

Alliance of Academic Health Centers (AAHCI) Student Leadership Initiative (ASLI)

Innovative Interprofessional Education (IPE) Models and Programs

BACKGROUND

The AAHCI Student Leadership Initiative ([ASLI](#)) was created to challenge health professions students at academic health centers to submit proposals sharing new ideas or innovative programs tackling key topics in health professions education.

In 2020, the AAHCI launched the AAHCI Student Leadership Initiative (ASLI) with the leadership of the AAHCI Latin America & Caribbean (LAC) Regional Office host, University of São Paulo. The first two rounds of ASLI were LAC focused on the topics of "Virtual Medical Education" (2021) and "The Convergence of Climate Change and Health Professions Education" (2022).

With support from AAHCI regional offices, AAHCI launched the ASLI program for the 2023-2024 membership year to the entire AAHCI and Alliance (US-based) community, on the theme of "Innovative Interprofessional Education (IPE) Models and Programs."

Students were invited to share proposals that highlight new ideas or existing innovative programs, models, or studies that achieve at least one of the following:

- Inspires research and innovation in interprofessional education (IPE) in response to new challenges at the different health systems represented by AAHCI.
- Addresses the impact of interprofessional education (IPE) in professionalism, patient care, and/or patient safety.
- Encourages academic health centers to promote and develop innovative interprofessional education programs and models.

This *Compendium* is a compilation of 27 abstracts submitted from students at participating institutions:

- Kenya Medical Research Institute (Kenya)
- Kenyatta University School of Medicine (Kenya)
- Kyiv Medical University - Polish Campus (Ukraine)
- Lebanese American University and Rose-Marie Chagoury School of Medicine (Lebanon)
- Sheikh Shakhbout Medical City (United Arab Emirates)
- TecSalud, Tecnológico de Monterrey (Mexico)
- Universidad del Rosario School of Medicine (Colombia)
- Universitas Islam Negeri Syarif Hidayatullah Jakarta (Indonesia)
- Universiti Malaya (Malaysia)
- University Medical Center Gottingen (Germany)

- University of Missouri-Columbia School of Medicine and University of Missouri-Columbia Sinclair School of Nursing (USA)
- University of Nebraska Medical Center, College of Medicine (USA)
- University of São Paulo, Medical School (Brazil)
- University of Tennessee Health Science Center (USA)
- University of the Philippines College of Medicine (Philippines)
- West Virginia University (USA)
- Western University of Health Sciences – Pomona (USA)

The first seven abstracts in the *Compendium* are those selected as finalists by the reviewing committee. The authors provided presentations on their ideas in an ignite-style session held virtually.

The **AAHCI Student Initiative Ignite! Talks** (virtual program) can be viewed [here](https://vimeo.com/953586406) (<https://vimeo.com/953586406>).

Innovative Interprofessional Education (IPE) Models and Programs

AAHCI Regional Members

Submission ABSTRACTS

FINALISTS

Evaluating clinical impacts of pre-clinical IPE curriculum: feedback from IPE curriculum alumni who are practicing healthcare professionals, Annie Chea, DO Student; Jillian Rivard, Senior Research Analyst; Jasmine Wong Yumori, Advisor; and Phillip Mitchell, Advisor (Western University of Health Sciences, Pomona, USA)

AMRSecure Certification: Interprofessional Excellence in Antimicrobial Stewardship, Nabwami Patricia Esther, MS Student; Martin Bundi, Advisor; and Maricianah Onono, Advisor (Kenya Medical Research Institute, Kenya)

Mentoring in Healthcare: An Interprofessional Approach, Arlyn Jave B. Adlawon, MD Student (University of the Philippines College of Medicine, Philippines)

Multimodal Implementation of Bias Videos to Strengthen Interprofessional Education, Nathaniel M. Singh, MD Student; Natalia Batchenkova, MD/PhD Student; Grace Kugler, MD Student; Jasmine Marcelin, Advisor; and Precious Davis, Advisor (University of Nebraska Medical Center, College of Medicine, USA)

Interprofessional education to support the fight against racism in health care, Vitoria Luisa de Souza Ferreira, MD Student; Stephanie Cristine dos Santos Alves Marinho, MD Student; Mariana Madalena de Toledo França, MD Student; and Ana Claudia Camargo Gonçalves Germani, Advisor (University of São Paulo, Medical School, Brazil)

Incorporating Interprofessional Education in Internship Programs in Kenya, Loise W. Njogu, MS Student; Cyrus N. Gichana, MS Student; Paul M. Gichuki, Advisor; Martin Bundi, Advisor; and Maricianah Onono, Advisor (Kenya Medical Research Institute, Kenya)

IPE Teams – The Key to Better Interprofessional Collaboration, Joel Imbert Nesan a/l Danny Nesan, Medical Student (Universiti Malaya, Faculty of Medicine, Malaysia)

SUBMISSIONS

A Multi-Level Teaching Model for Early-Onset Interprofessional Understanding and Collaboration, Michael Schütte, Medical Student; Ana-Gwendolyn Wulf, Medical Student; Hannah Brück, Medical Student; Manuel Unnerstall, Medical Student; and Wolfgang Brück, Advisor (University Medical Center Göttingen, Germany)

A new Interprofessional Practice and Education (IPE) event surrounding Curiosity, Accountability, Appreciation, Respect, Empathy, and Service (CAARES) explores privilege, Michaela Mahan, PharmD Student; Danielle C. Funk Sollenberger, Advisor (University of Tennessee Health Science Center, USA)

A prospective observational study on waste disposal practices in paediatric and neurosurgery operating theatres, Amanda Weng Yee Leong, MS Student; Jeremy Wei Jei Yeak, MS Student; Vairavan Narayanan, Advisor; and Shireen Anne Nah, Advisor (Universiti Malaya Faculty of Medicine, Malaysia)

Bandeira Científica (BC): a model of practical interprofessional learning, Pedro Henrique Docema Rodrigues, MD Student; Davi Borges Viza, MD Student; Murilo Holtz Schuch, MD Student; and Lorenzo de Paula Valverde, MD Student (University of São Paulo, Medical School, Brazil)

Belém Mission: A model for health care in homeless population, Juliana Martes Sternlicht, MD Student; Mariana Lee Han, MD Student; Marco Aurélio Knippel Galletta, Advisor; and Valéria Aoki, Advisor (University of São Paulo, Medical School, Brazil)

Breaking Barriers, Building Bridges: An Interprofessional Education Initiative to Cultivate Collaboration, Emma D. Hobbs, PharmD Student; C. Alex Robinson, MD Student; Priya Sankaran, MD Student; and Elizabeth A. Hall, Advisor (University of Tennessee Health Science Center, USA)

Community-based Interprofessional Education: Fostering Collaborative Learning in a Health Expedition, Marcelo Arruda Candido, MD student; Vinicius Venturini, MD Student; Matheus Polly, PhD Student; Valeria Aoki, Advisor; Nelson da Cruz Gouveia, Advisor; and Ana Claudia Camargo Gonçalves Germani, Advisor (University of São Paulo, Medical School, Brazil)

Empowering Africa's Biomedical Scientists: Bridging Theory and Practice in the Fight Against Antimicrobial Resistance (AMR) - A Phage-Based Approach, Aboka Ely, MSc Medical Microbiology Student; Martin Bundi, Advisor; and Maricianah Onono, Advisor (Kenya Medical Research Institute, Kenya)

Enhancing Surgical Safety through Interprofessional Education: A Comprehensive Qualitative Study Across Specialties at the University of Malaya Medical Centre, Sufiyah Aqilah Shamsud-din, MBBS Student; Nurul Izzati Hasni, MBBS Student; Amina Soleha Binti Zulkifli, MBBS Student; Nurul Fatin Nabilah Binti Zainudin, MBBS Student; and Anand A/L Sanmugam, Advisor (Universiti Malaya, Faculty of Medicine, Malaysia)

Environmental Health Education: A Strategy to Promote Children's Health in Rural Areas. An Interprofessional Perspective, Catalina Gongora Salas, MD Student; Valentina Albarracin Piraban, MD Student; Eberto Elías Guevara, Advisor; and Sonia Maya Fajardo, Advisor (Universidad del Rosario School of Medicine, Colombia)

Evaluating the Impact of Interprofessional Education Models Utilizing Virtual Reality Simulation on the Collaborative Skills of Healthcare Students, Ojukwu Esther Amarachi, MD Student; Ibeojo David Kitua, MD Student; and Khomiak Olena, Advisor (Kyiv Medical University - Polish Campus, Ukraine)

Fostering Smiles: Enhancing Interprofessional Communication for Improved Patient Care and Safety, Mary Hart, MD Student; Yijin Huang, MD Student; and Jennifer Hulett, Advisor (University of Missouri-Columbia School of Medicine and University of Missouri-Columbia Sinclair School of Nursing, USA)

Going Beyond the Classroom: Empowering Future Interprofessional Health Leaders in Rural Colombia through PEIPT, Juan Sebastian Luque Vernaza, MD Student; Tomas Salazar Patiño, MD Student; Jhon Alexander Vergel Guerrero, Advisor; and Jose Ricardo Alvarado Sanchez, Advisor (Universidad del Rosario School of Medicine, Colombia)

HEPI-Kenya: Enhancing Inter-Professional Education Models for Health Students, Mercy Judy Wanjiru, Pharmacy Student; Cinamon Nyagaka, MD Student; Daisy Iminza, Nursing Student; Deric Okaka, Medical Lab Student; and Titus Kahiga, Advisor (Kenyatta University School of Medicine, Kenya)

Innovative Interprofessional Education (IPE) Models and Programs: importance of proper IPE for psychology students, Ximena Ortiz de la Peña Herrera, Psychology Student (TecSalud, Tecnológico de Monterrey, Mexico)

IPE-PBL: Interprofessional Problem-Based Learning, Leen Ehtay, MD Student; Yves Gebran, MD Student; Nancy Chedid, Advisor; and Wael Salame, Advisor (Lebanese American University and Rose-Marie Chagoury School of Medicine, Lebanon)

Medical Students Mental Health Awareness Program: Innovation for Students' Resilience in Universitas Islam Negeri Syarif Hidayatullah Jakarta, Andi Inatsan Dhafin Rizqin, MD Student; Dyanata Irdina Anthea, MD Student; Moqsa Izzatun Nisa, MD Student; Siti Azkia Wahidah Rahmah Zein, MD Student; Fika Ekayanti, Advisor; and Marita Fadhilah, Advisor (Universitas Islam Negeri Syarif Hidayatullah Jakarta, Indonesia)

Pediatric Care through Resident-Led Quality Improvement Projects: Utilizing the SurveyMonkey App for Effective Parent Counseling and Education, Maha Khalil Abass, MD Student; and Waseem Fathalla, Advisor (Sheikh Shakhbout Medical City, United Arab Emirates)

SynergyHealth: Pioneering Interprofessional Education through AI-Infused Simulation, Andrés Felipe Salazar Guerrero, MD Student; Isabella Espinosa Guerrero, Nursing Student; Angélica María Rojas Tocora, Biomedical Engineering Student; Pablo Andrés Bermúdez Hernández, Advisor; and Natalia Buitrago Ricaurte, Advisor (Universidad del Rosario School of Medicine, Colombia)

SynergyHealth: Virtual Reality Interprofessional Simulation, David Duarte de Araújo, MD Student; and Maria Lúcia Bueno Garcia, Advisor (University of São Paulo, Medical School, Brazil)

AAHCI Student Leadership Initiative (ASLI): *Abstract*

Evaluating clinical impacts of pre-clinical IPE curriculum: feedback from IPE curriculum alumni who are practicing healthcare professionals

Western University of Health Sciences – Pomona (USA)

AUTHORS

Annie Chea, DO Student; Jillian Rivard, Senior Research Analyst

Jasmine Wong Yumori, Advisor; Phillip Mitchell, Advisor



PURPOSE

The Interprofessional Education Collaborative has grown exponentially since its inception in 2009, with its most recent report indicating that 92% of surveyed institutions require Interprofessional Education (IPE) for “some or all students”.¹ However, this wording is vague, thus there is room for improvement of further IPE requirements at health institutions across the nation.

Current literature shows that IPE curriculum leads to positive learning but has also indicated a need to improve optimal governance and the disconnect between curriculum and practice.^{2,3} For example, two studies found workplace hierarchies and bureaucratic structures translated into tension between administrators, faculty, and students, and pointed towards the aforementioned disconnect between curriculum and practice.^{2,3}

Western University of Health Sciences (WesternU) has required IPE across all health students on campus since 2009 and is one of the largest IPE programs in the country.⁴ This abstract proposes a cross-sectional study using the Attitudes Toward Interprofessional Health Care Teams (ATIHCT)⁵ to evaluate IPE attitudes of practicing healthcare professionals who are alumni of WesternU’s IPE curriculum, and healthcare professionals from institutions who did not receive IPE curriculum. In addition, ATIHCT can also be administered to current WesternU IPE students and results can be compared to their physician counterparts to pinpoint areas of disconnect between current curriculum and the reality of healthcare practice.

Via email, WesternU alumni will be recruited to invite them and their current work location to participate in IPE attitude survey. The ATIHCT will be administered to recruit WesternU alumni, and coworkers from the same site who have not received IPE education. Basic demographic data will be collected (gender, healthcare field, years of experience, location of training/education). The following analysis will be done sample differences between IPE training group versus no IPE training group. As a sub-aim, the ATIHCT will be administered to current WesternU pre-clinical students and compare sample differences between students and WesternU alumni who are currently practicing in the field.

INNOVATION

Current literature commonly evaluates student attitudes towards IPE using the SPICE-R2 instrument as pre/post-test method.^{6, 7, 8} Healthcare professional attitudes towards IPE have also been explored⁹, but targeting IPE alumni may bring novel findings to the current literature. Novel data collected from this

institution can contribute to highlighting pre-clinical IPE education impacting clinical careers and increase advocacy for implementing or improving IPE curriculum at other institutions. Furthermore, this project could continue to champion why IPE should be integrated into more healthcare institutions and help improve the understanding of turning IPE curriculum concepts into the reality of healthcare practice.

IMPACT

Short-term impact would include alumni perspectives providing IPE programming feedback and aid with targeting specific improvements with current IPE curriculum at WesternU. If this study is repeated at different institutions with varying IPE curricula, long-term impact could involve streamlining effective IPE curricula and improving both preclinical and clinical education, and healthcare careers. Literature on assessing longitudinal impacts of IPE curriculum will contribute to developing literature on uniformly assessing and implementing IPE programming.

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AAHCI Student Leadership Initiative (ASLI): *Abstract*

AMRSecure Certification: Interprofessional Excellence in Antimicrobial Stewardship

Kenya Medical Research Institute (Kenya)

AUTHORS

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Martin Bundi, Advisor; Maricianah Onono, Advisor



PURPOSE

Antimicrobial resistance (AMR) poses a global challenge particularly impacting developing countries, notably Sub-Saharan Africa. In 2019, Sub-Saharan Africa reported the highest mortality rate attributable to AMR compared to other regions, highlighting the severity of the issue in this part of the world. Gaps in healthcare professionals' education and training hinder our ability to curb AMR with absence of global standards impeding comprehensive response. This educational deficiency directly threatens public health, resulting in suboptimal patient care, increased healthcare costs and perpetuation of resistant strains. Recognizing and bridging the gap is vital to empower healthcare professionals globally and coordinate a response to the growing threat of AMR.

INNOVATION

In response, my proposal introduces the creation of AMRSecure Certification, a two-tiered pioneering initiative that will be designed to address critical gaps in healthcare professionals' education on AMR. This innovative program will be designed to offer a two-tiered certification approach to bridge the existing deficiencies and cultivate a multi-disciplinary response to AMR. At level 1, healthcare professionals, spanning disciplines such as doctors, nurses, veterinarians, environmentalists, plant scientists, pharmacists and researchers will undergo comprehensive training, gaining foundational knowledge in prudent prescribing practices and understanding societal impact of AMR and receive a basic certificate. Progressing to level 2, certified participants will actively engage in hands-on, multidisciplinary projects, focusing on local resistance patterns, stewardship program implementation and collaborative research efforts. Participants upon satisfactory completion of Level 2 will receive a completion AMRSecure Certificate. By establishing global standards and fostering a collaborative approach, the AMRSecure Certification program will empower healthcare professionals to collectively address and mitigate AMR challenges. The AMRSecure Certification program will employ specific tools and personnel for monitoring and evaluation of the programme. Subject matter specialists will be identified as trainers to oversee level one training while mentors (AMR stewardship specialists) will monitor level two training. Well-designed electronic tools such as a Monkey Survey will be developed and used for final evaluation of the programme. This approach will ensure a clear assessment of the program's effectiveness and gather valuable feedback from participants for improvement.

IMPACT

The short and long-term impacts of the AMRSecure Certification program are profound and far-reaching. In the short term, the program will equip healthcare professionals with standardized knowledge and skills, enhancing their ability to address immediate challenges posed by AMR. This translates into improved



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patient care, reduced healthcare costs and a more effective response to resistant strains. In the long term, this certification's multidisciplinary approach will foster a collaborative mindset among professionals, breaking down barriers, and promoting a holistic understanding of AMR. As certified individuals apply their knowledge in real world projects, the program will contribute to the generation of evidence-based practices and the development of innovative solutions to combat AMR. The establishment of a global network of AMR certified professionals will ensure a sustained and collective effort in addressing the evolving landscape of AMR, ultimately fostering a resilient future in global healthcare.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

Mentoring in Healthcare: An Interprofessional Approach
University of the Philippines College of Medicine (Philippines)



AUTHORS

Arlyn Jave B. Adlawon, MD Student

PURPOSE

Interprofessional education (IPE) in the health profession has been promoted to enhance the quality of patient care, prevent adverse events, and improve health outcomes (Diggele, Roberts, Burgess and Mellis, 2020). However, the incorporation of IPE in the health professionals' curricula remains a challenge. In the clinical setting, single-disciplined educational activities, hierarchical systems between professions and conflict-prone communications continue to prevail (Ahmady, Mirmoghtadaie and Rasouli, 2020). These may be attributed in part due to the ease of following conventional education methods, the paucity of real-world models/studies applying IPE as well as the culture of the professions. Consequently, these could mean losing the opportunity to maximize varying perspectives for patient care and possibly deterring feedback mechanisms crucial in-patient safety situations. The objective of our innovation is to incorporate interprofessional education in the health professions with emphasis on improving collaboration and communication.

INNOVATION

The University of the Philippines College of Medicine has an existing mentoring program designed to provide a nonacademic nurturing environment for its medical students. A mentoring group is composed of 10 medical students and 2 mentors who will follow these students from entry until graduation. Mentoring sessions can range from structured to free-flowing discussions, which serve to develop social relationships, provide career guidance as well as psychological support (UP Manila Catalogue of Information, 2014).

With this as basis, our innovation is to implement semi-structured interprofessional mentoring sessions within the framework of the mentoring program by following these steps:

- 1) Establish a parallel mentoring program within the allied health professions (i. e. nursing, public health, pharmacy, physical therapy, speech pathology).
- 2) Plan and design interprofessional mentoring sessions that will combine student groups and mentor-facilitators across health professions. Sessions may simulate patient care situations requiring collaboration, effective communication, and conflict resolution skills with dedicated time for post processing of reflections/learnings.
- 3) Implement the interprofessional mentoring sessions, starting with small pilot groups.
- 4) Evaluate and monitor the experience of both students and facilitators for improvement of future iterations.

Once successfully implemented, this program will serve as a real-world IPE model that can be used as a framework for curricular integration locally and globally.

IMPACT

The implementation of the interprofessional mentoring sessions will promote awareness in both students and mentors regarding different perspectives across health professions and how we can learn from these. Frequent interactions between these professions will also provide synergistic opportunities beyond the mentoring program and into their career pursuits.

In the long term, by fostering a supportive environment for these health professions to come together naturally as well as by teaching them through practical application, we hone generations of health professionals equipped with the necessary skills to collaborate, provide feedback, navigate conflicts, and engage in effective interprofessional communication. Essentially, we break down barriers in order to make working together across professions easier, potentially minimizing preventable errors in the clinical setting and subsequently improving patient care and safety.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

Multimodal Implementation of Bias Videos to Strengthen Interprofessional Education

University of Nebraska Medical Center, College of Medicine (USA)



AUTHORS

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Jasmine Marcelin, Advisor; Precious Davis, Advisor

PURPOSE

Our initiative addresses the gap in educational resources that hinders the effective translation of didactic knowledge of bias into interprofessional clinical settings. Implicit biases have undeniable negative impacts on the healthcare experience for marginalized populations (1,2). Unfortunately, current bias training is largely confined to identifying bias without adequately exemplifying practical responses to bias in the clinical setting. Furthermore, bias training is often provided in discordant silos of individual health professional schools, omitting the impact of healthcare teams in dismantling bias. These deficiencies are compounded by resistance to implicit bias training due to the anticipated shame in the learning environment (3). Capitalizing on the trend towards remote learning, we aim to develop visual content that reorients bias training to eliminate shame, promotes collaborative solutions-oriented approaches in mitigating healthcare bias, and equips individuals across all medical professions with the skills needed to navigate and address bias in their fields.

INNOVATION

The Student Interprofessional Society (SIS) at the University of Nebraska Medical Center (UNMC), in conjunction with UNMC's Interprofessional Experiential Center for Enduring Learning (iExcel), created a video series to highlight how various forms of bias manifest in the clinical setting, along with examples of common, real-world manifestations of bias and an empathetic discussion about the underlying causes and solutions to instances of bias.

In March of 2022, SIS held a seminar with students from six health professions colleges across the university. The students watched the iEXCEL video about a patient with sickle cell disease pain and met in facilitator-led small group discussions, which included faculty, staff, and community stakeholders. A survey of the participants' knowledge and awareness of bias before and after the seminar showed a significant improvement in overall bias knowledge, skills to identify solutions to implicit bias, and perceived ability to address implicit biases.

Following the success of this seminar and based on student survey suggestions, we envision several ways these videos could be used to strengthen IPE. The advantage of a video format is the ability to replay and review key empathetic phrases to learn how to facilitate difficult discussions in a nonjudgmental tone, which was a topic frequently requested in student feedback. To go beyond simply a seminar, we suggest role-playing as a learning method where students can enter a simulated clinical environment to model patient, learner, and supervising roles and act out how they would address interprofessional issues constructively.

IMPACT

This innovative IPE approach to bias is well suited to the shift in learning modalities that resulted from the COVID-19 pandemic. Having resources that lend themselves to multimodal implementation improves replicability and flexibility within individual programs. In the long term, the incorporation of our videos into IPE curricula and employee training could shift bias education beyond lecture-based approaches, equipping all health professionals to advocate for their patients and have difficult conversations with coworkers. Every healthcare professional can potentially impact patient care through bias; therefore, every healthcare professional needs effective training on how to translate classroom knowledge into practical solutions.

Videos

1. Racial Bias in Healthcare
 - a. <https://vimeo.com/691129770/6410d11479>
2. LGBTQIA+ Bias in Healthcare
 - a. <https://vimeo.com/791720789/809b84e1d9>
3. Cultural Bias in Healthcare
4. <https://vimeo.com/792695020/d590baba79>

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AAHCI Student Leadership Initiative (ASLI): *Abstract*

Interprofessional education to support the fight against racism in Health care

University of São Paulo Medical School (Brazil)



AUTHORS

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and Stephanie Cristine dos Santos Alves Marinho, MD student;
Ana Claudia Camargo Gonçalves Germani, Advisor

PURPOSE

Racism against Black individuals constitute a significant global issue, particularly prevalent in Brazil, where 56% of the population self-identifies as Black. This issue is notably pronounced in healthcare and healthcare education, manifesting instances of institutional racism. Within an academic center enrolling nearly 1300 undergraduate students annually, operating under a uniprofessional curriculum, the introduction of interprofessional education to combat racism emerges as a necessary and innovative initiative.

INNOVATION

The elective course, "Health Professional Formation and the Fight Against Racism," inaugurated in 2021, seeks to comprehend discriminatory processes and develop deliberate strategies for their mitigation within the healthcare domain. The course structure involves lectures delivered by invited Black professors, addressing the evident lack of diversity in the faculty of the University of São Paulo. Following these lectures, small-group discussions occur, comprising students from diverse disciplines such as medicine, nursing, nutrition, psychology, public health, speech therapy, and occupational therapy; guided by monitors (students who have completed the elective). This intentional blending transcends institutional boundaries, fostering an environment conducive to diverse perspectives and innovative strategies in confronting pervasive discriminatory barriers. In parallel, we offer an art gallery (to amplify reflections about racism and Black culture) and a wiki glossary.

IMPACT

The course, with 60 spots available each semester, has witnessed significant participation, with over 110 students from 14 different professions enrolled after six iterations. Structured with five sessions spanning a cumulative duration of 15 hours, the course catalyzes student sensitization and motivation to delve into this critical theme. The heightened awareness cultivated is expected to inspire students to champion anti-racist practices throughout their professional endeavors, progressively embedding greater equity into healthcare methodologies.

Furthermore, the course incorporates the use of photovoice as a means of student assessment. This visual medium serves as a reflective strategy, prompting participants to distill acquired knowledge within the course into transformative narratives. Students individually craft photo voices, illustrating personal life



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experiences intertwined with insights gained during the course. Culminating in a collective presentation on the final day, subgroups share their reflections, providing a platform to discern the nuanced impact of the course on each participant. Emphasis is placed on participants' ability to discern and articulate patterns and specificities, with a prospective commitment to integrating and perpetuating anti-racist practices in their professional trajectories.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

Incorporating Interprofessional Education in Internship Programs in Kenya

Kenya Medical Research Institute (Kenya)



AUTHORS

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Paul M. Gichuki, Advisor; Martin Bundi, Advisor; Maricianah Onono, Advisor

PURPOSE

Interprofessional Education (IPE) represents an emerging system-thinking approach to collaborative healthcare aimed at enhancing patient outcomes. The World Health Organization (WHO) has formulated an Action Framework for IPE and Collaborative Practice, proposing educational and curricular strategies for jurisdictions to enhance healthcare service delivery within their specific contexts. Developed nations are grappling with the implementation of IPE, facing challenges such as insufficient human resources, complexities in integrating IPE into existing curricula, financial constraints, inadequate leadership, and professional stereotyping. While data on IPE in developing countries is limited, it is plausible that these challenges, observed in developed nations, are likely to be encountered in their developing counterparts. In many countries, various health disciplines undergo a one-year internship for practical training following a more extensive 4–6-year theoretical training period. In Kenya, internships are overseen by different professional bodies, all under the Ministry of Health (MOH). This one-year internship involves disjointed practical training for individual disciplines, lacking significant IPE or collaboration initiatives. Presently, there is no established curriculum for IPE within internship programs.

INNOVATION

We propose a novel integrated internship training approach that incorporates the IPE curriculum in the compulsory internship programs in various disciplines. This goal will be achieved by the engagement of the different professional bodies under MOH into adopting the WHO framework on IPE, cultured to fit the local context then incorporated in the internship requirements for licensing. Baseline data on perceptions and attitudes on the incorporation of IPE in the internship programs will be collected from Key Informants from the MOH, professional bodies and hospital managers in hospitals accommodating interns. Recruitment and training of IPE facilitators will be done for consistency of intervention prior to rolling out the prospective interventional study on IPE within hospitals accommodating interns. Qualitative data will be collected post-intervention on impressions and recommendations for the IPE intervention through Focus Group Discussions with the cohort interns, IPE facilitators and professional bodies with Key Informant Interviews from head of interns in the hospitals. Data collected will be used to draw insights for policy recommendations towards incorporating IPE in the yearly internship schedules for better coordination towards improving patient care and service delivery. All disciplines hold their professional licensing bodies with high regard making this innovation an ideal way to achieve IPE objectives.

IMPACT

This strategy will ensure the desired IPE objectives are achieved for every professional in the system which is more sustainable as opposed to the complex integration of IPE curriculum in the existing coursework structures. Coordination of different professional bodies towards achieving this objective will enable easier integration of IPE in the internship programs and further break down the stereotypes around the different disciplines. The findings of this study will provide insight into refining, developing, and implementing frameworks for Kenya and other countries especially in Africa with the successes and challenges arising from the implementation of this strategy, building towards achievement of effective and efficient health systems.

AAHCI Student Leadership Initiative (ASLI): *Abstract**IPE Teams for Better Interprofessional Collaboration**Universiti Malaya (Malaysia)*

AUTHORS

Joel Imbert Nesan a/l Danny Nesan, Medical Student

**PURPOSE**

Interprofessional Education (IPE) is important in forging healthcare professionals who are well versed in a multitude of disciplines, enabling whole rounded and patient-centered care. Currently, there is still the existence of siloed traditional healthcare systems in which there is little collaboration among different healthcare professionals. One cause could be the lack of collaboration between students of various healthcare disciplines at the educational institute level. My proposed IPE model will focus on molding healthcare professionals who will be exposed early on to various roles and responsibilities of different healthcare professionals, allowing for better interprofessional communication to provide the best patient care.

INNOVATION

Currently, University Malaya's Faculty of Medicine has an innovative approach to IPE known as Patient Centered Interprofessional Learning (PILL) which focuses on medication and prescription safety among students. This excellent idea can be further expanded through implementation of my IPE model as below.

Duration: entire course of undergraduate degree

Main idea: IPE teams (medical, nursing, pharmacy students +/- other healthcare sciences)

a. General idea

IPE teams will be formed as soon as these students start their undergraduate journey. In essence, this IPE team is made to mimic a multidisciplinary team consisting of doctors, nurses and pharmacists who will be directly involved in the care of patients in the hospital setting.

Main learning tasks

- 1) Weekly 'modified Problem based learning' (PBL) - (explained in b. i.)
- 2) IPE clinical rotations - (explained in b. ii.)

b. i. Traditionally, PBL involves weekly discussions by medical students who would be provided with a trigger/case scenario. They would then participate in an active discussion regarding the disease in depth. A modified PBL that I am proposing would involve IPE teams. This would allow for a more well-rounded discussion as students are able to share their different viewpoints and contribute based on their area of expertise. After each discussion, IPE teams are expected to come up with a flowchart/mind map detailing their discussion, to be submitted for review and documentation.

b. ii. IPE clinical rotations would involve IPE teams joining one ward round per week based on their current rotation. Following the ward round, they should engage in discussion and each student is expected to contribute from their own viewpoint. Essentially, this is a modified PBL session brought to life.

IMPACT

In the short term, as compared to the current PILL module done in University Malaya, which mainly focuses on prescription skills and medication safety, my model will have a more holistic approach that takes into account all aspects of diseases. Secondly, experiential learning in clinical settings through ward rounds will expose IPE teams to practical aspects of teamwork and treatment decisions ensuring a good understanding of healthcare delivery. In the long term, graduates will enter the workforce with a deeper understanding and respect for interprofessional collaboration, which contributes to improved patient outcomes. Secondly, encouraging teamwork from an early stage could help break down professional silos, creating an environment of collaboration among healthcare workers, ultimately benefiting patient care systems globally.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

A Multi-Level Teaching Model for Early-Onset Interprofessional Understanding and Collaboration
University Medical Center Göttingen (Germany)



AUTHORS

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PURPOSE/INNOVATION/IMPACT

While interprofessional collaboration - in the limited amount and quality of studies conducted - appears to play an important factor in patient's quality of life and outcome, a lot of professions in 1 the medical field still have room for improvement in the understanding for their respective other medical professions. To tackle this issue, we suggest a more interconnected education of as 2 many areas as possible. With resources being limited and capacities of students not being endless, we suggest a more practical approach, which could easily be integrated into the curriculum of big centres and university hospitals.

Each specialty requires the collaboration of different professions in the medical field, e.g., in Orthopedics medical doctors require close collaboration with physical therapists, whereas in specialties such as radiology a close collaboration with physicists and data scientists is common practice. To approach this distinct divergence, we suggest a field-based concept focusing on an interdisciplinary teaching unit in the various specialties.

In general, institutions would have a dedicated course offered in each specific field. This would include numerous smaller units building upon each other. First of all, educators of various fields (e.g. medical education, nursing school, physical therapy school, dental school, rehabilitation) would use an inverted classroom structure, in which they would upload material for their respective students to prepare for a certain case. To take the example of Neurology, the medical students could receive information on the treatment of a certain disease, whereas the nursing students would receive material on the physical characteristics that have to be taken into account during patient care. Moreover, physical therapy students could receive education on specific exercises and rehabilitation of affected patients.

Directly after being given the opportunity to prepare themselves with aforementioned material, the students would join together and present their techniques and focus via peer-teaching, being supervised by the respective educators (to take resources into consideration, one could have multiple groups at a time with one educator being present in each group at one point in time and have them rotate).

Afterwards, the groups would then be taken to a patient and practice the different areas that they worked upon (e.g., diagnosis, care, physical therapy). Every profession would observe the other professions conduct their routine (with the previously learned background of what the others are doing). Lastly, a patient conference would take place, in which every profession describes their findings/plans for procedure

with educators being present as well. In total, this educational approach would consist of at-home preparation, one peer teaching unit, one unit in direct contact with a patient and one follow-up unit.

We firmly believe implementing this teaching model into different areas of medical education (for example Oral and Maxillofacial Surgery with dental students as well) will on a short-term basis improve mutual contact and understanding, whereas on a long-term basis it could promote more interconnected professions and an improved patient outcome.

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AAHCI Student Leadership Initiative (ASLI): *Abstract*

A new Interprofessional Practice and Education (IPE) event surrounding Curiosity, Accountability, Appreciation, Respect, Empathy, and Service (CAARES) explores privilege

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PURPOSE

Health profession schools must train students to successfully care for diverse patient populations. Health care disparities can occur when biases are left unexamined.¹⁻³ To prepare future health care providers for interactions with a diverse population, health profession curricula must incorporate events focusing on identity and privilege within these students.⁴ Providing more opportunities for interprofessional education and collaboration support their future careers and further improves patient care.⁵⁻⁷

West Virginia University (WVU) developed and implemented an interprofessional event for students, faculty, and staff about Curiosity, Accountability, Appreciation, Respect, Empathy, and Service (CAARES) to increase the self-awareness of how empathy and privilege can impact proper medical care for patients. This event's objectives were to perform an interactive activity around privilege, recognize one's privileges, and increase empathy for others all in an approachable format. Many studies have focused on direct patient care interactions, but few on identity and privilege.⁸⁻¹⁰ IPE CAARES works to close this gap in knowledge.

INNOVATION

The IPE CAARES event was innovative because of its: [1] focus on identity and privilege; [2] tailored prompts and questions that were designed by the research team to highlight different demographics and challenges of the region; [3] reproducibility at other institutions. Other advantages of the simulation included the low cost and inclusive nature of the activity and the design, which allowed participants to remain anonymous, as QR codes were created to submit answers privately as well as auditive prompts for visual impaired participants. Moreover, participants could move through the self-guided event, reflecting on the prompts in their own manner. For the innovation to occur, IPE CAARES posed eighty-one yes-or-no statements to students, faculty, and staff. The statements were posted throughout small rooms with poster boards underneath. To answer yes to any statements, participants would place a sticker on the corresponding poster board. Participants also had the option to respond online through QR codes. Props were included in each room to support the statements.

IMPACT

In the short term, as compared to the current PILL module done in University Malaya, which mainly Over two hundred students, faculty, and staff from the Schools of Medicine, Dentistry, Nursing, Pharmacy, and Public Health attended the event. This event showed the privileges that exist among the participant group

and emphasized areas of improvement among this cohort. IPE CAARES can be replicated at different institutions so more participants can become aware of the privileges among the members of their groups. The event highlighted participants' privileges, which was reflective of many participants' comments in the closing survey. The event also showed participants differences among their fellow health care professionals' experiences. Future plans include having additional programming through Diversity, Equity, and Inclusion (DEI) initiatives and further education to improve students' interactions with a diverse population once out in practice. Helping students become self-aware of their privileges lends to a higher quality of patient care being provided.

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AAHCI Student Leadership Initiative (ASLI): *Abstract*

A prospective observational study on: waste disposal practices in pediatric and neurosurgery operating theatres

Universiti Malaya (Malaysia)

AUTHORS

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PURPOSE

Although environmental sustainability is the talk of the town, Malaysia's healthcare waste is expected to increase by 43.9% by 2021. Improper waste segregation is a major contributor in the operating theatre (OT), resulting in a higher carbon footprint, higher waste disposal costs and the loss of recyclable resources. Our goal was to identify and quantify incorrectly disposed waste in our institution's pediatric surgical and neurosurgery OT.

INNOVATION

It is recommended that proper standardized training and a proper guideline should be given to healthcare professionals so that all have the equivalent amount of knowledge for waste segregation. Knowledge, attitude, and practice of the healthcare professionals should be assessed to have a focused training on proper waste disposal in the operating theatre, as a green surgery approach. Sustainability profiles of the discarded items should also be revised for a more sustainable approach.

IMPACT

One of the short-term impacts of proper standardized training of waste segregation in operating theatres is reduced environmental impact. This includes reduction in waste generation, and the use of hazardous materials. In addition, implementing this practice can save costs and enhance overall healthcare efficiency. Adopting green surgery practices contributes to long term sustainability of healthcare facilities and cost effectiveness in sustainable construction materials. Improving health outcomes include reducing exposure to harmful substances, promoting cleaner air and water, and fostering a culture of sustainability will also contribute to global environmental well-being.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

Bandeira Científica (BC): a model of practical interprofessional learning

University of São Paulo, Medical School (Brazil)



AUTHORS

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PURPOSE

The *Bandeira Científica (BC)*, a student entity of the Faculty of Medicine of the University of São Paulo (FMUSP) created in 1957, aimed to conduct epidemiological research expeditions in the Brazilian countryside, however, it was deactivated in 1969. In 1998, it was reactivated and, facing disparities in healthcare access in Brazil, with a shortage of specialists and a prevalence of neglected tropical diseases, it also became an assistance provider, supplementing healthcare services in areas with deficient healthcare access. With the support of FMUSP, sponsorships, and public and private partnerships, BC stood out as a recognized entity, offering consultations, exams, awareness programs, and minor surgeries during annual ten-day expeditions in selected cities. After 2004, it diversified, progressively incorporating courses from various health fields, as well as engineering, urban planning, and economics, promoting a multi-professional approach. Despite efforts, BC faced sustainability challenges and an insufficiency of robust interprofessional management and integrated activities, leading to its extinction in 2020. Since then, this gap has intensified the isolation between students from different health areas, resulting in a lack of understanding and even underestimation of other professionals' roles, hindering interprofessional collaboration.

INNOVATION

In the face of these challenges, the rebirth of BC is essential, based on comprehensive restructuring, aiming to reactivate expeditions and establish a solid management structure and integrated healthcare teams, promoting a multidisciplinary and interprofessional approach. The next expedition is planned for December 2024, prioritizing medicine, and dentistry due to resource limitations and its high demand, laying the foundation to include various courses in future editions. During training, joint case discussions will be implemented, promoting knowledge sharing. During the expedition, patient referrals and counter-referrals will occur between ambulatories in different areas, providing comprehensive care, such as health awareness activities. Subsequently, there will be collaborative research development, engaging students. Thus, such integration will generate synergy between learning, research, and assistance, contributing to interprofessional education with academic and social impacts.

IMPACT

The *Bandeira* plays a crucial role in providing healthcare services to precarious regions, addressing inequality in access to medical care while promoting students' technical-scientific, human, and interprofessional development. In the short term, there are notable healthcare impacts. In the 33 previous expeditions in 15 Brazilian states, with over 2600 volunteers, there were approximately 85 thousand



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consultations and 22 thousand exams conducted, filling significant gaps in local healthcare demands. Additionally, BC provides enriching technical and scientific training to students through practical immersion and contribution to article production. In the long term, emphasis should be placed on the contribution to future professionals' ethical and humanistic training, stimulated by a challenging context characterized by teamwork in promoting care and managing limited resources. Thus, BC aims to address gaps in our medical education, specifically targeting the comprehensive care of disadvantaged people through well-applied interprofessional collaboration to produce social, scientific, and educational impact.

AAHCI Student Leadership Initiative (ASLI): *Abstract**Belém Mission: A model for health care in homeless population**University of São Paulo, Medical School (Brazil)*

AUTHORS

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PURPOSE/INNOVATION/IMPACT

The homeless population (HP) in Brazil exceeds 150,000 people; twenty percent of them reside in the city of São Paulo. One of the greatest challenges regarding the care of this vulnerable group in Brazil is the invisibility of HP to the healthcare system, displayed in difficulty to access goods and services and lack of scientific studies regarding their demands and possible therapeutic approaches. In this scenario, a group of medical undergraduates has created in 2022 a project which enables the participation of voluntary students in the care of HP living in Missão Belém (Belém Mission), organized by the Catholic Church that has welcomed and hosted the people living in streets for more than seventeen years. The academic extension aims to provide assistance to the recovery of HP under Missão Belém's care in addition to bringing the future health professionals closer to this unseen population and to generate research to give back effective and long-lasting results to these people, by creating a link between the student and the assisted person. Every Saturday, a maximum of four students with one or two physicians of different specialties go to Missão Belém's building, located in Sé Square, São Paulo. The group is able to listen to health complaints and patients' life stories, to perform physical examination, write medical records, and provide guidance that can be implemented with supplies and resources from the Unified Health System (SUS) and with the help of the volunteers at the shelter house. The consultations are performed taking into account the complex vulnerabilities of HP, including exposure to violence and specific risk factors, prevalence of mental disorders, substance abuse, and the lack of a supportive network. Nowadays, the project involves more than twenty students from the first to the fifth year of medical school, and seven voluntary supervising doctors. More than a hundred appointments have been performed, and medical records have been registered. Thus, we were able to examine the records in order to map the main health needs in HP. It is interesting to point out the prevalence of dermatology complaints among the patients. Twenty-two out of 110 people (20%) had a skin condition, from furunculosis to scabies. This information is in accordance with the available international data, and it has great importance to lead the efforts of care of HP. Skin conditions rarely imply life-threatening situations, but they often reduce the quality of life and contribute to aggravate ostracization of these patients towards society. In our project, these findings already led us to contact an online dermatology specialist during appointments, which helps greatly in providing the best care. However, the lack of recognition of these problems and the lack of capable professionals to attend HP remains an important and unaddressed issue in Brazil.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

*Breaking Barriers, Building Bridges: An Interprofessional Education Initiative to Cultivate Collaboration
University of Tennessee Health Science Center (United States)*

AUTHORS

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PURPOSE

Stigma associated with various healthcare professions can hinder patient-centered care, particularly in contemporary healthcare environments where interprofessional collaboration is crucial. Addressing this issue is essential to cultivate mutual respect among health professionals, ultimately enhancing patient outcomes.

INNOVATION

First-year students at the University of Tennessee Health Science Center are immersed in a comprehensive interprofessional education (IPE) initiative from the outset of their education that is strategically designed to dismantle professional silos. The foundations of IPE, rooted in four core competencies: teamwork, communication, roles and responsibilities, and a culture of mutual respect, are first introduced to all students. Subsequently, these four competencies come to life during "IPE Day," an event that unites students from the MD, DDS, PharmD, DPT, DNP, PA, MOT, MLS, BSN, and Dental Hygiene programs. At IPE Day, students are purposefully grouped to ensure diverse professional representation, engaging in meticulously designed activities to hone interprofessional collaboration skills. Examples of activities during IPE Day include an "Escape Room," "Friday Night at the ER," and "Lessons in Intercultural Communication." Regardless of the activity in which the student participates, the same four key interprofessional competencies are emphasized.

IMPACT

The short-term impact of this innovation is evidenced by the immediate acquisition of collaborative skills and the breakdown of stereotypes, as measured by the IPEC Competency Self-assessment Tool, version 3. This validated instrument contains 16 items assessed by a 5-point Likert scale. To date, 1376 students have engaged in IPE Day and completed the pre- and post-self-assessment. Responses indicated a positive trend after participating, showing a 3.43% increase in shared problem-solving abilities (from 4.52 to 4.67) and a 2.76% improvement in trust-building (from 4.55 to 4.86). Post activity qualitative feedback revealed an appreciation for cross-college interactions. A DNP student found the Virtual Escape Room to be a "unique way to collaborate and meet others while building communication and teamwork." Likewise, an MD student "enjoyed learning more about the other professions and their roles." In addition, students remarked on utilizing the expertise of each participant's unique professional background. Another student states, "I liked learning how to collaborate with other medical professionals. I think we pay attention to different things which are helpful when working on a team." The design of the activities also promoted collaboration, with a student stating, "The puzzles were unique, and it made it quite challenging, but fun



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to figure them out.” Lastly, students gained perspective into different approaches to clinical reasoning amongst the various professions. A BSN student said that “talking with the other professionals and seeing how they answered questions and learning about a resource I do not have in my profession” was the aspect they liked the most at IPE Day. Long term, IPE Day aims to shape the next generation of healthcare professionals who are not only technically proficient but also adept at interprofessional collaboration. Ongoing research is crucial for solidifying and refining this initiative's purpose, innovation, and impact so that it may be applied at other academic health centers.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

Community-based Interprofessional Education: Fostering Collaborative Learning in a Health Expedition

University of São Paulo, Medical School (Brazil)

AUTHORS

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PURPOSE

Healthcare delivery in underprivileged areas often faces multifaceted challenges, including limited access to specialized health services, lack of comprehensive health education, and insufficient support for the local healthcare workforce. This educational project addresses these concerns by harnessing the principles of Interprofessional Education (IPE). Grounded in the theoretical frameworks proposed by the AMEE Guide papers by Hammick and colleagues (2009) and drawing from the World Health Organization's definitions (2010) and IPEC's competencies (2016) for IPE, this initiative aims to enhance the skills and knowledge of both medical students and local healthcare professionals.

INNOVATION

This project introduces an innovative approach by organizing a community-based health expedition in rural and underserved regions, specifically in Iguape, a rural municipality in São Paulo state, Brazil. It assembles a diverse team comprising medical students, physicians, nurses, physical educators, environmental agents, nursing technicians, psychologists, administrative assistants, and other students from various healthcare fields. This expedition serves a multi-fold purpose: offering specialized healthcare through an interprofessional approach, providing health education to the local population and health professionals, and conducting research on the intersection of health and the environment. The core innovation lies in the participatory, community-needs oriented, interprofessional design of the project, wherein medical students engage in every phase of the process, fostering collaborative learning and sharing of expertise among diverse healthcare professionals, students, and service users.

IMPACT

Primarily, this initiative seeks to provide immediate health assistance, educational workshops, and training programs to empower the local healthcare workforce in Iguape. Moreover, from an educational point of view, it aims to nurture a collaborative environment where health professionals and training health professionals from different domains learn from one another, strengthening interprofessional communication, teamwork, and respect for diverse roles. In the long term, the project anticipates multifaceted impacts. It aims to enhance the sustainability of healthcare interventions in the community by fostering a culture of shared learning and practice. Furthermore, the collaboration between students, health professionals and local service users and carers not only elevates the quality of care provided but also contributes to shaping a more comprehensive approach to healthcare, aligning with the goals of the AMEE papers and the WHO's IPE competencies.

This proposal reflects a commitment to transform healthcare delivery through community-based interprofessional education, aligning with contemporary theoretical frameworks and evidence in the field of interprofessional education and practice.

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AAHCI Student Leadership Initiative (ASLI): *Abstract*

Empowering Africa's Biomedical Scientists: Bridging Theory and Practice in the Fight Against Antimicrobial Resistance (AMR) - A Phage-Based Approach

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PURPOSE

The escalating global threat of Antimicrobial Resistance (AMR), projected to cause over 10 million deaths by 2050 (de Kraker, Stewardson, & Harbarth, 2016), necessitates urgent and innovative action. The misuse of antibiotics, environmental pollution, and climate change contribute to the development and spread of AMR, impacting both global health and the attainment of the Sustainable Development Goals (SDGs) (Jasovský, Littmann, Zorzet, & Cars, 2016). Climate change and extreme weather events have further spread AMR microbes through overwhelmed sewage, necessitating a one-health approach by professionals. Biomedical sciences education needs more structured content on the links between environmental health and AMR. Our goal is to create an innovative curriculum, inspired by the SEA-PHAGES (Science Education Alliance-Phage Hunters Advancing Genomics and Evolutionary Science) program, to increase student interest and retention in biological sciences through immediate immersion in authentic research (Hanauer et al., 2017).

INNOVATION

We plan to develop an innovative curriculum that integrates cutting-edge phage research, providing students with hands-on experiences in discovering phages to combat AMR. The quantity and quality of research output, including publications, presentations, and projects resulting from the phage research modules, will be a tangible indicator of the curriculum's success in fostering practical skills. The proposed curriculum will address the gap in biomedical science education regarding how climate change is directly linked to the spread of AMR and will include specialized modules exploring the impact of AMR on the SDGs. This holistic curriculum aims to equip graduates with the skills and knowledge needed to navigate the complex challenges of AMR, fostering their ability to contribute meaningfully to global health and sustainable development.

IMPACT

By implementing this curriculum, we aim to cultivate professionals with a comprehensive understanding of AMR, climate change, and environmental health. In the short term, students will engage in immediate, valuable research experiences, fostering interest and retention in the biological sciences. In the long term, graduates will be prepared to address the global challenge of AMR and contribute to achieving the SDGs. Moreover, the curriculum aligns with the one-health approach, ensuring a holistic understanding of interconnected health and environmental issues. This proposal envisions a transformative education model



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that not only addresses the imminent threat of AMR but also shapes professionals ready to navigate the broader global challenge

AAHCI Student Leadership Initiative (ASLI): *Abstract*

Enhancing Surgical Safety through Interprofessional Education: A Comprehensive Qualitative Study Across Specialties at the University of Malaya Medical Centre

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AUTHORS

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PURPOSE

The Safe Surgery Saves Lives (SSSL) checklist, instrumental in reducing morbidity and mortality in the operating theatre, forms the foundation of this study. Embracing an interprofessional education (IPE) approach, our study qualitatively explores the awareness, perception of importance, practicality, and satisfaction levels on the routine implementation of this SSSL checklist for each surgery across various surgical specialties at the University of Malaya Medical Centre (UMMC). The study is motivated by the imperative to enhance surgical safety at UMMC through collaborative, interprofessional interventions.

INNOVATION

The core innovation lies in the development and implementation of the modified SSSL checklist as a routine structured tool for patient safety in the operating theatre (OT). Addressing "never events" in surgeries and aiming to enhance procedural adherence, this checklist recognizes the collective efforts of surgeons, nurses, OT technicians, anesthesiologists, and other team members. A comprehensive questionnaire, aligned with IPE principles, assesses awareness, perception of importance, practicality, and satisfaction among the entire operating theatre OT staff.

METHODS

Embracing IPE principles, our study employs qualitative interviews conducted with surgeons from different subspecialties, anesthesiologists, OT nurses (scrub nurses and nurse anesthetists), and medical assistants. Open-ended questions and Likert scale-rated questions provide insights into the factors influencing perceptions, awareness, practicality, and satisfaction levels related to the implementation of the modified SSSL checklist.

RESULTS

The comprehensive qualitative study, involving 30 OT staff across various disciplines, reveals varying perspectives on the modified SSSL checklist. The analysis of interview responses highlights unique viewpoints, emphasizing the interdependence of surgical safety on the contributions of different healthcare professionals. While some respondents reported positive experiences and seamless integration, others identified unique challenges in adapting to the checklist. The diversity of responses underscores the

importance of considering the perspectives of various healthcare professionals in efforts to enhance surgical safety through IPE. This study provides valuable insights into the qualitative dimensions of surgical safety enhancement through the modified SSSL checklist, paving the way for targeted IPE interventions tailored to different specialties.

IMPACT

Our study provides immediate insights into the effectiveness and convenience of the implementation of the modified SSSL checklist, showcasing varying perspectives across different specialties. The short-term impact is the realization that comprehensive education on surgical safety checklists is imperative for all OT professionals, necessitating interprofessional interventions. In the long term, the emphasis on identifying barriers to full compliance sets the stage for future interprofessional strategies, fostering a sustained enhancement of surgical safety across various specialties in the operating theatre. Long-term impact involves the cultivation of a culture of continuous learning and collaboration, where interprofessional education becomes an integral part of the institutional approach to surgical safety.

CONCLUSION

In conclusion, this IPE-focused qualitative study sheds light on perceptions, experiences, and outcomes related to the modified SSSL checklist across various surgical specialties. It underscores the need for qualitative IPE strategies to improve acceptance and offers insights for more effective implementation in the future.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

Environmental Health Education: A Strategy to Promote Children's Health in Rural Areas. An Interprofessional Perspective

Universidad del Rosario School of Medicine (Colombia)

AUTHORS

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PURPOSE/INNOVATION/IMPACT

Our purpose as med students and other health area students is education in the rural schools in La Vega by implementing a pedagogical-experiential approach using play, extending the classroom to their social contexts. Our intention is to promote critical thinking and foster ecological awareness among students while establishing an active connection with social and structural determinants. This involves engaging us, students from the fields of Medicine and Health Sciences as facilitators, with the collaboration of the community, to achieve the goal of promoting health and preventing disease.

The Interprofessional Education Program in the Territory (IEPT), constituted by the students of Medicine and Health Sciences at the Universidad del Rosario in three rural areas (Naguy, La Huerta, and Bulicaíma) in the municipality of La Vega (Cundinamarca), has yielded preliminary results in its "environmental education for well-being" and "play for well-being" initiatives. These outcomes highlight deficient environmental health, including insufficient coverage of essential services posing risks to environmental health and issues in neurodevelopmental spheres such as fine and gross motor skills, hearing, language, and personal-social development, alongside cases of child malnutrition and the municipal's environmental crisis.

Environmental health has been compromised due to environmental degradation, evidenced by significant impacts on biodiversity, the economy, and sociocultural aspects. The situation worsens due to poor environmental sanitation, air and water pollution, poor dietary habits, food insecurity, and inadequate housing conditions. Overcoming these challenges is the primary objective. The most vulnerable territories and populations include rural areas and children.

According to the above, our proposal is to strengthen environmental health education within the student population as a health promotion and prevention strategy. This involves different professionals collaboratively constructing learning with community knowledge, integrated with the "Escuela Nueva" teaching model (The new school is a pedagogical model used in Colombian rural schools). The focus is on environmental topics facilitated through play and art, aiming to achieve meaningful learning and territorial pertinence.

For this, it is required to extend the classroom to the environmental territory, where we can identify social determinants, propose solutions, and become replicating agents for their families and communities in health promotion and prevention.



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The short-term impact of our project focuses on the design and creation of strategies involving healthcare professionals and the community for environmental education in the child population. The long-term goal is to shape them into "little guardians of nature" who promote ecological awareness and healthy habits. These children will be replicating agents, contributing to a sustainable cultural shift in their communities. This involves strengthening the harmonious relationship with the environment, enhancing overall health, and establishing the project as a replicable model for successfully integrating environmental education in rural contexts.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

Evaluating the Impact of Interprofessional Education Models Utilizing Virtual Reality Simulation on the Collaborative Skills of Healthcare Students

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SUMMARY

In the ever-evolving landscape of healthcare, effective collaboration among diverse healthcare professionals is paramount for providing comprehensive and patient-centered care. VR technologies in pre- and postgraduate education have been shown to be effective in both knowledge acquisition and training of teamwork skills including leadership, coordination, and communication (Truong H. et al., 2022; Shorten A. et al., 2023). This study explores the impact of Virtual Reality (VR)-based Interprofessional Education (IPE) models on collaborative competencies in healthcare students in general and potential use in educational curriculum of KMU Polish Campus. The integration of VR technology into education has shown promise in creating immersive and realistic scenarios. Through a comprehensive evaluation, this research aims to uncover the extent to which VR-based IPE models enhance collaborative competencies and prepare healthcare students for the complex, team-based challenges of modern healthcare environments.

PURPOSE

Conventional educational methods frequently face challenges in replicating the real-world healthcare situations (absence of a specialized patient, COVID, war, inability to demonstrate the work of a team of specialists in the educational process, etc.). The main objective of this study is to highlight how VR-based Interprofessional Education models enhance collaborative competencies in healthcare students, providing students with an authentic environment in which to engage in interprofessional collaboration and teamwork.

INNOVATION

Virtual environments usually focus on the acquisition of individual skills and knowledge. The innovation in this study, however, is the use of VR as a tool in medical students' IPEs. By creating virtual scenarios mimicking real-world healthcare situations, students can actively participate in interdisciplinary teams, navigate challenges, and make decisions in a risk-free environment. This approach not only enhances the realism of educational experience but also allows students to practice and refine their collaborative competencies in a controlled and supportive setting.

Additionally, creating virtual scenarios using an interdisciplinary approach (involving students from different health disciplines and IT specialists) promotes understanding of the role of each profession and facilitates effective teamwork.

IMPACT

The interest in virtual simulation as a new interactive pedagogical strategy is due to the higher student learning outcomes obtained in several studies using this method compared to traditional ones when the patient is inaccessible (Mansoor MS et al., 2021; S.G. Han et al., 2021 et al.).

Short-term impact of our study is to provide new insights into the effectiveness of VR-based IPE models in improving skill and competency formation in medical students and to promote integration of evidence-based recommendations about modern VR technologies into healthcare curricula of KMU Polish Campus, to improve educational strategies. Institutions acknowledging the benefits of VR-based IPE may choose to invest in the technology and training resources, potentially catalyzing a broader transformation in healthcare education.

Long-term outcomes include ensuring the next generation of experienced health professionals their effectiveness and relevance for independent practice and strengthening the healthcare systems in general.

AAHCI Student Leadership Initiative (ASLI): *Abstract**Fostering Smiles: Enhancing Interprofessional Communication for Improved Patient Care and Safety*

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AUTHORS

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PURPOSE

Contemporary healthcare emphasizes providing patients with care centered around their needs. However, lack of patient satisfaction often stems from poor outcomes associated with interprofessional communication breakdown.¹ Poor interprofessional communication has been attributed to factors like egos, different communication styles, and structural hierarchies.² As such, there remains an urgent need for strategies to cultivate collaborative communication among healthcare professionals, particularly in big hospital systems where daily collaboration with unfamiliar colleagues is common.

Smiling is a crucial component of patient care. Smiling produces increased positive affect, blunts stress responses, and engenders contentment in patients.^{3,4} The act of nurses offering smiles to patients has been linked to improved patient satisfaction, cooperation with treatments, and a mutual feeling of trust.⁴ Furthermore, mandatory mask-wearing during COVID-19, which obscured positive facial expressions, has been theorized to hinder communication in the clinical setting.⁵

INNOVATION

Recognizing the significance of smiles in fostering positive connections, our innovation is an intervention to encourage the act of smiling among healthcare professionals. Such an intervention may effectively bridge the enduring communication gap among diverse healthcare professionals and lead to improved patient safety and outcomes. Our intervention includes addressing the importance of smiling during morning rounds in hospital units. For instance, at team huddles and before engaging with patients, the resident or nurse spearheading the team could initiate the gathering with a smile directed at the group or an individual. Additionally, they might briefly encourage team members to share a smile with a colleague, particularly if that person is new or not well acquainted with the team. An additional strategy aimed to encourage smiling includes the placement of smile cues, such as framed pictures in hallways or break rooms with a smiling face or a reminder of "Did you smile today?" throughout hospital units. To assess individual perspectives on the intervention, surveys can be given to physicians, nurses, pharmacists, and interprofessional healthcare team members that inquire about job satisfaction, including whether they like where they work, whether they like who they work with, and whether they feel like their work is making an impact. Moreover, surveys can be given to patients inquiring about whether they believe there's good communication between healthcare professionals and how they would rate their overall care. Survey results will be collected before and after the smile intervention and compared.

IMPACT

An intervention that promotes smiling among healthcare professionals offers a low cost, effective solution for potentially improving interprofessional communication and morale among interprofessional healthcare colleagues. Anticipated short- and long-term outcomes of the smile initiative include increased bonding between colleagues, job satisfaction, retention, and decreased adverse patient outcomes related to communication breakdowns. Another important impact is the potential positive impact on patient perceptions of care, safety, and outcomes.

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AAHCI Student Leadership Initiative (ASLI): *Abstract**Going Beyond the Classroom: Empowering Future Interprofessional Health Leaders in Rural Colombia through PEIPT*

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AUTHORS

Juan Sebastian Luque Vernaza, *Medical Student*, Tomas Salazar Patiño, *Medical Student*;Jhon Alexander Vergel Guerrero, *Advisor*, Jose Ricardo Alvarado Sanchez, *Advisor***PURPOSE**

The Interprofessional Education Program in the Territory (PEIPT, as per its Spanish acronym), within the School of Medicine and Health Sciences at Rosario University, is a pioneering method of integrating interprofessional education and healthcare in rural areas. PEIPT addresses the critical need for practical, real-world interprofessional education in healthcare. It aims to bridge the gap between theoretical knowledge and the practical application of interprofessional teamwork in the rural Colombian communities of La Vega, Cundinamarca.¹ The program identifies and responds to the unique challenges of these communities, including limited healthcare access, high non-communicable disease rates, and inadequate integrated health services.

INNOVATION

PEIPT provides students across seven disciplines (medicine, nursing, physical therapy, occupational therapy, psychology, biomedical engineering, and phono audiology) with hands-on learning experience. The aim of the program is to improve the student's understanding of local health concerns, community demographics, and health/government administrative structures, which in turn fosters a deeper understanding of real-world healthcare challenges.

Central to PEIPT is the concept of 'real-world' learning, where students engage in early professional practice, gaining firsthand experience in identifying and addressing social and health issues within the community. This exposure is critical in understanding diverse health environments, especially in rural areas, and in formulating impactful health projects. PEIPT focuses on telehealth, as a tool to bridge geographical gaps, offering remote healthcare solutions, particularly for chronic non-communicable diseases, with a focus on pre-diabetes management in individuals over 35 years.

The educational value of PEIPT lies in its interdisciplinary nature, collaborative learning, and the practical application of theoretical knowledge. In the past three years, 863 students have participated in the program from various healthcare disciplines, with around 134 participating each semester. These students collaborate on Community-Oriented Primary Care interventions, fostering an interprofessional approach that not only enhances their learning experience but also significantly contributes to the improvement of health care quality and access in the community of La Vega.

IMPACT

The short-term impact of PEIPT is the enhancement of students' understanding of interprofessional collaboration in the context of rural community-oriented primary care and the development of their practical skills in a real-world context. This prepares them for early interprofessional practice and fosters collaborative learning across various healthcare disciplines. In the long term, the program aims to improve the quality and accessibility of healthcare in rural communities, with a focus on chronic disease management and community health improvement. This intervention provides a teaching and learning experience in collaborative practice and offers continued local service, serving as a replicable model for other rural townships across the nation. The continuous evaluation and adaptation of strategies within PEIPT ensures the sustainability of these interventions. Moreover, the program's success in integrating telehealth into community healthcare sets a precedent for future healthcare education models, highlighting the importance of interprofessional collaboration in addressing complex health challenges.

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AAHCI Student Leadership Initiative (ASLI): *Abstract**HEPI-Kenya: Enhancing Inter-Professional Education Models for Health Students*

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PURPOSE

Healthcare in Kenya, like in many countries, faces significant challenges in addressing the complex issue of HIV prevention, care, and treatment. A critical obstacle to delivering effective healthcare is the lack of a multidisciplinary workforce equipped to design, conduct, and disseminate research to inform best practices in the field. The Health Professional Education Partnership Initiative (HEPI) - Kenya seeks to address this problem by providing a holistic solution. It is a grant awarded to four Kenyan universities with the primary objective of enhancing the capacity for a multidisciplinary workforce. The initiative is designed to empower undergraduate and post and graduate health professional students, bridging the gap between academia and practical skills training, ultimately improving the quality of healthcare provided in Kenya.

INNOVATION

The innovative aspect of HEPI-Kenya lies in its multifaceted approach to building research capacity and fostering collaboration between universities, the Kenyan Ministry of Health, and county health departments. To achieve its aims, the program employs a three-pronged strategy:

AIM 1: Enhance HIV Implementation Science and Dissemination Research Capacity

By promoting a culture of research, HEPI-Kenya will enable healthcare professionals to conduct implementation science and dissemination research effectively. This approach ensures that research outcomes directly influence HIV prevention, care, and treatment strategies in Kenya.

AIM 2: Increase the Pipeline of Young Kenyan Researchers

HEPI-Kenya introduces an innovative 10-week research elective for medicine, nursing, and pharmacy students in their final year of undergraduate studies. This hands-on experience immerses students in research, preparing them to address real-world healthcare challenges.

AIM 3: Improve Quality of Care and Evidence-Based Approaches

By strengthening connections between academic institutions, the Ministry of Health, and county health departments, HEPI-Kenya enhances the quality of care and supports evidence-based approaches at teaching hospitals. This initiative promotes a collaborative environment where knowledge and best practices are shared, leading to a higher standard of healthcare across Kenya.

IMPACT

The short-term impact of HEPI-Kenya is the cultivation of a multidisciplinary workforce capable of designing, conducting, and disseminating research. This research directly informs HIV prevention, care, and treatment strategies, improving patient outcomes.

In the long term, HEPI-Kenya will significantly contribute to the health sector in Kenya. The increased capacity for research will empower healthcare professionals to adapt to evolving healthcare challenges. This innovation aligns with the Alliance Student Leadership Initiative (ASLI) 2023 theme, "Innovative Inter-professional Education (IPE) Models and Programs." By inspiring research and innovation in IPE, the project ensures that healthcare students can tackle new challenges in different health systems. The initiative will address the impact of IPE on professionalism and patient care and safety, further motivating academic health centers to develop innovative IPE programs and models.

HEPI-Kenya is not just a project; it is a transformative force that will redefine healthcare education and delivery in Kenya. It aims to bridge the gap between academia and real-world practice, creating a sustainable and lasting impact on the health of the nation. Through collaboration, research, and innovation, HEPI-Kenya serves as a model for inter-professional education in healthcare, offering a template for the rest of the world to follow.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

Innovative Interprofessional Education (IPE) Models and Programs: importance of proper IPE for psychology students

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**PURPOSE/INNOVATION/IMPACT**

As it is mentioned in the “Framework for Action on Interprofessional Education & Collaborative Practice”, published by the World Health Organization back in 2009, Interprofessional Education occurs when two or more professions work together by learning about each other so that it generates and effective collaboration, leading to an improvement in health outcomes, if we are talking about health professions; when students understand how to work interprofessionally with others, they are ready to enter into workplaces, as members of a collaborative practice team, but, are we really receiving a proper education, complementary enough to join our efforts to provide appropriate health services, as well as to fight against the health challenges presented nowadays? Interprofessional education has been implemented across multiple degree programs in academic health centers, which has been beneficial for the educational issue. However, undergraduate psychology students have been largely excluded from IPE initiatives, and in contrast to many other health professionals, psychologists do not engage interprofessionally in work placements as part of their formation, which ends up in many of them choosing paths outside the healthcare context. Fortunately, for the last few years, it has been highlighted the importance of IPE and collaboration to the future of psychology within the health sector, because it is well known that this may have implications for students’ satisfaction and course retention. (Roberts, et.al, 2015). A very good example of this could be the Interprofessional Education Collaborative Practice (IPEC) initiative, applied by fourteen organizations, including the American Association of Colleges of Osteopathic Medicine, the American Psychological Association, and the Physician Assistant Education Association: in 2016, it established core competencies for healthcare professionals to obtain (such as values and ethics, roles and responsibilities, teams and teamwork, or professional communication), which are the foundation for the goals and objectives of the Interprofessional Education initiative at Philadelphia College of Osteopathic Medicine. (Felgoise, et.al, 2019). Many studies have supported the positive impact that IPE can have on students' attitudes, collaborative skills and patient outcomes, and I know without a doubt that the psychology students included in this type of programs must have generated much greater motivation, by having the opportunity to work in much more qualified areas and within more specialized groups, where they could exploit their full potential, with the practice of this competencies. Personally, I would like to see, in a certain future, people studying a bachelor’s in psychology, just as me, working in whatever place they like, without having those barriers that people sometimes put on us, thinking that we are not qualified enough to work with other health professions. I truly believe that, if institutions apply Innovative Interprofessional Education models in current health programs, we can assure not just better professions, but also, a better future for the health, and specially, mental health, around the entire globe.

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AAHCI Student Leadership Initiative (ASLI): *Abstract**IPE-PBL: Interprofessional Problem-Based Learning*

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PURPOSE/INNOVATION/IMPACT

The epidemiological shift toward chronic diseases and the accompanying challenges to healthcare have highlighted the need for more interdisciplinarity in the field. Interdisciplinarity can allow for a more holistic approach to patient care. However, the interaction of professionals from different backgrounds carries a risk of miscommunication, and, in turn, of medical error: Around one in ten patients are harmed in healthcare, and a major cause is communication breakdown (WHO, 2023).

To help foster a culture of mutual learning and effective communication, beginning at the level of education, we conceived and developed an activity that combines interprofessional education (IPE) and problem-based learning (PBL). PBL is a student-centered learning space that allows for free-flowing constructive discussion, and the addition of an interprofessional element enables students from different professions to interact with and learn from one another.

A literature review revealed that while IPE and PBL are well established separately, their combination is relatively novel. We also noticed a stark underrepresentation of certain professions, including pharmacy, nutrition, and social work, with the latter not being included in any studies reviewed. We believe the inclusion of social-work students in IPE-PBL is essential, due to the increasingly important role of social services in the context of the shift toward chronic diseases. Social workers contribute to preventive care, psychosocial support, and equitable healthcare. In Lebanon, their role has become especially relevant: The ongoing economic crisis has led to a poverty rate of 80% (EU Commission, 2023) and a crumbling of medical-insurance safety nets.

As medical students, we brought this initiative forward to the faculty of our school, which has been a pioneer of IPE in the country and a strong proponent of student leadership. Our administration was eager to support us, and we worked on the initiative with the school's IPE Coordinator and Director of Student Affairs.

We aimed at making the IPE-PBL as representative of the workforce as possible, with a focus on underrepresented professions, so our list of participating professions included medicine, nursing, pharmacy, nutrition, and social work. Taking into account each profession's skillset, our team tailored the case, learning topics, and roleplay scenario in a way that capitalized on communication and collaboration - in order to emphasize the beneficial effects of interprofessional on the quality and safety of patient care. We also designed a survey to assess the attitudes of participants before and after the sessions. The case and survey have been completed, and the project is currently in the piloting phase, with a targeted launch in mid-January.

We plan to submit our research for publication in a journal specializing in medical education, hoping this will inspire further research.

In the future, we will continue working with faculty toward incorporating IPE-PBL into the IPE curriculum of our university. This would have the potential to translate short-term benefits into long-term benefits -- from a positive change in the attitudes of students to a lasting imprint on the culture of future healthcare workers, a culture where different professionals act as vital organs that work together to keep the body of healthcare running, with the patient as its beating heart.

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AAHCI Student Leadership Initiative (ASLI): *Abstract*

Medical Students Mental Health Awareness Program: Innovation for Students' Resilience in Universitas Islam Negeri Syarif Hidayatullah Jakarta

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PURPOSE

Medical students bear a significant workload and responsibility, which often leads to academic stress. The lack of mental stability often unnoticed, that can affect their learning process and coping mechanism in facing the challenges involved in becoming a doctor. Most teenagers are reluctant to disclose their emotional experiences. For medical students, this reluctance may arise from their perception that revealing such experiences would impede their future career progress. This condition impacts the lack of appropriate support to maintain the mental stability of students.

In Hawari's final report (2023), as many as 55.6% of new medical students in Universitas Islam Negeri Syarif Hidayatullah Jakarta (UIN Jakarta) experienced stress and 30.6% of the population experienced burnout. Both are dominated by female and 18 year-age groups. The most frequent burnout dimension found was poor personal accomplishment (100%), followed by depersonalization (55.3%) and emotional exhaustion (39.5%). Based on these data, the needs of comprehensive intervention to identify, provide special support, and further assistance from the learning environment.

INNOVATION

We have done intervention with psychologists as the implementation of interprofessional collaboration that leads to interprofessional education. The intervention aimed to better understand students' own situation and to raise awareness of their peers and the academic community. Student organization at the Faculty of Medicine, UIN Syarif Hidayatullah Jakarta Center for Indonesian Medical Students' Activities (CIMSA) and the Students Executive Board (DEMA) organized event in 2023 namely LESI (Let's Erase Sadness and Insecurities) with focus on family functioning especially childhood trauma. The event includes activities such as seminars, talk shows, and counseling sessions with psychologists. The seminar and talk show sessions address topics related to family functioning that can affect personal tendency to have mental health disorders such as the Posttraumatic Stress Disorder (PTSD), psychotic disorders, mental-emotional disorders, and also drugs addiction disorders. The coping mechanisms for stress and ways to deal with themselves and situation are discussed. After the first session, there was a selection of students deemed to need professional counseling made using the Self-Reporting Questionnaire (SRQ) for screening psychiatric disorders. These selected students then undergo two counseling sessions. The first session, students were encouraged to share their personal issues, including family, relationships, friendships, and even academic concerns. Following the initial counseling, students were provided with a mood tracker to be filled out daily

and submitted to the psychologists during the second counseling session. The data from counseling sessions were given to the faculty counseling unit to follow up the needs of support and further assistance for those students.

IMPACT

The collaboration between medical students and psychologists has an impact on producing future doctors who are aware of the personal mental health condition so that would increase their performance on patient care and patient safety. Further innovation, we plan to develop a sustainable program involving immediate communication between the students with someone they trust can provide a solution for the situation such as the senior medical student in order to raise the awareness of students revealing their emotional experiences.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

Pediatric Care through Resident-Led Quality Improvement Projects: Utilizing the SurveyMonkey App for Effective Parent Counseling and Education

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PURPOSE

The purpose of this innovation is to address the need for improved quality improvement projects in pediatric care by teaching residents how to utilize the SurveyMonkey app. The focus is on studying and counseling parents on various pediatric topics, including pediatric vaccination during the COVID-19 pandemic, safe infant sleeping environments, parental knowledge and practices regarding foreign body aspiration and ingestion, poisoning awareness, car seat education, and prevention of burns and falls in children.

INNOVATION

To address the identified problem, residents are being taught to use the SurveyMonkey app for conducting quality improvement projects. The app allows them to collect data from parents and caregivers regarding their knowledge, practices, and concerns on different pediatric topics. This data is then analyzed to assess compliance, identify areas of improvement, and develop recommendations for better healthcare practices.

IMPACT

The short-term impact of this initiative is the immediate improvement in the residents' skills and knowledge in conducting quality improvement projects. By learning to use the SurveyMonkey app, residents can efficiently collect and analyze data, leading to a better understanding of the challenges and needs of parents and caregivers. This enables them to provide more targeted and effective counseling and education.

In the long term, the impact of this initiative is expected to be significant. By addressing specific pediatric topics such as vaccination during the COVID-19 pandemic, safe sleeping environments, foreign body aspiration and ingestion, poisoning awareness, car seat education, and prevention of burns and falls, the quality of pediatric care can be enhanced. The recommendations developed through these projects can guide healthcare professionals in implementing necessary changes and interventions to improve child health outcomes.

Furthermore, by involving residents in quality improvement projects, it fosters a culture of continuous learning and improvement within the healthcare system. Residents gain valuable experience in conducting



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research, analyzing data, and developing evidence-based recommendations. This not only benefits their professional development but also contributes to the overall improvement of pediatric care.

In summary, the initiative of teaching residents to conduct quality improvement projects using the SurveyMonkey app has the potential to address various pediatric healthcare needs. By focusing on specific topics and involving parents and caregivers in the process, the short and long-term impacts include improved knowledge, better healthcare practices, and enhanced child health outcomes. This innovative approach promotes a culture of continuous learning and improvement, ultimately benefiting the entire healthcare system.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

SynergyHealth: Pioneering Interprofessional Education through AI-Infused Simulation

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In response to the growing demand for effective interprofessional interventions in healthcare, we introduce an innovative program, "SynergyHealth," designed to integrate interprofessional education into students' practices. This initiative is structured to foster interprofessional collaboration through the development of a simulation platform aimed to enhance students' theoretical skills in the interdisciplinary team. By incorporating artificial intelligence (AI), "SynergyHealth" adopts a comprehensive and contextually driven approach to healthcare. The program is designed with the understanding that improved interprofessional education for students directly translates to tangible benefits for patients and the broader community. This approach not only nurtures a deeper understanding among healthcare professionals but also ensures that patients receive the most comprehensive and coordinated care possible.

CONTEXT

In Latin America, interprofessional collaboration emerges as a key strategy for addressing health disparities, particularly in the effective management of chronic non-communicable diseases. SynergyHealth aims to inspire students to enhance effective communication among their colleagues, with a thoughtful consideration of how this ultimately impacts the overall prognosis of the patient, thereby contributing to the reduction of morbidity and mortality rates.

PURPOSE

The "SynergyHealth" initiative is designed to accommodate a variety of healthcare disciplines, encompassing medicine, nursing, biomedical engineering, physiotherapy, psychology, speech therapy, and occupational therapy programs from Universidad del Rosario. Our primary objective is to provide enriched interprofessional experiences in the training of health professional students. Through contextually based simulations, this program aims to propose a comprehensive educational setting grounded in problem-solving learning. The multidisciplinary approach fosters not only deepened expertise within each field, but also empowers students with teamwork skills, effective communication, inclusion, and a nuanced understanding of diverse roles, better preparing them for the complexities of modern healthcare. Specifically, it will be a pioneering computer simulation using the Unity graphics engine.

INNOVATION

"SynergyHealth" proposes the development of a structured program ensuring the effective integration of interprofessional education into existing educational practices. Implementing this program within the proposed healthcare programs could serve as the initial stride in developing a more robust educational strategy. In this context, students would collaboratively generate scenarios for resolving clinical cases based in real-life experiences.

Furthermore, "SynergyHealth" explores the integration of artificial intelligence (AI) to customize content delivery by developing an educational tool that enables students from Universidad del Rosario to refine their communication skills, integrate knowledge, and promote comprehensive and inclusive care considering the interculturality of Colombian society.

Moreover, "SynergyHealth" intends to have a long-term sustainability, and thus looks forward to encouraging partnerships amongst other national, and international institutions in a feasible attempt to have a transcendent impact on all the parties involved. To achieve this, the project will undergo: (i) analysis of current curriculum gaps in interprofessional education; (ii) design and development; (iii) pilot testing within the institution; (iv) evaluation, feedback, and continuous improvement.

IMPACT

The impact assessment extends beyond individual patient outcomes to encompass the generation of interprofessional education experiences. By documenting the learnings and firsthand experiences of students, "SynergyHealth" aims to create a blueprint for replicable interprofessional education initiatives in diverse educational contexts.

AAHCI Student Leadership Initiative (ASLI): *Abstract*

Virtual Reality Interprofessional Simulation

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PURPOSE

To revolutionize healthcare education by addressing the critical need for immersive, hands-on experience among health profession students. Our proposal aims to confront the limitations of traditional methods by introducing a Virtual Reality Interprofessional Simulation program. The purpose is to provide students with a dynamic, realistic environment where they can collaboratively navigate complex healthcare scenarios, fostering teamwork, communication, and decision-making skills. By bridging the gap between theory and practice, this innovation seeks to prepare future healthcare professionals for the challenges of real-world interprofessional collaboration, ultimately improving patient outcomes and elevating the standard of care across diverse healthcare systems represented by AAHCI.

INNOVATION

Revolutionizing health profession education, our innovation introduces an immersive Virtual Reality Interprofessional Simulation program that transcends conventional learning boundaries. Employing cutting edge virtual reality technology, this groundbreaking initiative transforms theoretical knowledge into experiential wisdom. Through intricately designed VR environments, students from diverse health professions engage collaboratively in lifelike healthcare scenarios, mirroring the challenges of real-world practice. This innovation pioneers a holistic approach, allowing participants to navigate patient interactions, diagnostic dilemmas, and emergency situations in a risk-free virtual space. By providing a dynamic, interactive platform, we bridge the gap between didactic learning and practical application. This transformative tool not only enhances teamwork and communication skills but also instills a deep understanding of the complexities within interprofessional collaboration. The Virtual Reality Interprofessional Simulation program stands at the forefront of educational evolution, preparing future healthcare leaders to excel in diverse, challenging healthcare environments represented by AAHCI.

IMPACT

The Virtual Reality Interprofessional Simulation program's impact extends far beyond conventional educational paradigms, influencing both short-term competency development and long-term healthcare outcomes. In the short term, participants undergo a transformative learning experience, where the immersive nature of virtual reality fosters rapid skill acquisition in teamwork, communication, and decision-making. This directly addresses the immediate challenge of limited hands-on experience faced by health profession students. As they navigate intricate virtual scenarios, students gain confidence and competence, better preparing them for the complexities of collaborative healthcare practice. In the long

term, the program contributes to a paradigm shift in healthcare education, elevating the standard of care across the diverse health systems represented by AAHCI. Graduates enter the workforce not only with a theoretical foundation but also with a profound experiential understanding of interprofessional collaboration. Consequently, patient outcomes improve as these professionals seamlessly navigate interdisciplinary challenges. Furthermore, the ripple effect extends to the broader healthcare community, inspiring a cultural shift towards innovative education practices. By instilling a deep appreciation for collaborative problem-solving, our Virtual Reality Interprofessional Simulation program becomes a catalyst for sustained improvements in professionalism, patient care, and safety within the evolving landscape of academic health centers.

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