

HAXTON, J., JOSEPH, S., DIACK, L., MCFADYEN, M., WOOD, C., MIFSUD, L., KUMARASAMY, Y., MACDONALD, D., BRANNAN, J. and BEDFORD, H. 2012. *Interprofessional education in practice*. Presented at the 6th International conference on interprofessional education and collaborative practice (All Together Better Health VI): exploring new horizons: diversity and quality in interprofessional education and collaborative practice, 5-8 October 2012, Kobe, Japan.

Interprofessional education in practice.

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2012

ORAL PRESENTATION

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Monday, 8 October, 2012; 11:00-12:00

B206

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 professions 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.