on the program titled by “Co-development and Practice of Module-centered IPE to Improve Quality of Life”. With the financial aid by the Ministry of Education, Culture, Sports, Science and Technology in Japan (MEXT), that program was carried out from September in 2009 to the end of March in 2012, based on the consortium of universities for IPE (CIPES-21); Niigata University of Health and Welfare, Sapporo Medical University, Saitama Prefectural University, Tokyo Metropolitan University and Japan Social Work College (JSWC). The so-called ‘module’ does not mean only a case-scenario, but contains the presentation of a case by using power point with narration, referred references, guidelines for facilitators (teachers) and the commonly used guides both for the students and facilitators. Every consortium university has helped NUHW for offering the ideas of case scenario, however each university has its own history for the development of IPE. Then we will present not only the contents of the activities by CIPES-21, but each project by university (excluding that by JSWC). Every attendant may freely* receive an English monograph written with the same title of this round table and that may help you to understand each project (including that by JSWC) in detail. Because of a time limitation of this round table (totally 30 min.), we will welcome any questions in anytime after this session through the schedule of ATBH VI and hope that discussions may help to proceed of IPE for each country.

The titles of each speaker are shown as follows:
1. Development and Practice of IPE by using “Module”; scenario-based virtual case in Japan
2. IPE Aimed at Encouraging Appreciation of the Community Health Care in Hokkaido Prefecture
3. IPE Development at Saitama Prefectural University
4. Developing the International Student Exchange Program based Interprofessional Learning

* Please write your name and belonging before receiving a monograph written in English, because we should send a detailed report to MEXT.
Saturday, 6 October, 2012; 9:00-10:00

TEACHING INTERPROFESSIONAL COLLABORATION TO ALLIED HEALTH STUDENTS, A TEAMWORK LEARNING MODEL

Jenny Rose¹
¹The Sydney Children’s Hospitals Network (Westmead)

This paper details a model used to teach Allied Health students the importance of interprofessional collaboration when working with families. Developed and implemented within a Paediatric Teaching hospital, this single session group targets allied health students at any stage of their clinical training.

The group aims to:
1. increase the students’ knowledge of the role of other Allied Health professionals.
2. increase the students’ skill in working from a holistic family centred framework.

Evaluation of students and supervisors has been positive, has been shown an increase student’s understanding of other disciplines and students report that the session will influence how they work with families in the future.

This presentation will provide an overview of the model used and the evaluation data available to date.
DIVERSITY IN INTERPROFESSIONAL EDUCATION: DISCIPLINES AND TOPICS

Sundari Joseph¹, Wendy Wreiden¹, Lesley Murphy¹, Anne Singleton¹, Lesley Diack¹, Morag McFadyen¹, Jenni Haxton²
¹Robert Gordon University ²NHS Grampian

This paper challenges the notion that interprofessional education is only about health and social care and examines perspectives on diversity in relation to inclusivity and relevance in university education. It draws on evidence from the implementation of an interdisciplinary event titled Strictly Come Dining and a module titled The Arts and Humanities in Health and Social Care Contexts both are within undergraduate curricula. Diversifying the disciplines and topics involved in interprofessional education brings holism to staff and students development both personally and professionally. It develops graduate attributes for students and promotes employability.

Objectives: Objectives of the presentation are to enable the audience to appraise the value of diversity in relation to their own educational and professional perspectives and to analyse the place of new and different disciplines and topics to facilitate interprofessional discourse.

Methods: The presentation will be in two parts. Part one will focus on the diversity of disciplines and Part two on the diversity of topics. It commences with an interactive exercise focussed on scenarios related to the Strictly Come Dining event. The key skills of team communication; developing trust and mutual respect for other professions; shared decision making are required by all graduates in the workplace. Acquiring these in a safe simulated environment where students are challenged by real case scenarios has sound educational value and the potential to achieve complex learning outcomes. The students involved were from nutrition hospitality management graphic design and public relations. The audience will be challenged to think of disciplines with whom they can develop new and different interdisciplinary education. In Part 2 the diversity of topics for interprofessional education will be explored. The Arts and Humanities module will be described in terms of the genres of literature poetry media art film photography music theatre. Questions will be posed regarding experiences of this type of medium for challenging assumptions. Opportunities to share diversity in learning within interprofessional contexts will be encouraged.

Results: The presentation will provide evaluative evidence from students and staff.

Conclusion: On completion of this presentation the audience will have reflected on the potential of diversity in learning strategies for all students. The importance of inclusivity and relevance will be highlighted.
ARE STUDENTS CONFIDENT TO UNDERTAKE INTERPROFESSIONAL EDUCATION? THE DEVELOPMENT OF A MEASURE TO ASSES INTERPROFESSIONAL EDUCATION ACADEMIC BEHAVIOURAL CONFIDENCE

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Introduction: Factors such as age professional identity learning orientation gender and professional grouping have been postulated as reasons for the differences seen in health and social care students perceptions of and readiness to engage in Interprofessional Education. Students global academic behavioural confidence also influences student perceptions of study experiences. It is unknown if academic behavioural confidence influences student perceptions and readiness to engage in Interprofessional Education. Currently no measure for Interprofessional Education related academic behavioural confidence exists.

Objectives: To develop a questionnaire to measure Health and social care students confidence to engage in Interprofessional Education. This questionnaire will be constructed and tested for reliability and validity and then be used to assess first year student confidence to engage in Interprofessional Education activities.

Methods: Approval for the study will be obtained from the Research Ethics Committee at Glasgow Caledonian University. All information will be accessible to the author only. Informed consent will be obtained by all participants. Anonymity will be maintained for all participants. A mixed method prospective survey design will be undertaken in purposive sample of first year BSc health and social care students within the School of Health and Life Sciences at Glasgow Caledonian University. Questionnaire analysis will then be used to establish if hypothesised significant differences exist relating to age gender and chosen profession.

Results: The presentation will describe the rationale for the study drawn from a summary of the literature to date in relation to students perceptions and readiness to engage in Interprofessional Education activities and a review of studies of students exploring academic confidence. A draft outline of the proposed study design will be presented.

Conclusions: The presentation describes work in progress and comments from the floor will be welcomed.

Key words: Interprofessional Education Student Confidence Academic Confidence Measuring Confidence
BRIEF REPORT: PRELIMINARY COURSE IMPACT EVALUATION

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Background/Rationale: Healthcare academics must revise their professional programs to educate students to effectively practice in inter-professional teams within a healthcare system that doesn’t wholly support interprofessional care in practice. This paper explores the impact of the IHHS 402 course: HIV Prevention and Care on health care providers in relation to providing effective interprofessional care for persons living with HIV in British Columbia. This exploration highlights the challenges of measuring impact of pre-licensure education on practice. IHHS 402 is a highly specialized course for upper-level undergraduate and graduate health and human service students. It is taught by an interprofessional team of health and social service professionals in partnership with several community and health agencies addressing HIV prevention and care.

Methods/Methodology: A search for former students’ community and professional engagements was carried out using Google, Yahoo and Dogpile databases and social networking sites (e.g., Facebook, LinkedIn). A search of publication databases included PubMed, CINAHL, Academic Search Complete, and MedLine were conducted to indentify graduates’ written works related to HIV prevention and care and literature exploring the impact of interprofessional education on healthcare. A review of research conducted by a former IHHS 402 student who investigated the perceived impact of and ability of students to change clinical practice based on learning experiences from the course was also included.

Conclusions: A preliminary assessment of the course impact demonstrates that former IHHS 402 students’ (1) continue to contribute to the healthcare needs of British Columbians living with HIV; (2) enhance the body of knowledge of HIV prevention and care; and (3) become better interprofessional and collaborative practitioners. However, a retrospective evaluation of pedagogical significance and impact on professional practice is limited.

Discussion Questions: 1 What does effective interprofessional team-based care look like? 2 How does it function in HIV prevention and care settings? 3 Does educating students from various health professions enhance their ability to function in interprofessional, patient-centred care environments? 4 How do these students use what they learn in the course after graduation? 5 What are the characteristics of successful interprofessional educational endeavors? 6 What strategies could be incorporated to quantify how IP education impacts healthcare service outcomes?
THE ADDITION OF OSTEOPATHIC MANUAL THERAPY TO THE ROUTINE USE OF COMPRESSION GARMENTS IN THE MANAGEMENT OF BREAST CANCER RELATED ARM LYMPHOEDEMA

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Background: Arm swelling or lymphoedema is the most common complication following remission from breast cancer. This health issue is affecting a growing number of women as the incidence of breast cancer increases worldwide. In New Zealand, one in nine women will be diagnosed with breast cancer in their life time. Physical and psychosocial repercussions can be profound and studies have shown significant deleterious effects on quality of life. Effective maintenance strategies are particularly essential due to the chronic and progressive nature of lymphoedema.

Objective: Osteopathy is a holistic manual therapy that has roots in medical science. Since being developed in the 1800s, osteopaths have regarded effective lymphatic drainage of fundamental importance to health. However, there is a paucity of literature regarding osteopathic treatment of this common lymphatic condition. The objective of my research is to investigate osteopathic manual therapy (OMT) as novel management option for breast cancer related lymphoedema to reduce the morbidity burden in society and improve quality of life for those affected.

Method: Several variables will be measured to assess the effects of OMT on breast cancer related lymphoedema, including arm volume, arm symptoms, range of arm movement and quality of life. Baseline measurements will be taken over two weeks. Once a stable baseline has been established, five OMT sessions will be given in addition to the participants usual home management, which will include the use of compression garments. Regular assessment will continue throughout the two and a half weeks of intervention and for three weeks afterwards. Recruitment of participants is currently underway.

Relevance to sub-theme: As with many health conditions, the most effective management and best clinical outcomes arise from concerted collaboration by a diverse team of professionals. Osteopathy may be able to provide a unique treatment perspective to the conventional cohort of professionals which includes doctors, specialist nurses, lymphoedema therapists and physiotherapists. Improved awareness amongst professionals would enhance recognition and understanding of treatment limitations and when collaboration is likely to improve patient care. In this context, the opportunity for discussion at this conference of the future role of osteopathy as a new lymphoedema intervention, drawing on the above research, would be both timely and beneficial. This theme is furthermore relevant in a broader sense with the growth of osteopathy as an allied health care practice and the need for development of inter-professional understanding to achieve effective patient centred care for a diverse range of conditions.
FAMILY 101: AN EMPOWERMENT TRAINING PROGRAM FOR FAMILIES OF CHILDREN WITH SPECIAL NEEDS

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The Filipino family is described as nuclear yet functionally extended since everyone in the family plays some part in raising its children. However, during the past decades, the Filipino family has changed its configuration. Due to social realities such as poverty, technological advancements, and globalization, there has been a proliferation of different family forms: two-earner, single parent, step families, cohabitation, homosexual families (adoption), and families of children with special needs.

Having a child with disability is a disruptive event within the established routine of a family. Thus, there is a need to introduce the importance of partnership between the family and professionals who both have significant expertise and knowledge that will make a difference in a child’s life.

The “Family 101 Empowerment Program” is an innovative modular course created purposively to utilize the expertise of different health professionals who will provide helpful information for families of children with special needs. This short course aims to provide helpful information about the child’s disability (Module 1), emphasize the importance of understanding the family and collaboration with professionals (Module 2), introduce basic therapeutic interventions (Module 3), and allow parents to create a home program for their child (Module 4).

This course was conceptualized based on data extracted from focused group discussions and semi-structured interviews with affected families and professionals. Participants of this course may be any legally adult family member who is responsible for rearing the child with special needs. It will be conducted within a span of four weeks (one session per week) in a ladderized curriculum. The program will cater to 15-30 participants, who will be facilitated by locally licensed therapists.

This course is still in its planning process and is open for recommendations from health professionals coming from different fields of practice and cultures, before implementation on November 2012.
THE CHALLENGES OF THE FACILITATOR: EVALUATION OF STUDENT FACILITATORS IN A INTERPROFESSIONAL LEARNING PACKAGE, PRODUCED BY STUDENTS AND DELIVERED TO UNDERGRADUATE HEALTH AND SOCIAL CARE STUDENTS

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Background and Purpose:
Evaluation of student facilitators delivering a student-created interprofessional education (IPE) package to participants from dietetics, medicine, midwifery, nursing, pharmacy and physiotherapy at the University of Nottingham (UK) in 2010, 2011 and 2012. Staff and senior students facilitated interdisciplinary discussion groups and the project was delivered online and in face-to-face meetings. Student facilitators very effective in delivering IPE; student participants and facilitators benefit greatly from their involvement.

Method:
Free-text feedback forms from participants and facilitators were analysed to evaluate the challenges and advantages of using students as facilitators.

Results:
Discussions facilitated by senior students gave participants a good understanding of the relevance of IPE to their training and future careers. Face-to-face meetings were more constructive and enjoyable than online discussion, with positive feedback from groups facilitated by students. Recent cohorts have engaged better with the online component. Student facilitators are better at using multi-media than their professional counterparts.

Analysis and Conclusions:
Student facilitators help their peers engage in collaborative learning packages. Student-created learning resources are relevant and interesting to student participants they are ideally placed to lead the way in IPE expansion in higher education institutions. This will ensure that future generations of health-care professionals are well-equipped to provide high-quality interdisciplinary care to service-users.

References:
Cooper B. A. et. al. (2009) Facilitating and evaluating a student-led seminar series on global health issues as an opportunity for interprofessional learning for health science students, Learning in Health and Social Care, 8(3), pp. 210-222.
Selby JR et. al. (2011) Piloting the use of an interprofessional stroke care learning package created by and for students, Journal of Interprofessional Care, 25(4) pp. 294-5.
Saturday, 6 October, 2012; 9:00-10:00

ADVANTAGES OF PRESENTING INTERPROFESSIONAL EDUCATION TO HIGHER EDUCATION STUDENTS USING A CONFERENCE FORMAT

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¹University of Hertfordshire

This presentation will focus on the teaching of IPE at a large UK Higher Education (HE) institution, where approximately 1000 students from 12 different disciplines have their learning needs effectively addressed. A large scale conference format is used and exploited to create valuable learning opportunities that have the service user as a focus for exploration during IPE. Ideas that have been implemented will be discussed and disseminated so that their suitability for adoption across a broad range of institutions may become apparent.

The conference format is used to facilitate opportunities to integrate the service user as the focus of the teaching. Within this framework the valuable learning environments of mixed discipline small and large groups are both effective. The facilitation skills of enthusiastic, motivated and experienced HE staff are exploited to good effect. Structuring IPE around this framework allows teaching, learning and assessment to work towards the stated goals. At our institution the over-riding priority is improving the quality of care that our graduates are able to provide for their patients/clients and service users whatever their employment environment.

The discussion will focus on how a large conference format can be used to overcome the challenges and will convene people who have the responsibility for administering interprofessional education at an HE level who are familiar with constraints that have to be overcome. Many constraints originate from across the spectrum of learning teaching and assessment and will be either common or expected among delegates. These include resources in terms of staff, teaching accommodation and facilities. Equally important is achieving a good quality of communication in an organisation that is both complex and complicated. Administration of IPE is often a balancing act between constraints and opportunities in order to achieve this goal.
SIMULATION BASED INTER-PROFESSIONAL HEALTH CARE EDUCATION AND TRAINING: HOW ARE INTER-PROFESSIONAL LEARNERS DEBRIEFED?

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¹Center for Health and Social Care Research, Birmingham City University, Birmingham ²Plymouth University ³Monash University

Aim: To identify and evaluate the effectiveness of debriefing methods and techniques used in inter-professional simulation based health care education.

Background: Effective team work between health care professionals is a fundamental element in the provision of safe and good quality patient care. Research evidence demonstrates that there is poor collaboration between health care professionals. Increasing number of inter-professional simulation based education and training programmes are being developed to improve inter-professional collaboration. Debriefing is described as the most important component of simulated learning. It is recognised that most of the learning of simulation based education takes place during the debriefing, however if the debriefing is poorly conducted it can have a negative impact on learners.

A review of the literature reveals that despite its recognised critical importance there is a paucity of research on simulation debriefing. It has been suggested that debriefing practices vary significantly according to the facilitators and various institutions. Skilled facilitators are considered to be important in utilising the learning opportunities presented in simulation exercises. It is suggested that debriefing facilitators need both structure and specific techniques to enhance learning during debriefing. This study seeks to explore and evaluate the methods and techniques used to debrief inter-professional learners.

Methods: Qualitative and Quantitative methods (multiple methods) will be employed to address the proposed research area. Semi-structured interviews, observation of debriefing sessions and the DASH tool will be used to gain an understanding of the debriefing methods and techniques and evaluation of their effectiveness in achieving the learning objectives.

Expected impact: The findings of this study will contribute to simulation pedagogy and enable inter-professional simulation debriefing sessions to be planned and implemented based on research evidence. Implementation of effective debriefing methods and techniques will contribute to enhanced collaborative clinical practice and ultimately improve patient care and patient outcomes.
Sunday, 7 October, 2012; 9:00-10:00

THE ARTS AND HUMANITIES IN INTERPROFESSIONAL EDUCATION

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This paper will focus on the place of the arts and humanities in providing critical perspectives and diversity in professional health and social care education. It draws on evidence from the implementation of a module titled The Arts and Humanities in Health and Social Care Contexts within an undergraduate curriculum. Introducing this to health and social care students studying broadly science related subjects brings holism to their development as a person and a professional.

Objectives: Objectives of the presentation are to enable the audience to appraise the value of the arts and humanities in relation to their own educational and professional perspectives and to analyse the place of the arts and humanities in facilitating interprofessional discourse.

Methods: The presentation commences with an introduction to KITBAG. It is known to encourage changes to behaviour, mindset and assumptions. It helps participants to examine themselves as people and professionals and to de-stress. Participants will be able to try this for themselves. The module will be described in terms of the foundational themes alongside the genres and centre around the following literature poetry media art film photography music theatre narrative interpretation response understanding insight caring social context culture and diversity images metaphors transformation identity compassion ethics spirituality complexity reflection. Questions will be posed regarding experiences of this type of medium for challenging assumptions. Opportunities to share diversity in learning within interprofessional contexts will be encouraged.

Results: The presentation will provide evaluative evidence from students and staff from two years of module implementation within undergraduate courses for medicine, nursing and occupational therapy.

Conclusion: The audience will leave this presentation having reflected on the potential of the arts and humanities to foster different understanding of the human experience and will have evaluated the contribution of diversity in learning strategies for health and social care.
CLOSING THE EDUCATION PRACTICE GAP: DEVELOPING A NEW IPE CLINICAL UNIT

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Interprofessional education and practice can lead to enhanced patient and provider satisfaction and improved patient outcomes (Health Canada, 2004). The World Health Organization suggests one way to achieve this goal is for health and educational organizations to work together (WHO, 2010). The health educators and health care providers of the Niagara Region, Canada share this same philosophy, and are working toward developing a new interprofessional education and practice unit. The key players in the planning group include leadership representation from local educational organizations, including medicine, nursing, rehabilitation sciences and allied health; and the health care organization that services the region. This innovative initiative is in the planning phase and scheduled to be implemented September 2013. This IPE unit will provide a unique opportunity to narrow the education to practice gap related to interprofessional practice. Students as well as staff will learn to work collaboratively, master interprofessional competencies, and become the leaders of patient centered care in this region. This presentation will discuss the process of the conception of an innovative idea through to fruition. It will highlight challenges and opportunities throughout all stages of development. Specific areas that will be discussed include, identifying the need and context for this IPE unit, establishing partners, planning, developing curriculum and training modules, and creating evaluation procedures. Additionally, the motivating factors from all key players, to come together as a group and make this initiative a reality, will be discussed.

INTERPROFESSIONAL EDUCATION IN THE NORDIC COUNTRIES, DIVERSITY AND SIMILARITIES

Gerd Bjorke¹, Flemming Jakobsen², Vestergard Erik³, Margaretha Larm⁴, Steffan Pelling⁵, Synnove Almaas⁶, Kaijaleena Serlo⁷, Tiina Maentausta⁷
¹PUS, Oslo University College, Norway ²Holstebro Sygehus, Denmark ³Kolding Sygehus, Denmark ⁴Karolinska Sykehus, Stockholm, Sweden ⁵Linkoping University, Sweden ⁶Aalesund University College, Norway ⁷Oulo University, Finland

Background. NIPNET is a network to foster interprofessional collaboration in education, practice and research in the Nordic countries. The Nordic countries consist of Denmark, Finland, Norway and Sweden. These countries have cultural and political similarities, as well as similar health and educational systems. There could be a good reason for comparing the status for interprofessional Education within the Nordic area.

Aims for the discussion: In this round table discussion we would like to learn more about various ways to establish national cultures for Interprofessional Education and Collaborative Practice for better health services.

Themes to be presented and discussed. After a short introduction presenting characteristics of interprofessional Health Education in the four Nordic countries, will be followed by discussions on what would be important steps to take, to make Interprofessional Education main stream within health education what are the hindrances and what are the possibilities.
INTERPROFESSIONAL NON-TECHNICAL SKILLS FOR SURGEONS IN DISASTER RESPONSE: A QUALITATIVE STUDY OF THE AUSTRALIAN PERSPECTIVE

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Background: Disasters are increasing in frequency and non-technical core competencies have not yet been identified for surgeons in disaster response. The identification of these non-technical competencies, and their role within interprofessional practice and disaster response training, are explored.

Objectives: The aims of this study were: (1) to identify the interprofessional non-technical core competencies required of Australian surgeons in disaster response, (2) to explore the barriers and facilitators of interprofessional practice in disaster surgical teams, (3) to identify how interprofessional non-technical core competencies for Australian surgeons in disaster response could be best taught and assessed.

Methods: 20 health professionals with prior experience in disaster response or education participated in semi-structured in-depth interviews. A qualitative exploratory design, incorporating matrix analysis, permitted the exploration of surgeons interprofessional non-technical skills in the disaster environment and their perceptions of appropriate methods for training surgeons in these core competencies. Credibility of the findings was established through member check, and triangulation among participants and multiple data verification sources.

Results: In this study, three types of interprofessional non-technical core competencies for surgeons in disaster response were identified: skills for austere environments, cognitive strategies and interpersonal skills. Interprofessionalism in disaster teams incorporates elements of effective teamwork, good leadership, role adjustment and conflict resolution. The majority of participants held the belief that surgeons needed training in interprofessional non-technical skills in order to achieve best practice in disaster response. Discussion of ideal components of such training programs included lectures in conjunction with simulations/exercises, group work, tabletop exercises and mentoring/role-modelling. Training programs could also incorporate elements of expectations training, a new method of training identified in this study. A multidisciplinary training program, incorporating an interprofessional focus, was recommended.

Conclusions: Surgeons considering becoming involved in disaster management should be trained in non-technical core competencies for disaster response, as identified in this study. This would ideally be conducted in a multidisciplinary program with an emphasis on interprofessional practice. Training elements could include lectures in conjunction with simulations/exercises, group work and mentoring as well as expectations training.
SHORT-TERM AND LONG-TERM OUTCOMES OF AN EVIDENCE-BASED
INTERPROFESSIONAL EMERGENCY PREPAREDNESS CURRICULUM FOR
HEALTH SCIENCE STUDENTS

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According to the National Center for Education Statistics, American universities graduate over 74,000 health professional each year. While many of the programs prepared graduates for emergency care in clinical settings, very few provide consistent emergency preparedness and response training. “Disaster 101”, a research project sponsored by the University of Minnesota’s School of Public Health and supported through a grant from the Centers for Disease Control and Prevention (CDC), is designed to test the utility of evidence-based strategies for improving interprofessional disaster response training.

The two main goals of Disaster 101 are: 1. To teach disaster preparedness content and interprofessional team response skills to health professions students; and 2. To develop, implement, and evaluate the effectiveness and efficiency of scenario-based, immersive disaster simulations. To date, over 300 students from six health professions (Medicine, Dentistry, Nursing, Pharmacy, Public Health, and Veterinary Medicine) have completed the workshop. An additional 20 participants who are practicing professionals (including veterinary medicine, dentistry, public health and medicine) have also completed the training.

Employing best-practices in simulation science and adult education, Disaster 101 is designed to include four critical elements: 1. a two-hour online mini-course which serves as a prerequisite to the face-to-face workshop; 2. three 45-minutes skills modules delivered by content experts; 3. two realistic, immersive simulations incorporating corrective feedback; and 4. a group debriefing with facilitators and simulated victims.

Results indicate significant improvement in understanding of emergency medical response and incident command. In addition, performance evaluations measuring response skills and communication skills indicate consistent improvement in interprofessional team performance. In a longitudinal survey delivered 12 months after participating in the workshop, 100% of respondents indicated that they regularly use interprofessional and team skills learned in Disaster 101 in their clinical education and/or practice.
ANALYZING MY INTERPROFESSIONAL WORKING EXPERIENCE IN AN INTERNATIONAL DISASTER RELIEF ACTIVITY

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I had some experience of interprofessional work in the context of an international disaster relief activity. In this round-table presentation I will describe the meaning of experience of that interprofessional work in an international disaster relief activity using heuristics, one of the phenomenological research methods. Four participants, including me, were members of the same team that was dispatched to the Pakistan floods by a non-governmental organization. I collected data from my memoir and two focus group interviews. The recorded interviews were transcribed verbatim into textual records. Then, I read these records and memoir carefully and extracted the context that recited content about “the collaboration and cooperation in the team”. I interpreted the meanings of these contexts and extracted some themes using a thematic analysis. As a result, I extracted six themes namely 1) Realizing that the habit of a way of thinking and the action of own influences activity and human relations, 2) Be influenced by sensitivity for the own security, 3) Evaluating the atmosphere of the team by emotional expression, 4) Interpersonal reaction to behavior of others, 5) High dependence for place (time, space) on promoting collaboration, 6) Having standard awareness on the characteristic of the international disaster relief activity. These themes show that the interprofessional working during the Pakistan floods relief activities relate to social sensitivity and emotional sensitivity in team members. I would like to discuss these findings during a roundtable discussion with the aim of considering implications for interprofessional work in disaster relief activities more generally.
HEALTHCARE STUDENTS VIEWS ON HOW REFLECTIVE LEARNING HELPS PROMOTE INTERPROFESSIONAL EDUCATION, LEARNING AND PRACTICE
OLGA SHUTTLEWORTH: 4TH YEAR MEDICAL STUDENT UNIVERSITY OF EAST ANGLIA

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Background:
The General Medical Council (GMC) in the UK emphasizes the need for students to develop interpersonal skills required for them to work effectively as part of an interprofessional team - interpersonal skills that enable students understand the knowledge, and contributions of other professionals, knowing how they best interact together, as well as learning how to communicate with members of their team and their patients. It is thought that this way of working is essential for practitioners to deliver a high standard of care and to ensure patient safety.

In order to optimise effective collaboration and interprofessional practice (IPP) between colleagues from different professions, there is responsibility on the individual student to learn about their personal impact on an interprofessional encounter and reflect upon developing their skills, values and attitudes needed to reach the expected standard set by the GMC. Application of the reflective process presented by Kolb (1984) to the GMC principles of IPP may help students develop the skills required.

Aim:
To discuss, share ideas and develop a proposed study aiming to explore the possible advantages of students engaging in reflective practice to further develop the skills needed for effective IPP.

Proposed Methodology:
Students from a variety of healthcare backgrounds will be invited to complete a reflective journal exploring their experiences of both effective and ineffective IPP. The reflective task will ask participants to identify ways in which their skills, values and attitudes impacted these situations. By identifying what promoted effective IPP and applying this to future clinical experience, the participants will complete a structured questionnaire at a later stage to explore whether participation in reflective practice has had a positive impact on their IPP experience.

Students will be recruited in the hope that findings will contribute to the development and establishment of the best possible Interprofessional Education.
WHOA TO GO IN NINE FOR IPE: SET UP AND FIRST DELIVERY OF A NEW RURAL IPE PROGRAMME IN NEW ZEALAND

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The World Health Organization initiative to enhance patient outcomes, reduce clinical error rates, increase patient satisfaction and increase retention of healthcare professionals through interprofessional practice and interprofessional education is essential on a global scale. The healthcare educational system is responsible for facilitating interprofessional practice through the production of professionals that value interprofessional practice. Creating a culture of interprofessional education across disciplines with perceived institutional barriers to curricular efficiency, teamwork, interprofessional clinical and didactic activities must include a leader that mentors faculty into the role of interprofessional educator. The perceived institutional and accreditation barriers to co-curricular articulation can inhibit healthcare programs from achieving the global goal of interprofessional practitioners. Faculty may perceive that interprofessional articulation will not meet accreditation standards, increase class time, increase cost to students and increase workload for faculty. The program, department or institutional leader must articulate the professional commonalities, curricular redundancy and benefit to faculty in order to facilitate a common value system. Models of interprofessional education may in reality decrease workload through collaborative efforts and increase individual efficiency. Collaborative partnerships across professions may also facilitate translational research among faculty and students, provided a common climate of mutual respect and shared values exists. Creating such a climate through team-building and mentorship activities is the key to a successful interprofessional educational experience for both faculty and students (future practitioners). During this round table discussion, we intend to present ideas on how to facilitate mentorship philosophies to create shared respect and values to overcome perceived faculty and institutional barriers to develop interprofessional curricula.
A CROSS SECTIONAL SURVEY OF INTERPROFESSIONAL EDUCATION IN AUSTRALIAN AND NEW ZEALAND HEALTH PROFESSIONS PROGRAMS

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Background: Despite general acknowledgment its benefits, the current state of interprofessional education in Australian and New Zealand universities is largely unexamined. There is also little known about the use of interprofessional education in teaching medication safety to nursing, pharmacy and medical students.

Objective: A cross-sectional survey was designed to scope the extent to which interprofessional education is used in Australian and New Zealand nursing, pharmacy and medical programs. Details of the type of interprofessional approaches used, the barriers to integration, and application to medication safety were also explored.

Method: A web-based cross sectional survey was used to gather information from Australian and New Zealand universities offering nursing, pharmacy or medical programs. The quantitative survey data were analysed using frequency summaries and qualitative data were examined using content analysis.

Results: Responses were received from 33 of the 43 (77%) target universities. Eighty percent of the participants indicated that they currently offer interprofessional education experiences, but only 24% of these experiences met the accepted definition of interprofessional education. Interprofessional education occurs when learners from two or more professional groups learn about, from and with each other. Of the participants who offered interprofessional education only 50% used it to teach medication safety. Timetabling restrictions and lack appropriate teaching and learning resources were identified as the main barriers. All participants reported that staff development, multi-media resources and e-learning options for teaching medication safety would be beneficial to interprofessional education initiatives.

Conclusion: Although interprofessional education has been identified as integral to the preparation of future health professionals there are pragmatic constraints that impede implementation. Creative and innovative approaches will be needed to overcome the barriers and facilitate uptake of quality interprofessional education more broadly. Web based and e-learning options promise a possible way forward, particularly in the teaching of medication safety to nursing, pharmacy and medical students.
FROM INTERPROFESSIONAL TO TRANSPROFESSIONAL LEARNING THROUGH HUMANISING CARE: PERSPECTIVES, TRANSFORMATIONS, AND FUTURES

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Interprofessional education and collaborative practice is widely advocated as a means for improving the quality of care. Such cross-professional projects and research have been variously described as multidisciplinary, interprofessional, and transprofessional with concepts used interchangeably, leading to potential confusion and lack of clarity. The purpose of this paper is to advance current understandings and practices of transprofessional education through shifting the focus of engagement from cross-professional contact and collaboration to the shared goal of humanising care. This transprofessional perspective acknowledges and works alongside professional differences and enables differences to be transcended by focusing on person-centred care and well-being as the fulcrum for transformative learning and practice. The paper will report findings from a transprofessional curriculum project to connect learners to humanising evidence based practice. 1200 second year undergraduates were introduced to evidence to guide their practice, using a blend of face-to-face and online group work activities centred around seventeen web-based case studies, underpinned by a lifeworld-led philosophy. The cases focused on the human experience of the impact of conditions, such as stroke and dementia, and situations, such as social isolation and homelessness. Evidence was provided through stories and poems, qualitative and quantitative research, and policy and practice issues related to the topics. The philosophy underpinning the learning resources supported the opportunity for students to integrate understandings from a) conventional evidence; b) the persons experience; c) their own insights coming from imagining what it was like for the person experiencing a condition or situation and encountering human services; d) their own professional knowledge/experience. Data from student group work and evaluations collected over a two year period, complying with ethical processes, will be drawn on to identify benefits and limitations of working transprofessionally to achieve humanly sensitive care including questions of dignity, agency, research based judgements, respect, safety, ethical sensitivity, and empathic understandings. Promoting transprofessional education embedded in a humanising care philosophy has distinct advantages for role enrichment and expansion beyond multiprofessional task-focused and interprofessional collaborative learning.
TEAM WORKING RESILIENCE AND LEADERSHIP PERFORMANCE: THOUGHTS ON INTERPROFESSIONAL EDUCATION STRATEGIES FOR SUSTAINABLE PRACTICE

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Effective Interprofessional practice has taken place where there have been leaders with a strong commitment to interprofessional working (Wilhelmsson et al, 2009) or where funding has been made available. When the funding has ceased (Clark, 2011) or the leader has moved on the residual team have often not been able been to continue the development. Our collaborative paper considers the sustaining of Interprofessional working in challenging situations. We reflect on leadership, management, team working and, perhaps most importantly, references to resilience, in order to gain new insights to support the development of teams. We share our preliminary thinking on possible strategies for interprofessional education that may enable practice to survive and thrive in difficult times. We reflect on theory and research to pose the hypothesis that incorporating aspects of leadership, team working and resilience from a wider context will help interprofessional development to be more sustainable in the future (Meads et al, 2009).

References:
CONSTRUCTS OF READINESS FOR INTERPROFESSIONAL LEARNING IN POSTGRADUATE STUDENTS OF ISFAHAN UNIVERSITY OF MEDICAL SCIENCES, IRAN

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Introduction: interprofessional learning is main strategy for health sciences education through which learners from variety of disciplines learn together and therefore get ready to work collaboratively in real health services fields. Different tools have been made to assess preparation of students from various professions to learn together among which Readiness for Interprofessional Learning (RIPLS) is well recognized.

Objective: This study aimed to report constructs of RIPLS validated in Iran.

Methods: It was a psychometric study conducted in 2011. Study population consisted of post graduate students from Isfahan University of Medical Sciences, Iran. Samples were recruited through convenience sampling method. The 19 Item RIPLS were used to collect data. The analysis method was principal component analysis using varimax rotation. Latent factors (constructs) with Eigen value more than 1 were extracted. The study was ethically approved and the participants signed informed consent and their participation was voluntarily.

Results: Two hundred students filled the questionnaires. But data from 17 questionnaires were removed during data preparation and analysis process. The samples consisted of 89 (48.6 percent) students of medicine and different specialty, 47 (25.7 percent) nursing students, and 44 (24 percent) students from other health professionals. 3 students had missed to mark their own discipline. Five constructs were identified namely “effectiveness of interprofessional learning”, “interprofessional communication”, “teamwork and collaboration”, “professional identity” and “roles and responsibilities”. These constructs explained 61.5 percent of total variance.

Conclusion: The results of such a five-construct Persian version of RIPLS may be a worthwhile tool to assess readiness of postgraduate students to participate in interprofessional education initiatives. Although, future complimentary psychometric analysis is need to ensure validity and reliability of Iranian version of RIPLS, findings are useful to develop IPE curriculum.

Keywords: Readiness, Interprofessional learning, Student.
THE NEED FOR A UNIVERSAL COMPULSORY TERTIARY UNIT ON INTER-PROFESSIONAL COLLABORATION

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Aim This Oral presentation aims to discuss the current success of Interprofessional Collaboration educational units, and utilizing current research, investigate what would be involved in introducing a compulsory, universal tertiary unit for health professional students. When we imagine a perfect health industry, unity and equality come to mind. An industry where client-centered practice is evident, and where health professionals interconnect to provide the best quality care. All together better health, begins solely with education. Still to this day, health professionals are unfamiliar with the amazing workings of one another. Doctors may be unaware that Occupational Therapists are responsible for assessment of cognitive functioning, in turn Occupational Therapists unfamiliar with a Doctors patient input. To educate all up and coming health professionals, would ensure unity of the health industry. An understanding of each professions day to day workings would allow for ease of referral. We all know this, but what can we do to provide a sound health professional educational background, focusing on Inter-professional Education? My answer one universal, compulsory tertiary level unit. There have been initiatives implemented in the past, which show success. One example, Deakin Universitys Third and Fourth Year tertiary unit; Inter-professional Collaboration. Upon undertaking this unit, I have been able to gain a clear understanding of my fellow health colleagues roles. This aids immensely in providing high quality client-centered practice.
CHALLENGES OF IPE IN MULTI-LEVEL EDUCATIONAL INFRASTRUCTURES

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Based on accreditation standards in the United States, an entry-level degree is variable among the health professions. This presents unique challenges to the implementation of interprofessional education. Primarily, programs that require only a baccalaureate degree are perceived as less rigorous and therefore producers of practitioners with less knowledge and capability by other accreditors, professions, and students. Further, the confines of institutional infrastructure preclude cross-listing or enrollment in the same course, even if the contents of the course are exactly alike. Therefore, interprofessional activities become cumbersome to develop and organize. At Indiana State University, we face these challenges to the implementation of interprofessional education among Athletic Trainers, Physician Assistants, Physical Therapists, Nurses, and Medical Students. Although there is little overlap in curricula among Athletic Trainers and Physician Assistants, the collaboration is easier, even with disparate degree levels (baccalaureate and masters). However, with Physical Therapists, accreditation, degree level, and faculty barriers exist to the development of interprofessional activities. We believe these barriers exist due to a lack of appreciation/understanding of scope of practice and a general sense of superiority within Physical Therapy accreditors. The traditional educational systems of silos does not match the “real world.” We are embedded in an educational system that is 150 years old appropriate for the industrial age, but we have embarked on a new age of information where sharing is the premise. Traditional faculty have difficulties transitioning to collaborative instruction that requires multi-level education. Breaching those barriers requires flexibility, open mindedness, and deconstruction of long-held traditional notions of specialized education. Faculty must embrace professional commonalities to have a better understanding of the specialties and serve as a model for interprofessional practice. During this round table discussion we intend to present ideas on how to deconstruct misconceptions and develop activities when heterogeneous courses and accreditation limit these activities.
A MEDICINES SAFETY TEAM OBSERVATION TOOL FOR USE IN UNDERGRADUATE INTERPROFESSIONAL SIMULATIONS: ISSUES OF DEVELOPMENT AND USE

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Widespread recognition of the challenges posed to patient safety by increasingly complex environments and rapidly changing patterns of care has highlighted medication safety as an important area of risk. In consequence, medication safety is an increasingly important component of pre-qualifying student curricula.

Interprofessional simulations offer students excellent opportunities to develop the teamwork and communication skills essential for medication safety in an authentic clinical environment; there is currently great interest in the use of these educational methodologies. However, many questions remain about the educational effectiveness of these forms of learning. In particular, for medication safety, as for other areas, there is a need to develop greater understanding of the complex interactions that occur when interprofessional student teams manage a patient.

Development of a tool for the systematic observation of teamwork would greatly facilitate such an understanding. Currently there are few such validated tools available and none to our knowledge that are appropriate for the specific consideration of medication safety issues. We are currently developing and piloting such a tool for use with undergraduate interprofessional groups. Whilst the tool focuses on medication safety, we anticipate that its format will be adaptable to other aspects of team skills and behaviours.

At present, we are developing our tool for formative use by both students and tutors. However, given the requirements of particular professional bodies and the increasing profile of IPE assessment, we envisage that, in future, there may be expectations that the tool will be used for summative purposes.

Our presentation will consider the development process and piloting of the tool, leading to a discussion of issues relating to appropriate usage. Is such summative assessment by observation desirable and appropriate in the undergraduate setting? Does the inherent riskiness of the topic being observed affect how a tool may be appropriately used?
Oral Presentation
(Or-1~81)
EXAMINING THE EFFECTIVENESS OF INTERPROFESSIONAL EDUCATION.
NEW FINDINGS FROM AN UPDATED COCHRANE SYSTEMATIC REVIEW

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Over the past few years systematic reviews of interprofessional education have provided us with a more informed understanding of the effects of this type of education on learners, facilitators and patients. This presentation provides an update of a Cochrane systematic review of interprofessional education which was published over four years ago. In updating this review, our current work involved searches of a number of electronic databases from 2006 to 2011, as well as reference lists, books, conference proceedings and websites. Like the previous review, only studies which employed randomized controlled trials, controlled-before and-after-studies and interrupted time series studies of interprofessional education, and that reported validated professional practice and health care outcomes, were included. While the last review located six interprofessional education studies, this update located a further nine studies. In total, therefore this presentation reports on 15 included interprofessional education studies. This presentation aims to add to the ongoing development of evidence for interprofessional education. Despite continued progress being made in relation to strengthening the evidence base for this form of education, the paper concludes by stressing that further rigorous mixed method studies are required to provide a greater clarity of its effects on professional practice and patient care.
TELECONFERENCE TRAUMA THINK TANK FOR COLLABORATIVE CAPACITY BUILDING IN MENTAL HEALTH

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Rural and remote child and adolescent mental health clinicians and their community based colleagues have limited access to professional development. This presentation will describe the Trauma Think Tank initiative and provide qualitative evaluation data about the project. It began in 2010 and continues to expand within the context of the CAPTOS outreach project of the Department of Psychological Medicine. This interdisciplinary practice has also created links between community clinicians because the Think Tank provides opportunities for cross disciplinary and cross agency learning.
A PRACTICE-BASED PATIENT-CENTRED MODEL OF IPE WHICH ENGAGES PRACTITIONERS AND IMPROVES PATIENT OUTCOMES

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Background
The Leicester Model of practice-based Interprofessional Education (IPE), published widely and underpinned by theory, has helped to improve the quality of patient care for over ten years.

Objectives
1. Explain the learning cycle for replication
2. Share outcomes from a longitudinal study from 2004-10.

Methods
A mixed method design involving six Primary Health Care Teams (PHCTs). A random sample of patients involved in the IPE; practitioners and managers, course tutors and student-group feedback forms. The student interprofessional teams consisted of medical, nursing, social work, pharmacy and speech and language therapy students. Ethical permission was obtained.

Results
23 patients identified positive outcomes as a result of involvement with the course. These ranged from practical help e.g. referrals for adaptations to their home, to social support initiatives to a sense of well being from participation. 27 practice staff including General Practitioners (GP), practice managers, nurses and social workers highlighted benefits from the students interprofessional assessment of their patients mainly because they learnt about care issues they did not know about. They valued the course because they perceived the students were, ‘keeping us on our toes’. 641 student feedback forms to the professionals identified; poor communication between social care and health care; delayed referrals, unrealistic patient journeys to outpatients, patients with depression and isolation, failure to assess patients for financial support; poor communication within PHCT and to other community or hospital teams; outdated medical reviews; housing adaptation needs; lack of social support assessments and poor use of the voluntary sector and many more.

Conclusion
This Model places interprofessional student teams to work and learn alongside professional teams. This shared learning enhances the quality of patient care because those responsible for the care (the practitioners) can make changes in care delivery and improve systems while reflecting on their own practice.
Royal Perth Hospital (RPH), in collaboration with Curtin University, run a student training ward modelled on the highly successful training wards that have operated in Sweden for the past two decades. The first pilot placements, funded jointly by Curtin University & RPH, ran in semester two 2010 for three consecutive rotations. Following the success of this ongoing funding from the Western Australian Health Department was secured which has enabled the ward to continue to run through 2011 and 2012.

Six beds within a general medical ward provide the setting for two-week clinical placements for final year students from medicine, nursing, physiotherapy, occupational therapy and social work, along with pharmacy interns. The students run the ward for the morning shift from 0700 till 1530 five days a week. They are supervised by staff from all six professions but the majority of the supervision is provided by registered nurses who are employed as the key full-time IPE facilitators on the ward. A consumer advocate visits the ward weekly to listen to patients and to provide feedback and guidance to the students on how they care ensure that the care they are providing is truly patient-centred.

This practice based IPE experience provides an authentic learning environment in which the students have developed the knowledge, skills and attitudes required for effective, patient-centred, collaborative practice. The key focus is on the use of effective interprofessional education principles (Barr and Low 2011; Howkins and Bray 2008) to ensure the delivery of safe, high quality patient centred care by students working collaboratively as an interprofessional team (Barr and Jones, 2011).

Several assessment tools have been used to evaluate the project including the Interprofessional Socialisation and Valuing Scale (King et al 2010), the Interprofessional Capability Assessment Tool (Brewer et al, 2009), qualitative surveys and focus group interviews. The results show that during their two weeks on the training ward students gain a positive attitude toward IPE, a high level of interprofessional practice capabilities and many report that is the highlight of their clinical training. Staff report that facilitating the students is a challenging but very rewarding experience with significant increases in their confidence and skill in IPE. Patient satisfaction is also very high. These results will be presented in full.
USING ROLE EMERGING PLACEMENT MODEL TO FOSTER INTERPROFESSIONAL LEARNING AND COLLABORATION DURING FIELDWORK EXPERIENCE IN LONG TERM CARE FACILITIES

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Background: While many long term care facilities within British Columbia, Canada have access to a range of health care professionals, they currently are under serviced by pharmacists and receive little to no exposure to pharmacy students. Given that majority of the residents are elderly with comorbidities and multiple medications, such settings offer unique opportunities to foster interprofessional approach to caring for the elderly.

Objective: To describe the development, implementation and evaluation of interprofessional collaborative fieldwork experiences for pharmacy students in long term care facilities.

Methods: Ethics approval was obtained. The role emerging placement model was used to build placement capacity for pharmacy students within long term facilities and to promote interprofessional learning and collaboration. Role emerging sites were defined as sites with no established pharmacy service or pharmacy preceptor on site. Qualitative and quantitative evaluation methods were used to evaluate student, preceptor and interprofessional staff experiences within these settings.

Results: A total of 23 students and 29 interprofessional staff participated in the experience. Students at the role emerging sites were supported by their pharmacy preceptor through scheduled meetings on and off site. The limited onsite access to pharmacy preceptors offered a unique opportunity for interprofessional learning and collaboration. The experiential model required students to regularly engage with the facility staff in order to recruit patients and deliver care; as a consequence, many of the staff willing took on the role of surrogate preceptors, with the pharmacy preceptors taking on a more consultative and supportive role. Over half of the staff indicated that student services were very helpful to the patients and to them directly, and a quarter indicated they now had a better understanding of the role of the pharmacist at their facility as a consequence of working with the students.

Conclusion: Important interprofessional collaboration and learning experiences can occur at role emerging placement sites.
MEASURING HEALTH PROFESSIONAL STUDENTS INTENTION TO BEHAVE IN A WAY THAT PROMOTES MEDICATION SAFETY USING THE THEORY OF PLANNED BEHAVIOUR

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Background- Evaluation of the effectiveness of teaching approaches and assessment of the impact of education initiatives on students behaviour has long been a challenge in educational research. The difficulty associated with rigorous evaluation has also plagued efforts to evaluate interprofessional education (IPE) initiatives. Despite widespread support for IPE, the effectiveness of IPE approaches remains uncertain. Existing evaluation instruments lack evidence of sufficient theoretical and psychometric development, and largely focus on attitudes toward interprofessional education and practice. This study uses an innovative approach to evaluate IPE outcomes using a questionnaire based on the Theory of Planned Behaviour (TPB). TPB methodology uses domains of attitudes, subjective norms, and perceived behavioural control to predict intention to perform a targeted behaviour. Behavioural intention can act as a proxy to measure actual behavioural outcomes, offering far greater generalizability and opportunities for interpretation than outcomes focused on attitudes alone.

Objective- The objective of this study is to develop and test a TPB-based questionnaire to measure the behavioural intentions of health professional students in relation to interprofessional practice and medication safety.

Methods- Focus group interviews were conducted with recent health professional graduates to identify the modal salient beliefs underlying their motivations to interprofessional practice and medication safety. Based on the identified factors, a draft instrument was developed, incorporating all the key theoretical constructs and both direct and belief-based measures. It was assessed for clarity and relevance by an expert panel of researchers and clinicians from nursing, pharmacy, medicine, and education disciplines. A web-based version of the questionnaire is being pilot-tested with nursing, medicine and pharmacy students from the University of Newcastle.

Results- This is an ongoing study. The results of pilot-testing and validation of the questionnaire and an understanding of its potential for widespread utility will be available by mid-2012. This presentation will report on the TPB approach and the results of this validation.
FACTORS ASSOCIATED WITH STUDENT ABILITIES TO CLEARLY EXPLAIN THEIR SPECIALTIES TO STUDENTS FROM OTHER SUBJECT AREAS IN AN OCCUPATIONAL HEALTHCARE DEPARTMENT

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[Objective] In each of the four subject areas of our department (occupational therapy, speech-language-hearing therapy, orthoptics, and medical engineering), we initiated a collaborative program within the curriculum that consists of student exchanges across departments. In one of these exchanges, the students explained their specialties to students from other subject areas, then planned and executed a practicum activity that was related to their own specialty. The purpose of the present study was to analyze the data from a self-evaluation questionnaire that the students completed at the end of the exchange.

[Subjects and methods] We analyzed responses from 146 students who participated in the exchange. A 26-item questionnaire evaluated four factors (management, explanation of specialty, facilitation and discussion) and was graded according to five ranks. Impressions of the curriculum exchange program were also collected by e-mail. We divided the respondents into low- and high-score groups, based on their ratings on the explanation of specialty section of the questionnaire. The low-score group consisted of those who scored in the lower 25th percentile of that section, while the high-score group was those who scored in the upper 25th percentile. To assess student impressions of the curriculum, the associated morphemes in the e-mail responses of students in each of the two groups were analyzed using a text mining approach.

[Results] The management, facilitation, and discussion scores in the high-score group were significantly higher than those in the low-score group (p < 0.001). The frequently used morphemes were generally positive in the high-score group (e.g. pleasure, experience, understand); but were generally negative in the low-score group (e.g. incomprehensible, impossible, difficult).

[Conclusion] The capacity to explain clearly from the point of view of another person may be linked to better self-evaluation, management, facilitation, and discussion abilities among the students in our department.
ENGAGEMENT STUDIOS: CREATING A CULTURE OF ACTION

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Recognizing the value in providing students with community-based experiential learning (CBEL) opportunities that facilitate engagement with community and deep reflection processes, the University of British Columbia has created an opportunity for students from varied disciplines to collaborate with community organizations. This project moves beyond a "culture of intellect", which was developed through a previously implemented Parisian Salon project, which brought together students from different disciplinary and cultural backgrounds to discuss issues of common concern related to the health and wellbeing of the world’s diverse populations. Through Engagement Studios, the project team is working towards building a "culture of engagement" that focuses broadly on the social determinants of health. Through the Engagement Studios students have the opportunity to engage deeply in the resolution of complex community-identified challenges that hold great potential to contribute to student learning not only in the community but with and from the community. The Engagement Studios: 1. Recognize the critical role community partners play in the co-educational process of students using appreciative inquiry and other dialogic processes to frame discussions and the exploration and implementation of solutions. 2. Create opportunities for students, faculty, and community partners to engage in "relationships where decisions about means and ends are made collaboratively, costs and benefits are shared, and learning is reciprocal. “ 3. Facilitate interprofessional collaborative learning experiences where students from different disciplines have the opportunity to learn with, from and about each other in order to contribute to common community-centred goals. 4. Advance community-university partnerships that are strategic, sustainable, and contribute to UBC’s overall community engagement priorities. This presentation will discuss the implementation of the Engagement Studios and discuss focus groups findings that have allowed the project team to explore the transition from dialogue to action, collaboration, community partners as co-educators, and learning experiences.
CAN A WORD-CLOUD HELP US INTERPRET QUALITATIVE FEEDBACK DATA? COMPARING LEARNING POINTS BETWEEN INTERPROFESSIONAL AND UNIPROFESSIONAL SIMULATION TRAINING

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Introduction
The London Deanery fund a day of full immersion simulation training for all only foundation year 1 and 2 (FY1& 2) doctors across London. The course has been run in two formats: with interprofessional education (IPE) (nurses as candidates alongside FY trainee doctors n=191) or with FY doctors alone (n=122). We compared the data from written feedback of those courses over 3 years using a novel method (a word-cloud) looking to see if there was any difference there was between the two courses and whether the word-cloud was useful in highlighting any differences.

Methods
One question asked was: what learning point(s) will you take away from this course? with space for a free text response. We analysed this question as it provided the most varied responses, reflecting the participants individual learning. We put the answers through a web-based word-cloud programme; which gives greater prominence and larger size to words that appear more frequently. The authors looked at the word-clouds as a way of interpreting the data from the candidates learning points.

Discussion
Both word-clouds featured communication as the most commonly occurring word, reflecting that this is a key NTS discussed in debrief sessions. Leadership has an equal prominence across the two and a common theme of calling for help is apparent. Handover appears in the uniprofessional cloud, but is absent from the IPE word-cloud. In the IPE word-cloud, the words teamwork and patient stand out, reflecting the interprofessional nature of the course. Confidence and calm are also well represented. In the IPE word-cloud, there appears to be a greater distribution of word size. We have interpreted this as a greater spread of learning points, which reflects the richness of the learning conversation throughout the debriefing sessions. In conclusion, the authors postulate that this method provides an interesting alternative to a standard thematic analysis of the data. The word-cloud is a useful tool to look at candidates responses in a different way, and stimulates discussion and faculty reflection. Reflecting on this method of interpreting feedback led to the authors decision to offer this course only as IPE due to the richness of the learning it provides.

References
www.wordle.net  Jonathan Feinberg 2009

This research gained ethical approval from the NHS research ethics committee.
Our university currently has ten departments and about 700 students in one academic year, but further efforts are necessary to develop IPE. An issue in the Integrated Learning Seminar on Collaboration (IPE Seminar), which is the completion of collaborative education, is to discuss the extent to which it can be made compulsory. However, securing locations and teachers for this education, and securing times slots for students from other academic disciplines is not an easy work. In Japan, universities which send students out to many clinical practices with their facilitator teachers, and provide IPE to the students targeted at the actual patients and users in the clinical practices are the exception and this is certainly difficult. It is ideal for as many students as possible to be able to participate in IPE, but for all of the students to participate in the IPE Seminar a large number of classrooms and facilitator teachers are necessary, and securing those is a problem.

Initially the modules targeted actual patients but gradually we have started to target scenarios of patients. As one method of solving these problems, one group in the IPE Seminar presented virtual cases using the Internet, experimentally held debates using a video conferencing system, and attempted to receive instruction from an external facilitator in a remote area. The presentations by the students were broadcast through the Internet, and as a result we succeeded in the experiment of actually receiving instruction from the remote facilitator.

We are developing a system to construct a database of module study materials about virtual cases on the web, which will enable us to present and debate the cases necessary for collaborative education through the Internet. These are based on scenarios provided by multiple universities and can be replayed using with illustrations and audio for each scene.

At the current time the modules registered in the on-demand lecture system are 32 cases like “prevention and treatment of bone fractures and living support for elderly people”, “food intake and swallowing disorder arising from Wilson’s disease”, “care of home senile dementia patient”, “These were developed and classified keeping in mind the need for students in all of the likely occupations to be able to use them so that they do not become biased toward any field. Because we have actually used and tested in the IPE Seminar, preparations have been made to publicly release them throughout the country.
LAST YEAR MEDICAL STUDENTS AND NURSE STUDENTS LEARN INTER-PROFESSIONAL TEAMWORK THROUGH SIMULATION

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Setting:
The Faculty of Health Sciences FHS at Linkoping University in Sweden has a long tradition of promoting inter-professional learning for health professionals. Students start the first semester with a seven-week common foundation course on health, ethics and learning in integrated groups of students from all programmes. Later on students meet in integrated groups for inter-professional learning activities in a two week course on quality improvement in health care. The inter-professional part of the curricula is completed by a common integrated clinical placement on the so called student wards. In 2011 a new inter-professional learning activity was introduced: Inter-professional team-training using full scale simulation of an acute situation.

Objective:
The main objective of the study was to describe how students learn inter-professional teamwork through simulation.

Method:
Undergraduate medical students and nurse students in their last semester carried out full scale simulations using the patient simulator SimMan. Student teams with one or two students from each programme were given the task to take care of an unconscious patient. Other student teams were assigned to observe the simulation from behind a one-way screen. Data was gathered by filming both groups debriefing sessions.

Analysis method:
A phenomenografic approach was applied to analyze the filmed data. The filmed sessions were analyzed using the tool NVivo. Differences and similarities in the way the students experienced the team-simulation were compared and categorized into different aspects of learning. So far 6 out of 24 films have been analyzed and more work remains.

Preliminary findings:
Preliminary findings indicate five different learning aspects: the importance of understanding roles, the importance of clarity in communication, the interplay between professional roles and teamwork, that things take time and finally that focus on saving the patients life led to trust and respect in the team. The acting students described their learning from all these aspects while the observers mainly mentioned aspects on the roles and the communication in the team.

Conclusions:
Training for teamwork by means of simulation is an important addition to the FHSs IPL-curricula. The added value of this learning modality is that students become aware of new important aspects of learning inter-professional teamwork. Observers and actors seem to learn slightly different things.
ASSESSING STUDENTS’ ATTITUDES TOWARDS TEAMWORK FOLLOWING AN EXPOSURE TO INTERPROFESSIONAL EDUCATIONAL ACTIVITIES DURING COMMUNITY ORIENTED HEALTH CARE PROJECTS: A CASE STUDY IN UNIVERSITY SAINS MALAYSIA, MALAYSIA

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Background: Interprofessional education has been recognized as a platform to expose students towards effective team work and collaborative skills. These competencies are essential for delivery of safe, quality and holistic patient-centered care especially in the rural and undeserved communities. This study explored the students teamwork attitudes and their perception during their first interprofessional experience.

Methods: Following ethics approval by the university, medical and nursing undergraduates were invited to participate. They formed groups and participated in the community oriented health care projects which were integrated into the existing community and family case study programme. This programme focused on patients and families with chronic care needs with underlying psycho-social, medical and health issues. The learning activities were student centered with a learning contract approach and a supervisor assigned to each group of students. It involved both individual and group work. Students were invited to complete the Teamwork Attitudes Questionnaire and a feedback open-ended questionnaire.

Results: Both male and female students reported overall positive attitudes towards team work with male students showed slightly higher mean of total scores of each domain. Nursing students had a more positive view of leadership compared to medical students. Both medical and nursing students perceived their interprofessional experience as useful and created an opportunity to initiate further learning for their future practice. Students highlighted the importance of attaining skills in interprofessional and interpersonal communication, leadership, mutual support and situation monitoring to ensure safe, quality and comprehensive care being delivered to patients and families especially in the rural and undeserved communities.

Conclusion: The findings provide further support and insight for faculty members to determine students teaching and learning needs and ensuring a more positive outcome especially in the interprofessional context.
LEARNING TOGETHER TO WORK TOGETHER: EVALUATING AN INTERPROFESSIONAL EDUCATION INITIATIVE FOR HEALTH SCIENCE STUDENTS

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Purpose: In spite of a wide variety of interprofessional education (IPE) activities reported in the literature, best practices in IPE remain unclear. Evaluation of interprofessional outcomes is essential in order to ensure that IPE initiatives are contributing to the development of student knowledge, skills, and positive attitudes related to interprofessional collaboration. The purpose of this presentation is to describe the evaluation process and results of a large IPE workshop attended by 650 students and 70 faculty from across seven health science educational programs in a Canada university. The 1/2 day workshop allowed students to learn about each other’s professional roles and perspectives, and gave them the experience of collaborating with others in an interprofessional team.

Methods: A mixed method study design was used. Students were invited to complete an online survey before and after attending the required IPE workshop entitled, Learning Together to Work Together: Professionalism and Patient Safety. The surveys included the Readiness for Interprofessional Learning Scale (RIPLS), demographic data and post workshop evaluations. Qualitative data was collected from three focus groups of eight students from a variety of professional programs. Feedback was obtained from workshop facilitators, and notes from the co-investigators.

Results: Challenges and opportunities were raised by the students and facilitators. Results from most students indicated they learned about collaboration, wanted to learn more about each others roles and supported having this type of event again. Most facilitators indicated that they enjoyed modeling IPC and facilitating IP group of students, and were impressed with how much students already knew about IPC.

Summary: Feedback from this workshop will inform and guide the development of future quality IPE events. Lessons learned throughout the process of planning and evaluating this event will be shared for the purpose of providing direction for faculty and clinicians alike, so that they can facilitate interprofessional learning within their own settings.
Controversy continues over the most appropriate timing for interprofessional learning activities in pre-registration health professional curricula. Some argue that interprofessional learning outcomes cannot be met until students have a sense of professional identity in their own professions, while others contend that, in order to be effective, interprofessional learning must occur before students have been acculturated to the tribal perspectives that undermine effective interprofessional practice.

We report on the development of a three phase interprofessional curriculum framework that addresses this controversy. The first phase provides learners at the beginning of their pre-registration studies with what we have termed ‘health professional literacy’ (an understanding of the different health professions and their roles). The second phase, undertaken around the middle of pre-registration training, provides simulated interprofessional experiences, while the third phase, undertaken towards the end of pre-registration training, involves experiential learning in real interprofessional practice teams.

We argue that the controversy over the timing of interprofessional education represents a false dichotomy. Effective preparation for interprofessional practice requires a range of appropriate educational experiences that are appropriately timed during the pre-registration training of health professionals.
Critical thinking and clinical reasoning skills are an essential component of the nursing profession in today’s increasingly complex health care environment. Numerous research initiatives present arts-based learning as a successful means of introducing inquiry to traditional models of clinical study, confirming the importance of integrating humanities into nursing education. Our presentation describes an innovative initiative in interprofessional education that focuses on enhancement of clinical reasoning skills to improve patient outcomes.

As a first step to model development, we designed an art experience in a museum setting for beginning nursing students. We identified themes for which we would choose art and discuss meaning around common patient problems and responses. Two cohorts of nursing students, clinical nursing faculty, and graduate art education student-facilitators met for two 1.5 hour sessions and one 2-hour session at a museum of fine arts over the course of a college semester and one accelerated summer session. There were specific learning activities designed for each session and students and faculty were given a question prompt to write a brief reflection of their experience following each museum session; e.g. How did your critical engagement with works of art today connect to your development as a nurse?

We built our pedagogical model on Housen’s (1970, 2008) theorem that viewers understand works of art in determinable stages (Accountive, Constructive, Classifying, Interpretive, and Re-creative) beginning with simple, concrete observations evolving into broader and more universal concerns. Throughout the study, reflective writings were scored according to Housen’s Aesthetic Development Scale. Results from traditional undergraduate nursing students’ experiences were compared to accelerated bachelors nursing students. Results suggest that students’ clinical reasoning skills benefit from the museum-based experience, particularly in the arenas of precise and thoughtful communication, consideration of diverse points of view, awareness of contextual details, and collaborative critical thinking, among others.

Based on these findings, we anticipate extending this model to other health care professionals learning together, honing their clinical reasoning skills together in a museum context. We argue that learning in this way together will lead to more effective practice together in the health care setting. The idea that nursing, medical, pharmacy, social work and health care administration students could effectively engage together around works of art reinforces the thought that health care teams that practice and build skills together as students will be better equipped to practice together in a health care environment as professionals with improved patient outcomes.
SAFEGUARDING CHILDREN: THE ORGANISATION, OUTCOMES AND COSTS OF SHORT COURSE INTERAGENCY TRAINING IN ENGLAND

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Background: Official inquiries in England into the deaths of children through abuse and neglect pointed to the lack of a co-ordinated approach to safeguarding children by health agencies, social services, the police and education. These inquiries advocated that the professionals concerned should learn together to work together. The government has required the setting up of Local Safeguarding Children Boards (LSCBs) with the responsibility for organising inter-professional training.

Courses are between half a day and two days in length and typically involve 20 staff in presentations, group exercises and case discussions. The aim is to improve understanding of abuse and neglect and of how different professionals and agencies can work together more effectively to safeguard children in contexts including domestic violence, drug abuse, and parental mental illness.

Objectives: To investigate the organisation, outcomes and costs of short courses in eight districts.

Methods: The organisation of training was investigated through documentary analysis, observation of interagency meetings and interviews with agency representatives. Outcomes were assessed using a set of self-rating scales. The study employed a double baseline repeated measures design: T0 (registration); T1 (start), T2 (end of course), T3 (three month follow-up). Over 100 individual courses were evaluated, with over 2,000 participants from a wide range of professions.

Results: There was strong evidence for the effectiveness of interagency partnerships in the organisation and delivery of training. However, partnerships were not mandatory and were vulnerable to financial pressures and reliant on a small core group. Participants in training were positive about learning together and there were substantial gains between T1 and T2 in knowledge, self-efficacy and attitudes in relation to safeguarding children. T3 follow up data however was sparse.

Conclusion: This study demonstrates the effectiveness of interagency partnerships in delivering training and contributes to the evidence base for the outcomes of short course IPE.
A TEAM OBSERVED STRUCTURED CLINICAL ENCOUNTER (TOSCE) FOR LEARNERS IN MATERNITY CARE: A PILOT PROJECT

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Background: Interprofessional working occurs daily during maternity care. However, lack of team-work and communication, professional hierarchies and differing approaches to care have posed challenges. Use of the TOSCE for IPE is growing, yet this pilot project was a first in Canada with specific focus on maternity care.

Objective: To describe the development, implementation and evaluation of a TOSCE for learners in maternity care.

Methods: Aim of the research was to determine if the TOSCE was an effective strategy for developing and assessing collaborative competencies based on the Canadian Interprofessional Health Collaborative interprofessional competency framework six domains: communication, collaboration, roles/responsibilities, collaborative family-centered approach, conflict management, and team-work. Content of stations was based on commonly encountered situations that benefited from collaboration, created by an interprofessional team. Data collection involved: Assessment of collaborative competencies at TOSCE stations using the validated McMaster TOSCE Encounter Checklist; a questionnaire completed by learners and observers. Simple descriptive statistics and thematic analysis of questionnaire data were used to analyze the findings.

Results: Twelve observers, seventeen learners from three professions participated. During stations, three learners, one from midwifery, family medicine and obstetrics interacted with a patient to manage the clinical scenario. Two observers assessed the learners collaborative competencies. The mean score for all participants by global rating was above expected. Participants and observers felt TOSCE stations were organized and expectations were clear. Perceived strengths were the real life scenarios, role-played in a safe environment that helped demonstrate scope of practice of other professions. Suggestions for improvement included minor changes to the script for scenarios, and recommendation to have unique, mixed teams in each station to reflect the complexity of teams in maternity care.

Conclusions: A TOSCE focused on obstetrical issues is a valuable, feasible tool that could be adopted at educational institutions and clinical settings.
INTERPROFESSIONAL RESEARCH TRENDS: A SOCIO-HISTORICAL ANALYSIS FROM 1970-2010

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In this presentation, we use a Bourdieusian framework to investigate the growth and changing nature of the field of interprofessional (IP) research since 1970. Publications, as reified scientific production, have a specifically high symbolic value within academia, such that fields can be mapped via an analysis of their publications. Our dataset consists of metadata on over 100,000 IP-related articles published between 1970 to 2010 and recorded in the PubMed database. We analyzed the evolution of the IP field, its growth, reach and main areas of inquiry by coding the title of its publications with an original computer program and a set of 324 inductively-generated, content-related codes and 200 country codes from the World Bank. IP-related publications grew 2,293 per cent over the time period, from 356 to 8,519 publications in 2010. Relative to the PubMed database, this is equivalent to a growth of 464 per cent. We also found two indicators of the broadening reach of IP-related research. First, the number of journals publishing IP-related research increased from 209 in 1970 to 2,867 in 2010 (1,272 per cent growth), second the number of countries mentioned in IP articles grew from 7 in 1970 to 84 in 2010 (1,100 per cent growth). We note the evolution of IP-related language (the decline of interdisciplinary and multidisciplinary, the rise of interprofessional), the rise of a rhetoric of managerialism (manage, improvement, outcome), the dominance of the psychometric paradigm (evaluation, assessment, intervention), the move away from emphasis on professionals (nurses, doctors, staff) to focus on patients, and the declining interest in group processes (team, group, social, relationship, communication). These results suggest that IP research has successfully employed academic vehicles and criteria to gain recognition as a legitimate area of scientific inquiry, and to maximize care of patients. Educators interested in implementing learning and teaching approaches inspired by IP research now have a broad and increasingly legitimate knowledge base to rely on.
LAUNCHING STUDENTS ON THEIR INTERPROFESSIONAL JOURNEY: AN EVENT FOR ALL FIRST YEAR STUDENTS

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The University of British Columbia’s Model for Interprofessional Education (IPE) maintains that IPE is a gradual, complex, and iterative process. The model identifies three distinct levels for IPE: exposure, immersion and mastery. Accordingly, IPE should be integrated throughout the continuum of learning. Exposure level IPE provides junior level students with opportunities to participate in learning experiences with peers from other professions. This is an introductory stage that takes into account that one has to learn about one’s own profession before one can truly begin to learn about other disciplines. The desired outcome at this stage is that students will gain a deeper understanding of their own profession while gaining a preliminary appreciation of the need for interprofessional collaboration and of the roles of other professions. The College of Health Disciplines at the University of British Columbia brings together over 1100 students from 10 different health and human service programs during the first month of their program for an exposure level IPE event that is intended to launch them on their journey of learning with, from and about each other. This presentation will provide an overview of the event (having been conducted twice) and its development; discuss findings from post-participant surveys; and outline lessons learned that will be helpful to other programs considering such a large scale endeavor.
TO SEE A WORLD IN A GRAIN OF SAND: EXPERIENCES IN LEADING INTERPROFESSIONAL EDUCATION CURRICULUM DEVELOPMENT AND IMPLEMENTATION

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Curriculum development and implementation is an ongoing, dynamic process that requires constant observation and attention. In interprofessional education, this is even more critical.

The University of Toronto developed and implemented a balanced competency-based interprofessional education (IPE) curriculum across eleven health science programs in 2009. Initially, a working group of academic and clinical faculty developed a Framework for the Development of Interprofessional Education Values and Core Competencies, identifying specific competencies within the constructs of values and ethics, communication and collaboration and across a continuum from exposure to immersion to competence. Students complete four core learning activities and participate in a number of elective opportunities that best suit their learning needs and cover the core competencies. Each learning activity addresses specific core competencies that are assessed through the use of global rating scales, completed as a self-assessment prior to and following the session. All learning activities in the curriculum must meet specific content and process criteria for approval using the Points for Interprofessional Education System (PIPEs). Program evaluation is also conducted along with faculty leadership focusing on development of learning activities and facilitation skills.

Critical structures and strategies for success for educators, students, the institution and the curriculum will be discussed from the perspective of a faculty member responsible for leading large scale curriculum development, implementation and change. As well, resultant challenges and opportunities that have been encountered on the journey will be described.
EVALUATING THE USE OF A COMMUNITY-FOCUSED VOLUNTEERING EXPERIENCE TO FACILITATE INTER-PROFESSIONAL EDUCATION AMONG FIRST-YEAR OCCUPATIONAL THERAPY AND PHYSIOTHERAPY UNDERGRADUATE STUDENTS IN AUSTRALIA

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Working in inter-professional teams more closely represent work environments as students prepare to enter a health workforce which promotes client-centred health delivery from interdisciplinary teams. Inter-professional education promotes collaboration, which is viewed by the World Health Organisation as a mechanism that strengthens health systems, and ultimately improves health outcomes. In 2005, undergraduate courses in Occupational Therapy and Physiotherapy commenced at the Peninsula Campus of Monash University. Since this time, both professions have included inter-professional education as an integral part of their core curriculum at all undergraduate levels. In 2010, budgetary constraints prompted a review of current inter-professional initiatives to determine ongoing economic viability. As a result of this review, a new community-based inter-professional education curriculum was developed for first-year undergraduate students, in lieu of a three-day rural retreat. In turn, this change to program delivery prompted a review of its educational outcomes. The overall aim of the new IPE program is to build on inter-professional skills and relationships initiated in the previous semester, while engaging with the local community via participation in a community service activity. This program was first introduced in 2010, with a second iteration in 2011. This paper offers a critical evaluation of the construct and conduct of the program by using educational literature to critique the theoretical basis of the three-day program for producing positive learning outcomes. Data obtained from student evaluations collected in 2010 (n = 111) and 2011 (n = 147) is presented, exploring students perceptions of the:(i) strengths of the inter-professional community-based program(ii) weaknesses of the inter-professional community-based program(iii) potential benefit of the inter-professional community-based program in terms of fostering individual development as a healthcare practitioner A modified version of the four-level Kirkpatrick typology is used to reflect upon and categorise the positive learning outcomes as perceived by the students. Recommendations are provided to enhance the educational outcomes for future iterations of this inter-professional community-based program. This project has been approved by the Monash University Human Research Ethics Committee.
INTERPROFESSIONAL TRAINING IN THE PERIOPERATIVE PROCESS

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Introduction
We have developed a new interprofessional educational model to satisfy requests from both students and young colleagues from different medical professions, as well as demands from hospital management and university faculty.

Objectives
The project aimed to let the students develop their understanding of both their own and the other team members’ professional roles and competencies in the perioperative process, and to improve the understanding of the situation of the patient and the safety procedures during an operation.

Methods
An interprofessional team of clinical teachers (surgeons, operating theatre nurses, anaesthesiology nurses and doctors, and ICU nurses) was formed and developed this education model. Students from different educational programmes, who all will work in perioperative care, joined the project and were put in interprofessional teams. In the student teams the students worked in their future roles, supervised by the professionals in the perioperative team. The student team and the facilitators met the day before the operation to make up a care plan for the perioperative procedures. The plan included preoperative preparations, anaesthesiology method, operative procedures, and post operative care. The next day the process was carried through as planned. After the operation the team had an evaluation session, focusing on team communication and collaborative practice. Thirty-three operations have been completed. The patients suffered from inguinal hernia and were ordinary elective cases.

Results
Evaluation was made using a questionnaire including a modified version of RIPLS and open ended questions. The students were very satisfied with this interprofessional educational model, and they felt more confident in their professional roles after the training. The students’ understanding of the other professions in the team was improved and the RIPLS score were increased by 20 %. The patients were all very satisfied with the care. The perioperative procedure was not more time consuming than ordinary.

Conclusions
The setting with interprofessional student teams in perioperative on-site training increased the students’ understanding of interprofessional teamwork as well as their own future professional role. This educational model is possible to include in ordinary activity at the operating theatre ward.
A TOOL TO ASSESS STUDENTS INTERPROFESSIONAL PRACTICE CAPABILITIES FOR DIVERSE PROFESSIONS AND IN DIVERSE CLINICAL SETTINGS

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Much of the current IPE evidence is based on student and staff attitudes and perceptions of the learning experience (Cooper, 2001; Hammick et al 2007; and Reeves et al 2008 & 2011). Increasingly those involved in the IPE field are asked to move beyond this research to build a strong evidence base that demonstrates the long term impact of IPE on student behaviour. In recognition of this, and the belief that assessment drives student behaviour, the Faculty of Health Sciences at Curtin University focuses on the assessment of students interprofessional capabilities in practice to ensure that they are able to work collaboratively in health service/care teams. This paper will outline the development and implementation of the Interprofessional Capability Assessment Tool (Brewer et al 2009) which is widely used to assess students at both the mid and end points of any interprofessional clinical education placement. Developed by an interprofessional team of academics in consultation with staff from across 19 disciplines and our industry partners, the tool has been used over the past three years with students from medicine, nursing, physiotherapy, social work, psychology, occupational therapy, speech pathology, dietetics, medical imaging and pharmacy. The tool is closely aligned with the faculty's Interprofessional Capability Framework (Brewer et al 2011). It consists of 25 items organised into four domains of capability: communication, professionalism, collaborative practice and client centred service. Each domain contains a number of indicative examples such as “Works in effective collaboration with team members to ensure safe, high quality service/care ”. Grade related descriptors are provided in a holistic rubric to guide the rating of students capabilities as unsatisfactory, developing, at the required standard or excellent. Preliminary analysis of the quantitative data obtained will be presented which indicates that the tool is a sensitive measure of the increase in students interprofessional capabilities over the course of a range of clinical placements. Also, that there is no significant difference between student self ratings of their interprofessional capabilities and the ratings of their clinical educators. Results from qualitative analysis will also be presented which examines the attributes of the highest and lowest performing students. The limitations of this research and plans for the future will also be outlined.
PREVENTION OF HARM TO BABIES. THE RESPONSIBILITY OF ALL

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The Shaken Baby Prevention Project has engaged in collaborative and cross disciplinary development of a parent and professional education process over the past 10 years. The project’s original strategy was the development of a parent education tool. This project has reached out to international communities who are using various aspects of the project products to ensure that professionals, families and communities understand that shaken baby prevention and ways of responding to a crying baby has become part of the skills of all professionals involved with families. Evaluation activities have been conducted by various students and professionals. The poster will document these processes. It will illustrate the various collaborative efforts of a range of professionals and students.
THE READINESS OF PROFESSIONALS IN THE UK MENTAL HEALTH SERVICES AND CRIMINAL JUSTICE SYSTEM TO ENGAGE IN SHARED LEARNING

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Background:
Concern about the mental health of the UK prison population led to the Bradley Report (2009) reviewing service provision for people with mental health problems in the criminal justice system. Bradley advocated that training be undertaken jointly between mental health and court services to encourage partnership working. To date, formal interprofessional learning (IPL) opportunities are not yet available for professionals across these agencies. For these to be successfully designed and implemented, the attitudes of professionals within these services towards IPL must be better understood, firstly to encourage their engagement and then, secondly, to evaluate the impact of this training.

Objectives:
This paper presents the empirical findings of a study that explored the attitudes of professionals in the mental health and court services towards team working and collaborative learning, their sense of professional identity and the perceived patient centredness of their practice. The differences in the above attitudes by gender, age, agency, managerial position and geographical location are presented.

Methods:
The study applied an adaptation of the Reid et al (2006) RIPLS questionnaire to a sample of 52 professionals from a range of services within the mental and criminal justice systems.

Results:
Results showed that attitudes towards shared learning are uniformly positive in this context although significant differences between the perspectives of professionals from different agencies on the benefits of shared learning, significant differences in geographical location with regard to the centrality of trust and respect to effective team working as well as significant gender differences in patient centredness were uncovered.

Conclusions:
The paper concludes with the implications of these findings for the development of IPL programmes for improved interagency working between the mental health and court services, as well as suggesting recommendations for the future validation of the RIPLS tool for professional groups not yet in receipt of interprofessional training.
CRITIQUE OF AN INTERPROFESSIONAL EDUCATION CHANGE PROCESS WITHIN A LARGE HEALTH SERVICE

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Introduction / Background
Despite approximately 300 to 500 students on practicums within a large District Health Board (DHB) in New Zealand at any one time and a state of the art learning space for staff, there have been limited opportunities for students to learn from, with, and about each other. They have continued to learn in silos despite having to practice in teams. Moving this DHB in line with the WHO's (2010) imperative to commit and champion IPE and collaborative practice is important because it is responsible for the funding of health and disability services and for the provision of hospital and related services for an estimated population of 490, 300, 11.2% of the total New Zealand population. Developing and integrating IPE opportunities within the DHB demanded careful management and an appreciative approach in order to achieve sustainable change.

Objectives
This presentation outlines the unfolding process of bringing about changes that will improve collaborative practice amongst staff and students and establish a collaborative learning culture through the effective development and implementation of IPE initiatives. The presentation provides a critical exploration of the process of implementing IPE within a large health service.

Description / Methods
A number of factors were considered; 1. planning 2. managing and 3. identifying what works well and building an IPE vision from these ideas. The presentation outlines the key steps of identifying IPE champions, understanding the management structure and political arena to ensure interagency project sponsorship from key stakeholders and securing sufficient resources.

Conclusions
It was important to identify an IPE programme that not only met the needs of the professions represented within the DHB, but one that enabled student participation. These considerations led the project group to consider an interactive, case based workshop format as a starting point to building and integrating IPE within the organisation. The findings of the evaluative strategies used to monitor the process and outcomes are reported.

References
MINIMIZING PATIENT RISK BY MAXIMIZING TEAM COLLABORATION

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Purpose
Interprofessional communication, collaboration and core values of trust and shared accountability are critical components in the reduction of risk in the healthcare environment. Review of individual and system factors serve to contribute to a shared understanding of collaborative approaches designed to address the management of risk.

Objectives-
To describe an interprofessional education learning activity where students learn to understand the role each professional plays in risk management- To discuss the benefits of an interprofessional response to risk management

Methods
A pilot risk management learning activity was developed and presented to health science profession learners representing eight programs at the University of Toronto. A case scenario was reviewed, detailing results of a risk investigation and clinician interviews. Learners explored communication, collaboration and team dynamics by noting differences between multiprofessionalism and interprofessionalism. As well, they discussed concepts pertaining to scope of practice, shared accountability, health system process issues and human factors.

Results
Interprofessional core competencies addressing collaboration, communication and core values were assessed. Global rating scale results, determined through self-assessment prior to and upon completion of the session, indicated perceived changes. Evaluation data revealed high satisfaction with all of the program elements. A review of key concepts learned indicated enthusiasm to address human and process issues to mitigate risk and a commitment to address risk issues in future practice.

Conclusions
With positive evaluation and assessment data from this pilot, few revisions are needed to expand this program and also move this program into the continuing education and practice realm. Methods to measure knowledge translation and change in practice will be considered in future continuing education endeavours in clinical environments.
Interprofessional education (IPE) by projecting the idea of equality in healthcare is widely recognized as a key measure for enhancing and reforming healthcare practice. In practice, however, there is a paucity of evidence supporting the benefits of IPE initiatives to quality of care. Many professionals view IPE as a potential threat to their professional identity and try to protect their own sense of professionalism, which in turn inhibits their capability to learn and work in a collaborative manner. These turf protection behaviours are evidenced to be deeply-rooted in the way healthcare professionals are being socialized in their professional education. A shift within educational training programs is necessary to enable a directional shift in student socialization. Currently there is a paucity of studies and frameworks guiding development of both professional and interprofessional behaviours. Hence, in this paper the researchers present a conceptual framework titled Interprofessional Socialization: Dual Professional and Interprofessional Identity that guides in the process students can adopt to create both a professional and interprofessional identity. This framework was developed by the first author (HK) as part of his dissertation research and incorporates concepts derived from interprofessional and socialization literatures, Symbolic Interactionism, social identity theory, intergroup contact theory, and dual identity model. To test the above framework, a mixed-method quasi-experimental design using a time series measured (N=3) was employed. A total of 120 pre-licensure students from seven different health/social service professions were recruited. In this presentation, the findings of this study will be presented.
IPE WITHIN THE MEDICAL CURRICULUM - IS THERE ROOM FOR IMPROVEMENT?

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Since its inception in 2008, Deakin University’s four year graduate-entry medical degree has provided consistent exposure to allied health and interprofessional education (IPE) through both classroom-based activities and clinical placements. Evidence suggests that if IPE is not taught adequately there is a risk of diluting the learning experience, and more importantly, fostering resentment towards other members of the healthcare team [Freeth, D. In: Swanwick, T (2010): Understanding medical education: evidence, theory and practice. Oxford: Wiley-Blackwell]. Learning objectives have been tailored to allow for formal, informal and incidental interprofessional learning, although whether these are being met has never been properly assessed. The objective of the current study was to evaluate the concordance between the IPE learning objectives and the learning outcomes of the students, specifically the attitudes to allied health professionals (AHPs) and an interprofessional model of care for future practice. Final year medical students (n=67) at the Geelong Clinical School completed surveys to audit the IPE program across the curriculum. In addition, responses from students with a previous allied health background and those without were compared across all questions. Results show two-thirds of students (67%) agreed there was unnecessary repetition of information taught by AHPs. Three-quarters of students (76%) did not agree with more teaching by AHPs within the course. However, students reported overwhelmingly positive perceptions of AHPs (88%) and gained useful knowledge from them (82%). Student attitudes were not significantly impacted by prior healthcare workforce experiences. Qualitative analysis of short answer questions identified 4 themes: Differences in professional cultures and values challenge IPE; IPE integration requires mapping within the wider curriculum; Concern over dilution of medical knowledge; Models of learning appropriate to stage of education. Moving forward, educators need to address the effect of information repetition in the current curriculum and consider a more cogent approach across all years to IPE.
THE IMPACT OF COLLABORATIVE INTER-PROFESSIONAL EDUCATION AND PRACTICE ON DEVELOPING SOCIALLY RESPONSIBLE GRADUATES WHO ARE WELL EQUIPPED TO PRACTICE IN RURAL AND UNDERSERVED AREAS

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Introduction: South Africa is characterized by a rural urban socio-economic divide. Poverty, limited access to resources, under-serviced areas and lack of infrastructure are apparent in rural areas. The University of the Western Cape is one of nine Universities in South Africa involved in collaboration for health equity through education and research. The members of CHEER engage with rural and underserved communities to address their existing needs through the development of contextual student learning opportunities and research projects. The UWC has incorporated Inter-professional Education according to the World Health Organization, as a teaching and learning methodology that contributes to the development of socially responsible graduates. Interprofessional teamwork is one solution for improving healthcare delivery and maximizing healthcare outcomes.

Objectives: UWC CHEER members explored the impact of IPE on the development of graduate attributes linked to social responsibility and whether this experience contributes to students’ willingness to work in interprofessional teams once they have completed their studies.

Method: Quantitative pre and post experience questionnaires were used to assess the professional development of the students followed by in depth interviews and focus group discussions. Seventeen students who were placed in one rural municipality of the Western Cape Province in the first semester of 2011 and the lecturers involved in teaching and facilitating the IPE programme participated in the study.

Results: The majority 64.7% of the students preferred to work in rural based communities when they qualify. Eighty percent reported improvement of their knowledge base, procedural skills, health care practice presentation skills and written case/community health histories. The lecturers identified an increase in social responsibility and indicated that aligning discipline specific objectives to IPE objectives was a challenge.

Conclusion: The benefits from IPE could be enhanced by being organised at faculty level which would enhance the structure, involving students from earlier years and give incentives for IPE.
ASSESSING EFFECTIVE INTERPROFESSIONAL TEAMWORK

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Introduction: Interprofessional education has learning to lead and work effectively in interprofessional teams as one of its central learning outcomes. Whilst much is made of allocating health and social care students into interprofessional teams, and setting them a task to complete, it has proved difficult to find a fair and equitable method of assessing how effective each individual has been in contributing to the task.

Aim: Introduce and evaluate the effectiveness of a web based Peer Assessment tool utilised by students after completing team based tasks in a 12 week Level 2 IPE module titled Research Methods in Health and Social Care Practice taken by 300 students from 7 disciplines.

Design: Students and staff have provided responses to an online questionnaire and provided in depth data from focus groups relating to their experience of the effectiveness of the on line peer assessment tool and its influence in motivating students to take part and help enhance the quantity and quality of interprofessional activity.

Results: The principles of how the Web PA system works will be explained and the analysis of how the system changed the way students engaged with interprofessional group work on this module will be presented.

Relevance and Implications for practice: Student engagement in Interprofessional teams is a major learning outcome of IPE and we suggest that if we have evidence of a peer assessment mechanism that students perceive as effective and fair it should be encouraged to be introduced into other educational establishments.
USING COMPLEXITY INFORMED METHODS TO PROMOTE COLLABORATIVE PRACTICE

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Although quite well known within the organizational change literature, complexity theory has only recently received attention with regards to changing health care systems and professionals to be more collaborative. This study reports on participants' perceptions of being involved in a complexity-informed approach that promoted a shift to greater collaboration within a system of care for children with challenges to their physical, developmental and emotional abilities. The clinical setting consisted of a network of community agencies with a wide range of health and service providers. The complexity informed approach focussed more on process than outcomes, specifically those that improved the quality of discovery, participation and problem-solving among participants. The focus was on smaller scale, local interactions and relationships from which local solutions emerged rather than on imposing preconceived “solutions” or “best practices”. The interventions was over a 15 month period and included ongoing facilitated interprofessional learning group discussions with volunteers from the agencies (n=24) and three day long workshops for all staff (n=130). Qualitative methods were used to gather in-depth data on the participants’ perceptions of the process. Learning group members participated in 1 of 3 focus groups (n=17) or individual interviews (n=7). The learning group facilitators (n=4) also participated in a focus group. Focus groups and interviews were audio-taped, transcribed verbatim and analyzed using qualitative content analysis. Results showed that participants felt that valuable learning had occurred throughout the process including learning about each others’ roles, recognizing personal assumptions about others’ roles and understanding the fundamental importance of ongoing communication to facilitative positive collaboration. Participants felt that they had built a “sense of team” throughout the project. The project was not without its challenges. Participants struggled with complexity-informed aspects of the project and felt a need for structure and specific goals; without these the participants felt that there was a hidden agenda and that the study investigators and facilitators had the answers and solutions that would lead to improved collaboration. Our experiences led to a number of recommendations for those incorporating complexity informed methods into strategies that facilitate interprofessional collaboration including a gradual shift towards these methods, fostering ownership of the project from the beginning and the need for flexibility of all involved.
FOCUS ON PRACTITIONERS: BUILDING INTERPROFESSIONAL COLLABORATION CAPACITY IN HEALTH SERVICES

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Interprofessional Collaboration (IPC) has a strong focus in health education, however the same cannot be said in health services where practitioner focus is service provision. Research demonstrates the value of IPC with improved client outcomes, better teamwork and increased staff satisfaction. However, health service providers face different IPC implementation barriers to those in health education. These barriers include lack of interprofessional champions; lack of suitably qualified facilitators; lack of confidence in teaching health practitioners from other disciplines; competition between the needs of service vs the needs of education; limited support from management or no organisational policies guiding IPC. To assist health service providers to facilitate IPC in the workplace, Monash University Department of Rural & Indigenous Health (MUDRIH) developed and implemented a model for change. This model is context specific, multi-focal, multi-layered and involves unique partnerships, collaborations and networks. This realistic and practical model aims to facilitate IPC at all levels, from management to health practitioners, and to overcome IPC barriers in the workplace. IPC activities, programs and networking opportunities were introduced in order to develop effective interprofessional facilitation skills within the health workforce. More importantly, the model brings a different view of IPC that is focused on the service provider, and not academia, in seeking to overcome IPC barriers found in Australian health services. This Model raised IPC awareness in the workplace; addressed the challenges IPC brings into the practice arena; had a specific focus on practitioner and student identified needs and facilitated the sharing of workplace interprofessional experiences. The MUDRIH IPC model effectively straddles the education-practice divide. Evaluation demonstrated the model was successful and has the potential to improve workplace teamwork/practice through education, training, and support of health practitioners; to enhance student placements through integrated IPC placement activities and to ultimately improve service delivery through implementing interprofessional collaboration.
BUSINESS CONFLICT RESOLUTION TECHNIQUES APPLIED TO TRAINING HEALTH CARE WORKERS IN COLLABORATIVE PRACTICE

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The consequences of hyper-specialization in patient health care bring an urgent necessity to develop a new culture of collaborative behavior among professionals. In fact, communication problems ranks number one among the causes of medical errors. However, often hospitals and teaching institutions do not know exactly how to help health care workers to adapt to this new situation. In the Clinic University of Navarra (Spain) we have developed and put into practice an innovative teaching program to help health professionals to prevent conflicts and communication errors in their daily inter-professional work. To achieve that, we apply some principles of conflict resolution taken from the PON (Program on Negotiation, Harvard Law School) into the daily inter-personal relations at the hospital team work. Through real scenarios, we will explore how to efficiently transmit information, to value what others think, say, feel or do, to respect and combine autonomy and authority, to create a friendly collaborative positive environment, to promote self-esteem through status recognition, and finally, to define and respect everybodys role.
Making Interprofessional Teams Work: Lessons Learned from a Neonatal Intensive Care Unit

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Background & Objective:
Interprofessional collaboration (IPC) occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care (CAIPE, 2002). Successful discharge planning for patients from hospitals is dependent upon IPC (Shepperd et al., 2004). The purpose of this study was to identify and examine barriers or facilitators to IPC as it pertains to discharge planning on a neonatal intensive care unit (NICU).

Methods:
Healthcare workers on a NICU at a large Canadian teaching hospital were surveyed to determine their views on the discharge planning process, leadership, and IPC. Participant observations took place during the weekly IPC rounds to observe the healthcare workers when discussing discharge plans and to identify key informants for interviews. Based on these observations, 10 healthcare workers were selected to interview to gain a more in depth understanding of IPC in the discharge planning.

Results:
Survey results (n=66) indicate that the majority of healthcare workers on the NICU are supportive of IPC. However, the interview data demonstrated that problems arose during an emergency discharge - when an existing patient on the NICU is discharged to provide a bed for a new admission. The lack of effective communication, role clarity issues, and a need for mutual respect were identified as barriers to the full participation of all members of the interprofessional team (IPT) in an emergency discharge. Experience in the profession, experience working on IPTs, and educational preparedness were identified as indicators of the level of involvement of healthcare workers in IPC. Participants identified the need for an IPC leader, responsible for facilitating discharge planning information amongst the IPT.

Conclusion:
Defining the context is important; experience matters when it comes to how confidently professionals can carry out IPC. The medical lead is responsible for making the decision about a discharge. However, an IPC leader was identified as responsible for ensuring information from IPT members is accessible to the medical lead.
THE DEVELOPMENT AND EVALUATION OF INTERPROFESSIONAL AND COLLABORATIVE PRACTICE IN AN INPATIENT ADMISSION PROCESS: A MODEL OF EXCELLENCE

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Introduction: In 2011 a review of inpatient services at a paediatric rehabilitation hospital in Toronto, Canada triggered the development of a new model for inpatient admission. The existing process was found to be time consuming by the eleven professions involved and was described as stressful and overwhelming by clients.

Objective: The purpose of the project was to develop an inpatient admission process that was efficient, timely, safe and client-centred and drew upon the best possible interprofessional and collaborative practices.

Method: The existing admission process was audited, benchmarked and a needs analysis completed. Based upon evidence, leading practice and extensive consultation a new admission process was developed. Discussions with healthcare professionals explored shared scopes of practice, professional trust and shared power and decision-making. The new model was implemented and evaluated.

Results: The new inpatient admission process incorporated both interprofessional joint evaluations and collaborative domain-based assessments. Profession-specific assessments were eliminated in favour of integrated data collection in the domains of cognitive skills, physical skills, behaviour/psycho-social needs, activities of daily living and communication. The profession most suited to collect the data on a particular skill was identified and a template for assessment in each domain was agreed upon by all professions. The data is shared via electronic documentation to facilitate the development of both profession-specific and collaborative treatment goals.

Contributions to Interprofessional Practice: The collaborative and interprofessional nature of this admission process is less overwhelming for the client, generates more reliable data, takes less time and uses fewer professional resources. It is child- and family-centred, evidence-based, efficient, standardised and grounded in patient safety. This inpatient admission process demonstrates that the deliberate incorporation of collaborative and interprofessional principles within routine healthcare optimizes both limited health care resources and quality patient care.
EFFORTS AND SKILLS FOR THE COLLABORATION AND COORDINATION ACTIVITIES AMONG JAPANESE OCCUPATIONAL HEALTH NURSES

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Introduction and Objectives
Occupational Health nurses (OHNs) are members of occupational safety and health staffs who work at workplaces. One of OHNs' main functions is coordinating stakeholders for promoting collaborative practices for safety and health promotion at workplaces. However, the efforts and skills for those activities have not fully been clarified. The objectives of this study are: 1) To investigate the present implementation status of collaboration and coordination activities, 2) To clarify the efforts and skills for implementing those activities, and 3) To consider the dissemination strategies for those efforts and skills among OHNs.

Subjects and Methods
Questionnaires were distributed to 841 OHNs who were listed as trained occupational health nurses in the Japan Society of Occupational Health as well as who worked not for schools or hospitals but for the other companies. Several efforts and skills for the collaboration and coordination activities were listed and asked according to the results of our previous interviews to experienced OHNs. Learning experiences for those activities were also inquired. The responses of 357 OHNs who practiced these activities were analyzed.

Results and Discussion
The collaboration activities were implemented by 96.3% of the respondent. The most frequent collaboration was found with personnel department (92.4%) and on mental health measures (70.1%). The most (98.5%) of respondents made some efforts for collaborations, such as daily active communication with stakeholders for good relationship (88.7%), collecting information about jobs and interests of stakeholders (72.6%), and advanced contact with stakeholders for successful negotiation (64.6%). Many OHNs played the roles of coordinators (85.6%), such as by informing stakeholders about the functions of the other stakeholders and disseminating the merits of the collaborations (79.7%).

As for the learning experiences for these efforts and skills, most of OHNs (92.7%) learned through educations (36.7%), practices (9.7%), or both of educations and practices (46.8%). As the future strategies for dissemination of the skills, many OHNs suggested to increase opportunities for information exchange among multiple professions (68.6%) and to incorporate skill training of collaboration and coordination into continuing education (48.3%) and basic education (23.7%). It will be important to conduct a further research on these skills as well as to establish education systems based on research evidences to promote these collaborative practices among OHNs and other members in workplaces and across regional communities.
COLLABORATIVE PRACTICE AND LEARNING ENVIRONMENTS: A VICTORIA EXPERIENCE

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Background: Understanding the social determinants of health is a key learning focus in the health education context today. Interprofessional collaboration finds a natural home in strategies for addressing the determinants and communities are natural partners in helping to determine solutions to problems that affect the health of communities. However, we rarely use explicit community engagement strategies to develop, implement and evaluate interprofessional learning anchored in the determinants of health.

Purpose: This workshop is designed to create a more diverse understanding of community engagement and to allow participants to develop initial plans for including community engagement in their interprofessional education opportunities.

Objectives:
1. To define “community” and identify the various principles involved in authentic community engagement.
2. To share examples of successful community engagement that focus on collaboration.
3. To explore various community engagement tools.
4. To examine different uses of community engagement for practice sites, education sites and community sites.
5. To develop a preliminary proposal for a community engagement IP project to test in the participants’ home contexts.

Format:
Short plenaries on community, community engagement tools/principles, and examples interspersed with small group discussions on:
• Types of community and community engagement.
• Community engagement strategies for the practice, education and community environments.
• Proposals for projects that involve community engagement and IPE.
THE MEANING OF INTERPROFESSIONAL EMPATHY AMONG HEALTHCARE TEAM MEMBERS

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Background: The purpose of this empirical research paper is to understand empathy among healthcare providers on interprofessional teams. Recently, social psychologists have given considerable attention to the possibility that empathy could be used to improve intergroup attitudes and relations. Although empathy may be referred to as a means to humanize healthcare practices with a focus on interactions between professionals and patients, there have been no published studies from the healthcare literature on the phenomenon of interprofessional empathy. Understanding frameworks different from your own and empathizing with other members of the team is fundamental to collaborative teamwork.

Objective: The aim of this study was to understand the nature of empathy among members of interprofessional teams within a hospital environment. The study followed the lived experience of twenty five health professionals with their experiences and perspectives of empathy on interprofessional teams.

Methods: A two step procedure to gather data consisted of semi-structured interviews and depth interviews. The method of phenomenological data analysis proposed by Moustakas was used to identify common themes and meanings across interviews.

Findings: At the individual level of analysis, findings from this study suggested that the following six themes were critical to developing high quality empathetic relationships on interprofessional teams- engaging in conscious interactions, using dialogical communication, understanding each others roles, appreciating personality differences, perspective taking, and nurturing the collective spirit. Findings at the structural level of analysis revealed that accessibility, team-building, overlapping scopes of practice, teachable moments, perception of workload, empathetic leadership, non-hierarchal work relationships, and job security provided the necessary organizational supports to promote and sustain positive interprofessional relationships.

Conclusions / implications: Knowledge around these themes will provide clinicians with the information necessary to develop a greater understanding of experiences that influence them in their day to day activities within their interprofessional teams.
IMPACT OF UNIVERSITY-BASED OPEN CLASSES ON THE COMMUNITY PEOPLE HEALTH PROMOTION-A FOLLOW-UP STUDY

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Background: Point-of-care testing (POCT) is defined as medical testing at or near the site of client care. We began open class (OC) including atherosclerosis-related lectures, POCT and questionnaires.

Objective: To examine how OC attendance influences preclinical atherosclerosis development.

Design and method: In every March and September, from 2006 to 2010, 20 community people living in the municipality of Koshigaya-City, Saitama were invited to attend the OC (survey 1) in our university. Survey 1 participants were invited for successive annual reinvestigations for up to five years (surveys 2-6). We reviewed longitudinal data from a total of 192 enrolled men (n = 56) and women (n = 136) (means ± SD: 66.7 ± 8.2 and 61.8 ± 9.1 years, respectively). They were followed up until September 2011 for 3.0 ± 1.3 years by physician, medical technologists, nurse, dietitian and students. Paired-t tests were used to analyze annual POCT changes in each subject before (survey 1) and after (surveys 2-6) follow-up.

Results: Body-mass index (BMI) was significantly lower at surveys 3 (p<.02) and 4 (p<.01) than at survey 1. Waist circumference (WC) in subjects with elevated results at survey 1, but not in those with normal results, was significantly lower at surveys 2 (p<.05) and 4 (p<.05) than at survey 1. HbA1c in subjects with > 5.8% at survey 1, but not in those with < 5.8%, was significantly lower at surveys 3 (p<.05) and 4 (p<.05) than at survey 1. Systolic blood pressure (BP) was significantly greater at survey 4 (p<.05) than at survey 1. Diastolic BP in subjects with elevated results at survey 1 was significantly lower at survey 3 (p<.01) than at survey 1. Common carotid intima-media thickness (IMT) was significantly greater at surveys 2-4 (p<.0001) than at survey 1, and brachial-ankle pulse wave velocity (baPWV) was greater at surveys 2-4 than at survey 1, although the difference was not significant (repeated measures).

Conclusion: University-based OC has been shown to be effective for community people health promotion. It remains to be further clarified whether present subjects have reduced slopes of annual changes of atherosclerosis compared with those with no intervention.
INTERPROFESSIONAL COLLABORATION FOR INTERPROFESSIONAL PRACTICUMS IN AMBULATORY CARE

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Background: The development of effective interprofessional clinical placements is essential to initiating interprofessional collaboration (IPC) which is well documented as key to current and future health care and central to patient safety. Ambulatory care is ideal for interprofessional learning (IPL) as care of patients in these settings often involves management of complex chronic problems where health professionals from different disciplines work together.

Objectives: 1. To establish an IPL practicum which has enabled a focus on communication, context of patient care, team work, continuity of care and IPC in care delivery, for medical and nursing students at the University of Western Australia (UWA) 2. To expand clinical places by modifying a workplace currently unsuited to student learning, by the use of a teaching registrar and a nurse educator to support interprofessional learning.

Methods: The project was undertaken in the respiratory, diabetes and cardiology outpatients department at a major tertiary hospital and a community care provider in Perth, Western Australia. An evaluation of the project was conducted to examine the student and preceptor experience of the practicum.

Results: Six students per 2-4 week term were attached to a variety of clinics (respiratory, diabetes, cardiology), home outreach visits from the hospital and a community care provider. Students were responsible for assessment, management and communication (letters) and debriefed issues with preceptors and caring clinicians (nurses and doctors). Over 12 months a total of 50 students from medicine and nursing participated in the attachment. The findings of this interprofessional project from medical and nursing students and with the preceptors who have facilitated the IPL are most positive, in particular related to the variety of experience, seeing challenges at home and understanding chronic rather than acute care. The teaching registrar and nurse educator were required to provide orientation to staff and students, coordinate the placement, observe performance across settings, run clinical discussion sessions and ensure assessments were completed. Although clinicians were involved in teaching, their time was limited and related to the specific clinic they were running.

Conclusion: The project provided an innovative and meaningful learning experience for students in interprofessional practice in an ambulatory care setting. A nurse educator and teaching registrar were required to support the clinicians who ran the services. This project provided a model for interprofessional collaboration in and across the Faculty of Medicine Dentistry and Health Sciences at UWA.
SAVE STAN SIMULATION SATURDAY SUCCESS STORY!

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Introduction or Background
A partnership involving four post-secondary institutions and the major health provider in Edmonton, Alberta, developed interprofessional simulation scenarios. The learning experiences were outside of formal curricula, thus presenting the challenge of how to make these experiences available to all interested students from across the four partners.

Objective
Offer a full day of interprofessional simulations, called Save Stan Simulation Saturday.

Methods
Educators from the partner sites shared expertise to ground new scenarios in best practices for simulation learning. Revisions to single discipline scenarios formed the basis for creating authentic interprofessional learning experiences across the entire continuum of care. Prior to facilitating at the event, facilitators took part in training for debriefing interprofessional simulations with a focus on interprofessional competencies rather than on discipline specific clinical skills. The development team also collaborated with branding and marketing professionals to create a plan that effectively engaged participants from all sites.

Results
Pre and post questionnaire data was collected at the event. Telephone surveys were completed 3 months post-Save Stan. Results will be reported.

Conclusions
Save Stan has operated for two years with participation at 135 students and 200 students, respectively. Students with various levels of didactic and clinical training effectively learned together. Key results indicated that students: 1) learned the importance of communicating their ideas, and listening to others; 2) understood the role or scope of other disciplines, and; 3) enhanced their knowledge of their own disciplines role on a health team. The success of the two Save Stan events has garnered a commitment from all institutions to sustain and build upon the event. Although students volunteer to attend, programs are examining ways to integrate Save Stan into their curriculum.
Little is known about how maternity care providers interact with each other in interprofessional care, what they think or know about each others scope of practice, and how they manage decision-making particularly when roles appear to overlap. To begin to address this gap in knowledge we embarked on a qualitative research study to better understand the nature of interprofessional interactions in an intrapartum context. In the labour and birth unit of an urban teaching hospital one-to-one interviews were conducted with maternity care professionals from midwifery, nursing, obstetrics, family medicine, respiratory therapy and anesthesiology. Data was thematically analyzed for emerging themes by a multi disciplinary team of professionals. Key findings from this work include role clarity, role overlap, tensions between the professions, and the meaning of working together. Results from this work could help to inform future initiatives supporting interprofessional collaboration among maternity care providers.
THE INTERPROFESSIONAL OBJECTIVE STRUCTURED CLINICAL EXAMINATION (IOSCE): OPPORTUNITIES AND CHALLENGES

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Background
Interprofessional education (IPE) serves to equip future practitioners for collaborative practice. IPE instills the knowledge, skills, attitudes and values necessary for interdependent collaborative teamwork with a focus on the efficient delivery of high quality patient/client relation-centred practice. Despite the broad adoption of IPE, there continues to be little focus on the development and implementation of sound assessment strategies to determine if learning has occurred.

Method
An overview of the design, implementation and evaluation results of a team simulation assessment tool will be given. Interprofessional leaders in the IPE curriculum at the University of Toronto, with collective responsibility for overseeing the IPE curriculum and student IPE clinical placements, were invited to participate in a modified Delphi, an anonymous consensus building process. Through this process, agreement was reached on clinical scenarios suitable for development into interprofessional objective structured clinical examination (IOSCE) stations. These stations were validated through a workshop with experts in the field of objective structured clinical examinations (OSCEs), IPE, competencies, evaluation and assessment. The IOSCE methodologies used to produce a sound assessment of interprofessional knowledge, skills, behaviours and attitudes and results of five pilots will be reported along with evaluation results obtained from student, faculty and standardized patient/client focus groups.

Results
Evaluation results revealed that all participants found the IOSCE development and implementation process to be effective in creating a useful as an assessment tool. Students found the IOSCE to be a valuable learning experience. Challenges and opportunities became evident throughout the IOSCE processes, including: creation of effective and efficient processes to develop useful IOSCE scenarios, development of functional assessment forms, utilization as both a formative and summative assessment tool, integration into IPE curricula and promotion strategies for sustainability.

Conclusion
The IOSCE is feasible, however, further development is required to capitalize on opportunities and overcome challenges inherent in this complex, but useful assessment process.
A INTERPROFESSIONAL WORK TO LIFE SUPPORT AIMING INDEPENDENT TRANSPORTATION FOR PEOPLE WITH ACQUIRED BRAIN INJURY

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The Acquired Brain Injury is the condition of the brain after suffering damage due to a traffic accident or others. Among the Acquired Brain Injury conditions, the memory dysfunction and the performance dysfunction are the main ones. Having problems to memorize streets or using a map to move alone becomes difficult to perform. These are some examples of the after-effect symptoms left by this kind of accidents. Therefore an independent lifestyle gets complicated. So we design the Hint-cards as an alternative means for self-displacement. By using it, we showed the effectiveness of the Hint-cards. The method was observed and evaluated by using the process of job coach (life support version). First we create a Hint card in order to solve the problem of movement. Next, we have the subject persons use the card. To reach the planned goals a test was performed. Then we make the numerical assessment value of the degree of independence of the subject. The validity of the hint-cards was taken into consideration from the content of the conversation, actions and such. The evaluation of the capability to move was assessed by sectioning the route in 12 locations. Finally the point of up to plus or minus 2 in each location indicates positive and negative action score, and the level of accomplishment is evaluated. The following results were obtained: 1. The preferences and needs of the user should be taken into account. 2. Increasing the number of cards makes the difficult routes easier to remember. 3. The effectiveness of the cards lasts after a long term without using them. This report shows the successful program based on the collaboration with family members, a manager of the day service, a guide helper and a job coach (life support version).
INTERPROFESSIONAL EDUCATION IN POSTGRADUATE LEARNING

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Introduction/Background
Interprofessionalism and collaborative practice have been climbing the healthcare agenda over the past 50 years and numerous organisations have heralded its coming most notably WHO (1998 & 2009) and CAIPE (2002). In order to promote interprofessionalism and collaborative practice within our current and future healthcare workforce, we should educate in a similar manner. (Bristol Royal Infirmary Inquiry, 2001. GMC, 2009. BEME, 2007).

Objectives
To compare differences between IPE and uniprofessional education and whether a different focus applied by interprofessional interaction enhances the learning for all involved. Is a simulation programme delivered in these two formats significantly different in the learning that occurs?

Methods
We looked at an educational episode within the first year of doctors and nurses postgraduate experience. Each course was a one day high fidelity simulation in which learners participated in five clinical scenarios and one communication scenario. After each a facilitated debriefing took place. All learners completed pre and post course questionnaires consisting of open and closed questions. The Concepts of confidence in the domains of management of emergency situations, interprofessional communication and leadership were measured.

Results
433 learners participated over 3 years. Learner groups consisted of doctors only (n=122) nurses only (n=120) and combined (n=191). Thematic analysis of open question responses suggests that an interprofessional setting enhances confidence, communication and teamwork. Uniprofessional groups focus on technical aspects of care at the expense of non-technical skills. Nurses post course confidence in leadership and emergency management rose to a level of that of postgraduate year one doctors when taught in an interprofessional setting, a finding not observed when taught alone.

Conclusion
Interprofessional Education provides a different focus of learning when compared to that delivered uniprofessionally, and suggests a richer learning experience for all. We conclude that IPE is an essential aspect of non-technical skills education. Ethics: Ethical approval has been granted from the NHS research ethics committee.
EVALUATION OF AN INTER-PROFESSIONAL EDUCATION SIMULATED LEARNING ACTIVITY FOR UNDERGRADUATE OCCUPATIONAL THERAPY AND PHYSIOTHERAPY STUDENTS IN AUSTRALIA

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Inter-professional education and simulated learning activities are regarded as valuable learning strategies that provide guided interactive experiences in the education of beginning health practitioners. The occupational therapy and physiotherapy undergraduate courses at Monash University, Melbourne have conducted interdisciplinary learning experiences for their students across their four year courses since their inception. The inter-professional activity for 117 year two occupational therapy (n = 52) and physiotherapy students (n = 65) was a one-day communication workshop developed collaboratively by the Faculty Simulated Patient Educator and occupational therapy and physiotherapy teaching staff. This workshop aimed to improve the communication skills of pre-clinical physiotherapy and occupational therapy students through skill based interactions with simulated patients (trained actors, SPs) portraying patients with challenging communication issues. This paper reports on the development of this one-day inter-professional communication workshop and presents the results of student and staff evaluations of this experience. The workshop consisted of four components: (a) an introductory lecture on patient simulation and training, (b) role play exercises where students taught their peers a selection of discipline specific intervention-based skills in which one student was required to play the role of patient and the other therapist, (c) a simulated/standardised patient component where students practised their communication skills in a first meeting scenario with three different professionally trained simulated patients, and (d) an opportunity for debriefing and evaluation. Of the 117 students who participated in the workshop, 98 students completed evaluation surveys. Thematic analysis of open ended responses revealed some broad themes relating to personal skill development and preparation for clinical practice. The evaluation of the experience informs on students perceptions of the value of the three components of the workshop and, along with staff evaluation, provides suggestions for the conduct of future simulated and interdisciplinary learning activities. This project has been approved by the Monash University Human Research Ethics Committee.
HOW CAN WE IMPROVE OUTCOMES FOR SERVICE USERS - THE USE OF DIGITAL STORYTELLING AS A VEHICLE FOR COLLABORATIVE PRACTICE IN AN INTERPROFESSIONAL MODULE ON SERVICE DEVELOPMENT AND QUALITY IMPROVEMENT

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Service Development and Quality Improvement is an interprofessional module accessed by a range of professionals within public and community services as part of their continuing professional development. The module focuses on acquiring skills and knowledge in quality enhancement, quality improvement and performance management seen as essential to shaping and changing public services. There is an emphasis throughout the module on the co-productive nature of service improvement and particularly on enhancing skills in using information technology and different media to promote and improve the quality of information and resources about service developments. This latter requirement is assessed through the submission of students own digital story which contributes towards their written assignment outlining a plan for a service improvement. Throughout the module, students work through a range of online activities on the virtual learning environment. These encourage them to collaborate in their research into the nature of digital storytelling, to critique its different uses, to develop an idea through a storyboard which they then turn into a 5 minute digital story. These activities are supported by discussion boards, group activities in the classroom and lab based activities in using multimedia. This presentation demonstrates how the engagement of peer support and digital storytelling is a useful tool for engaging different professionals in identifying common issues in improving services. The focus on outcomes for service users and patients increases the potential for working towards more clarity in the common goals for collaborative working. The presentation will involve demonstrating the online activities, showing examples of students digital stories.
AN EVALUATION OF THE EFFECTIVENESS OF INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE IN A STUDENT-RUN CLINIC MODEL

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Objective: To analyze existing data that has been collected about the WISH Clinic and to determine whether or not we are providing an effective setting for IPE and collaborative practice.

Background: Collaborative practice has been identified as a key component of providing effective, socially accountable, patient-centered care (Romanow, 2002). Interprofessional education (IPE) at the pre-licensure level aims to impart knowledge, skills and attitudes that will enable future healthcare professionals to function effectively in collaborative care environments. IPE and collaboration have been identified as areas of strategic importance; however, very little is known about the impact that Canadian student-run clinics are having on student/mentor participants and the programs within undergraduate health education.

Methods: We will conduct a review of all the available data that has been gathered on the WISH clinic to date, regarding volunteer/mentor statistics. The evaluation primarily seeks to answer the following questions: 1) What are the faculties of origin of our volunteers? 2) How often do they volunteer? 3) What is the level of satisfaction with the learning/teaching experience for both students and mentors? 4) What are the most frequent challenges and recurring issues in this setting? 5) Based on student and mentor feedback, what recommendations can be made for improvement? The data that will be used to help answer these questions include the following:
a. Volunteer/Mentor Statistics: information on the number of volunteers/mentors, their faculties of origin, the number of shifts they have volunteered for, and the duration of their volunteership.
b. Student/Mentor surveys: The purpose of these surveys is to examine the nature of the interprofessional learning experience. They are completed at the end of every shift.

Conclusions: There has been considerable interest in, and enthusiasm for, Canadian student-run clinics. However, to date, there is no published evidence that these programs are meeting the needs of students. This study will allow us to begin to evaluate the interprofessional experience at the WISH clinic. We hope to use this information to improve the effectiveness of student-run clinics in providing a centre for IPE and collaborative practice.

References
STUDENTS UNDERSTANDING OF COLLABORATIVE COMPETENCIES. A CASE STUDY OF THE 2011 OZHFTC WINNING TEAM

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Background: In order to foster collaborative health care systems it is important that health care students learn to work together. Thus many universities around the world have trialled new and innovative ways of teaching and delivering interprofessional education to help students understand and develop collaborative competencies. One such approach has been the Australian National HealthFusion Team Challenge (OzHFTC). A “live” competition where students from mixed health care professions come together to work and develop a management plan which reflects “best practice” for a “real” client with complex needs.

Objectives: The aim of this presentation is to use post-competition reflective feedback to examine whether the students from the winning team achieved an understanding of Barr’s (1998) collaborative competencies, and whether any other gains were experienced.

Methods: The 2011 OzHFTC was won by a team of six students from Deakin University (Melbourne) representing nursing, medicine, psychology, dietetics, social work and occupational therapy schools within the Faculty of Health. Following OzHFTC, the event co-ordinator conducted structured telephone interviews with all competing students. All interviews were conducted on a voluntary basis. The winning team was invited to participate in the present case study. Five members of the winning team consented to their interviews being qualitatively analysed using summative content analysis.

Results: In this sample of winning students, six out of eight of Barr’s collaborative competencies were successfully achieved and reported by all students. These six competencies were, “roles and responsibilities”, “recognising and observing own constraints”, “working together”, “case conferences/team meetings”, “respect” and “conflict resolution”. The two remaining competencies “interdependent relations” and “tolerating shortcomings” were not found in the content analysis. Further gains from participation in OzHFTC included social and networking opportunities, increased understanding of the Australian health system and greater insight regarding indigenous culture.

Conclusions: The results are encouraging for future use of an OzHFTC model to help students achieve collaborative competency, thus setting them up to apply their skills and understanding when they reach the workforce. More broadly, OzHFTC opened up dialogue between different health professions, enhanced students knowledge and skills, and highlighted the importance of interprofessional collaboration.
INVESTIGATING STUDENTS EXPERIENCES OF COLLABORATION AND TRIALOGICAL ACTIVITIES (COLLABORATIVE KNOWLEDGE CREATION ACTIVITIES) DURING A COURSE AT AN INTERPROFESSIONAL TRAINING WARD (IPTW), USING THE CONTEXTUAL ACTIVITY SAMPLING SYSTEM (CASS) AND SEMI-STRUCTURED INTERVIEWS

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Background: Our interest is to foster learning during clinical interprofessional education (IPE). Learning is not a purely cognitive or individual matter and we have previously described students experiences of their academic emotions, e.g. feelings of stress related to the clinical interprofessional course based on data collected continuously via mobile phones by using the Contextual Activity Sampling System (CASS). This study focuses on students experiences of collaboration associated with so called trialogical activities (collaborative knowledge creation activities) in clinical settings. Enabling the creation of collaborative knowledge for improved teamwork is one of the key goals during the investigated interprofessional training ward (IPTW) course.

Objectives: The aim of this study was to use CASS data to gain deeper understanding of how students collaboratively create knowledge during an IPTW-course.

Methods: Previous attempts to describe students experiences of their interactions in clinical settings are faced with methodological challenges and drawbacks that may affect data. We have developed and adapted the CASS methodology for gathering students experiences of learning and team collaboration during IPTW courses. Based on the CASS methodology, quantitative and qualitative data were gathered five times a day via questionnaires sent to mobile phones during the two week IPTW course. The data were compared to open-ended questions obtained from interviews performed at the end of the course.

Results: The preliminary results showed that students acquired an understanding of the importance of team communication and collaboration. The CASS data gave somewhat different and unique information compared to the interview data.

Conclusions: This study might lead to a better understanding of how to improve collaborative knowledge creation activities based on students experiences and activities as reported during IPTW courses. The CASS methodology collects data in context and thereby provides unique information that can enhance trialogical activities in clinical IPE settings.
THE EFFECTIVENESS OF INTERPROFESSIONAL EDUCATION IN UNIVERSITY-BASED HEALTH PROFESSIONAL PROGRAMS: A SYSTEMATIC REVIEW

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Background- A key responsibility of universities is to prepare health professional graduates for their roles as effective members of the health care team. Currently, most university-based health professional education is delivered in a traditional, discipline specific way. This approach is limited in its ability to equip graduates with the necessary knowledge, skills and attitudes for effective interprofessional collaboration and for working as part of a complex health care team. Interprofessional education is widely seen as a way to improve communication between health professionals, ultimately leading to improved patient outcomes. However, much of the evidence in support of this premise tends to be more anecdotal than empirical.

Objective- The objective of this systematic review was to identify the best available evidence for the effectiveness of university-based interprofessional education.

Methods- A three-stage comprehensive search strategy was utilised to search across ten electronic databases. English language studies published between January 2000 and February 2011 were included. Two independent reviewers assessed the methodological quality of each study selected for retrieval using standardised Joanna Briggs Institute critical appraisal tools.

Results- Nine published studies consisting of three randomised controlled trials, five controlled before and after studies and one controlled longitudinal study were included in the review. Outcome measures included objectively measured or self-reported educational outcomes and or professional competencies related to interprofessional education as assessed by validated instruments such as the Readiness for Interprofessional Learning Scale and the Interdisciplinary Education Perception Scale. Four studies reported significant improvements in attitudes and perceptions of interprofessional education. In addition, five studies reported a mixed set of outcomes related to interprofessional education interventions.

Conclusions- Students attitudes and perceptions towards interprofessional collaboration and clinical decision making can be potentially enhanced through interprofessional education. However, larger more robust experimental studies explicitly focused on interprofessional education with rigorous randomisation procedures and allocation concealment would improve the evidence base of interprofessional education.
MEDICATION RECONCILIATION AS A CONTEXT FOR IPE FOR MEDICAL AND PHARMACY STUDENTS: A PILOT

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¹University of British Columbia

Introduction: The interactions between physicians and pharmacists are one of the most common encounters in the health system. In addition, recent studies suggest that medication errors are common but that risk could be minimized through comprehensive medication reconciliation. Physicians, pharmacists and nurses are the most common professions involved in medication reconciliation but for the purposes of this pilot we are focusing on medical and pharmacy students.

Objectives: 1; To engage medical students with pharmacy student in case based discussions related to medication reconciliation. 2; To increase the knowledge and skill of medical and pharmacy students about each other’s roles in medical reconciliation. 3; To improve the likelihood of physicians and pharmacists collaborating to reduce medication errors by simulating a real-world relationship.

Methods: A subset of medical students in a 4th year course in medicine were required to complete a medication reconciliation assignment with senior pharmacy students as part of a mandatory project. For the purposes of the pilot, we partnered 24 fourth year medical students with 24 pharmacy students in years three and four. Each small group was assigned an anonymized patient medication history/status based on Best Possible Medication History (BPMH), patient interview and Pharma Net data. Each group was required to meet or connect virtually to review the case and to answer key questions about the medication review and about their respective roles and knowledge base.

The focus was twofold: determining the significance of medication discrepancies and safety issues and improving understanding of roles and collaborative practice potential. The group was required to provide a summary of their findings/observations and a set of negotiated recommendations to minimize risk for the patient.

Findings: All participating students were asked to complete a pre test and post test survey. Findings suggested that most students found this to be a worthwhile learning experience that enhanced their understanding of collaboration. Improvements for the next iteration of the task include more information about the task ahead of time and cases that are relevant to their project themes.

Conclusion: Using medication reconciliation as a platform for interprofessional learning between medical and pharmacy students is an effective method of IPE for improving future collaboration.
SUPPORTING THE NEEDS OF OLDER PATIENTS AFTER HOSPITAL ADMIS-
SIONS: AN INTERPROFESSIONAL EDUCATION INITIATIVE IN PRIMARY CARE

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Introduction- An interprofessional student led clinic was established within a community reha-
bilitiation centre to investigate the potential for undergraduate students to deliver primary health
care to older people recently discharged from acute hospital.
Objectives- To assess patient outcomes, student learning outcomes and user perception of
services provided by a mixed discipline student led primary health care clinic.
Methods- Patients older than 70 years, recently discharged from hospital to home, were invited
to attend a student led clinic. Mixed discipline teams of final year undergraduate students from
dietetics, medicine, nursing, occupational therapy physiotherapy, and social work reviewed 25
patients over an eight week period. Patient perceptions were measured by the Patient Ex-
perience Questionnaire; student learning outcomes were assessed with the Interprofessional
Education Perception Scale and focus group evaluation. Ethical approval was received from
Peninsula Health and Monash University.
Results- Patient perceptions of the consultation indicated that this was a very well received
patient centred intervention, that the student teams provided useful information and education
about how to manage their condition and that patients subsequently felt more able to man-
age their health. Student learning outcomes were the development of a holistic perspective of
patient care, knowledge of role, teamwork skills and interprofessional communication skills.
Educators considered project outcomes exemplary in preparing graduates for informed inter-
professional practice, that recognises the roles of many disciplines.
Conclusion- This pilot study demonstrated the ability of student teams to identify and act on
care needs in a vulnerable patient population that is well suited to an interprofessional model of
care. The logical combination a patient group in need of time-intensive multi-faceted consulta-
tions with final year students with time to offer and in need of interprofessional education was
well received.
This project was possible due to funding made available by Health Workforce Australia and the
Department of Health, Victoria.
BAD NEWS TRAVELS: HOW APPRECIATIVE INQUIRY METHODOLOGY CAN EXPLODE MYTHS AROUND STUDENTS PERCEPTIONS OF INTERPROFESSIONAL EDUCATION

Frances Gordon\textsuperscript{1}, Helen Bywater\textsuperscript{1}
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The barriers to interprofessional education are well documented (Davidson, 2005) and include resistance by professional groups to engage with each other (Rushmer, 2005). Our work in our own institution and consultative work in other organisations underlined that lecturers who were usually not actually involved in IPE teaching consistently reported students being dissatisfied with IPE generally, and specifically about the quality of teaching and assessment by members of other professions. Through the supervision of a colleague’s master’s dissertation (Walsh, 2009), we became interested in the concept of memes (Dawkins, 2006) where cultural messages are spread among student cohorts. Walsh reported good news memes being carried among students following an optional interprofessional education encounter. Reflection on the bad news we were hearing in our own and other institutions and the failure of traditional evaluation strategies to address this, stimulated us to find other means to measure our undergraduate students experience of mandatory interprofessional education. The aim of our study, conducted under the ethical guidelines of the British Educational Research Association, was to evaluate levels of satisfaction and dissatisfaction across student cohorts between 2009 and 2012 (N=12 000). Methods used included appreciative inquiry interviews (Cooperrider, Whitney, & Stavros, 2003) to discover the aspects of interprofessional education that students valued, and to devise an instrument that measured levels of satisfaction around the aspects of their experience that were important to them. The return rates over time were comparatively high (circa 60%) and the results consistently demonstrated a high level of satisfaction with interprofessional education. Our conclusions for practice are multifaceted. We conclude that bad news is powerful and can be demotivating for both students and lecturers and result in poor engagement among student groups. However, inquiry that enables an articulation of what students value, and systematic measurement of satisfaction with the curriculum can dispel myths around levels of dissatisfaction and allow positive engagement.
USING STANDARDIZED PATIENTS TO CONSOLIDATE IP LEARNING FOR MEDICAL STUDENTS

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Introduction: In 2010 two Standardized Patient (SP) Encounters were developed and used as part of a 4th year medical student course. One case was an interprofessional orthopaedic case and one a rural-based, Aboriginal Health obstetrical case. Several faculty members from other professions were invited to facilitate these sessions and found them engaging and relevant to other professions as well as providing potential for effective and interactive interprofessional learning in clinically relevant contexts.

Objectives: 1. To engage medical students in case-based clinical discussions with trainees in other health professions. 2. To increase awareness of medical and other health professions’ roles and responsibilities related to the two cases. 3. To enable facilitation of clinically relevant encounters that foster respectful and safe discussions across professions.

Methods: The 2012 pilot expanded upon the SP encounters and brought senior students from the programs within the Faculty of Medicine together with senior medical students in facilitated SP sessions using the cases tested in 2010. SP groups were designed to be mixed and an interprofessional group of faculty members acted as tutors. SP sessions were 990 minutes long and covered both cases. SP encounters were offered in three time frames on one day. The medical student was the interviewer and the other members of the student group observed and then engaged in interprofessional discussions about the case. Tutors were trained to engage all students in the post encounter debriefing. An evaluation survey was administered to all students and tutors following the sessions.

Findings: The SP encounter was generally rated highly by students and tutors. The observed engagement among the students of different disciplines was constructive and informative. Discussion focused on clinical aspects of the case, communication strategies, and collaboration. Changes for future SP IP sessions will increase the professional mix and will engage more students in the actual encounter by enhancing the SP training.

Conclusion: Using SP encounters is an effective strategy for bringing students together around a common case. The ability to interact with the SP and to observe and discuss is a rich context for IP learning.
INTERPROFESSIONAL PRACTICE PLACEMENTS FOR OVER 1,000 STUDENTS FROM 10 DISCIPLINES: KEY OUTCOMES AND STRATEGIES FOR SUCCESS

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The Faculty of Health Sciences at Curtin University has over 8,000 students from 23 disciplines within its seven schools. The Faculty's vision of building new health workforce models for the future is inextricably linked to its interprofessional education (IPE) agenda and is aligned with the University's triple-i curriculum frameworks of: industry readiness (graduate employability); Indigenous / intercultural / international perspectives (global citizenship); and interprofessional learning experiences. The volume and diversity of this student cohort makes it challenging to develop graduates who are ready for interprofessional collaboration in a range of health and social care settings. Despite the challenges and resource demands of practice-based IPE, the need to focus on the translation of IPE from the classroom to practice is critical to our Faculty's plan for building the future interprofessional health workforce. Several authors have highlighted this need for learning to take place not only in the classroom but also in practice (Freeth et al 2002; Higgs and Edwards 1999; Mackenzie et al 2007). Practice-based IPE is critical within the IPE field as it provides the ideal vehicle for evaluating the impact of IPE on students' interprofessional practice capabilities as well as on staff and clients, an identified gap in the current evidence base (Barr et al 2005; Pollard et al 2009; Reeves et al, 2010; ).

Moving from an early organic approach to a more strategic approach, the Faculty has focused on the development of university and industry staffs' ability to provide high quality practice-based IPE experiences for students. This paper will provide an overview of this very large scale Interprofessional Practice Placement Program which has been awarded both faculty and university teaching excellence awards and has been nominated for a national teaching award. This program has provided IPE experiences for over 1,000 students from nursing, occupational therapy, physiotherapy, speech pathology, social work, psychology, pharmacy, medical imaging, dietetics, and medicine in a very diverse range of settings including an acute teaching hospital, an aged care organisation, a primary school, a rural mental health service, a rural stroke unit, and a housing estate. We will share the key lessons learned and strategies for success.
THE ROLE OF INTERPROFESSIONAL COLLABORATION IN THE DELIVERY OF MEDICAL LABORATORY SERVICES IN CANADA

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Medical laboratories (MLs) provide approximately 80% of the objective data for diagnosis, monitoring and treatment of patients; and also plays an important role in disease control and surveillance. Research on reducing outbreaks and nosocomial infections, like Methicillin-resistant Staphylococcus aureus (MRSA), highlight the importance of laboratory services in the identification and containment of infection. Not only will patients benefit (e.g., better quality of care) but healthcare providers will also benefit (e.g., reduction in the risk of infection) and there may also be improvements for the healthcare system (e.g., reducing the length of stay with the potential to reduce costs).

Laboratory testing includes the pre-analytical phase, analytical phase, and post-analytical phase. Historically, quality in the MLs was defined as producing a valid, reliable and timely test result. As a result, the approach to quality focused on the analytical phase of medical laboratory. Errors can also occur at the interface between the patient and the care provider (pre-analytical) and the care provider and the laboratory (post-analytical). For example, misidentification of a patient during the pre-analytical phase can lead to incorrect laboratory results and inappropriate care. This type of error, and many others, can be prevented or reduced by careful design of the laboratory system that recognizes the important role of interprofessional collaboration (IPC) in both the pre/post-analytical phases.

The purpose of this study is to determine the factors that contribute to and/or inhibit IPC within these two phases.

The research design is based on a series of case studies. MLs were categorized into four sub-sectors (cases): hospital-based laboratories, community-based laboratories, laboratories found in physician offices, and public health laboratories. Semi-structured interviews (N=24) and two focus groups (N=50) are currently being conducted (completion June 2012) with key stakeholders in each sub-sector. The analysis includes a comparison across cases to capture the variation within each sub-sector. This study has been approved by the REB of the University of Ontario Institute of Technology (11-058).

Preliminary results indicate that variation does exist in the ability of MLs to interface with patients and other care providers due to organizational design (i.e., dual lines of authority), information systems (or lack of), governance, and ownership structures (hospital versus community).

Quality assurance at the analytical stage is key. However, ensuring quality in MLs requires a system approach that takes into consideration factors that enhance IPC in both the pre/post-analytical phases.
MONDAY, 8 OCTOBER, 2012; 9:00-10:30

STUDENTS AND ORGANISATION BENEFITS FROM INTERPROFESSIONAL EDUCATION

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Background
Both national and international bodies call for interprofessional education and collaboration. One way for undergraduate students to learn interprofessional collaboration is by clinical placement in an Interprofessional Training Unit (ITU) where students from different health professions under supervision from trained staff provide care and rehabilitation to patients.

Two questions were raised in a Danish ITU: 1) Is the ITU cost-effective? 2) What is the students, and alumni, (former students) perceived learning outcome of a clinical placement in the ITU?

Methods
1) A cost-effective analysis was used to answer this question. We included 62 patients from the conventional ward (COW) and 72 patients from the ITU. We compared incremental daily costs and self-reported quality of life in the COW and the ITU. 2) For this question we used mixed methods including qualitative and quantitative approaches. We included 428 students from the professions occupational therapy, physiotherapy, nursing and medicine. On the students, last day in the ITU we asked them to state their perceived most important learning outcome from the placement. After graduation we again asked for the students, (now alumni) perceived learning outcome resulting from their experience in the ITU. The statements from the two occasions were analysed and statements in the identified themes were counted up and tested for differences between students and alumni.

Results
1) Due to shorter length of stay in the ITU this was more cost-effective compared to the COW. There were no differences in complications and patient-reported quality of life. 2) The students, perceived most important learning outcomes were in order: Uniprofessional learning, interprofessional learning and formation of professional identity. For the alumni the order was reversed so that formation of professional identity was the most important followed by interprofessional learning and uniprofessional learning.

Conclusion
It is possible to establish a cost-effective learning environment for health professional students where the students on long term basis acquire a professional identity simultaneously with learning interprofessional collaboration and performing of uniprofessional tasks.
In Canada, the province of Quebec has one of the highest mortality rate related to cancer (Canadian Cancer Society, 2011). Cancer patients are targeted by the ministerial guidelines to facilitate their healthcare trajectory using a patient-centered interprofessional (PCI) practice. Cancer patients cares may be fragmented if they are not delivered in continuity from various settings and professionals. The PCI practice seems to be a necessity in this context. PCI practice ensures better communication and patient safety, and also improves patient cares and access to health services (Health Canada 2010). In addition, studies support the importance of describing the actual PCI practice, in oncology settings, using patients and professionals perceptions (Kvale & Bondevik, 2008; Leon-Carlyle et al., 2009, Sinfield et al., 2008). This oral presentation will report on preliminary results from a qualitative case study (Stake, 2008) examining PCI practice within two interprofessional cancer teams in a large teaching hospital. The study draws on McCormack and McCance (2010) patient centred nursing framework to provide a theoretical light and contribute to illuminate the PCI practice. The purpose of this study is to describe the PCI practice over the continuum of cancer care. Conclusions will be drawn from semi-structured interviews (patients and family members, N = 4; professionals, N = 16) and through observations of interprofessional activities (e.g., cancer care, interprofessional meeting). A content analysis will be performed using Miles and Huberman s (2003) method. Components of an interprofessional team supporting the PCI practice and the factors that influence this practice will be identified. This description will contribute to understand the PCI practice and its challenges.
EVALUATING THE USE OF CASE-BASED LEARNING TO FACILITATE INTER-PROFESSIONAL EDUCATION IN A COHORT OF UNDERGRADUATE OCCUPATIONAL THERAPY AND PHYSIOTHERAPY STUDENTS IN AUSTRALIA

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Inter-professional education is regarded as a valuable learning strategy for undergraduate students in the health professions. Working within inter-professional teams through participation in guided interactive experiences, students are able to learn about, from and with each other, adding to the richness of their educational opportunity. Inter-professional education has been an integral part of the core curriculum in the undergraduate Occupational Therapy and Physiotherapy programs at Monash University since their inception. At a second-year level, collaborative learning is encouraged between the professions through engagement in case-based learning. Students participate in a week long inter-professional education (IPE) program during which, they are expected to attend interactive lectures, engage in scenario-based problem solving, participate in a practical skills session and undertake independent study, in order to increase their knowledge about their professional role, and the roles of other health professions, in the context of chronic disease management. The working through of the case scenario is student-centred, as students are encouraged to work collaboratively to analyse realistic situations to identify problems, contribute their own background knowledge and skills in order to pose and challenge questions, and ultimately formulate strategies that will result in the case moving forward. The aim of this paper is to provide a critical evaluation of the construct, conduct, and learning outcomes of this program. Pre- and post participation survey data obtained from student evaluations (matched data n = 100) has been analysed to explore: (i) students perceptions of their own inter-professional skills (ii) students perceptions of the value of engaging in undergraduate inter-professional education (iii) Students experiences of participating in this inter-professional education program. Emerging themes will be presented, along with recommendations for future iterations of this inter-professional program with the view to enhancing educational outcomes. This project has been submitted to the Monash University Human Research Ethics Committee for approval.
Recognizing a need to move beyond discussing the importance of IPE in health professions education to making IPE a reality in all health professions programs, in 2011, the Society for Simulation in Healthcare (SSH) and the National League for Nursing (NLN) conceptualized a joint educational conference combined with an invitational meeting of key stakeholders in both IPE and IPP. The overall goal of the event was to examine how healthcare simulation (HCS) could serve as a catalyst for IPE. Supported in part by a grant from the Josiah Macy Jr. Foundation, the Interprofessional Education and Healthcare Simulation Symposium (IPEHCSS) was convened in conjunction with the 2012 International Meeting for Simulation in Healthcare in San Diego, California. Adopting the IP competencies set forth in the Core Competencies for Interprofessional Practice Report, the goals of the Symposium included increasing knowledge about IPE, enhancing understanding about how simulation can facilitate IPE and IPP, and creating momentum for further progress. The IPEHCSS Invitational Meeting comprised of key stakeholders from a variety of professional organizations including American and Canadian educational, practice, regulatory, and accrediting agencies. There was also a second track for 500 registered attendees to attend educational sessions regarding simulation-based IPE. The findings and recommendations of the invitational meeting were synthesized and an Official Report (or White Paper) created for wide dissemination. There are two sets of recommendations: 1) a framework for action for professional organizations to promote HCS and 2) a call for action for healthcare programs and institutions to use HCS for IPE. The information collected will be included in this oral report.
FOSTERING INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE: THE WINNIPEG INTERPROFESSIONAL STUDENT-RUN HEALTH CLINIC

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Background: The Winnipeg Interprofessional Student-Run Health (WISH) Clinic is a clinic developed by students from the University of Manitoba and housed within an existing primary health care site in Winnipeg, Manitoba, Canada. Health and social services are provided to an inner city community where the social determinants of health directly impact access to care. The WISH Clinic has built unique relationships with numerous stakeholders and has enhanced interprofessional education and collaborative practice in Winnipeg.

Objectives: To present the WISH Clinic as a model for interprofessional education and collaborative practice. To demonstrate how the WISH Clinic serves as conduit for capacity building in students, licensed professionals and community.

Methods: The administrative and operative structure of the WISH Clinic supports interprofessional collaborative opportunities. Students from thirteen different university faculties collaborate with university mentors, the primary health care site and social supports. This enables community placements, health education initiatives and research projects. During clinic shifts, interprofessional education occurs via interactions between team members and clients as well as during formal briefing and debriefing sessions.

Results: Over 600 students have practiced collaborative teamwork in an interprofessional setting. Since its inception over 100 clinics have been held. Mentors from seven professional groups have taken the skills gained from volunteering and applied these to their own clinical teams. The WISH Clinic has earned formal recognition as a valued community partner while serving over 5000 clients. The university acknowledges the WISH Clinic as an interprofessional collaborative practice model and now incorporates the experience into courses and service learning opportunities.

Conclusions: The WISH Clinic has fostered the development of collaborative practice and interprofessional service delivery. It has impacted the way students learn, mentors teach, and university and community administrators approach clinical practice and social support environments. It supports and contributes to the interprofessional health service delivery paradigm shift.
AN INTERPROFESSIONAL CURRICULUM FOR A DISADVANTAGED REGION

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In 2011 Central Queensland University took a bold step in proposing the commencement of a suite of health programs including Occupational Therapy, Physiotherapy, Podiatry and Speech Pathology. The University is located in a geographically diverse region of great natural resources but with historically high levels of social disadvantage and significant health workforce shortage. The region has struggled to attract and retain health practitioners and a strong motivation for the development of these programs is the need to reverse this trend and provide local health education opportunities. In early 2012 the professional academic staff recruited to roll out these new programs arrived from around the world to the city of Rockhampton in Central Queensland to make this happen. A shared commitment to interprofessional education and collaborative practice was articulated from the outset with recognition that this opportunity placed staff in a unique position to build an interprofessional curriculum (or suite of interprofessional curricula) from the ground up with the possibility to design out many of the barriers articulated by educators in existing programs. This presentation outlines the steps being taken to make this dream a reality, including the use of recently developed models of interprofessional education to guide development of a shared educational philosophy, mapping of new curriculum in line with a range of professional requirements, the planning and resourcing of a new shared education centre and the development of innovative fieldwork opportunities. Challenges encountered along the way and the risks we still face will be explored in a regional environment with relative over representation of indigenous people, high levels of chronic disease and social disadvantage. Strategies that have been developed to manage known risks and future-proof the interprofessional curricula to meet the needs of our students, our graduates, our accreditation councils and the diverse and rural populations in Central Queensland will be shared.
PROVING THE SENSE OF IPE: INFORMING PROGRAM DESIGN, IMPLEMENTATION AND COMPETENCY-BASED EVALUATION OF A ONE WEEK INTERPROFESSIONAL - THE GET READY PRE GRADUATE PILOT PROGRAM

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Aim
To design, implement and evaluate a competency-based, multimodal Interprofessional Education (IPE) program for medical, nursing and allied health students in a teaching hospital in Sydney.

Background
The Get Ready Program is a one week academic and clinical collaboration program which draws on the reality of interprofessional care at every phase of the patients journey and allows for the introduction of scenario based learning using simulation training and role play. Didactic and interactive classes encompassing core interprofessional competencies of role clarification, team building, leadership, interpersonal communication skills and conflict resolution were included in the program design to further ease the transition from classroom to workplace. Being interprofessional required that the blurred edges between the professions were articulated clearly, discussed rationally and resolved for the betterment of care. (WHO Feb 2010)

Methods
52 students (19 Medical, 21 Nursing and 12 Allied Health) participated in a one week interprofessional program in their last semester of study. IPE competency models were reviewed and the Canadian Interprofessional Health Collaborative (CIHC) Competency Framework was selected. This framework informed design and evaluation of the program. Multi-modal educational strategies included: team participation, simulation activities, structured lectures, use of DVDs and role playing. We created student-led multidisciplinary teams to simulate team processes incorporating unfacilitated planning time, case conferences and participation in small group work activities. Comprehensive repeated measure evaluation tools were used. These included the Work Self-Efficacy Inventory Survey (WSEIS), Interprofessional Socialisation and Valuing Scale (ISVS), and two other tools one locally developed and the other an adaptation of a self-assessment tool which accompanies the CIHC competency framework. The Readiness for Interprofessional Learning Scale (RIPLS) was also used along with inhouse content and simulation centre evaluation tools. Finally, a focus group session at the conclusion of the course provided qualitative feedback.

Results
A paired t-test analysis for the repeated measures evaluations showed 95% of items were statistically significant across all competency domains assessed, particularly in the areas of team based competency, communication and collaborative care planning. The qualitative feedback supported these findings and overall the results confirmed the programs efficacy.

Conclusion
The CIHC competency model provided a robust framework for this IPE program design and evaluation methodology. The strength of using real and simulated team models as an educational vehicle was proven. Further IPE programs such as Get Ready are recommended as part of the undergraduate experience in preparation for workplace readiness.
REACHING OUT TO UNDERSERVED COMMUNITIES: IMPACT OF COMMUNITY MENTAL HEALTH RESOURCES ON UNDERSERVED COMMUNITIES

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Background: It is important to give mentally-ill patients from underserved communities, clinical treatments as well as the opportunity to engage in community mental health programs (CMHPs), in order to improve their mental and general health. However, most CMHPs do not address the needs of underserved communities, including the needs of mentally-ill patients from various ethno-cultural communities.

Objective: The goal of this study was to get a better understanding of the impact CMHPs has on mentally-ill patient’s mental and general health. This study also explored the importance of interprofessional collaboration in mental health care to serve the needs of underserved communities.

Methods: A qualitative approach was used to gain first-hand insights into the lived experiences of 30 mentally-ill patients from an underserved community and 16 health care workers at a large Canadian hospital. Data were collected through questionnaires and semi-structured interviews. Ethical considerations for this study were met according to the university’s Research Ethics Board.

Results: By participating in the CMHP, mentally-ill patients gained many benefits, including improvement in mental health, physical health, social network and social skills, which helped them better integrate with the community. Barriers in accessing mental health services were identified from the perspectives of mentally-ill patients from an underserved community.

The finding from this study suggests the quality of mental health care services can be strengthened through effective interprofessional collaboration among healthcare professionals, governments, and clients.

Conclusions: This study gives a better understanding of how CMHPs contribute to the recovery of mentally-ill patients, which in turn increases their quality of life. This study also indicates, the knowledge and skills of different health professionals help mentally-ill patients recover faster from their illness. In addition, collaborating with the government, policy-makers and clients will help meet the needs of mentally-ill patients from underserved communities.
ENHANCING INTERPROFESSIONAL COLLABORATION FOR THE DISCHARGE PLANNING PROCESS ON A NEONATAL INTENSIVE CARE UNIT WITH POST-LICENSURE INTERPROFESSIONAL EDUCATION

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Background: Successful discharge planning for patients from hospitals is dependent upon the collaboration of an interprofessional team. Historically, each professional group has been socialized into a particular area of expertise and knowledge to varying degrees, and learns to become protective of their role. However, this type of professional socialization acts as a barrier and promotes a perspective, which hinders interprofessional collaboration (IPC) during discharge planning.

Objectives: The purpose of the overall study was to identify and examine barriers/facilitators to IPC as it pertains to discharge planning on a neonatal intensive care unit (NICU). We present the views on the role of IPE during post licensure.

Methods: Data collection included a survey (N=66) and semi-structured interviews (N=10) of health and social workers on a NICU at a large Canadian teaching hospital to determine their views on the discharge planning process, IPC, and IPE. This study was approved by the Research Ethics Board of the University of Ontario Institute of Technology (REB # 10-019).

Results: Results indicate that the lack of effective communication, role clarity, and respect acted as barriers to IPC. IPE was identified as a measure to overcome these barriers and as an important facilitator for IPC. IPE was identified as not only important pre-licensure, but also post-licensure. Why? The level of involvement of health and social workers in IPC varies due to previous experience working on interprofessional teams (IPT) and differing contexts (low versus high acuity medical units). Post-licensure IPE training gives healthcare professionals the opportunity to consolidate and learn to work constructively with their team.

Conclusion: The implementation of post-licensure IPE encourages healthcare professionals to actively participate in IPC and to overcome barriers to IPC in the work environment.
INTEGRATING A STUDENT RUN INTERPROFESSIONAL HEALTH SERVICE INTO A PRIMARY SCHOOL SETTING: A SUCCESSFUL PRACTICE BASED IPE PARTNERSHIP

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Challis Early Childhood Education Centre is located in Western Australia and includes a Parenting Centre, Creche, Aboriginal Play Group and Multicultural Playgroup as well as Kindergarten through to Year 2. This setting had provided interprofessional education placements for over 100 Curtin University students from speech pathology, occupational therapy, physiotherapy, social work, counselling psychology, dietetics and nursing along with student Aboriginal health workers and enrolled nursing students from Marr Mooditj College. The students work in interprofessional teams to deliver client centred health services to the children as well as parent and teacher education and consultation.

After initially screening of the children using an Interprofessional Assessment Screening Checklist, developed by the students, classroom teachers referred children to the interprofessional student team. Blocks of individual therapy were provided throughout 2011 to 66 children. This individual therapy model was supplemented with small group and whole class programs. Education of the Challis staff has been pivotal to the success of the program as it has increased the teachers ability to detect problems in the children and consequently the appropriateness of their referrals to the various disciplines. Workshops have enhanced the parents learning and provided them with a safe space to raise concerns and seek advice from the student health professionals. Furthermore, parents were involved in the individual intervention process of their children as much as possible.

The Interprofessional Education (IPE) program at Challis has been a very successful collaboration between the Faculty of Health Science and the staff at Challis. The partnership has continued into 2012 and based on this model of best practice similar IPE programs have been established in five other local primary schools to ensure that sustainable in situ health services are provided to an increasing number of students in Western Australia. A number of evaluation tools have been utilised to measure stakeholder outcomes. These include the Interprofessional Capability Assessment Tool (Brewer et al 2009) which measure the students interprofessional practice capabilities, the Interprofessional Socialisation and Valuing Scale (King et al 2010) which measures students attitudes to IPE, a teacher survey, and focus groups with both school and university staff. This presentation will provide an overview of the rich interprofessional learning experience for students as well as the outcomes for university and school students, staff and the whole school community.
COLLABORATION IN ACTION PROJECT: STUDENTS PARTNER WITH HEALTH CARE MENTORS TO ACHIEVE INTERPROFESSIONAL COMPETENCY

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Introduction
In 2010, the Canadian Interprofessional Health Collaborative published A National Interprofessional Competency Framework, identifying six competencies for achieving collaboration in patient-centred care. This framework prompted a Canadian Office of Interprofessional Education and Practice to reframe and expand their interprofessional (IP) education curriculum for health sciences students. Learning activities follow a three stage developmental learning model of Exposure, Immersion and Competence leading students toward interprofessional competency. Students are introduced to IPE concepts (Exposure) and then given opportunities to collaborate within the classroom setting (Immersion). While Competence level activities ideally occur within practice environments with real world enablers and barriers, academic programs are responsible for preparing students for future practice. The Collaboration in Action (CIA) project was developed and piloted with 60 student volunteers in 2011 to provide Competence level learning for students in nursing, occupational therapy and physical therapy programs.

Objectives
To achieve competency, at the entry-to-practice level, in: role clarification, communication, patient/client/family/community-centred care, collaborative leadership, team functioning and conflict resolution.

Methods
Students IP teams partnered with health care mentors, individuals affected by health challenges, in order to learn about and experience collaborative teamwork in real life community settings. They explored the lived illness experience, developed an IP assessment plan and met for a celebratory event where students, mentors and planners shared lessons learned. The project was overseen by a team of faculty and client representatives.

Results
84% of respondents felt CIA increased knowledge and understanding of interprofessional roles and would positively impact their future clinical practice. 90% of mentors felt CIA was worthwhile and agreed to continue their participation in future. CIA expanded in 2011 to become a mandatory part of the curricula for 170 students.

Conclusions
Activities aimed at IP competency are a valuable part of health sciences education. Student feedback indicated mentor meetings in a community setting were valued. Challenges included timetabling and the absence of medical students.
INTERPROFESSIONAL EDUCATION IN PRACTICE

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This presentation will focus on the implementation of Interprofessional Education (IPE) in Practice for health and social care students. The audience will learn about an approach that has transferability to any placement setting.

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

Building from this evidence base, IPE in practice was designed as an incremental approach, starting with small numbers and then “snowballing” to more and more participants. IPE was piloted in two placement areas, operating theatre and primary care, using smaller groups and replicating the same methodology as used in the 2008 study.

The main objective of the theatre initiative was to gain insight into the interprofessional collaboration involved in patient safety aspects of the perioperative journey. IPE activities were created in partnership with the IPE research team and the clinical team to establish a student-led, patient-focused approach in the placement settings.

Small mixed groups of students from different disciplines in theatre placement areas interacted and shared placement experiences, based on the Scottish Patient Safety Programme (SPSP) initiatives, in particular surgical briefing and surgical pause, recognising each profession's contribution.

IPE does not require classroom activities to be successful. Students reported relevance when dealing with real case scenarios and their reflections of practice compared to designed scenarios. To date more than 80 students from medicine, nursing and pharmacy have engaged with this activity and it is a regular feature of their placement experience.

This student and practice led approach to IPE in Practice is being implemented in other areas with IPE scenarios specific to those placement areas.
AN INNOVATIVE INTERPROFESSIONAL PLACEMENT PROGRAM IN A RESIDENTIAL AGED CARE SETTING

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Background: The ability to work in Interprofessional (IP) teams, to effectively address the management of chronic conditions, and to understand community based health care is essential for new health professionals. The residential and community based aged care environment offers the opportunity to learn the required competencies in a single clinical attachment. The organisation which hosted the student placements in this program has a number of residential care and home support services. This organisation has long invested in student education and training, in order to contribute to skills needed for their future health professional practice. The provision of education and training is critical to this organisation with the potential for this to not only retain high quality staff but also to attract staff for the future.

Objectives: 1. To establish an IP clinical attachment in residential care and community own home settings which exemplifies IP collaboration, in community and home care, management of complex conditions, team work, and communication. 2. To expand clinical places for clinical training for a broad range of health professions.

Methods: Funded by the Dept of Health and Aging, the collaboration was between two Universities and a not-for-profit provider of residential care and home support services. Joint IP and profession specific objectives were developed. An orientation to IP teamwork was provided to all students. Workshops on IP education, teaching and providing feedback were provided for staff.

Results: Across 5 sites, clinical staff were recruited mainly from existing staff from the organisation hosting the student placements. These staff were recruited for their interest in education and received training in Interprofessional student supervision. The placements were 2 or more weeks for teams of 2 or more students from different professions. Over 18 months, the program hosted 228 students (46 Physiotherapy; 35 Speech Pathology; 23 Occupational Therapy; 17 Pharmacy; 20 Dietetic; 74 Nursing; 58 Medical). Feedback from students, staff and residents was very positive.
A CONFIRMATORY FACTOR ANALYSIS OF THE READINESS FOR INTERPROFESSIONAL LEARNING (RIPLS)

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Background: The development of successful and functional interprofessional practice is best achieved through interprofessional learning. One well-known scale that aims to measure students readiness for interprofessional learning is the Readiness for Interprofessional Learning Scale (RIPLS). Numerous studies have found differing factor structures in their psychometric examination of the RIPLS leaving questions surrounding its utility within the interprofessional context.

Objectives: This objective of this study was to determine the best-fitting RIPLS factorial structure among five models published in the literature.

Methods: Data from the 3-factor 19-item RIPLS completed by 303 undergraduate paramedic students from five Australian universities were analysed using maximum likelihood confirmatory factor analysis. Comparison of model fit from the 3-factor 19-item RIPLS was undertaken with the previously documented 4-factor 17-item, 4-factor 19-item, and 3-factor 19-item RIPLS models.

Results: The model fit indices of the 3-factor 19-item model with maximum likelihood analysis demonstrate that the original 19-item RIPLS does not fit the data well. While the best fitting model was the 4-factor 19-item RIPLS demonstrated by McFadyen and colleagues (2005) followed by the 4-factor 19-item model by King et al (2012) both of these models still produced fit indices well below the accepted cut-off values.

Conclusion: Of the five models examined the best model fit was achieved with the 19-item and 4-factor model. Despite this being the best model fit in this study all indices were all below the recommended values. Further work is required to examine the underlying psychometrics and utility of the RIPLS before being used in future studies.
TEACHING DIALOGUES ACROSS PROFESSIONAL BOUNDARIES FOR IMPROVED QUALITY OF CLINICAL EDUCATION

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The Centre for Clinical Education (CCE) created in 2008 a five weeks course in teaching and learning in higher education for health care professionals. The aim was to support and develop the quality of workplace learning. The syllabus focuses on prerequisites and frameworks for higher education; student learning; the professional teacher; an elective advanced component and an examination. The course is run twice a year in four different parts of Stockholm County. The course is conducted as a “blended course” and attendants represent 12 different professions.

Participants meet both physically and on a web-based learning platform. Participating health care professionals supervise students from Karolinska Institutet or the regional University colleges. The participants have emphasized the importance of meeting across professional and disciplinary boundaries as pedagogical difficulties in workplace learning are similar regardless of profession and learning environment. Critical incident analysis as a theoretical model for the examination has created a readiness to act and a mental model for pedagogical work.

Interprofessional teacher training in a health care context encourages dialogue for learning and is feasible in a large scale. Gradually former participants now build up learning networks and a common view on learning across the health care in the county.
COLLABORATION AMONGST HEALTH CARE PROFESSIONALS TOWARDS ENHANCED PATIENT CARE: PERCEPTIONS OF FIRST YEAR HEALTH SCIENCE STUDENTS IN UNIVERSITI BRUNEI DARUSSALAM

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Background: Health science students need a concrete knowledge of the role of each member of the health team. Moreover, collaboration amongst health care professional has been well documented in literatures. To be able to integrate the concept of collaboration amongst students, it is imperative to explore their initial perceptions of what collaboration and team work means.

Objective: This study aims to explore the perception of newly enrolled health sciences students on the importance of collaboration and team work in the delivery of the patient care so that Inter-professional Education will be better valued.

Methods: Using qualitative approach, three focus group discussions (FGD) were conducted among nursing, medicines, biomedicines and midwifery students. Prior to the data gathering, the purposes of the research were explained and written consent was obtained. The data were transcribed, analyzed for the emergence of categories and themes.

Result: Five main themes emerged from the FGD: the importance of collaborative team work in patient care, the role of medical, biomedical, nursing and midwifery, ways to improve team work, obstacles in working as a team and role of team working in delivery of patient care. The study showed that most of the students did not know the role of the Bio-medicines in the patient care and they did not know each other well. They suggested having more social activities to enable them to bond with each other.

Conclusion: Team work and collaboration has been seen as valuable in providing patient care. Extra-curricular and educational activities were perceived as important in improving their bonding with each other. Data obtained from this study can be useful in integrating the concepts of collaboration in the curriculum for Inter-professional education.
ENHANCING INTERPROFESSIONAL LEARNING IN UNDERGRADUATE STUDENTS THROUGH BLENDED LEARNING

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There is now sufficient evidence to indicate that interprofessional learning (IPL) enables effective collaborative practice that optimizes health services, strengthens health systems and improves health outcomes (WHO 2010). To this end educators, both academic and clinical need to ensure that well planned interactive IPL promotes flexible, mutually supportive, patient centred and cost effective collaboration, not only in interprofessional teams, but more widely within a policy aware understanding of organisational relationships (Barr & Low 2012). A repertoire of learning methods should be used to encourage a blended learning approach in the delivery of IPL. E-learning has been widely introduced for self-directed and group-led learning, blended with face to face learning (Bromage et al 2010). Reusable learning objects, on-line scenarios and e-learning packages are readily accessible and freely exchanged between educators and their universities, augmented by home-spun materials manufactured by students and teachers. This blended learning requires effective facilitation extending beyond the range of knowledge, skills and attitudes required for uniprofessional teaching. Facilitators enable students from different professions to enrich and enhance each other’s learning in a supportive small group setting; sensitive to the perspectives, perceptions and particular needs of each individual and profession; able to turn conflict into constructive learning; and aware of ways in which their own attitudes and behaviour can impact positively or negatively on student’s experience (Anderson et al 2009 & 2011, Freeman et al 2010, Howkins & Bray, 2008). This oral presentation will share experiences of how the University of Nottingham, UK since 2009 has used a blended learning approach to ensure an enriching experience of facilitated interprofessional learning for undergraduate students studying Dietetics, Medicine, Midwifery, Nursing, Pharmacy and Physiotherapy. We aim to embed a programme of IPL in each year of the students programme. In the first year we place students in learning sets of mixed professions and no more than 12. The IPL is delivered with an initial 90 minute face to face group; 2 weeks online activity and final reflective face to face group. The IPL is: student focused supported by elearning; challenges individual and professional values; 360 students participated in the 1st pilot, 506 in 2nd pilot; in 2012/2013 620 students participated and in 2013/14 we anticipate engaging 1150 students. This programme of IPL is replicated in Year 2 around Stroke Rehabilitation and in Year 3 Safeguarding Children and Vulnerable Adults. The presentation will be interactive demonstrating the online activity of Values Exchange.
TELEHEALTH CONSULTATIONS IN ALLIED HEALTH: OUTCOMES OF A COLLABORATIVE PILOT STUDY

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Introduction
Access to rural and remote health services can be challenging for both the practitioner and the client. Under a workforce innovation grant funded by Department of Health Victoria, Australia this collaborative project sought to increase the skill capacity of allied health assistants, through the development and implementation of a learning resource for allied telehealth care provision using Allied Health Assistants (AHAs) supported by qualified allied health practitioners (AHPs).

Objectives
To deliver allied healthcare via telehealth consultations emphasising a patient and carer centred practice, working in inter-professional teams.

Methods
Adopting a realist evaluation approach the project was conducted in two phases. Phase 1 involved pre-piloting of learning materials through a two day workshop with undergraduate allied health students and allied health assistant and myotherapy students (n=12). The second phase entailed piloting telehealth consultations with AHAs (n= 13) supervised by AHPs (n= 7) in two rural and one metropolitan healthcare facility, following practitioners participation in an on-line learning resource Allied Telehealth and an interactive workshop. Data collection included pre and post learning surveys, focus group interviews and individual interviews with a range of participants including clients. Thematic analysis was undertaken of interviews and quantitative data entered into SPSS V19.

Results
Communicating via telehealth consultation takes on a whole new perspective for allied health care. Review of existing work practices were required to implement telehealth consultations. Preliminary findings of Phase 1 participants indicated they had a better understanding, knowledge and attitude towards telehealth. Final analysis of phase two will be completed at the end of June 2012.

Conclusions
The findings of this study will provide insight into the complexities and logistics of telehealth consultations with allied health professionals and their clients.
HIGH FIDELITY CLINICAL SIMULATION PRACTICE; AN INNOVATIVE APPROACH TO IMPROVE INTERPROFESSIONAL COLLABORATION

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Human Patient Simulators (HPS) as a sophisticated computerized system are integrated into the BScN curriculum at the school to educate 2nd year students in how to care for patients/families with various conditions/disorders in an interprofessional environment. This clinical simulation practice includes two full days of simulation learning as part of students Adult Health Clinical rotation. There are 2 patients (scenarios) with different conditions at each day during the simulation. For each scenario, students are divided in 2 groups of 4 and assigned specific roles of primary nurse, secondary nurse, family member and observer. Based on the scenario, one or more cross-disciplinary students (i.e., from Respiratory Therapy, Medical Radiology Technician programs) voluntarily join the simulation to create an interprofessional learning environment. Each scenario is videotaped and simultaneously watched by one group in another room. Groups switch roles after 30 minutes while giving a verbal report to each other. Students debrief after both groups performed. At the end of the day 2, students participate in a health teaching session for one of the patient with diabetes. Students performance is collaboratively evaluated by the teacher and the students at the end of each day. Further, students complete a feedback form in regards to the simulation at the end of the second day and submit a Reflective Practice Review to the teacher in a week after the simulation. In this presentation the simulation learning process along with important principles integrated into the process will be discussed. In addition, the themes identified from the feedback forms and RPRs, and the pros and cons of this IP simulation practice, as identified by faculty and students, will be discussed.
EXPLORING ELECTRONIC DOCUMENTATION TO ACHIEVE COLLABORATIVE PRACTICE

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Background: The future of healthcare in Canada requires the implementation of electronic health records. As such, the implementation of electronic charting is transforming relationships between providers and between providers and their patients. The literature further suggests that strong documentation practices support good interprofessional practice (San Martin-Rodriguez et al., 2005). Documentation is therefore a means to enhancing team work and collaboration.

Objective: In 2008, an academic teaching rehabilitation hospital in Toronto, implemented electronic charting within its inpatient services. In 2011, before expanding the electronic documentation system to the organizations outpatient services, a systematic evaluation of the inpatient documentation system was performed with an interprofessional focus in order to further inform the development of tools that would support safe, quality, collaborative care.

Method: The qualitative evaluation consisted of two methods. A questionnaire was completed by the interprofessional inpatient team (N= 21) that focused on accessibility, acceptability, effectiveness, and efficiency. Secondly, three semi-structured focus groups were conducted which included representation from members of seven diverse professional disciplines (N=13). Thematic analysis was applied.

Results: Critical learning from the evaluation suggested that the organization needed to consider the following six themes relevant to interprofessional documentation: overlap in scopes of practice provides opportunity to reduce duplication; the adoption of one single methodology across all disciplines improves readability; shared clinical experiences do not mean shared accountability; using accessible language in documents is key to engaging patients and family members as partners in care; integrated care means that the patient owns their goals; and limiting access of non-regulated professions to clinical documentation impedes quality collaborative care.

Contributions to interprofessional practice: Each of the above themes will inform healthcare organizations internationally about the crucial conversations that must be had with stakeholders when implementing electronic documentation systems that will support interprofessional care in the 21st century.
ONLINE INTERPROFESSIONAL EDUCATION, A MODEL TO PROMOTE COMMITMENT AND REFLECTION ACROSS PROFESSIONAL BOUNDARIES

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Arranging for interprofessional education (IPE) is important for the professions to be able to cooperate later. Students need to develop skills in being able to reflect on cooperation with other professions. An important question to answer is how ICT may contribute in this respect. This study explores how participation in a digital community of practice can promote reflection and profession understanding in health science students. The guideline curricula for professional education areas in health and social studies in Norway describe a common core part whose aim it is to develop a joint frame of reference as a basis for future interprofessional cooperation. In 2010 the University of Tromsø (UiT) offered a joint instruction to their health science students. Here the subject matter is linked to ethics, communication, central and municipal government studies, health and social policies plus theory of science and research methods. First-year students from five educational professions (bioengineering, dental hygiene, ergotherapy, physiotherapy and radiography students) participated in the common core part at UiT. 12 students participated in the study and took part in a web based variant of the common course. They were split on two groups where students from various health science specialisations were together. The students who took part in the web based course had the same subject syllabus and the same curriculum as the students in the ordinary coeducational programme, but all the lectures, cases and discussions were web based. During the course the students discussed five authentic health professional situations. These were filmed with drama students from UiT as actors. There were five web discussions, one for each case. There were concrete questions relating to the cases. After attending the lectures and reading the literature for each topic, the students should have sufficient knowledge to participate in the web discussions. Based on focus group interviews and the students’ web discussions, the data material was analysed. The findings show that the flexibility offered by the Internet is important for the students and help them so that they, together and across the professions, feel they are given the opportunity to build up their arguments in a reflective and calm atmosphere. The findings are relevant to the development of health science students’ reflective powers and understanding of their professions.
ENGAGING GREY POWER - REDUCING AUSTRALIAN CHRONIC DISEASE BURDEN

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Despite being the lucky country where most citizens enjoy long lives, the Australian health care system faces significant challenges with the growing burden of chronic disease from an ageing population and unacceptable inequities in health outcomes and access to services because of high demand. For example, more than 50 per cent of consultations with general practitioners are attributed to people with chronic conditions.

Ironically, an estimated 70% of this disease burden is considered treatable by changes in individual nutrition and exercise plans. Yet, despite a wealth of nutrition advice freely available, most Australian seniors remain focused on drug based therapies alone to fight chronic disease.

The Sydney Declaration (released at 2010 ITBH5 conference) called for collaboration within the community of health professionals and consultation with clients to improve health outcomes, but it fell short of mobilising client communities to extend the reach of health professionals.

Driven by a passion to improve seniors health prospects, Sandra Lynn has returned from retirement to pursue undergraduate studies in nutrition and exercise at the University of Queensland. Sandra believes three pillars of community engagement - Open participation, Capacity Building and Collaboration can extend, for comparatively small cost, the reach of current health services. Her belief is based on prior successes in community based, city wide programs for a range of communities from diverse ethnic backgrounds.

Sandra will share how to effectively engage seniors using appropriate tools and communication channels; and how best to build our seniors capacities for guided nutrition self management towards improved health outcomes.
Student Oral Presentation
(STOr-1～6)
CHANGES IN UNDERGRADUATE ATTITUDES TOWARD INTERPROFESSIONAL LEARNING: A MIXED METHODS STUDY

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Background: It is recognised that collaboration and teamwork is now a major focus of the Australian healthcare system where interprofessional healthcare teams work to optimise patient outcomes. To date, limited literature has been published examining the efficacy of web-based interprofessional learning (IPL). This paper will outline the development and evaluation of an interactive IPL website encompassing a number of medically-based DVD scenarios.

Objectives: The objective of this study was to examine students attitudes toward IPL using an interactive IPL website using a mixed methods approach: before and after study design, and focus groups.

Methods: Undergraduate students currently enrolled in one of five health-related courses at Monash University: emergency health (paramedics), nursing, occupational therapy, physiotherapy, and nutrition and dietetics were given access to the website. The Readiness for Interprofessional Learning Scale (RIPLS) was used to measure the students attitudes towards engaging in IPL at Time 1 and Time 2. Qualitative data was also collected from three focus groups, assessing if and how the interactive IPL website impacted on students readiness for IPL.

Results: The final sample of students who completed both the before and after questionnaires was n=44. The majority of participants were enrolled in first year n=16 (36%), predominately female n=39 (84%), were mostly under the age of 26 n=37 (84.1%). Participants showed a statistically significant change in their responses in RIPLS subscale one: shared learning from Time 1 (M=25.00, SD=5.26) to Time 2 (M=27.19, SD=3.92), t(41)=-2.17, p=0.035 (two tailed). A number of themes emerged from the focus groups such as: learner engagement, learner satisfaction, and benefits over face-to-face activities.

Conclusions: Preliminary results suggest the interactive IPL website was a positive experience for participants. Before and after findings showed improvements with the shared learning construct, while qualitative results suggest learners were engaged and developed a good understanding of IPL.
EXPANSIVE APPLICATION OF “IPW” CAN LEAD PEOPLE TO MORE HEALTHY LIFE

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We, health care providers, sometimes tend to value only physical and mental health. In fact, when we say the word “health”, it often refers to only physical health. In 1946, the World Health Organization (WHO) defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. Hearing the statement, we authors guess that social health must be the most important for people to get physical and mental health. Because the outer circumstances condition our lives and sometimes also change our health views very easily.

As the example above, “The East Japan Earthquake and Tsunami” is given. That occurred on March 11th, 2011, claimed more than 15,000 lives and forced many people to take refuge. Besides, the Fukushima Daiichi Nuclear Power Plant (F1) accidents happened. Because of this, the people lived nearby F1 had no choice but to leave their home. They are not still permitted to go back to their hometown and are living in temporary housings or public ones in strange region.

People living in Fukushima have many problems with their health, education, employment, and so on. Last summer, we researched into their problems. Based on the result, we created a model case “TANAKA Family living in Fukushima” and held a workshop to discuss about the model with students in the various fields. They gave many brilliant solutions by using their expertise and experiments and they all said “by hearing what can be said about it by persons of every variety of opinion, I noticed that it’s so important not only to understand others but to learn more about my field”. At the end of workshop, they started a discussion to solve the problems of society as a whole, not just a matter of TANAKA Family.

To aim for healthier society, we must build a regional network with the help of people in various fields. For that purpose, we suggest the best way is that all sorts of people understand the IPW concept (even if they don’t know the term “IPW”) and take advantage of their knowledge, experiences or skill. To do this, we health care providers have to lead the development of the IPW and show its importance to people all over the world.
PERCEPTION OF STUDENTS FROM VARIOUS PROFESSIONS REGARDING INTERPROFESSIONAL EDUCATION (IPE) IN INDONESIA: A NATIONAL PILOT STUDY

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Background: Collaboration among health care provider is important for improving the quality of care. In order to be familiar with collaboration among health care provider it is important to learn since educational phase. Collaboration among clinical students can be showed in Interprofessional Education. In order to be familiar with collaboration among health care professions, it is important to learn it as earlier as possible. Nationaly there has not been an IPE program directed to undergraduate students.

Objective: This research was to explore health professions students perception regarding IPE in Indonesia.

Method: This was a descriptive study with mixed quantitative approach and applied cross sectional design. The subjects were 5590 undergraduate health professions students in Indonesia includes medical, nursing, dentistry, midwifery, pharmacy, nutrition, and public health from 14 cities. The samples selected by inclusion and exclusion criteria with clustered sampling method. Data obtained through Interdisciplinary Education Perception Scale (IEPS) questionnaire that developed by Leucht and colleagues in 1990.

Result: Indonesian health profession students average perception score is 73, 62. Post hoc test showed there was a difference of perception regarding IPE among health profession students< 0, 0001). There was a significant difference between student with experiences in inter profession student organization and uni-profession student organization.

Conclusion: Indonesian Health profession students had a good perception regarding Interprofessional education.
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Saitama Prefectural University (SPU) has three stages of IPE from the first year to the fourth year. The students take the Human Care course and the Field Activities course in the first year and the Interprofessional Work course in the fourth year. They are all required.

I had the Interprofessional Work practice as a fourth-year occupational therapy student at a care house with four students from other departments. We collected information on a service user and classified the information based on International Classification of Functioning, Disabilities and Health (ICF).

The service user was a male in his 70s. We analyzed his problems and set goals. We made proposals about the care house based on his ideas. We talked with care house staff and the service user about the suggestions with reasons and expected effects. The service user was so glad to hear our proposals and said that we talked about what he was thinking about. After IPW, the care house facilitator said, “You worked on the problems well in the team. Be confident.” We became confident of what we did. After the IPW practice, some of our proposals were adopted at the care house. Our IPW practice was a learning and productive experience for us. I had good IPE at SPU; therefore, I was able to recognize a failure of IPW after graduation. Both experiences could be valuable if we would reflect, share, and build up the information as a team.

In real life, the rights of patients, clients and their family members are sometimes ignored, and they keep silent because they are not listened to. I believe that they should be part of IPE and IPW and that participation of patients is necessary to promote IPE and IPW.
THE USE OF INTERPROFESSIONAL COLLABORATION TO IMPROVE RETENTION OF GRADUATES IN RURAL AUSTRALIAN COMMUNITIES

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Introduction: A tremendous effort is made to attract young professionals to rural communities but how do you get them to stay? The move to a rural community can be daunting and leave new graduates feeling isolated both professionally and socially.

Aim: This paper examines the role of Interprofessional Education (IPE) beyond improving patient outcomes in a clinical setting and explores how it can also help reduce the isolation in rural communities and lead to improved retention of new professionals. Through identification of the additional positive roles of IPE in addressing workforce shortages in rural areas, IPE can be shown to have multiple benefits. These benefits are to both the communities and individuals involved.

Method: A review of literature relating to both IPE and retention of young professionals in an array of professions in rural communities was conducted along with individual consultations. This review examined the factors pertinent to both retention and working in interprofessional teams. Common themes were identified and used to establish roles and benefits for IPE in improving workforce retention.

Findings: The rural health workforce provides an excellent example and is the focus of this presentation. Attitudes of Generation-Y and how these interact with maintaining a rural workforce are important and should be considered. As a generation they demand a positive work-life balance and are willing to leave if this cannot be met. Lifestyle and workplace conditions are often cited as a reason to leave a health care job. The roles of sharing responsibility and delegation are central to this balance and are at the core of IPE.

Conclusion: Whilst the retention of professionals of all disciplines is complex, the utilisation of IPE to build positive professional and personal relationships may provide part of the solution. It is already in use and is something that young professionals are comfortable with and eager to engage in.
INVESTIGATION OF INTERPROFESSIONAL COLLABORATIVE PATIENT CARE IN CLINICAL EDUCATION: BELIEFS, BEHAVIORS, AND ATTITUDES OF PHYSICAL THERAPY STUDENTS

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Introduction: Interprofessional education is required to develop entry-level doctorate physical therapists who will be immediately ready for collaborative practice and who will have the ability to deliver quality, patient-centered care. However, the clinical education models in entry-level doctorate physical therapy education programs are varied and inconsistent. Insight into physical therapy student interprofessional collaboration experiences in clinical settings will inform the creation of interprofessional competency standards within clinical education. Methods: This sequential mixed-method study explored the behaviors, beliefs and attitudes of first year physical therapy students experiencing interprofessional collaboration in clinical settings. Using the Interprofessional Socializing and Valuing Scale (ISVS), we measured the degree to which transformative learning took place following an 8-week clinical rotation, as evidenced by self-reported changed behaviors, beliefs and attitudes toward interprofessional collaboration in the clinical setting. Additionally, after subjects completed the clinical rotation in either an acute care facility or outpatient clinic, we conducted semi-structured interviews with 30 students and used a general inductive approach and thematic content analysis to understand what constitutes effective interprofessional collaboration in the clinical setting from a learners perspective. Results: A repeated measures ANOVA revealed no statistical differences between pre and post test scores within or between groups using the ISVS scale (sample size 33). Thematic content analysis of the experience of interprofessional collaboration by students in most settings, showed students believed that they delivered better patient care when they experienced face to face, open and direct communication with other healthcare professionals. Interestingly students in both clinical settings reported that interprofessional collaboration occurred when they accessed patient electronic health records and hand-written patient charts alone. Discussion: Learners identification of interprofessional collaborative experiences in various clinical settings will assist curricular development and assessment for a range of clinical learning contexts. The additional identification of medical record interaction as a site of collaboration provides an interesting medium to explore potential new ways to develop and assess interprofessional education initiatives, both in the classroom and clinic. Ultimately our findings may assist curricular mapping of the newly released interprofessional education collaborative (IPEC) competencies within the clinical education framework.
Oral Posters
(OP-1~57)
PROBLEMS IN INTERPROFESSIONAL WORK PRACTICE HIGHLIGHTED BY COMPARATIVE REVIEW OF PROFESSIONAL EDUCATION CURRICULUM-BASED ON A VISUALIZED MATRIX ANALYSIS OF PROFESSIONAL EDUCATION

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Background/Introduction
In the practice of Interprofessional Work (IPW), it is important to respect for each other’s professionalism and demonstrate one’s capabilities considering the others’ functions. The foundation of professionalism lies in education. The government of Japan has established guidelines for education curricula related to healthcare and welfare professions, and a core curriculum is in place for the education of medical students. Standards for the national examinations have also secured the quality of professional educations. We considered that comparisons and visualizations of those rules, curricula, and examination standards would be contributory to the interprofessional understandings.

Aim
(1) To clarify the issues in IPW in Japan based on the differences in the curricula for professional educations, (2) create a map which visualizes the professional differences identified in (1) for understanding interprofessional differences, and (3) make use of the map for reviewing education in Japan, aiming to clarify the differences in the education curricula and discuss the issues in IPE.

Method
Education contents were studied focusing on the national rules, core curricula, and standards for the national examinations for 6 professions relating to rehabilitations in Japan including physicians, nurses, physiotherapists, occupational therapists, certified care workers, and certified social workers. A matrix diagram of 3 x 3 was created and learning hours were added.

Result and Discussion
In this study, differences in the basic educations and degree of learning were roughly clarified, and there were significant gaps in the learning content. It was found that no subjects to understand the others’ professions or to learn management were provided. Opportunities for learning through multi-professional interactive communications are needed to experience active problem solving for understanding the differences in professionalisms. Going beyond the fundamental concepts and philosophies in academic knowledge is also important for multi-professional collaborations, thus, inclusion of academic subjects for IPW is considered necessary.
NEGOTIATING PROFESSIONAL RESPONSIBILITIES IN AN INTERPROFESSIONAL TRAINING WARD. STUDENTS ENACTMENTS OF THE EXPECTED AND THE UNEXPECTED

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Introduction: The implementation of interprofessional training wards, IPTW, aiming at enhancing interprofessional collaboration has proliferated in medical education over the last decade. The Faculty of Health Sciences, Linkoping University has, in collaboration with the local health provider, arranged such wards since 1996. Students from medical, nursing, occupational therapy and physiotherapy programmes take a joint responsibility for the total care of the patients and thereby develop a greater understanding of their professional and interprofessional competences as well as of the competences of the other professions.

Objective: The aim of the study was to investigate students experiences of how a training period at an IPTW influences professional and interprofessional learning and collaboration.

Methods: A questionnaire survey was conducted during autumn term 2010 and spring term 2011 where 93% of the students participating at the IPTW answered.

Results: The quantitative analysis showed an overall positive attitude and perception among the students regarding the possibility to collaborate and how they have developed the understanding of their own professional role as well as others. The qualitative analysis of the open answers focusing on socio-material aspects gave a differentiated picture between the student groups of how the arrangements of the training ward produce enactments of expected professional responsibilities, situations dealing with the unexpected conflicting understandings in the enactment of caring work and proximity, which creates opportunities for negotiations and boundary work.

Conclusions: Although students were positive the material arrangements of the training ward create a clash between the expected and the unexpected responsibilities. Practice theory can highlight the importance of the way in which socio-material arrangements are set up in different ways to allow the development of collaborative practice. It can also challenge us as educators to design creative learning environments for interprofessional education. To look upon professional education as a practice instead of an education preparing for practice, can help us view the importance of the arrangement of professional learning and how practice hangs together in terms of practical understanding, rules and professional traditions.
AN INVESTIGATION OF THE RELATIONSHIP BETWEEN INTERPROFESSIONAL EDUCATION (IPE), INTERPROFESSIONAL ATTITUDES AND INTERPROFESSIONAL PRACTICE

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Introduction and background:
Literature shows that IPE can have a positive effect on interprofessional attitudes. There has been less exploration of other factors influencing attitudes; whether attitudinal change is sustained or whether attitudes are thought to impact on practice. Since 2003 a higher education institution in the United Kingdom has offered interprofessional learning (IPL) to all its healthcare students.

Aims:
The aims of this study are to: i) improve the understanding of the relationship between IPE and interprofessional attitudes; ii) to investigate these attitudes and the beginning and end of pre-registration training; iii) to explore the perceived impact of attitudes on practice.

Methods:
A convergent parallel mixed methods approach was adopted. The quantitative strand consists of data gathered from first and final-year healthcare students who completed IPL, using the validated Attitudes to Health Professionals Questionnaire (AHPQ) and also from a control group of first-year students who had not yet completed IPL. Data were subjected to statistical analysis to determine significant differences.

The qualitative strand consists of focus groups conducted with first and final-year students on their interprofessional attitudes and experiences of IPE. Data will be analysed using enumerative and thematic content analysis to allow for comparison with the quantitative data.

Results:
Preliminary findings indicate that IPL has a positive effect on interprofessional attitudes. Data from final year students are yet to be analysed to assess sustainability of attitudinal change. Early findings from analysis of focus group data suggest that the relationship between IPL and interprofessional attitudes is complex and multi-factorial.

Discussion:
Preliminary findings from this study show that IPL can foster positive interprofessional attitudes. Further findings of this study will be presented at the conference and discussed in relation to other findings in this area.
ENHANCING INTERPROFESSIONAL EDUCATION PRACTICES: ESTABLISHING A FRAMEWORK TO GUIDE THE PEDAGOGY AND CONTENT OF INTERPROFESSIONAL EDUCATION PROGRAMMES

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Current research affirms the need for Interprofessional Education <IPE> to foster positive attitudes and practices in health practitioners <Curran & Orchard 2007>. Despite the benefits of IPE, its prevalence in higher education health programmes is extremely diverse <Cook 2005>. One of the barriers to incorporating IPE in tertiary programmes is a lack of knowledge about how learning opportunities can be structured in existing curricula to promote the development of interprofessional knowledge, skills and attitudes. This presentation presents a Framework that has been developed to assist those responsible for course and subject design to establish sound pedagogy and content that will promote students development of collaborative interprofessional health perspectives and practices. The Framework has been designed to foster a sequentially developmental approach to establishing IPE across an undergraduate tertiary health curriculum. The Frameworks staged approach is underpinned by Crookes and Davies <1998> four stages, appreciation, awareness, application and ability, of practice development with reflective practice being a critical component across each stage. Development of the Framework was informed by a review of IPE literature, particularly in relation to successful learning programmes that have been implemented globally. CAIPEs <2011> Principles of Interprofessional Education were also integral in the conceptualisation of the Framework. The Framework establishes a primary goal and focus for each of the four developmental stages and presents outcomes, strategies and content to achieve these goals. Illustrations of how the Framework might manifest in higher education health programmes are also detailed in this presentation.
HOSPITAL SOCIAL WORKERS’ ROLE IN THE DISCHARGE PLANNING PRACTICE IN JAPAN: WHAT SHOULD BE EVALUATED AS THEIR SOCIAL WORK PRACTICE?

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Introduction: In discharge planning practice, medical social workers in hospital work together with other professionals such as nurses, but their roles are seldom fully understood and appropriately evaluated. Thus, the purpose of this study is to clarify the role of hospital social workers in the discharge planning practice in Japan, by analyzing perception of hospital social workers, regarding their discharge planning practice that should be evaluated.

Methods: A cross-sectional mail survey of hospital social workers <N=608; Response rate 36.7%> who were randomly selected were conducted from December 2011 to February 2012. As their discharge planning practice, we measured 49 items <5 Likert scale> based on three target levels <1. Client & Family, 2. Hospital & Staffs, 3. Community & Society> and five practical functions <1. Assessment & Evaluation, 2. Counseling & Advice/Information, 3. Coordination, 4. Advocacy, 5. System establishment & Resource development>. We also collected free answer about what they feel they are currently evaluated and what they want to be evaluated.

Results: 1. Although items of micro practice that target client and their family are considered practice which should be evaluated in higher portion than other levels, most items that target hospital and community also recognized as discharge planning practice to be evaluated. For example, 83.4% of the respondents strongly agreed that to support self-decision of clients and family by the collaboration with other professionals within the hospital would be an item to be evaluated. Over half of the respondents strongly agreed that to make a positive approach during the case conference and/or committee within the hospital from the viewpoint of social work. 2. Many respondents commented that they are well evaluated by clients and hospital. But at the same time many social workers faced dilemma between their social work mission and the initiative to shorten hospitalization days by the hospital.

Conclusion: We found hospital social worker played important roles in discharge planning and they recognized their complex, wide range of practice should be evaluated. With the emphasis on comprehensive community care, discharge planning practice would be crucial interprofessional collaborative practices both within the hospital and in the community. Under the situation that the role of medical social workers in hospital are not clearly shown nor recognized, our findings would promote understanding the role of hospital social worker in Japan.
DEVELOPMENT OF THE TEAM INTERPROFESSIONAL LEARNING PROFILING QUESTIONNAIRE

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Background:
To date, literature on interprofessional learning has generally focused on structured education programs. However, we know from the broader workplace learning literature that informal learning opportunities are also present as part of our everyday experience of working. Given the associated costs with sending staff to courses, informal learning offers an alternative cost effective means for interprofessional learning.

This study focused on the learning potential of the multidisciplinary team meeting. Earlier qualitative research indicated the potential for interprofessional learning within this context. However it also highlighted its complexities and the benefits of making learning more explicit. Teams therefore require a quick, reliable and cost effective way to achieve this.

Objective:
This research aimed to develop an instrument (Team Interprofessional Learning Profiling questionnaire) to assist multidisciplinary teams to reliably and quickly identify their interprofessional learning strengths and weaknesses and thereby identify changes required to improve the opportunity for IPL.

Methods:
Questionnaire items were formulated from the earlier qualitative research and a review of the literature. The questionnaire was completed by 313 health professionals from 62 multidisciplinary teams representing 23 clinical specialties across 7 hospitals. Survey completion was voluntary. Ethics approval was granted by each participating hospital. Exploratory factor analysis was used to determine factors.

Results:
Analysis indicated a 4 factor model. The factors were: role clarity (α=.91); turning words into action – “walk the talk” (α=.87); the rhetoric of interprofessional learning – “talk the talk” (α=.83); and inclusiveness (α=.83).

Conclusions:
Preliminary testing of the Team Interprofessional Learning Profiling questionnaire suggests sound psychometric properties. We envisage that teams will use the instrument to 1. gain a greater understanding of their team interprofessional learning ‘profile’, 2. identify areas for improvement and 3. develop strategies to enhance opportunities and attitudes towards interprofessional learning.
DIFFERENCES IN NURSING STUDENTS’ PERCEPTIONS OF THEIR ABILITY TO PERFORM SKILLS IMPORTANT TO TEAMWORK-A COMPARISON BETWEEN A UNIVERSITY IN JAPAN AND THE UNITED KINGDOM

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Background:
Student-led learning in small groups is a common way for students to develop essential skills for effective teamwork. At the Niigata University of Health and Welfare (NUHW, Japan) and the University of East Anglia (UEA, UK), nursing students take part in interprofessional learning (IPL), and either problem-based learning (PBL) or enquiry-based learning (EBL). Students at UEA take part in IPL and EBL in their 1st year. Students at NUHW take part in PBL and IPL in their 2nd year.

Objective:
To investigate students’ perceptions of their ability to perform skills important for teamwork.

Methods:
63 nursing students from each university completed 2 questionnaires at the end of their 1st year:
1. Evaluate learning skills gained after small group work, 31 items (MG Laduceur, 2004).
2. Measure social skills, 18 items (KiSS-18; Kikuchi, 1988).
Quantitative data were analysed and compared.

Results:
Findings from questionnaire (1) showed few significant differences between students at the two universities. However, students at UEA scored higher on their ability to “identify gaps in knowledge”, “take responsibility for action” and “respond to feedback”. Results from the questionnaire (2) showed that students from UEA scored significantly higher than students at the NUHW in relation to their social skills on each item.

Conclusions:
This study suggests that 1st year UEA students consider themselves more confident about their social skills, and other skills related to learning and that can be deemed important in becoming an effective member of the interprofessional team.
Each different type of small group activity is giving students opportunities to develop teamwork skills. However, findings suggest that more research is needed to investigate the best approach for nurses to develop such skills-both in relation to the difference between EBL and PBL, how they can enhance IPL and also the timing of IPL.
DEVELOPING TEAM-BASED COLLABORATION AND COMMUNICATION COMPETENCY IN GERIATRICS: A COMPARISON OF FACE-TO-FACE AND ON-LINE LEARNING

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Background: The aging population is having a significant impact on the health care system, where complex health problems place increasing demands on coordinated health services. Interprofessional education (IPE) for students prepares them to address these complex health issues. On-line learning is increasingly regarded as an effective strategy to mitigate logistics challenges in IPE and studies have suggested that traditional face-to-face and on-line learning have similar effectiveness (Dell, Low & Wilker, 2010). However differences between online and face-to-face IPE remains unclear. The University of Toronto investigated the differences between on-line and face-to-face learning in a program teaching interprofessional practice in geriatric rehabilitation.

Objectives: To investigate:- differences in learning in synchronous on-line and face-to-face IPE- student learning preferences and responses

Methods: Eight videos of geriatric rehabilitation team interactions regarding assessment/goal setting, team intervention, discharge and team project planning were used in a pilot program with sixty students from eight professions. These videos and associated facilitator guide ensured identical content in each of two sessions. Interprofessional student groups were randomly assigned to identical face-to-face or on-line facilitated learning activities, and then alternated.

Results: Results from student learning preference inventories, self-assessment of competencies through global rating scales, learning regarding issues in geriatric rehabilitation and team skills and evaluation data will be discussed. Further exploration of evaluation and student and facilitator focus group data will explore differences in learning and preferences for on-line or face-to-face interprofessional learning.

Conclusions: Although IPE often faces logistical challenges, online learning is a valuable approach to consider. Findings from this study will assist in critically examining how best to enable interprofessional learning.

CROSS DISCIPLINARY EDUCATION FOR INTERPROFESSIONAL LEARNING FOR STUDENTS IN MENTAL HEALTH. CHALLENGES AND OPPORTUNITIES: A SNAPSHOT FROM AUSTRALIA

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There is growing interest in collaborative cross-disciplinary educational models for preparing mental health professionals who work in integrated or multidisciplinary mental health services. However, traditionally Nurses, Social Workers, Occupational Therapists, Psychologists and Psychiatrists are educated in disciplinary silos at university prior to going out to placements and practice in multidisciplinary mental health settings. This poster presents both a summary of an Australian Learning and Teaching funded project: Preparing mental health practitioners for multidisciplinary mental health placements: A distributed leadership approach to cross-disciplinary education and training, and presents data from a series of workshops involving a range of mental health educators, mental health practitioners and industry stakeholders. A series of three workshops (learning circles) were conducted between the main stakeholders from two Universities including members of the Mental Health Workforce, Mental Health Planners, field placement officer, field supervisors, and Deans, Heads of School and Program Convenors. More than 50 stakeholders attended the series of workshops. It was clear that there is a gap in knowledge about the current National Mental Health Standards and general acknowledgement of multi-disciplinary mental health practice needs for students. Furthermore, a lack of cross-disciplinary educational preparation exists although enthusiasm for, and interest in, cross-disciplinary education was expressed. However substantial barriers also exist with respect to cross disciplinary education in Australian universities. In addition, efforts are also limited for cross-disciplinary orientation of students to multidisciplinary service delivery opportunities while on placement. There is a need for strong leadership at the discipline and faculty levels to create both a climate for cross disciplinary education and to offer practical and tangible support for such initiatives.
LEARNING MODELS FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE

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Background/Rationale: Traditionally collaboration and communication are taught as generic skills within uni-professional educations. The question is to what extent generic skills are sufficient in order to develop interprofessional collaborative competences. Since 1995 the curriculum of the various study programmes within health and social education in Norway has a common part, aiming at improving the quality of care. By developing collaborative skills and understanding of other professionals characteristics and roles, as well as emphasizing the common ethical and scientific foundation for professional practice, the intentions are to prepare students for teamwork. The questioned is whether the aim of developing interprofessional competences factually is gained. Questions of learning models and knowledge construction that is appropriate for developing interprofessional collaborative competences are crucial.

Methods/Methodology: A nationwide, action-oriented, network project is going on, in order to 1, investigate to what extent the curriculums are focusing on interprofessional collaboration, 2, to try out models for interprofessional learning and 3, evaluate various models. The empirical basis is case studies within each one of the eigth educational institutions involved. Group-interviews are being made with educational leaders and key-persons, reports are being written and returned to the institutions, and pilotprojects in each institution are developed, in order to try out possible models.

Results: So far, the introductory investigations shows that 2/3 of the institutions are uni-professional and in this way, hardly is addressing interprofessional collaboration. Ca 46 % tells there might be a form of shared learning, and possibly up to 20 % might offer interactive, interprofessional learning. In phase 2, a variety of models are now being tried out, which will be elaborated further on.

Conclusions: The project, so far, points at various models for interprofessional learning, and the circumstances that is to be considered in order to offer optimal curriculums for interprofessional learning.
EFFECTIVENESS OF THE INTERPROFESSIONAL EDUCATION PROGRAM CONDUCTED THROUGH INTER-UNIVERSITY COLLABORATION BETWEEN THE UNIVERSITY OF TSUKUBA AND TOKYO UNIVERSITY OF SCIENCE

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Objective: In Japan, university based interprofessional education (IPE) was first introduced approximately 10 years ago, with IPE programs becoming increasingly popular. The University of Tsukuba has three schools for health professionals: the School of Medicine, the School of Nursing, and the School of Medical Science. We implemented a joint IPE program at three schools in 2006. The program is based on Problem Based Learning using case scenarios to learn the importance of collaboration. In 2010, pharmaceutical students also participated in the program through an inter-university collaboration with the Tokyo University of Science. A questionnaire survey was conducted to evaluate the educational effects of this program, as well as the effect of the participation by pharmaceutical students.

Methods: The subjects were students who participated in the IPE program in 2010. At both the initiation and completion of the program, we conducted a questionnaire survey. The questionnaire covering the understanding the roles of health professionals (12 items), participation in groupwork (7 items), thoughts about the team (10 items), the understanding of collaboration and cooperation (4 items). Students were asked to respond to statements of opinion using the 6-point Likert scale. Moreover, the results of these surveys were compared to the results of surveys conducted in 2009, using the same methods to examine the effect of the pharmaceutical students’ participation.

Results: In the 2010 survey, out of the 288 students who participated in the 2010 program, 273 students responded to the survey (the valid response rate was 94.8%). Students demonstrated their increased understanding of the roles of health professions and the importance of collaboration after the implementation of the program. The scores for attitude concerning groupwork increased as well. A comparison between the 2010 surveys and the 2009 surveys revealed a greater rise in scores on questions related to collaborations in 2010.

Discussion: Since scores concerning knowledge and behavior related to multi-profession, collaborative, and team medical care were found to have increased, it can be said that the students had a productive learning experience. The participation of pharmaceutical students was also considered to be a possible factor for a greater increase in the scores for 2010, which suggests that participation by a larger number of professions increases the educational effect.
HOME VISITS AS A MEANS OF EXPEDITIOUSLY ASCERTAINING THE HEALTH-RELATED NEEDS AND CONDITION OF ELDERLY PEOPLE LIVING IN REMOTE AREAS IN THE EVENT OF A NATURAL DISASTER: A CASE STUDY OF A HOSPITAL IN IBARAKI PREFECTURE, JAPAN

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Introduction:
A major problem encountered in disaster management concerns the care of elderly people living alone or with just another elderly family member, especially when the number of such households is high and they are based in remote areas. Contributing a solution to this problem, we report how medical and co-medical staff handled such cases after the Great East Japan Earthquake of March 11, 2011.

Case Study:
This study specifically examines the role played by the medical and co-medical staff of Ohmori-iin, a hospital located in a mountainous region, Hitachiota City, in the northern part of Ibaraki prefecture, Japan. This hospital is the sole medical institution for the town of Tokuda, which is a very depopulated area with an aging rate of over 35%.
When the earthquake occurred, the hospital staff realized that the “sick” elderly residents of Tokuda would be unable to obtain outside assistance even if they were injured or their physical condition deteriorated. Hence, four teams of home-visit nursing staff were created. These teams visited every “sick elderly single-member and two-member” household to verify that the inhabitants were safe.
Additionally, the staff carried an oxygen cylinder to a patient under home oxygen therapy as that patient’s oxygen concentrator stopped functioning because of the blackout following the earthquake. Those experiencing difficulties in staying at home, such as elderly people living alone or with just another elderly family member, were admitted to Ohmori-iin hospital or a special geriatric nursing home as soon as possible.

Conclusion:
Home visits are an effective means of immediately ascertaining people’s physical condition and health-related needs after a disaster and the extent of damage caused by the disaster. A second implication of this case study is that cooperation between hospitals and related facilities is necessary for effective disaster management.
ENGAGING DENTAL STUDENTS IN EMERGENCY PREPAREDNESS AND INTERPROFESSIONAL COLLABORATION

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Disasters occur anywhere and anytime. Healthcare professionals and members of response forces must be prepared and capable of functioning in interprofessional teams. Emergency preparedness and interprofessional education, IPE, have over the last years risen to the forefront in healthcare education.

In the USA, dental personnel have historically not been included in disaster response teams. In 2011, the US Congress passed The Dental Emergency Responder Act, which will incorporate dentistry into disaster response frameworks.

The Simulation Center at the University of Minnesota Academic Health Center (AHC) has engaged in disaster education since 2010. The School of Dentistry at AHC has, since 2011, included a mandatory course in Emergency Preparedness. The course ended with, Disaster 101, an interprofessional skills workshop and immersive simulation designed to teach and assess technical, communication and team skills. Alternatively, students could complete an online course with similar objectives.

The workshop simulation scenario was a bomb blast with numerous casualties portrayed by amateur actors, standardized patients, in a dimly lit, smoke-filled facility. Smaller interprofessional response teams consisted of health care students. About 80 dental students have participated. All had undergone educational sessions in response actions. Professional first responders evaluated the teams activities during the simulation and in the debriefing. Evaluation parameters such as team performance, confidence surveys, and workshop evaluations were used. Collected data is under evaluation.

In 2012, the didactic portion of the course was evaluated by a pre- and post-test assessing the students level of confidence regarding emergency response. The results were ambiguous suggesting the need for additional education.

Our results indicate the usefulness of dental personnel on the response team. A critical issue was to justify to dental students the importance of each groups value to the interprofessional team and to enable them, through simulations, to understand the value of their own presence on the team.
EFFORTS OF THE HOSPITAL’S DISASTER EMERGENCY ADMISSION TEAM DURING THE 2011 TOHOKU EARTHQUAKE

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Hitachi General Hospital is a 561-bed acute care hospital in Hitachi City, Ibaraki Prefecture, located about 100 kilometers to the south of the Fukushima Daiichi nuclear power plant. When the 2011 Tohoku Earthquake struck on March 11th, the hospital was not spared from the disaster, suffering from structural damage to the building. However, being a base disaster hospital, we had no choice but to accept emergency hospitalizations from the disaster. Ordinarily, there is no general internal medicine department in the hospital; rather, the practice is divided amongst different specialties of internal medicine. Similarly, hospitalization care is also provided in specialized wards for each of the different specialties. Owing to the fact that the earthquake immediately resulted in a stoppage of electricity, gas, and water supply to the surrounding area, it was predicted that emergency hospitalizations would increase due not only to patients suffering from trauma but also to patients with chronic diseases who were in home care. The ordinary system of practice for hospitalizations by each of the medical specialties was causing confusion. Therefore, an emergency hospitalization ward and an emergency admission team (for internal medicine) were established, with the objective of providing broad and rapid support for disaster emergency hospitalizations. The members comprised nine internal medicine physicians and eight residents; the ward staff comprised approximately 20 nurses and three nurse assistants in various work zones, as well as two medical clerk. Excluding trauma, surgical diseases, and acute coronary syndrome, a total of 35 patients suffering from internal disease were admitted; 32 of these were, in particular, admitted during the first three days. The most frequent illnesses were intractable neurological diseases. The work system was divided into shifts, and the start of each duty involved a compulsory check of the disaster status, the patients’ information, and the status of recovery of ward functionality, and efforts were made to ensure that this information was shared. An emergency admission team made it possible to provide care without major confusion; the ad hoc team, constituted of physicians and nurses in a different arrangement from the norm, were able to respond to hospitalized patients through close collaboration and coordination. A disaster needs a multi-disciplined response team that differs from the normal system. In such a situation, we feel that interdisciplinary sharing of information and communication are also of crucial importance.
DEPARTMENT OF OCCUPATIONAL THERAPY RESPONDED TO BURN INCIDENT IN BANGLADESH

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A National Disaster occurred in Bangladesh when 8 buildings caught ablaze in Nimtoli, Old Dhaka in 2010. Over 117 people died and hundreds injured, with over 150 people rushed to the Burns Unit (BU) at Dhaka Medical College Hospital (DMCH) for treatment. Centre for the Rehabilitation of the Paralysed (CRP) responded to the Nimtoli Tragedy by providing three Occupational Therapists (OT) who volunteered their time to work at DMCH for 3 months. DMCH has a 50 bed Burns & Plastic Surgery Unit which has approximately 260 patients. Local resources such as pillows, towels and blankets are used for patient positioning and splinting, as there is limited money and resources to work with. On going education on patient condition and treatment is also provided, and this is often missing from the teams approach. A material called plastic wood is used for splinting, or plaster of paris is used, as thermoplastic is unavailable in Bangladesh.

The OTs faced numerous challenges during their three months working at DMCH. Due to the huge number of patients needing to be seen (3 OTs to 260 patients) and there was no room in which the OTs could work, to make splints or to provide therapy in. Despite these many challenges, many opportunities have arisen out of the three months the OTs have volunteered their time. The Burns Team at DMCH has understood the important role OT plays in the treatment of burns patients. This is a unique role which only Occupational Therapists can fulfill due to their specific training. Through prevention of complications such as contractures, hypertrophic scarring, and loss of movement, and by providing exercises and strategies for patients to participate in activities of daily living, Occupational Therapy has made a significant contribution to the quality of the lives of burns patients in Bangladesh.
INTERPROFESSIONAL BASIC LIFE SUPPORT

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This presentation focuses on the implementation of basic life support (BLS) for health and social care students. This interprofessional peer teaching initiative used senior students from medicine, nursing and diagnostic radiography from the University of Aberdeen and Robert Gordon University teaching undergraduate students from schools that currently have minimal BLS teaching (health sciences; pharmacy and life sciences, and applied social studies).

BLS is the first action taken to resuscitate a person who has become unresponsive. Student teachers were trained in pairs to teach their skills to first and second year students from the courses mentioned above, facilitated by academic staff from both Universities.

Participants were invited to evening sessions on BLS facilitated by lecturers. The learning objectives of the BLS focus on introducing the student learners to other healthcare professions and to engender a team working environment to health and social care students who would not encounter other healthcare professionals during their courses.

As a result of this project 308 students within the Faculty of Health and Social Care at Robert Gordon University received basic life support instruction and these are health professionals who will enhance patient safety. Fifty four student teachers were trained and 40 of those were able to use their skills and develop as teachers. The sustainability of this project has been enhanced as five of last year’s trained student teachers are returning to continue their involvement.

The potential benefits of this are immeasurable and can only strengthen the impact of the patient safety agenda, add value to their first posts as health professionals and enable some of the key strategic objectives of NHS Education for Scotland-Strategic Framework 2011-2014 to be realised.

This peer teaching model could be transferred to any clinical skill enabling IPE learning outcomes to be achieved.
THE WINNIPEG INTERPROFESSIONAL STUDENT-RUN HEALTH CLINIC: THE IMPACT OF SOCIAL SUPPORT ON ACCESS TO CARE

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Background: The Winnipeg Interprofessional Student-Run Health (WISH) Clinic is a clinic developed by students from the University of Manitoba and housed within an existing primary health care site in Winnipeg, Manitoba, Canada. Health and social services are provided to an inner city community where the social determinants of health directly impact access to care.

Objectives: To demonstrate the effect of offering social support within the framework of a student-run health clinic to enhance access to care and promote interprofessional learning opportunities.

Methods: The WISH Clinic incorporates social interaction as a method of delivering service to clients. Students and professional mentors from thirteen faculties deliver educational activities at the clinic focusing on various health and wellness topics. This augments clinical interactions by supporting open dialogue about health in its broadest sense and facilitates access to services. Students also conduct programming events offsite, which further contributes to fostering community relationships, outreach, and community and individual capacity building.

Results: The WISH Clinic has offered over 40 educational sessions at the clinic as well as 15 sessions in the community in the last three years. Services available at the WISH Clinic and in the community are highlighted to clients, students and licensed professionals. This promotes increased access of services. Students develop a deepened understanding of interprofessional collaborative practice and the importance community engagement. A research study conducted with clients in September 2011 revealed social interaction at the clinic as the most valued social component. This feedback from clients within the social setting informs quality improvement initiatives and further service development.

Conclusions: Social interactions at the WISH Clinic contribute to holistic care provision, collaborative practice and interprofessional skill development. Efforts to improve overall health continue through capacity building in community members and volunteers alike with a focus on community engagement and collaborative innovation.
FORMATION OF AN EATING/SWALLOWING SUPPORT TEAM IN COOPERATION WITH MULTIPLE PROFESSIONALS

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Background and objectives: Eating/swallowing disorders caused by organic/functional problems may induce aspiration pneumonia or nutritional impairment. The number of patients on swallowing training diets is small (about 1% of the total patients who are served meals in our hospital). The rate of swallowing training diet utilization is considered to be too low. As this problem is difficult for the hospital to address, staff members do not have common awareness of this issue.

Method: The eating/swallowing support team consisted of multiple professionals, including registered dieticians, nurses, and speech therapists. From the perspective of each profession, problems with the four-level swallowing training diet were identified, and specific measures for improvement were discussed at monthly meetings. In the meetings, members of each professions submitted different proposals. The registered dietician proposed that nutritional requirements should be established considering that many patients were concurrently taking venous/enteral nutrition and that the menu be decided considering cooking efficiency. The nurse proposed that it is essential to assess the amount of food eaten easily. The speech therapist commented that physical properties of foods should be considered when setting meal levels. Creep meter measurements were also considered.

Results: After repeated sample manufacture and tasting, the team compiled a proposal for improving the swallowing training diet, taking into account the proposals from different professionals. Study sessions among physicians and medical staff members who dealt with eating/swallowing disorders were useful to deepen their knowledge about eating/swallowing functions. Also, mutual understanding and smooth communication were facilitated between different professions. This project revealed that the following would be required to improve eating/swallowing functions: specific knowledge/skill, evaluation of swallowing function, criteria for an appropriate swallowing training diet, method of approaching patients, method of meal assistance, and other factors.

Discussion and future: perspectives Through coordination among different professionals, the issues are now understood by hospital staff, and the quality of meals can be substantially improved instead of a simple revision of food ingredients. Through this project, the required knowledge and skill were identified. Based on these findings, we are planning to build a training program for eating/swallowing care. Further, our food property evaluation findings will be helpful in developing a food texture guidelines, not only for the swallowing training diet, but also for the stage of transition to a regular diet. Such efforts will be available in-home medical care as well.
THE REAL DEAL: A PHENOMENOLOGY STUDY OF STUDENTS PERCEPTIONS OF INTERPROFESSIONAL EDUCATION

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Interprofessional collaboration is one of the most talked about concepts in health care at present. In 2007, Health Force Ontario released Interprofessional Care: a Blueprint for Action in Ontario, which outlines key recommendations for implementing interprofessional care in Ontario. Through collaboration, teamwork is thought to be enhanced which may result in positive outcomes such as improvement in the quality of patient care and enhancement of patient safety (Canadian Health Services Research Foundation, 2006). Despite the drive towards interprofessional education and collaboration and the move towards the development of interprofessional competencies, there is little evidence to support how interprofessional competency is best acquired or learned at a prelicensure level. Current literature and evidence focuses on learning activities (Reeves et al., 2011) and on content related to interprofessional practice (Thistlewaite et al., 2005), with limited understanding of the learning process. Thus, despite its popularity in health care, there continues to be more questions than answers about collaboration.

Over the last two years, students from the Brock Nursing Program in St. Catharines, Ontario along with the McMaster University Medical School-Niagara campus have participated in several interprofessional education initiatives. These learning opportunities have included clinical simulations and focus days (dermatology, renal, dementia). While our collaborative nursing program uses a Primary Health Care framework, we do not have any specific IPE program outcomes at present. However, the medical students have IPE outcomes in specific courses. Given the emphasis on interprofessional collaboration and anticipated future required competencies of graduating nurses, the purpose of this study was to understand nursing and medical students experiences of interprofessional education, with the intended outcome of adding to our understanding of how interprofessional skills are acquired. This presentation will address the preliminary results of a phenomenological study conducted with nursing students from Brock University and McMaster University-Niagara campus medical students.

References
STUDENTS SELF ASSESSMENT AND REFLECTION ON INTERPROFESSIONAL LEARNING IN COMMUNITY BASED HEALTH CARE: A CASE STUDY IN STATE ISLAMIC UNIVERSITY SYARIF HIDAYATULLAH, INDONESIA

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Introduction and Objective: Teamwork and collaboration are regarded as important goals for health and medicine education, and inter-professional education (IPE) as the vehicle to achieve this. The success of interprofessional education initiatives depends substantially on attitudes and readiness of health care students to this type of learning. To our knowledge, nothing is known about this subject in a non-western educational context. Inter-professional education (IPE) for undergraduate students may lead to team work and collaboration skills. The objective of this study is to evaluate students experiences on interprofessional learning in community based health care in Indonesia.

Methodology: In 2011, 97 volunteer students from faculties of medicine (n=25), nursing (n=25), pharmacy (n=23) and public health (n=25) formed groups and worked for the IPE programme. All participants were third years students and 85 percent of total participants were female students. The program encompassed uniprofessional approach for learning of team work, role profession and communication, and interprofessional approach to home visit and group discussion. Students filled out patient record, rating scales about role perception, team work, benefit and satisfaction of program, and open comment for reflection.

Result: Mean of total score for each scales showed that male students had higher score (80.57; 103.73; 64.47; 58.60) than female students (78.52; 100.58; 62.12; 57.27). Nursing students gave more positive responses for each scale than the other groups even though there were no significant differences between each group. Each group summarized their findings and made recommendations about promotion, preventive, curative and rehabilitative for patient and family. Students concluded that communication skills, basic knowledge and clinical skills were primary competencies to succeed in this program. This program was beneficial for ongoing learning, future career and society.

Conclusion: Students experiences and students needs to run IPE are valuable information for faculty to develop IPE.
ANALYSIS OF NURSE-PHYSICIAN COLLABORATION AND RELATED FACTORS USING THE NURSE-PHYSICIAN COLLABORATION SCALE

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Aim: The importance of cooperation between healthcare professionals is widely acknowledged in Europe and the United States of America, but there have been no specific studies of interactions between healthcare professionals or of nurse-physician collaboration in Japan. The purpose of this descriptive study was to analyze nurses’ and physicians’ perception of collaboration in relationship to several factors.

Method: Forty one of the 96 hospitals (capacity around 200-bed) in the North Kanto in Japan were conveniently selected in February to March 2009. Questionnaires were distributed 1872 nurses with two or more years of clinical experience and 614 physicians with three or more years of clinical experience at the 41 hospitals. Valid responses were obtained from 446 physicians and 1217 nurses (response rate 78.7% for nurses, and 54.4% for physicians). To investigate nurses’ and physicians’ perception of collaboration, the newly-developed Nurse-Physician Collaboration Scale (NPCS) was used for measurement of specific behaviors associated with relationships between nurses and physicians in actual patient-centered care situations. Explanatory factors affecting NPCS were “Frequency of nurse can ask some question to physician”, “Listen to nurses send word when nurses change shift”, “meeting frequency”, “drinking session frequency”, and so on. These variables were statistically analyzed using analysis of covariance. Results NPCS yielded three factors: sharing of patient information, joint participation in the cure/care decision-making process, and cooperativeness. Cronbach’s α coefficients for the nurses’ responses to the NPCS were 0.845-0.945 and the physicians’ responses were 0.884-0.952. Analysis of covariance showed that the factors promoting collaboration were: opportunities for communication between nurses and physicians. Therefore, in order to increase physician-nurse collaboration, it is important to increase communication opportunities.
PERCEPTIONS OF SIMULATION-BASED INTERPROFESSIONAL TEAM TRAINING. A QUALITATIVE ANALYSIS

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The benefits of interprofessional team training for patient safety are widely recognized, resulting in wide-spread implementation of simulation-based team training programs for teams that work together in real life. These teams often are composed of both experienced providers and trainees, which likely impacts team dynamics, particularly when a physician-in-training leads the team. Although similar dynamics exist in real-life, during debriefing after simulations leaders are frequently in the spotlight. In a qualitative study designed to explore medical residents self-assessment of team leadership performance in simulated resuscitations, we uncovered residents opinions about this type of team training. We studied pediatric residents leading interprofessional teams in simulated resuscitations. Every simulation was followed by facilitated debriefing, in which participants provided each other with performance feedback. Each pediatric resident subsequently participated in a semi-structured interview that was audio-recorded and transcribed. Sixteen residents participated in the study. Overall, residents felt that simulated resuscitations were helpful but anxiety provoking. Although they appreciated feedback from other health care providers, many felt that the interprofessional context inhibited critical feedback, thus questioning the candidness of feedback received. They commented on the complex hierarchy of the teams and the need to maintain positive relationships with colleagues. They often wanted more critical feedback than typically provided during debriefings but underscored the importance of a positive atmosphere and embraced the interprofessional training opportunity. Pediatric residents are conflicted about interprofessional simulation-based team training and debriefing. Our current study did not explore perceptions of other providers, but our data suggests that feedback may not always be effective in interprofessional settings. Since clinical teams are often composed of members with varying levels of experience, the relative benefit of interprofessional and intraprofessional training and feedback deserves further study.
CONCEPTUALIZING AND IMPLEMENTING A NEW CENTER FOR INTERPROFESSIONAL EDUCATION AT THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO. AN INSTITUTIONAL CASE STUDY

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Over the past five years interest in interprofessional education at the University of California, San Francisco has continued to grow. As a result, senior management secured funding to implement a new interprofessional education center. The center’s core activities are focused on curricula development, faculty development and scholarship. Employing a case study approach, we describe the core elements of the centers conceptual and implementation work as it aims to expand and nurture interprofessional education across five professional programs (dentistry, medicine, nursing, pharmacy and physical therapy). Specifically, we describe work coordinating and strengthening classroom and clinical interprofessional programs, efforts to align the different profession curricula to better support both existing interprofessional education activities and the creation of new activities, and ideas linked to enhancing the rigor of assessing interprofessional education. We also offer details on faculty development in relation to plans to design and deliver programs aimed at preparing and providing on-going support of interprofessional facilitators. Finally, we outline preliminary work developing scholarship at the university that includes the generation of a research strategy, a range of evaluation activities, as well as ideas for supporting the scholarship of students and faculty. Implications related to the key opportunities and challenges of establishing a new academic center will also be discussed.
A SWEDISH NATIONAL PLATFORM FOR IMPROVEMENT KNOWLEDGE

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As a manifestation of the tying together of different professional and organisational networks and interests a National platform for improvement knowledge was recently established in Sweden. Long term efforts by engaged and knowledgeable pioneers made it possible to unite influential community, professional and educational organisations with common goals in relation to quality improvement “as the combined and unceasing efforts of everyone; healthcare professionals, patients and their families, researchers, payers, planners and educators to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning)” [Batalden, Davidoff 2007].

The Platform acknowledges the potential of inter-professional and inter-organisational collaboration. It has a special focus on the need for development of quality improvement knowledge, skills and attitudes in all levels of education of health care workers. The Platform does not have administrative or financial resources of its own but relays on the associated organisations. Professional bodies represented are the Swedish national associations of clinical dietitians, medical doctors, nurses, occupational therapists and physiotherapists. Development units of health care organisations as well as university institutes and programmes also take part. Examples of activities are:

- arrangement of workshops and meetings on different themes between practitioners educators, leaders and researchers,
- investigation the current status of the subject “improvement knowledge” in undergraduate education,
- further exploration of the scientific and ideological underpinning of improvement knowledge in a Swedish context.

The Platform has gained interest and engagement among patients, students, individuals and organisations with special interest in the area and can be described as a network of networks.
INTERPROFESSIONAL EDUCATION IN WESTERN PACIFIC REGION COUNTRIES

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Introduction: Despite an increasing amount of information about Interprofessional Education (IPE) from western countries, there is little from the Western Pacific Region.

Objectives: To investigate the present state of IPE in the Region, we conducted survey research targeting medical school deans. We also examine the attitudes of the deans towards IPE and collaborative practice (CP).

Methods: The survey was designed in collaboration with the World Health Organization (WHO) and conducted between December 2010 and January 2011. The cover letter and survey were e-mailed to 131 deans and mailed to 25 deans in Malaysia, the Philippines, Republic of Korea and Japan. The survey was composed of a respondent characteristics section and questionnaires to measure attitudes towards IPE and CP. The definition of IPE established by the CAIPE was provided to give consistency of interpretation. Ethics approval was not required for this survey research as per the institutional policies of the WHO.

Results: Surveys were returned by 35 deans, representing a total response rate of 22%. The IPE program was being delivered in six schools and nursing undergraduate students were participating in IPE programs with medical students in five schools. The results showed that many medical school deans have positive attitudes towards IPE and CP. However, respondents reported it is not easy to introduce IPE in their academic setting. They also reported a number of key issues with introducing IPE and the role of international organizations.

Conclusions: This study provided the first Western Pacific Regional data on IPE. The results suggested that promoting the dissemination of IPE initiatives is needed in the region.
COLLABORATIVE PARTNER OR PASSIVE PARTICIPANT? CLIENT INVOLVEMENT IN INTERPROFESSIONAL COLLABORATION IN PRIMARY HEALTH CARE

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Introduction: Supported by recent reports and targeted funding, interprofessional collaboration is seen as a central component of primary health care and as a way to address the increasing demands and complexity of health care. Although the literature is increasingly reporting on determinants and best practices, the role of clients within interprofessional models of practice continues to be ambiguous. In many ways, they have become the absent but implicit part of the interprofessional process. In light of this, questions emerge of their experiences in relation to interprofessional collaboration and what roles they play (or want to play)? As well, what are the perspectives of health care providers regarding clients as part of interprofessional initiatives and as team members?

Objectives: The intent of this research project was to explore these questions and highlight the involvement of clients within interprofessional models of practice.

Methods: This research was conducted at a community-based primary health care facility in Canada consisting of several different programs and staffed by a diverse group of health care providers. Individual interviews and focus groups were conducted with a total of 8 clients and 36 health care providers at the facility. Organization and analysis of data followed grounded theory methodology.

Results: Clients expressed interest in active participation with staff identifying clients as central to their work. However, the actual process of client involvement beyond talk or theory became a nuanced negotiation between client and provider(s). A conceptual process was developed through which clients and staff move fluidly between role disorientation, role orientation and role negotiation.

Conclusions: Client involvement is not linear but a process of mutual influence. At times, clients seek to be engaged and lead the direction while at other times, they prefer to follow or defer to the provider for their guidance and leadership.
INTERPROFESSIONAL COMPETENCE AS PART OF THE CORE COMPETENCE

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Background: The need to bring together separate but interlinked professional skills has increasingly arisen in response to the growth in the complexity and fragmentation/differentiation of roles, tasks and responsibilities of health service.

Objective: The purpose of this study was to contribute to assure high quality in the biomedical laboratories work in the patient progress as a diagnostic cooperation partner and to investigate the impact of interprofessional collaboration in role development.

Methods: Cheetham and Chivers model of professional core competence was used to explore biomedical laboratory scientists professional core competence. Seven biomedical laboratory scientists, from a middle-sized and a smaller hospital, contributed in a qualitative research interview. The interviews were transcribed and analyzed from predetermined categories.

Results and conclusion: Results showed that biomedical laboratory scientists perceived core competence basically as related to analyses and the quality of biomedical laboratory work. Furthermore the results revealed that Cheetham and Chivers model of competence, gave thorough meaning about core competence. Statements about the interprofessional competence were revealed during the interviews. However, categories in the model of competence suitable to these statements were missing. A diagnostic cooperation partner must enter into a professional dialogue with other health workers. It is important to focus on interprofessional collaboration if the role of the biomedical laboratory scientists are about to change. Interprofessional learning during education is an assumption for the biomedical laboratory scientists to acquire interprofessional competence. Practical implications for biomedical laboratory scientists are discussed, as well as student learning outcomes.
Introduction Funding is often a catalyst to unique partnerships and innovative ideas. However, once the funding is gone the innovative ideas may dry up because true sustainability was not built into the project. This presentation reviews the keys to sustainability from a learning community involving 4 post-secondary institutions and a health provider. This learning community was formed to develop, deliver and evaluate interprofessional (IP) learning experiences in simulation-based learning environments. Learning Community The project focused on instructor development. Initially, a four-hour “debriefing interprofessional simulation” workshop was offered. A train the trainer approach was taken with the workshop to build a team of simulation and debriefing facilitators. To sustain momentum once the project was over, the partners in the project collaboratively developed a three-day simulation educator training course. The course was modular in design so that each module could stand alone and be delivered separately. Both educational opportunities helped grow the IP simulation learning community. Curriculum Partners pooled existing institutional resources to focus on a single day of interprofessional simulation learning experiences for students across all institutions. Due to the success of the event, programs are examining their curricula to determine where certain scenarios can integrate into existing or imagined courses. Educational Research An interest group has emerged focused on simulation research, in both single discipline and interprofessional learning environments. Students who were involved in Save Stan shared stories of their experiences with their peers, and some have created student-initiated interprofessional learning opportunities. News from the event has spawned discussions about new interprofessional simulation and collaboration from a variety of disciplines that were not well-represented in the initial event. These accomplishments have solidified a commitment from senior administration and faculty at all institutions to continue with the Save Stan event.
THE IMPORTANCE OF CURRICULUM INTEGRATION AND ASSESSMENT IN DELIVERING INTERPROFESSIONAL EDUCATION

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Introduction:
The delivery of Interprofessional education (IPE) is becoming an increasingly complex matter. Learning packages involving online components are useful in overcoming many of problems that IPE faces, however this is not without its challenges. Lack of curriculum integration and assessment can act as barriers to reduce student motivation to participant online. To avoid this IPE must be able to reflect and evolve on its successes and failings (World Health Organization, 2010).

Methods:
A student-created interprofessional stroke care learning package was delivered to second year health and social care undergraduates in 2011 and 2012. Students involved studied; dietetics, medicine, midwifery, nursing, pharmacy and physiotherapy. The learning package was based online involving three main elements; interactive videos, a survey and an online discussion forum. Evaluation from the 2011 learning package was used to improve and update the 2012 learning package. Response to the online survey and online discussion were recorded in both years, as well as a post evaluation.

Results:
Total student numbers for involvement in the learning package were n=602 (2011) and n=521 (2012). Overall student participation in the online survey and discussion fell 50% (n=320, 2011; n=160, 2012). There was an increase in 2012 of the number of online users from midwifery, pharmacy and physiotherapy courses; 22%, 9% and 65% respectively. However, there was a large decrease in the medical student participation falling from n=160, 2011 to n=11, 2012.

Conclusion:
The lower participation in 2012 resulted from the decrease in the number of medical students participating and dietetic students being unable to participate. The reasons for lack of medical student involvement were thought to be due to peer comments, not being part of the curriculum and lack of assessment. The University of Nottingham is currently reviewing how IPE is delivered. It is hoped that a review of this learning package will provide evidence for policy makers to see the importance of curriculum integration and assessment in IPE (Barr & Low, 2012).

References:
COLLABORATION AMONG REHABILITATION STAFF IN RECOVERY REHABILITATION HOSPITALS

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Purpose: To explore perceptions of collaboration among rehabilitation staff in rehabilitation hospitals, examine issues surrounding collaboration, and discover what is necessary for more effective collaboration.

Methods: Data were collected through semi-structured interviews of eight physical therapists and occupational therapists employed at two rehabilitation hospitals. The interviews were analyzed based on phenomenological reduction. Staff members participating in the study were also provided with explanations of the aims and methods of the study, the content of the request, benefits and disadvantages of participation in the study, the right to withdraw from the study at any point, and maintenance of confidentiality in oral form at the point of request.

Results: The subjects included four physical therapists and four occupational therapists. Following phenomenological reduction of interview results, items underpinning existential meaning were summarized as existential support and reduced to three items: “Specification of existential support”, “Existential support and the role of the facility”, and “Awareness of existential support is not apparent”. For “Specification of existential support” “relationship of equal value between self and others”, “necessity of self-improvement”, and “discovery of new roles” were raised. For “Existential support and the role of the facility” comprised “affirmation of support objectives related to the position of the facility”, and “the role of the facility comes before existential support” were raised. For “Awareness of existential support is not apparent” comprised “legitimacy of own disadvantage”, “others are there for self”, and “dissatisfaction with work systems”, etc.

Discussion: The need for multi-professional collaboration in working toward hospital discharge is also emphasized in the literature, and it is clearly an issue to be addressed in smooth progress toward discharge in rehabilitation hospitals. This is why collaboration is essential when working toward hospital discharge. This leads to the claim that collaboration should be integrated into working practices. This is essentially the same idea as that found in the promotion of critical pathways in acute care hospitals. From the perspective of existential support, there was a strong sense of the need to understand the patient comprehensively, in order to be conscious of the patients humanness and have a better understanding of the patient. They also consider it important to understand the perspective of other professionals on the patient and to communicate their own understandings to other professionals. This could be thought to come from the idea that it is necessary for staff as a whole to carry out existential support.
The U. S. Institute of Medicine (IOM) Board on Global Health has chosen the Canadian Interprofessional Health Leadership Collaborative (CIHLC) as one of four innovation collaboratives from an international competition of academic institutions around the world. The collaboratives are intended to incubate and pilot ideas for reforming health professional education as called for in the Lancet Commission report, and these will be a key part of the IOM new Global Forum on Innovation in Health Professional Education, launched in March 2012. The overall CIHLC goals is to create a pan-Canadian collaborative that will act as a central resource and facilitator in the co-creation, development, implementation and evaluation of a global collaborative leadership model. CIHLC vision is collaborative leadership for health system change to globally transform education and health. Over five phases the CIHLC will build upon existing global initiatives to enable faculty and learners to become collaborative leaders, ultimately improving health outcomes through innovation in research and education. A key aim is to create a strategic and coordinated global health model in the provision and development of diverse, learner-focused leadership education programs. The CIHLC is a multi-institutional and interprofessional partnership that includes the faculties and schools of medicine, nursing, public health and programs of interprofessional education (IPE), representing numerous health care professions at five universities. The Collaborative consists of the University of Toronto (nominated lead), the University of British Columbia, the Northern Ontario School of Medicine, Queens University and University of Laval, as well as their affiliated networks across multiple sites in Canada, the United States and globally. In developing its health leadership program over five phases, the work of the CIHLC is relevant to a multitude of health care professions and interprofessional teams serving and meeting the needs of diverse and culturally sensitive groups such as Aboriginal, Francophone and inner-city populations. The CIHLC key objectives are to develop a collaborative leadership model for health system change; build and leverage existing partnerships within Canada and abroad that will be enhanced through the facilitation and implementation of collaborative leadership programs; utilize existing IT mechanisms and social media to maximize cost-effective methods to effectively support communities in leadership training and develop an evaluation framework that measures planned and emergent change at the educational, practice and system levels. The project focus is on the theme of collaborative leadership for health system change, transforming health and teaching with approaches that can be transferable globally.
THE USE OF IN-HOUSE VIDEO AS A TRIGGER FOR TEACHING, LEARNING AND ASSESSMENT OF INTERPROFESSIONAL LEARNING ATTRIBUTES: HOW WILL MEDICAL AND NURSING STUDENTS VALUE THEIR EXPERIENCE?

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Background: Interprofessional education has been recognized as a platform to assist medical and health students to achieve collaborative and teamwork skills for the benefit of the patients they serve in the future. How best it should be assessed and delivered has been continuously debated. This study aimed to explore the utility of in-house video to promote and improve collaboration skills between professions and students perception on their first interprofessional experience.

Methods: With the ethical committee approval, medical and nursing students who already had exposure to clinical postings were invited to participate in a series of small group discussions facilitated by the authors. Series of in-house prepared video clips were used as triggers to create awareness and to initiate interactive discussion on interprofessional learning attributes as well as assessing their knowledge, skills and values. Role plays were also used to assess their skills and fishbowl format were adapted to ease the flow of the sessions. Students were invited to complete the RIPLS questionnaire and focus group discussion.

Results: 59 students had participated so far out of 75 students who have consented. The rest will have attended all sessions by the time of conference. Majority of the 59 students perceived these sessions as an eye opener towards the importance of effective collaboration and its relation to quality patient centered care. They viewed that video sessions and simulation were more authentic and effective than lectures or tutorials to teach or learn these skills. Video sessions as well as simulation were also viewed positively when used as an assessment tool. Students readiness for interprofessional learning appeared to improve following the interprofessional education exposure.

Conclusion: Introducing technology and simulation as a teaching modality is a useful adjunct to promote and improve collaborative skills between healthcare professionals and well-designed interprofessional teaching, learning and assessment activities will help health professional students to view interprofessional education and collaborative practice more positively in the future.
RELATIONSHIP BETWEEN STANCES FOR INTERPROFESSIONAL WORK AND OCCUPATIONAL SATISFACTION AND CAREER IDENTITY

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Background: It is very important problem that many professionals collaborate for good care of a patient in hospital. We think that the identity as professionals and occupational satisfaction have influenced interprofessional work in an organized way.

Purpose: This research clarified the consciousness about occupational satisfaction, career identity, and stance of interprofessional work on the nursing staff and care worker staff in a hospital. Also, it was performed in order to use for future on-job training and turn out education.

Method: We conducted the original questionnaire investigation for all staff of nursing and care worker staff in one hospital in February, 2012. The question items were gender, age, kind of occupation, and the consciousness about occupational satisfaction, career identity, and stance of interprofessional work. It was specified that there was no compulsion to participate and anonymity was assured in the questionnaire. The agreement to this investigation was obtained with the completed questionnaire.

Result: There were 185 respondents to the questionnaire. The breakdown was 135(73.0%) were female nursing staff, 6(3.2%) were male nursing staff, 33(17.8%) were female care worker staff, and 11(5.9%) were male care worker staff by gender and kind of occupation. Both nursing staff and care worker staff had a strong correlation between occupational satisfaction and career identity. Care worker staff had a stronger correlation(Pearson r=0.73 p<0.0001) than nursing staff(r=0.47, p<0.0001). Both occupational satisfaction and career identity as professional had strong correlation to stance about interprofessional work.
JUMPING HEALTH SERVICE BARRIERS: EVALUATION OF A STUDENT INTERPROFESSIONAL CLINIC EMBEDDED IN A RURAL HEALTH SERVICE

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Background: In Australia, there is little evidence of interprofessional student clinics integrated with health services. There are several reasons including the primary focus on service delivery and the lack of alignment of different health professional students in clinical placements. We developed and evaluated an innovative interprofessional student clinic within a Community Health Service, LCHS. We aimed to provide student opportunities for interprofessional collaboration in a rural placement through simulated patient-based education. Methods. Convenience and purposive samples of students were selected on the basis of concurrent placement at LCHS whatever their discipline. Convenience sampling was used to recruit simulated clients based on their response to an invitation to volunteers and staff at the service. The simulated clients were trained to portray a client using real but de-identified complex case histories. In each clinic, students from two different disciplines worked together to interview a simulated client using a generic interview protocol developed by allied health clinicians at the LCHS. Students aimed to identify the key medical and social issues presented by the simulated client, prepared a care plan and made referrals, in consultation with the simulated client. After the simulation, the simulated client stepped out of role to give feedback to the students, along with feedback from the interprofessional supervisor. The students responses to the session were measured by questionnaire. Simulated clients participated in phone interviews at the completion of the project. Results/analysis. Students free text comments were analysed thematically. Overwhelmingly, students reported a positive experience which enhanced their learning and felt highly realistic. Learning responses were grouped into client focus, interaction between students, and increased knowledge and skills. Simulated client responses were transcribed yielding overall impression of an enjoyable experience. Themes also included authenticity, demonstrated an understanding of supporting students preparation for working in real settings, and emphasised the importance of support for the simulated client from the supervisor. Conclusion. This simulated client model supported by an interprofessional educator within the health service overcame the barriers of limited availability of clinicians from specific disciplines and delivered highly realistic, effective, low cost interprofessional education for students.
THE EXPERIENCE AND IMAGE, APPEARING IN THE EXPRESSION OF PICTURES

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The purpose of this study is to report the activities concerned with guidance and evaluation for pictures. It is important to make much of process on evaluating pictures. Through various experiences, painters express their impression and feeling in their pictures. They can have a great find especially in nature. Not only outdoor experience but also everything related to nature develops their sensitivities. The study suggests that there is a close relationship among their experience, sensitivities and pictures.
BAYANIHAN AND OCCUPATIONAL THERAPY: A FILIPINO STUDENT’S EFFORT IN DISASTER MANAGEMENT

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The World Risk Index 2011 report ranked the Philippines as the third “most vulnerable” to disaster risks and natural hazards such as typhoons, earthquakes and tsunami. Every year, the government spends a big percentage of its budget for Disaster Prevention, Relief and Management. The problem is there are too many volunteers from different sectors always want focus in the Relief phase, without achieving the goal of long term rehabilitation.

This project mobilizes the Occupational Therapy Students Assembly (OTSA): the collection of Filipino Occupational Therapy students to act in times of disaster and calamities. It is a program managed by the leaders of OTSA and in coordination with its mother organization Occupational Therapy Association of the Philippines, Inc., as well as the local government units. It is through reliving the Filipino culture of bayanihan which refers to a community’s unified effort to achieve a specific objective.

The student organization aims to work hand in hand to change this trend of being unprepared towards calamities that are expected every year.

This scheme has the following structure:
(1) DEVELOP a plan for Disaster Relief Management patterned from the Occupational Therapy Framework
(2) CREATE a special team responsible for projects in line with the cause,
(3) IMPLEMENT the planned projects during times of need.

After exposing the students to a fieldwork mission, they have been found out to have better understanding and stronger motivation to work for Disaster Debriefing and Management Planning. Furthermore, this project aimed to make the government notice the significance of the profession and seek the necessity of employing Occupational Therapists to work for National Disaster Risk Reduction and Management Council.

In the long run, this will be far more than volunteerism but an effort to redefine the profession in the Philippines.

Keywords: Bayanihan, Disaster Debriefing and Management Planning (DDMP)
ACTIVITIES OF STUDENTS’ ORGANIZATION OF GUNMA UNIVERSITY

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Students’ organization of Gunma University was established in October 2010. All members belong to School of Health Sciences or Medicine. The organization aims to know health professional education and Interprofessional Education (IPE) at the global level.

Our activities include regular study meeting, networking with students’ organization of similar interests and visiting international organization. We are conducting regular study meeting in terms of IPE and global health issues twice a month.

We had some special activities in the past two years. We visited World Health Organization (WHO) Head Quarter with our teachers in 2010, and WHO Western Pacific Regional Office in 2011. Through these activities, we realized the human resources for health (HRH) issues, current endeavor of the international community and the potential possibility of IPE to alleviate the HRH crisis. After these events, we shared our experience with other students at international symposiums and a school festival of Gunma University.

Through these internal and external activities, we have learned the competencies, knowledge, skills, attitude, creative thinking, and global and regional perspectives on HRH. Moreover, we have realized the importance of English as a means of communication. These experiences encourage us to study English more actively.

We would like to share our special experiences with students from all around the world at ATBH VI.
DEVELOPING TEAM-BASED COLLABORATION AND COMMUNICATION COMPETENCY IN GERIATRICS

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Background: Student education in the healthcare needs of an elderly population is critical. Collaborative practice in interprofessional teams is particularly important in an older population, since these individuals often experience the complexities and interactions of chronic, acute and psychosocial issues that require the expertise of many health professions who intervene in a coordinated fashion. Studies have demonstrated that collaborative practice has a positive outcome on patient management in a geriatric population (Boult, Boult, Morishita, Dowd, Kane & Urdangarin, 2001).

This presentation will describe an innovative interprofessional educational program to develop student competence to collaborate and communicate in a geriatric environment.

Objectives:
Demonstrate: Student acquisition of Collaborator and Communicator skills. Enhanced student knowledge of roles, effective teamwork and issues in geriatric rehabilitation.

Methods: The investigators and a geriatric rehabilitation team produced eight videos demonstrating developmental and improved team interactions discussing admission, case management, discharge and team planning issues. In this pilot program, sixty students from eight health science programs at the University of Toronto were allocated to interprofessional groups where they engaged in facilitated discussions regarding the material presented. Pre and post evaluations explored learning and responses to the program.

Results: Students completed self-assessment of learning and acquisition of competencies related to collaborator, communicator and foundational values and ethics before and following the completion of four hours of interaction. As well, they completed evaluations of the program, reflective assignments pertaining to the process and tasks related to learning and participated in a focus group. Qualitative analysis of themes regarding student learning from reflections and focus groups, as well as acquisition of competencies will be presented. In addition, facilitator response will contribute to the evaluation of the program.

Conclusions: The use of authentic team interactions displayed in the videos enhanced student interprofessional learning in geriatrics and produced a durable learning product.

PRACTICE OF SIMULATED INTERPROFESSIONAL TRAINING FOR STUDENT AMONG THE VARIOUS HEALTH PROFESSIONS AT GUNMA UNIVERSITY

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In our school, “Interprofessional Training”, is a core program of interprofessional education (IPE), started in 1999. A training group consists of eight students: four from the department of Nursing, two from Laboratory Sciences, and one each from Physical Therapy and Occupational Therapy. And one academic staff selected from the four departments is assigned to each group. Some of students belonging to School of Medicine have joined to this training voluntarily since 2008. According to results of post training evaluation survey, this training was highly valued by students and academic staff, especially in terms of “Importance of teamwork”.

The distinctive feature of this training at Gunma University is simulated interprofessional clinical training, including group work (reviewing the case scenario, preparation of the training agenda and planning clinical training before clinical training, and preparation of report and presentation after clinical training), implement of clinical training, and debriefing meeting (group presentation and general discussions).

The facilities where clinical training is provided are approximately 20, and are selected based on the following seven fields: hospital medicine, community health care, care at home, rehabilitation, medical care for the mentally ill, pediatric care, and elder care.

We had a training in the field of hospital medicine. We experienced interprofessional work (IPW) in palliative care for cancer patients. This training, especially through group work, helped us understand not only palliative care itself, but also knowledge of type of medical professions surrounding themselves with its care and the role of each profession.

To keep interprofessional team running smoothly, we realized the importance of collaboration with each profession, for instance, sharing information among professions and the patient, through the clinical practice.
Sunday, 7 October 2012; 13:30-15:00

USING ONLINE COMMUNITIES TO DEVELOP IPE IN PRACTICE

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Objective: Interprofessional education has been perceived as problematic to teach due to the logistics with large groups of students. In Aberdeen the two universities Robert Gordon University and University of Aberdeen decided to develop an online module, combining face-to-face practice experience with computer-mediated discussion in interprofessional groups. The students interact in groups of 30 to complete tasks depending on the year and course of study. These groups have the ability to stay together for the duration of their courses capitalising on informal and serendipitous learning which are evidenced as achieving interprofessional learning outcomes. Virtual learning communities have been created allowing informal learning to occur out with traditional study time.

Method: The tracking tools in the Virtual learning environment, Moodle have been used to analyse the interaction online. These tools are can be interrogated in a number of ways including pages viewed, forum posts, times, dates, location and length online.

The modules were constructed as blended learning with interprofessional events and placement experience with all elements anchored in face to face interactions and supported by online discussion and resources.

Results: and Discussion 3000 students are attached to IPE Buddy Groups which are online discussion forums. Since 2009 there have been 46640 views of the forums, with 1187 replies to forum postings and 171 new discussions instigated by the students. These results are not unusual in online learning and there will be discussion of results, analysis of postings and future plans given at the conference.

Conclusion: The students in these virtual communities are discussing current issues with others interprofessionally and developing their own practice. Using the educational tool of a Network of Practice, structured and facilitated by elearning and academic staff. This has meant a greater degree of engagement and deeper awareness of health professional roles related to patient centred issues.
PRACTICE AND PERCEPTIONS OF THE HOSPITAL CLASS ROOM TEACHERS SUPPORTING THE CHILDREN WITH CANCER: HOW COULD HEALTH CARE PRACTITIONERS COLLABORATE WITH TEACHERS?

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Background: Hospital class rooms are run as the satellite classes of the school for medically fragile children, for the purpose of providing the educational opportunities to hospitalized children. Children with cancer tend to require long term hospitalization, and it is crucial that the teachers and hospital health care practitioners work collaboratively to fulfill the educational needs of those children.

Objectives: This study explored the practice and the perceptions of the hospital class room teachers in terms of their involvement with hospitalized children with cancer, and their relationships with health care practitioners. How we could collaborate with them as health care practitioners is discussed then.

Methods: One-time semi-structured focus group interview was conducted with five teachers who have daily contact with hospitalized children with cancer. Interview data were transcribed and analyzed qualitatively inductively.

The study was conducted under the permission of the president of the school. Participants were informed of the purpose and the design of the study, and that the confidentiality would be maintained and their privacy protected.

Results: Ten categories were formed concerning the involvement of the teachers with children, such as <difficulties in involvement> <roles and stand points of the teachers> <support at the end-of-life stage as a teacher>. Six categories were formed concerning the relationships between the teachers and health care practitioners, such as <the way of sharing information with health care practitioners> <gaps among the staffs in terms of relationship>.

Conclusion: Although the teachers are conscious of and play specific role different from the health care practitioners, they feel difficulties in their educational activities due to lack of information about medical aspect of the children. There should be more direct communications between the teachers and health care practitioners, respecting each other as a partner, to successfully support the child’s development and quality of life.
INTERPROFESSIONAL COLLABORATION IN PRIMARY HEALTHCARE - INCEPTION AND CONTEXTUALISATION IN A PRACTICE SETTING

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Aim
Interprofessional collaborative practice competencies and skills were introduced in an experiential workshop to a group of primary healthcare professionals in Singapore. The journey from the introduction of the competencies including the immediate post-workshop reflections and the readiness to adopt interprofessional collaboration by the participants will be shared.

Methodology and Approach
Competencies taught in the workshop were derived from environmental scans of established overseas models of interprofessional collaborative education and practice and from the needs identified from the preliminary focus group discussions.

The scope of the competencies included:
* Role clarification
* A patient-centred care approach
* Interprofessional communication which included socio-cultural, technical (both verbal and written) and patient communication
* Team dynamics and functioning
* Collaborative leadership
* Interprofessional conflict resolution
* Critical reflections on practice.

The competencies were introduced through a combination of adult learning and experiential approaches including:
* Didactic methods: to impart underpinning theoretical frameworks, global principles and practices.
* Simulation and Interactive Activities: via an adapted “Writings on the Wall” activity to clarify roles and responsibilities of different healthcare professionals within this practice.
* Role-play: to illustrate and enact the “show how” of the Millers learning pyramid.
* Small Group Discussions: to illustrate team dynamics and what occurred at the various service points as part of the simulated patient journey.

A stereotypical chronic care patient named Mdm Tanimah was used to contextualise and illustrate the challenges of navigating through our primary healthcare centre setting.

Results
Reflections post workshop of the participants underpinned their initial commitment towards interprofessional collaborative practice and these results would be shared in the poster together with the progress made since then within the organization. A brief on the status of the adoption and adaption to the practice setting will be provided.

Conclusion
This inaugural workshop on Interprofessional Collaboration utilised a structured approach using contextualized case scenarios and adult learning principles to introduce competencies deemed useful to this care setting. In any change management, in practice, structured learning can serve as an initial platform for the inception of the ideas. The wider dissemination of the culture of interprofessional collaborative practice will be dependent upon opportunities for shared learning, supportive work processes, enabling platforms including communication via shared electronic medical records and most importantly the value proposition for both the patients and the healthcare professionals involved.
Sunday, 7 October 2012; 13:30-15:00

THE IPE PROGRAM IN THE INTERNATIONAL UNIVERSITY OF HEALTH AND WELFARE

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The International University of Health and Welfare, opened in 1995 in Tochigi Prefecture, Japan, has three schools and eight departments. Currently, 4,170 students are studying to be experts in the medical and welfare fields. The IPE program was introduced in 2000 and has been modified and has become one of the university’s key programs.

The characteristics of the program are as indicated below:
1. The students are given the programs twice in the 2nd year and the 4th year.
2. IPC (Interprofessional Collaboration) is implemented by a team formed of students from eight all different departments.
3. The second program, which is offered in the 4th year includes actual training in clinical scenes.

The first IPE program runs for one year. Its GIO (General Instructional Objective) is to obtain the basic knowledge and skills of IPC. The program consists of lectures and practice with simulated patients. In the lectures, the 2nd year students learn the roles of different professions and case studies of patients suffering from cerebral artery attacks, developmental disorders, and cancer. PBL is adopted during the practice with simulated patients and the students work as a team. The characteristics and problems of the simulated patients are discussed in the teams, and the students learn and share different approaches from different professions to find out better solutions. They develop care plans and give presentations. A presentation session is held to get comments and advice from other students, teachers and supervisors. The first IPE program plays an important role in building a foundation for the second IPE program.

In the second IPE program the 4th year students receive in-hospital training for one week. Before the in-hospital training they practice with simulated patients as a review of the first IPE program. The students interact and observe the target patient throughout the in-hospital training and develop a personalized care plan for the patient. The training is held in 18 hospitals and facilities for children and disabled people. Finally, the students make a presentation about their learning in the program.

The IPE program needs to be improved by enhancing the following points:
1. An objective assessment of the educational effects
2. An identification of the factors which may influence the educational effects
3. An enrichment of teacher training and standardization of teaching methodology

The standing committee of the IPE program is planning to work on these points over the next three years.
COMMUNITY HEALTH CARE TRAINING BEYOND THE UNIVERSITY HOSPITAL IN ORDER TO ESTABLISH GREATER MUTUAL UNDERSTANDING BETWEEN MEDICAL STUDENTS AND THE COMMUNITY

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Hokkaido Prefecture covers a vast geographical area. The uneven distribution of medical personnel in Hokkaido accelerates the hollowing of medical services in certain areas.
This results in the anxiety of the population living in those underserved areas increasing, which poses a serious social concern. Many public hospitals in other parts of the prefecture are suffering from a chronic shortage of medical doctors and co-medical staff. As such, public health nurses are increasingly expected to serve the complex and diverse needs of communities.
To satisfy these needs, they must have specialized skills that should be fostered through proper career development. Ensuring sufficient numbers and quality of public health nurses is an imperative which is expected to be achieved through tight coordination between the university and communities. To address this issue, Sapporo Medical University has conducted a program for the past 3.5 years, as shown in Table 1.

During the course of the program, students' understanding of team-based medical services deepens and they are able to develop a greater appreciation of their roles on the team. During the 3.5 year program, emphasis is initially placed on fostering in the students an appreciation for community health care. As the program progresses, students also learn how to identify the issues in community health care and obtain a greater comprehension of the measures of assistance they can provide.
All of this leads to a more profound understanding and appreciation of their roles based on their disciplines. Residential community health internship programs are planned during students’ first, second and third years.

Through this IPE, students are expected to:
(i) strengthen their interest in community health care, which was already present upon entry to the university;
(ii) deepen their understanding of the community, in particular, on community health care;
(iii) develop an appreciation and sense of empowerment towards community health care; and
(iv) develop a sense of mission and devote themselves to community health care.
Background: The University of the Philippines Community Health and Development Program (UP CHDP) aims to provide learning opportunities to faculty and students of the different UP colleges on the principles and practice of community health and development while assisting its partner municipality achieve better health and empowerment. It is on the fifth year of partnership with the municipality of San Juan, Batangas. Included in the component programs of CHDP is the Interdisciplinary Approach which is anchored on the principles of interprofessional education and practice (IPE/P). This involves teams of UP students and trainees ( allied medical, dentistry, medical, nursing and nutrition students), faculty preceptors, program staff, municipal midwives and community volunteer health workers. Each team aims to provide coordinated and comprehensive care to priority patients and families. This is considered a pilot program since there has been no documentation of a similar initiative in the Philippines. Despite the development of program protocols, significant challenges were experienced in its implementation.

Objective: To describe the changes made in the teaching-learning strategies and program implementation of IPE/P and the effects of these on students, program staff and community health workers knowledge and attitudes.

Methodology: Case study utilizing review of documents like minutes of meetings, instructional designs and training session materials. Assessment of knowledge and attitudes using semi-structured interviews and self-administered questionnaires.

Results: The following changes were implemented: providing a structured student orientation, setting an IDA protected time, defining clearer roles for the community health workers, conducting staff development and utilizing student performance evaluation. Increased knowledge on IPE/P was observed among the respondents. Improvement in team collaboration, appreciation of and participation in the program was seen.

Conclusion: Constant monitoring and improvement in the implementation of IPE/P is crucial in capitalizing its effects. Enhancing an IPE/P program in a community-academe partnership should contribute both to the university and community development.
EARLY INTERVENTIONS FOR FIRST YEAR MEDICAL AND NURSING STUDENTS AFFECT ON TRANSFORMATION OF THEIR PERCEPTION TOWARD INTERPROFESSIONAL TEAMWORKING; A CASE STUDY IN JAPAN

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Background: Although early educational interventions to teach interprofessional teamwork are recommended, we need more case study to explore current students’ perspectives and learning effectiveness in Japanese context.

Objectives: To explore changes in medical and nursing students’ perspectives on interprofessional teamwork in early stage of their learning.

Methods: In May 2011, introductory seminars on interprofessional relationship in clinical settings were conducted for 109 first year medical students and 81 first year nursing students in Gifu University. The seminars includes 1) interactive lectures followed with role play using the scenario of patients care and 2) one month clinical exposure to hospitals, elderly care institution and fire department in the community. A questionnaire with free comments are distributed before and after the seminar to explore their perspectives of interprofessional teamwork. The comments were categorized based on three foci of interprofessional education suggested by Barr(2005), such as [1. individual preparation, 2. cultivating collaboration and 3. improving service]. The change of the total number of letters was analyzed descriptively. Furthermore major keywords were extracted from the comments by two researchers and its frequency of appearance in each questionnaire was counted and analyzed to demonstrate how their perceptions had changed.

Results: There are increases in the number of letters comparing before and after the seminar in all foci both among medical and nursing students, especially in the focus of improving services in medical students and foci of individual preparation and improving services in nursing students.

In keyword extraction, four major terms such as
1. communication,
2. information sharing,
3. leadership and
4. patients view were emerged.

In analysis of frequency of appearance, although an increase of the terms such as information sharing and patients were shown in both medical and nursing students’ comments, an increase of the terms such as leadership were shown in medical students only.

Conclusions: This study indicates the effectiveness of early intervention for learning teamwork as a trigger of their transformation of their professional roles. Their perspectives of their roles were already differences among them; medical students identified their roles as leaders in a team, whereas nursing students identified the importance of collaboration including patients. The further study should be done to explore how educational intervention can cultivate collaborativeness and leadership for the students of all health care professions.
INTERPROFESSIONAL LEARNING IN A MASTER’S PROGRAMME IN MEDICAL EDUCATION

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The Master’s programme in Medical Education is designed for individuals who want to better prepare for educational leadership roles, supervision and teaching. It provides advanced education in strategies and methods that stimulate and guide the learning processes of students, academics, professionals and patients alike.

The programme welcomes healthcare professionals and teachers, leaders and educational developers who work within a medical faculty. As the participants come from various professions and the collaborative learning is used throughout the programme it also offers great possibilities to learn with from and about each other.

One of the courses in the programme also focuses on and is called Interprofessional Learning. The course aim is for the participants to develop their understanding of and ability to design courses/activities to facilitate interprofessional learning for students and/or members of different health care professions.

The importance of collaborative learning and good cooperation between different professions to improve human health is the main theme throughout the course. The content is concerned from the perspective of the individual as well as the group, and the teacher/educator/leader with a focus on how interprofessional learning may be developed sustainably within an organisation.

The course comprises three modules: Module 1; Teamwork, Module 2; Collaborative learning Module 3; Design, organisation and supervision of interprofessional learning.

The examination includes an individually designed activity for interprofessional learning and a plan for implementation and evaluation of the activity in own work place/organisation. The examination also includes a reflection on how one’s own and others’ attitudes, values, perceptions and approaches affect the interprofessional learning and the collaboration and how it may be developed. The result from these examinations and the course evaluation will be presented at the conference.
THE PREPARATION AND DEVELOPMENT OF FACULTY TO FACILITATE A CASE-BASED INTERPROFESSIONAL EDUCATION PROGRAM

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During the first phase of the Interprofessional Education (IPE) program at our institution, students from nine professions work together in small groups with a faculty facilitator in modified problem-based learning and case-based learning formats. Each year our program requires the participation of over 150 faculty facilitators from three separate academic institutions. In order to meet the needs of the program with a diverse faculty we have developed a formalized facilitator training and development program that is required annually in order to participate in the IPE courses.

The facilitator development program embraces the principles of IPE and collaborative practice through an active learning format. The evidence for IPE is presented along with the goals and objectives of our program. Content includes IPE competencies, scopes of professional practice, team-based care, and communication and collaboration skills.

Participants in the faculty development sessions receive instruction and immediately put collaboration into practice as they learn effective student-centered, small group teaching techniques. This program has been successful based on feedback from both faculty and learners who stated satisfaction with the learning environment. However there is still the need for improving facilitation techniques during challenging situations. The overall program, the approach to challenges, and the evidence for success will be discussed.
THE NAME OF THE GAME IS LET US NOT PLAY HOUSE: AN INNOVATIVE INTERPROFESSIONAL EDUCATION SIMULATION

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Background: The University of Toronto (UT) developed and implemented a requisite competency-based interprofessional education (IPE) curriculum across 11 health science programs in 2009. This comprehensive curriculum includes five components: core competencies, core and elective learning activities, assessment, evaluation and faculty leadership. One learning activity developed in the curriculum is a case-based simulation utilizing standardized patients and family members around a complex intriguing case. Objectives-To review the benefits of case-based simulation to promote interprofessionalism in students-To extract key learning from this simulation to assist in the development of future interprofessional learning opportunities.

Methods: During this 3.5 hour learning activity, students in small groups of 10 and two facilitators receive the stem of the case and work as an interprofessional team to ask for reports and test results from a health chart and an all-knowing facilitator in the room. They also have the opportunity to interview the patient and some of his friends and family in order to obtain a clearer assessment picture and consider future management. Finally students write a shared interprofessional management plan.

Results: Students reported improved perception of learning of the IPE core competencies as measured on pre- and post- self-assessments utilizing global rating scales linked to the UT IPE core competencies. Students In addition, evaluation results revealed positive feedback regarding the learning opportunity. Data from a focus group with facilitators also revealed the richness of simulation to help students learn communication, collaboration and critical thinking in an interprofessional environment.

Conclusion: Interprofessional education benefits from simulated learning activities that use innovative methods that make learning fun. The role of simulation in IPE requires continued development and application to determine best practices.
THE PROGRESS OF IPE AT NIIGATA UNIVERSITY OF HEALTH AND WELFARE
(3) SHORT-TERM LEARNING EFFECT OF IPE OF THIRD YEAR STUDENTS

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Background:
Interprofessional education (IPE) at Niigata University of Health and Welfare is conducted with specific goals and targets for each year: ‘shared ideology’ in the first year, ‘issue awareness’ in the second year, ‘creating cooperation’ in the third year and ‘implementing coordination’ in the fourth year. The third-year theme of ‘creating cooperation’ involves multiple disciplines working together in response to the care difficulties facing patients to support patients’ treatment requests and lifestyles and to develop creative care methods in conjunction with patients.

Objective:
The present study investigated a Health, Medical and Welfare IPE (Clinical Practice) class in order to clarify whether the third-year goal of ‘creating cooperation’ was achieved.

Methods:
Subjects comprised of 160 students taking the Clinical Practice course from among 5 Health, Medical and Welfare IPE classes. The results of a 5-point scale evaluation questionnaire (10 questions) conducted at the start and finish of the course were statistically analyzed using Wilcoxon’s signed rank test. Descriptive content in the ‘Reflection’ section was qualitatively and inductively analyzed from the perspective of creating cooperation. Questionnaires were collected during the course.

Ethical considerations and informed consent:
The present study complied with the principles of the Helsinki Declaration regarding the use of personal data and students were verbally informed prior to the class regarding protection of their anonymity and the research objectives and the methods. Participation consent was obtained.

Results:
The questionnaire collection rate was 96.8% (155/160) and the valid response rate was 92.9% (144/155). During the class, students acquired the following learning points: ‘ability to respond appropriately’ (p=0.013), ‘cooperation delivers advantages to patients’ (p<0.000), ‘increased respect and trust for multiple disciplines’ (p=0.002), ‘improved care’ (p=0.003), ‘problem resolution ability’ (p=0.082), and ‘communication ability’ (p=0.078). Qualitative inductive analysis of the ‘Impressions’ content identified categories of ‘understanding and expansion of personal expertise’, ‘expansion of patient care potential’ and ‘depicting development for the future’.

Discussion:
Students recognized that IPE increased patient care quality and their trust towards multiple professions. However, the questionnaire results indicated that they did not attain awareness that acquiring teamwork skills can strengthen interprofessional relationships after graduation.
ROLE EMERGING OCCUPATIONAL THERAPY PLACEMENTS: LEARNING AND COLLABORATING TOGETHER

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Introduction
Role emerging placements are widely used in occupational therapy programmes. They involve students completing placements in a non-traditional setting where there is no established occupational therapy role. This placement model promotes interprofessional learning as the students work with minimal supervision from an occupational therapist and are encouraged to learn from those around them in the placement site. This will include other professionals, care staff and service users.

Aim
As role emerging placements involve widening the scope of occupational therapy and a change in supervision style with an emphasis on interprofessional collaboration, it is essential to explore the learning experience of students undertaking this type of placement model.

Methods
Two similar qualitative research studies, in Ireland and the United Kingdom track eleven occupational therapy students, learning experience through interviews prior to, during and after their role-emerging placement.
The role emerging placement sites included a mainstream primary school, a special educational needs primary and secondary school, a community learning centre and homeless organisation.
Ethical approval was obtained from the respective Universities prior to the commencement of the placements.

Results
Students considered their role emerging placement experience to be beneficial in their development as autonomous reflective practitioners. They valued the opportunity to learn from a variety of professionals and clients. The variety of learning opportunities with this placement model provided an opportunity to consolidate their understanding of occupational therapy theory, whilst utilising the interprofessional working experiences to broaden their appreciation of the value of occupational therapy. Challenges included the need to clarify expectations, role definition, and viewing all experiences as a learning opportunity.

Conclusion
These studies facilitate the development of a greater understanding of the learning undertaken by students on role-emerging placements, which enables shared recommendations to be devised to further enhance the learning experience for students in diverse, interprofessional contexts.
THE EFFECTIVENESS OF AN INTEGRATED, CONTINUOUS CARE BY A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR CHILDREN WITH HOME MECHANICAL VENTILATION

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Background: Although advancement in acute care has saved many children, some of them require long-term home mechanical ventilation <HMV> due to severe disabilities. In recent years, noninvasive ventilation has also progressed, which has enabled an early initiation of HMV in children with chronic respiratory distress due to various diseases such as neuromuscular disorders. These resulted in a rapid increase in numbers of children with HMV. These children and their families require an extensive support for medical and psycho-social needs. For an integrated and continuous care of them, we composed a multidisciplinary professional team in 2008.

Objective: To explore the effectiveness of an integrated, continuous care by a multidisciplinary professional team for children with HMV.

Methods: In our center, review of numbers of children with HMV, physician’s home visiting, planned and emergent hospital admissions, and members of a multidisciplinary professional team.

Results: Between 2008 and 2011, HMV was started for 48 children. Underlying diseases were CNS disorders <40%, neuromuscular disorders <21%, chromosomal diseases <25%, metabolic diseases <9%> and lung diseases <5%. Children with HMV were 22, 29, 43, and 70 for each year. Physician’s home visiting were 64, 116, 267, and 382. Planned hospital admissions were 20, 44, 51, and 76. Emergent hospital admissions were 21, 14, 12, and 23. Emergent hospital admissions per patient were 0.95, 0.48, 0.28, and 0.33. Members of a multidisciplinary team were 3, 3, 4, and 5, including physician, nurse, physical and occupational therapist, and child life specialist. Numbers of patients per staff were 7.3, 9.7, 10.8, and 13.0. Numbers of patients per physician were 22.0, 14.5, 21.5, and 35.0.

Conclusions: An integrated, continuous care by a multidisciplinary professional team for children with HMV may be effective for decreasing emergent hospital admissions and improving efficiency of care.
AN INTERPROFESSIONAL FIRST YEAR CURRICULUM FOR 22 HEALTH SCIENCES DISCIPLINES: EXPERIENCES, EVALUATION AND EVIDENCE

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Curtin University’s Faculty of Health Sciences implemented an Interprofessional First Year (IPFY) Curriculum for 2300 students from 19 disciplines ranging from health promotion, laboratory medicine, physiotherapy, pharmacy, nursing, nutrition, speech pathology, occupational therapy, psychology, and social work in 2011. All students study five core units (50% of the first year) delivered by interprofessional (IP) teaching teams that provide valuable models of IP collaboration. The remaining 50% of the IPFY comprises shared units studied by students from at least two disciplines (25%) and one discipline-specific unit for each course per semester (25%). Learning experiences in the core and shared units involve significant collaborations, providing authentic opportunities for the development of communication and team-work skills, exposure to a diverse range of perspectives on health-related issues, and preliminary understanding of the roles of different professions within health and social care. With the focus on developing foundational skills required for safe, client-centred, collaborative practice in culturally diverse environments, students are assessed on a variety of authentic tasks including group case studies and presentations and are assisted to develop skills in reflective practice. Key experiences from the implementation of our IPFY curriculum will be presented, including evidence from evaluation of student learning, experiences, attitudes and professional identity. Positive evidence of the impact of the curriculum includes a 1% increase in retention across the Faculty and improvements in pass rates across the first year. Students IP attitudes (assessed on the University of West England Scale) are positive and qualitative feedback highlights students enjoyment and learning from IP collaborations. Students identification with their discipline/course are consistent with findings from prior to introduction of the IPFY, providing reassurance of concerns about potential negative impact of early IP interactions on students professional identity. Plans for improving the IPFY to meet the needs of the diverse range of disciplines involved will also be discussed.
A COMMUNITY-BASED INTERPROFESSIONAL EDUCATION PILOT PROGRAMME: UNDERGRADUATE STUDENT EXPERIENCES

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Community learning for undergraduate health professional students has traditionally been uniprofessional. Recognizing the interprofessional nature of community practice we piloted an interprofessional education opportunity for students, to work collectively towards informing their future attitudes towards collaborative care. The purpose of this pilot project was to provide an interprofessional practicum for students from Nursing, Nutrition, Early Childhood Education and Child and Youth where they could learn about, from and with each other. This experience incorporated two academic terms, where the students worked collectively towards a shared community health promotion project within one inner city high school. The findings are derived from a multi-methods qualitative approach. Data was collected from four undergraduate students, (one nursing, one nutrition, one early childhood and one child and youth student). Weekly self-reflections were completed by the 4 undergraduate students, weekly field notes were recorded by a trained observer and one focus group post programme with the students was completed. Data from each of the three methods were analyzed independently using a content analysis approach that identified codes and categories leading to emergent themes. Students reported that participation in this community interprofessional project would be useful for their future practice. In particular, they suggested the development of skill sets in team collaboration which could inform their future careers. They also stated the development of relationships that evolved from participation in this project were important and contributed to the success of their final project. Students reported that IPE experiences or placements should be offered to senior undergraduate degree university students (3rd or 4th year). Results from this pilot project can inform the uptake and implementation of continued interprofessional community placements in the future.
THE PROGRESS OF IPE IN NIIGATA UNIVERSITY OF HEALTH & WELFARE
-3 ADVANTAGES OF THE INTEGRATED LEARNING SEMINAR (IPE SEMINAR)
FOR SENIOR STUDENTS

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Introduction
We had been trying to develop and establish an IPE curriculum in NUHW. The objective of the “Integrated Learning Seminar” (ILS) for senior students is to culminate the IPE at our university to raise “Quality of Life “Supporters. The “QOL Supporter “means that the students acquire the basic knowledge and skills for collaborating with other professionals to offer effective support for clients.

The ILS has been held since 2008 as a selective course with one credit. In 2011, approximately 200 students from 10 faculties attended the ILS, with 45 teachers working as facilitators. 15 students and 5 faculty members from other universities also attended. 15 case-based scenarios were introduced to the attendees and 21 students groups comprised from different disciplines were organized.

The ILS was implemented over 5 days in the final week of the summer vacation. On the first day, an orientation was held to confirm the students’ prior learning, followed by group processes to decide their schedule. On the 2nd and 3rd day, the students gathered information in accordance with the action plan from the previous day. They discussed about the cases from the view point of each profession. On the 4th day, they put together their thoughts to create a comprehensive care plan for the clients, which resulted in the presentation of those plans on the final day.

Objective:
The objective of this investigation is to analyze and clarify students’ response to and knowledge about IPE qualitatively.

Methods:
Subjects of this study were 58 students who responded to the questionnaire within one week after the ILS. SPSS Text Analytics for Surveys (TAFS) was utilized to extract meanings from the students’ response to the ILS.

Results:
At the knowledge level, the students noticed the other professions’ characteristics and specialty area, as well as their own ones through the learning process. At the skill level, they became aware of the importance of communication when they were working with other professions and clients. At the attitude level, they respected the opinion of the other students and listened to others.
DEVELOPING IPE FOR STUDENT SCHOOL TEACHERS

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Introduction: This presentation will describe the development of an innovative interprofessional education (IPE) workshop designed to bring student teachers into an existing regional IPE programme alongside health and social care students.

Background: IPE is well-established in the UK for health and social care students but student school teachers are seldom involved. Interprofessional working is essential to support children with communication difficulties in mainstream primary school; however delivering IPE to prepare student teachers presents logistical, cultural and pedagogical challenges. The current UK policy of inclusive education makes the preparation of school teachers for interprofessional working a priority.

Objectives: Colleagues at two UK universities planned an interactive, student-led IPE workshop to bring teachers together with speech and language therapy and social work students who were already part of a regional IPE programme. The teaching and learning approaches include elements of Problem Based Learning and peer teaching.

Method: An action research approach was adopted. Starting with small-scale pilots, data were collected at each workshop and analysed to inform its further development. Student views of their learning and experience of the workshop were evaluated using quantitative and qualitative methods. Students self-rated their knowledge, skills and attitudes against the workshop learning outcomes before and after the event using a five point Likert scale. These data were analysed quantitatively. Their views were investigated using free text questionnaires and focus groups; these were analysed qualitatively for emerging themes.

Results: Key findings and how these shaped the teaching and learning will be discussed. The data indicated that students valued the learning opportunity, made significant gains in relation to the learning outcomes and identified learning to take forward into their future practice. Students particularly valued a talk by a parent during the workshop. Students were very aware of their professional differences and extended their understanding of one another. The student teachers, who do no other IPE, reported that the event made a great impact on them. The data also informed the further refinement of this learning experience.

Conclusion: This research produced an effective model for involving teachers in IPE which is positively evaluated by students.
ENGAGING STUDENTS IN INTERPROFESSIONAL COLLABORATION: A U. S. -JAPAN EXCHANGE

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This session details the development and implementation of an international, interprofessional exchange between health sciences students and faculty at Thomas Jefferson University in Philadelphia and Kitasato University in Japan. The conference focused on engaging students in occupational therapy, physical therapy, radiologic sciences, and medical family therapy to develop presentations about their respective disciplines in order to facilitate their understanding of interprofessional teams in the U. S. and Japan. Interprofessional team building is essential for creating a collaborative practice-ready health workforce (WHO, 2010). The venue for accomplishing the exchange was a synchronous online conference that took place over 4 days between students and faculty from the U. S. and Japan. Presentations included discussion of life in Japan after the 2011 earthquake and tsunami and the roles of health professionals and the health care system in the U. S. and Japan. Students from both countries reported substantive learning from the exchange. Areas of knowledge building included 1) the ability to understand their own and each others disciplines in both their home country and the exchange country and 2) insight into their personal awareness and appreciation of each others culture. Student learning was assessed qualitatively through group discussion and student statements regarding important areas of learning.
Posters
(P-1~91)
CONSCIOUSNESS CHANGE OF THE PHYSIOTHERAPY STUDENTS BY CLASS PARTICIPATION OF A SCHOOL FOR DISABILITIES CHILDREN

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Physical therapy is an important approach to people with disabilities. In particular, for children with disabilities, it is essential. However, they are also having a lot of handicap in school education. It is necessary to take into consideration activity environment and the contents of activity suitable for them. We have examined the effect caused by physical therapists to participate in physical education classes of the school for disabilities children as one of the activities of regional collaboration. Physiotherapy students (PT students) also participates in this physical education class, and they support the activities of the student in class. Therefore, the students can think about the role as the physical therapist based on an experience to participate in the school life of the student as a part of cooperative education. In this paper, we have studied how it changes consciousness of PT students through participation in physical education class. The subjects were four PT students who participated in the class. PT students made a portfolio report about the participation. The report was created to focus on student self reflection in the period from before the class beginning to the end of class. The contents of submitted report after the end of class, were analyzed qualitatively the keywords. As a result, before participation, PT students are perplexed at how to respond to the student anxiety and had been looking forward to the new environment feel that school physical education. In addition, they were considered a low amount of activity of the students. After joining, their point of view was turned to posture and the movement of school students who were active without only in self such as uneasiness or the pleasure. And PT students were surprised to active movement and reactions of the school students. Further more, they have noticed that they can enjoy themselves together through the activities and want to change the consciousness of their future clinical application of this shows the experience of their own. This is considered by PT students will participate in the class, and shared the activity with students, better perception of physical therapy of PT students, and possibly a change to the standard subjects from self-centeredness. In cooperation education, it was suggested by participating in activity in familiar living environment that it is impossible to pull out a student’s change.
EXPERIENCES AND ATTITUDES TOWARDS INTERPROFESSIONAL EDUCATION (IPE) IN EMERGENCY MEDICINE

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Context: Poor Interprofessional communication and teamwork is often identified as a contributory factor in inquiries into failures of care. The Department of Health has stipulated that ALL health professional should receive common learning with other professions, both pre- and post-registration. The emergency department is an environment reliant on interprofessional teamwork. Despite this, little interprofessional education is currently in place at a postgraduate level.

Objectives: This study aimed to examine experiences of interprofessional learning. It aimed to explore attitudes towards IPE, willingness to engage with it, and positive and negative experiences associated.

Method: Anonymous questionnaires were distributed to doctors, nurses, radiographers, ambulance crew, healthcare assistants, physiotherapists and occupational therapists working at a busy District General Hospital Emergency Department in London.

Results: 63 responses were returned <86%. 33/63 had experiences of interprofessional learning as an undergraduate, although when asked to cite specific examples, 6 <9.5%> cited courses such as “Advanced Life Support”: traditionally deemed shared or collaborative practice. All felt that IPE had been beneficial, enabling more integration, better teamwork, a different perspective, sharing of knowledge and a better understanding of others roles. 56/63 <88.9%> stated they would attend regular IPL training if offered it. 26/63 <41.3%> would be more likely to attend compared to same-profession teaching, 6/63 <9.5%> less likely and for 31/63 <49.2%> it would make no difference. Factors that would encourage learners to attend included: high quality of training, relevant topics and simulation-based training. Positive experiences of IPL involved wider knowledge and better insight. Negative experiences of IPL were humiliation, embarrassment and repetition. The biggest hurdle to postgraduate IPE within this department was difficulties with staffing release and rota coordination.

Discussion: Low levels of IPL in pre-registration training may have been partly due to training prior to 2001. It also illustrated the difficulty in characterising IPL, showing that students perceptions of IPE may not correspond to defined definitions. This study supported previous work demonstrating students find IPE to be beneficial to learning, and indicated a high level of enthusiasm amongst Emergency Department staff towards additional training. To be effective, IPE needs to be perceived as high-quality and relevant. Simulation training is widely received, but risks negative emotive experiences if incorrectly moderated. As a result of this study, interprofessional training sessions have been designed and employed in this Emergency Department. Work is on-going to ensure continued effectiveness and positive effects on staff knowledge and patient safety.
PRACTICE REPORT OF STUDY FOR EARLY STAGE OF INTERPROFESSIONAL EDUCATIONS ‘WORLD OF QOL’

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Background: In Niigata University of Health and Welfare, the core curriculums for interprofessional educations are constructed, and the aims of these curriculums are ‘Promotion of an excellent QOL supporter’ that is the philosophy of the university founding. ‘World of QOL’ that is one of these core curriculums is practicing class for the early stage of interprofessional educations. Students are assigned to multi department student’s mixture groups and they study on the life of a socially active model by self-directed learning.

Objective: In this report, initially we introduce the method of practice for the early stage of core curriculums ‘World of QOL’, then report on the effect of this learning style and on the changes of students in the understanding level of center concept ‘QOL’.

Methods: Subjects were 175 first graders <2011>. They were belong to 10 departments <Physical Therapy, Occupational Therapy, Speech, Language and Hearing Sciences, Prosthetics Orthotics and Assistive Technology, Clinical Engineering and Medical Technology, Healthy Nutrition, Health Sports, Nursing, Social welfare, and Health informatics>. When it began to teach and it ended, the search procedure executed the questionnaire. The survey form was collected during the lesson. Ethical considerations and informed consent: The present study complied with the principles of the Helsinki Declaration regarding the use of personal data students were verbally informed prior to the class regarding protection of their anonymity and the research objectives and the methods. Participation consent was obtained.

Results: It was answered that 90 percent or more was able to be understood when the class ended though it was answered that about 50 percent of the student understood when it began to teach the definition of ‘QOL’. Moreover, the student of 80 percent or more ‘It was good’ answered the self-directed learning by the subject mixture group and it was effective as practicing class of study for the early stage.
IMPACT OF SHORT-TERM EXPERIENCE PROGRAM FOR PHARMACY STUDENTS IN A REHABILITATION HOSPITAL

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Background: An ageing population is rapidly expanding in Japan, and the number of elderly individuals who need rehabilitation is increasing. Therefore, pharmacy students are required to recognize the importance of interprofessional collaborative practice (CP) in the field of rehabilitation to work as a part of a healthcare team.

Aim: We conducted an experience program for pharmacy students in a rehabilitation hospital, and elucidated the impact of this program as interprofessional education (IPE).

Methods: An annual 3-day practical experience program for pharmacy students has been held at Koshu Rehabilitation Hospital (Fuefuki-shi, Yamanashi) since 2008. All student participants (n = 29) and members of the hospital medical staff (n = 7) received questionnaires about details of practice, interprofessional collaboration, and role of pharmacists in the field of rehabilitation. We also interviewed a doctor, a pharmacist, and a medical social worker.

Results: The pharmacy students accompanied the hospital medical staffs to wards, assisted patient care, or attended team care conferences each morning. These experiences enabled the students to understand each professional’s role and encouraged them to determine how pharmacists can contribute toward patient rehabilitation. After participation in the program, many students showed a positive attitude toward CP. The interviews revealed that pharmacists are expected to be involved in the entire process, from preparation of medication to the use of medication by patients, i.e., ways of administering medication according to each patient’s situation, so as to ensure drug compliance and provide information valuable for patient care to other professionals or patients.

Conclusion: From the experience in the rehabilitation ward, the students learned about the roles of other professionals involved in rehabilitation and were able to recognize the importance of CP. This study will help us determine the type of program that should be conducted for pharmacy students for effective IPE.
THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF) INTERPROFESSIONAL AGING AND PALLIATIVE CARE ELECTIVE

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Background: According to the 2008 Institute of Medicine report, Retooling for an Aging America, the healthcare workforce is markedly underprepared to care for the increasing numbers of older Americans. Literature also suggests interprofessional education enhances collaboration essential to good geriatric clinical outcomes. We developed the Interprofessional Aging and Palliative Care (IAPC) elective to train students in interprofessional collaboration and best practice medical care for old and dying patients.

Methods: An interprofessional faculty team reviewed existing UCSF courses, the Multidisciplinary Competencies in the Care of Older Adults, and the geriatrics and education literatures to identify local needs and effective interprofessional educational strategies. Because of differing calendars across UCSF health professions schools, we developed a multi-modal, competency-based course which allows students to create individualized plans of study. Students select activities from a menu of lunchtime didactics, clinical experiences, relevant local conferences, and online learning modules. The quarterly course can be repeated for credit and is open to students from Dentistry, Medicine, Nursing, Pharmacy, and Physical Therapy. Communication, access to modules and post-tests, sign-up for clinical activities, and student evaluations occur via a specially designed course site on the UCSF educational web platform.

Results: With the introduction of the IAPC elective, annual enrollment increased from 8-12 nursing and medical students to 90-120 students from all programs. Mean overall satisfaction was 4.33 on a 5-point scale. Students rated course flexibility, didactics, and clinical activities most highly, with interprofessional focus and online learning modules also well rated. They reported significantly higher mean self-efficacy for each competency domain, “p” is less than .001.

Conclusions: A flexible, multi-modal course structure led to a ten-fold increase in enrollment and improved interprofessional participation. This course provides a generalizable framework for promoting interprofessional collaboration and education. Next steps include increased collaboration in clinical activities and in-class interprofessional teamwork sessions.
EVALUATION OF A WORKSHOP ON COLLABORATIVE PRACTICE BETWEEN MULTIDISCIPLINARY HOME CARE PRACTITIONERS

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We aim to develop Fukui’s version of a program for the development of home care medical professionals that is based on the Institute of Gerontology, University of Tokyo, s Homecare Medical Training Program. The purpose of this study is to evaluate a program workshop on the collaborative practice between multidisciplinary home care practitioners in efforts to improve the program overall.

Ninety-nine participants at the workshop entitled “Collaborative Practice between Multidisciplinary Home Care Practitioners” were asked to complete an anonymous, self-reporting questionnaire. Questionnaire items were on demographic information, actual circumstances of collaboration, level of workshop understanding, and usefulness of the workshop for collaborative activities. Participants were divided into multidisciplinary practitioner groups to discuss “post-operative cases of stomach cancer, multiple bone metastasis, and multiple liver metastasis”. Specifically, they examined the direction of treatment, drug administration guidance, alleviating the burden of care for family members, and terminal care.

Responses were collected from 73 (73.7%) of the workshop participants. Among them, 82.2% were women. Mean age of the participants was 42.6±10.2 years, and 15.1% of participants were visiting nurses. Mean years of experience in home care were 4.6±4.6 years. The practice of collaborative activities was reported by 90.4% of participants and collaboration with physicians was reported by 67.1%.

As to the level of workshop understanding, 28.8% reported understanding well and 34.2% reported understanding most of the content. As for the usefulness of the workshop for collaborative activities, 61.8% reported finding the workshop very useful and 28.8% reported it to be mostly useful. In addition, 80% of participants who had no experience of home care reported increased motivation to start working in home care after the workshop.

The findings suggest that for those with no previous experience, the workshop might increase their desire to become involved in home care. For those with experience, the workshop may be useful for conducting collaborative activities. Future tasks include revising the content and method of presentation for ease of understanding.

An interprofessional pedagogy positively affects the health care team to deliver safe and quality patient centered care (Robertson & Bandali, 2008). Educating nursing students, within an interprofessional context, provides qualified nurses sustaining health human resources.
THE EFFECTS OF INTERPROFESSIONAL EDUCATION FOR MID-LEVEL STAFF AT HOSPITALS PROVIDING COMMUNITY HEALTHCARE

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Objectives: The present study aimed to develop and implement an Interprofessional Work (IPW) mid-level staff training program as part of Interprofessional education during in-service training for mid-level staff at A Corporation B Hospital, and to clarify changes in participants’ IPW competencies and knock-on effects in the workplace.

Methods: IPW mid-level training involving two days of intensive lectures and seminars and three months of team activities was implemented and the training effects were examined using Kirkpatrick’s evaluation framework. A satisfaction survey was conducted on 30 participants immediately after the two-day training and an IPW self-evaluation sheet was completed pre-training and after 3 months by 30 participants at B hospital (IPE group), 57 non-participants at B hospital (non-IPE group) and 30 unrelated staff at C, D and E hospitals (non-intervention group).

Results: Comparison of the IPW self-evaluation sheets showed significant increases in scores for the items of facilitation, leadership, reflection and management between pre- and post-training in the IPE group. Significant increases were also seen in scores for two communication-related items in the non-IPE group. No significant increases were observed in scores for any item in the non-intervention group. Discussion: The present findings demonstrated a significant increase in IPW self-evaluation scores for various items in training participants following training. The increase in scores for the two communication-related items in the non-IPE group, who did not participate in training, is thought to be due to the influence of intentional behavior modification implemented by training participants.

Conclusion: Analysis of the IPW self-evaluation sheets clarified that IPW mid-level training results in behavior modification and knock-on effects to the organization via training participants.
SYSTEM DEVELOPMENT FOR LEARNING MATERIALS BASED ON VIRTUAL CASES WITH COLLABORATION TOOLS

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The learning activities of IPE group practice using learning materials based on virtual cases are as follows.

1. Students use learning materials for virtual cases instead of actual cases (patients or clients).
2. Assessment of clients (and their families), their living environments, social resources, and so on.
3. Presentation of assessments and support programs for them in the light of specialists. Students mutually share information and understand it.
4. Students frame a comprehensive support program by the KJ method which is help to organize a solution with tagging and restructuring ideas and lots of information.

The feature and issue;
Students can choose freely the state of the client relevant to a field of study for assessment. As a result, students can understand various states of a client mutually. (e.g. Acute state, recovery state, recuperation and social rehabilitation)
Therefore, it is important that the relationship of assessments and client’s state is shown.
We think it will be more convenient and effective in IPE that the collaborating tool we developed is installed to the learning system.
Specifically, sharing findings and reflecting on the facilitation are helpful. Teachers will be able to archive records of IPE group practices. These features contribute to improvement of IPE.

The learning system which we developed has three functions.
1. Learning materials: Slides which show virtual client’s states. We add pictures and videos as further explanation to slides.
2. The fact data: Input columns which are filled out results of an investigation. (e.g. the name of a disease, the injury name, the technical term, assessments, and medical or welfare system)
3. Input columns which are filled out problems, issues, observations and support programs. By other functions, the teacher can control the presentation of learning material. Therefore, students can do the group practice which performs the investigation activities about the situation fixed like the actual client.

The student can achieve a comprehensive understanding of assessments and support program varying with client’s state. It is new usage of case-based learning materials, and it becomes an effective IPE learning system for online cooperative education among universities.
CHALLENGING DISPARITY TOWARDS PATIENT CENTERED CARE: INTERPROFESSIONAL EDUCATION AND TECHNOLOGY

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Nursing education is faced with many challenges including the advancements in technologies, intergenerational gap, increasing numbers of nursing applicants, decreasing faculty numbers, need to explore and utilize more active or experiential learning strategies, limited faculty resources, and lack of clinical placement opportunities (Butler, Veltre, & Brady, 2009; Cooper et al., 2010; Goolsby, 2001; Griffin-Sobel, 2009; Jeffries, 2008; Larew, Lessans, Spunt, Foster, & Covington, 2006; Lasater, 2007; Miller, Riley, Davis, & Hansen, 2008; Reilly & Spratt, 2006; Shepherd et al., 2007; Shepherd, 2010). Current changes challenge nursing education to collaborate with computer science, education, and medicine to provide engaging learning opportunities for nursing students that adequately prepare them for the complex clinical environment. This interprofessional approach will undertake an interdisciplinary perspective on the challenges encountered by the current pedagogy in nursing education. Interdisciplinarity is “the bringing together of distinctive components of two or more disciplines” in research or education, leading to new knowledge which would not be possible without this integration. While multidisciplinarity occurs when disciplines work side by side in distinct problems or aspects of a single problem, interdisciplinarity seeks to combine disciplines to enhance the learning in one or more of the disciplines, or to apply discipline-based methods to real life situations for interdisciplinarity keeps disciplines separated and in focus. It has clear objectives that include both critical thinking skills and in-depth content. Furthermore, the concept of patient centered care demands a cultural shift in how health-care professions are educated. When an interprofessional pedagogy is implemented, clarification and understanding of roles are enhanced (Rodehorst, Wilhelm & Jensen, 2005) and positive attitudes regarding collaboration between nursing and medical students are experienced (Iliadi, 2010; Reese, Jeffries, & Engum, 2010). The purpose of this research to understand what the experience of participating in interprofessional simulation means to third year nursing students. Using a qualitative phenomenological methodology, the objective is to understand the perceptions of nursing students participating in an interprofessional simulation? The results of this study, the first in Saskatchewan, will provide a benchmark for future studies in simulation, nursing education, and a relevance to stakeholders involved in health care, nursing, interprofessional education and multi-modal teaching. Implementation of an interprofessional pedagogy positively affects the health care team to deliver safe and quality patient centered care (Robertson & Bandali, 2008). Educating nursing students, within an interprofessional context, provides qualified nurses sustaining health human resources.
CHOOSING THE RIGHT STUDENTS - AN INTER-PROFESSIONAL LOOK AT ADMISSIONS

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There is growing evidence of the importance of relational, affective, and moral qualities/competencies of health providers in addition to profession specific competencies as crucial elements of effective patient-centered care. Multiple Mini-Interview (MMI); is a multi-station admissions method for the assessment of non-cognitive qualities in prospective students.

A inter-professional variant of MMI has been used by the Michener Institute to recruit first-year students since 2009 and 1, 874 candidates have been interviewed in the last three years. The unique inter-professional application aspect of the methodology is that all applicants, to all programs, are mixed together during the interview stage.

As part of the Michener continuous improvement process, a review of the MMI process is being conducted. This review includes examining the impact of offering rater training on inter-rater reliability. Since those rating the MMI are an inter-professional mix of volunteers from students, alumni, faculty, staff and clinical educators, the reliability of their ratings is something worth exploring.

The purpose of the study is to measure the inter-rater reliability for multiple raters (8 random raters in most cases) and as the scoring system uses a 7-point Likert scale, the intraclass correlation coefficient (ICC) was deemed the most appropriate statistical test. ICC can be defined as the ratio of between-groups variance to total variance.

RESULTS:

587, 481, and 777 valid cases from 2009 to 2011, respectively, were analyzed and ICCs (intraclass correlation coefficients) were calculated to access agreement among raters. The results indicate high levels of consistency over the last three years, as the average measure of ICCs increases from 0.748 in 2009, to 0.759 in 2010, to 0.768 in 2011.

POSSIBILITIES FOR FUTURE ANALYSIS:

Training: we hypothesize that the low degree of single measure ICC may be improved through more rigorous rater training and possibly implementing a screening system for volunteers.
Longitudinal analysis: We will examine the trend towards greater reliability over time.
Predictive power of MMI score and GPA score: We will assess the ability of MMI scores and GPA to predict academic performance at Michener.
Variances across different groups of raters: We will explore possible group (students, staff, faculty, alumni and clinical educators) differences in MMI scoring.
ADVANCED INTERPROFESSIONAL EDUCATION PROGRAM SPECIALLY FOCUSED ON HOME HEALTHCARE BY NAGASAKI PHARMACEUTICAL AND NURSING SCIENCES CONSORTIUM

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The Nagasaki University School of Pharmaceutical Sciences has conducted a project concerning development of an advanced interprofessional education (IPE) program for community medicine for its students in collaboration with the University's School of Health Sciences, the University of Nagasaki Faculty of Nursing and Nutrition, and the Nagasaki International University Faculty of Pharmaceutical Sciences. The project was named formation of a strategic base for the integrated education of pharmaceutical and nursing sciences specially focused on home healthcare, that has been adopted at Strategic University Cooperative Support Program for Improving Graduate by the Ministry of Education, Culture, Sports, Science and Technology, Japan from the 2009 academic year to the 2011 academic year. Our project is a novel education program about team medical care in collaborative practice with pharmacist and nurse. In order to perform this program smoothly, we established Nagasaki pharmaceutical and nursing sciences consortium (Nagasaki University, University of Nagasaki, Nagasaki International University, Nagasaki Pharmaceutical Association, Nagasaki Society of Hospital Pharmacists, Nagasaki Nursing Association, Nagasaki Medical Association, Nagasaki Prefectural Government) in November 2009. The consortium has organized development of our IPE program, and provided opportunities to gain interprofessional experience help students learn the skills needed to become part of a collaborative practice-ready home healthcare work. Medical professionals also can participate in the program with university students. The program specially focused on home healthcare by Nagasaki pharmaceutical and nursing sciences consortium continues in the 2012 academic year. In this international conference, we introduce contents about university education program for university students and life learning program for medical professionals developed by our consortium.
THE PROGRESS OF IPE AT NIIGATA UNIVERSITY OF HEALTH AND WELFARE (5) SHORT-TERM EFFECTS OF IPE: DID THE PERCEPTION, KNOWLEDGE AND ATTITUDES OF THE STUDENTS CHANGE AFTER THE INTEGRATED LEARNING SEMINAR?

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Introduction
The Integrated Learning Seminar (ILS), the last stage of IPE at Niigata University of Health and Welfare (NUHW), is an elective course and is open to the senior students who had finished their practicum outside the school. Although most of the students had some clinical experience, many of them didn’t have chances to collaborate with other professions during their practicum. To maximize the learning effect of the ILS, it would be most beneficial for the students to being exposed to the real world by collaborating with other professionals to serve for the real cases in the facilities. However, the limitation of geographical and manpower conditions of NUHW had prevented us from implementing ILS outside the school. Therefore, since the beginning of the ILS on a trial base in 2004, we had discussed the possibility to use alternative methods.

Objectives
The objectives of this investigation is to confirm the short-term effects of ILS on the students’ perception, knowledge, and attitudes towards IPE, as well as to compare the effectiveness of the modules to that of the other learning materials used in ILS.

Methods
The subjects were senior students who had attended the ILS on September, 2011. Before the survey, the authors explained about the research and the consent was given from the students. The questionnaire consisted of 13 questions about the perception, knowledge, and attitudes about IPE were distributed to the subjects at the orientation before the ILS began and at the end of the course. Two answers were analyzed using Wilcoxon’s signed rank test. Also, the responses of the students who utilized the modules were compared with those of the students who did not by using Mann-Whitney U test.

Results
The comparison of students’ responses before and after the ILS revealed that the answers after the course were significantly in a positive direction except 2 items. The responses of the students who had utilized the modules were not significantly different with those of the students who had not utilized the modules except 1 item.

Discussion
The result of this investigation suggests that there was a significant change in the students’ perception, knowledge, and attitudes after the ILS. Also, the effect of using modules instead of real cases seems to be acceptable. Further research is required to confirm the long-term effect of the ILS and the modules, as well as the validity and the reliability of the questionnaire.
AN INTERPROFESSIONAL STANDARDIZED PATIENT EXERCISE IMPROVES ATTITUDES TOWARDS TEAM CARE

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Interprofessional education is a valuable means of enhancing communication and collaboration between healthcare professionals. We developed and implemented an Interprofessional Standardized Patient Exercise (ISPE) for students from the Schools of Dentistry, Medicine, Nursing, Pharmacy, and Physical Therapy. The goals were to enhance knowledge of professional roles, foster collaboration and improve communication skills. The objective of this study was to determine the impact of the ISPE on attitudes toward interprofessional team-based care and perceived achievement of ISPE objectives. We evaluated attitudes toward interprofessional team-based care in participants pre- and post-ISPE and in non-participating students. We administered the Attitudes Toward Health Care Teams (ATHCT) validated survey representing attitudes toward team value, team efficiency, and physicians shared role on the team. We conducted repeated measures ANOVA with one between factor (profession) and one within factor (score on pre-post attitudes toward team value, team efficiency, or physicians shared role) using a Bonferroni adjusted test of significance. We also surveyed students about achievement of ISPE objectives. Results revealed that 101 interprofessional students completed the ISPE. Student attitudes improved on 2 of the 3 subscales of the ATHCT (Team Value, and Team Efficiency). Attitudes toward Physicians Shared Role did not change significantly. There were significant differences in attitudes by profession. Students reported learning about others patient care roles and increased comfort working in an interprofessional team. In conclusion, we successfully developed and implemented an ISPE for students from five health professions. Student attitudes toward interprofessional teams improved in some, but not all areas after the ISPE. Our findings contribute to evidence showing that efforts to generate positive attitudes toward interprofessional collaboration early in training may influence student ability and willingness to be effective team members.

Conclusions

The setting with interprofessional student teams in perioperative on-site training increased the students’ understanding of interprofessional teamwork as well as their own future professional role. This educational model is possible to include in ordinary activity at the operating theatre ward.
DEVELOPING INTERPROFESSIONAL SIMULATION IN THE UNDERGRADUATE SETTING: EXPERIENCE WITH FIVE DIFFERENT PROFESSIONAL GROUPS

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Introduction
Increased emphasis on patient safety and the recognition that many adverse events involve communication difficulties between members of the multi-disciplinary team have led to increasing interest in the use of interprofessional simulation as an educational tool. This presentation will report our experience of developing such simulations for pre-qualifying students from medicine, nursing, physiotherapy, radiography and operating department practice from three universities within the West Midlands, UK.

Methods
Our study compared student perceptions before and after participating in a simulation using a survey design. A questionnaire consisting of Likert-type, visual analogue and open comment questions explored their views of the learning experience, their attitudes towards interprofessional learning and the factors important for good patient care either after, or before and after, the session, as appropriate. Responses were analysed using descriptive statistics, statistical tests for difference or thematic coding. Data collection and analysis was undertaken in accordance with established ethical guidelines.

Results
Of the 191 students who participated in a simulation, 181 completed a questionnaire (95% response). Generally well disposed to learning and working collaboratively, participants reported that the sessions enhanced their understanding of the patient’s condition and experience and the contributions of other professions to the patient journey; and their confidence in interacting with other professional groups. Students valued the feedback they received from facilitators and other participants, but were less comfortable with giving feedback in an interprofessional context. Post-session responses indicated a greater recognition of the importance of team working and collaboration and, in some cases, leadership. Several benefits to future clinical practice were identified. Some significant differences between the responses of different professional groups were apparent.

Conclusions
Our data suggest that routine scenarios following patient journeys offer pre-qualifying students valuable educational experiences. In order to maximise the educational value of such sessions, particular attention should be paid to the benefits anticipated for individual professions, as well as those for all groups; to the wider educational context in which sessions lie; and to the careful management of debriefing.
THE PROGRESS OF IPE AT NIIGATA UNIVERSITY OF HEALTH AND WELFARE - INTEGRATION OF MEDICAL AND SOCIAL WORK FIELDS USING IPE MODULE

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[Introduction] In Japan, medical treatment is provided almost exclusively in the duration of hospital stay with serious time constraint. Long period that followed, social welfare is responsible for taking care of clients in the community. It is often the case that those who need help have complex problems including ageing, mental and/or economical issues, and lack of accesses to social resources. Therefore, no occupation can solve the problems single-handedly. As a result, it becomes necessary for caregivers to transform a current physician-centered team in clinical settings into a cooperative work group combining expertise of various professions in the community.

[Objectives] Inter professional education at school plays an essential role in creating the basis for cooperation especially in the early stage of professional development. Therefore, we describe the effort of integration of medical and social work field using the module.

[Method] Efforts of our university. Basic philosophy of education of our university is a human resource development supporting Quality for Life of the clients. It is our objectives of classes that learner can think and work together so that the integration of the fields of health and welfare comes naturally. At the establishment of our university, we have a common class for students from all departments. This time, we have created a module (i.e., a teaching tool in IPE) with emphasis on social welfare aiming at the integration of medical and welfare.

[Results] 1. The choice of format of the module: We used a format of a module commonly used across various professions. 2. Main theme of the module: We included urging issues in modern Japanese society such as ageing care, child abuse and treatment of diabetes. 3. Modification of the module: We had the module crosschecked by each profession repeatedly. 4. Visualization: We created the 32 modules with visualization of daily living associated with the issues. 5. We made a study manual and facilitation guidance.

In the process of creating the modules, the cooperation with good understanding between each other’s field has been emerged among faculty members. Students to learn through this module, deepened the understanding of other areas of expertise to each other.

[Conclusion] We have collaborated successfully with interests in and respect for each other’s expertise. During a course of creating a teaching tool in IPE, a module depicting the living at home with various issues, we have experience the emergence of interprofessional work.
Niigata University of Health & Welfare (NUHW) was established in 2001, consisting of two Schools for Medical Technology and Social Welfare. The former consisted of the department of training for a PT (Physical Therapist), OT (occupational T.), ST (Speech, Language & Hearing T. in Japan) and Certified Dietician. The latter contains only the department for a SW (Social Worker) and/or Psychiatry SW. The teachers and students in NUHW have well recognized the importance of IPE and IPW through the spirit of a ‘QOL supporter’ since its establishment. Most of them feel the necessity of IPE, not only for elevating QOL levels of service users and families, but also for the cooperation of professions to each other. Then we have planned the effective curriculum for IPE development. Now the courses for lectures and/or practices are assigned to every school year. Totally 5 members of NUHW will present the each content of the course. I will focus on the program for the first year experience, so called ‘Basic Seminar I’ and ‘Basic Seminar II’. Both seminars consist of a teacher and several students; the former of the same discipline and the latter of the mixed discipline. The former is still managed by the teachers of each discipline for the fresh students and the latter was not so effective, because the identity of each profession has not well established among the fresh students. Since 2010, we revised the latter program for sophomores with mixed disciplines, and the name of it was changed as ‘IPE seminar I’, intending the preparation for ‘IPE Seminar II’ in the fourth grade. We compared the results of a questionnaire taken after ‘Basic Seminar II’ with those after ‘IPE Seminar I’, however the contents of them were not entirely the same. The rating scale involved with satisfaction of courses is higher for the latter, which may reflect the difference of motivation to IPE between the first and second grade students. Now we have 4 schools and 10 departments. Some of us are anxious for maintenance of the core curriculum in every discipline.
HOW READY ARE PARAMEDICS FOR INTERPROFESSIONAL LEARNING AND COOPERATION: A MULTI-INSTITUTIONAL STUDY?

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Background: Healthcare systems are evolving to feature the promotion of interprofessional practice more prominently. The development of successful interprofessional practice is best achieved through interprofessional learning. Given that many paramedic programs take a uniprofessional educational approach to their undergraduate courses, questions must be raised as to whether students are being adequately prepared for the interprofessional healthcare workplace.

Objectives: The objective of this study was to assess the attitudes of paramedic students towards interprofessional learning and cooperation across several Australian universities.

Methods: Using a convenience sample of paramedic students, attitudes towards interprofessional learning and cooperation were measured using two standardised self-reporting instruments: Readiness for Interprofessional Learning Scale (RIPLS) and Interdisciplinary Education Perception Scale (IEPS).

Results: A total of n=303 students participated in the study (39% response rate). The majority of students were enrolled in second year n=149 (49.2%), most of the students who participated were female n=163 (53.8%) and under the age of 25 n=227 (75%). Students readiness for interprofessional learning did not appear to be significantly influenced by their gender nor the type of paramedic degree they were undertaking. Students from 1st, 2nd and 3rd years had a significant effect regarding the RIPLS subscale negative professional image, F (3, 297) = 7.52, p <0.0001, eta = 0.11. While students from two universities had a significant effect regarding the IEPS subscale perception of actual cooperation, F (4, 291) = 2.57, p=0.038, eta = 0.11.

Conclusions: Results from this study found that the tertiary institutions involved in this study produced students at different levels of preparedness for IPL and cooperation. These universities may need to consider how their individual course structures may have contributed to the results seen in this study. Findings from this study provide important information for the paramedic discipline as it prepares for greater collaborative approaches to health care.
CHANGES IN ATTITUDE TOWARD INTERPROFESSIONAL EDUCATION IN THE FIRST AND THIRD YEAR UNDERGRADUATE STUDENTS

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Backgrounds:
The interprofessional education (IPE) program at Gunma University, Maebashi, Japan, implements a lecture style for the first-year students and a training style for the third-year students. To evaluate separately the IPE-attitude responses to these two different learning styles using common assessment tool, to further improve and progress the comprehensive implication for IPE.

Methods:
Changes in the scores of a modified Readiness of health care students for Interprofessional Learning Scale (RIPLS) at the beginning and the end of the term were evaluated in the 2008 academic year. This study was approved The Epidemiologic Research Ethics Committee of Gunma University Faculty of Medicine.

Results:
Two hundred and eighty-five respondents of a possible 364 completed the survey. The overall mean score declined significantly after the lecture-style learning in the first-year students, while the score was improved significantly after the training-style learning in the third-year students. Exploratory factor analysis revealed that the modified RIPLS was composed of two subscales. Analyses using regression factor scores revealed that the scores of “Expertise” subscale declined significantly in the first-year students.

Conclusion:
IPE programs may be introduced early in the undergraduate curriculum to prevent stereotyped perceptions for IPE, and comprehensive IPE curricula may result in profound changes in attitudes amongst participating students.
THE EFFECTS OF THE SPECIAL PROGRAM FOR ENHANCING THE COORDINATION CAPABILITY IN SCHOOL NURSE EDUCATION

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Background: Schools in Japan have an original health promotion system that is conducted by school nurses. The University of Tokushima has a school nurses education course in the faculty of medicine. We have the mission to increase capable school nurses and think that for capable school nurses it is necessary to possess sufficient knowledge, the ability to make quick and clear judgments, and the coordination capability for promotion of their schools health. Education in the school is realized through cooperation of the many persons concerned. Therefore, school nurses have to collaborate with directors, class teachers, school nurses, nutrition educators, administrative staffs, school physicians, pharmacists, parents, school board staffs, public health nurses, police officers, and so on. In order to play such an important role, training of the adjustment capability between many occupational descriptions is important.

Purpose: Fortunately, at my university, doctors, nurses, dentists, dental hygienists, pharmacists, and nutritionists are educated. For such occasions, we tackled the special program for the purpose of their improvement in capability. This research was aimed at verifying the effect of this educational method.

Method: In the first phase, students who wanted to become doctors, nurses, dentists, dental hygienists, pharmacists, or nutritionists had a work shop involving discussion about the needs what kind of capabilities are required of good medical stuff in first year. In the second phase, students who wanted to become school nurses or dental hygienists had special group work classes to acquire promotion of the dentistry health direction for elementary students together. In the last phase, students who wanted to become school nurses or nutrition educators had to present and discuss achievements of their practical training in elementary and junior high schools.

Result: It became clear that the students who want to become school nurses learned the importance of collaborating mutually in the special education program.
A STUDY ON THE CURRENT STATE AND CHALLENGES OF MULTIDISCIPLINARY COLLABORATION FOR SUPPORT TO OLDER PEOPLE WITH HEART DISEASE REQUIRING LONG-TERM CARE

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Purpose: The aim of this study was to survey the opinions of professionals in medical institutions and CM providing home-based care towards older people with heart disease and examine differences in attitude towards multidisciplinary collaboration between professionals in medical institutions and supporting home life in order to provide useful information for enabling a smooth transition from medical institutions to home life and sustaining high quality care.

Subjects and methods: Opinions of professionals We administered questionnaires to professionals working at a medical institution asking them what types of professionals should collaborate on care for people with heart disease as well as reasons for their answer and what points should receive focus for patients being discharged from the hospital to their home.

Opinions of CM: They were given interviews during which they were asked what types of professionals should collaborate with CM supporting home life to facilitate continued home living by people with heart disease as well as reasons for their answer and what points should receive focus.

Results and Discussion: Medical institution professionals wanted CM in charge of older people with heart disease to provide management care that also considers medical aspects. In particular, while ADL, medication supervision, nutritional care, essential care, exercise, family, awareness, burden and risk were points that require attention, nutritional care, risk and awareness were overlooked. We discovered that medical institution professionals are not aware of the existence of CWs that provide support to enable older people with heart disease to live in the community. While daily living by hospitalized older people with heart disease is mostly supported by NS, such activities are left to family members and CW providing home care and day services after release from the hospital. If cases become more severe, collaboration with NS is required so that they can coordinate doctors instructions. As CW are not medical care personnel, they lack an understanding of medical care. Solving this problem may require a system for sharing information. CM have varied work histories, and methods for understanding heart disease patients and providing management care varies with their past work experience. There is a need for a solution to reduce this gap, if only a little. Specifically, we propose planning workshops for CM given by medical institutions about care for people with heart disease and creating a single unified list of information about patients from various professionals.
PROFESSIONAL-IDENTITY ACQUISITION PROCESS MODEL IN INTERPROFESSIONAL EDUCATION USING STRUCTURAL EQUATION MODELING: TEN YEARS INITIATIVE SURVEY AT GUNMA UNIVERSITY

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Background:
Our original questionnaire to assess the achievement levels of the interprofessional education programme has categorized into four factors. The purpose of this study is to examine Professional-identity acquisition process (PIAP) model in interprofessional education using Structural Equation Modeling (SEM) ten-year initiative at Gunma University.

Methods:
Overall, 1581 respondents of a possible 1809 students from Department of Nursing (NS), Laboratory science (LS), Physical therapy (PT), occupational therapy (OT) completed, the survey, for a total response rate 87.4%. SEM technique was utilized to construct a PIAP model on the relationships among the four factors: "professional identities", "structure & function of training", "team-work & collaboration", "Role and responsibilities". All of the hypothesized paths in the PIAP model were tested in the four disciplines separately.

Results:
The original PIAP model was supported in NR and PT, but not completely in LS, OT, while the acceptable adjustment indices were gained in these four PIAP models ($X^2/df$: 0.94-2.14, F1: 0.95-1.00, GFI: 0.95-0.98, AGFI: 0.90-0.96, RMSEA: 0.00-0.081). The characteristics of a structure of a model may reflect on explained the uniqueness of each department.

Discussion:
Our hypotheses were accepted as PIAP model for the department of NR and PT. In contrast, PIAP model (LS) and PIAP model (OT) were constructed as different structure of the PIAP model. The difference way attribute to the content of their services. Expertise curriculum in parallel would be necessary to foster comprehensive health work force, especially LS and OT.
NURSE-LED CLINIC FOR NEUROLOGICAL PATIENTS LEADS TO SYSTEMATIC COLLABORATION BETWEEN HOSPITAL AND COMMUNITIES

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Since 2004, Gunma University has had ten nurse-led clinics as part of a collaborative project between clinical nursing and educational nursing in order to provide special nursing services. The nurse-led clinic for patients of neurological diseases opened in September 2010. The consultation staff of this clinic consists of three nurses from the Patient Support Center at Gunma University Hospital and two faculty members from the Graduate School of Health Sciences of Gunma University. The clinic, which mainly assists patients with amyotrophic lateral sclerosis and their families, operates a consultation service with the cooperation among nurses of the ward in the department of neurology, nurses from the ambulance section and neurologists. The activities of this clinic overlap nursing functions of the ambulance section and the discharge-liaison section. The clinic has three characteristics. First, patients are engaged during the early stage of illness or at the time of initial diagnosis. Second, a clinic staff member accompanies the patient to every medical consultation with the attending neurologists at the outpatient section. The staff then provides various types of care, including emotional care for the patient and family. To provide this service, collaboration between public health nurses and the hospital doctor, as well as between the homecare nurses and the hospital doctor, is encouraged. The third characteristic is the strengthening of collaboration among the staff in the hospital and between the hospital and the community. In order to do this, the staff shares the information about patients obtained during consultation services with nurses of the ward when the patient is admitted to the hospital and conveys information about the hospital treatment to the community staff at time of discharge to home. This communication flow has reduced the friction between hospital and community staff and among various staff members involved in the care of the patient. These activities allow us to enhance multidisciplinary care and offer seamless care between hospital and communities from diagnosis to death. Since patients come to the hospital every month or two, the hospital staff needs to maintain close communication with community staff to support patients and their families. This clinic has actively integrated the ambulance section, hospital treatment and homecare over the illness course of the patient. According to this, the steady efforts of this nurse-led clinic facilitate systematic collaboration among staff to improve care for patients and families.
PERCEPTIONS OF FACULTY OF MEDICINE UNIVERSITAS INDONESIA STUDENTS ON INTERPROFESSIONAL EDUCATION/LEARNING: VALIDATION STUDY OF THE READINESS FOR INTERPROFESSIONAL LEARNING SCALE (RIPLS)

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Background and Objectives
The best practice of interprofessional education (IPE) in a particular medical school will most likely be influenced by the students' perception and readiness. The aim of this study is to measure students' perception and readiness using Readiness for Interprofessional Learning Scale (RIPLS), which has been validated in several settings, and concurrently validate its use in the Faculty of Medicine Universitas Indonesia (FMUI) setting.

Methods
This study applied a cross sectional design to identify students' perceptions on IPE and their readiness to participate. Appropriate statistical methods were utilised to examine the validity and reliability of the RIPLS. Seven hundred and seventy-three students participated in this research by completing the RIPLS. Ethical approval has been obtained and participants' consents were obtained through the completion of the questionnaire.

Results
Results demonstrated that RIPLS can be utilised to measure students' perceptions and readiness, referring to its good internal consistency (.912). Factor analysis showed that several statements required further exploration and adjustment, specifically the statements related to the clinical problem solving ability and the amount of knowledge to be mastered. There was only one stable factor that could be extracted, consisted of 15 statements. The mean score of RIPLS (58.92 out of 75) and the results of thematic analysis on the active comments provided in the questionnaire indicated that FMUI students' perceptions and readiness were relatively positive. Significant differences of the mean scores occurred in several subgroups within the age, level of study and previous IPE experience categories.

Conclusion
Despite some limitations in the validation process, RIPLS is proven to be useful in understanding students' perceptions and readiness to participate in IPE. Awareness on the importance of IPE and teamwork in healthcare professionals education and practice can be encouraged through the administration of RIPLS.

Contribution to practice
The RIPLS can be modified for the use in Indonesian medical education setting.
DESIGNING INTERPROFESSIONAL ONLINE CURRICULA TO TEACH PATIENT SAFETY, HEALTH LAW AND BIOETHICS IN A UNIVERSITY FACULTY OF HEALTH SCIENCES

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Introduction In 2011, a grant was secured from the university Reinvestment and Academic Initiatives Fund to develop curricula to support interprofessional education in the Faculty of Health Sciences. Three topics that were relevant to interprofessional practice were chosen: Patient Safety, Health Law and Bioethics. As scheduling issues are often cited as a barrier to running interprofessional courses, the curricula were designed in an online format. Objectives

The curricula development team designed 3 distinct online courses that explore issues of Patient Safety, Health Law and Bioethics relevant to interprofessional collaboration. A main objective of the curricula design was to allow students from the Schools of Rehabilitation Therapy, Medicine and Nursing to learn with, from and about each other (CAIPE, 2002). Each course was designed with a 3 credit (36 hour) weighting; the content would also be available for use as selected topics or lectures in existing Health Sciences courses.

Methods In the winter of 2011/12, the curricula development team designed the 3 courses, using current research and information in the areas of Patient Safety, Health Law and Bioethics relevant to interprofessional collaboration. The collaborative team, made up of professionals with a variety of backgrounds, worked with key stakeholders to identify relevant content in the areas and design curricula that represented a variety of viewpoints. Pilot Test and Evaluation

Content from the 3 courses will be pilot tested in a graduate level interprofessional course, Professionals in Rural Practice (RHBS830), in the spring term of 2012. Survey data will be collected from the course participants regarding the usefulness of the content to advance interprofessional education and the objectives of the CIHC National Interprofessional Competency Framework. Conclusion Interprofessional education is a vital component of learning for Health Science students. The creation of online curricula in the topics of Patient Safety, Health Law and Bioethics adds to the repertoire of experiences available to Faculty of Health Sciences students. When educating Health Science students, an online format can eliminate scheduling barriers to participation.
EVALUATION OF “HUMAN COMMUNICATION” COURSE AS INTERPROFESSIONAL EDUCATION (IPE) FOR MEDICAL TECHNOLOGY RELATED UNIVERSITY STUDENTS

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We conducted an evaluation of the “Human Communication: Learn Etiquette as a Member of Society” course attended by freshmen majoring in any one of the three areas of nursing, radiologic sciences and laboratory sciences. The questionnaire was distributed to the students on the last day of the human communication class in 2011. The questionnaire received responses from 56 students majoring in nursing, 26 students majoring in radiologic sciences, and 14 students majoring in laboratory sciences. The aim of the research was explained, and the submission was their free choice.

In this course, we have devised methods where students themselves deduce desired answers through group work, as opposed to methods where knowledge is imparted by teachers. As this course is attended by medical technology related students, it covers both etiquette in general society and etiquette required in the practice of medicine. More specifically, the students first study the given task and then announce the results of the study. We teach the basic knowledge related to the task. In this flow, the students then induce a desired method from the basic knowledge and the announcement content from other groups. For the question items of “Found this course interesting”, “The participatory teaching method is good”, “Helpful for future vocations”, “Good to have attended the course”, “The content was easy to understand”, more than 90% students of each of the three majors responded with “I think so” or “I somewhat think so”. It was considered that selecting a task common to each major and being able to learn while touching on a variety of opinions beyond the major lead to high appraisals.
MINI-GRANTS FUEL IPE COLLABORATIONS AND INNOVATIONS AT UCSF

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Background/Rationale
Interprofessional education (IPE) is recognized as a valuable means of enhancing collaboration and communication between healthcare professionals, which in turn improves patient care outcomes. Although IPE is being integrated into the curricula at many health science institutions, significant barriers to widespread implementation remain, including lack of faculty time, models for collaboration or resources to develop and implement IPE programs.

Methods
To encourage further curricular development in IPE at our institution, beginning in 2009 we leveraged an existing mini-grant program for educational innovations by requiring IPE team collaboration for all proposals. We also increased the maximum award, allowed funds to support faculty release time, and required dissemination of project results.

Results
Since 2009, we have received 30 proposals over 3 funding cycles. A fourth funding cycle is currently in progress. 8 proposals have been funded for a total of $129,868. Proposals have come from teams of faculty in the Schools of Medicine, Pharmacy, Physical Therapy, Dentistry and Nursing. Funded projects incorporated IPE at all phases, including interprofessional teams engaged in the curriculum development and delivery, as well as interprofessional communication or dynamics as part of the learning activity. The grant program raised the visibility of IPE as a campus priority, stimulated IPE collaborations, and demonstrated potential applications for IPE. Dissemination methods included posters at professional meetings, publication in education-related blogs, web sites, and faculty development workshops.

Conclusion
Capitalizing on an existing mini-grant program proved successful in encouraging IPE collaborations for innovative curriculum development, implementation and dissemination. The ability to support faculty time for developing IPE curriculum was critical. One lesson learned was that a one-year funding period was not always sufficient to develop and implement curricula. As a result, grant funding cycles have been increased to 2 years.
**PSYCHOLOGICAL ADJUSTMENT IS HIGHER IN DISABLED PEOPLE WHO ENJOYING IN SPORTS**

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**Background**  
Enjoying in sports is considered to be an effective way for disabled people to overcome their disabilities and lead meaningful lives. It is believed to have positive effect towards enjoying improving physical function, psychological and social adjustment in for then.

**Purpose**  
The purpose of this study is to clarify the relationship between sports and the psychological adjustment of disabled people using the Nottingham Adjustment Scale Japanese version 1. ¹ (NAS-J). This study was approved by the ethics committee at Gunma University.

**Method**  
A cross-sectional study. Face-to-face interviews were conducted by questionnaire. The subjects were 71 disabled people who participated in the sports facility (59 men, 12 female). The questionnaire consisted of items: gender, age, Barthel Index (BI), time after onset, type of sports, and the NAS-J. The survey was conducted between March 20 and March 22, 2010.

**Statistical analysis**  
The Pearson’s correlation coefficient was used for correlation between the BI scores and the NAS-J subscores. The BI scores were grouped into a low-score group and a high-score group, and a t-test was used for comparing the NAS-J subscores. One-way analysis of variance was performed for the scores of each the NAS-J subscores and 3 levels of the intensity of the sports (light, medium, and heavy). The statistical significance level was set at 5 percent.

**Results**  
A significantly positive correlation was identified between the NAS-J subscore group and the BI score group. Significant differences were found in two BI group for “anxiety/depression”, “self-esteem”, “locus of control”, “acceptance of disability” (t-test). A comparison of the NAS-J subscores and 3 levels of the intensity of the sports, there was a significant difference between the heavy- and light-intensity sports with acceptance of disability.

**Conclusion**  
Compared to the previous study with Parkinson’s disease, SCD, and post-stroke showed higher scores for all the NAS-J subscores. Because the subscore scores were higher in the group enjoying heavy-intensity sports, we confirmed that involvement in sports positively affected psychological adjustment in disabled people.
INTERPROFESSIONAL ADAPTATION FOR REFUGEE AND MIGRANT HEALTHCARE PROFESSIONALS

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Large numbers of Healthcare Professionals (HPs) move to a new country and have to adapt their practice to the culture and ethics of the health service in their adopted home. Since 2006 the Faculty of Health at Birmingham City University has offered an innovative course to prepare migrant HPs for working and studying in the UK. The course has attracted a mix of health professionals, including nurses, doctors, pharmacists, dentists and bio-medical scientists. The students come from very diverse backgrounds, both in terms of ethnicity and level of education. The Pre-adaptation Programme for Refugee and Migrant Healthcare Professionals provides the development of key skills such as language development, personal development planning and orientation to the health service, including interpersonal skills and team working. The interprofessional approach has proved stimulating and challenging at times. However, students are united by their common goal of registration and form a tight knit and cohesive group after their 12 weeks study. Their interprofessional experience is enlarged by placement experience in local community settings, such as dental and GP practices. Evaluation has been by outcomes and by semi-structured interviews. 62% are now either employed as health professionals or partway through studying for their registration. Focus groups and semi-structured interviews have been held with students to evaluate the effectiveness of the learning and teaching. Semi-structured interviews allow for a fluid interview during which both interviewer and interviewee can develop themes (Mason 2002). Data has been analysed using a thematic approach, which is suitable for descriptive data. One theme is the value of experience working with a team: a doctor responded I hope the programme will run in future and will enable other health professionals to gain that important and valuable experience they need. A second theme is that a specialist course provides the core training for progression.
STUDENTS’ EXPERIENCES DURING INTERPROFESSIONAL EDUCATION IN THE NUTRITION SUPPORT TEAM IN A HOSPITAL -TRIAL PRACTICUM FOR JOINT TEAM TRAINING IN NURSING AND NUTRITION DEPARTMENTS-

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Purpose: The present study aimed to reveal what students learned during interprofessional education in the Nutrition Support Team (NST) in a hospital, and to obtain suggestions for improving the students’ 4-year curriculum.

Methods: Eight undergraduate students in the departments of nursing and nutrition participated in this 4-day program. Semi-structured interviews were conducted with participants approximately 1 hour before and after the practicum. Interviews were recorded and transcribed. Interview data were analyzed qualitatively with a focus on learning about interprofessional work (IPW).

Results: Students’ understanding and knowledge of IPW was classified into 7 categories before the practicum and 8 categories after the practicum. A comparison of before and after the practicum revealed that through this program students understood the competency required in their profession and the organizational system necessary for IPW, specifically the “roles of the team leader and members”, “competence in assessing”, “necessity of each team member keeping IPW in mind” and “difficulty with creating time to meet during work hours”. In particular, “competence in communicating” included diverse contents, such as “clarify my current opinion” and “be receptive to others’ opinions”.

Conclusions: This practicum provided an important opportunity for students of both departments to understand their specialty and the other specialty through learning together. Furthermore, experience in the NST allowed the students to fully realize the importance of IPW and motivation. As improvements to the curriculum of this practicum, the following suggestions were made: 1) offer the practicum after the end of each profession’s practicum in the students’ last year, 2) provide an opportunity for group practice with small groups of about four students in accordance with the multidisciplinary profession, and 3) provide opportunity for direct contact with patients.

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1. Introduction
IP (interprofessional) education takes place in many countries and healthcare settings. IP education has been criticized for its lack of conceptual clarity and theoretical basis. Thus, the development of quantitative methodologies to evaluate IP educational outcomes is needed. With support from a grant from Chiba University and Grant-In-Aid for Special Purpose from the Ministry of Education, Culture, Sports, Science and Technology, we conducted a series of studies to develop a scale to measure individual competency. These studies were approved by the Ethics Committee of Chiba University Graduate School of Nursing.

2. Overview of the “Chiba IP Competency Studies”
Our research team consisted of 6 members who specialized in nursing, educational sociology, medical sociology, and health science. In addition, 6 members specializing in nursing, pharmacology, and medical education supported our studies. The process was carried in 4 phases. In phase 1, we conducted semi-structured interviews with 32 medical professionals. The sample for the study was recruited using the snowball sampling technique. The interviews focused on interprofessional work in medical practice. We discussed and found 4 components of IP competency from the interviews, and created an item pool of 255 items. In phase 2, we conducted a pilot test using 65 items selected from the item pool by 1552 medical professionals in 4 hospitals. In phase 3, a questionnaire survey using the 45 items identified by the pilot testing was conducted among 2133 medical professionals in 5 hospitals. In phase 4, to determine the test-retest reliability, 573 registered nurses and licensed practical nurses in 2 hospitals completed the questionnaires 2 weeks apart.
Finally, we developed an IP competency scale (Chiba Interprofessional Competency Scale: CICS-29) that consisted of 29 items with 6 subscales: Attitudes and Beliefs as a Professional, Skills for Team Management, Work Contributes to the Team’s Goal, Medical Care in Partnership with Patients, Attitudes and Actions to Achieve Synergy in the Team, and Recognition and Accomplishment of Professional Roles.
A REGIONAL STRATEGY FOR HEALTH SYSTEM IMPROVEMENT- CHAMPLAIN CENTRE OF EXCELLENCE IN INTERPROFESSIONAL COLLABORATIVE PRACTICE

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Background/ Introduction
An innovative collaborative was established in Eastern Ontario, Canada to move interprofessional education (IPE) from theory into practice, which initiated a regional transformation to promote interprofessional care (IPC).

Objectives
The objectives of the project were to: 1) Solidify health and educational partnerships and promote sharing of resources and expertise to promote, develop and sustain a regional IPC transformation plan; and 2) Accelerate regional culture and practice changes by building on expertise to further develop, implement, and evaluate a bilingual (French and English) post-licensure learning program and tools that reflect interprofessional competencies.

Methods
Led by the Academic Health Council - Champlain Region and guided by an IPC Transformation Steering Committee, five academic health centres shared expertise, resources and personnel to create an innovative train-the-trainer model to promote IPC throughout the region. The project delivered an adaptable bilingual IPC educational program using six modules addressing IPC competencies across the organizations and trained a cohort of 75 IPC Champions prepared to promote and sustain the IPC transformation within their organizations and across the region.

Results
In addition to acquiring new skills, participants were able to better understand how they could integrate this new knowledge into their work and contribute in concrete ways to the IPC transformation of their organizations via sustainability plans. This program element has ensured the long-term viability of interprofessional collaboration within each organization and has allowed for the promotion and sustainability of the IPC transformation across each participating organization and the region.

Conclusion
This project provides an exemplary model which can be adapted in other healthcare organizations and jurisdictions to promote a regional transformation to IPC. A long-term evaluation of the impact of this project on health providers and patient care is currently being developed. This project was supported through a financial contribution from Health Canada.
DEVELOPMENT OF THE INTERPROFESSIONAL COMPETENCY SCALE (2): TESTING THE RELIABILITY AND VALIDITY

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1. Introduction
The purpose of this study was to develop and validate a scale to measure interprofessional (IP) competency for medical professionals. The first report of this series described the overview of the “Chiba IP Competency Studies.” In the second report, we describe the reliability and construct validity of the newly developed “CICS-29” scale for IP competency.

2. Methods
1) Construct validity and internal consistency (Phase 3)
We conducted a questionnaire survey using 45 items identified by the pilot testing by 2133 medical professionals in 5 hospitals (valid response rate: 58.4%). We selected items for a shorter and validated version of the IP competency scale by using item-total correlation, good-poor analysis, Cronbach’s alpha, exploratory factor analysis, and confirmatory factor analysis.

2) Test-retest reliability (Phase 4)
We conducted mail surveys with 573 registered nurses and licensed practical nurses in 2 hospitals. They were asked to complete the questionnaire at 2 different times approximately 2 weeks apart (valid response rate: 31.3%). We assessed test-retest reliability with the intraclass correlation coefficient (ICC).

3. Results
1) Construct validity
The factor structure emerged as a better solution with 29 items loading on 6 factors with loadings >0.4 by exploratory factor analysis. We constructed a model in which the 6 latent variables, extracted by exploratory factor analysis, were related to each other in the confirmatory factor analysis. The goodness-of-fit index (GFI) was 0.90, adjusted GFI was 0.88, and root mean square error of approximation was 0.06.

2) Internal consistency and test-retest reliability
Internal consistency using Cronbach’s alpha coefficient showed that all subscales scored >0.80: “Attitudes and Beliefs as a Professional” (alpha=0.89), “Skills for Team Management” (alpha=0.86), “Work Contributes to the Team’s Goal” (alpha=0.86), “Medical Care in Partnership with Patients” (alpha=0.82), “Attitudes and Actions to Achieve Synergy in the Team” (alpha=0.84), and “Recognition and Accomplishment of Professional Roles” (alpha=0.83).

Test-retest reliability was substantial, with ICCs ranging from 0.65 to 0.77: “Attitudes and Beliefs as a Professional” (ICC=0.75), “Skills for Team Management” (ICC=0.71), “Work Contributes to the Team’s Goal” (ICC=0.65), “Medical Care in Partnership with Patients” (ICC=0.73), “Attitudes and Actions to Achieve Synergy in the Team” (ICC=0.72), and “Recognition and Accomplishment of the Professional Roles” (ICC=0.77).

4. Conclusion
The newly developed IP competency scale (CICS-29) demonstrated good validity and reliability among medical professionals in hospital settings. Future research is needed to examine the criterion-related and predictive validity of the scale.
EVALUATION OF NETWORK CONSTRUCTION AT A COMMUNITY GENERAL SUPPORT CENTER

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1. Background: Numbers of the population who are 65-years old and over, account for more than 23% of the total population in Japan which is on its way to becoming an ultra-elderly society. The Long-Term Care Insurance Act, revised in April 2006, put an emphasis on preventive care and established Community General Support Centers (hereafter referred to as “center”) on the frontline of care. In these centers, three categories of personnel (chief care manager, certified social worker and health nurse) are deployed, and their main jobs are care management for preventive care, consultation, advocacy and comprehensive continuous support for care managers in their community. In order to pursue these efforts, the support of communal society is indispensable, as the construction of a network between fields related to elderly care is required.

2. Purpose: This research was meant to clarify the present tasks through self-assessment and assessment by Administration related to the network construction at the center.

3. Method: (1) Observe the work achievements from the operations evaluations of the eight centers in the past three years, established in B City of A Prefecture. (2) Observe the work achievement of the construction of a network in total business, and the work achievement about details related to the construction of a network. (3) From the above, clarify the tasks surrounding the construction of a network at the centers.

4. Results and Discussion: (1) Among all the evaluations of the business of the centers (12 major items), only the self-assessment of the construction of a network was low. (2) Among the 10 minor items related to the construction of a network among the general evaluation, the low evaluations were as follows: 1) Accomplishment fell short in understanding groups supporting the elderly and other related organizations, making a map of them and maintaining it: 2) The staff of the centers cannot attend information exchange meetings, study meetings and case review meetings held by the people supporting the elderly, although they want to: and 3) They are too busy with daily work to foster people who will take on the tasks of welfare in the community. From the above, time had not been spared enough for the construction of the network, which is essential for the foundation of the field of health and welfare in a community.
COLLABORATIVE CARE APPLYING CHANGE WITHIN A CANADIAN HOSPITAL

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Introduction Collaborative care is a philosophy which guides the work of interdisciplinary teams, patients and their families internationally. It has been demonstrated to improve quality of care, safety, and patient and staff satisfaction, yet applying this philosophy still requires much investigation. Hospitals and providers are seeking the best ways to create, plan and implement environments to meet consumer, health policy and legislative mandates for improved collaborative care.

Objectives To apply change in collaborative relationships by engaging interdisciplinary individuals and groups of healthcare providers, mid and senior level leaders across the hospital.

Methods A critical collaborative ethnography was constructed using sequential and mixed methodologies with interviews, focus groups, observational field notes and survey over three study phases. Queens University and the hospital organization provided research ethics approval. Phase 1 examined the perspective of healthcare providers in an exploratory case study, findings of which contributed to mid-level leader discussions in phase 2. Cumulative findings from phases 1 and 2 were brought to senior leaders to further the understanding of organizational culture and opportunities for change in phase 3. A participative action research team contributed to research design and processes. Shared meanings and innovations were developed and captured through a data collection and inductive ethnographic analysis.

Results A description of the hospital culture was achieved which included self-awareness, congruency and health, five organizational tensions, and the inspiration of sixteen collaborative care innovative change ideas. Through consensus, the conceptual framework of partners-in-care was created along with six supporting sub-themes. Innovations were adopted within the organization as its members evolved their work culture toward greater collaboration.

Conclusions A shared conceptual framework of partners-in-care assisted the participants to make sense of the values and factors important to them with respect to collaboration. This work facilitated the development of many innovations to enhance collaborative practice within the hospital. Findings will be used for future cultural development and work within the organization. Ongoing research will examine the impact of the quality improvement changes on the culture of partnership within the organization.
FACTORS INFLUENCING INTERPROFESSIONAL COLLABORATION IN MENTAL HEALTH SERVICES IN IRAN: A QUALITATIVE STUDY

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Introduction: Inter-Professional collaboration (IPC) has been identified as a way of overcoming health care complexities as well as improving mental health services. Literature revealed that different communities have different IPC structures influenced by their health system contexts.

Objective: The present study aimed to explore and describe factors influencing IPC in mental health services in Iran.

Methods: The study was conducted using qualitative content analyses method. The study population consisted of health professionals as well as clients. Participants were selected purposefully (20 health professionals and 4 clients) from health care centers affiliated to Isfahan University of Medical Sciences, Iran. Data collection method was interview and focus group. Data were analyzed by qualitative content analysis. Ethical issues were considered so that the original research project was ethically approved and the participants signed informed consent and their participation was voluntarily.

Results: five main themes and related sub themes were emerged namely; “work satisfaction”, “acknowledgement system”, “power distribution amongst health professionals”, “community oriented versus individual oriented” and “collaboration opportunities”. These themes highlighted some important issues that have worked as facilitators or barriers of IPC in Iranian mental health services.

Conclusion: despite the complexity of IPC, the results highlighted human related factors as important in development of the IPC in MHS. The issues identified in the study may help planners and would be as a guide for future researches and IPC practices in the study context.

Keywords: interprofessional collaboration, mental health services, health system, mixed methods design
MULTIDISCIPLINARY INTRODUCTION TO CLINICAL EDUCATION: MEASURING THE IMPACT OF A PILOT IN COLLABORATIVE PRACTICE FOR QUEENSLAND HEALTH CLINICIANS

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Capturing the impact of an educational intervention is a challenge for any project. Clinical Education and Training Queensland (ClinEdQ) has outcome reporting requirements to the Australian Government for a number of educational initiatives in Queensland funded under a national Clinical Supervisor Support Project policy agenda.

One such initiative is the Multidisciplinary Introduction to Clinical Education (MICE) program. The program aims to assist junior clinicians, or clinicians new to the educator role to:
- incorporate beginning level educational knowledge and skills into their clinical practice to support the learning of students and other learners, and
- contribute to the learning with, from, and about other health professionals through an increased awareness of inter-professional team-work.

The target audience is junior clinicians who work alongside learners in their everyday roles. Whilst they may not have direct supervisory or assessment responsibilities for students’ course progress they are an essential and immediate provider of support, encouragement and critique to learners in practice.

The MICE program has four components: ten on-line introductory modules; a one day workshop; a return to work mentored educational role experience activity, and a review of learning final submission. The program has been piloted at four facilities.

Evaluation of the program components has been overall positive. The inclusion of Oral Health staff such as Dentists, Dental Therapists and Dental Technicians in the program has presented new connections for clinicians from the more traditionally identified multidisciplinary team membership.

Evaluating the impact on clinical supervision capacity in the pilot sites will be investigated through six and twelve month follow-up with program participants, clinical educators, and the participant supervisors or line managers towards the end of 2012. Discussion of the initial findings and challenges of the follow-up evaluation with be presented for discussion.
DIMENSIONS REGARDED AS IMPORTANT FOR BELIEF IN THE POSSIBILITY OF RECOVERY FOR PEOPLE WITH MENTAL ILLNESS: A QUALITATIVE ANALYSIS OF DIVERSE PROFESSIONALS IN MENTAL HEALTH CARE IN JAPAN

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Background
Recovery in mental health is described as a complex process of developing new meaning and purpose in life as one grows beyond the catastrophic effects of mental illness. It has been suggested that the attitude of professionals has a significant role in promoting one’s recovery.

Objective
This qualitative study examined the dimensions that diverse professionals in mental health care in Japan regard as important for belief in the possibility of recovery for people with mental illness.

Methods
A cross-sectional questionnaire survey was conducted of professionals in mental health care, i.e., psychiatrists, nurses, licensed vocational nurses, public health nurses, clinical psychologists, pharmacists, occupational therapists, psychiatric social workers, and social welfare counselors, from February to March 2012. The questionnaire included an open-ended question asking the participant’s opinion about what is important for belief in the possibility of recovery for people with mental illness.

The questionnaire was returned by 180 of 220 professionals (81.8%) at 2 selected psychiatric hospitals and 151 of 255 professionals (59.2%) at a total of 56 clinics and community facilities for social rehabilitation. Of the total 331 respondents, 133 answered the open-ended question, and valid data were analyzed by content analysis.

The study was approved by the Ethical Committee of the Graduate School of Medicine, The University of Tokyo.

Results
The 10 major categories revealed by content analysis were as follows: (1) interprofessional collaborative work; (2) respect for service users/an equal relationship; (3) case-by-case support/a trustworthy relationship; (4) to believe in the potentiality of service users/to encourage them to try something new; (5) to focus on the strengths of service users; (6) consciousness and confidence as a professional; (7) learning; (8) connection with a community/resource utilization; (9) a holistic understanding of service users; and (10) to actually see the person who have recovered.

The answers in the category of interprofessional collaborative work, which accounted for the greatest proportion of total answers, included themes such as having a conference or meeting, sharing common perceptions or information, constructing a framework to facilitate working together, and the existence of a professional to consult.

Conclusion
Interprofessional collaborative work can be one of the most significant factors in the belief in the possibility of recovery for people with mental illness in Japan.

Acknowledges
The study was supported by Yamaji Fumiko Professional Nursing Education and Research Foundation, and Gushinkai Foundation, Japan.
SELF-ASSESSMENT OF INTERPROFESSIONAL WORK AND NUTRITIONAL CARE AND MANAGEMENT IN LONG-TERM CARE FACILITIES

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Background: Interprofessional work (IPW) is required to solve the difficult and complex issues relating to nutritional care and management (NCM) for the elderly in long-term care (LTC) facilities.

Objectives: The purpose of this study was to evaluate correlations between self-assessments of IPW and the structure and process of NCM in order to improve the quality of NCM in LTC facilities.

Methods: Of 1, 517 LTC facilities in Japan, we targeted 855 respondents from 171 facilities, all of whom belonged to one of the following five professions that conduct IPW for NCM: registered dietitians (RD), care workers (CW), registered nurses (RN), and oral care workers. All 38 entries of the procedure stipulated by the Ministry of Health, Labour and Welfare advisory regarding NCM were used. For self-assessment of IPW in NCM, we used scores from the interdisciplinary team approach (ITA) assessment scale (Sugimoto, 2011). Subjects were divided into two groups based on median values of ITA score. Logistic regression analysis adjusted by facility type was performed.

Results: The following responses correlated with increased ITA score: “two or more RD assigned per facility,” “implementation of a system for IPW in NCM by the facility director,” “explanation and guidance by RD regarding NCM to other professionals,” “periodic assessment and aggregation of nutrition risk items by RD,” and “assessment by RN and CW of LTC recipients’ degree of satisfaction of nutritional care, their subjective sense of well-being, physical and lifestyle capabilities.”

Conclusions: In order to promote IPW in NCM for LTC facilities, RD must provide guidance, explanations, liaison, and coordination for NCM; implement the PDCA cycle; and share care recipients’ information concerning NCM provided by RN and CW. We continue to research relationships between nutritional outcomes and ITA score.

This research was supported by a Health Labor Sciences Research Grant.
RECOGNITION TOWARD REHABILITATION PROFESSION IN COMMUNITY FROM THE LONG-TERM CARE SUPPORT SPECIALIST VIEW

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In order to allow the elderly people to be accustomed to the lifestyle in the community, community-based rehabilitation was studied and it is discovered that there is insufficient cooperation among Long-Term Care Support Specialists, who play an important role in care insurance, and rehabilitation healthcare professionals (Physical, Occupational and Speech Therapist). Recognition of each other’s occupational role is important in order to facilitate cooperation. Thus, this study was performed to investigate the level of recognition of a Long-Term Care Support Specialist towards rehabilitation healthcare professionals working in community and the degree of communication to facilitate cooperation among them. We carried out a questionnaire survey toward a long-term care support specialist about their understanding of rehabilitation healthcare professionals and an onsite observation of the degree of communication compared with other healthcare occupations (doctor, nurse, care worker). Results showed that long-term care support specialists are aware of the job scope of rehabilitation healthcare professionals in community as well as in hospitals. Also, the degree of communication with rehabilitation healthcare professionals was lower than other healthcare occupations, resulting in the poor information sharing and poor understanding of the job scope of rehabilitation healthcare professionals. Therefore, this study suggests that poor recognition of healthcare professionals job scope might lead to poor communication and thus poor cooperation. Thereafter, it is important to improve the understanding of the job scope of rehabilitation healthcare professionals and facilitate communications so that Long-Term Care support Specialists can observe the rehabilitation process and share their perspective and practical approach to the living environment of the elderly.
INTERPROFESSIONAL TEAM NAVIGATORS FOR THE LIFE-STYLE REDESIGN OF POST-DISCHARGE PATIENT

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In Japanese forensic psychiatry, multidisciplinary teams usually include medicine, nursing, clinical psychology, occupational therapy and social work. Recently, strength and outcomes of IPW are being clarified. However, the subjective outcomes by patients is hardly known. In the future, we need to verify the outcomes with assessment of subjective experience, because one of the IPW goals is improving quality of life. Therefore, the purpose of this research is to investigate the personal outcomes of IPW by patients in the process of forecasting ones life. I selected 7 schizophrenic male patients aged 20 to 60 years admitted for forensic psychiatric hospital treatment. I conducted semi-structured interviews about life and hope. I extracted from the data IPW subjective outcomes and recorded each piece of data onto a separate sheet. I analyzed the data by KJ method. This research was recognized by the ethical committee of National Center of Neurology and Psychiatry. Results: 3 core categories emerged, “actual and mental support from IPW” “increased self-management from psycho-social supports” “awareness of goals or hope in ones community life”. These results suggest that the actual and mental supports assist patients to improve self-management, and find ones goal or hope in the community. That is, comprehensive supports enable patients to understand their illness in relation to ones experiences and find ones goal or hope in ones life with their illness. These findings are consistent with CAIPE declaration that IPW improves outcomes for individuals, in this study particularly enhanced self-management and recovering ones life.
EXPANDING INTERPROFESSIONAL EDUCATION (IPE) TO TRANSPROFESSIONAL EDUCATION (TPE)

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<Background/Objectives> This case study was part of a community-participatory postgraduate IPE program (The Health Class) ongoing since April 2010. The aim of the study was to gain an understanding of the learning achieved during the program by an interprofessional group of health professionals (IPE staff) and a group of non professional community members in relation to team building.

<Methods> The participants were five professionals (doctor, nurse, physical therapist, pharmacist and dietitian) and six non health care practitioners working voluntarily in the community. JH undertook participant observations as an IP facilitator. In the next phase, JH conducted focus groups with the IPE staff and the community members. In addition, five reflective meetings were held by the IPE staff with JH present. Information from the ethnography, the recorded focus group interview and discussions at the reflective meetings was coded and provided an insight into participants’ views. JH undertook an inductive approach to data analysis.

<Result> At first, the participants seemed uncomfortable and were hesitant to express their views. However, the process of taking part in the Health Program, that is; the pre-meeting, the community participatory Health Classes and the post program reflection meetings resulted in participants developing respect for other professions and forging good relationships with each other. As the number of community members in the Health Class increased through word of mouth, participants’ motivation was enhanced by the sharing of a successful experience. In addition, the process of interactive learning together enabled them to gain a deeper understanding of their own role and of their own community. Finally, the IPE staff valued this programme as “changing the system together through collaborative practice by the IPE staff and community members”.

<Conclusion> This case study highlights the learning achieved by non professional community members and IPE staff with, from and about each other. This can be described as TPE “transprofessional education” which is wider than profession only IPE. The significant aspects of TPE in this study can be summarized under the following headings “Interdisciplinary agreed learning content”, “Health class themes closely related to everyday life” “Flexible acceptance of the generation difference between the participant groups” and “Coordinating the crossing of both hospital/community and the professional/nonprofessional boundaries”. We suggest that extending the margins of IPE towards a TPE approach would help to bridge the divide between hospital and community. In developing TPE we would use activity theory as a framework to underpin the model used.
A CASE REPORT OF COLLABORATIVE PRACTICE BY VARIOUS HEALTH PROFESSIONALS IN NICU (NEONATAL INTENSIVE CARE UNIT)- SUPPORT FOR FAMILY AND THEIR BABY WHO WAS BORN, LIVED, AND PASSED AWAY -

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Introduction
NICU is a unit for critical care and for family reconstruction with a newborn baby, including the cases with the baby’s death. In NICU, health professionals in various backgrounds involve with babies and their families for rich and flexible support. We report a collaboration of such health professionals in NICU.

Case
A baby girl having trisomy 18 and ventricular septum defect was transferred into our NICU. She was critically ill to stay home with her parents and 7-year-old sister. Her parents had different opinions about use of respiration device, and the baby’s doctors, nurses, and family had discussions repeatedly. The baby was connected to respirator when she was 120 days old, and died at the age of 414 days.

Support from Doctors and Nurses
The family could not accept the situation easily, and thereby support for the family started early, through message note exchanges between the elder sister and nurses and the elder sister’s visits to the baby. The baby’s doctors, nurses, and family frequently talked about treatment choices for the baby. After connection to respiration device, the baby was brought for walk through the hospital with her doctors and nurses. The doctors and nurses also supported the baby to experience seasonal parties and festivals. At the baby’s death, they took her handprints to make family memories.

Support from Clinical Psychologist
A clinical psychologist supported the family by staying in NICU and casually speaking to them, and accepted any feelings they had there. The psychologist also offered another room for counseling about the family’s ambivalence in decision of treatment choices and the sister’s problematic behavior. Through counseling, the psychologist received their struggling, and clarified the feelings they had “now and here”. The father poured out what he had in his mind at baby’s bedside, and showed indescribable feelings, and silence.

Collaboration of Health Professionals in Different backgrounds
The doctors and nurses supported through “doing”, and the clinical psychologist supported through “being”. The “doing” strengthened the family relationship, and the “being” made the family face their own minds and affirm how they perceive the baby. The “doing” and “being” were not discrete from each other, but influenced on each other.

Consideration
When baby’s death is inevitable, we should support the meeting and parting of baby and their family, and share the time they live together. For the support and sharing, health professionals in different backgrounds and their collaboration are essential.
INTERPROFESSIONAL EDUCATION FOR BETTER HEALTH - STRATEGIC ORGANIZATION AND DEVELOPMENT

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Karolinska Institutet, the only university in Sweden with a purely medical orientation offers more than 25 undergraduate and master programmes leading to professions in health care and medicine. Interprofessional education has been growing since 1998, when Clinical Training Centres and Clinical Trainings Wards were established at the four university hospitals in the Stockholm area. This development has been due to the work of pioneers and enthusiastic teachers and health care professionals. The Board of Higher Education at Karolinska Institutet has taken a further strategic step in strengthening interprofessional education. The overall aim is to promote collaboration between students and teachers across study programmes and to prepare students to become competent team member in future professional teams in order to provide safe and secure health care. For this purpose, the Board of Higher Education has taken two major steps; - established a drafting committee with the commission to develop and implement interprofessional education at the university as a whole- founded Centre for Clinical Education with the important task among others to develop interprofessional education in clinical care. The aim is to present the strategic organisation, actors involved and our strategies for development, implementation and coordination of interprofessional education and learning.
ENHANCING THE CLINICAL EXPERIENCE WITH INTERPROFESSIONAL EDUCATION - A RADIATION THERAPY STUDENT’S PERSPECTIVE

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In recent years, there has been a shift in the health care system towards collaboration and patient-centered care. Patient-centered care demands that health care professionals work together in an effective manner. The evidence suggests, however, that often these professionals do not collaborate well. Interprofessional education (IPE) offers a possible way to improve this through the education of healthcare students in multi-disciplinary settings during their professional training. The goal of IPE is to cultivate knowledge of and establish collaboration with other health care students early on in the career of a health care provider in order to improve future practices. IPE has been incorporated into the curriculum by many health care programs, including the joint University of Toronto/The Michener Institute program of Medical Radiation Sciences. The learning objectives of this poster are to provide an overview of IPE in the health care education setting; discuss the current IPE curriculum in the program and student-led interprofessional activities, namely The Michener Institute Applied Health Student’s Association, and their impact on a student’s clinical experience; describe the IPE curriculum in both the didactic and clinical settings and provide perspectives from a radiation therapy student on its effectiveness. The poster also compares and contrasts the student’s views on IPE prior to and after exposure to the clinical setting.
PSYCHOMETRIC PROPERTIES OF THE INTERDISCIPLINARY EDUCATION PERCEPTION SCALE (IEPS)

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Background: Healthcare systems are continually searching for alternative service delivery models while at the same time also promoting interprofessional practice and cooperation among workers. One scale that aims to measure interprofessional cooperation is the Interdisciplinary Education Perception Scale (IEPS), although limited psychometric testing on its validity and reliability have been carried out.

Objectives: Therefore the aim of this study was to investigate the dimensionality and internal consistency of the IEPS when completed by a group of Australian paramedic undergraduates from five universities.

Methods: Data from the IEPS were analysed with a factor analysis using a Principal Axis Factoring (PAF) with Oblique Oblimin rotation. Results: A total of (n=303) undergraduate paramedic students participated in the study who reported having positive attitudes towards interprofessional cooperation. Factor analysis of the 12-items revealed two factors with eigenvalues above 1, accounting for 53.85% of the total variance. Items with loadings greater than &plusmn .30, with the factor in question were used to describe the two factors: Cooperation and Teamwork, and Positivity. The Cronbach alpha calculation produced a high reliability (0.87) for the 12-items. Factor one produced a Cronbach alpha coefficient of 0.87, and factor two produced 0.61, while the Pearson correlation coefficient for the 2 factors was (r=0.58, p <0.001).

Conclusion: While data from this study produced a multi-dimensional scale with adequate eigenvalues and communalities, improvements to the scales internal consistency can be made with future data sets involving other health care professions. Further studies using the IEPS are encouraged to replicate the 12-item (2-factor) solution produced in this study.
EFFECTS OF GROUP THERAPY FOCUSED ON THE COGNITIONS OF NEW FEMALE NURSES WHO EXPERIENCED VIOLENT LANGUAGE AND VIOLENT ACTS BY PATIENTS

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Introduction: In this study, group therapy focused on the post-experience cognitions of new female nurses working in general hospital wards who experienced violent language or violent acts by patient was conducted and its effectiveness was examined through a randomized controlled trial.

Methods: The subjects were new, female nurses working in hospital wards whose IES-R scores were equal to or higher than the cut-off point of 25 points. The consenting subjects were randomly assigned to intervention and control groups. The content of group therapy in the intervention group consisted of discussion in one psychotherapy-based session a week (90 min/session) for a total of three times (three weeks) and behavioral therapy (relaxation methods) upon referring to prior research. The subjects in the control group, only received a questionnaire sheet three times. The questionnaire included questions on the participant’s characteristics and questions based on the IES-R-J (Asukai et al., 2002) and the Japanese version of JPTCI (Nagae et al., 2004). Analysis was conducted using a two-way analysis of covariance (ANCOVA).

Ethical Considerations: In conducting this study, consent was obtained from the Ethics Committee at the university the researcher belongs to. Written and verbal explanations were given that responses were anonymous, voluntary and could be discontinued during the study, and that a follow-up system with a psychiatrist was available, etc.

Results: There were 44 subjects who consented in writing, 22 were randomly assigned to the intervention group and 22 to the control group. As a result, significant differences were observed among the two groups in three factors of JPTCI, and “total score,” “avoidance,” and the effectiveness of the group therapy could be verified. Discussion and Conclusions: The results of the study indicate that establishing effective methods for intervention among new female nurses who have experienced violence at the general hospital wards should include programs for correcting cognitive behavior.

Note: This research was conducted with support from JSPS Grant-in-Aid for Young Scientists B (Research No. 20791809).
PRIMARY AND MENTAL HEALTH CARE PROVIDERS DELIVERING MENTAL HEALTH SERVICES IN COMMUNITY SETTINGS: TOWARDS A MODEL OF COLLABORATION

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Background: Implementation of Shared Mental Health Care programs across Canada has increased patients access to mental health services. A key component of Shared Mental Health Care programs is interprofessional collaboration between primary and mental health care providers. Researchers report that this type of interprofessional collaboration increases timely access to mental health services and are considered best practice. However, lacking is systematic discovery about the structures and processes that facilitate interprofessional collaboration in a Shared Mental Health Care program context.

Objectives: This poster presents phase one of a grounded theory study that explores the working intricacies of interprofessional collaboration within a shared care context and from the perspective of the primary care providers.

Methods: Using maximum variation purposive sampling, 16 primary care providers were recruited to participate in the study. Data were collected using individual in-depth semi-structured interviews that were audio recorded and transcribed. Two researchers independently read and coded the first five transcripts. Researchers met to discuss emerging categories, resolve areas of disagreement, and create a coding scheme to review the remaining transcripts. Researchers remained open to new emergent categories.

Results: Participants recruited varied in age, gender, remuneration agreement, and years of experience. Three main categories emerged from the data: meaningful occupations, patient-centred practice, and delivering mental health services in primary care.

Conclusion: Illuminating the structures and processes that primary care providers use to facilitate interprofessional collaboration deepens our understanding of the complexities of interprofessional collaboration in a Shared Mental Health Care program context. The findings from this study will contribute to a model of interprofessional collaboration that can be tested for its applicability to other health care context.

Summary: This poster presentation describes the findings of the first phase of a grounded theory study that explored the primary-care-providers perceptions of the structures and processes that support interprofessional collaboration between primary and mental health care providers to deliver mental health services in shared care settings. The findings of this study will be used to develop a model of interprofessional collaboration that may be tested in other health contexts.
PATIENT-CENTERED INTERPROFESSIONAL CARE FRAMEWORK

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Interprofessional practice is an attractive and expected option for modern challenges in health care. The existing models of interprofessional practice include “patient-centered” themes. However, literature on interprofessional education and practice is unclear about these themes (Dubois, Pepin, & Bilodeau, 2009). Interprofessional practice is mostly taking into account from organizational and professionals points of view. The discipline of nursing has a patient-centered expertise (Lauver et al., 2002). Based on its own philosophies, theories, goals and objectives, the discipline of nursing can articulate a unique perspective to interprofessional practice (Cody, 2001). Some of these values are the self-determination in health care decision making; the respect for human beings; the imperative of caring; the advocacy. This poster aims to present a nursing framework for patient-centered interprofessional (PCI) practice. The interprofessional patient-centered care framework was based on the Couturier’s definition of interprofessionality (Couturier, 2009) combined with an adaptation of Person centered nursing framework (McCormack & McCance, 2010). The framework includes four components: prerequisites, which focuses on the attributes of the interprofessional team; the care environment, taking into account the context in which care is delivered; the interprofessional patient-centered care processes, with the focal point on delivering care through a range of activities; and outcomes, which are the results of interprofessional patient-centered care. According to this framework, the PCI practice is efficient only when professionals are in contact with others. This framework may contribute to understanding the challenges that are involved in PCI practice.
THE ACTUAL SITUATION OF THE RECOGNITION ABOUT INTERPROFESSIONAL WORK OF NURSES AND CARE WORKERS IN ONE GENERAL HOSPITAL

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Background: In recent years, aimed at the enhancement of the correspondence to aging society and welfare, the promotion of team medical care based on cooperation and the review of the roles between the medical occupations has gained importance in the medical treatment and welfare areas to secure better quality. In addition, it seems that the presence of difference of recognition between professions to one’s own occupation changed the stress and occupational satisfaction.

Purpose: The objective of the present study was to investigate the actual situation of the recognition about Inter Professional work of nurses and care workers. Through the examination, the cooperation method and problems were clarified for persons who need medical treatment and welfare.

Method: We investigated by the questionnaire method in one hospital. Contents of the questionnaire included the attributes: type of a job, stress, occupational identity (18 items), occupational satisfaction (16 items), and important matters to cooperated (14 items). We collected 201 responses what agreement was obtained. 200 valid responses were analyzed.

Results: Subjects were 21 men (10.5%) and 179 women (89.5%), with an average age of 40.6 (10.98) years old. Nursing, 141 (71.2%); care staff, 45 (22.7%); and other 12 (6.0%). It is average years of work at the current department was 9.9 (8.76). There are significant difference between male and female in items such as domestic problems, work, and domestic coexistence. There is significant difference between nursing staff and care staff in an item of appropriateness and the ability of occupation. In addition, some difference were recognized between nursing job and care staff in 14 items what is thought to be important so that many staff can cooperate effectively.
THE PROBLEM OF HOME-NURSING-CARE SERVICE RECOGNIZED BY INTERPROFESSIONAL WORK OF HOME CARE

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Background
Population aging rate of Japan is 23.1%(Annual Report on the Aging Society: 2010) and the highest level in the world. Since it corresponds to the super-aged society and multi-death society which other countries in the world have not experienced, revision of Medical insurance system and Long-Term Care Insurance System is performed, and importance has set especially to promotion of home care. However, those who die at a house are as low as about 12% (2010). Then, also in order to search for the state of better home care, it is very important to grasp the subject on practice of Interprofessional Work of home care.

Objectives:
This research clarified about the problems of the home-nursing-care service recognized by Interprofessional Work of home care.

Methods:
Objects were one man and four women. Occupations were two Home-Visit Nurses, two Discharge Nurses, and one General Practitioner. The examination method created the interview guide, referring to the subject of home care support, and it was carried out in Group interview form. Data under voice was recorded, and word-for-word record was created. It was about 2hours. A. D. 2010. Data analysis extracted and abstracted important contents from word-for-word record. Ethical considerations: Word of mouth and a document explained the research meaning and private information protection to the object. Consent was obtained by the signature.

Results:
Ten categories were obtained about the subject of home-nursing-care service.
1) Remuneration to the quality of home nursing care
2) Management power of Home visiting nurse
3) Cooperation with Home visiting nurse and a care manager
4) Supervise of home-nursing-care activity
5) Mental support of the user who is performing the home antineoplastic drug treatment
6) Family support of a home intravenous drip treatment
7) Correspondence to the present staff assignment and two or more users with a medical care
8) Cooperation with the administration about dementia person support
9) The inpatient’s staying-out support
10) Local resident’s being deathbed at home consciousness

Conclusions:
The above result to the problem of home-nursing-care service recognized by Interprofessional Work of home care was “A Home visit nurse’s activity environment”, relating to “the user of home-nursing-care service”, “Interprofessional Work with administration”, “Interprofessional Work with the hospital”, and “the local resident’s recognition which receives tending” was guessed.
DEVELOPMENT OF AN INTERPROFESSIONAL WORK COMPETENCY SCALE (2)

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Objectives: The present study aimed to develop a questionnaire survey to measure the interprofessional work (IPW) competencies required for specialist professions involving cooperation and collaboration.

Methods: Subjects comprised all 2,231 employees of the 6 participating hospitals. In a preliminary study, a 37-item questionnaire survey was conducted and data obtained from 594 employees at 52 hospitals were analyzed using factor analysis, interfactor correlation coefficient, item analysis and Cronbach's α reliability coefficient. Individual scores were totaled and quartered and each question item in the groups with the highest and lowest 25% of scores was analyzed using test. A 24-item questionnaire survey was then reconstructed based on these results. Responses were given on a 4-point scale and SPSS Ver. 20 for Windows was used for analysis. Subjects returned the completed questionnaires by postal mail. The research significance and objectives, the voluntary nature of participation and guarantee of anonymity were explained in writing to the hospital directors and subjects, and participation consent was obtained directly in writing from hospital directors and implicitly by return of the questionnaires from subjects. Approval for the study was obtained from the Ethics Review Board of Saitama Prefectural University.

Results: Data from 1,530 respondents (51.2%) were analyzed. Mean patient age was 37.8 +/- 9.6 years and mean length of experience in current position was 11.90 +/- 9.5 years. Excluding 7 items for which ceiling and floor effects were observed, 2 factors were extracted by factor analysis (principal factor method, promax rotation). Cumulative contributions ratios for the first and second factors were 54.6% and 61.2%, respectively, and factor loading for each item ranged from 0.94 to 0.45. The first factor was "implementation of team activities" and the second was "mutual understanding". Cronbach's α reliability coefficients were 0.952 overall and 0.94 and 0.900 for the first and second factors, respectively. Interfactor correlation was 0.724.

Discussion: The present findings clarified a suitable structure for the IPW competency scale. Comparison of hospitals and occupations is required to investigate differences and issues regarding IPW competencies.
A community of practice (CoP) is a group who share a common interest and a desire to learn from and contribute to the community with their variety of experiences. Communities of practice differ from collaborative project teams and communities of interest in a variety of ways. A community of practice is often organically created, with as many objectives as members of that community. Its membership is defined by the knowledge of the members and changes as members take on new roles within the community as interests and needs arise. It can exist as long as the members believe they have something to contribute to it, or gain from it. Furthermore, it is a group of people who are active practitioners that provides a way for them to share tips and best practices, ask questions of their colleagues, and provide support for each other. Membership is dependent on expertise - one should have at least some recent experience performing in the role or subject area of the CoP. The CoP is dynamic and organic, generating knowledge that can be translated into effective healthcare delivery and ethical research. It requires the collaboration and social presence of active participants such as community members, healthcare professionals and educators, ethicists, and policy makers to benefit the community by developing approaches that adapt to and resonate with the community. The standard ethics curriculum in the healthcare professions is comparatively too restrictive to meet the broader goals of the community. This presentation will describe an initiative whereby a community of practice was developed around health ethics in health research, education and clinical care. The ethics curriculum was redesigned to include several components, namely health research ethics, healthcare ethics, health personnel education in ethics, and global and public health ethics. Philosophical principles will constitute the foundation or underpinning of this innovative curriculum. Recommendations are presented that will continue to guide the development, consolidation and sustainability of collaborative community of practice.
CHARACTERISTICS OF INTERPROFESSIONAL WORK COMPETENCIES OF MANAGEMENT STAFF AT CORE REGIONAL HOSPITALS

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Objective: The present study aimed to clarify the Interprofessional work (IPW) competencies of management staff at core regional hospitals based on comparison with non-management staff.

Methods: A 24-item self-administered questionnaire survey created by the authors was conducted by postal mail between December 2011 and February 2012 on all 2,231 staff at 6 hospitals. Responses were given on a 4-point scale and data were analyzed using SPSS Ver. 20 for Windows. The research significance and objectives, the voluntary nature of participation and guarantee of anonymity were explained in writing to the hospital directors and subjects, and consent to participate was obtained directly in writing from hospital directors and implicitly by return of the questionnaires from subjects. Approval for the study was obtained from the Ethics Review Board of Saitama Prefectural University.

Results: Of the 1,530 responses received (collection rate, 51.2%), analysis was conducted on 1,468 responses in which job position was clearly stated. A total of 228 participants were management staff, including middle managers, and 1,240 were non-management staff. Among the management staff, 34.2% were nurses, 27.2% were doctors and 15.4% were administrators. Among the non-management staff, 55.7% were nurses, 15.2% were administrators and 6.4% were technicians. Overall, management staff scored significantly higher for all questionnaire items than non-management staff. Comparison between job types revealed that management staff had significantly higher scores for all 24 items among nurses, for 16 items (including those related to management, coordination, dialogue promotion, respect for others and sharing emotions) among administrators, for 4 items (including those relegated management, coordination and dialogue promotion) among nutritionists, and for 4 items (including information transfer, management and coordination) among clinical laboratory technicians.

Discussion: The present findings clarified that management staff at core regional hospitals have higher IPW competency than non-management staff and suggested that competency requirements may differ between job types. However, the possibility that these findings represented bias in subject or management staff population size, experience or age due to job type indicates the necessity of further investigation to fully clarify typical characteristics of management staff.
COMPARISON OF INTERPROFESSIONAL WORK COMPETENCIES OF STAFF AT CORE REGIONAL HOSPITALS BASED ON JOB TYPE

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Objective: The present study aimed to compare the characteristics of interprofessional work (IPW) competencies of staff at core regional hospitals based on job type.

Methods: A 24-item self-administered questionnaire survey created by the authors was conducted by postal mail between December 2011 and February 2012 on all 2,231 staff at 6 hospitals. Responses were given on a 4-point scale and data were analyzed using SPSS Ver. 20 for Windows. The research significance and objectives, the voluntary nature of participation and guarantee of anonymity were explained in writing to the hospital directors and subjects, and participation consent was obtained directly in writing from hospital directors and implicitly by return of the questionnaires from subjects. Approval for the study was obtained from the Ethics Review Board of Saitama Prefectural University.

Results: Of the 1,530 responses received (collection rate, 51.2%), analysis was conducted on 948 responses in which job position was clearly stated and there were no incomplete answers. Management staffs were excluded. Job types were classified as doctor (n=65), nurse (n=561), rehabilitation staff (n=54), social welfare staff (n=27), technicians (n=66), pharmacists (n=21), nutritionists (n=13), administrators (n=108) and nurse assistants (n=33) and compared based on mean scores for each of the six IPW competency elements. Rehabilitation staff, welfare staff and doctors tended to have high overall scores, presenting a marked difference compared to other job types for the element of coordination with others to assist patients and families.

Discussion: The present findings suggest that IPW competencies of hospital staff differ depending on job type. Further investigation is required to clarify characteristics and causes for this variance.
Objective: The present study aimed to clarify the characteristics of interprofessional work (IPW) competencies of staff at core regional hospitals.

Methods: A 24-item self-administered questionnaire survey created by the authors was conducted by post between December 2011 and February 2012 on all 2,231 staff at 6 hospitals. Responses were given on a 4-point scale and data were analyzed using SPSS Ver. 20 for Windows. The research significance and objectives, the voluntary nature of participation and guarantee of anonymity were explained in writing to the hospital directors and subjects, and participation consent was obtained directly in writing from hospital directors and implicitly by return of the questionnaires from subjects. Approval for the study was obtained from the Ethics Review Board of Saitama Prefectural University.

Results: A total of 1,530 responses were received (collection rate, 51.2%) from 773 nurses (50.5%), 233 administrators (15.2%), 97 doctors (6.3%), 62 nurse assistants (4.1%), 60 clinical laboratory technicians (3.9%), 42 physiotherapists (2.7%), 31 pharmacists (2.0%), 25 obstetric nurses (1.6%), 19 social workers (1.2%), 18 nutritionists (1.2%), 15 occupational therapists (1.0%). The highest mean scores among the 24 items were for "I respect other professions as equals" (3.47), "I appreciate other professions" (3.18), "I try to understand the role of other professions" (3.16), "I listen to patient information from other professions" (3.15), and "convey patient information to other professions" (3.15), while the lowest scores were for "When needed, I suggest care meetings involving patients and families" (1.9), and "I suggest methods to enable resolution of disagreements during exchanges between members of other professions" (1.9).

Discussion: Staff at core regional hospitals scored highly for IPW competencies related to basic communication ability and mutual understanding between multiple professions such as respect and appreciation, but ability to promote IPW was insufficient. However, these overall trends may have reflected the characteristics of nurses as they constituted the majority of respondents.
INTERPROFESSIONAL EDUCATION TO COMMUNITY OUTPATIENT REHABILITATION HEALTH PROFESSIONALS FOR TREATMENT TO U. S. WOUNDED WARRIORS WITH BRAIN INJURIES

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Objective: This research evaluated the knowledge gain of community-based rehabilitation health providers who received traumatic brain injury (TBI) education with military relevance. These health professionals will treat U. S. OIF/OEF Wounded Warriors returning home with TBI. This abstract presents research findings on the education components.

Design: Grand Valley State University (GVSU) provided Mary Free Bed Rehabilitation Hospital (MFBRH) staff educational modules from July to September 2011. Modules included Pathophysiology/Symptomatology, Behavioral/Mental Health, and Case Management/Community Reintegration. Pedagogy included blended learning utilizing classroom instruction, web-based content, and live simulations. Fifteen MFBRH health professionals signed informed consent and participated consisting of a medical physician (1), neuropsychologist (1), physical therapists (3), occupational therapists (3), speech language pathologists (2), social worker (1), rehabilitation driving instructor (1), project coordinators (2) and a secretary (1). GVSU administered pre-and post-knowledge tests and evaluation measures. Fourteen of fifteen MFBRH health professionals completed the education.

Results: Health professionals demonstrated improved pre- and post-test knowledge change on all three modules regardless of education and clinical role: clinicians with terminal degrees (2), 63.3-79.3%; clinicians with bachelors and masters degrees (9), 53.5-75.2%, p<0.01; non-clinical administrative (3), 48.9-71.1%. Program evaluations were positive overall concerning content, while requesting more access to information from Department of Defense/Veterans Affairs professional staff.

Conclusion: There was improved knowledge on military relevant TBI rehabilitation care across all modules. The MFBRH health professionals gave overall positive evaluations, providing areas for improvement including more military culture information and increased interaction with Wounded Warriors in simulations.

Sponsor Disclosure: This research project is being conducted by Grand Valley State University and Mary Free Bed Rehabilitation Hospital and is made possible by a grant that was awarded and administered by the U. S. Army Medical Research & Materiel Command (US-AMRMC) and the Telemedicine & Advanced Technology Research Center (TATRC), at Fort Detrick, MD, under Contract Number: W81XWH-10-1-0607.
A CONSIDERATION OF HOW THE IPE CONCEPT MIGHT APPLY TO A NEW MODEL OF SCIENCE EDUCATION

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Modern day issues in science and technology arise from a complex background, one that encompasses many different areas of knowledge. When developing public policy with respect to science and technology and its relationship to society, it is necessary to draw upon a broad range of specialties and professional expertise. Interdisciplinary, interprofessional collaboration between scientists is so important that it should not be limited to emergent problem solving, but, instead, should be developed and trained as part of the education process. The field of medical treatment and healthcare has already recognized the above ideas, as can be seen in its emphasis on team medicine, and in its efforts at a new education to help encourage it. Interprofessional education (IPE) has become a key element in this new education. The U. K. -based Centre for the Advancement of Interprofessional Education (CAIPE) elaborates on IPE - what it is, what it can achieve: Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. A growing interdisciplinary/interprofessional approach has been seen not only in IPE, but also in the focus on interdisciplinary education (IDE) within the liberal arts. As for science education, it seems that synchronization of IDE with IPE will become increasingly important in the future. Last year’s earthquake and environmental disasters made clear the imperative that professionals from otherwise disparate fields cooperate to address science and technology-related social issues. Such cooperation is required on multiple levels, from public policy design to ground-level work. Yet, despite this imperative, a cooperative framework for interdisciplinary education remains underdeveloped, even in resource-rich universities. This study considers the application of the IPE concept to university-level science education in Japan. It focuses on a science communication education program (initiated in 2005) at the University of Tokyo, Japan’s largest university, and a training ground for a wide range of professionals, such as scientists, engineers, government officials, lawyers, doctors and more. The University of Tokyo’s model of IPE -- applied outside its regular domain of medical professional education -- allows us an opportunity to consider IPE’s wider applicability.
AN INVESTIGATION OF INTERPROFESSIONAL VALUE IN A WILDERNESS TRAUMA PROGRAM FOR MEDICAL AND PARAMEDIC STUDENTS

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Interprofessional learning (IPL) experiences are becoming increasingly important for undergraduate courses in the Health Care professions. The Wilderness Weekend, conducted at UTAS, is an elective educational program designed to enhance the skills of participants in the field of rural emergency medicine, as well as promote interdisciplinary learning. Participants of the wilderness weekend are 4th year medical and 2nd year paramedic students. The addition of Paramedic students in 2011 to this program provided an opportunity to evaluate the IPL value of the program. A pre/post test design was implemented to assess the outcome of inter-professional attitude for students in both medicine and paramedic courses. In 2011, 36 students attended the event (28 Medical students and 8 Paramedic students). Of these 22 medical and 5 paramedic students answered the pre- and post-test surveys, derived from the Readiness for Interprofessional Learning Survey (RIPLS). All quantitative statistics were analysed using SPSS18. Statistically significant results were found for the total RIPLS score, Subscale 1 - Team work and collaboration, and Subscale 2 - Professional Identity. All significant results indicated increased agreement with statements concerning IPL. No significant differences were found between student disciplines. These findings indicate IPL can be effectively taught outside of the classroom. The findings further demonstrate that there is value in IPL activities for Medical and Paramedic students in this format.
INTERPROFESSIONAL ROUNDS-CREATING A LEARNING ENVIRONMENT

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Background: In intensive care unit ICU at Danderyds hospital Stockholm approximately 70 students spend parts of their clinical rotation every year nursing and medical students. In general the students give high score to their ICU rotation. However the students were asked to mention areas of improvement and several of them mentioned that rounds could be improved from a teaching point of view with focus on inter-professional interaction. The learning outcome Biggs, 2007 pg 78 for the students are to understand the relation between diagnosis, treatment and nursing. Improving their skills competencies clinical experience considering ethical perspectives by using the round of one ICU patient as an educational tool, Mogensen 2006 pg 129. Letting mentors and students with different profession roles discuss a patient together with the staff in charge at a sitting round. The purpose is to enhance collaboration and communication in teamwork. To learn with from and about each other to improve collaboration and the quality care CAIPE 2002.

Results: The self assessment evaluation forms are very positive and show improvement in the students knowledge after participating in the round. They have a greater understanding for different professional roles and collaboration within the team. The students can easily answer the question: Can you by one sentence say something you learned today?

DIFFERENTIAL RESPONSES OF ATTITUDES TOWARD INTERPROFESSIONAL HEALTH CARE TEAMS TO MANDATORY INTERPROFESSIONAL EDUCATION PROGRAMS FOR THE FIRST- AND THIRD-YEAR UNDERGRADUATE STUDENTS

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Background: There is great debate about when and how to introduce interprofessional education (IPE) in undergraduate curricula. The mandatory IPE program at Gunma University implements two learning styles, which are a lecture-style for the first-year students and a training-style for the third-year students. This paper is to evaluate separately the response to these two different learning styles.

Methods: A survey was distributed to first-year students and third-year students. Respondents were asked to rate the modified Attitudes Towards Health Care Teams Scale (ATHCTS) at the beginning and the end of the term, in the 2008 academic year. A factor analysis of the responses was performed, and the regression factor scores were evaluated. This study was approved The Epidemiologic Research Ethics Committee of Gunma University Faculty of Medicine.

Results: Two hundred and eighty five respondents of a possible 364 completed the survey for a total response rate of 78.3%, for first- and third-year students 118 and 167 completed the survey with response rates of 67.9% and 89.0%, respectively. The overall mean score declined significantly after the lecture-style learning in the first-year students, while the score was improved significantly after the training-style learning in the third-year students. Exploratory factor analysis revealed that the modified ATHCTS was composed of three subscales Analyses using regression factor scores revealed that the scores of "Quality of care delivery" subscale in the modified ATHCTS declined significantly in the first-year students.

Conclusions: Our findings suggest that IPE programs may be introduced early in the undergraduate curriculum to prevent stereotyped perceptions for IPE, and that the comprehensive mandatory IPE may result in profound changes in attitudes amongst participating students.

Conclusion: This inaugural workshop on Interprofessional Collaboration utilised a structured approach using contextualized case scenarios and adult learning principles to introduce competencies deemed useful to this care setting. In any change management, in practice, structured learning can serve as an initial platform for the inception of the ideas. The wider dissemination of the culture of interprofessional collaborative practice will be dependent upon opportunities for shared learning, supportive work processes, enabling platforms including communication via shared electronic medical records and most importantly the value proposition for both the patients and the healthcare professionals involved.
PATIENT SAFETY STUDY

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This study addresses a critical element of care delivery, and the need for health professionals to communicate effectively in the provision of safe, quality, patient-centered care. The identified stakeholders are three academic entities and a childrens hospital. This partnership is testing an innovative interprofessional patient safety curriculum. In 2008, a hospital-wide safety transformation initiative (didactic only) to improve the safety and quality of care was launched. The enhanced program builds on the initial safety program by adding simulation and safety rounding components. The comprehensive approach is designed to embed safety as a competency for staff and learners by providing practice and modeling opportunities and to promote patient safety through interprofessional education and practice. The study uses a quasi-experimental research design. The purposive sample includes all health care staff and students assigned to childrens hospital care unit during the calendar year 2011. Safety dashboard metrics were compared with data from other units for 2011.

Conclusions of the study show didactic instruction made a difference in knowledge gained (p-value < 0.05); students maintained didactic instruction knowledge throughout the clinical rotation; safety rounding coaches reported that students were able to identify safety behaviors; feedback from participants indicted that simulation enhanced critical thinking and decision-making abilities; and overall the pilot unit had fewer reported safety events than the total hospital. There are no ethical considerations for disclosure.
AN ACTIVITY REPORT ON INTERPROFESSIONAL CONFERENCES HELD AFTER PATIENTS’ DEATHS IN A RURAL COMMUNITY IN JAPAN

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Introduction  Our clinic has been participating in interprofessional conferences held in a rural community after the death of home visit patients at an affiliated home visit nursing centre. The purpose of these interprofessional conferences is to share team members’ views that reflect their emotions and experiences with the patient and to discuss issues for better interprofessional collaboration as a team in future. Hence, all relevant professionals who provided support to the patient are welcome to participate in the conference. As we experienced impressive sharing during one such conference, which had taken place after a home visit patient (cared for by multi-medical and welfare professionals) succumbed to cancer, we introduce what we learned through it.

Methods  Physicians, nurses and pharmacist and paid care giver, who served as medical and care staff respectively and assisted the patients in their daily lives, participated in the conference. All the participants reflected on their involvement with and contribution to the patient’s care and other professionals and discussed their findings in depth and frankly.

Results  Because the patient had been receiving intensive medical care on account of his complex symptoms, the medical staff shared their information and proposals regarding the patient’s medical history, and they would at times even communicate directly with each other at the patient’s home. As a result of their efforts, physicians and nurses provided support and a sense of reassurance. However, it became evident though the conference that only the paid care giver had been concerned about the patient’s condition progressing with her unpredictability. Moreover, having noticed the anxiety on the part of the paid care giver, a nurse expressed regret on being unable to offer support. We recognized the importance of sharing their feeling against the patient and how to cope with it between medical professionals including the welfare staff such as paid care giver.
WHO IS NOT AT THE TABLE: HEALTH CARE AIDES ROLE IN COLLABORATIVE PRACTICE

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Introduction or Background
This presentation draws on the research findings of a Health Care Aides (HCAs) and Technology project in Alberta, Canada. HCAs provide a critical component of homecare service, serving the needs of clients with short and long term health conditions in the community. In Alberta, there are approximately 20,000 HCAs. With an increasing number of older adults living at home with chronic conditions and the move to aging in place, the demands for homecare services continue to rise. HCAs are considered the “eyes and ears” of the health workforce, as they provide the majority of frontline services. However, health professional students often lack the knowledge of the role of HCAs in continuing care and may never interact with them during professional programs.

Objective
The knowledge translation component of the project identified the need to create opportunities for interprofessional education that includes HCAs. The HCA-T project highlighted the HCAs role as “unsung heroes” and the need to raise their profile among members of health care professions.

Methods
Raising awareness of HCAs among health care professionals required a multi-faceted approach, called a Community Sounding Board (CSB). The CSB was comprised of HCA educators, managers, and homecare association leaders. In consultation with the CSB, an initial KT strategy was developed to educate future and current health professionals on the role of HCAs.

Results
To convey the impact of HCAs work, a series of videos were developed with discussion guides to highlight the roles and responsibilities of HCAs within homecare, and their relationship with health professionals and managers. These videos will be integrated into existing IP team courses at the university, HCA education orientation programs and shared with current HCAs and health professionals.

Conclusions
This presentation will provide specific strategies to increase HCAs profiles within health professional education programs and interprofessional teams.
THE ROLE OF FACILITATORS AND SERVICE USERS UTILISING THE LEICESTER MODEL

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The purpose of this study is to analyse the roles of service users, tutors and the academic facilitation of IPE learning within community settings utilising The Leicester Model at the University of Leicester. IPE tutor’s have valuable professional experience which enables students to achieve meaningful learning. The clinical range of expertise includes health visiting, school nursing, midwifery, social work, disability and adult nursing and higher educational lecturing. Underpinning theory for the community IPE teaching incorporates experiential learning and reflective analytical thinking which centers on a patient and service user’s real case study. Students undertake, in small interprofessional groups, a detailed patient and service user interview within the home environment or external teaching venue. Relevant agencies that are involved directly and indirectly with service provision along with voluntary and statutory agencies are additionally interviewed to gain a wider understanding of health inequalities and the impact on the patient and service user. Students then begin to debate, explore and evaluate care pathways whilst simultaneously analysing and proposing alternative service provision which is articulated back to existing health and social care providers. The fundamental role of all facilitators is to ensure that students achieve the module aims and intended learning outcomes. This is broken down into achievable competencies that identify specific knowledge, skills and attitudes that embrace the IPE philosophy. The research focused on two specific domains: Patient and service user experience and IPE facilitation. We have completed interviews (N=7) with IPE facilitation in strand two (Health in the Community) and strand three (The Listening Project). Exploration of facilitators understanding, knowledge, skills and attitude’s of IPE teaching and relevant professional application and delivery of this knowledge was further examined. Additionally, patients and service (N=7) were interviewed. Methodology incorpo- rated electronic questionnaires and face to face interviews and analysis of feedback from student evaluations. Initial student conclusions highlight positive evaluation of: expert support and facilitation by skilled health and social care practitioners in community settings and the value of undertaking the patient and service interview in community environments. Analysis from facilitators demonstrated how they value and place importance on credible, professional academic IPE teaching and leadership to enable them to disseminate effective student learning. Finally, the quality of teaching and experience of the facilitators and collaborative union with neighboring universities alongside real time involvement with community care users and providers ensures that educational attainment and student satisfaction aligns theory to practical delivery of learning. ient outcomes in professional health and social care practice.
THOUGHTS AFTER TRIP TO LAOS

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We, the students of Keio University School of Nursing, Medicine and Pharmacy, went to Laos PDR in order to attend the primary healthcare program, sponsored by Keio University and Keio 150th Anniversary “Design the Future” Fund. We intend to report the details of our activities and our thoughts on the precious experience we had in this program. Through the preparation study sessions in Japan, we met a lot of different issues, and at the same time, discovered a lot of new cases. Therefore, through this program, we were able to think carefully and further investigate into the underlying problems. Some example of those healthcare problems are as follows: the regional difference of medical care and its availability, the quality of medical care, common or dangerous infectious diseases, high mortality rate of pregnant women and infants, and the last but not the least, the insurance scheme and financial resources. Even if the people in Laos have Medical or Nursing license, it is hard for them to become regular employees. They cannot make a living without doing another job. Furthermore, most patients have to pay all the expenses of medical treatment, because they don’t have insurance. It is not just a matter of money. During the rainy season, the way to the hospital is cut off, and many people have no access to medical service for months. We were greatly shocked to know about and see these situations with our own eyes. However, although they face so many problems and crises, people in Laos were very optimistic, and they looked as happy as-or maybe even happier than- the people in Japan. We do not think these problems can be resolved easily, but we must keep working to improve the quality and efficiency of the medical care in this developing country. At the same time, we realized that the things that are believed to be necessary to live happily in developed countries are not always the indispensable conditions to feel happiness spiritually. Here, we propose to expound on Laos’ actual situation and further express our thoughts on this real life experience.
FACTORs ASSOCIATED WITH SUBJECTIVE WELL-BEING IN CANCER WORKERS IN QUEENSLAND

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Introduction: This study aims to describe factors associated with subjective well-being (SWB) in cancer workers in Queensland across administration; Allied Health (dietitians, pharmacists, psychologists, social workers, occupational therapists, physiotherapists, speech pathologists); medical (radiation and medical oncologists, palliative care, haematologists); research; nursing; radiation therapy; and physics. The study compares results to normative data for the Australian population.

Method: This study was based on a cross-sectional survey of 544 cancer workers in Queensland with a response rate of 54%. SWB was measured using the Personal Wellbeing Index for Adults. Multiple regression analyses were performed to identify explanatory variables, which were independently associated with SWB. Results: The overall mean SWB for study participants was 74.63, which was comparable to the mean of 75.02 for the Australian population (P = 0.47). Female cancer workers had significantly lower levels of SWB compared to the normative data of female Australians (74.44 compared to 75.7, P = 0.03). Multiple regression analyses showed that higher levels of SWB were associated with having 11 to 30 h of direct patient care hours per week, being married, no child or elder care commitments, good physical health, low levels of both psychological distress and burnout and high levels of work engagement. Conclusions: Cancer workers overall levels of SWB were similar to the national mean scores. Amount of time in direct patient care was linked with SWB, with an optimal time between 11 and 30 h per week associated with high SWB. This was an important consideration for different health professions and their varying levels of patient contact. The majority of the factors significantly associated with SWB were of a personal nature such as marital status and physical and mental health. These data provide a valuable baseline for future research in this area, especially in the area of interventions to promote SWB of workers.
THE TEAM-BASED RESIDENTIAL COMMUNITY INTERNSHIP PROGRAM IN HOKKAIDO

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Background: In Hokkaido prefecture, the uneven distribution of medical personnel results in a shortage in certain areas, which leads to a serious social problem. In our university, various initiatives, such as residential community internship programs and team-based training programs, have been undertaken by the School of Medicine and the School of Health Sciences individually, aiming at preparing medical personnel who will serve the community health care. The linkage among such program was not strong, resulting in the training often ending up as isolated experiences for students.

Objectives: We aim for creating strong synergy and linkage between practical training programs and class works to make students sense of mission to engage in community health care.

Methods: We have provided the team-based residential community internship program since 2004. It is a joint curriculum for the third year students of the two Schools. They take the preparatory training class for several months at the university in Sapporo, and then stay at the remote rural areas in eastern Hokkaido. The main program consists of 1) joint team-based health care training at medical and welfare facilities and 2) health education seminars targeting local residents organized by students.

Results: Students were aware of the necessity of promoting disease prevention among residents as community issues. These were confirmed by the self-assessment questionnaires of students who participated in the program.

Conclusions: Through this program, students can learn the importance of a team-based approach that is essential for community health care, along with the respective roles of other professions.
A STUDY ON LIFE MODEL APPROACH IN ICF & IPW #2
-EFFECTIVENESS OF THE LIFE SITUATION INTERVIEW (LSI) USED BY CARE WORKERS AND OTHER PROFESSIONALS-

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Introduction:
Assessment in ICF does not sufficiently consider the process of empowerment. In IPW, the fruits of study on the life situation interview (LSI) we have proposed is not shared in IPW yet.

Objectives:
The purpose of this study is to show the availability of LSI to facilitate both the assessment in ICF and IPW.

Methods:
Discussing about the relationship between ICF and the graphical display of the results of “the process of LSI that facilitates ‘strengths’ of service users”, “The worksheet of LSI” and “The definition of concepts” produced by the Modified Grounded Theory Approach (M-GTA). Interviewing about the LSI to some intellectuals as below.

-Expectation the LSI used by care workers.
-Availability of the LSI used by other professionals.

Results:
1. Communication with care by care worker as service users’ environment produces various transformation and effectiveness.
2. Interaction between service users and care workers facilitates motivation of users, changes the sense of value in them, encourages empowerment of them.
3. Through two points above, LSI used by care workers can play the significant role in ICF used in IPW. It is important that care workers write in the column of “Situation around service users” and “Thinking and Meaning by care workers” from the viewpoint of ICF. Additionally, writing in the column of “meaning by care workers” is useful for their reflection in IPW. The viewpoints of some intellectuals are useful to objective of this study. And they suggest the availability of LSI used by other professional.

Conclusions:
Throughout these results and our previous report #1, we propose “The structure and components of IPW” based on “The structure of care work practice: ICF version”. We are considering about the development of “the life model approach” by sharing LSI among various professionals when using ICF in IPW.
DEVELOPMENT AND EVALUATION OF AN INTER-PROFESSIONAL EDUCATION PROGRAM ON GLOBAL HEALTH FOR UNDERGRADUATE STUDENTS OF THE MEDICAL, NURSING, AND PHARMACEUTICAL DEPARTMENT

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Introduction
In 2010 and 2011, a study tour targeted at nursing students was conducted by Keio University in Lao PDR with the objective of studying global health. Based on the results of the study, we have developed the Inter-professional Education (IPE) program on global health for undergraduate students of the medical, nursing, and pharmaceutical department.

Objectives
The purpose of this study is to assess the IPE program in order to develop successful team approaches to global health.

Methods
1. Subjects: 16, 1st to 5th year students from the medical, nursing, and pharmaceutical department.
2. Program Details
   After studying literature related to primary health care, the participants attended lectures on the current state of health and infection control measures in Laos for two days. They then performed group work related to the theme of health problems (needs) and usable resources (assets).
   Laos Study Tour
   (1) Period: March 12 to March 22, 2012
   (2) Training Details: Three groups from various departments and with different levels of experience were formed to carry out the study activities. With primary health care in Laos as their focus, the participants visited national hospitals, province hospitals, district hospitals, and health centers, and learned about the issues and health services for mothers and children. The fieldwork was undertaken in villages. The participants visited three households, interviewed them about daily life and health, and offered advice on health care.
3. Analysis
   Assessment was carried out by (1) observation of participant activities and (2) content analysis of reports after program completion.

Results
(1) Because the activities of the study tour had to be performed in groups, communication and teamwork were encouraged. (2) While learning about primary health care personally through fieldwork in the village, the participants engaged in discussions on health, happiness, and the mission of a health care provider, thus discovering common objectives. (3) Further, the participants achieved a better understanding of their specialized skills and acquired a new perspective toward health care. (4) Although funds and medical care resources were limited, the participants contributed ideas and considered developmental support from the viewpoint of sustainability. (5) Participation in all the activities was enthusiastic and the final reports described great satisfaction with the program.

Conclusions
It is suggested that the IPE program, which adopts the framework of a study tour, is successful in realizing its objectives, namely organizing group activities and promoting mutual understanding and diverse perspectives toward health care.
A COLLABORATIVE APPROACH TO INTERPROFESSIONAL EDUCATION

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The poster describes the collaborative approach adopted by a newly appointed IPE lecturer in Cardiff, Wales. The poster describes method and process of information gathering, data collection and stakeholder engagement. The Lecturer adopted an action research methodology and developed key skills to gather data pre, during and post intervention. The poster describes how the paradigm of action research was developed in this subject area and how it was harnessed to provide an environment which encouraged participation. The formation of discussion panels and focus groups was key throughout the preliminary information gathering and the poster presents the findings from these groups. This poster compliments a key subtitle of this conference ‘Developing evaluation and evidence in IPE’. The poster also focuses on the key process of engaging students and fellow teaching staff to the subject of IPE. It describes the feedback, comments and describes the initial reactions to this process. This area again compliments a key subtitle of the conference of ‘Engaging Clients’. The poster aims to give a clear insight into the mind set of an institution at the infancy of establishing Interprofessional Education.
IMPROVING PATIENT SAFETY IN MEDICATION ADMINISTRATION: AN INTERPROFESSIONAL LEARNING APPROACH IN THE BACHELOR OF NURSING

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Background: In Australia each year it is estimated there are 190,000 medication-related hospital admissions (Roughead & Semple, 2009). Medication safety involves the contributions of doctors, pharmacists and nurses. Interprofessional education (IPE) is reported to effectively prepare future health care practitioners to be collaborative practice-ready and able to meet the local health care needs of patients and families (WHO, 2012).

Objectives: The aim of the project is to embed an IPE approach to learning about medication safety in an undergraduate Bachelor of Nursing program. This approach to learning will improve patient safety by developing students awareness of harm evoking factors related to medication errors, and the implementation of error reducing strategies.

Methods: Vignettes based on real case scenarios have been recorded, and will be used during undergraduate Bachelor of Nursing education sessions to demonstrate collaborative safe medication administration practice. The generic 5 minute vignettes demonstrate strategies which avert potential medication errors. The vignettes are based on the environment, task, patient, team and individual factors (Roughead & Semple, 2009) and are underpinned by the 2010 Australian Commission on Safety and Quality in Health Care (ACSQHC) patient-centred care framework.

Results: The effectiveness of the vignettes in developing students awareness of medication error producing factors will be available in June 2012. Effectiveness will be measured by conducting on-line focus groups of 2nd and 3rd year undergraduate health care students. After viewing the vignettes students will provide on-line feedback about the resources effectiveness to demonstrate collaborative safe medication administration practice. Student satisfaction and reaction to the vignettes appropriateness as a learning tool will also be reported on.

Conclusion: The importance of IPE in developing safe medication practices are an interprofessional responsibility. This is the first medication safety IPE resource developed at Griffith University for undergraduate health care students. The generic nature of the resource allows for transferability across other health education providers. Using the 2010 ACSQHC patient-centred care framework to underpin the resources means they meet the national health care agenda for safe medication practice.
THE EVOLUTION OF A MULTI-MEDIA INTERPROFESSIONAL LEARNING PACKAGE, CREATED BY STUDENTS

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Background The poster will describe the creative progression of a stroke-based learning package, for students, by students.

The Centre for Interprofessional Education and Learning (CIEN) at the University of Nottingham (UK) spearheads the integration of interprofessional education (IPE) into the health and social science undergraduate degrees. As part of this, CIEN is actively involved in finding and mentoring student champions of IPE. In 2010 three medical students developed a stroke learning package aimed at engaging students in life-long interprofessional learning and practice.

Method Extensive background research into common clinical scenarios which require multiple professional input was conducted and from these recommendation, a stroke case was chosen. The learning resource was aimed at undergraduate students studying medicine, midwifery, nursing, pharmacy, physiotherapy and dietetics. The programme was designed to be delivered by a combination of facilitated online and face-to-face meetings. The online ethical programme Values Exchange was also utilised to help direct students through the complicated clinical and ethical dilemmas presented by the case.

Results In 2010, the stroke care package was piloted to 12 volunteer second year undergraduate students from several professional schools. Comprehensive feedback from students and facilitators was collected and analysed. The responses were overwhelmingly positive. Minor alterations to the delivery and content were undertaken before the programme was deployed to a large cohort of second year students (602) in 2011. The programme has recently (February 2012) completed its second cohort of students.

Conclusions The use of stroke as a clinical scenario for IPE is simple yet effective. The care of stroke patients involves a variety of health and social care workers, allowing the concept to engage students from many backgrounds. The resource is dynamic and is being updated and refreshed as each cohort feedback about their experiences. With the integration of IPE into the curriculum of the health and social care courses, the enjoyment and improved practice approaches gained so far from the resource will be felt across the board. Students make brilliant authors for interprofessional learning resources, not only because they provide exciting and innovative ideas, but also by acting as ambassadors for the benefits of working interprofessionally at a pre-registration level. Enstilling positive interprofessional attitudes into student psyches early on will be key to improving relationships and patient outcomes in professional health and social care practice.
TEAM CARE EDUCATION SYSTEM FOR UNDERGRADUATE TO GRADUATE CNS TRAINING PROGRAMS OF CERTIFIED NURSE SPECIALISTS IN GERONTOLOGICAL NURSING

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The objectives of this study were: (1) to identify contents of teamwork training contributing to the current practice in graduate students and certified nurse specialists; and (2) to develop and schematize effective “team care education system for undergraduate to graduate CNS training programs in gerontological nursing” in Gunma University. Of 7 nurses who completed the master course of CNS in gerontological nursing in Gunma University, 2 (1 graduate student and 1 CNS in gerontological nursing) who underwent teamwork training in the course were subjects of this study. We conducted a questionnaire survey and then interviewed the participants. The investigators schematized the structure of CNS in gerontological nursing contributing to CNS team care with the participants by reviewing the previous studies and materials on CNS. For ethical consideration, we obtained informed consent from the participants and remained anonymous. We found that the teamwork training was their motivation for applying for the undergraduate program of Gunma University, and learning from the teamwork training was continued after graduation. The results were summarized as follows: (1) The student were motivated for team care before the entry to undergraduate program; (2) Basic attitudes could be developed by camp study in freshman year immediately after the entry to undergraduate program, club, teamwork training and exchange with other health professions students in sophomore year; 3) The graduate could have hands-on experiences from conflict of opinions with other disciplines, troubles and mutual cooperation through clinical practice for working as a team member; 4) The student could discuss various topics because they continued to learn together with other health professions students in the graduate program; 5) The student could understand team care better by implementing 6 CNS functions through problem-solving with other disciplines such as carers in the CNS training; 6) The nurse could improve their attitude as a CNS to be positioned to streamline collaboration and coordination in interdisciplinary team. In conclusion, a developmental education system is necessary for the training of CNS in gerontological nursing contributing to community, with stepwise goal setting and continuous team care mind from immediately after the entry to undergraduate program to the completion of graduate program and even starting to work as CNS.
CHANGING PROFESSIONAL IDENTITIES: INSIGHTS FROM THE SOCIOLOGY OF WORK

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Traditionally, sociological discussion of the medical professions tended to be organised around a paradigm of ‘medical dominance’. Interprofessional education represents a challenge to such dominance, insofar as it impedes patient-centred care. However, research which indicates that professional identity and socialisation is one barrier to the capacity of medical educators to inculcate a culture of interprofessional practice among future doctors also suggests that a more nuanced appreciation of the sociological literature on the context of shifting professional identities could contribute meaningfully to work in the field. This paper articulates a body of literature, including work in labour process theory, to the tensions within the medical education field in order to propose some insights, for both scholarship and pedagogical theory and practice.
ASSESSMENT OF INTERPROFESSIONAL EDUCATION STUDENT LEARNING: THE GLOBAL RATING SCALE LANDSCAPE

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Background
The proliferation of interprofessional education (IPE) curricula and programs have typically revealed useful program evaluation data, but limited, if any, assessment of actual student learning. With the development of competency frameworks for IPE, the opportunity to achieve the assessment of students and teams may be better realized.

Methods
The Centre for Interprofessional Education at the University of Toronto initiated a requisite competency-based IPE curriculum in 2009. As part of this comprehensive curriculum, student learning was assessed in each session using global rating scales. During the recent 2011-2012 academic year, over 80 learning activities occurred and assessment was conducted on each using global rating scales based on the University of Toronto. A Framework for the Development of Interprofessional Education Values and Core Competencies. The specific core competencies that each session addresses, across the constructs of values and ethics, communication and collaboration and the levels of exposure, immersion and competence, are used to create five-point Likert global rating scales that contain three anchors. These are then used as a self-assessment tool prior to and after the learning activity to determine if there is perceived change by the students with respect to the specific competencies identified for each learning activity.

Outcomes and Next Steps
For all IPE learning activities, students perception of competencies related to values and ethics, communication and collaboration improved over the session. Consideration of future directions for this assessment method based on lessons learned will also be presented.

Conclusion
This global approach to the assessment of learning of IPE competencies; therefore, has good utility as one component of a comprehensive assessment strategy for an IPE curriculum.
A STUDY ON LIFE MODEL APPROACH IN ICF & IPW #1
-ROLES OF CARE WORKER THAT FOCUSING ON USER-ORIENTED LIFE SUPPORT-

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Introduction:
1. ICF is the integration between medical model and social model and shows life functions of every people, and it came to be used for care plan that aims for users' life support.
2. Therefore it is important to discuss how to use ICF applying life model in the user-oriented IPE/IPW.
3. In spite of being required the way of collaboration with health care and social care, care workers’ role is not sufficiently understood in IPE/IPW.

Objectives:
1. One of the purpose of this study is to present the framework of adapting the life model into IPW/ICF.
2. The other purpose is to clarify the role of care workers that directing to use-oriented life support.

Method:
According to reviewing the previous study on ICF, care management, IPW, life model, social care work and so on.

Result:
1. We focused on life tasks, life needs, life aims and interaction among components in their interaction about life obstacle. Then we put together these components items as “application of the life model into ICF”
2. We drew out ten points about “the expectation to ICF-oriented care worker” from characteristics of ICF and care work practice.
3. We revised “The structure of care work practice” we had shown as a fruit of qualitative research, to “The structure of care work practice: ICF version”.
4. We pointed that care workers should obtain the particular life support skills in care work process, and that they are required to perform their expertise with assessing in users’ life situation and behavior.

Conclusions:
The life situation interview (LSI) we have proposed is one of the life support skills and is useful not only as assessment and monitoring items composed in ICF but also as the life model approach.
CROSS-SECTIONAL STUDY ON ATTITUDES TOWARD INTERPROFESSIONAL HEALTH CARE TEAMS BETWEEN UNDERGRADUATE STUDENTS AND THE ALUMNI

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Backgrounds:
Final goal of effective interprofessional education (IPE) is the patient-care delivery with high quality, attaining a high level of patient satisfaction in clinical settings. The question how the alumni who have learned IPE program at a pre-registration stage keep the positive attitude toward collaborative practice (CP) may be an important issue. To examine the relationship between exposure to clinical practice and the attitude towards interprofessional health care teams, the attitudes of the undergraduate students and the alumni were compared.

Methods:
The present study, the cross-section study, was a descriptive epidemiologic investigation. The Attitudes Toward Health Care Teams Scale (ATHCTS) was used. During first term, an attitudinal survey was administered to the undergraduate students and supervised by the professors responsible for each class and alumni were surveyed through the mail in 2010. This study was approved The Epidemiologic Research Ethics Committee of Gunma University Faculty of Medicine.

Results:
Undergraduate students received a total response rate of over 90%. Alumni received a total response rate for a mail survey of around 20%. The modified ATHCTS were composed of three subscales, designated as: "Team efficacy", "Quality of team care", and "Team efficiency". The overall mean score of alumni was significantly lower than those of undergraduate students on the modified ATHCTS. In only "Team efficacy" a significantly lower regression factor score was observed in alumni than undergraduate students.

Conclusion:
Our findings suggest that changes in professional identity in a team may be due to contact with patient after graduation in the real-world healthcare. The withdrawal of the attitudes towards health care teams in the real-world clinical practice may be related to "Team efficacy". We would emphasize the need for in-service IPE for sustaining the attitudes providing a useful CP which result in good clinical outcome.
NATIONAL RURAL HEALTH STUDENTS NETWORK: AN INTERPROFESSIONAL EDUCATION INITIATIVE

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Introduction:
The National Rural Health Students Network (NRHSN) is a unique multi-disciplinary body of future health professionals who have a passion for working in rural and remote Australia. The Network is comprised of over 9,000 Nursing, Medical and Allied Health students from 29 Rural Health Clubs within universities across Australia. The Network provides a voice for students on rural health workforce issues and takes full advantage of its multi-disciplinary membership to provide health students with innovative and extra-curricular interprofessional personal and professional development opportunities.

As the nature of health care practice continues to evolve and team-based models of health care delivery become more widespread, the NRHSN identifies increasing relevance for interprofessional education (IPE) to be incorporated into the training of the Australian future health workforce.

Objectives:
The NRHSN aims to increase the interprofessional learning opportunities available to health students with a particular focus on the future rural health workforce. The NRHSN believes that these opportunities will not only equip them with the skills and confidence to pursue careers in rural and remote Australia, but the support networks to keep them there.

In addition, the Network advocates to government and stakeholders on the importance of interprofessional education at the tertiary educational level.

Methods:
The vast array of multi-disciplinary events run by the NRHSN to support IPE include the National University Rural Health Conference, National Rural Leadership Development Seminar, Indigenous festivals, Rural High School Visits and local Rural Health Club events.

The NRHSN IPE Position Paper contains recommendations on interprofessional health infrastructure, adequate funding, research, and student co-placements to support a greater inclusion of IPE in the training of health professionals in Australia.

Conclusion:
The NRHSN recognises the importance of exposing future health professionals to IPE early in their studies to not only promote understanding between the professions, but to sustain a future rural health workforce. The NRHSN provides a shining example of IPE at the tertiary educational level, providing continued benefit for health students as they enter the workforce.
Developmental Disorder, Attention Deficit Disorder and or Attention Deficit Hyperactive Disorder (ADD/ADHD), Food Habit and Its Long Term Impact in Children Health

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Developmental Disorder: ADD/ADHD, food habit and its long-term impact in children health: Attention Deficit / Hyperactive Disorder (ADD/ADHD) is one of the most common and widely researched developmental disorders in children. As the statistics roughly says about 4 percent children in the world are affected with ADD/ADHD and likely the data goes up. Early years in life are considered as the foundation stage of life. The learning in this stage determines the future of individual to a greater extent. The very old saying: morning shows the day seems true in case of early learning and its implication in later life. But unfortunately, people with ADD/ADHD cannot utilize this best period for the betterment of life but in opposite way. There are some researches which claim that children with ADD/ADHD want to eat brightly coloured, preferred shaped and specially packed food. There may not be the uniformity on the preferences but they are obsessed with their choice. But for their mental health, they need to have food with high level of iron, zinc, omega-3 fatty acids, protein and fiber. Parents of children with ADD/ADHD realize that their children need extra care and support for their proper development. These parents normally contribute and consider more for the happiness of their children. This may be the sole reason or some other supporting factors, I have witnessed many children with ADD/ADHD had packed their lunch bags with packet of chips, toffees, chocolates and raw noodles. For the temporary happiness of their children they are leading their children future from bad to worst. There should be a massive training, awareness program, advertisement, class and more to stop this DARK LEADING WALK. The problem is not only what they eat now but also their inability to change food habit and its long term effect.
INOHANA IPE; MULTISTEP, STRUCTURED, FOUR-YEAR INTERPROFESSIONAL EDUCATION COURSE

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Medical, pharmaceutical sciences and nursing departments of our university have built collaboration to promote multistep, structured interprofessional education (IPE) course since 2007. It was named Inohana IPE as these three department are located in Inohana campus. The students objectives are to develop their own professional identity and to acquire interprofessional competencies for patient-centered medicine. This course is a compulsory subject and composed of four steps, advanced parallel to the school year. In each steps, students learn through practice and discussion in small groups. Students learn communication skills and compassion in step 1, team building in step 2, conflicts and solutions in step 3 and interprofessional practice through making a discharge plan in step 4. All three departments have about 300 students per one school year. To explore what are difficulties in implementation of this course, we made a contents analysis of the staff journals. We found several difficulties. One of them is to carry out all 4 steps of the course for a great number of the students, during one year by limited number of faculties. As it is a compulsory course, there are some unmotivated students. Students develop their professional identity and interprofessional competencies through IPE course. It is necessary to consider some difficulties in implementation of the course.
NIGHT SCHOOL IS USEFUL FOR THE LOCAL RESIDENTS AND MEDICAL STAFF?

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[Background] In Niigata Prefecture Tsugawa Hospital, medical staff have held Night School for residents in Aga-machi, Niigata (13, 542 population: Oct, 2011 current). From Aug, 2008 to Feb, 2012, we’ve held it sixty-nine times, so the total 1,551 residents have taken part. Medical staff are doctors, interns, nurses, pharmacologists and physical therapists. They have taken part as volunteers and talk about some medical and care information.

[Objectives] We examined the usefulness of Night School for residents and medical staff.

[Methods] 1. In Feb, 2010, we conducted a questionnaire 260 medical and care staff working in Aga-machi. The number of staff answered it were 197 (effective response rate: 75.8%). 2. 631 local residents enrolled in Night School answered a questionnaire from Dec, 2009 to Feb, 2012. The number of residents answered it were 575 (effective response rate: 79.1%).

[Results] 1. The subjects’ average age and the ratio of females were 40.9 ± 11.6 years old and 72.1%, respectively. The number of staff have known Night school is 95(48%). Nineteen staff (9.6%) have attended it. They evaluated it as education of residents and interaction with medical staff and residents. But they pointed that residents couldn’t recognize their medical information and the number of middle-aged participation is low. 2. The subjects’ average age and the ratio of females were 72.0(32-89) years old and 56.3%, respectively. Most of the participant residents answered that positive response for it. They hoped that topics about lifestyle diseases and future medical plan in Aga-town.

[Conclusions] The study results demonstrate that Night School in Aga-town is useful for medical staff and residents. We’ll show this result to non-participating medical staff and residents. So we hope that they take part of Night School. We’ll continue this activity and contribute to health of local residents. And we’ll plan to evaluate this activity gives their health better and reduction of lifestyle disease.
EVALUATION OF CASE-BASED INTERPROFESSIONAL EDUCATION SESSIONS: DEVELOPMENT AND IMPLEMENTATION

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Context:
The University of Toronto initiated a competency-based interprofessional education (IPE) curriculum in 2009 for 11 of its health science professional programs. The development of core and elective learning activities based on clinical cases is an essential part of the curriculum. Case studies are a proven pedagogical approach that has been found to promote analytical, decision-making and clinical reasoning skills along with oral communication and teamwork through learning by doing with authentic problems (Herreid, 1994).

Objective:
This poster describes the development, implementation and evaluation of a complex interprofessional case study that incorporates uniprofessional and interprofessional knowledge and skills that can readily be integrated within existing health science curricula.

Project Outline:
The comprehensive case development approach utilized to create a three-part longitudinal case for a competency-based IPE curriculum will be discussed. Just in time faculty development prior to sessions was provided to enhance the development and implementation process. In addition, instruction guides and a case template for further case development and utilization are being created. Evaluation explored faculty and student perceptions and satisfaction regarding the process in relation to efficacy as an IPE approach utilizing focus groups. Student reaction and learning gain and behaviour change was also assessed using global rating scales.

Outcomes:
Assessment of student learning revealed that students perception of competencies related to values and ethics, communication and collaboration improved. As well, evaluation results focused on strengths and challenges for both faculty and students in developing and implementing these sessions.

Conclusion:
An inclusive, systematic and collaborative approach to case development and implementation across an institution is complex, yet effective for this educational method in IPE. Innovative interprofessional case-based learning enables flexible curriculum delivery, both uniprofessionally and interprofessionally, the opportunity for faculty development and overall capacity building in IPE.
RESPONSES OF SCHOOLS THAT SERVED AS EVACUATION SITES FOLLOWING THE GREAT EAST JAPAN EARTHquake: COLLABORATION BETWEEN SCHOOLS AND COMMUNITIES

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[Background] Given the fact that Japan is a highly seismic country and disaster may strike anywhere at any time, we should improve the function of the schools as evacuation sites.

[Objectives] The present study examined the responses of schools that served as evacuation sites immediately following the Great East Japan Earthquake of March 2011. It also explored issues for collaborative health-based efforts between schools and communities.

[Methods] Six yogo teachers employed at public schools within the affected Ibaraki and Saitama Prefectures consented to participate. Interviews were conducted in August 2011, and interview data was qualitatively analyzed. The study was approved by the ethics review committee of the author's university.

[Results] The responses of schools that served as evacuation sites immediately following the Great East Japan Earthquake were organized into the following six categories, [confirming students, safety], [relieving students, anxiety], [supporting for the students who require special assistance], [preventing communicable diseases], [maintaining the evacuation sites, environment], and [responding to those unable to return home]. Future issues for collaborative health-based efforts between schools and communities were organized into the following four categories, [limitations on accepting those unable to return home], [cooperation and collaboration with multiple organizations], [maintenance of a school-wide emergency system], and [maintenance of school health offices for disaster scenarios].

[Conclusion] A variety of aid activities were conducted at school evacuation sites for students, local residents, and those unable to return home following the earthquake. However, the poor functioning of school evacuation sites following the disaster was highlighted. In particular, a large number of people were unable to return home, and there was a lack of supplies, staff, and information at the evacuation sites. Because Japan is prone to earthquakes, the role of schools as evacuation sites must be clearly defined, and coordinated efforts with local communities must be considered.
CURRENT STATUS OF INTERDISCIPLINARY TEAMS AND ITS FUTURE VISION. COMPARISON OF PHARMACEUTICAL EDUCATION BETWEEN TOKYO UNIVERSITY OF SCIENCE AND HOUSTON UNIVERSITY, DRAWN THROUGH THE PERSPECTIVE FROM AN UNDERGRADUATE STUDENT

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Objective
What are the expertise and abilities expected for a pharmacist as an integrated member of interdisciplinary team, and what should one acquire to achieve those abilities?

Methods
This presentation, focused on pharmaceutical education designated for interdisciplinary teams, draws an ideal image of a pharmacist having capability to work in collaborative medical teams through comparison of pharmaceutical curriculum between Tokyo University of Science and Houston University. In addition, the current status of interdisciplinary team in Japan is discussed in the presentation, using the result of 5th grade student survey conducted as an assessment after pharmacy practice experience.

Result
As the result of this comparison, the most significant difference in curriculum of those two universities was in pharmacy practice experience. At Houston University, the pharmacy practice starts in fourth grade, and in a total of 1980 hours of practice, students are given some opportunities to study where a post-graduate pharmacy resident participates in medication review including proposing prescription and providing drug information with healthcare professionals including doctor. On the other hand, Tokyo University of Science starts a total of 380 hours of pharmacy practice for students in fifth grade, implemented in hospitals and community pharmacies. In addition to this comparison, it is resulted in the survey conducted by students after completing pharmacy practice experience that they rarely had a chance to see a pharmacist proposing a most appropriate medication to a doctor.

Discussion
This emphasizes that the pharmaceutical education in Japan aimed for interdisciplinary team is still in process of progress. In conclusion, I personally anticipate my own pharmacy practice next year to become an experience that would make a future connection to interdisciplinary team.
**HANDS UP FOR HEALTH: AN INNOVATION IN INTER-PROFESSIONAL SIMULATION-BASED HEALTH EDUCATION FOR INNER-CITY YOUNG PEOPLE**

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**Introduction**

Hands up for Health (HUfH) is a highly innovative, inter-professional learning experience for inner-city young people that uses hands-on simulation activities to improve knowledge, strengthen life skills for positive youth health behaviour, and widen participation (i.e. increase access) to inter-professional healthcare careers. The programme targets students from inner-city schools, with high levels of deprivation, social and health inequalities, and engages them in health-related issues they can identify with.

**Methods**

HUfH was developed by healthcare professionals in collaboration with simulation experts, local students and teachers. A multi-pilot, iterative design shaped the programme, which is now being rolled out regionally. This project reports on data, which did not require ethical approval, from its first full implementation to students (n=32, aged 14-15). Participants engage in two full days of activity, taught by inter-professional healthcare teams spread between school and the hospital simulation centre, consisting of Basic Life Support (BLS), First Aid, ‘Life Skills’ (defined by WHO, 1997), and high-fidelity simulation scenarios like alcohol abuse, teenage pregnancy, and knife trauma. All participants completed anonymous feedback forms, consisting of open- and closed-ended questions, to explore their experience of the programme.

**Results and Discussion**

Responses were positive with all activities averaging ‘good’ or ‘very good’ on a 5-point Likert Scale. Over 97% of participants agreed the programme was both useful and relevant to them. Participants specifically valued the interactive hands-on learning (Bredderman, 1992), and the realism of the simulation experience (Dewey, 1938) especially as opposed to traditional classroom environments. Participants also valued the input of inter-professional healthcare facilitators, who positively influenced their learning and their attitudes toward healthcare careers (McHarg et al., 2007). Further results are presented in the poster.

**Conclusion**

HUfH is a valuable and enjoyable learning experience for inner-city adolescents. Future work will evaluate larger samples of students and data from focus groups.

**References**


AN INTERPROFESSIONAL HEALTHCARE EDUCATION LEARNER DEVELOPED AND CENTERED CURRICULUM

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Background: Increased patient safety requires interprofessional collaboration, now critical given rising healthcare costs, an aging population, and physician shortages. Current scholarship calls for further study of the impact of interprofessional learning on collaboration and points to the efficacy of student leadership in successful creation and deployment.

Objectives: 1. To create and assess the impact of student-generated IPHE curriculum on communication, knowledge, and perceived relevance of collaboration among 1st-year learners in medicine, physical therapy, dentistry, nursing, and pharmacy. 2. To expand the leadership and scholarship competencies of IPHE student curriculum developers.

Methods: 1. An interprofessional team of students, participants in previous IPHE curriculum, developed and executed a yearlong curriculum for 480 first year learners from all UCSF professional schools, including events and longitudinal online curriculum centered on increased knowledge of professional roles. 2. The curriculum was designed to be student-centered, driven by student needs at point of training as indicated by previous years assessments. 3. 2010-11 participants were engaged co-producers of subsequent curriculum via online discussion forums. 4. Assessment of participant views of their own and other professions using a modified Readiness for Interprofessional Learning Survey (RIPLS) and Interdisciplinary Education Perception Scale questions (IEPS) administered before and upon completion of the curriculum. Event satisfaction surveys generate quantitative and free-response feedback.

Intended Outcomes: 1. Sustained small-group and cohort-wide IPHE. 2. High learner satisfaction with relevance of curriculum to training and career. 3. Enhanced IPHE scholarship and leadership skills among interprofessional student developers.

Target Audience: Faculty, researchers, learners
AN EVALUATION OF SERVICE-DELIVERY IN A STUDENT-RUN CLINIC MODEL

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Objective To analyze existing data that has been collected about the WISH Clinic and to use this information to improve upon our delivery of primary care services.

Background Student-run clinics have been operating in the United States since the early 1960s and in Canada since 2000. However, to date, there is very little formal evidence that these programs are meeting the needs of service users. This research agenda has begun to be addressed in American clinics, where recent papers have been published looking at clinical outcomes and quality of care (Ryskina, Meah & Thomas, 2009) and patient satisfaction (Ellett, Campbell & Gonsalves, 2010). However, as noted in the review by Meah, Smith & Thomas (2010), there is a need for more rigorous and extensive research to be conducted if the true potential of student-run clinics is to be fulfilled and their effects understood.

Methods We will conduct a review of data that has been gathered by the WISH clinic regarding our client base. The evaluation primarily seeks to answer the following questions: 1) Who is accessing services? 2) Does this initiative serve the intended populations? 3) Which services are being utilized the most/the least? 4) What are the most frequent challenges and/or issues that our clients face? 5) What services do patrons want? The data that will be used to help answer these questions include the following:

a. Client statistics: Demographic information regarding patrons and their initial purpose in coming to the clinic.
b. Clinical intake statistics: information on age and gender of clinical patients and their initial reason in accessing primary health care.
c. Patron interest surveys regarding programming events at WISH.

Conclusion In addition to providing crucial information for quality improvement at the WISH clinic, we hope that this research will also serve as a springboard to develop a research network of interested students and faculty across the country.

References


THE IMPORTANCE AND POSSIBILITIES OF INTERPROFESSIONAL EDUCATION ANALYZED THROUGH FIELD TRIP IN LAO PDR BY STUDENTS OF MEDICINE, NURSING, AND PHARMACY

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As the society is rapidly changing due to the expansion of population and the development in information technology, the need of intimate interprofessional cooperation and education in the health sector cannot be ignored. However, few education facilities in Japan are currently taking specific actions to meet such needs. On March 2012, 16 students from Keio University participated in a primary care training trip in Lao PDR. There were 6 students from the Faculty of Nursing and Medical Care, 5 students from the Faculty of Pharmacy, and 5 students from the School of Medicine, all from Keio University. Students took an 11-day trip around Lao PDR, visiting health facilities of various social levels and talking to staff members of NGOs and international organizations. During the trip, students discovered that peers of different faculties had different fields of interest, and were deeply stimulated by each other’s questions and discussions. Not only did students learn about sector-wide coordination and the current status of Lao PDR’s primary healthcare system, but also by spending a bulk of time with peers from other faculties, they learned much about interprofessional education. Students from the 3 faculties shared information and opinions about their curriculum, their perspectives on health, and their future. Also, students discovered the pros and cons of their own faculties’ education systems. After the training trip, students became strongly curious about other faculties involved in the health sector both directly and indirectly, and have come up with suggestions for future interprofessional education.
KEY POINTS WHICH SHOULD BE OBSERVED IN HOME BASED CARE FOR ELDERLY PATIENTS WITH CARDIAC DISEASE

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[Background] Cardiac disease causes a number of symptoms and imposes various controls. Therefore, Inter Professional Work is suggested as an important concept of medical treatment for them in hospital. However, the patients are not able to receive adequate treatments after they are discharged from the hospital. This has led us to conclude that one of the reasons for such phenomenon is the difficulty in interacting among professions from separate institutions. In this study, we focused our attention on the care manager who acts as a key role for facilitating interactions, manages the home care program for elderly people.

[Objectives] The study aims to clarify key points that each profession wishes to focus on in treating patients with cardiac disease. If care manager were aware of these points, they would realize the importance of the IPW concept which will improve the quality of home care program for the patients.

[Methods] We have carried out an open-ended questionnaire survey for various medical professions, such as medical doctor, nurse, physical therapist, occupational therapist, speech therapist, nutritionist, pharmacist, clinical psychotherapist and psychiatric social worker from a university hospital. The question is “In your opinion, what are the key points in medical treatment for elderly patients with cardiac disease after they are discharged from hospital? Please answer in the context of your healthcare profession.” The answers are categorized. The study was approved by the ethics committee in Hamamatsu University School of Medicine.

[Results] Seventy eight professions answered. The answers were placed into 9 categories. These categories were risk management based on cardiac disease, symptoms of cardiac disease, capacity for exercise, drug management, nutritional management, activities of daily living, family environment, cognitive function, and required treatment. The categories from the 1st to 3rd were characteristic of cardiac disease. Answers in the categories were given from medical doctor, nurse, and physical therapist.

[Conclusion] Care manager should facilitate interactions among patients, family, worker, and professions, especially medical doctor, nurse, and physical therapist, with greater focus based on the results of the questionnaire.
COLLABORATIVE PRACTICE FOR THE PATIENT WITH HIGHER BRAIN DYSFUNCTION UNDER THE DIFFICULTIES OF AN EARTHQUAKE DISASTER: A CARE REPORT

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Background: Higher brain dysfunction has a variety of symptoms that can give the caregivers a hard time imagining the patients' life after leaving hospital, making it difficult to provide those patients with appropriate therapy. Objectives: The purpose of this case report is to introduce our collaborative supports experience for the patient who had higher brain dysfunctions, having lost his house and job because of the March 11th disaster. Through using social-skills, we could help him recognize his competencies prior to his discharge. Also, we reached an agreement with him about presenting the case report about him prior to submitting it.

Case Presentation: A man who was in his 50's with left thalamic hemorrhage. He worked in the catering trade, but he lost his job because of March 11th disaster and he moved to another prefecture and developed the hemorrhage while having his job training. He was admitted to a convalescent hospital after getting treatment at an acute hospital. He lived by himself because his patients passed away and he had no siblings. He had two daughters; however since he was divorced, he has no family to depend on. He made his living by monetary donation so he hoped to find a job.

Results of the Initial Assessment: The initial impressions of him were his sluggishness and optimistic nature. The severity of his aphasia was slight; there were errors in memory recollection of Kanji and in listening comprehension of complicated sentences.

Assessment of Life Competencies: Comparing professions, the result of self-evaluation by the patient showed higher scores in "household budget", "health", and "management of property". He had thought that getting a job was much easier. Because he was careless with money and bought a lot of food, he needed help with monetary management. A Medical Social Worker had to manage his bank account book and other important documents.

Discussion: Earthquake victims have to reconstruct their lives from the beginning. It seemed effective for the patient with higher brain dysfunction to work on social-skills, including self-assessments, in the early stage of hospitalization. This allowed both the patient and health care providers to recognize his competencies practically, meaning they could choose the place to live after discharge from the hospital.
THE COST OF UNUSED MEDICATION IN END OF LIFE CARE

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Background: Community health-care professionals are entirely familiar with anecdotal accounts of wasted medications following end-of-life care. The cost of health-care is naturally a commonplace public concern, and any evidence of waste may be seen, fairly or not, as reflecting adversely on the system as a whole. Systemic approaches to minimizing wastage certainly deserve to be examined.

Objective: Our exploratory study describes the potential cost savings through use of palliative medication kits to minimize wastage of medications found at the end-of-life care with those dying at home within the city of Vancouver, British Columbia, Canada.

Methods: Ethics approval was obtained. Interprofessional community health-care professionals in managerial roles, academia, as well as frontline staff were involved in collecting and quantifying the wasted medication costs in relation to care of patients dying at home within the city of Vancouver. Study participants were consenting families/caregivers of patients dying at home.

Results: Among our study cases, we determined that a total of 351 ($11,491) medications orders were wasted. Of these, 297 orders (84.6%) were determined to be medications covered under the palliative care program (Plan P). These 297 orders totalled $6,936 (60.3%) of the total costed wastage. Identical (duplicate and triplicate) orders were dispensed. A total of 68 medication orders wasted were 100% unused, out of which 60 (88.2%) were covered under Plan P. Twenty-nine of these unused 60 orders are located in the medication kits currently in use in the Vancouver Coastal Health Authority. Narcotics accounted for $2,662 (66%) of the total Plan P wastage. There was a total of $2,679 in injection wastage for those injections currently found in the medication kits. Of these, 92% of the total wasted cost was from orders with greater than 50% remaining from the original dispense; and 46% of the total wasted cost was accounted by injection orders that had not been used at all from the original order.

Conclusion: This exploratory study of 22 patients suggests that cost of medication wastage in palliative care in the home setting is potentially significant. Providing common end-of-life medications in kits may well reduce wastage, with commensurate savings to the provincial health care system. It may also be beneficial to review policies surrounding other wastage of medications.
HOUSING AND CARE – SUPPORTING DAILY LIVING IN THE COMMUNITY

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In Japan, there is a gap between elderly people’s needs in their daily living and the care services that are actually offered. The Act on Social Service for Elderly, enforced in 1963, specifies that “Those who require all-time care and have difficulty in receiving such care at home shall be accepted by a nursing home for the elderly.” In other words, institutions are for elderly who have difficulty in living in their ordinary homes. However, living in an eight-person room with densely placed beds is certainly very far from normal life. Do elderly want to live in an institution? Do they want to live separated from their friends in the community? The answer is “No”. They wish to continue living in the community. So, how can we make that possible for them? The Comprehensive Care Center for the Elderly, Kobushi-en, took on this challenge and established a round-the-clock, all year around service system for a fixed fee. By cooperating with home health care, it has become possible to support the daily living of the elderly in their homes without having to move to an institution. We can say that the walls of the conventional institution have been torn down and the functions of the institution have been simply moved out to the community. Comprehensive community care is like one big nursing home or hospital. Instead of creating housing with care services, it is creating a whole community with care services.

Summary of the “housing and care” concept:

• In Japan, the number of single and elderly households has drastically increased.
• Long-term care insurance has been established as a part of the social insurance system.
• The target population for community care is residents living in the community, therefore the services meet well the needs of the community residents.
• The objective of community care is to offer services which support the daily living of the elderly in their homes without having to move to an institution.
• It is necessary to provide around-the-clock, all year around community care for a fixed fee, including home health care.
• Decentralizing residential care facilities (so called “satellite facilities) would make rebuilding costs of conventional institutions unnecessary.
• The introduction of new technology, such as video phone, will be a new challenge.
• Finally, changing our thinking about services as support for “others”, and thinking instead as support for “me is the basis for all good care.”