

ABSTRACT BOOK

NIPNET Conference 2024, September 19th - 20th
University College Copenhagen, Sigurdsgade 26, 2200 Copenhagen N.,
Denmark

NIPNET Conference - Day 1

Thursday, September 19th

11:30	<i>Arrival and Check-in</i>
12:00	<i>Lunch and Networking</i>
12:45	<i>Conference Opening Session</i>
13:00-14:00	<i>Keynote Lynne Sinclair, University of Toronto, Canada</i>
14:00-14:30	<i>Break with Coffee, Tea, and Cake</i>
14:30-16:45	<i>Parallel Abstract Sessions</i>
17:00-17:30	<i>Rhythm of Interprofessional Collaboration</i>
17:30-18:30	<i>Social Networking and Bubbles.</i>
19:00	<i>Come-together Dinner at Restaurant Sult Cinemateket</i>

NIPNET Conference - Day 2

Friday, September 20th

08:30-08:45	<i>Arrival Coffee, Tea, and Light Breakfast</i>
08:45-09:15	<i>Conference Opening Session Day 2 – Open Poster Session</i>
09:30-12:00	<i>Parallel Abstract Sessions</i>
12:15-12:30	<i>Farewell Ceremony</i>
12:30-13:00	<i>Lunch – Available as Take Away</i>

	Orange colours: Oral presentations	Light Green colours: Workshops	Dark Green Colours: Fireside or roundtable discussion	Pink Colours: Open poster session	
Day 1	Thursday, September 19 th				
From 11.30	Arrival and check-in				
12.00	Lunch and networking				
12.45	Conference Opening Session Anne Vang Rasmussen, Principal of University College Copenhagen				
13.00-14.00	Keynote: Collaborating Across Education and Practice: How to Sustain and Grow Interprofessional Learning for the Future Lynne Sinclair, Senior Consultant: Partnerships and Innovation at the Centre for Advancing Collaborative Healthcare & Education, University of Toronto, Canada				
14.00-14.30	Coffee, tea, and cake				
Sessions	Research & Clinical Training	Learning methods	Organisational Sustainability		Patient Involvement
14.30-15.30	A. Experiences with interprofessional learning as an integral part of practice placement (26) Ann-Kristin G. Elvrun, NO B. Factors influencing supervision and learning in interprofessional education (32) Runar Johannesen, Ingunn Skjesol et al., NO	A. Peer feedback as a professional competence: Students' experiences of practicing feedback literacy in cross-professional settings (7) Marianne Ellegaard, DK B. A pedagogical council to facilitate students' interprofessional learning (17) Malin Einarsson, Ingrid Stavring et al., SE	A. Exploring a revised interprofessional learning curriculum in undergraduate health education programs at Linköping University Sweden, (12) Maria Kvarnström, Susanne Kvarnström et al., SE B. Fostering Collaborative Interdisciplinary Skills Among Health Science Students (14) Sigrún S. Skuladóttir & Jon G. Sigurjónsson, IS	Step by Step: How we prepare lecturers to walk a mile in the students' shoes (34) Karen M. Rasmussen, DK	Enhancing Patient-centered Communication: An introduction to the Guided Self-Determination Method (28) Izaskun Altamir & Susan M. Simonsen, DK
	Make your way to the next session				
15.45-16.45	Navigating the Interprofessional Education Landscape: An Ethnographic Workshop (36) Catrine B. Jensen, NO & Tove Törnqvist, SE	Lost in translation: The lack of interprofessional language in the realm of technology (23) Amy Hill, Jakob Hedegaard et al., DK	A. Always on the move. A retrospective view on the initiation and development of a comprehensive IPL-course in Norway (30) Runa Kallesen & Ellen Merethe Magnus, NO B. Handbok för interprofessionallt lärande och samarbete (22) Ann-Sophie Cissé, Malin Horngren et al., SE	A. How to sustain interprofessional learning and collaboration through network, society, and dedicated people (8) Jette Holtzmann, DK	A. The Patient Teacher Programme – Involving patients and family members directly into the classroom (2) Judit V. Madsen & Janne Christiansen, DK B. Interprofessional primary care in an integrated health and social care system: meeting the patient where they are (29) Sanne Kaas-Mason & Walter Tavares, CA
	Make your way to the auditorium				
17.00-17.30	Rhythm of Interprofessional Collaboration Lena Westphal, Lecturer, University College Copenhagen				
17.30-18.30	Social networking and bubbles. Departure from the conference venue at 18.30 at the latest.				
19.00	Come-together-dinner Restaurant Sult. Cinemateket. Vognmagergade 8 B. 1120 København K				

Day 2	Friday, September 20th				
08.30-08.45	Arrival, coffee, tea, and light breakfast				
08.45-09.15	<p>Conference opening session day 2 Join us for a melodic start to the day and dive into findings presented at the open poster session:</p> <p><i>Teaching Interprofessional Collaboration Through Use of Authentic Practice</i> (6), Camilla Riegels, Hanne F Mortensen, DK</p> <p><i>An Interprofessional Collaboration: Students and Healthcare Technology Companies Innovating Future Healthcare</i> (13), Christian Neergaard, Kika Holm, DK</p> <p><i>Interprofessional learning in a Community Care Organization in the Municipality of Aarhus</i> (21), Lene B. Meyer, Bente Rubow, Malene H. Møller, DK</p> <p><i>Implementation of an interprofessional clinical student team on a Neurological unit</i> (24), Hanna Morell, Wilma Hörnell, SE</p> <p><i>Prerequisites for team cooperation and development of an interprofessional learning environment in a municipal short-term accommodation</i> (35), Michaela Munkholm, Anna Jonson, SE.</p>				
	Make your way to the next session				
Sessions	Research & Clinical Training	Learning Methods		Organisational Sustainability	Patient Involvement
09.30-10.30	<p>A. Preparation for sustainable healthcare practices: developing collaborative practice capability in allied health students (1) Isabel Paton, AU</p> <p>B. Interprofessional learning at Primary care center – mixed method (38) Maria Saaf, SE</p>	<p>Reconstructing an Interprofessional learning day – what is needed? (27) Sara Dahllöv, Katarina Rolfhamre et al., SE</p>	<p>A. Use of VR-simulation in interprofessional education of healthcare professions – experiences from students and teachers (10), Nina Skjæret-Maroni, NO</p> <p>B. Sharing results of using old age simulation in interprofessional learning and education (31) Hanne Selberg & Jonas K. Ørnbøl, DK</p>	<p>A. TVEPS: A full-scale workplace IPE in collaboration with municipalities (25) Ane Johannessen & Merethe Hustoft, NO</p> <p>B. Combined positions between physical therapy and occupational therapy educations and community healthcare (37) Ingunn Skogseth-Stevens & Vigdis S. Gausemel, NO</p>	<p>How can we learn from patient narratives? (11) Annette W. Erichsen & Malin Horngren et al., DK/SE</p> <p>Note: 75 minutes workshop (09.30-10.45)</p>
	Break and make way to the next session				
11.00-12.00	<p>A. COCOREDP – an efficient co-creative model for competence development, research, development, and practice engagement (16) Gry Segoli & Benjamin O. Bøgeskov, DK</p> <p>B. Why health profession students participate voluntarily in an authentic interprofessional learning activity (19) Anita C. Gudmundsen, SE</p>	<p>Interprofessional group drumming (5) Lena Westphal, DK</p>	<p>A. Experimenting with teaching and learning in IPL short courses (33) Ellen Merethe Magnus & Runa Kalleson, NO</p> <p>B. Fostering knowledge and skills about violence and sexual abuse against children in higher education in Norway and its relevance for future work and professional role and responsibility Findings from the PROFOUND project (9) Camilla Riegels, NO</p>	<p>Creating a Positive Narrative on Interprofessional Education (15) Josephine C. A. Steen & Nanna B. Jørgensen, DK</p> <p>Navigating in a landscape of practices – a fireside chat about the possibilities and hurdles of IPE (20) Tove Törnqvist, NO</p>	<p>A. Patients' experiences of involvement at a clinical training ward (3)</p> <p>B. Family members' experience of involvement in the patient care process at an interprofessional training ward (4) both presentations Sofia H. Jerntorp, SE</p>
	Make way to the auditorium				
12.15-12.30	<p>Farewell ceremony Passing on the torch for the next NIPNET-conference</p>				
12.30-13.00	Lunch – available as take away				

Abstract 1

Affiliation/site	Charles Sturt University
Title of abstract	Preparation for sustainable healthcare practices: developing collaborative practice capability in allied health students
Name(s) of presenter/presenters	Isabel Paton
E-mail	ipaton@csu.edu.au

Background

Collaborative forms of practice are key in enhancing the sustainability of healthcare systems and services. This recognition for the need for a collaborative, practice-ready workforce has been increasing over the last few decades, thus the development of such a workforce receives, and continues to receive, significant attention. The purpose of this research was to develop a rich understanding of the nature of allied health collaborative practice capability, in order to adequately prepare allied health students to work collaboratively across different clinical settings and patient circumstances.

Methods

Informed by philosophical hermeneutics, this research involved two interpretive studies. One study was drawn from literature and the other was based on 24 participants' experiences from five allied health professions, accessed through semi-structured interviews and focus groups.

Results

This research revealed a plurality of capabilities across three dimensions that coalesce to become allied health collaborative practice capability. These dimensions and capabilities are: contextual (adaptability, responsiveness and persistence), social (friendliness, openness and reciprocity), and individual (professional expertise, willingness and flexibility). Depending on the circumstances at hand, these capabilities can be employed individually or simultaneously.

Discussion

The plurality and coalescence of capabilities identified in this research highlight an interdependence between skills and qualities as being integral to allied health collaborative practice. The challenge remains to bring the plurality and coalescence of capabilities, alongside the more tacit qualities into clear focus to receive meaningful attention.

Conclusion

This research illuminated a plurality of capabilities that, through being drawn on simultaneously, coalesce to become allied health collaborative practice capability.

Takeaway

Recognizing this plurality and coalescence of capabilities emphasizes the complexity of collaborative practice capability. This understanding could inform development of meaningful learning opportunities to better prepare students, as well as healthcare professionals for the nuanced interplay of skills and qualities required for collaborative practice in healthcare settings.

Abstract 2

Affiliation/site	Copenhagen Academy for Medical Education and Simulation (CAMES) Ryesgade 53 B 2100 Copenhagen Ø
Title of abstract	The Patient Teacher Programme - Involving Patients and Family Members directly into the Classroom
Name(s) of presenter/presenters	Judit Vibe Madsen & Janne Christiansen
E-mail	Judit.vibe.madsen@regionh.dk Janne.Christiansen@regionh.dk

Background

The Patient Teacher Programme represents an innovative approach in healthcare education, aiming to enrich the learning experiences of students by incorporating the invaluable perspectives of patients. The programme provides students with the opportunity to learn directly from patients with chronic somatic diseases, patients with mental illness and different groups of family members.

Incorporating methods where patients and family members are involved cultivates empathy, fosters reflective practice, and enhances communication skills.

Methods

Recruiting and qualifying patients to share their lived experiences involves a process designed to ensure authenticity, relevance, and ethical considerations. To be a part of the program, the patients participate in a training program and must have at least 2 years of experience with their illness.

The DNA of the programme is to involve patients in education from A to Z, it signifies a comprehensive approach where patients are engaged in all aspects of the educational process.

Results

Every year 6000 health care students participate in lectures with patient teachers or family members. The program receives extremely high ratings from students and health professionals. By engaging with narratives, students gain insights into the complexities of patient care that cannot be fully grasped through textbooks alone.

Discussion & Conclusion

Patient and family members describe their participation as a win-win situation. They share their stories with students and health professionals, in turn, they are inspired by the students' questions. The interaction between patients and students and the various learning environments ensure that patients and family members stay authentic. In conclusion, the Patient Teacher Programme exemplifies a paradigm shift in healthcare education, embracing patient-centered approaches to cultivate compassionate, competent, and patient-responsive practitioners.

Takeaways

The involvement of patients and family members in education creates authenticity in the learning environment and focuses on the health professional-patient-relative perspective.

Abstract 3

Affiliation/site	Department of Care Science, Malmö University, Sweden
Title of abstract	Patients' experiences of involvement at a clinical training ward: A qualitative interview study
Name(s) of presenter/presenters	Sofia Hemle Jerntorp
E-mail	sofia.hemle-jerntorp@mau.se

Interprofessional collaboration (IPC) is central to utilising all professional resources needed in patient care, ensuring patient safety, and facilitating patient involvement. Interprofessional education (IPE) has been identified as a requirement to equip healthcare professionals with sufficient IPC practice skills. Involving patients in their healthcare is crucial for achieving positive health outcomes. However, recent studies have shown that despite efforts to include patients in care planning and decision-making, their participation is often overlooked.

This study aimed to explore patients' experiences of being involved in the interprofessional team of healthcare students at a clinical training ward in Sweden.

Patients admitted to the interprofessional training ward (ITW) required general medical, nursing, and rehabilitation care. The student teams consisted of medical, nursing, physiotherapy, and occupational therapy students who shared all basic patient care responsibilities in addition to their specific profession-related responsibilities. Data was collected through semi-structured individual interviews with 22 patients. Data were analysed using reflexive thematic analysis according to Braun & Clarke (2006).

Patients described feeling vulnerable and dependent on the healthcare team. Some patients expressed a wish to be more involved but were hindered due to health conditions and became demotivated. Most patients did not consider themselves active members of the healthcare team nor believe that they could influence decisions regarding their treatment and care planning. Expressing that they were in the hands of the healthcare team. Patients described wanting their family members to be involved in care planning and decision-making, but the interprofessional team did not always recognise this.

Patients need to be invited by the interprofessional team to be involved in the care process. In turn, students should be given guidance on how to engage patients and their families in the patient care process.

In clinical settings, IPE should primarily focus on collaboration that incorporates patient involvement.

Abstract 4

Affiliation/site	Department of Care Science, Malmö University, Sweden
Title of abstract	Family members' experience of involvement in the patient care process at an interprofessional training ward
Name(s) of presenter/presenters	Sofia Hemle Jerntorp
E-mail	sofia.hemle-jerntorp@mau.se

Interprofessional collaboration (IPC) has been recognised as the key to maximizing resources, optimizing patient care, and involving patients and their families in the care process. To enhance the quality of patient care, it is essential to involve family members in the process. Interprofessional education (IPE) is increasingly integrated into healthcare programs to develop interprofessional competence among healthcare students. IPE can be practised in clinical settings and is often organised at interprofessional training wards (ITWs). Previous research shows that interprofessional training in hospital settings can be performed with adequate patient safety. However, there is limited research on family member involvement in IPE activities.

This study aimed to explore family members' experience of involvement in the patient care process at an ITW.

Data was gathered by conducting semi-structured individual interviews with 19 family members of patients who were admitted to an ITW. The interviews were analysed using content analysis, as outlined by Elo and Kynghäs (2008).

Family members wanted to be actively involved in the patient care process to bridge the knowledge gap between the patient and the interprofessional student team. They also requested transparency in the patient care process and hoped to be acknowledged as valuable contributors to patient care so they could influence healthcare decisions and have greater control over the situation. Family members expressed that they possessed unique knowledge that could be helpful for both the interprofessional student team and the patient, and they wanted to be seen as a resource. However, the interprofessional student team did not always recognise the importance of family member involvement.

Family members possess valuable knowledge that can help interprofessional healthcare student teams provide better care to patients.

More focus is needed on how to engage family members at ITWs and developing IPE activities that promote their involvement in patient care at ITWs.

Abstract 5

Affiliation/site	University College Copenhagen (KP)
Title of abstract	Interprofessional Group Drumming
Name(s) of presenter/presenters	Lena Westphal
E-mail	lejo@kp.dk

BACKGROUND

Music making in social groups can benefit the feeling of social coherence and well-being (Bonde et al. 2023). Improvisational music making in groups can be used to increase skills and confidence in group interactions by practicing listening, contributing, turn taking, and playing with or without shared goals. These skills are like e.g. Jody Gittel's theory of Relational Coordination in which respectful relationships with shared goals, timely, frequently and accurate communication are essential.

The usage of music in interprofessional communication has been documented by Eichorn et al. 2020, and it has been successfully practiced in interprofessional programs at KP.

METHODS

A workshop (20-40 minutes) in which the participants will practice interprofessional communication and collaboration by group-drumming.

Two different scenarios.

1. Workshop in auditorium, up to 500 participants. All participants have a table.
2. Workshop in classroom. Drums available for 12 participants.

RESULTS

Interprofessional drumming-workshops have been performed with 500 newly enrolled students at KP to introduce to interprofessional education and collaboration and to facilitate empowerment and a sense of coherence. The workshop created a high degree of attention from the participants, as well as a sense of happiness and social belonging.

DISCUSSION

There may be a potential for using music therapeutical tools for practicing interprofessional collaboration. More research and practice in the area is recommended.

CONCLUSION, TAKEAWAYS

Using music in interprofessional education could supplement and maybe strengthen interprofessional skills.

REFERENCES

Bonde, LO; Stensæth, K; Ruud, E. Music and Health A Comprehensive Model, AAU, 2023.

Link: New report about Music and Health by Lars Ole Bonde, Karette Stensæth & Even Ruud - Aalborg Universitet (aau.dk)

Eichorn, N; Caplan, J; Levy, M; Zarn, M; Moncrieff, D; Sposto, C; Hoffman, JE (2020). Breaking the ice: Use of music improvisation to facilitate interprofessional communication, Journal of Interprofessional Education & Practice. 2020; 21: 1-5.

Abstract 6

Affiliation/site	Abstract for NIPNET Conference i Copenhagen 2024
Title of abstract	Teaching Interprofessional Collaboration Through Use of Authentic Practice
Name(s) of presenter/presenters	By/ Camilla Riegels, Assistant Professor, and Hanne F Mortensen, Lecturer/Associated professor and Course Responsible for the Interprofessional Course "Elderly in Vulnerable Positions" at Copenhagen University College, Department of Nursing and Nutrition Education, Faculty of Health Sciences.
E-mail	hafrn@kp.dk

Background. Students from four different educational programs at the Copenhagen University College (Pedagogy, Physiotherapy, Nursing, and Nutrition and Health) participates, in a 6-7-week interprofessional course "Elderly in Vulnerable Positions".

The students collaborate interprofessional and innovatively on an interprofessional practice case, visit a clinical setting, and present solution proposals to practice, educators, and classmates. The students are motivated by working with this real life interprofessional case and a chance that their solution might be used in practice. There is therefore a close collaboration between the representatives from practice and the educators.

Methods. For the educators, it is a continuous development project – seeking, finding, and developing clinical liaisons in municipal and regional contexts in the Greater Copenhagen area. Supporting liaisons in the development of the clinical case and description of relevant, interprofessional collaborative cases. Supporting the clinical practice during student visits and preparing the clinical practice to provide constructive, dialogic, and learning feedback.

Results/findings. Students evaluate the collaboration with practice and the innovative process of finding a solution to the clinical case very positively.

Our clinical liaisons evaluate the collaboration with instructors/students as beneficial to their clinical work.

Discussion. The challenges lie in getting practice to see collaboration with the interprofessional course as an investment, where the clinical practice gains a range of good practical ideas to work on in their daily clinical work.

Conclusion. Real life practice cases give students a clear sense of the importance and the meaningfulness for the interprofessional collaboration. The students learn from the respective professions and prepares them for their future and the vast interprofessional collaboration happening in the clinical practice.

Takeaway. Using real life practical cases for students provides relevant and meaningful learning.

Abstract 7

Affiliation/site	University College Copenhagen
Title of abstract	Peer feedback as a professional competence: Students' experiences of practicing feedback literacy in cross-professional settings
Name(s) of presenter/presenters	Marianne Ellegaard (presenter) Ditte Jacobsen (co-author) Bjørn Friis Johannsen (co-author)
E-mail	mell@kp.dk

Background. Peer feedback (PF) teaching and learning activities facilitate competencies that graduates need in their future practice, in both mono-and interprofessional settings (IPEC 2016). We ask: What do students see as peer feedback competencies that can support them in their future practice?

Methods. We analyzed two cross-professional focus-group interviews with students from a variety of educational programs (physiotherapy, occupational therapy, nursing, pre-schooling, nutritionists, social worker). Participants were recruited from a cross-professional course where PF plays a central role both as a learning activity and as a learning goal in itself. The interviews were analyzed, first through open coding to identify themes related to students' experiences of feedback in professional practice, and, subsequently, using a feedback literacy framework developed by Molloy et al. (2020) to characterize the role of the learner in utilizing feedback for their own learning.

Results. Overall, the focus groups saw great promise, in using PF to forge their own future in professional practice. Using Molloy et al's (2020) feedback literacy framework we found that the students were particularly invested with reflections on how emotions are important in both giving and receiving feedback. Conversely, we rarely saw students reflect on how they work to process and consequently act on feedback.

Discussion. The students' focus on the importance of emotional responses nuances the ways in which PF holds promise vis a vis their future. The less prominent aspects of PF literacy in the students' examples point to ways in which PF activities can be further developed and focused.

Conclusion. The students appear optimistic about the potential for implementing more peer feedback in their future practices, although they also point to structural and relational barriers to useful peer feedback interactions in practice.

Takeaways. Students see promise in using PF competencies to forge their own future in professional practice.

Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.

Molloy, E., Boud, D. & Henderson, M. (2020). Developing a learning-centred framework for feedback literacy. *Assessment & Evaluation in Higher Education* 45(4), 527–540.

Abstract 8

Affiliation/site	Danish Society of Interprofessional Learning and Collaboration
Title of abstract	How to sustain interprofessional learning and collaboration through network, society and dedicated people.
Name(s) of presenter/presenters	Jette S. Holtzmann, RN, MA, MAAEML
E-mail	jette.holtzmann@yahoo.com

Background

The Danish Society for Interprofessional Learning and Collaboration was founded the 22nd of March 2010 at Rigshospitalet.

The interprofessional society is the first of its kind in Denmark. The aim is to gather and distribute experiences with interprofessional practice.

The society has several agendas, where we strive towards satisfied patients/citizens, users and families. High professional standard and interactive collaboration between the different professions. Satisfied employees in the Health Care Sector. Enhancement of the collaboration between the Health Care Educations and the clinical practice.

Methods

Among several other initiatives we have developed "Map of Interprofessional Competences", which is a framework to guide educators, leadership, policy and research. We found that the Danish Healthcare System needed a common ground for talking about competencies to achieve systematic and consistency in using IPE and IPC as drivers for seamless care across sectors, development in education, recruitment and research. A competency framework was developed using the process of co-creating with multiple stakeholders thus creating a basis for an impact on both policy and operational levels. The partnership consisted of a wide range of healthcare professionals, sectors, educational institutions and patient voices.

Results

The Danish Framework supports systematically how the patient's situation defines the collaboration between health care professionals and different sectors. The framework consists of four interrelated components. Citizen involvement; Facilitated Leadership; Team Collaboration and Learning.

Takeaways

The presentation will address practical examples to enhance sustainability.

Abstract 9

Affiliation/site	University of Agder, Kristiansand, Norway
Title of abstract	Fostering knowledge and skills about violence and sexual abuse against children in higher education in Norway and its relevance for future work and professional role and responsibility. Findings from the PROFUND Project
Name(s) of presenter/presenters	Camilla Herlofsen (will present on behalf of the authors)
E-mail	camilla.herlofsen@uia.no

Background

Violence against children (VAC) and child sexual abuse (CSA) is a worldwide health problem. Professionals working in welfare, health and education must collaborate in interprofessional teams to detect VAC and CSA and initiate measures. This study presents research on students' learning outcomes within an interprofessional education program on VAC and CSA in higher education. Bloom's Taxonomy (1956) serve as a theoretical basis for planning students' outcomes as well as a theory on professional identity (Charles et al. 2010). We explore the learning outcomes of students from Social Work, Social Education, Child Welfare and Teacher Education programs related to VAC and CSA and their link to professional identity.

Methods

The study was designed as an explorative quantitative study using a digital questionnaire (Survey Xact). The sample consisted of 141 students from four different study programs. The data is analyzed descriptively.

Results

Students generally report to profit from the program, but the degree varies between study programs. They have gained knowledge about VAC and CSA. They feel less confident in skills at a higher cognitive level (Bloom, 1956) i.e. their ability to identify signs of violence and implement measures. The better their learning outcome is, the stronger their professional identity.

Discussion

Our findings show that students can approach other professions already during their studies to prepare for their future working lives, but they might need more time and stronger support to deepen their knowledge and foster practical skills. Their confidence in being competent goes along with their professional identity.

Conclusion

A joint study program for students from different professions enables them to learn about interprofessional approaches early in their careers and be prepared to cooperate with other professions when they enter work. Research on other interdisciplinary topics, teaching approaches and methods that foster knowledge, skills and professional identity is needed.

Abstract 10

Affiliation/site	Department of Neuromedicine and Movement Science, Norwegian University of Science and Technology (NTNU)
Title of abstract	Use of VR-simulation in interprofessional education of healthcare professions – experiences from students and teachers
Name(s) of presenter/presenters	Nina Skjæret-Maroni
E-mail	nina.skjaret.maroni@ntnu.no

Background: Simulation is increasingly used as a pedagogical tool in education of healthcare professions to meet the need for more high-quality clinical experiences with communication and teamwork. The aim of this project was to develop and test a virtual reality (VR)-based simulation tool focusing on promoting communicative skills for health profession students.

Methods: We developed two VR-scenarios based on a mapping dialogue with 10-year-old Emma with cerebral palsy and her dad, Petter. Bachelor students in physical and occupational therapy participated in teacher-facilitated group-based sessions with debriefing and joint reflections after each VR-simulated dialogue. After the sessions, all students were asked to answer an anonymous online questionnaire focusing on their experiences from the VR-simulation and the reflections. The involved teachers (n=7) participated in a focus-group interview focusing on their experiences facilitating the VR-simulation and the potential usage in healthcare education.

Results: Overall, students found the VR-simulation engaging, learned from the reflections, and found it relevant for increasing their communicative skills. Facilitators responded that the VR-simulation was a good tool for student active learning and beneficial for the teachers as they were collaborating across educations and got to engage closer with the students. In this regard, technical and organizational premises for conducting the VR-simulation were crucial. Further in-depth results will be presented at the conference.

Discussion: VR provides a safe environment for students to learn and reflect. Using simulation within and across disciplines may facilitate quality interprofessional education, give possibilities for iteration, and empower students to comply with challenging situations in practical settings.

Conclusion: VR-simulation offers students and teachers opportunities to practice their clinical and communicative skills, enabling development of greater self-awareness and therapeutic flexibility.

Takeaways:

- Facilitated VR-simulation promote student active learning and development of communicative skills.
- Teachers appreciate the closer engagement with students and interprofessional collaboration.

Abstract 11

Affiliation/site	Centre for Human Resources and Education in The Capital Region of Denmark and Center for interprofessional learning and collaboration (C-IPLS), South General Hospital, Region of Stockholm, Sweden
Title of abstract	How can we learn from patient narratives?
Name(s) of presenter/presenters	Anette Lykke Nielson, RN, Certified Senior Project Manager IPMA level B, Educational Consultant, Annette Winther Erichsen, Reg. OT, MEd, associate professor, Malin Horngren, RN, Educational lead, Ann-Sophie Cissé, MD, Educational lead
E-mail	Annette.winther.erichsen@regionh.dk

Aim of the workshop:

The purpose of the workshop is to be inspired and gain knowledge about the patient narrative method, so that participants can facilitate the method in their own practice and in educational activities. The workshop will contribute to the participants experiencing how the method can create learning, empathy and focus on the human aspect in the meeting with the patients/citizens.^{1 2}

Background:

In the Scandinavian healthcare system, user/patient involvement is high on the political agenda. User involvement is a high priority focus area to create quality and safety for patients/citizens because it provides information about the patients/citizens' knowledge, wishes, needs and preferences.

Interprofessional learning and collaboration is about healthcare professionals learning with, from and about each other as well as learning from patients. Patient narratives can increase the ability to listen and learn from the patient's perspectives and put oneself in their place. Patient narratives are a learning method that focuses on user experiences to help develop the healthcare system in a more user-oriented direction.

Method:

Patient narratives are inspired by the narrative perspective which gives an understanding that life makes sense through narratives. The method can be applied in educational activities and within the healthcare sector to facilitate learning about patients/citizens experiences in the encounter with the healthcare system, as well as what patients perceive as quality throughout the process. To increase the focus on the user perspective, patient narratives are used as a learning method in Denmark and Sweden.

Plan for the workshop:

1. The framework, purpose, and outcome of the workshop
2. Icebreaker-
3. Introduction to narratives as a method for learning in organizations.

¹ Lilledal, I-M. C. (2004). *Fortællinger om forældreskab på tværs af kultur og etnicitet*. UFC Børn og Unge.

² Nielson, A.L and Erichsen, A.W (2023). *Hun var totalt ligeglad med titler. Bare det var en, der var menneskelig*. DSS.
<https://dssnet.dk/hun-var-totalt-ligeglad-med-titler-bare-det-var-en-der-var-menneskelig/>

4. Introduce the narrative and hearing a narrative-
5. Questions, reflections and learning points from the participants.
6. Our experiences and tips to get started with using narratives.

Take home message:

The Participants gain knowledge and inspiration in relation to:

- What can be learned through listening to patients' narrative?
- How patient narratives can be facilitated and used in practice
- How patient narratives can contribute to a shift of perspective and an experience of stepping into someone else 's shoes.

Abstract 12

Affiliation/site	Department of Health, Medicine and Caring Sciences, Linköping University, Sweden
Title of abstract	Exploring a revised interprofessional learning curriculum in undergraduate health education programs at Linköping University Sweden
Name(s) of presenter/presenters	Maria Kvarnström, Susanne Kvarnström, Karin Festin and Elin Karlsson
E-mail	maria.kvarnstrom@liu.se

Background

Linköping University has a strong tradition of Interprofessional learning (IPL), implementing one of the first common interprofessional curriculum at the undergraduate level for Health Professions Education (HPE) at a medical faculty in 1986 (Areskog, 2009; Wilhelmsson et al., 2009). Adhering to a changing healthcare and institutional context resulted in the need for a revision of the curriculum (Abrandt Dahlgren, 2015), launched in 2016 (Lindh Falk A, 2015).

Methods

A mixed method design for theory-based evaluation (Lilliedahl et al., 2016) was used, including documents, individual interviews with stakeholders, and focus group interviews and a survey with teachers and students. Further, to facilitate the interpretation and theorizing of empirical findings, we used a theoretical framework for curriculum development (Lee A., 2013).

Results

The findings of this study identified a variety of aspects relating to the why and how of curriculum revision. Aspects included what drives a change like this and what facilitates making it work, such as introducing an IPL coordinator with mandate equal as the respective HPE programme directors. Perceptions from teachers and students on the revised curriculum comprised progression and the design of meaningful IPL activities.

Discussion and conclusion

The IPL coordinator contributed with legitimacy, coherent with other studies (Loughlin et al., 2023; Wong et al., 2021).

There are challenges related to IPL curriculum development that require solid arguments and mutual goals, as these IPL activities tend to span over multiple faculties and/or departments.

The findings underline the importance of providing organizational support and training to the team of teachers as there are many teachers involved, with various experience of IPL.

Takeaways

The balance between pedagogical innovation and pragmatism, in terms of creating a comprehensible curriculum suitable for teachers with a variety of experiences, is a crucial aspect when revising an IPL curriculum.

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Abstract 13

Affiliation/site	University College Copenhagen Københavns Professionshøjskole www.kp.dk
Title of abstract	An Interprofessional Collaboration: Students and Healthcare Technology Companies Innovating Future Healthcare
Name(s) of presenter/presenters	Christian Neergaard og Kika Holm
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Background. Over the past 14 years University College Copenhagen (KP) has focused on establishing interprofessional education, with fourteen different programs participating since spring 2021, involving 4,000 students annually in a 6-7-week long interprofessional course. In the 'Welfare Technology' course, third-year students from four distinct educational programs (Biomedical Laboratory Science, Physiotherapy, Nursing, and Occupational Therapy) participate.

Methods. Bridging theory and practice, KP collaborates with public and private partners specializing in Healthcare Technology and develops real case studies. The course addresses current healthcare challenges such as diabetes, obesity, Parkinson's disease, and stroke, while also acknowledging the rising strain on the healthcare sector. Business partners engage with students by presenting technologies, offering guidance, and providing feedback. Students pitch their solutions in the final week, accompanied by a one-page proposal for the business partner.

Results. Students evaluate the course positively, as the interdisciplinary collaboration with companies is perceived as meaningful and inspiring. Companies can use students' products either as inspiration or as feasible, concrete innovative proposals.

Discussion. How can educators best continue to support and emphasize the importance of interprofessional collaboration, when students from time-to-time struggle to grasp the significance?
Who should lead the development of healthcare technology - healthcare professionals or cross-sectoral experts?

Conclusion. This collaborative approach not only fosters problem-solving, innovation, self-directed learning, participation, and collaboration but also offers an interdisciplinary perspective, aligning with Education for Sustainable Development (ESD). Healthcare companies are provided with opportunities to implement innovative solutions presented by students. Through specific examples we establish iterative processes with companies, transferring ideas into other learning courses and Bachelor Projects.

Take aways. The course demonstrates that when students solve specific healthcare challenges with new technology in an interdisciplinary setting it motivates and enhances students' learning and interdisciplinary skills. Our partners benefit from fresh perspectives and solutions.

Abstract 14

Affiliation/site	University of Iceland School of Health Sciences
Title of abstract	Fostering Collaborative Interdisciplinary Skills Among Health Science Students
Name(s) of presenter/presenters	Sigrún Sunna Skúladóttir and Jón Grétar Sigurjónsson
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Background:

Interdisciplinary teamwork (IT) is seen as a fundamental component of successful healthcare, enhancing treatment efficacy and patient satisfaction. Over the past decade, the School of Health Sciences (SCS) in Iceland has witnessed a surge in interdisciplinary coursework. This shift aims to equip healthcare professionals with the necessary skills to navigate an intricate and multifaceted work environment. The curriculum covers essential elements including effective communication, team dynamics, interdisciplinary collaboration viewed through the lens of patient's families, cultural diversity, global health issues, the UN sustainable development goals, nutritional science, and ethical standards. The course is mandatory for approximately 400 students who are preparing for their work in the Icelandic healthcare system. The ecological validity of this course is heightened by the small population size. It is important to note that most of these students will eventually collaborate in interdisciplinary teams once they enter the healthcare system. The course structure has transitioned from an in-person, lecture-based format to an online, flipped model led by students. Under this new approach, students are organized into groups comprising up to 10 different healthcare professions. These groups tackle practical problems related to the curriculum, documenting their discussions for subsequent evaluation.

Method: Our study presents findings from a student satisfaction survey, comparing satisfaction levels with course materials and delivery before and after the format change. A thematic analysis of student qualitative feedback was coded and summarized for the last three years, giving us a comparison of the student satisfaction pre and post course changes.

Results: Notably, students express greater satisfaction with self-led groups compared to the previous teacher-led format. Furthermore, granting autonomy in group organization and discussions fosters a stronger commitment to interdisciplinary work.

Conclusions and takeaway

We explore the effects of this change in format from both organizational and individual viewpoints and investigate possible improvements.

Abstract 15

Affiliation/site	University College Copenhagen
Title of abstract	Creating a Positive Narrative on Interprofessional Education
Name(s) of presenter/presenters	Josephine Charline Alomaine Steen Sparrow and Nanna Boye Jørgensen
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Background: University College Copenhagen (UCC) is committed to providing quality education for all students. In this pursuit, UCC focuses on teaching 21st-century skills and developing interprofessional and collaborative competencies. UCC prepares students and graduates from welfare professions to confidently enter the workforce, thereby enhancing the workforce capacity.

Methods: UCC's innovative approach includes an interprofessional course, in which students work in interprofessional groups and collaborate on real-life case studies presented by collaborators from practice. This approach involves 14 participating education programs and engages 4,000-6,000 students annually.

Discussion: Despite the enthusiasm and commitment across the organisation, there are several obstacles and dependencies at play. This session will map out these challenges using a model inspired by realistic evaluation, emphasising the idea that collective effort and collaboration can overcome challenges, but external factors and dependencies must also be considered.

Furthermore, the session will draw on inspiration from organisational development theories. By creating an environment that supports collaboration, UCC aims to unfreeze existing mindsets, facilitate learning, and establish new practices. The organisation recognises that sustainable change requires ongoing adaptation and continuous improvement.

The session invites participants to bring forward ideas, experiences, and solutions on how to create and maintain a positive narrative on the complex organisation of interprofessional education.

Conclusion: By collaborating interprofessionally, students at UCC develop a holistic understanding of complex issues, preparing them for the challenges of the professional world. This session derives on how we can succeed in creating and maintaining a positive narrative on interprofessional education on an organisational and educational level.

Takeaways: This session will provide insights into the potentials and obstacles of creating a positive narrative, which we believe fosters motivation and understanding amongst students, thus enhancing their engagement, and learning potential throughout the course in becoming qualified, skilled welfare practitioners.

Abstract 16

Affiliation/site	University College Copenhagen
Title of abstract	COCORED P – An efficient co-creative model for competence development, by research, development, and practice engagement
Name(s) of presenter/presenters	Gry Segoli & Benjamin Olivares Bøgeskov
E-mail	grse@kp.dk

Background

The current healthcare research model is inherently wasteful due to its difficulties to integrate practice, research, and education efficiently and effectively. In contrast, our proposed collaboration method, tested over close to two years through two projects with municipal home care practitioners, integrates research into competency development for employees and leaders. This approach combines research, practice, and competency development to swiftly address challenges encountered in practice, ensuring practical applicability beyond theoretical frameworks.

Methods

Action-based learning and research approach supporting a process of change and renewal in practice.

Results

This kind of collaboration leads to:

1. Experience of mutual improvement through understanding:

- Improvement of each core task
- Understand and achieve the projects goals.

2. The challenge of investing in collaboration:

- The lure of fragmentation
- The conflict between creativity and efficiency

3. Avoiding waste

- Avoiding research waste
- Escalation and impact through education

This summarise what can be termed as positive experiences, challenges, and main practical lessons for reproducing this model of collaboration.

Discussion

The Key elements for success in this form of collaboration is a collaborative framework, that enables dialogue and adaptability. The collaboration has an overlapping responsibility which requires a safe environment. The didactical and the research approach must be adaptable to the development of the project.

Conclusion

It is possible to establish collaboration between Research&Development, Further Education, and practice strengthens all areas which reduce economical and research waste. Systematic data application contributes to organizational changes and ongoing competence development. Practice retains competence development benefits alongside qualified research-based organizational changes.

Abstract 17

Affiliation/site	University Clinic of Rehabilitation Medicine Stockholm, Danderyds hospital
Title of abstract	A pedagogical council to facilitate student´s interprofessional learning
Name(s) of presenter/presenters	Malin Einarsson, Ingrid Stavring, Eva Melin, Hanna Troeng, Johanna Stöckl, Elisabeth Hedberg, Ellen Grut, Malin Welander
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BACKGROUND. The University Clinic of Rehabilitation Medicine Stockholm accepts patients with long-term pain and moderate to severe acquired brain injuries, as well as chronic neuromuscular diseases, for assessment and rehabilitation. The core concept lies in interprofessional work including several health care professions. The clinic receives approximately 70 health care students for clinical internships yearly. To strengthen interprofessional learning (IPL) and development a pedagogical council has formed. The goal is to maintain good communication between education and clinical practice, secure well-functioning internships, and to provide pedagogical support for clinical supervisors.

METHOD. The pedagogical council focuses on including students in the clinic's interprofessional approach by placing students in the same clinical teams, organize IPL workshops and provide work environments that encourages IPL. Internships are evaluated in written surveys by the students. To ensure consistency in competence and pedagogical development, several educational settings on IPL are provided for all employees.

RESULTS. As IPL permeates the whole clinic, it is naturally transferred to students by seeing them as a member of the team. The students can naturally adapt to the interprofessional mindset and clinical approach. The tight interprofessional collaboration forms a steady base for internal education programs and competency development in IPL, which is a key aspect in economically challenging times and organizational changes within the health care system.

CONCLUSION. Student evaluations show that the interprofessional approach is highly appreciated. They often mention feeling included and learn quickly from each other. A shared team responsibility for students regardless of their profession also saves time and workload for clinical supervisors.

TAKE AWAYS. The coordination of students through the pedagogical council facilitates inclusion of students in the day-to-day clinical work, and helps bringing students from different occupations together. Interprofessional teamwork strengthens their professional practice, secure patient safety and teamwork for the future.

Abstract 19

Affiliation/site	UiT The Arctic University of Norway
Title of abstract	Why health profession students participate voluntarily in an authentic interprofessional learning activity
Name(s) of presenter/presenters	Anita C. Gudmundsen
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This study responds to the demand for knowledge that can inform the development of effective interprofessional learning activities, based on qualitative data. Review studies show that students who are positive about interprofessional learning before participating in interprofessional learning activities report higher learning outcomes than students who are negative. Volunteer students seem particularly positive. At the same time, much of today's knowledge about students' learning is based on learning in voluntary activities. When compulsory interprofessional courses are established, a greater variation in student engagement can be expected.

The aim of this article is to explore health profession students' reasons for participating voluntarily in an interprofessional learning activity. Knowledge about volunteer students' reasons for participating may inform the work of preparing students in general for interprofessional learning.

This study builds on three previously published studies exploring volunteer occupational therapy-, physiotherapy-, medical-, and nursing students' learning during a joint clinical placement. The results indicated that the student groups seemed to begin to constitute themselves as Communities of Practice.

A thematic interpretative analysis of data from semi-structured pre-interviews, field notes, and audio recordings from student group meetings is underway, and it relates to transformative learning theory which recognizes learning as a change in the learners' identity and the importance of motivation.

The preliminary results show two main reasons for participating; I. expand one's own knowledge about the competence of other professions, and II. experience the development of multiprofessional informed patient care. The preliminary conclusion is that the students are interested in experiencing themselves and their co-students as interprofessional team workers.

There appears to be a close connection between the students' interest in experiencing interprofessional teamwork and the collaborative structures the students develop through the practice period. Therefore, inspiring students' interest in interprofessional teamwork ahead of compulsory authentic interprofessional learning activities seems important.

Abstract 20

Affiliation/site	Linköping University, Sweden
Title of abstract	Navigating in a landscape of practices – a fireside chat about the possibilities and hurdles of IPE
Name(s) of presenter/presenters	Tove Törnqvist
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In the dynamic landscape of interprofessional education (IPE), the metaphor of an archipelago can serve as a representation of the diverse and interconnected domains of knowledge and traditions that students must weave through on their path to become collaborative ready professionals. This fireside chat invites participants to explore different “islands” in the metaphorical archipelago. The discussions will delve into how these “islands” can foster collaborative learning environments that prepare healthcare students for the complexities of modern healthcare delivery. By examining the interconnections between these islands, we aim to uncover strategies for enhancing IPE and ultimately improving patient outcomes.

This fireside chat will be based on a PhD-project which delved into the nuances of IPE, seeking to understand the intricacies of interprofessional learning during various IPE activities. The thesis focused on the relationship between the enactment of interprofessional collaboration and the arrangement of learning activities.

The thesis is supported by four qualitative papers, drawing on data from video recordings and ethnographic observations across three different settings. The analysis is enriched by theoretical concepts from practice theory, providing a lens through which to view the students’ journey.

The findings paint a picture of health care students navigating a landscape filled with both profession-specific and shared practices. As they move towards their goal of entering the health care field, they must engage with various forms of knowledge and traditions. Along the way, they receive guidance and support, learning to connect and share knowledge with peers, thereby organizing and enacting interprofessional collaboration. The thesis underscores the importance of consciously designing IPE to ensure that students can fully benefit from all practices in the landscape, preparing them to meet the challenges of tomorrow’s health care environment.

Abstract 21

Affiliation/site	Municipality of Aarhus
Title of abstract	Interprofessional learning in a Community Care Organization in the Municipality of Aarhus
Name(s) of presenter/presenters	Lene Buur Meyer Bente Rubow Malene Holmgaard Møller
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Background

Since 2015, the Community Care Organization in the Municipality of Aarhus has worked with a program of Interprofessional Learning and Collaboration (IPLC) for students undertaking clinical education within healthcare. The work has included the development and implementation of 'The Cogwheel Model' in 2017, which contains keystones for interprofessional collaboration.

The purpose of The Cogwheel Model is to support a dynamic interprofessional learning environment that provides opportunities for both the sharing knowledge, and the testing of new methods of clinical supervision, of collaborating and of learning.

Method

The Cogwheel Model was developed by combining experience from an earlier action-learning project with the IPLC approach.

Results

The Cogwheel Model contains four parameters, that are key factors for interprofessional learning:

Interprofessional network: focus is on the relationships between clinical supervisors from different professions or between the members of a team.

Interprofessional collaboration: focus is on collaboration with the citizen, eg. first contact interview or education of the individual.

Interprofessional reflection: focus is on reflection, eg. before, during and after clinical supervision or in interprofessional reflection meetings for students.

Joint professional learning: focus is on learning, eg. when students and health professionals undertake visits together (learn from, with and about each other). This can include peer-learning.

The model has demonstrated its suitability as a general learning tool, that supports interprofessional learning for students in study groups. The stronger focus on IPLC through the use of The Cogwheel Model has qualified clinical education and increased students general interest in their education.

Conclusion

After working with the model since 2017, a flyer has been developed with specific ideas for using The Cogwheel Model with students on a daily basis. The model creates a framework that enables additional activities, in both study situations and in practical placements, which focus on interprofessional learning.

Abstract 22

Affiliation/site	Center för interprofessionellt lärande och samarbete, C-IPLS, Region Stockholm Enheten för undervisning och lärande, UoL, Karolinska Institutet
Title of abstract	Handbok för interprofessionellt lärande och samarbete
Name(s) of presenter/presenters	Ann-Sophie Cissé, MD, Educational lead Malin Horngren, RN, Educational lead Rene Ballnus, RN, MSc, Pedagogical Developer
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Background. The Swedish handbook “Handbok för interprofessionellt lärande och samarbete” is the result of a long-standing and rewarding international collaboration. After several study visits to Sweden, focusing on the supervision of interprofessional student teams, the Robert Bosch Stiftung published the German handbook “Handbuch für Lernbegleiter auf interprofessionellen Ausbildungsstationen” (Handbook for tutors on interprofessional training wards). Following this, the opportunity for us to translate the handbook and adapt it to our Swedish context ensued.

Methods. The core idea behind our handbook was to disseminate knowledge and curiosity about interprofessional education and collaborative practice. We started with the “Handbuch für Lernbegleiter auf interprofessionellen Ausbildungsstationen,” which targeted supervisors of students from various professions in clinical training wards. We expanded the content to focus on interprofessional education and collaborative practice both in educational contexts and in daily work within our workplaces. The handbook was developed collaboratively between Region Stockholm and Karolinska Institutet to incorporate these two perspectives. In addition to established international literature, we drew insights from the Swedish Interprofessional competence guide by C-IPLS and our daily work with interprofessional education and collaborative practice.

Results. The handbook is practical and covers various topics from the basics of interprofessional education and collaborative practice to interprofessional competence, communication, and patient involvement. It provides practical advice, tips, tools, methods, and models to enhance interprofessional education and collaborative practice in both educational settings and daily work. The handbook is available in both digital and printed formats.

Discussion. The handbook has been well-received, and our impression is that we have reached out in a way that we haven’t previously done, sparking increased interest in interprofessional topics.

Takeaways. Interprofessional education and collaborative practice in education and daily work within our organizations are two sides of the same coin. This project highlights the importance of strong international networking and seizing opportunities for collaboration and development.

Abstract 23

Affiliation/site	KP.dk - Københavns Professionshøjskole
Title of abstract	Lost in translation: The lack of interprofessional language in the realm of technology
Name(s) of presenter/presenters	Amy Hill, Claes Weise Schiermer Mørkeberg, Troels Jensen and Jakob Hedegaard
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The background for this workshop is based on the course, 'Digital Projects, Digital Decision support Technology, and Information Security.' This course offers participants studying Emergency and Risk Management, Public Administration, Social Work and Taxation the opportunity to collaborate interprofessionally to solve complex problems within society today.

The interprofessional teams discover solutions via innovative learning labs by means of exploring new technologies while also considering the ethical dilemmas of the digital age. Their analysis and reflection on their interprofessional solutions has the potential to create insight into the advantages and disadvantages of digitalization, its role in the lives of citizens, and its impact on the democratic process.

In Learning Lab #1, The Exploratorium, the interprofessional teams speculate about the interaction between professionals, technology, and citizens of the future anno 2050. In Learning lab #2, The AI Oracle Workshop, the teams work on a case in collaboration with a Chatbot. In, Learning Lab #3, The AI Design Workshop, the teams design an AI based system concept based on an authentic challenge that needs to be solved for a business partner e.g. the Emergency Services or Social Welfare Services.

Our evaluation of the course shows conflicting results regarding learning outcomes, and our hypothesis is that there is a lack of transdisciplinary language for the understanding of technologies.

By beginning in a futuristic scenario via The Exploratorium, and ending with the interprofessional teams' own solutions, the course opens a discussion on how present innovation reaches into the future. Innovation in our present time has the potential to impact existing professions, and the actions taken today can impact future professionals, citizens, and technologies.

At our Round Table Discussion, we will invite you to explore and discuss our three areas of focus based on our three learning labs. As AI is a heavy resource-consuming technology, the topic of environmental, societal and economic sustainability permeates all areas of this discussion.

Abstract 24

Affiliation/site	Skane University Hospital (Sus)
Title of abstract	Implementation of an interprofessional clinical student team on a Neurological unit
Name(s) of presenter/presenters	Hanna Morell, Wilma Hörnell
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Sus is the third largest hospital in Sweden with 1200 acute care beds. Sus mission is to provide healthcare, conduct research and educate future employees. One strategy to achieve this goal is to create opportunities for competent, proud, and committed employees. To provide the best possible education for students, Sus has implemented the pedagogical model Collaborative learning. To succeed in this, supervisors with pedagogical and collaborative skills are required to express a professional approach and pride in their profession. Sus is part of the Magnet4Europe study, a project exploring the forces of magnetism in healthcare. One of the forces of Magnetism is Interdisciplinary Relationships which has been interpreted as interprofessional learning and collaboration (IPL-C).

To improve the students' clinical learning environment as well as to strengthen the supervisor's commitment, a project was conducted to develop an interprofessional clinical student team in one of the Neurology units at Sus in 2023.

A project group from various professions was conducted. Several site visits to clinical student units focusing on IPL were made and based on these experiences, the project was divided into three areas: physical learning environment, structure and organizational conditions and a toolkit for sustainable learning. In addition, an extensive education for supervisors in IPL started. The grand opening was held in October 2023. Nursing students and assistant nursing students form the basis of the student group. Physiotherapy- and occupational therapy students are included when they do their clinical practice in the unit. Medical students have so far not participated, but we plan for this to happen soon.

Six months into the project, we see clear benefits with an interprofessional clinical student team. Bedside staff and supervisors report an improved work environment and increased student commitment. The students' evaluation shows significant difference increased knowledge of the importance of interprofessional collaboration and increased students' satisfaction.

No conclusions can be made after such a short time, but clear signs to what has been significant for the students' learning environment has the same effect on the bedside staff's work environment which correlate with good Magnetic spirit.

Abstract 25

Affiliation/site	University of Bergen and Western Norway, University of Applied Sciences
Title of abstract	TVEPS: a full-scale workplace IPE in collaboration with municipalities
Name(s) of presenter/presenters	Ane Johannessen and Merethe Hustoft
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Background: The WHO conclude that interprofessional education (IPE) training for a multi-skilled “collaborative practice-ready” workforce is a key in resolving future healthcare challenges.

Methods: At the Centre for Interprofessional Workplace Learning (TVEPS) the University of Bergen, Western Norway University of Applied Sciences and two municipalities provide workplace-based IPE to all 900 final year health and social students from 17 education programs. IP student teams either tailor IP care plans for patients or, planning and performing interactive educational sessions about life mastery for children in kindergartens/schools. Students engage in a dialogue and mutual learning with the workplace staff and TVEPS facilitator, together perfecting the care-/educational sessions plans. The course includes (20h): IPE introductory; practice day at the workplace; development of care plans/educational sessions; dialogue meeting; IP competency questionnaire (ICCAS, national database)

Results: In academic year 2022/23, Cohen’s D based on ICCAS scores was 1.10, a substantial effect. Both workplace staff and students report mutual benefits for all stakeholders.

Discussion: Through the IPE-model in TVEPS both students and workplace staff may learn to work across professions to solve wicked problems with no clear-cut solution. All stakeholders learn from each other: students learn from presenting their IPE task and getting feedback from workplace staff’s experience-based knowledge while the workplace staff learns from the students’ updated theoretical knowledge and interprofessional mixture.

Conclusions: The IPE-model in TVEPS gives high learning outcomes for students and increase key competences in workplace staff. The TVEPS model can function as a combined educational and bridge-building model, creating a better equipped future workforce staff and facilitating the transition from education to work-life.

Takeaways: Workplace-based IPE has the potential for vast benefits for both students and workplaces. The TVEPS IPE-model provide long-term sustainability potential through the mutual advantages for all stakeholders.

Abstract 26

Affiliation/site	Department of Neuromedicine and Movement Science, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology (NTNU), Trondheim, Norway
Title of abstract	Experiences with interprofessional learning as an integral part of practice placements
Name(s) of presenter/presenters	Presenter: Ann-Kristin G. Elvrum Co-authors: Sissel Horghagen Vigdis Skarsaune Gausemel Ingunn Skogseth-Stevens Ida Juberg Ole Petter Nordvang Per Johnny Garberg Gunn Fornes Siri M. Brændvik
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Background: Educational institutions are responsible for graduating students with interprofessional skills to enable effective and coordinated future healthcare. Practice placements have potential for real-life interprofessional learning environments. However, students' exposure to and involvement in interprofessional teamwork vary considerably. To promote interprofessional learning as an integral part of ordinary practice placements, our university developed an interprofessional practice model in collaboration with practitioners in hospital and community settings. The aim of this presentation is to describe students' experiences with this practice model.

Methods: Through ten focus group interviews, we explored students' (n=38) thoughts about learning experiences and factors promoting or hindering interprofessional learning. The interviews were recorded, transcribed, and analysed using systematic text condensation.

Preliminary results: Students gained increased understanding of their own and other professionals' roles, competencies, and areas of responsibility through interprofessional practice. Moreover, they described developing interprofessional collaboration skills through working together towards common patient goals and managing complex situations. Through collaboration, they learned to respect and acknowledge each other. Other highlighted factors were the importance of supervisors serving as good role models for interprofessional collaboration, and shared offices and meeting spaces.

Discussion: Students learned about, from and with each other through interprofessional collaboration when this was well integrated in ordinary practice. Available meeting spaces and time for collaboration and joint reflections were identified as success criteria. Additionally, confidence and trust in each other were crucial, with effective communication and collaboration structures.

Conclusion: Interprofessional practice placement can provide good opportunities for students to gain insight into others' competence and thus also improve their understanding of their own competence which is important for developing their professional identity and necessary cooperation skills.

Takeaways: Interprofessional learning is promoted when students work towards common goals in patient follow-up. Good role models and allocated time and space for student reflections promote interprofessional learning.

Abstract 27

Affiliation/site	Karolinska Institutet
Title of abstract	Reconstructing an Interprofessional learning day- what is needed?
Name(s) of presenter/presenters	Sara Dahllöv, Katarina Rolfhamre, Veronica Balkefors, Malin Sellberg and Helena Brodin
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Background

Introducing interprofessional learning (IPL) to university students is pivotal in shaping future healthcare professions. At Karolinska Institutet (KI) IPL begins with an IPL day held during week eight of students' education. This means that approximately 700 students per semester from 13 undergraduate study programmes meet and interact. KI's action plan emphasizes IPL as part of students' professional development, focusing the professions' competencies.

Methods

The IPL day begins with lectures providing essential IPL knowledge and contextualizing it within global health. An expert panel discussion centered on a patient's narrative enhance the relevance of IPL beyond individual disciplines. Following this, students participate in interprofessional group sessions. Guided by facilitators from different professions, they explore each other's knowledge and competencies, encouraging mutual understanding.

Results

Evaluations from the students and facilitators of the IPL day are positive overall. However, concerns include a perceived lack of connection between the different learning activities and about the IPL day occurring too early in the curriculum. Attracting facilitators for the group sessions remains an ongoing challenge.

Discussion

The day has been a fundamental part of KI's strategy for an early introduction to IPL for about 5 years and has despite minor changes kept the same structure. We would like to have a pedagogical discussion and exchange experiences with others who are involved in IPL days to get new influences. We raise the question of when in the curriculum the IPL day should take place and how to tailor the learning activities, while also remaining open to other inquiries from participants in the workshop.

Conclusion

Early exposure to IPL sets the stage for healthcare where interprofessional teamwork thrives. How can an IPL day ensure this in the best way?

Takeaways

The workshop at NIPNET is an opportunity for colleague interaction aiming to share ideas of implementation of IPL.

Abstract 28

Affiliation/site	Department of Competence Development, Center for Human Resources and Education The Capital Region of Denmark
Title of abstract	Enhancing Patient-Centered Communication: An Introduction to the Guided Self-Determination (GSD) Method
Name(s) of presenter/presenters	Izaskun Altemir Garcia (Development Consultant) and Susan Munch Simonsen (Educational Consultant)
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Background:

The evidence-based dialogue method Guided Self-Determination (GSD) facilitates reflection and self-insight, enabling patients to recognize and articulate their specific needs, values, and resources. This enhances communication quality and decision-making processes, enabling both parties in clarifying and focusing on the core of the patient's health challenges effectively. GSD has shown promising results in various healthcare settings, fostering collaborative relationships between healthcare professionals and patients.

The key elements of GSD and GSD-conversations include patients completing reflection sheets beforehand, assisting them in setting the agenda for the conversation's content. Additionally, healthcare professionals employ advanced communication skills, with reflection taking place both during and between GSD-conversations.

Session objectives:

This workshop aims to provide an overview of the elements in GSD that support healthcare professionals in enhancing a person-centered communication approach with their patients.

By participating in this workshop, attendees will have the chance to actively involve themselves in a communication method that fosters a more equitable relationship with patients, leading to improved outcomes in their interactions.

Session Structure:

Through hands-on experience, this workshop offers participants an introduction to the GSD dialog method, exploring its communication tools and techniques. This one-hour workshop combines brief presentations with practical and interactive exercises, providing participants with hands-on opportunities to explore and apply select tools of the method. Participants will engage in interactive video demonstrations, reflective discussions, and short simulation exercises to deepen their understanding of the GSD method.

Target Audience:

This workshop is designed for clinicians across various healthcare disciplines who are interested in improving their communication skills and enhancing their patient interactions. It is suitable for healthcare professionals working in diverse settings, including hospitals, clinics, community health centers, and private practices.

Abstract 29

Affiliation/site	University of Toronto, Wilson Centre
Title of abstract	Interprofessional primary care in an integrated health and social care system: meeting the patient where they are
Name(s) of presenter/presenters	Sanne Kaas-Mason; Walter Tavares
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Background

Patient access to interprofessional primary care continues to be a challenge. Limited availability of health human resources and the tendency to structure co-located team-based care in physical and immobile spaces hinder access efforts. In Ontario, Canada, the IMPACC (Improving Patient Access to Care in the Community) program facilitates the integration of paramedicine, a geographically dispersed and mobile healthcare resource, with interprofessional primary care services.

Methods

To develop the IMPACC program, twenty-five health and social care professionals were invited to participate in a modified Delphi consensus process. The purpose was to identify competencies that could support integrated practice between existing interprofessional primary care teams and paramedicine. Multi-round engagement in the modified Delphi led to the development of a competency framework that served as the foundation for the development of an educational program.

Results

In early 2024, Advanced Care Paramedics (Extended Class) participated in an eight-week educational program, subsequent to which they entered the workforce in an expanded interprofessional role.

Discussion

Brief work interactions that occur across a multitude of boundaries and are imbued with issues of power and hierarchy have unique relational demands. The IMPACC program foregrounds this as it prepares paramedics and primary care teams to navigate dynamic, complex and emergent interactions with an interprofessional lens.

Conclusion

The ultimate goal of IMPACC is to promote patient access to effective and expanded primary care services, in the location where the patient most needs it. Relationally focused interprofessional education underpins the IMPACC program, and has the potential to be a significant participant in improving patient access to interprofessional primary care.

Take-aways

In collaboration with interprofessional primary care teams, paramedics represent a health human resource with significant community reach that can support patient access to interprofessional primary care. Relationally focused interprofessional education has the potential to facilitate this work.

Abstract 30

Affiliation/site	Oslo Metropolitan University (OsloMet)
Title of abstract	Always on the move. A retrospective view on the initiation and development of a comprehensive IPL course in Norway.
Name(s) of presenter/presenters	Runa Kalleson, Ellen Merethe Magnus
E-mail	runaka@oslomet.no

Background:

INTERACT was developed based on an application for a Center for Excellence in Higher Education in 2016. The application was not granted, but the idea of an interprofessional learning (IPL) course for students in healthcare, social sciences and education programs to enhance the collaboration about and with children and young people was transferred into a pilot project. The first course offered was elective with around 300 students. INTERACT is now established as a comprehensive IPL course involving more than 5,000 students each year at Oslo Metropolitan University. In this presentation, we aim to reflect on circumstances that have had an impact on the content and implementation of INTERACT from its initiation in 2016 until now.

Methods:

We have reviewed various white papers of relevance to the initiation and development of INTERACT. Furthermore, we have looked at how people involved as well as available resources have affected the development of INTERACT.

Results:

INTERACT has been influenced by stated initiatives and strategies both at the national and institutional level. Content and organization have also been affected by the number of participating students and educational programs involved, as well as the professional background and fields of interest of the project managers involved in INTERACT over the past 8 years.

Conclusion:

INTERACT is a dynamic IPL course that has absorbed changes at societal, institutional, and individual levels. Therefore, INTERACT seems to be continuously "on the move" while maintaining the original idea.

Takeaways:

Critical reflections on current course content and careful considerations of suitable teaching and learning activities are required for charting out a future course. A dynamic course development according to feedback from students and instructors, institutional strategies, political guidelines as well as societal demands is crucial for successful IPL activities in higher education.

Abstract 31

Affiliation/site	University College Copenhagen
Title of abstract	Sharing results of using old age simulation in interprofessional learning and education
Name(s) of presenter/presenters	Hanne Selberg and Jonas Kirkegaard Ørnbøl
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Background

During the past 14 years University College Copenhagen (KP) has focused on creating interprofessional education of the highest quality. Since spring 2021 fourteen different educations have participated with 4,000 students per year.

On the course "Elderly in vulnerable positions", KP has implemented workshops with old age simulation, which is used as an example of the application of simulation to the interdisciplinary courses as a strong method to achieve cross-professional competencies by the students learning with, about and from each other in collaboration (WHO, 2010).

Purpose

Training an interdisciplinary task by putting your own and others' professionalism at stake. Bodily learning in relation to experiencing different consequences of physical and mental impairments on one's own body in collaboration with other professions. Understanding the patient/citizen perspective on receiving help from others. Increasing skills in communicating and interacting with the elderly and with cross-professional colleagues.

Methods

Interactive workshops structured according to Dieckmann's model (2009) – initial briefing, case-based scenarios, debriefing and final evaluation.

Taking turns in acting respectively as senior citizens and helpers the students engage in scenarios with everyday activities wearing an old age simulation suit that can demonstrate changes in the musculoskeletal, visual and auditory senses. The activities take place in an authentic setting in KP's cross-professional simulation facilities.

Results

Findings from observations, qualitative thematization from transcribed debriefings, and evaluations from past and present workshops related to interprofessional learning and in relation to elderly in vulnerable positions are shown in figure 1.

Discussion

There is clear potential for developing simulation-based teaching. How can we at KP expand simulation-based approaches in interprofessional education?

Conclusion

The preliminary results have convincingly shown that the students achieve a high degree of learning and judging from the self-assessment potentially can apply the new knowledge in interactions with elderly people in their professional work.

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Figure 1

Primary findings related to interprofessional learning

- Increased awareness of cross-professional issues concerning elderly people in vulnerable positions and that all professions contribute equally
- Interprofessional communication and clear division of roles

Findings in relation to elderly in vulnerable positions

- Bodily kinesthetic learning in relation to aging in the senses, brain, and musculoskeletal system by experiencing physical changes on one's own body
- Simulation as an eye-opener for new understandings of old age
- Linking theory and practice in relation to ageing processes
- Understanding the elderly's perspective and needs
- Concerns about getting older based on the emotional reactions they experienced as simulated citizens

Abstract 32

Affiliation/site	Faculty of Nursing and Health Sciences, Nord University
Title of abstract	Factors influencing supervision and learning in interprofessional education.
Name(s) of presenter/presenters	Runar Johannesen, Ingunn Skjesol, Eli Johanne Haugan Engen, Hege Sletvold
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Background

To prepare health professions students for the future healthcare services, interprofessional education (IPE) is essential. Clinical supervisors are well situated to facilitate interprofessional collaborative practice (ICP) to students during placement. The aim of this study was to perform an analysis of the factors that influence clinical supervision in IPE.

Methods

An IPE program with learning activities during the practice placement periods was developed through an action research approach between students and academic staff at Nord University, and healthcare practitioners from Nord-Trøndelag Hospital Trust. A central learning activity was digital supervision in interprofessional student groups (nursing, paramedic, pharmacy, and social education) by clinical supervisors. The IPE program was tested during the spring semester in 2022 and 2023. Data was collected in seminars and focus group interviews, and reflection notes of the supervisors. The transcribed data was analyzed by qualitative thematic content analysis.

Results

In total, six clinical supervisors and 38 students participated in testing the IPE program. Four main themes were found to describe the factors that influence clinical supervision in IPE: 1) Structure of the IPE; 2) Pedagogical perspectives; 3) Motivation 4) Experience and competence.

Discussion & Conclusion

Through a learner- and user-centered approach, this study provides new insights on the factors that need to be accounted to utilize the potential in clinical supervision of health professions student groups in IPE. Clinical supervisors have the capacity to facilitate learning in interprofessional student groups when the IPE structure is suitable. The pedagogical perspectives and motivations for ICP needs to be explored and accounted for in supervision. Competence in supervision is a continuous process, and the supervisors benefit from having space to reflect on their own practice. Supervision on supervision can support supervisors in facilitating an interprofessional learning environment for the students.

Abstract 33

Affiliation/site	Oslo Metropolitan University
Title of abstract	Experimenting with teaching and learning methods in IPL short courses
Name(s) of presenter/presenters	Ellen Merethe Magnus and Runa Kalleson
E-mail	ellmag@oslomet.no

Background: Each year OsloMet offers mandatory 2-days short courses for more than 5000 students in healthcare, education and social sciences programs to familiarize the students with interprofessional collaboration. The students work in digital groups with learning material delivered in the university's learning management system. We have tested various individual and group learning activities in the courses. Examples of group activities include icebreakers activities, role playing, making podcasts, working on cases and participating in supervision. Individual activities include interactive videos, simulations, quizzes and individual reflections to prepare for group discussions.

Methods: Upon completion of the courses students submit individual reflection notes and evaluate the courses by answering a questionnaire. Instructors and supervisors involved in designing and carrying out the learning activities share their experiences. We assess the usefulness of the learning activities and gather experience from the experimentation based on student-, instructor- and supervisor feedback.

Results: A variety of digital learning activities are suitable to support interprofessional learning. The experimentation with digital technologies facilitates new collaborations and development of skills. In general, students and instructors are positive towards testing digital learning activities. However, technical problems have a demotivating effect on the students.

Conclusions: Interprofessional short courses are well suited to test various digital learning activities and expand the students' and instructors' digital skills.

Takeaways: Overall, our experiences with testing digital learning activities in an interprofessional setting are positive. The students' technical skills vary, which must be considered when choosing digital learning activities. Technical problems reduce the students' learning outcome and should be planned for. Designing and testing digital activities provides an excellent opportunity to gain experience in and establishing new collaborations across programs and faculties.

Abstract 34

Affiliation/site	University College Copenhagen
Title of abstract	Step by Step: How we prepare lecturers to walk a mile in the students' shoes.
Name(s) of presenter/presenters	Karen Meier Rasmussen, Interprofessional Consultant
E-mail	kamr@kp.dk

Background: At University College Copenhagen, we have designed and implemented a competency programme for lecturers who do not have experience teaching interprofessional educational courses. The purpose of the programme is to provide lecturers from different education programmes with basic competencies to facilitate interprofessional educational courses and enhance students' interprofessional collaboration through both theory and practice. The lecturers must be able to facilitate that students from different professions learn to collaborate in practice and not just teach theories about interprofessional collaboration.

Methods: The didactic approach of the programme focuses on lecturers gaining personal experience with interprofessional collaboration combined with reflections on their own practices based on relevant theory. Lecturers are not only presented to an array of collaborative exercises, they also must carry them out, thus reaching embodied learning. The 8-hour competency programme is blended learning, consisting of two e-learning modules focused on individual immersion, each followed by face-to-face-sessions.

Results: Lecturers find that after completing the competency programme, they are better equipped to handle teaching in interprofessional educational courses. One lecturer states: "It works really well trying to put myself in the students' place."

Discussion: It's relevant to discuss how we continue to develop the lecturers' skills. There is a need for continuous development of competencies, both theoretically and practically, alongside their teaching tasks.

Conclusion: The competency programme provides lecturers with the fundamental prerequisites for teaching in interprofessional educational contexts.

Takeaways: Interprofessional collaboration is as much a practical skill as a theoretical foundation. When lectures test interprofessional collaboration on their own bodies it enables them to 'walk a mile' in the students' shoes. With that experience, they are better prepared to create reflective learning spaces for the students on interprofessional education courses.

Abstract 35

Affiliation/site	Michaela Munkholm, Universitetslektor, Institutionen för hälsa, medicin och vård (HVM), Enheten för Arbetsterapi och Ansvarig lärare för IPL-KUA, Anna Jonson, Enhetschef Leanlink, Linköpings kommun
Title of abstract	Prerequisites for team cooperation and development of an interprofessional learning environment in a municipal short-term accommodation
Name(s) of presenter/presenters	Michaela Munkholm, Universitetslektor, Institutionen för hälsa, medicin och vård (HVM), Enheten för Arbetsterapi och Ansvarig lärare för IPL-KUA, Anna Jonson, Enhetschef Leanlink, Linköpings kommun
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Background

One of three interprofessional learning (IPL) events within the IPL curriculum at Linköping University occurs within inpatient care at clinical teaching departments (KUA). In the light of anticipated changes and the implementation of the government's decision on "Good and close care" in 2023, we need to rethink and expand our collaborations with other venues for students' interprofessional learning experiences. For instance, student teams could meet and collaborate when patients are discharged from the inpatient ward for further treatment and rehabilitation in municipal health care. Promoting interprofessional working methods and fostering good learning environments are crucial to ensuring sustainable competence provision in patient-centered care. Therefore, we decided to explore the potential for interprofessional collaboration and learning in a municipal short-term accommodation with the long-term goal of developing an interprofessional learning event as part of the existing IPL curriculum.

Methods

A municipal short-term accommodation facility, interested in enhancing their teamwork and exploring the conditions for supervising students' learning in interprofessional collaboration, was invited to participate. The first step in this collaborative process was to map what interprofessional collaboration looks like in the current short-term accommodation. Semi-structured interviews with staff and managers as well as observations and an assessment of daily communication was conducted as part of a quality improvement project. Collected data has been analyzed and compiled using an Ishikawa diagram.

Results

Preliminary results highlighted several challenges related to interprofessional collaborative practice and competence. Specifically, a lack of consensus and communication issues were identified as areas most significantly impacting effective teamwork.

Conclusion

Thus, there is a need to further develop interprofessional competence and team collaboration before supervising students' learning in the same. Goals for improvement and reevaluation have been set, and the prerequisites for developing the interprofessional learning event will be further discussed.

Abstract 36

Affiliation/site	UiT The Arctic university of Norway Linköping University
Title of abstract	Navigating the Interprofessional Education Landscape: An Ethnographic Workshop
Name(s) of presenter/presenters	Catrine Buck Jensen and Tove Törnqvist
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Interprofessional education (IPE) is a critical component in shaping the future of healthcare delivery. To fully understand and optimize IPE, researchers and educators must delve into the intricate cultural and social dynamics that influence learning and collaboration among health professions students. This workshop offers a comprehensive introduction to the use of ethnography as a methodological tool for enriching our understanding of IPE. The workshop will also provide experiences gained by two PhD-students whos' theses are based on ethnographic work.

Ethnography, with its focus on observation, provides a unique vantage point from which to examine the complex interactions and tacit learning that occur within interprofessional teams. Our interactive workshop will guide participants through the foundational principles of ethnographic research, emphasizing its application in the context of IPE. Attendees will get a grasp of when, where and how to conduct ethnographic research within the scope of IPE.

Through collaborative exercises, participants will practice developing research questions, engaging in fieldwork, and get a sense of the analytical process and how to interpret ethnographic data. We will address the challenges of gaining access to interprofessional settings, maintaining ethical standards, and ensuring the reflexivity necessary to produce authentic and impactful research findings.

The workshop will also facilitate critical discussions on the role of ethnography in informing IPE program development and policy-making. By fostering an appreciation for the cultural dimensions of interprofessional collaboration, attendees will be better equipped to design IPE initiatives that are sensitive to the diverse professional cultures of healthcare teams.

Join us in this exploratory workshop to enhance your research toolkit with ethnographic methods and gain deeper insights into the world of interprofessional education. Together, we will focus on the cultural narratives that shape healthcare collaboration and how they can inform our day-to-day interprofessional practice.

Abstract 37

Affiliation/site	<p>Ingunn Skogseth-Stevens^{1,2}, Vigdis Skarsaune Gausemel^{1,3}, Sissel Horghagen¹, Monica Lillefjell¹, Siri Merete Brændvik¹</p> <p>1. Department of neuromedicine and movement science, Faculty and Medicine and Health science, Norwegian University of science and technology, NTNU, Norway</p> <p>2. Unit of physiotherapy services, Trondheim Municipality, Norway</p> <p>3. Unit of occupational services, Trondheim Municipality, Norway</p>
Title of abstract	Combined positions between physical therapy and occupational therapy educations and community healthcare in Norway; Experiences from a two-year project period
Name(s) of presenter/presenters	Ingunn Skogseth-Stevens, Vigdis Skarsaune Gausemel
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Background

Combined positions between clinical and academic units are recommended nationally to develop closer relationships which promote shared responsibility for the education of future therapists and to enhance the quality and relevance of the education. However, the content and organization of such positions are not established and depend on how the municipality and educational system are structured. Our project's purpose was to explore and evaluate a model for combined positions which aim to bridge the gap between clinical and academic fields.

Methods

Combined positions for a physical therapist and an occupational therapist are being tested over a two-year project period. The objectives were to develop a model for collaboration and a job description for these positions. The focus areas were children/adolescents and the elderly. Key questions for these bridge-building positions between clinical practice and teaching at the educational institution included: How to create a model that promotes collaboration and contributes to knowledge exchange? What tasks should be associated with these positions and what role should they play? The individuals occupying these combined positions collaborated closely with each other throughout the project period.

Results

This ongoing project is expected to be completed within 2024. Clinical and academic fields report experiencing an advantage of having therapists in combined positions. Job descriptions for the combined positions have been developed and are being implemented.

Discussion

The combined positions have cooperated with teaching staff at NTNU and therapists in the municipality to assess areas that need to be addressed to ensure the therapist's education reflects the practice field needs and vice versa.

Conclusion

The project underscores the necessity for combined positions to enhance the relevance and quality of therapist education.

Takeaways

Insights gained from experiences with combined positions may help define how best to bridge the gap between academic and clinical fields.

Abstract 38

Affiliation/site	Linnéuniversitetet, Kronoberg, Sweden
Title of abstract	Interprofessional learning at Primary care center – mixed method
Name(s) of presenter/presenters	Maria Saaf
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Background: The transition to good and close healthcare is underway in municipalities and regions. The focus is on primary care and the aim is for healthcare to contribute to participation through personcentered approaches that benefit the population's health. An important part of this work is to develop interprofessional attitudes and learning environments, as healthcare professionals have a need for continuous learning. By conducting research and developing interprofessional learningmodels, students can, in collaboration with supervisors, be given the opportunity to prepare themselves for their future professional work.

Aim: To explore and describe experiences of interprofessional learning in primary care from the perspectives of patients, students, and supervisors.

Method: A mixed method approach was used with 35 participants according to a convergent design. Data collection and analysis of surveys and interviews were conducted simultaneously. The surveys were presented descriptively, and the interviews were analyzed thematically (Braun & Clarke, 2019) and then merged into an overall result.

Results: The survey responses showed good agreement across the three perspectives, and the interviews revealed eleven subthemes. From the patients: the patient in the caring encounter, communication and dialogue creating participation, dedicated time deepened the care encounter, and supervisors contributed to a sense of security. From the students: focus and holistic perspective on the patient, learning in community provided security, communication and dialogue facilitated learning for the students, and supervisors supported the learningprocess. From the supervisors: students learned through responsibility and collaboration, regular supervision and reflection, and processes in the learningmodel. The integration of both analyses resulted in three main themes: learning in community, time and deepened communication, and security in supervision.

Conclusion(s): Patients feel confirmed and secure when students listen to them and provide care based on a holistic perspective. Students create participation and are positive about learning interprofessionally when they are involved in patientcare. Supervisors guide and provide opportunities for reflection that benefit collective learning. Effective collaboration between educational institutions and clinics is crucial for solving logistics when multiple professions are learning interprofessionally.

Keywords Interprofessional learning, interprofessional education, mixed method, personcentered care, primary care, students in professional education.