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

Interprofessional Education Showcase

Incorporating Interprofessional and Collaborative Practice into the Curriculum

DAY 1: Thursday 23 November 2017  
Room 501-B09, Robb Lecture Theatre  
85 Park Road, Grafton Campus

DAY 2: Friday 24 November 2017  
Room 599-12080, Graham Hill Lecture Theatre  
Level 12, Hospital Support Building

A biennial forum of the Interprofessional Education research community

Dr Craig Webster  
c.webster@auckland.ac.nz  923 6525
Welcome to our Showcase

For this year’s Showcase we are very pleased to have a full and varied day of presentations on Day 1, followed by a Workshop by an invited guest, Assoc. Prof. Roger Dunston, on Day 2. Many thanks to all our speakers for making this event possible. Day 1 is a free event, and coffee and snacks, and a light lunch will be provided. You are very welcome to attend Day 1 without being a presenter, but please RSVP for catering purposes. The location of the Day 1 events is marked on the map on the last page of this document, and a programme of talks is also included.

Instructions for Day 1 presenters

Please email your powerpoint presentations to Craig Webster (c.webster@auckland.ac.nz) at the latest by Friday the 17th November. This will allow us to check and pre-load your slides to reduce delays on the day. If your files are very large please compress them with WinZip before emailing them.

Please plan your talks in order to respect the time limit of a maximum of 15 minutes for your presentation. At the end of each talk there will be time for 5 minutes of questions. On the day all presenters are asked to please check-in before talks begin, or during a break, in order to pick up their name badges and information packs. There will be morning and afternoon coffee breaks and one hour for lunch in which to network.

Instructions for Day 2 attendees

Day 2 is a half-day Workshop lead by Assoc. Prof. Roger Dunston of the University of Technology Sydney. Prof. Dunston is the lead for a nationally funded IPE project in Australia entitled Securing an Interprofessional Future (see https://sifproject.com/). The Workshop costs NZ$100 to attend and registration details are in this document if you haven’t already registered.

If you have any questions about either day please email Craig Webster.

Craig Webster
Event Organiser
C.webster@auckland.ac.nz
## Interprofessional Education Showcase – Day 1 Programme

23 November 2017

Centre for Medical and Health Sciences Education  
University of Auckland

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12noon

**Lunch**

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<td>Dr Maggie Meeks</td>
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<td>Assoc. Prof. Dale Sheehan, Avril Lee</td>
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Day 1 presentation abstracts

1. **Building organisational partnerships to form IPE programmes**


+ University of Otago Wellington, *Massey University, #Pharmaceutical Society, ^Victoria University

Presenter: Eileen McKinlay <eileen.mckinlay@otago.ac.nz>

Many New Zealand education organisations do not have sufficient disciplines or appropriate student numbers to offer comprehensive and balanced pre-registration IPE programmes. Forming partnerships with other organisations enables a wider range of disciplines with more balanced numbers to learn with, from and about each other. It also means different organisations can engage with each other, learn about other disciplines’ programmes and develop a broader set of interprofessional skills.

Since 2011, University of Otago Wellington have offered IPE to dietetics, medicine, physiotherapy and radiation therapy students however vastly mismatching numbers in each discipline has meant not all students can take part. From 2015, we formed partnerships with Massey University, the Pharmaceutical Society and Victoria University to deliver IPE and have researched the elements that enable this to occur.

Early findings from a qualitative evaluation show the following are necessary: shared commitment to IPE; establishing memoranda of understanding or similar agreements regarding common resources and costs; finding common timetabled dates/times; agreeing mutually important teaching topics and course structure; aligning student educational maturity; inducting new teachers; and agreeing on evaluation methods.

Practically, there needs to be: adequate lead-in time to enable both high-level and fine-detail planning and trust development between organisations; a working appreciation of each organisation’s approach and each discipline’s programme; early identification of the windows of common curricula time; flexibility when considering IPE topic and pedagogical approach; and enthusiasm and a can-do approach from already busy teachers.

Taken together these elements have led to effective and satisfying partnership IPE programmes.
2. Reflections on a module for health professional student engagement in interprofessional education – where there’s a will there’s a way

Skinner MA, Symes A
IPE Centre. Division of Health Sciences, University of Otago
Presenter: Margot Skinner margot.skinner@otago.ac.nz

The University of Otago, Division of Health Sciences, established an Interprofessional Education (IPE) Centre in November 2016. The overarching aim is for all students in health professional programmes to develop and demonstrate core interprofessional competencies through exposure to IPE at the early learning; engagement, and clinical/immersion stages of learning, with increased likelihood of becoming collaborative practitioners on graduation. An ‘engagement’ project evolved in Semester 2, 2016 and was implemented in Semester 1, 2017. It involved a compulsory IPE module, on the theme of Smoking Cessation, for over 700 Year 3 health professional students: dentistry, medicine, oral health, pharmacy, and physiotherapy, and Master of Dietetics students. Forty tutors facilitated the student learning over the three week modules timetabled in two blocks. Whilst students met the module requirements and appreciated the opportunity to engage with colleagues from other health professions, the preparation and administration ‘behind the scenes’ was challenging. Differences in e-learning platforms, management of student leave, lines of responsibility for communication, full year versus semester papers, timetables, and room availability and previous experience of tutors in IPE were not all obvious at the outset and only became apparent as the module developed and was rolled out. However, where there’s a will there’s a way and the programme lead and administrators worked tirelessly, to ensure lines of communication developed amongst faculty and with students. Despite challenges, all students completed and passed the IPE module before the start of Semester 2 and relationships between IPE and programme administrations have consolidated for future implementations.

3. The Community Education Project - a socially accountable assessment component within an interprofessional curriculum

Authors: Wilson, C, Gallagher P, Pullon S, Skinner M, McHugh P, McKinlay E & Gray L
Presenters: Christine Wilson christine.w@otago.ac.nz and Professor Sue Pullon sue.pullon@otago.ac.nz

As part of a clinically based rotational interprofessional programme for senior health professional students located in Tairāwhiti, a key component of assessed work, the Community Education Project, was construed as being socially accountable. The projects (Project) have demonstrated relevance to both students and the community and are a powerful interprofessional learning exercise.

Using an appreciative enquiry approach, focus groups were conducted with consecutive groups of students. Individual interviews with local educators and clinical workplace providers were subsequently conducted. Student focus group data were analysed using an iterative thematic approach. Template analysis was used to synthesise clinical provider interview data.
Analysis of student focus group data identified a clear ‘social accountability’ theme in relation to the Community Education Projects. Providers had many positive experiences and described benefits including two-way learning between students and providers, which outweighed challenges such as increased time commitment and pressure on workspace.

As the programme progressed, students increasingly recognised not only the relevance of their project work to the community involved, but also their social obligation to ‘give something back’ to the community. Providers greatly appreciate the immediate benefit communities gained from the students’ work. One Māori Health Provider in particular has successfully utilised the resources created from the projects and to improve their community services and secure additional funding for their programmes.

4. Elements of Success for Faculty-wide IPL

Professor Phillippa Poole, Head of Department of Medicine; Dr Rhys Jones, Te Kupenga Hauora Māori; Professor John Shaw, Emeritus Professor, School of Pharmacy; Dr Dianne Marshall, Senior Lecturer, School of Nursing; Dr Kira Bacal, Phase 2 Director of Medical Programme; Dr James Cheeseman, Coordinator of Quality and Safety Project; A/Prof Papaarangi Reid, Tumuaki of the Faculty; Ms Barbara O’Connor, FMHS Educational Project Manager

Presenters: Phillippa Poole p.poole@auckland.ac.nz and Rhys Jones rg.jones@auckland.ac.nz

The Faculty of Medical and Health Sciences evolved from a School of Medicine to a multidisciplinary health faculty from 2000 onwards. This allowed the development of interprofessional student learning (IPL). Beginning in 2002, six formal IPL activities have enabled health professional students to learn together at various stages of their programmes, with each activity having a different focus (e.g. Māori Health, patient safety, urgent patient care). The six are Māori Health Week: Te Wiki Hauora Māori (now Māori Health Intensive), Quality and Safety Workshop, Introduction to the Wards, Pharmacoeconomic Cost-Effectiveness Project, Urgent and Immediate Patient Care (includes WardSIMS), and Advanced Cardiac Life Support simulation.

A total of about 6,500 Faculty students have been engaged in this learning, with participation from medicine, nursing and pharmacy and, more recently, optometry and students. Recently, over 150 students from other institutions have also participated.

The presentation will give examples of how IPL projects have evolved and key elements of success, such as selection of appropriate topic areas, the role of champions and expert practitioners, institutional support, and the need for authentic learning experiences. Challenges and barriers will also be addressed.
5. Embedding and sustaining IPE - what have we been missing?

Assoc. Prof. Roger Dunston, University of Technology Sydney
Presenter: Roger.Dunston@uts.edu.au

This presentation draws on what we have been learning from a number of Australian development and research initiatives conducted during the past ten years. We focus on health professional practice, learning and change as complex and negotiated cultural achievements, and the implications of this view for how we approach implementing, embedding and sustaining IPE. We suggest there is a profound and little explored cultural difference between how uni-professional health professional education is provided and the educational conditions required to grow IPE. Whilst this recognition often leads to feelings of, it’s all too hard, we think there is much that can be done to work with this cultural difference.

6. Interprofessional education in rural communities; making a difference

Department of Primary Health Care and General Practice, University of Otago Wellington, PO Box 7343 Wellington 6242
Presenter: Professor Sue Pullon sue.pullon@otago.ac.nz

In rural communities where health need is multidimensional, there is potential for multiple student learning objectives to be met concurrently. Among other attributes, final year health professional students need to become collaborative-practice ready.

A five-week, rurally-located, clinically-based interprofessional programme was introduced in Tairāwhiti for final-year, pre-registration health professional students in dentistry, dietetics, medicine, nursing, pharmacy and physiotherapy. The programme integrates learning objectives in four domains: interprofessional practice; hauora Māori (Māori health); rural health; long-term condition management. This study investigated student learning experiences over the first two complete years of the programme, comparing responses from participating students with those from a cohort of non-participating peers.

Using a pre and post quasi-experimental design, respondents from two successive annual student cohorts completed questionnaires at the start and end of their final year. Additional survey data were collected from participating students at the end of each rotation.

131 students participated in the programme over 2013-2014. Student respondents reported being significantly better prepared for their transition from student to health professional than a cohort of 56 non-participating colleagues in many aspects of their understanding of and knowledge about the four
key learning domains. Programme participants completed end-of-rotation questionnaires. Positive from the outset, student satisfaction further increased across all domains in the second year.

Subsequent to this study, the programme has become well established. Rural settings are highly suited for both delivering and benefitting from such programmes if well supported. They increase collaborative practice skills and help strengthen the rural health workforce.

7. **Collaborative practice for Interprofessional Education - The Tromsø model - a journey from piloting to implementation**

Bente Norbye, Anita Iversen and Nanna Hauksdottir, UiT The Arctic University of Norway

Presenter: Bente Norbye bente.norbye@uit.no

“All our health- and social care students shall during their study, meet and work together, with one or more students from another profession, together with a patient in an authentic clinical situation”

Based on Lave and Wenger´s theories on situated learning we believe that interprofessional capacity that builds on learning with, from and about other professionals develop best in authentic health services with real patients.

In Tromsø, we have had a long lasting commitment to IPE with ambitious goals to ensure that every student that graduate from our university have capacity for interprofessional practice. Milestones in our journey have involved the following steps;

*Governmental and local leadership;* Norway has a strong governmental support for IPE. At UiT the Arctic University of Norway, development and implementation of IPE are included in all strategic plans for health professional education, thus a strong leadership and anchoring has been secured.

*Capacity building with faculty involvement;* A successful step was the establishment of an IPE group with faculty members from all study programs in close contact with stakeholders from clinical health care settings.

*IPE research and knowledge development;*
Several IPE-pilots and research projects are completed to gain experience and knowledge on organization, content and student learning in cooperation with healthcare services. Self-assessments reported high learning outcome among students. However, challenges are closely linked to logistics with 12 study programs and their curricula. Based on this knowledge a longitudinal plan for IPE will be implemented in 2018.
8. INTRADISCIPLINARY, INTERDISCIPLINARY AND TRANSDISCIPLINARY APPROACHES TO VALUE IN HEALTHCARE

Lyn Murphy
School of Interprofessional Health Studies, Auckland University of Technology and Board Member CM Health

Presenter: Lyn Murphy lyn.murphy@aut.ac.nz

Purpose: To identify and evaluate concepts of and approaches to value that offer decision-makers avenues for assessing, enhancing and justifying improvements in healthcare.

Design: The authors review and analyse published academic research in a range of academic disciplines and reports on practice. They draw on empirical evidence from a mixed methods study of the value of clinical trials. They evaluate a contemporary model of healthcare in the light of concepts and approaches uncovered.

Findings: The paper articulates the key factors that impact on stakeholders’ perceptions of value. The insights afforded present value as a multidimensional concept, the assessment of which is open to differing interpretations and which relies on objective and subjective elements, informed by both quantitative and qualitative insights through a transdisciplinary lens.

Discussion: Transdisciplinary perspectives go beyond the integration of approaches to incorporate the assimilation of new conceptual, theoretical, methodological, and translational frameworks to transcend the limitations of pre-existing discipline boundaries. Transdisciplinarity allows the absorption of the dimensions and complexity of value into a mix, which overcomes the insularity of intradisciplinarity and eliminates the potentially rigid boundaries that persist in interdisciplinarity.

Implications: The paper suggests that an increased awareness of stakeholder perceptions and of power relationships that might emerge from a transdisciplinary perspective has the potential to enhance equity, patient centric care and the distribution of health care resources.

Value: The paper presents interdisciplinary and transdisciplinary perspectives on value that complement and enhance those approaches to decision-making in healthcare that are essentially based on traditional accounting and economics.

Note
This proposed presentation is based on a paper in progress: Murphy, L and Maguire W. “Value as a guide to assessing improvement in healthcare. But what counts as ‘value’?”

A Bowmar, S McNaughton, B Flood, A Haxell, J Morgan
School of Interprofessional Health Studies, AUT University, Auckland.

Presenter: Alexandra Bowmar alexandra.bowmar@aut.ac.nz

Interprofessional learning (IPL) occurs when two or more health disciplines come together in a patient-centred-care (PCC) manner to learn with, from and about each other. Studies examining the influence of the built healthcare environment on IPL have identified both favourable and unfavourable environments for IPL. Researchers have reported on the use of previously established spaces, mostly for one point in time, or post occupancy.

This study uses an ethnographic approach informed by Actor Network Theory (ANT) to explore the evolution of occupancy use of a purpose-built university integrated healthcare clinic (AUT Health) by students and clinical educators with respect to IPL. An analysis of documentation, movement maps and plans will complement a longitudinal collection of user interview data. These interviews aim to capture the perceived, conceived and lived experience of AUT Health, according to Lefebve’s spatial theory. AUT staff who consulted with the designer will provide the perceived use of space. Conceived and lived experience will be gathered through observations, and interviews of staff and students prior to the move in July 2017, during the initial weeks of settling in, and again after four months occupancy. This research will provide a unique perspective to inform future planning of healthcare facilities to promote effective IPL and practice.

We will present the background, study design and initial findings of this study, including interview data, photos and movement maps at AUT Health, a purpose-built university integrated healthcare clinic.

10. What have I learned from teaching 18 semesters of teamwork?

Auckland University of Technology

Deborah Hay deborah.hay@aut.ac.nz

University graduates are increasingly required to demonstrate effective teamwork skills as preparation for the complexities and flux of a rapidly changing workplace. Health science students are required to demonstrate effective teamwork competency for professional registration in New Zealand. AUT University Health Science undergraduates begin their teamwork skill preparation in their first year of study. Given first year undergraduate classes regularly contain 1000+ students while servicing at least 12 health disciplines, many challenges arise in the effective delivery and assessment of teamwork skills in this context.
Since 2008, all of AUT University’s health science students have completed a compulsory group assessment within a core first semester paper, *Health and Environment*. During the 18 semesters coordinating this paper, I developed an effective group assessment process involving a blended approach of online wikis and face to face meetings. The large scale of the task was a driving force for innovation. Reviewing each semester’s failures and successes formed a responsive process of incremental and effective change. To date, students’ results affirm the assessment as effective in assessing teamwork skills. Student feedback supports the collaborative nature of the task while teaching staff affirm the approach as educationally sound and manageable.

My presentation reflects on my learnings from teaching teamwork to large student cohorts. The process has formed a springboard for a research project undertaken by a team within AUT University’s School of Interprofessional Health Studies, investigating how collaborative group work contributes to developing teamwork skills in tertiary students within the health and science faculty.

**11. Collaborating on an Interprofessional Patient Safety Curricula**

Meeks M1, Josland H2, Milligan K2 1, Julie Bowen-Withington2, Beasley C3, Seaton P1

1 University of Otago, Christchurch
2 Ara Institute of Canterbury
3 Christchurch Hospital

Presenter: Maggie Meeks maggie.meeks@googlemail.com

We describe how the development of an interorganisational and interprofessional simulation episode has led to further collaboration on a core interprofessional patient safety curricula.

It is well known that communication failure within and between health professionals is associated with risks to patient safety. Simulation as an educational strategy has been proven to enhance these skills. In 2013 the quality and safety module convenor from the Christchurch Medical School and nursing educators from Christchurch Polytechnic (now ARA Institute of Canterbury) began discussions about developing a quality and safety session for 5th year medical students and final year nursing students and ethical approval was obtained in 2015.

This interprofessional simulation based educational intervention has continued to be developed such that in 2017 it included an introduction to human factors, a discussion about professional roles and two simulation interventions; a simulation of common errors in a ward environment and a dynamic inter-professional simulation of a patient with a medical complication following surgery.

Analysis of the intervention included:
- Professional attitudes to interprofessional learning using pre and post-testing with the Readiness for Interprofessional Learning Scale.
• Use of the Situational Awareness Global Assessment Tool.
• Students understanding of their own and other health professionals’ roles, and the overlap between these roles
• Patterns of communication within and between professions at the undergraduate level.

Analysis of the results and faculty reflection on the existing nursing and medical curricula led to discussion around the benefits of a core interprofessional patient safety curricula which we hope to make sustainable.

12. Transitioning from Student to Effective Prescriber – Effective Prescribing Insight for the Future (ePIFFany)

Dale Sheehan¹, Avril Lee²; Marlise Heynike²,

¹Unitec – University of Technology, Auckland, New Zealand
²Waitemata DHB, Auckland, New Zealand

Presenters: Dale Sheehan dsheehan@unitec.ac.nz and Avril Lee Avril.Lee@waitematadhb.govt.nz

Since 2013 Canterbury and Waitemata District Health Boards have prioritised the teaching of Medication Safety to junior doctors. In 2016 a collaboration was established with the Universities of Leicester and Nottingham to replicate the successful UK education programme Effective Prescribing Insight for the Future (ePIFFany) in New Zealand. The UK project demonstrated a 53% reduction in prescribing errors post intervention.

This presentation will share the interprofessional team’s experience of implementing the ePIFFany approach in the southern hemisphere with a trial group. A key education design component is a switch in the way a post simulation debrief is conducted. Within ePIFFany, debrief and ongoing learning is transferred into the ward environment with support and coaching by pharmacists.

The success of the project is being measured through impact on prescribing practice on the wards. Data was collected by the pharmacy audit team for 6 months, the first 3 months providing the baseline data.

This presentation will
Describe key features of the programme as it was modified for two sites in New Zealand
Share the evaluation of the educational initiative, its impact on intern’s learning, self-monitoring and prescribing performance and inter professional practice and teamwork on the ward.
Discuss issues of sustainability and resourcing.
13. Pharmacy coaching for international medical graduate junior doctors – a new paradigm in orientation

Name: Avril Lee1,2, Eleri Clissold 1,2

1 Waitemata District Health Board, Auckland New Zealand
2 University of Auckland, Auckland, New Zealand

Presenter: Avril Lee Avril.Lee@waitematadhb.govt.nz

House officers rotate through our organisation on an annual basis. A sub-set of these enter our organisation every 12-weeks as international medical graduates.

At the beginning of each rotation pharmacy anecdotally noted; i) a rise in use of unacceptable abbreviations., ii) poor discharge summary quality and, iii) a lack of understanding of community pharmacy funding and medicines available in NZ. This in turn led to significant delays in treatment and potentially significant harm.

Aim: Ensure this vulnerable staff group are equipped to prescribe safely in their new roles.

Objectives: Build sustainable inter-professional relationships. Create a personalised welcome into a large organisation. Sign-post to local policies and prescribing support tools.

Methods: Each doctor is assigned a clinical pharmacist within the department they work. Pairs meet at a mutually convenient time for up to 60 minutes on one or more occasions during the clinical attachment. Pharmacists are provided with a list of topics as a guide, these include national prescribing standards, local policies, high-risk medication and abbreviations. Pairs are encouraged to move through these at the learners pace.

Results: Over the last 9 months 25 doctors have been through the scheme. Pairs met an average of 4 times for an approximately of 25 minutes. Both parties report they’ve found the scheme useful and saved time by pre-empting prescription errors that lead to ward calls.

Conclusion: This model of orientation is feasible. In a time-poor, modern, clinical environment investing in building relationships can save time and may help prevent patient harm.
14. Listening to the student voice: Student Evaluations of the Rural Health Inter-professional Programme (RHIP) Eastern Bay of Plenty

Yvonne Boyes, Academic Coordinator of RHIP Eastern Bay; Dr Prue Mc Callum, Medical Advisor; Matt Sinton, Student Placement Coordinator BOPDHB

Yvonne Boyes Yvonne.Boyes@bopdhb.govt.nz, Matt Sinton Matthew.Sinton@bopdhb.govt.nz, Prue McCallum Prue.Mccallum@bopdhb.govt.nz

The World Health Organisation (WHO) recognises the need for a strong, flexible and collaborative global workforce to positively tackle future health challenges. Inter-professional learning (IPL) is “when two or more professionals learn with, from and about each other to improve collaboration and the quality of care”. The Rural Health Inter-professional Programme (RHIP) is a residential Health Workforce NZ-funded project aimed at fostering and improving inter-professional and collaborative practice in rural New Zealand.

Between 2014 and 2016, 143 students from nine different health professions have participated in the RHIP programme in Whakatane, Eastern Bay of Plenty. Structured student exit surveys indicate high satisfaction in the areas of; organisation, planning, the assignment based on a patient interview, growth of skills and knowledge, appreciation of inter-professional health care and clinical practice in a rural setting. Qualitative feedback from students indicates RHIP is a valuable, and potentially practice-changing, educational experience. This presentation will discuss the structure, strengths and challenges of the RHIP programme.

15. Avoiding serendipity by breaking down silos

Johanna Rhodes, Mary McMillan, Murray Strathearn

The Southern Institute of Technology, Invercargill, New Zealand

Presenters: Johanna Rhodes johanna.rhodes@sit.ac.nz and Mary McMillan

The concerted delivery of health care requires an interprofessional collaboration of health professionals. The traditional education of health professionals occurs in autonomous, specialty, educational silos. The assumption of this tuition method is that interprofessional skills will be concurrently acquired in the clinical environment. However, potentially this places the development of these critical skills in the hands of serendipity.

Background

In November 2014 an interprofessional education (IPE) tripartite initiative began between the Southern Institute of Technology, the University of Otago, and Southland Hospital. This initiative embraced four
educational objectives sited in their respective educational curriculums; namely, shared learning, active communication, team dynamics, and assessment and planning. To achieve these objectives within the IPE context, health team challenges, and simulations were used. This simulated clinical milieu empowered collaborative practice, and opened up conversational corridors with, and between the disciplines. A qualitative action research project enabled a disciplined process of inquiry to assist in improving and refining our initiative.

**Results**
The IPE team identified that the sessions offered authentic relationship building in an inclusive setting, and also highlighted some of the challenges they experienced.

**Conclusion**
We respectfully suggest that the breaking down of educational silos has the potential to transform traditional health care relationships, and consequently improve patient outcomes. It is salient to note, that while improvement to patients’ outcomes have not been explicitly measured, they remain the central focus of why our initiative commenced and continues.

**16. What matters to the client? Nuts and bolts of developing client-centred interprofessional assessment tools**
Auckland University of Technology

Presenters: Jane Morgan jane.morgan@aut.ac.nz and Sue McNaughton sue.mcnaughton@aut.ac.nz

This mini-workshop will invite participants to explore the tensions and possibilities inherent in collaborating to develop an interprofessional client-centred tool for practice-based interprofessional education (IPE). Based on our experience over time with five diverse IPE programmes, we will briefly present the collaborative processes we have worked through with varying combinations of clinical and interprofessional educators, disciplinary specialists, clients and students, to develop, implement and evaluate such tools. This will include elaborating on the adaptation and drawing together of a number of existing disciplinary health assessment tools and integrating these with programme-specific tools that focus on the client’s perspective on what matters to them (challenges, expectations, aspirations, goals). In the second half of the session, participants will engage in discussion on two pivotal questions related to developing client-centred interprofessional assessment tools in their own practice contexts.

**17. Guidelines for educators in establishing and sustaining dynamic IPE programmes**
University of Otago, Wellington
Karen Coleman, Eileen McKinlay, Ben Darlow, Louise Beckingsale, Sarah Donovan, Peter Gallagher, Ben Gray, Hazel Neser, Meredith Perry, Sue Pullon
In recent times there has been a drive to establish interprofessional education (IPE) programmes for pre-registration students within Health Sciences professions. Sometimes these programmes grow organically and sometimes they are mandated by university governance. Although much is written about the benefits of IPE, the student outcomes and impact on health professional teamwork and patient outcomes; there is less guidance for educators on how to develop an interprofessional education programme.

The University of Otago, Wellington (UOW) developed an IPE program in 2011 and included largely senior clinically-focused students in the disciplines of dietetics, medicine, physiotherapy and from 2014 radiation therapy.

The IPE educator team were already employed in university academic or research-only roles and have the clinical backgrounds of educational psychology, dietetics, medicine, midwifery, nursing, and physiotherapy and radiation therapy.

This presentation provides guidelines from an educator perspective, for establishing and sustaining an IPE programme. These guidelines are developed from common sense as well as formal research and evaluation1-3. Each IPE programme will be different and how these guidelines are applied will depend on local factors such as organisational support, educator involvement, student numbers and disciplines. However a commonality will be the rich learning for both IPE educators and the students who take part.


Day 2 Workshop with Assoc. Prof. Roger Dunston
University of Technology Sydney

9 AM to 1 PM Friday 24 November 2017

Securing an interprofessional future for Australian interprofessional education - the SIF project

This workshop reports on an Australian project - the SIF project - that has been funded to establish a national interprofessional education (IPE) governance and development framework - a structural approach to mainstreaming IPE across all health professions and within the national accreditation system. The SIF approach is ambitious, complex, high risk, emergent and dependant on achieving system wide buy-in and ownership of IPE!

The workshop is structured as a response to five questions:

1. Why is it so difficult to embed, grow and sustain IPE?
2. What can be done to address these difficulties?
3. What is the particular focus on the current SIF project - an Australian response?
4. What does the SIF project look like at the end of its first year?
5. What might other national jurisdictions do?

Engaging with this final question, the workshop will create an opportunity for participants to explore how the SIF approach might be taken up in New Zealand. In addition to providing a descriptive account of SIF, the workshop will also discuss how theory has played a central part in the design and implementation of the SIF project.
If you would like to attend the **Day 2 Workshop**, and haven’t already returned the below form, please return in order to attend.

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**Incorporating Interprofessional and Collaborative Practice into the Curriculum**

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