

## 7-1

### EVALUATION OF NEW MULTI-PROFESSIONAL COLLABORATIVE LEARNING PROGRAMMES (MPCPs) FOR OPTIMISING DENTISTS', GENERAL PRACTITIONERS' AND PHARMACISTS' HEALTHCARE KNOWLEDGE AND DELIVERY

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#### Introduction

A new multi-professional collaborative learning programme (MPCP) brings together practitioners from dentistry, general practice and pharmacy. The programme is co-ordinated by the postgraduate centres at Cardiff University, with the aim of developing events which address topics relevant to all three groups. Originally piloted as an online course, two face-to-face group learning sessions have taken place. This study explores multi-professional collaborative sessions as an acceptable mode of learning in healthcare.

#### Methods

We gathered data from post-session questionnaires following two MPCP sessions, exploring attendee learning and opinions.

#### Results

Sessions on Oral cancer (33 Dentists/3 GPs attending) and Significant Event Analysis (SEA) (16 Dentists/27 GP/16 Pharmacy) were studied. Attendees reported that learning outcomes were met (100% oral cancer/99% SEA). 99% of attendees indicated that they would be making changes to their practise following the session.

When asked why it was useful to learn with other professionals they reported that it was valuable to include other professional groups' understanding of the topics: *"Gives a different perspective of questions afterwards and a more rounded educational result"*. This led to standardisation of knowledge and service delivery: *"Ability to network and learn to 'sing from same hymn sheet'"*. Responses were positive to holding future collaborative events. Reasons given echoed previous statements regarding gaining a broader understanding of the topics and building inter-professional links but also highlighted that such modes of delivery aligned with the learning needs of new multi-professional working, such as primary care clusters: *"They chime with Government policy on primary care and primary care clusters"*. Suggestions for future topics included emergency care, dementia and child protection.

#### Conclusions

MPCP supports collaboration across professions leading to a co-ordinated approach to professional education. It addresses University and Wales Government's aims to develop innovative educational opportunities to meet the ever-changing needs of the healthcare workforce, including drives towards multi-professional working and creation of GP clusters. Attendees' reflections on the sessions suggest that collaborative shared learning addresses their needs and is a valued mode of delivery.

#### Acknowledgments

We wish to thank the programme co-ordinators (Kirstie Moons, Chris Price and Karen Hodson) for their co-operation, and Wales Deanery for funding the evaluation.

## 7-2

### THE BENEFITS OF INTERPROFESSIONAL STROKE TRAINING

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#### Introduction

Delivering high quality stroke care is dependent on a coordinated multidisciplinary team approach but education for members of such teams has traditionally been unidisciplinary, with interprofessional training lacking.

#### Methods

A multidisciplinary working party of stroke clinicians and educationalists formulated a blended, multi-modal, inter-professional stroke rehabilitation training programme. Using previously validated assessment tools, a mixed-methods evaluation of interprofessional learning modalities was used to analyse data from participants before and after training. This included both quantitative analysis from pre- and post-course questionnaires and thematic analysis of free-text responses about the course's educational value and learning experience.

#### Results

83 individuals (28% nurses; 17% occupational therapists; 15% dieticians; 13% physiotherapists; 8% doctors; 5% speech and language therapists; 15% not from health care backgrounds e.g. social worker, volunteer) completed the training. 82% of participants reported the interdisciplinary opportunity being the reason for involvement and 64% reported the multi-professional approach to provide a more effective method of education. Mean rating for the benefit of the course was 89%. Mean increase in confidence level for the topics taught was 11% (range: 5-18%) with management of continence, cognition and pain being the most commonly reported subjects for learning. 94% of attendees reported learning in areas that had potential for improving their practice.

#### Conclusions

There is an appetite among stroke health care professionals for interprofessional education. This course received favourable feedback and attendees reported improved confidence in all domains taught with an emphasis on experiential learning opportunities. The challenge is to develop a standardised programme that may be delivered across multiple sites.

## 7-3

### **PROVIDING EMPATHY TRAINING TO INTEGRATED HEALTH TEAMS USING A MULTIDISCIPLINARY EDUCATION APPROACH**

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#### **Introduction**

North East London NHS Foundation Trust (NELFT) provides an extensive range of integrated community and mental health services for people living in London serving a population of 1.5 million people. With an annual budget of £325 million NELFT is one of the largest community service providers in the United Kingdom (UK). NELFT is responsible for the education & training of the entire workforce and in August 2016 it employed a nurse fellow to work with the medical education fellows so it could focus on multidisciplinary team (MDT) teaching.

#### **Aims**

To provide MDT teaching by delivered by a MDT medical education team to a variety of clinical teams. The overall aim was to improve training experience of all trainees, nurses and allied health professionals in NELFT

#### **Method**

Clinical staff from NELFT attended simulation teaching sessions to improve their knowledge of sensory and physical impairments faced by older adults with age related illnesses. Empathy and communication skills formed part of the simulation scenarios devised by the team. As part of the training staff wear an old age simulation suit and are required to undertake functional assessments

Two psychiatrists and one registered adult nurse worked together on the simulation training to deliver the MDT teaching.

#### **Results**

Multiple teaching sessions were delivered to MDTs and trainees within the Trust. Staff were receptive to learning in MDTs rather than traditional splits according to professions. In total 16 sessions have been provided and due to demand and excellent feedback received further sessions are being planned.

100% of attendees have provided positive feedback stating that their understanding of age related illness has improved along with their ability to empathise with their patients.

Some of the highlights of the feedback include, 'an experience that will never be forgotten', 'excellent simulation experience'.

#### **Conclusions**

Feedback from these sessions has demonstrated that through creativity, empathy training can successfully be delivered to medical students and multidisciplinary teams with a positive and lasting impact.

## 7-4

### **DENTISTRY FOR SOCIAL INCLUSION: THE FIRST NATIONAL CONFERENCE**

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**Introduction:** The Department of Health (2010) identified four key groups of people experiencing social exclusion; the homeless, Gypsy, Irish or Roma Travellers, sex-workers and vulnerable migrants. On the 17<sup>th</sup> November 2016, Health Education East Midlands delivered a novel national conference on Socially Inclusive Dentistry designed to create an opportunity for collaboration between people interested in working with socially excluded populations, to increase awareness of the need for socially inclusive dental services, to understand barriers that may prevent socially inclusive dentistry and how these may be overcome.

**Methods:** The conference was structured across fifteen workshops delivered by sixteen speakers including experts-by-experience who provided lived-insight on dental services for 'seldom-heard' people. The workshops covered the domains of volunteering, medical, dental and social services for socially excluded people, dental care for socially excluded children and shared current research involving these groups. Each of the workshops was served by a facilitator; discussions were recorded verbatim and subsequently transcribed and synthesised to understand the views of dental professionals on socially inclusive dentistry.

**Results:** Online feedback found that 98.2% of people felt that the conference had, to a greater or lesser extent, given them a better understanding of socially inclusive services and the problems faced by socially excluded groups. The feedback highlighted that successes of the conference included: networking, meeting others who were passionate about inclusion healthcare and sharing of ideas.

**Implications:** The conference is just the beginning of a much bigger conversation on socially inclusive dentistry and our challenge now is to translate these conversations and ideas into on-the-ground action and change. A socially inclusive dentistry network has been developed to connect professionals otherwise operating in silos around the UK and the synthesised data will be shared with NHS England in the anticipation that it may contribute toward a framework for the development of socially inclusive dental services.

## 7-5

### SHARED LEARNING USING AN INTERPROFESSIONAL APPROACH WITH SIMULATION

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**INTRODUCTION:** Using a grant from Health Education East of England we decided to pilot an Interprofessional simulation course aimed at learning from error for Foundation Year 2 Trainees and nurses taking part in a locally run leadership programme. We call this Simulation at Harlow for Foundation Trainees (SH4FT™)

**METHODS:** The simulation course runs for 1 day per month (09.00-17.00). FY2 Drs and nurses are rostered to attend as a part of their programme. Scenario content is based on complex situations and acute patient deterioration based on “on-call” events using a high fidelity patient manikin. Scenarios focus on patient assessment, communication and team work. Debriefing follows each 15 minute scenario with attention to learning outcomes relevant to both FY2 trainees and nurses that relate to clinical knowledge and human factors. Scenarios are linked to the Foundation Programme Curriculum (2016) and faculty have all attended simulation faculty training.

**RESULTS:** To date, 20 FY2 trainees and 4 nurses have attended 4 days. Initial findings from course evaluation show that delegates value this type of learning, enjoy the practical nature of learning and would recommend this to their peers as worthwhile (see graph 1). Points that delegates stated they would take back to their clinical practice are highlighted in the word cloud attached (diagram 1). Colourised words indicate those more selected.

**IMPLICATIONS:** We believe that the learning together nature of different professions allows a blended learning approach and that this enables delegates to understand differing professional approaches and priorities. With a growing demand to learn from error, we have begun to use content from Serious Incidents to script scenarios and use this form of learning to share wider learning across the organisation. We are lobbying the LETB for funding to deliver this course for FY1 trainees within the first 6 months of their clinical placement for 2017-2018 and to continue the FY2 programme. This will continue to allow nurses and AHPs further opportunity to this style of learning and act as a medium for shared team learning.

Graph 1

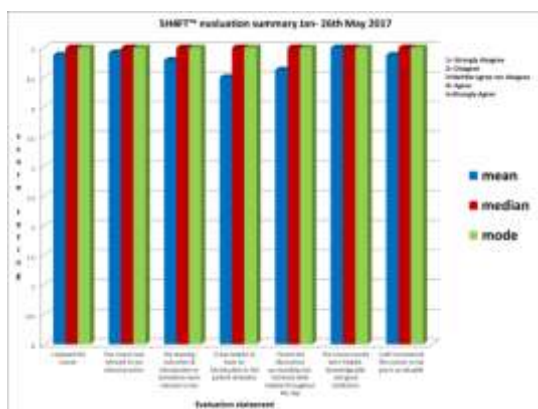


Diagram 1



## 7-6

### A COMPARISON OF THE DEVELOPMENT OF EDUCATIONAL AND MEDICAL RESEARCH

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**Introduction:** Those of us involved in researching medical education find ourselves at the crossroads where two seemingly disparate paradigms meet. Healthcare practitioners are immersed in a supposedly successful model of research which favours statistical and quantitative studies in order to build evidence of effect. In contrast, educational research has developed more in keeping with social sciences where the subject matter is often considered too complex to apply such methods. Both approaches, however, are imperfect.

This study aims to add understanding of this by considering the history of their development.

**Methods:** Literature pertaining to the development of research in education and medicine was reviewed.

**Results:** Educational research in the West followed the introduction of universal schooling in the early 19<sup>th</sup> Century. Towards the end century the “professionalization of the profession” resulted in the foundation of university departments in education. John Dewey’s in Chicago favoured a progressive philosophy, which (unlike his successor’s Charles Judd) produced little evidence to support theorising. Edward Thorndike (Columbia), also applied scientific rigour to his studies, but his reputation was sullied by his testing for racial differences in intelligence.

Post-war, education research was influenced by the prevailing trends in social sciences. Unlike medical research, there was a failure to build a “corpus of knowledge” with such approaches. This has frustrated governments and other stakeholders who insist on “evidence” of effect; such that educators feel that there is now enforcement of scientifically based models of research.

Medical research has little such criticism from those who fund healthcare who are comfortable with the form of data that is produced, with the randomised controlled trial (RCT) considered to be the ultimate test, and governments encourage this method in areas beyond medicine. Prior to the first such trials in the late 1940s, much evidence had been anecdotal. Pierre Louis (1787-1872) is credited with first statistically interrogating practice. Others met with resistance when they questioned the effect of established treatments.

The RCT has produced seemingly irrefutable evidence to prove or disprove effect. However, there have recently been concerns that the high regard in which we hold evidence based medicine, has been abused by some researchers, and has led to the development of international guidelines against which studies can be benchmarked. Interestingly many trials now also include qualitative, patient reported data to reinforce the findings of the quantitative aspect of the research.

**Conclusion:** Medical and educational research has developed in the last two centuries along opposing lines. Flaws with both are manifold. We in medical educational research should be aware of these and yet draw on the best from both to investigate our practice.

## 7-7

### THE FUTURE LEADERS PROGRAMME – WHERE ARE WE NOW? TRAINING TOMORROW'S LEADERS TODAY

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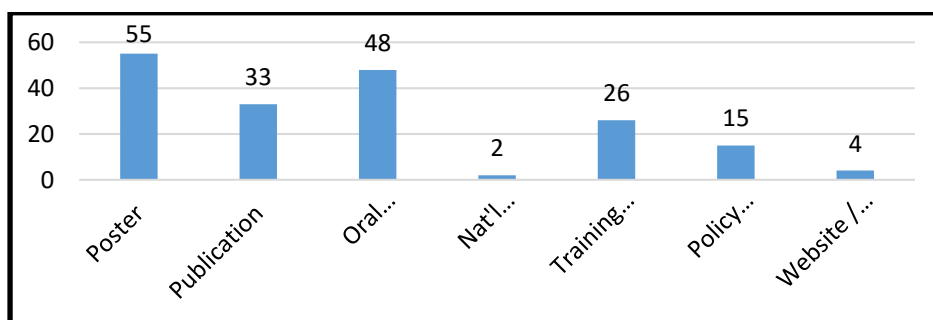
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**Introduction:** The Future Leaders Programme (FLP) is a 12-month, multi-disciplinary fellowship run by Health Education England working across Yorkshire and the Humber. The current cohort has 61 fellows. The FLP aims to provide opportunities to develop leadership skills across the domains of the Healthcare Leadership Model[1]. The FLP has been designed in the context of the reports from Lord Rose and Francis, statements from the health secretary and the recent multi-organisation document *Developing People-Improving Care*[2–5]. All of these highlight the need to develop leadership capacity and capability in the NHS.

**Methods:** The fellowship uses the vehicles of local or regional projects, coaching, action learning sets, educational courses, an academic qualification and an annual conference to develop leadership skills. Educational courses include: Myers Briggs, 'Power Politics and Persuasion', writing for publication and media skills. All fellows are expected to attend Quality Improvement courses and to be involved in quality improvement projects where possible. Evaluation is via questionnaire on an annual basis and is on-going.

**Results:** From the 2016 cohort, 38 evaluations were completed from 42 sent (90%). 91% said their experience would influence their practice in clinical work. Key themes of the most valued experiences included: better self-awareness, wider perspective on future roles, understanding the process of effecting change, better understanding of team-working and a changed perspective on NHS organisations. A summary of outputs from the FLP are shown in table 1. Evaluation from 2017 is on-going and will be available by November.

Table 1 – Key Outputs from FLP in 2016 (N=31)



**Conclusions:** The FLP is a productive and effective vehicle for the development of leadership skills in our workforce. It provides many opportunities that are not readily available to those in full time clinical practice. Although other programmes such as the National Medical Director's Clinical Fellow Scheme exist, they are not widespread and not multidisciplinary[6]. It is imperative we continue to develop leadership skills across all disciplines in our current and future workforce. Key areas of challenge and development in future include approaching spread and sustainability of leadership development across the workforce.

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## 7-8

### MULTI-DISCIPLINARY TEAM PERCEPTIONS OF 'INTER-PROFESSIONAL LEARNING' AS AN EDUCATIONAL TOOL IN ONCOLOGY

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**Introduction:** Inter-professional learning (IPL) has become a major focus of healthcare education and training. Health Education England has recommended increased opportunities for IPL to support the delivery of integrated safe patient care. IPL has been identified as a tool in improving collaboration of the multi-disciplinary team (MDT). Its role in the undergraduate setting is well documented, with nursing and allied healthcare students more likely to have positive perceptions of IPL than medical students. It is unclear whether this phenomenon continues in the postgraduate setting. We report the multi-disciplinary perception of IPL as an educational tool in a tertiary oncology setting.

**Methods:** A non-compulsory structured questionnaire (composed of freetext and 5-point Likert scales) and semi-structured interviews were conducted. Members of the gastrointestinal cancers MDT were invited to participate. Prospective qualitative data was thematically analysed using open coding. Ethical approval was obtained.

**Results:** 8 doctors, 4 allied healthcare professionals, 3 specialist nurses and 9 administrative staff completed the survey. 3 doctors, 3 specialist nurses and 3 allied healthcare professionals were interviewed. Doctors reported feeling less valued than other team members (neutral to strongly disagree, 50%, n=4) and more likely to value the contributions of the whole MDT (agree and strongly agree, 100%, n=8).

79% (15) of all respondents felt they had enough opportunities to learn from their multi-disciplinary colleagues in the working environment but only 47% (10) felt this was true of formal teaching. In response, 84% (16) wanted to attend IPL sessions.

Overarching themes included: 1) Shared expertise; 2) MDT cohesion; and 3) Holistic patient care.

**Conclusions:** The findings suggested that doctors working in a postgraduate oncology setting are just as likely to have positive perceptions of IPL as their allied healthcare or nursing colleagues. A lack of formal IPL was acknowledged with enough interest to warrant further exploration. As a result, a weekly IPL teaching session has been developed within our department. IPL has the potential to facilitate MDT working, improve quality of care and patient outcome. The varied knowledge and differences in curriculum between MDT members were noted as limiting factors to IPL success.



## 7-9

### **A SPECIALIST CANCER CENTRE'S EXPERIENCE OF DELIVERING AN INNOVATIVE INTER-PROFESSIONAL LEARNING PROGRAMME – CHALLENGES AND OPPORTUNITIES**

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#### **Introduction:**

Health Education England has recommended the use of inter-professional learning (IPL) and development to enhance patient care. As a provider of specialist cancer care based on a foundation of multi-disciplinary working, our trust has identified IPL as an important area of development. A survey of our gastrointestinal multi-disciplinary team (MDT) members found that whilst MDT meetings are patient focussed, they provided limited opportunity for learning.

We define IPL as: *'a learning process where the different experiences and expertise of two or more different professionals is shared for individual and team development with the aim to improve collaboration, patient care and outcomes.'*

We developed an IPL teaching programme and discuss our experience here.

#### **Methods:**

We set up a weekly cross-site 45 minute MDT teaching session within our gastrointestinal cancers department. All MDT members are invited via email. The teaching session is scheduled for the same time and day each week to provide continuity, with audio-visual link to the non-presenting site. Topics are identified through consultation with the MDT and delivered by a relevant member. 10-15 mins of each session is allocated for discussion with a focus on MDT working. Presenters receive formal feedback and (if requested) teaching observation, for continued professional development.

#### **Results:**

Our IPL teaching programme is well attended with on average 15 – 20 MDT attendees each week. Attending professionals include: medical and surgical doctors of all grades; specialist nurses; pharmacists; dietitians; research staff; support workers; and administrative.

*Positive experiences to date include:* active MDT participation in discussions and shared learning; ability to recognise areas of need for improvement / excellence and react appropriately; a flexible ever-evolving curriculum.

*Main challenges faced include:* pitching level and content to an audience of varied background and experience; high organisational workload; timing and impact of teaching on service delivery.

#### **Conclusions:**

We recommend IPL as a tool to improve MDT working. Individual teaching sessions should have a strong introduction to set the groundwork along with clearly defined learning objectives. To facilitate IPL, different members of the MDT should be encouraged to share their experiences and ideas. Through IPL, it is possible to identify areas of knowledge deficiency within the MDT and through discussion, review processes and delivery of care. This can be a useful way of identifying quality improvement projects, enhance team working and patient care. IPL should be approached in a flexible open-minded manner with a constructivist fluid curriculum rather than defined, acknowledging the changing needs of the workforce.

## 7-10

### **MULTI-PROFESSIONAL TEACHING EDUCATION TO TEACH SECOND YEAR MEDICAL STUDENTS ABOUT PATIENT DISABILITY AND SAFETY ISSUES**

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#### **Introduction:**

Disability and patient safety are important aspect of patient care. Medical students should be aware of that and should be encouraged to identify these issues and reflect on them. The students can use the time spent on clinical attachments to do that. Involving a multi-professional team in the teaching can make the students aware of different points of view on these issues.

#### **Methods:**

Second year medical students, during their first clinical attachment, were asked to identify patient disability and safety issues. They were assigned a nurse or a healthcare assistant to shadow for two days. They were then asked to write a reflection on the experience. A thematic analysis was conducted on their reflection to understand if they could identify any issue and how the multi-professional education helped them.

#### **Results:**

Twenty students replied to the questionnaire.

Most of the students were able to identify some issues. Regarding disability their comments focused on the role of the non-medical staff defining it as “essential”. They also recognised the effort of the staff to help patients and how of insufficient staff poor management of the staff could affect patients experience during their hospital admission.

Regarding patient safety they recognised the importance of adequate staff training in particular in following procedures, especially infection control procedure and manual handling. They commented how nurses helped them in being more aware of safety issues.

Most of the students had positive feeling associated with the experience, they described it useful, interesting and inspiring. Some of them found it difficult and sad, one of the students felt it was inappropriate for him to highlight safety issues to the clinical staff who was more experience than him.

#### **Conclusions:**

Most medical students, despite this being their first clinical experience, were able to identify issues related to patient disability and safety; shadowing a nurse or healthcare assistant helped them to recognise the importance of multi-professional team in patient care.

The experience was generally well received, most of the students felt more aware of issues related to patient disability and patient safety. However some of the students felt it was a difficult task.

Medical schools want to train good doctors; great importance is given to science, clinical and communication skills. We identified two important themes that should be part of future doctors’ education: patient disability and patient safety. Offering students a multi-professional education experience during their clinical attachment improved their awareness of these issues. For this reason we are planning to continue this multi-professional education experience involving nurses and healthcare assistants in future placements.

#### **Acknowledgments:**

We would like to thank Narinder Virdee for organising the attachment and the debriefing session.

## 7-11

### SUPPORTING DIGITAL LITERACY AND INCLUSION AMONG HEALTH AND CARE STAFF

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Having appropriate digital skills is an essential capability for the modern health and care workforce. Our previous research indicates that individual attitudes, behaviours and lack of digital and technical skills can have an impact on the way an individual approaches their work, their patient and their personal life, often missing opportunities where technology can enhance their learning and practice (DeNormanville and Kennedy, 2016).

In this research, Health Education England (HEE) explored how existing competency and capability frameworks support and align to the six HEE domains of capability (outlined in figure 1), identifying the digital literacy standards, competencies, skills, attitudes and behaviours currently required of different health professions.



Figure 1 – HEE's Digital Capabilities

A total of 21 competency frameworks and standards that are specifically focused on digital literacy capabilities were located and assessed, with six coming directly from UK health and care. The mapping revealed that the primary digital literacy requirement for the health and social care workforce is focused on *Information, Data and Media Literacies* followed closely by *Communication, Collaboration and Participation*. There was strong evidence of frameworks and resources supporting *Technical Proficiencies* and *Digital Identity* but relatively little for the remaining domains.

Our previous research suggests that the health and care workforce need to have good digital skills across all the domains and not just those identified in the other frameworks to be able to "fit someone for living, learning, working, participating and thriving in a digital society" (HEE, 2016).

This latest research identifies the need for a strong capability framework and associated learning and educational resources to support the health and care workforce across the United Kingdom as the provision of healthcare moves further into the digital arena.

## DEMEC 2017 – abstract poster submission : Category 7: Multi-professional education and training

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## 7-12

### YOUTUBE BASED GYNAECOLOGY EDUCATION AND TRAINING: THE ROAD AHEAD WITH OSCESTATION

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#### Introduction:

Social media and eLearning videos are powerful learning tools and can help improve learning, demonstrate practical or complex procedures and simplify difficult topics<sup>1,2</sup>. We shared these via our registered OSCEstation (objective structured clinical examination) video portal.

#### Methods:

YouTube videos were created for teaching medical students, doctors, nurses and midwives on a variety of gynaecology scenarios and procedures (Figure 1). Our goal was for these videos to be viewed and shared worldwide for purposes of multi-professional education and training with the aim of micro learning, note taking, comprehension of complex concepts, role-play, revision for exams and clinical application

#### Results:

3 high quality gynaecology focussed eLearning YouTube videos were created across several clinical departments in Teaching Hospitals. To date there have been almost 4.5 million views of our gynaecology videos and almost 15,000 users have subscribed to the channel, with excellent feedback related to them.

#### Conclusion:

The use of You Tube as a social media platform for teaching and learning is the road ahead for medical education. A quality assessed, structured and sustainable educational online platform like TheOSCEstation aims to meet the requirements of a new generation of learners.



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## 7-13

### **IS IT SAFE TO LEAVE MY PATIENT AT HOME? INTER-PROFESSIONAL COMMUNITY-BASED LEARNING**

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#### **Background**

Joint-training of clinicians working in overlapping care areas can be a powerful way to help develop cross-professional insights and knowledge as well as individual learning. This poster describes a novel educational evening, which saw GP trainees and South Central Ambulance Service (SCAS) staff coming together to learn and reflect on practice-related topics. The aim of the educational evening was to enable participants to engage in shared learning activities using facilitated case scenarios, based upon common cases.

#### **Summary of work**

47 (25 SCAS staff / 22 GPs) attended the evening, and worked in mixed SCAS /GP groups, which were facilitated by educators from both professions. All participants completed pre-session information sheets about their expectations and post-session evaluations of their experience.

#### **Summary of results**

Participants valued the evening and reported broadened knowledge and insight about the clinical work of the other group. This included the nature of work and, more interestingly, it highlighted differences in care management practice. Participants reported that the case-based scenarios were relevant, and a good way to focus discussion and learning. It highlighted in particular different approaches to risk management and uncertainty.

#### **Conclusions**

The event helped participants to better understand each other's roles and to learn together in an interactive and engaging way.

#### **Take home messages**

The educational evening demonstrated that shared learning can be powerful and generate insights for trainees and SCAS clinicians. Participants also made suggestions as to how the event might be developed for the future.

## 7-14

### THE PROFESSIONAL DEVELOPMENT OF HOSPITAL EDUCATORS

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#### Background

The professionalisation of the role of educator has led to a proliferation of courses to credentialise this aspect of practice, however evaluations to identify 'what works' and 'how' are few.

#### Summary of work

A Postgraduate Certificate for Hospital Educators was launched in January 2016 at Portsmouth Hospitals NHS Trust, working in partnership with the University of Winchester. This multi-disciplinary course provided participants (n.16) with the opportunity to analyse hospital setting educational matters in depth through working together over a year. The course is distinctive due to its strong philosophical stance on professional development. The curriculum considered the skills needed to facilitate the development of 'practical educational wisdom' for the participants' educational roles through discussion, reflection and academic texts to frame their thinking. Sessions were jointly facilitated by a Trust educator and a University educator.

The outcome of the first year is being evaluated using a qualitative approach:

- the challenges /benefits;
- the potential for the professional development;
- lessons learned;
- the implications for other groups of hospital educators;

#### Summary of results

Early evaluation has been positive. Feedback was gathered in a face to face interactive feedback session, written course evaluations and by email follow up several months later. Participants reported increased awareness of and insight into how they understand their practice, and feeling more confident in their skills /abilities.

#### Conclusions / Take home messages

The certificate has been well-received, helping the participants to develop and improve their educational practice through collaborative learning with colleagues and tutors. A second cohort is currently running.

## 7-15

### GP AND CHIROPRACTIC TRAINEES: A SHARED DAY OF LEARNING

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#### Background

Bringing trainees together to learn and reflect can help develop cross-professional insights and knowledge. This poster describes a novel educational day designed to bring GP specialty trainees and chiropractic trainees together, their reflections on the strengths and weaknesses of the day, and their learning outcomes.

#### Summary of work

The aim of the educational day was to enable participants to engage in shared learning activities, and to promote greater inter-professional knowledge, including small group work, case-based discussion and simulation. Thirty-six trainees attended the day, and they completed pre-session information sheets and post-session evaluations.

#### Summary of results

Participants valued the day and reported changed knowledge and insight about the professional work of the other group, including the nature of work and patient-centredness. Participants reported that the case-based discussion and clinical skills lab were the most relevant. The poster will outline the findings of the evaluation and future steps for development.

#### Conclusions /Take home messages

The educational day demonstrated that shared learning can be powerful and generate insights for trainees. They also made suggestions as to how the day might be developed for the future.



## 7-16

### MULTI-DISCIPLINARY STUDENT SIMULATION TO PROMOTE TEAMWORK AND LEADERSHIP SKILLS IN UNDERGRADUATE EDUCATION

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**Introduction:** The use of multi-disciplinary learning events in post-graduate education has been well established over the last few years (1). The advent of accident and emergency, paediatric and maternity simulation sessions has promoted the inter-professional theme and emphasised the importance the teamwork and leadership within these teams (2-3). However, the same is not true for those in undergraduate education who get comparatively inadequate interaction with other groups of health professionals until qualification (4). Thus, we arranged a multi-disciplinary student high-fidelity simulation session involving medical, nursing and physician associate students.

**Method:** A high fidelity simulation suite was used at Princess Alexandra Hospital NHS Trust, UK. In total there were two afternoon sessions involving a maximum of 12 students per session. There were 4 scenarios per afternoon and three students in each scenario, with the aim to reflect a typical multi-disciplinary team (MDT). The debriefing sessions were led by experienced de-briefers with a focus on the non-technical skills of team work and leadership. Feedback was obtained after each session.

**Results:** The results are demonstrated in table 1.

	Mean average	Mode Average	Range
Prior to this simulation session, I have had lots of experience interacting with other members of the multi-disciplinary team	2.4	1,2	1-5
I enjoyed working with other disciplines	4.8	5	4-5
Having other types of students improved my understanding of my own and their roles.	4.8	5	4-5
This session improved my understanding of team-working in a multi-disciplinary way	4.7	5	4-5
Faculty were helpful, knowledgeable and good facilitators	4.6	5	3-5
I feel overall that simulations will help me become a Nurse/Physician Associate/Doctor	4.8	5	3-5
I would recommend this course to my peers	4.9	5	4-5

**Table 1. Feedback results post session. Scale: 5=strongly agree; 4=Agree; 3=Neither agree nor disagree; 2=Disagree; 1=Strongly disagree**

In addition, students were asked to comment on how the session changed their opinion on the MDT. They reflected further understanding of job descriptions and a clearer appreciation of how the team fit and worked together.

**Discussion:** After qualification, most health care professionals work in MDTs and it is peculiar that more emphasis is not placed on this during undergraduate education. Indeed, the amount of multi-disciplinary exposure was explored during the sessions and only those who had previously worked in other healthcare roles felt they had an appropriate degree of interaction. This was also reflected in the feedback with only 20% of students agreeing that they had lots of experience interacting with other members of the MDT. Multi-disciplinary student simulation sessions can help bridge this gap and enable students to have better understanding of the team before qualification. Additional studies are required to explore the impact on learning.

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## DEMEC 2017 – abstract poster submission : Category 7: Multi-professional education and training

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## 7-17

### EMERGENCY CARE ADVANCED CLINICAL PRACTITIONERS – A PILOT PROJECT

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#### Introduction

Health Education England (HEE) and The Royal College of Emergency Medicine (RCEM) established a pilot project to create a curriculum and credentialing process for Trainee Advanced Clinical Practitioners (tACPs) within Emergency Care. The Royal College of Nursing and College of Paramedics endorsed the curriculum and pilot, which launched in April 2015.

#### Methods

1. A curriculum was developed for tACPs (nursing and paramedics) based on the existing ACCS plus EM curriculum, which enabled tACPs to train in an adult, paediatric or combined adult/paediatric curriculum. This was designed as a three year programme; however competency could be assessed earlier when evidence was available.
2. The RCEM ePortfolio was adapted to enable tACPs to collect evidence and demonstrate progression.
3. Training for tACP Educational and Clinical Supervisors was developed and delivered in January and November 2016 to communicate the requirements of the pilot and obtain feedback.
4. A credentialing process was developed, whereby tACPs submit evidence to an assessment panel. There were two possible outcomes:
  - a. Recommended for credentialing
  - b. Further evidence required
5. Surveys have been completed to obtain qualitative and quantitative feedback on the pilot.

#### Results

- Since July 2015, 190 applications for credentialing have been submitted by tACPs to HEE and RCEM.
- 238 individuals attended the Pilot Launch Conference in 2015.

Assessment Window	Applied	Credentialed
June 2016	3	3
April 2017	4	3

- Applications for credentialing continue to be received and there is an expectation that from 2018 (3 years from launch), numbers for credentialing will increase.

#### Conclusions

1. The curriculum and credentialing process has been well-received by stakeholders across the United Kingdom; the development has resulted in patient safety benefits and provides consistency of clinical competence.
2. tACPs participating in the pilot were required to collate extensive evidence to meet the curriculum. The system does not allow established tACPs to have prior experience recognised unless there is documented evidence.
3. The adaptation of the ACCSplus curriculum is an iterative process which will continue in the light of feedback from participants and will be re-launched in autumn 2017.
4. The pilot credentialing process is resource intensive and may need modification as more ACPs become eligible for credentialing.
5. Time in job plans for supervisors is critical and must be addressed nationally to allow consistency.
6. The curriculum could be adopted nationally within Higher Education Institutes for advanced practice to support specialist advanced practice development.
7. The ACP role within the multi-professional team requires local and national support and focus.