

describe how our revised phlebotomy module overcame existing curricular time and space restrictions to provide a sound grounding in theoretical and practical phlebotomy. The revised phlebotomy module consisted of theoretical, practical and assessment elements. Theoretical content and assessment were delivered on a web-based platform (needlenet), which allowed more classroom time for phlebotomy practice. Online elements: Theoretical content was pre-determined by senior faculty, and incorporated into the online module, situated within a secure institutional learning environment. The website followed a modular format, encompassing vein anatomy and site selection; phlebotomy procedure; specimen preservation and bottle selection and safety. Instructional videos supplemented the procedural sections. Safety was emphasised, including needlestick disposal and contingencies for needlestick injuries. Sections on bottle selection and order of draw provided a practical reference for blood-taking. Further links were provided to relevant web-based resources. Students were required to complete an online suite of mandatory vignette-based MCQs. Practicum: Online delivery of theoretical knowledge freed the traditional curricular time-slot (previously filled with didactic lectures) entirely for practical instruction. A high instructor to student ratio allowed ample opportunity for phlebotomy practice. The online module was successfully implemented this year. Instructors reported better informed learners and increased opportunity for phlebotomy practice during the practical sessions. The shifting of the theoretical content online maximized time for phlebotomy practice. Content was navigable, and links to relevant websites allowed a degree of self-directed learning on a familiar, contemporary platform. Although its effect on future needlestick injuries and pre-analytical error rates remains to be seen, we believe that our intervention illustrates that time and space curricular restrictions can be overcome by innovative online solutions.

34

Preparing Health Professionals to Support Patient Decision-Making in Inter-Professional Context: Where is The Theory?

F Herawati¹, A P Susilo², J van Dalen³, A Scherpbier³

¹Faculty of Pharmacy, University of Surabaya, Surabaya, Indonesia; ²Faculty of Medicine, Mulawarman University, Samarinda, Indonesia; ³Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, the Netherlands

Keywords: Inter-Professional Collaboration, Patient Decision-Making, Educational Intervention, Theory, Review

Inter-professional collaboration is important in the process of supporting patient decision-making. Studies showed that health professionals were not adequately prepared to face the strong hierarchical relation in collaboration as frequently practiced in the Asian context. This systematic review aimed to gather evidence about educational interventions to prepare health professionals in supporting patient decision-making in an inter-professional context. We searched publications published in January 1990–December 2011 from Medline, ERIC, CINAHL, PsycInfo, Social Science Citation Index, Psychology and Behavioral Sciences Collection. We included original articles reporting educational interventions aiming to improve the skills of health professionals to support patient's decision-making. The intervention should contain components to improve inter-professional collaboration or involve different health professions in one course. Two researchers conducted abstract and full text

screening and data extraction independently, then discussed for consensus. After screening 3431 abstracts and 230 full texts, 39 articles were included. Most studies lack a control group. Only few studies reported Kirkpatrick level 3 and 4. Most studies were conducted in a Western culture; only three were from Asian countries. Most courses combined lectures and active approaches such as role-plays and discussion. Theories were mainly used to inform teaching strategies to train skills in supporting patient decision-making. The learning of inter-professional collaboration itself was seldom based on theories. Interventions to strengthen the collaborative skills of health professionals in supporting patient decision-making should be consistently theory-based. More evidence from Asian context is urgently necessary to tailor interventions to this context.

35

Does “Interprofessional Education” in the Uni-Professional Setting Improve Students Understanding of Patient-Centred Care?

H Yasui¹, K Abe¹, K Amioka², S Ishigro², T Norose³, S Sakurai⁴, M Aomatsu¹, K Uemura⁵

¹Department of Education for Community-Oriented Medicine, Nagoya University Graduate School of Medicine, Nagoya, Japan; ²College of Pharmacy, Kinjo Gakuin University, Nagoya, Japan; ³Hokkaido Pharmaceutical University School of Pharmacy, Hokkaido, Japan; ⁴Juntendo University Faculty of Health Care and Nursing, Nagoya, Japan; ⁵Center for Medical Education, Nagoya University School of Medicine, Nagoya, Japan

Keywords: Interprofessional Education, Collaborative Practice, Readiness for IPE

In order to contribute to effective teamwork, Interprofessional Education (IPE) is important for healthcare students. However, curriculum management between each department is a barrier in organizing IPE. The aim of this study is to explore how students in a uni-professional setting can improve their appreciation of teamwork and understanding about interprofessional learning using a scenario, including multiprofessional perceptions, which were collaboratively written by medical, pharmacy, and nursing faculty. “IPE” at the uni-professional setting was performed on 5th grade 91 pharmacy students at Kinjo Gakuin University. They summarized the case, and had group discussions on these themes: role of pharmacist in the community, communication with the patient, communication with other health professionals, and the role in the patient's end of life. The Readiness for Interprofessional Learning Scale (RIPLS) and Nagoya Teamwork Scale (NTwS) were administered pre and post intervention. The patient's summary and the products of the group discussion were analyzed qualitatively. Scores of RIPLS increased significantly from 69.8 (SD 6.1) to 72.0 (SD 5.7) ($p < 0.01$), while NtwS showed no significant difference from 113.6 (SD 9.1) to 115.1 (SD 8.7). In qualitative analysis, many groups extracted patient centered information, such as patient's painful experience of husband's death, residential problems, and patient's worries about her own illness. In contrast, only a few groups explored the role of nurse or pharmacist. The result implies that pharmacy students gained a readiness for interprofessional learning and a deeper understanding of patient-centred care. For learning multi-professional perceptions, this program showed limited effects compared with conventional IPE.

author index

- Abdul Hadi, H., 24
Abdullah, A., 24
Abdullah, N., 24
Abe, K., 35
Al-Foraih, N., 52
Al-Shaheen, A., 52
Amioka, K., 35
Ananthanarayanan, P.H., 13
Anbalagan, A., 13
Anbarasi, K., 49
Aomatsu, M., 35
Archuleta, S., 48, 54
Arulmalar, A., 46
Attardi, S.M., 1
- Balan, Y., 13
Baloch, H.Z., 14
Barnett, J., 1
Barua, A., 14
Bharathy, A., 36
Bin Johari, M.A., 30
Black, J., 17
Bradley, P.M., 31
Brotchie, K., 17
Bullock, S., 17
- Chambers, S., 25
Chan, Y.H., 47
Chen, C.Y., 8
Chen, T.H., 8
Chia, Y.C., 24
Chong, D.W., 23
Choo, C.H., 53
Compton, S., 12
Cunningham, D., 6
- Da Silva, A.L., 21
Dai, Z.Z., 28
van Dalen, J., 34
Das, B., 14
Dhiman, P., 13
Doherty, I., 41
- Ekayanti, F., 9
Ellawala, A.T., 45
- Fan, J., 5
Farquhar, J., 12
Fernando, D.M.S., 45
Finn, G.M., 51
Foo, P.L., 36
Foong, C.C., 10
- Gilmer, J., 16
Goh, S.H., 12
Gopal, L., 29
Gubbiyappa, K.S., 14
- Hafferty, F.W., 51
Hanafi, N.S., 24
Harada, Y., 7
Harbutt, D., 41
Hassan, H., 10
Hee, H.I., 53
Herawati, F., 34
Hirayama, Y., 7
Ho, M., 22
Hodges, B., 22
Hooi, S.C., 47
Hor, C.Y., 16
How, A.S.H., 29
Huggan, P.J., 48, 54
- Ignacio, J., 40
Ilayperuma, I., 42
Ishara, M.H., 50
Ishigro, S., 35
- Jeganathan, R., 43
Jegasothy, R., 43
Jin, Y., 4
Johnson, P., 42
Joseph, R., 38
- Kandaswamy, D., 49
Kanneganti, A., 48, 54
Karunathilake, I.M., 27, 50
Kataoka, H., 7
Kee, A.C.L., 26
Kennedy, K., 6
Khoo, E.M., 24
Khoo, K.L., 26
Khoo, S.M., 40
Kowitlawakul, Y., 40
Kropmans, Th.J.B., 6
Kukolja Taradi, S., 19
Kulkarni, S., 13
Kumta, S., 4
- Lahiri, M., 40
Lai, Y.M., 44
Lau, C.S., 41
Lau, W.M., 23
Lee, M., 11
Lee, P., 26
Lee, P.Y., 24
Lee, Y.K., 24
Leung, G.K.K., 5
Leung, J., 4
Liau, Z.Q.G., 48, 54
Liew, S.M., 24
Lim, E.H.L., 53
Lim, H.F., 26
Lim, I., 15
Lim, W.S., 15
- Lin, Y., 28
Liyanage, P.C., 27
Low, A.J.H., 29
- MacFarlane, M., 25
Marasinghe, R.B., 27
Martimianakis, M.A., 22
Masters, R., 5
McKimm, J., 21
Miller, S.R., 32
Mitchell, R., 25
Mohamed, M., 24
Morris, G., 41
Mullikin, T.C., 51
- Nanayakkara, B.G., 42
Neo, H.Y., 15
Newton, P.M., 21
Ng, C.J., 24
Ng, K.P., 33
Nga, M.E., 30
Ngiam, N., 16
Norose, T., 35
Nystrup, J.E., 2
- Ohbu, S., 7
Olupeliyawa, A., 50
Ong, L.Z., 33
Ooi, S.B., 48, 54
Otaki, J., 7
Othman, S., 24
- Parwanta, G., 46
Patterson, J.A., 6
Pawlina, W., 51
Perera, A.D.P., 50
Perera, K.A.S.M., 45
Poh, K.K., 33
Poolton, J., 5
Prabodha, L.B.L., 42
- Rajan, J., 46
Rajendiren, S., 13
Rajendran, S., 13
Rogers, K.A., 1
- Sakurai, S., 35
Samarasekera, D., 15, 38, 47, 48, 54
Samaraweera, P.C.U., 45
Samarawickrama, M.B., 42
Sanjay, S., 29
Scherpbier, A., 34
Sethi, S.K., 33
Shahi, V., 51
Sharma, N., 41
Shuttleworth, M., 17
Singh, R., 11