Centre for Medical and Health Sciences Education (CMHSE)
University of Auckland

Interprofessional Education Showcase
Valuing Interprofessional Education - student, organisational and employer perspectives

Friday 22 November 2019
Room 501-110
(First floor, building 501, see attached map)
85 Park Road, Grafton Campus, Auckland

A biennial forum of the Interprofessional Education research community

CMHSE
University of Auckland
Interprofessional Education Showcase – Programme
22 November 2019
Centre for Medical and Health Sciences Education
University of Auckland

8:30 AM Registration for presenters (as underlined below)

8:55 Welcome

<table>
<thead>
<tr>
<th>Presenters</th>
<th>Institution</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 Brenda Flood, Jane Morgan</td>
<td>Auckland University of Technology</td>
<td>01. Coming out of the shadows – bringing dispositional qualities to the forefront in interprofessional education</td>
</tr>
<tr>
<td>9:20 Hanna Olson, Catherine Ronayne, Megan Anakin, Alison Meldrum, Alison Rich</td>
<td>University of Otago</td>
<td>02. Working together in clinical pathology: an interprofessional education initiative for dentistry, oral health, and medical laboratory science students</td>
</tr>
<tr>
<td>9:40 Jennifer Long, Jennifer Weller, Tanisha Jowsey, Peter Beaver</td>
<td>University of Auckland</td>
<td>03. Networkz: implementing a national, simulation-based team training program for surgical teams in New Zealand</td>
</tr>
<tr>
<td>10:00 Lynne Petersen, Vicki Jones, Joanne Egan, Dianne Marshall</td>
<td>University of Auckland</td>
<td>04. “Walking the talk” – the development of an interprofessional and inter-institutional governance group to lead the Urgent and Immediate Patient Care (UIPC) week</td>
</tr>
</tbody>
</table>

10:20 Morning coffee break - 20 minutes

10:40 Lyn Murphy

<table>
<thead>
<tr>
<th>Presenters</th>
<th>Institution</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:40 Lyn Murphy</td>
<td>Auckland University of Technology</td>
<td>05. Valuing interprofessional education: micro, meso and macro-level applications</td>
</tr>
</tbody>
</table>

11:00 Denise A Taylor, I Taylor, J Hollamby, E Berragan

<table>
<thead>
<tr>
<th>Presenters</th>
<th>Institution</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 Denise A Taylor, I Taylor, J Hollamby, E Berragan</td>
<td>University of Bath; North Bristol Academy; UWE School of Nursing and Midwifery</td>
<td>06. Interprofessional ward-based simulation supports healthcare students to learn about patient safety</td>
</tr>
</tbody>
</table>

11:20 Diana Austin, Jane Morgan, Brenda Flood, Angela Brenton-Rule, Rachel Macdiarmid

<table>
<thead>
<tr>
<th>Presenters</th>
<th>Institution</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:20 Diana Austin, Jane Morgan, Brenda Flood, Angela Brenton-Rule, Rachel Macdiarmid</td>
<td>Auckland University of Technology</td>
<td>07. Exploring the complexity of implementing an Interprofessional Learning Zone</td>
</tr>
<tr>
<td>Time</td>
<td>Speaker(s)</td>
<td>Affiliation</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>11:40</td>
<td>Nathan S. Considine, Vinayak Dev, Antonio T Fernando</td>
<td>University of Auckland</td>
</tr>
<tr>
<td>12:00</td>
<td><strong>Light Lunch</strong></td>
<td></td>
</tr>
<tr>
<td>1:00</td>
<td>Tanisha Jowsey</td>
<td>University of Auckland</td>
</tr>
<tr>
<td>1:40</td>
<td>Avril Lee, George Shand, Dale Sheehan, Jess Nand</td>
<td>Waitemata DHB; University of Auckland; University of Canterbury</td>
</tr>
<tr>
<td>2:00</td>
<td>Richard Hansen, Anna Miles, Angela Lambie, Avril Lee, Tony Spelman, Monica Amer Oad</td>
<td>University of Auckland; Waitemata DHB; People with Parkinson’s Inc</td>
</tr>
<tr>
<td>2:20</td>
<td>Di Winstanley, Marie Rose, Dean Fourie, Lauren Whearty, Marcus Henning, Yan Chen</td>
<td>Mercy Hospice; University of Auckland</td>
</tr>
<tr>
<td>2:40</td>
<td>Jacqui Murray, Joey Domdom, Maria Ulloa, Stephanie Kelly</td>
<td>Wellington Institute of Technology; Whitireia Community Polytechnic</td>
</tr>
<tr>
<td>3:00</td>
<td><strong>Afternoon coffee break – 20 minutes</strong></td>
<td></td>
</tr>
<tr>
<td>3:20</td>
<td>Dallas Poi</td>
<td>Turanga Health</td>
</tr>
<tr>
<td>3:40</td>
<td>Yvonne Boyes, Matt Sinton</td>
<td>Bay of Plenty DHB</td>
</tr>
<tr>
<td>Time</td>
<td>Name</td>
<td>Affiliation</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>4:00</td>
<td>Ying-ying Yang</td>
<td>Taipei Veteran General Hospital</td>
</tr>
<tr>
<td>4:20</td>
<td>Antonia Verstappen, Phillippa Poole, Craig Webster, Ian Wood, Rhys Ponton, Andrew Collins, Lisa Steward, Simone Rodda, Bridget Kool</td>
<td>University of Auckland</td>
</tr>
<tr>
<td>4:40</td>
<td>Avril Lee, Ellen Millar, Laura Chapman</td>
<td>Waitemata DHB; University of Auckland</td>
</tr>
<tr>
<td>5:00</td>
<td><strong>Finish</strong></td>
<td></td>
</tr>
</tbody>
</table>
Abstracts

01

Coming out of the shadows – Bringing dispositional qualities to the forefront in interprofessional education

Dr Brenda Flood - brenda.flood@aut.ac.nz
Dr Jane Morgan - jane.morgan@aut.ac.nz

AUT has taken a bold stance in focusing on an ontological approach to becoming interprofessional healthcare practitioners, in contrast to the predominant discourse of knowledge and skill acquisition within contemporary health professional education programmes. An ontologically driven educational approach balances knowledge and skill acquisition with the processes necessary for learners to transform as people: viewed in this context as dispositional qualities toward graduate interprofessional capability. It recognises that learning is about much more than absorbing content – it is a personal journey of self-realisation. It reorients professional education toward the integration of knowing, acting AND being an IP practitioner and creates space for learners to respond reflexively to complex, dynamic and evolving practice contexts.

The Faculty of Health and Environmental Sciences at AUT have engaged in the development of sustainable and embedded interprofessional learning opportunities for its students, which provides a unique orientation and sustainable platform from which to prepare current and future practitioners for interprofessional practice.

During the development of interprofessional education, this orientation has both underpinned and informed the development of an ontological model for interprofessional education at AUT. This model foregrounds dispositional qualities as central to health graduates, able to provide optimal person/whanau centred health outcomes through their intentional, collaborative and responsive interactions with others in multifaceted health contexts.

This session will present the model, its development and utility within interprofessional education and collaborative practice contexts.
Working together in clinical pathology: An interprofessional education initiative for dentistry, oral health, and medical laboratory science students

Hanna Olson¹ - hanna.olson@otago.ac.nz, Catherine Ronayne², Megan Anakin³, Alison Meldrum¹ & Alison Rich⁴

¹Department of Oral Sciences, Faculty of Dentistry, University of Otago, Dunedin, New Zealand
²Department of Pathology, Dunedin School of Medicine, University of Otago, Dunedin, New Zealand
³Education Unit, Dunedin School of Medicine, University of Otago, Dunedin, New Zealand
⁴Department of Oral Diagnostic and Surgical Sciences, Faculty of Dentistry, University of Otago, Dunedin, New Zealand

Introduction. There is a need to develop and evaluate interprofessional education (IPE) initiatives for undergraduate students preparing for professions in dentistry and medical laboratory sciences. The goal of an orofacial pathology IPE initiative was for students to learn how to collaborate while critically assessing oral health information as part of a team.

Innovation. Students from dentistry, oral health, and medical laboratory science volunteered to participate in a pilot IPE initiative. Students worked collaboratively with a given patient case to develop a differential diagnosis, prepare a treatment plan, present their case to classmates and staff members, and describe how they worked together to address the orofacial pathology in their case.

Evaluation. Students’ experience of the IPE initiative was evaluated through an anonymous 10-item questionnaire. Students rated statements that addressed interprofessional skills including patient-centred care, role clarification, team functioning, collaborative leadership, communication, and cultural practice. Students also provided written comments about the initiative.

Outcomes. In general, the 18 students agreed strongly with all statements except for cultural practice. Written comments about the initiative were positive and indicated that students appreciated learning about their own discipline and that of other professionals in the context of providing oral healthcare involving orofacial pathology.

What next? Given the acceptability of this initiative with students, the next step is to consider the feasibility of scaling-up this small voluntary project into a permanent component of the dentistry, oral health, and medical laboratory science programmes. Aspects to consider include staffing, scheduling, assessment, and cultural perspectives.
NetworkZ: implementing a national, simulation-based team training program for surgical teams in New Zealand

Jennifer Long - Jennifer.long@auckland.ac.nz

Other authors: Jennifer Weller, Tanisha Jowsey, Peter Beaver

NetworkZ is a national multidisciplinary simulation-based team training program for surgical teams. With funding from our national Accident Compensation Corporation, we have integrated bespoke, interactive surgical models with a full body computerised simulator, and provided these resources to all New Zealand public hospitals. The NetworkZ training is run in situ, with operating room teams working in their own environment and with their usual team members. A comprehensive instructor training programme upskills local staff to deliver the programme, with the aim that locally run simulation-based team training will become business as usual. The training is now being rolled out to public hospitals across New Zealand. To date, over 1000 staff have attended courses, and the training is expanding into other acute care areas.

Our evaluation strategy utilises a stepped wedge cluster design enabled by progressive programme roll out over four years. Our primary outcome measures is Days alive and Out of Hospital at 90 days. We are also exploring changes in teamwork through surveys and observations. We have completed our first interview study of 37 local DHB staff in the first cohort, exploring their experiences of the implementation of NetworkZ in their hospital. Interviews underwent framework analysis using the “Organising for Quality” categories for quality improvement interventions. These categories are politics, culture, motivation, learning, structure and infrastructure.

Our findings on implementation challenges and enablers will inform the ongoing implementation NetworkZ in subsequent cohorts, and be of interest to others involved in the implementation and sustainability of training in healthcare organisations.
“Walking the talk”; the development of an interprofessional and inter-institutional governance group to lead the Urgent and Immediate Patient Care (UIPC) week

Lynne Petersen, School of Pharmacy - l.petersen@auckland.ac.nz

Dr. Vicki Jones, Joanne Egan, Dianne Marshall, FMHS, University of Auckland

The UIPC week was extended in 2017 to a four-day course that includes nursing, medicine, pharmacy and paramedicine students. This necessitated the same disciplines working collaboratively as academic leaders at a governance level across three schools and three tertiary institutions. The UIPC Governance Group aims to role-model and value the same communication skills, teamwork and leadership\(^1\) that we work to engender in the students during their interprofessional education activities. Implementation of a sustainable IPL programme has required adaptability in response to a dynamic set of constraints common in complex teamwork.\(^2\) Development of a well-balanced governance group, with an articulated common vision and set of oversight processes, has been central to the ongoing success of this interdisciplinary simulation week programme. This presentation will highlight the challenges, and co-developed solutions we have created in our evolution towards a truly interprofessional governance group that “walks the talk” of teamwork.

---


Valuing Interprofessional Education: Micro, Meso and Macro Level Applications

Lyn Murphy - lyn.murphy@aut.ac.nz
School of Interprofessional Health, Auckland University of Technology

Aim: To illustrate the benefits of applying interprofessional competencies to assist in problem-solving challenges at CMHealth.

Background: One approach to classifying the value of interprofessional competencies, is to group their application within a ‘micro–meso–macro’ analytical framework (Dopfer, Foster and Potts 2004). Micro-level applications occur at the patient / clinician interface and relate to meeting the immediate delivery of services. Meso-level applications occur at the organisational level (for example the District Health Board). The meso-level lies between the micro and macro-level and considers the context, interdependence and structures in which micro and macro applications forces operate (Forge 2009). Macro-level applications occur at the central government level and guide the formation of legislation and policy.

Method: A single case study at the meso-level examines how CMHealth formed 13 interprofessional health teams from across the organisation to seek solutions to the growing service demands and to save 20,000 bed days over 2 years.

Results: The Interprofessional health teams identified best practices through five key work streams.

1. Living well in the community
2. Keeping people at risk well in the community
3. Rapid Response in the community to acute events
4. Coordinated and rapid care in Emergency Care
5. Safe and timely care for those who need in-hospital care

The 20,000 Days Campaign achieved its objectives and had a positive effect on the patients involved.

Conclusion: The 20,000 Days programme demonstrates that a network of skilled, interprofessional health professionals can help DHBs solve their most difficult challenges and achieve sustainable change across their organisation.

Inter-professional ward-based simulation supports healthcare students to learn about patient safety

Taylor DA\(^1\) - denise.taylor@vuw.ac.nz, Taylor I\(^2\), Hollamby J\(^3\), Berragan E\(^3\)

\(^1\)University of Bath, \(^2\)North Bristol Academy, \(^3\)UWE School of Nursing and Midwifery

**Introduction:** Final year student nurses, doctors and pharmacists explored team working in a series of dynamic situations, to manage acute emergencies, prioritise care and delegate to members of the team.

**Aims:** To understand team working and communication styles, and recognise patient safety issues whilst prioritising care delivery and task delegation.

**Scene:** A simulated 8-bedded ward, with 3 high fidelity manikins and 5 beds with actors/students as patients/relatives. Students received handover at the start of every simulation, with two student nurses acting as two ward nurses; two student doctors acting as one ward doctor and two student pharmacists acting as one ward pharmacist to reflect usual ward environment. A tutor from each profession was available for clarification, advice or help.

**Methods:** Each student completed a 5-point Likert scale to self-rate their skills and confidence in communication, prioritising tasks, understanding others and patient safety before and after each session. There were 7 sessions with 89 students (35 student doctors, 31 student nurses and 23 student pharmacists).

**Results:** Unexpected learning outcomes included 200 patient safety-related responses and that students as ‘actors’ in an observing role, developed empathy of what it is like to be a patient, that acting/humour broke down barriers between student groups and improved situational awareness.

**Conclusion:** We demonstrated that ward-based interprofessional simulation is an effective way of teaching healthcare students together to highlight patient safety issues, improve team working and understanding between healthcare professionals, resulting in improved confidence and communication skills before independent practice starts.
Exploring the complexity of implementing an Interprofessional Learning Zone

Dr Diana Austin Diana Austin - diana.austin@aut.ac.nz
Dr Jane Morgan
Dr Brenda Flood
Dr Angela Brenton-Rule
Dr Rachel Macdiarmid
Auckland University of Technology

Action research has been espoused as a methodology to uncover the multiple layers of complexity when integrating IP learning to undergraduate education. In the School of Clinical Sciences (AUT) an action research study is providing new knowledge on how the development and evaluation of an IP learning zone can bring about learning and change. A collective mix of students, educators and managers have captured their journey as the first module of an Interprofessional Learning Zone has been implemented across the school during 2019. This School houses seven clinical disciplines; nursing, midwifery, occupational therapy, oral health, paramedicine, podiatry and physio, and comprises of approximately 800 first year students who have engaged in the interprofessional learning zone this year. Research data, in the form of collaborative discussions, individual reflections and insights from the multiple planning meetings, has been captured, transcribed and analysed. The evolving themes from this long-term study, will be presented along with qualitative and quantitative survey data from first year students, having experienced IP learning.
What stops us caring in health? Interprofessional insights from a study of 1700 doctors, nurses, and medical students

Nathan S. Consedine - n.consedine@auckland.ac.nz, Vinayak Dev & Antonio T. Fernando
Department of Psychological Medicine, University of Auckland

Background: Compassion – the desire to alleviate suffering in others – is a primary motivator for those pursuing careers in healthcare. However, remaining compassionate over time is difficult. Healthcare workers are repeatedly confronted with dramatic suffering and many report burnout and compassion fatigue. However, the factors that interfere with compassion extend well beyond the carer and it may be that insight into the systemic origins of compassion can be found by examining developmental patterns and considering how different groups of healthcare workers are similar versus differ from one another.

Method: Registered nurses, physicians, and medical students were recruited using convenience sampling in New Zealand. Following consent, 1700 participants (801 nurses, 516 physicians, and 383 medical students) completed a survey including the Barriers to Physician Compassion questionnaire.

Results: As expected, medical students reported greater barriers to compassion than physicians and nurses, with registered professionals generally reporting lower barriers. Among professionals, nurses specifically reported greater work-environment-related barriers than physicians.

Discussion: Rather than see compassion as stemming from individuals alone, data suggest that the patient, the clinical picture, and the work environment are critical. Barriers to care vary across different groups of healthcare workers and appear to decline with experience. Findings may move us past the unhelpful notion that compassion is lost because we get tired of caring. As a systemic problem requiring systemic solutions, it may be that insights into the challenge of compassion in health can be found when examining at the particular challenges different working groups face.
Clinical simulations in ethnographic film: *Prepared to Care*

Tanisha Jowsey - t.jowsey@auckland.ac.nz
Centre for Medical and Health Sciences Education
University of Auckland, Auckland, New Zealand

Introduction/background

This research aimed to get a thick description of student experiences of interprofessional learning on a simulation course in Auckland called Urgent and Immediate Patient Care Week (UIPCW). Ethnographic research was undertaken, including non-participant observation, participant observation, field notes, short 1-5 minute interviews, and ethnographic film. Research was undertaken during two four-day cycles of UIPCW in May 2018. A total of 115 students participated in this research. A film-industry standard documentary was made called *Prepared to Care*.

Students make clear that they experience a range of confronting and difficult situations through interprofessional learning, but they value such experiences. Students express feelings of nervousness about simulations and they offer us glimpses into what it is like for them to learn interprofessionally and through simulation.

This film is freely available for you to use in your teaching

Youtube: https://www.youtube.com/watch?v=467bAuCAv1E
(or search ‘prepared to care Jowsey’)


TRAILER available here:

BMJ STEL (supplementary file): https://stel.bmj.com/content/early/2018/12/03/bmjstel-2018-000396#DC1
More than Medication Police: Pharmacists drive novel learning around safer prescribing

Avril Lee1, 2 - Avril.Lee@waitematadhb.govt.nz
George Shand1, Dale Sheehan3 and Jess Nand1

1. Waitemata DHB
2. University Of Auckland, School of Medicine
3. University of Canterbury

Background: Learning to prescribe is challenging and relies on opportunities to receive specific, timely and constructive feedback.1 Small cohorts of junior doctors have benefitted from the UK ePiFFany educational approach2 which accelerates learning and awareness of prescribing errors, but is resource intensive.

Key components are: (1) Clinical simulations with debriefing, targeting clinical reasoning around prescribing decisions; (2) Pharmacist coaching about complex prescribing tasks, linked to identified learning needs. We needed to scale up this approach to improve prescribing practice across an entire cohort.

Summary of work: We piloted prescribing workshops, with larger numbers of junior doctors (64). They were grouped in pharmacist led teams of 6-7. They engaged in case-based discussion centred on common prescribing errors utilising investigative resources and guidance from the pharmacist to problem solve common clinical scenarios. The learning was evaluated some weeks later by pharmacists using semi-structured interviews, focusing on prescribing performance instead of errors. These conversations also facilitated feedback and practical learning opportunities.

Summary of results: We measured intern responses and over 50% of participants rated the teaching 10/10 (strongly agree). Respondents achieved on average 88% (opioids) and 87% (anti-coagulants) learning points in their prescribing practice. The feedback indicated significant improvement on alternative approaches.

Conclusions and take-home messages: The ePiFFany model can be scaled up sustainably. We substituted clinical simulations for case-based discussions, remaining true to the principle of critical thinking in transition of learning to practice. We implemented an innovative qualitative evaluation based on narrative descriptions, examining ‘what is done in practice’ and creating real time feedback and facilitating learning.


Living well with Parkinson’s: An interprofessional approach to medicine management.

Richard Hansen¹ - rhan062@aucklanduni.ac.nz, Anna Miles¹, Angela Lambie², Avril Lee², Tony Spelman³, Monica Amer Oad¹

¹ Speech-language Therapists, Speech Science, The University of Auckland, New Zealand
² Pharmacists, Waitemata District Health Board (WDHB), Auckland, New Zealand
³ People with Parkinson’s Inc, New Zealand

Background: People with Parkinson’s are at high risk of medication error due to dependence on accurate, timely use of medication and high incidence of dysphagia (swallowing difficulties). Errors involving late or missed doses can impact quality of life. Despite this, there are limited opportunities for different health professionals and patients to ensure effective support and education for people with Parkinson’s. The goal of this interprofessional, patient-driven team was to develop an educational package for people with Parkinson’s and health professionals.

Methods: Phase 1 A survey was completed by 71 New Zealanders with Parkinson’s. Respondents reported complex daily multi-medicine use (mean 11, range 2-25). Analysis showed 57% scored outside normal range for swallowing with 57% reporting difficulties swallowing medicines, and use of a variety of strategies to enable medicines administration.

Phase 2 Phase 1 guided a co-designed patient/interprofessional resource to assist with medication management. The draft resource was reviewed by an expert advisory group of neurologists, GPs, pharmacists, and allied health professionals and revised based on feedback. We ran a patient focus group with 12 people with Parkinson’s who were given the resource on trial for 4 weeks. Again, the resource was revised based on feedback.

Discussion: This co-designed initiative with patients as core members of the interprofessional team demonstrates collaborative resource development aimed at enhancing care. The impact of the relationship between health providers and tangata whaiora - people seeking health and wellness for themselves is being further explored. This collaborative model has the potential to be applied to other patient groups and health professional disciplines.
Interprofessional Shadowing in a Palliative Care Setting

Dr. Di Winstanley¹, Dr. Marie Rose¹, Dr. Dean Fourie¹, Miss Lauren Whearty²,
A/P Marcus Henning³, & Dr. Yan Chen³ - yan.chen@auckland.ac.nz

¹. Mercy Hospice, New Zealand
². Medical Student, The University of Auckland
³. Centre for Medical and Health Sciences Education, The University of Auckland

Interprofessional shadowing, whereby medical students take on the role of another profession, is an effective interprofessional education (IPE) method to promote interprofessional teamwork. Palliative care is an ideal setting for IPE as multidisciplinary teams work together to deliver holistic patient care. This presentation describes an interprofessional shadowing initiative, where junior doctors shadowed nurses for two days in a hospice setting in New Zealand. We will discuss the programme’s inception, implementation and impact on service delivery. We will also present qualitative findings from semi-structured interviews with participating junior doctors to better understand the impact of this shadowing experience on their professional development and attitudes towards IPE.
Leading practice outcomes in health and social services: Insights from interprofessional education provision.

Dr Jacqui Murray - Jacqui.Murray@whitireia.ac.nz
Dr Joey Domdom - Joey.Domdom@weltec.ac.nz
Dr Maria Ulloa
Dr Stephanie Kelly - Stephanie.Kelly@weltec.ac.nz

This presentation speaks to the experiences – student, employer, organisational of the effects and outcomes for improved interprofessional practice, from an interprofessional blended learning suite of postgraduate programmes in Health and Social Services. The Whitireia-WelTec Masters, Postgraduate Diploma, and Postgraduate Certificate in Professional Practice in Health and Social Services is a blended learning interprofessional programme. The students come from a diverse range of professional practice backgrounds, including nursing, paramedicine, dentistry, medicine, social work, counselling, addictions, support work, and education. The programme has a high representation of Maori and Pacific students, and an increasing number of international students. There is a substantial focus on interprofessional learning, research, leadership, and understanding and engaging with diversity. The programme is developing a body of student-led research into critical professional practice issues, and a growing strength in Indigenous knowledges and research for practice.

Using exploratory qualitative observations from the teaching staff and reflections from students over the period 2016-2019, this presentation will expand on the themes of: bringing together theory, practice, and research; recognising the use and value of evidence based practice and practice based evidence; engaging with diversity (professional, cultural, and organisational), balancing the personal, the professional, the cultural, and the interprofessional in practice to speak to the processes, outcomes, value, and some of the challenges of interprofessional learning in health and social services. We will share experiences, reflections, continuous learning for staff, and evidence of real tangible outcomes for practice.
Turanga Health – An Employer Perspective

Connecting the explicit learnings with tacit experiences to unlock the ‘IPE Sweet Spots’

Dallas Poi - Dallas.Poi@turangahealth.co.nz, Turanga Health, Gisborne

Turanga Health is a founding partner of the Otago University IPE Program within the Tairawhiti District. Over this time Turanga Health has hosted well over a thousand students and provided the opportunity to experience a rural General Practice, Marae based Kaumatua lifestyle program, workplace wellness initiatives, community based chronic condition lifestyle programs, heritage trails, well child, mental health, community nursing and the healthy homes program.

As a part of this experience, students were charged with a responsibility of reciprocity, whereby nominated projects were identified by Turanga Health and the students correspondingly would undertake a literature review, explore international or indigenous modelling, prepare a potential tool kit for service delivery application and propose key recommendations.

For Turanga Health this endeavour has served the company well with up to 90% of the nominated projects all converted into Turanga Health business as usual and up to 6 students placed into full time employment.

In addition Turanga Health has experienced a high level of gratification in providing ‘stewardship’ for this cohort of students and their induction to working alongside rural Maori whanau within the Tairawhiti district.

These are the Turanga Health ‘IPE Sweet Spots’
The essence of why a Rural Health Interprofessional Programme (RHIP) learning experience in the Eastern Bay Plenty is benefiting students and communities.

Yvonne Boyes RN BN - Yvonne.Boyes@bopdhb.govt.nz, Post grad Dip Advanced Nursing, Academic coordinator, Rural Health Interprofessional Programme  BOPDHB

Matt Sinton BA (Hons) Political SC, Student Coordinator Rural Health Interprofessional programme  BOPDHB

Students who learn through inter professional education and practice in rural settings not only have greater knowledge, skills, and appreciation of rural practice, but also learn about rural life and the health impacts of those living in rural communities. Students on a program such as RHIP learn about rural life, rural health issues, and are exposed to particular community needs. This can also be of significant benefit for rural communities where the interprofessional students practice. The importance of rural training as part of health professional education and maintaining rural training programs is an effective educational strategy to build a rural health professional workforce. This is entirely the opportunity the Rural Health Interprofessional program is delivering in the Eastern Bay of Plenty.

Gaining interprofessional experience in practice, as experience is necessary for students in healthcare and allied healthcare disciplines. During these rural experiences, students must collaborate and work together, with each profession working alongside another for the benefit of patient care and an understanding of self. The learning involves collaboration among students, learning institutions and others, across many different levels, including site or practice areas. Administrative support involves leaders who can communicate a vision of collaborative practice, motivate practitioners and staff to participate, and create a working environment that nurtures inter professional practice. This is ensured by relationships with the community and is evident by opportunities experienced by our students.
XR (extended reality)-based simulation in inter-professional education: technology-enhanced share decision-making tools for holistic care-student, organisational and employer perspectives

Dr. Ying-Ying Yang - yangyy@vghtpe.gov.tw

Director of Clinical Skills Training Center, Department of Medical Education, Taipei Veterans General Hospital, National Yang-Ming University, Taipei, Taiwan

In the past ten more years, the inter-professional education (IPE) program of our institution focus on training the holistic care skills of multi-professional team. Through interaction on e-plate form, production of IPE book/video and creation of integrated IPE and team efficiency (IIT) scenario, we had cultivated lots of sophisticated IPE faculties.

Within increasingly complex healthcare system, shared decision making (SDM) is important to ensure care quality of multi-professional team. Recently, in addition to video gaming, the use of extended reality (XR including virtual reality, augmented reality, mixed reality) in healthcare/education has increased significantly. In TVGH, we applied XR technology to create SDM tools in the topics of tracheotomy, atrial fibrillation ablation, pre-operation communication for early renal cancer and oral cancer, pediatric bronchoscopy, needle stick injury and medical waste separation. These XR materials are produced in both Chinese and English versions by educational committee.

For IPE, these XR materials allow users to experience these difficult issues in virtual world, and learn the communication skills for holistic care. Most of the healthcare users report that these clinical XR-SDM materials smoothly the process of pre-operational, pre-procedure and post-treatment holistic care. Meanwhile, the XR-SDM materials of needle stick injury and medical waste separation effectively improve the knowledge and skills of the multi-professional trainees.

Nowadays, the application of XR technology in medical education is few. We are planning to promote this highly awarded XR-based simulation to national community, hospitals and other countries.
The Health Career Pathways Project: a multidisciplinary, longitudinal tracking study

Antonia Verstappen - antonia.verstappen@auckland.ac.nz

Phillippa Poole, Craig Webster, Ian Wood, Rhys Ponton, Andrew Collins, Lisa Stewart, Simone Rodda, Bridget Kool, University of Auckland, New Zealand

Introduction/background: The Health Career Pathways Project (HCPP) is a multidisciplinary, longitudinal prospective multiple cohort study that has been underway across the Faculty of Medical and Health Sciences (FMHS) at the University of Auckland since 2006. The HCPP is unique in being one of the few studies globally collecting data on multidisciplinary cohorts of health professional students at commencement of study, at graduation, and for medical students into the postgraduate years. The HCPP contains data from thousands of individual health professional students and graduates.

Aim/objectives: The HCPP incorporates all undergraduate medical, nursing, pharmacy, optometry and health sciences students. Data is collected from these students throughout their training and into the workforce, in order to explore associations between demographic factors, course experiences, career aspirations and pathways. Information gained from the study informs curriculum development and future health workforce planning.

Methods: Each year, every health professional student in the FMHS is invited to complete a questionnaire, as well as medical graduates 1-, 3-, 5- and 8-years post-graduation. Items include current and future practice, location and career aspirations.

Results: There are strengths and challenges associated with using a longitudinal prospective multiple cohort study methodology. Key results from recent studies will be presented, including predictors of medical student interest in working in a rural location, and trends in Bachelor of Nursing cohorts over 10 years.

Discussion: Longitudinal data that tracks health professional students throughout their training and into the workforce is useful for answering health workforce questions.
Disrupting clinical pharmacology education - Pharmacist-led teaching for first year clinical students

Avril Lee\textsuperscript{1,2} Avril.Lee@waitematadhb.govt.nz
Ellen Miller\textsuperscript{1,2} Laura Chapman\textsuperscript{1,2}

1. Waitemata DHB. 2. University of Auckland, School of Medicine

**Background:** Junior doctors find prescribing difficult during their formative years\textsuperscript{1}, feel unprepared\textsuperscript{2} and make more errors than experienced clinicians\textsuperscript{3}. We used practical pharmacist-led teaching for first year clinical medical students to address these issues, build inter-professional relationships and improve knowledge, skills and confidence around prescribing.

**Summary of work:** Structured doctor/pharmacist-led prescribing seminars and pharmacist-led attachments were introduced for students in year 4 at Waitematā clinical campus. Seminars involved case-based practical prescribing, and were followed by a clinical pharmacist attachment with specific learning outcomes. Two cohorts complete the teaching each year.

**Summary of results:** In 2018, 85% students completed the attachment (n=39). 100% of those students agreed / strongly agreed the program was valuable. 96% reported improved confidence in skills. In 2019, provisional results of pre- and post-intervention self-evaluation for the first cohort are promising with 100% of respondents reporting improved confidence in prescribing and 80% of respondents reporting improved knowledge of how to avoid making medication errors. Following student feedback and stakeholder discussion of local training priorities, patient counselling and discharge planning were added for the second cohort of students. Pharmacists report improved relationships with their students, facilitating improved prescribing rather than time spent on corrective actions.

**Conclusions and take-home messages:** This is a low cost and practical way for medical students to gain both explicit and implicit knowledge about prescribing and clinical pharmacology, providing a solid foundation for their remaining undergraduate years. Clinical Pharmacists are ideally placed to lead this learning as subject matter experts for medical students. Evaluation findings from 2019 will be applied to the 2020 intake.
