### PRESENTATION SCHEDULE

<table>
<thead>
<tr>
<th>Time</th>
<th>Title and Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1230-1300</td>
<td><strong>Lunch Break</strong></td>
</tr>
</tbody>
</table>
| 1300-1315 | **The Evolution of an Interprofessional Experience for First Year Health Professional Students**  
            **J Buchanan, T Cole, S Doucet**                                            |
| 1315-1345 | **Students’ Experiences as Participants in the Interprofessional Dalhousie Health Mentors Program**  
            **S Doucet, D MacKenzie, E Loney, A Godden-Webster, H Lauckner, P Alexiadis Brown, C Andrews, T Parker** |
| 1345-1400 | **“What do I do now?” – A Guide for Facilitators of IPE in the Practice Setting**  
            **A Godden-Webster, G Murphy**                                              |
| 1400-1415 | **Who I Am In What I Do: Identity and Practice in Interprofessional Contexts**  
            **M Brown**                                                               |
The Evolution of an Interprofessional Experience for First Year Health Professional Students

Buchanan, J. Lecturer, Dalhousie Medicine New Brunswick; Cole, T. Simulated Patient Educator, Dalhousie Medicine New Brunswick; Doucet, S. Assistant Professor, University of New Brunswick in Saint John; Adjunct Professor, Dalhousie Medicine New Brunswick

In Saint John, New Brunswick, the Health Educators’ Learning Partnership (HELP) group has been interested in fostering informal opportunities for students from multiple health care related programs to work and learn in interprofessional teams. One such event is Interprofessional Education Day, which targets first year students from DMNB, UNB Saint John’s Department of Nursing & Health Sciences, and the NBCC Allied Health Education Centre. September, 2013 not only marked the third iteration of the event but also saw significant changes to the format from previous years. During the first two events the video, ‘Interprofessional teamwork: An original symphony’, was shown to the full group of students, this being their sole source of preparation for the major component of the event. The video focuses on a fictional patient with cancer who must navigate through the health care system and demonstrates the difference between multi-professional care and interprofessional collaborative patient-centred care. After the video, students participated in interprofessional groups in a guided discussion led by two facilitators who used a workbook designed specifically for this purpose. The workbook was highly structured and thus constraining for some facilitators and groups. Based on feedback from past facilitators and student participants, significant changes were made for the 2013 iteration to both the format of the event and to the workbook. During this presentation, these changes and their impacts will be discussed.
Students’ experiences as participants in the interprofessional Dalhousie Health Mentors Program

Doucet, S. Assistant Professor, University of New Brunswick in Saint John; Adjunct Professor, Dalhousie Medicine New Brunswick; MacKenzie, D.E. Assistant Professor, School of Occupational Therapy, Dalhousie University; Loney, E. Qualitative Research Consultant, Bedford, NS; Godden-Webster, A.L. Interprofessional Experience Coordinator, Faculty of Health Professions, Dalhousie University; Lauckner, H. Assistant Professor, School of Occupational Therapy, Dalhousie University; Alexiadis Brown, P. Program Evaluation Specialist, Dalhousie Medicine New Brunswick; Andrews, C.L. Assistant Professor, Coordinator Interprofessional Education, Faculty of Dentistry, Dalhousie University; Packer, T.L. Professor and Director, School of Occupational Therapy Dalhousie University

Background: Interprofessional education is increasingly being used to ensure health professionals have the knowledge, skills, and attitudes needed to practice collaboratively. The Dalhousie Health Mentors Program (DHMP) is one example of a community-based, pre-licensure, interprofessional education opportunity that involves health professional students learning about chronic diseases and/or disabilities from a community volunteer to develop basic interprofessional collaboration skills. In our mixed method evaluation, we explored what DHMP students learned and how they planned to incorporate these skills in future interactions with patients/clients and other health professionals. We also examined student perspectives regarding barriers to learning and their suggestions for improvement.

Methods: At the completion of the 2012-2013 eight-month DHMP, all students (n=745) from the 16 participating health programs were invited to participate in an online program evaluation survey. A total of 295 students responded to the Likert-type questions (40% response rate), which were analyzed using descriptive and non-parametric statistics. Of these respondents, 204 (69%) provided free text comments on the 10 open-ended questions, which were analyzed using thematic and content analysis.

Results: The majority of respondents were in agreement that they achieved the four learning objectives of the DHMP. Qualitative analysis of the students’ narrative text provided insight into the students’ learning, barriers to learning, and key recommendations for improving their learning experience.

Conclusions: While our findings suggest that several students reported positive learning experiences, some students viewed the DHMP as having little educational value. Educators and program planners need to be aware that even well-intended learning activities may result in unintended experiences that hamper interprofessional learning.
“What do I do now?” – A guide for facilitators of IPE in the practice setting.

Godden-Webster, A. Faculty of Health Professions, Dalhousie University; Murphy, G. Barefoot Facilitation, Inc.

Presentations at previous DME symposia (2008, 2009 and 2012) have described the development and implementation of interprofessional student team experiences in a variety of practice settings. These experiences involve bringing learners from different health professions together with facilitators to discuss cases, develop interprofessional care plans or projects and reflect upon the nature of, and competencies related to, interprofessional, collaborative, patient/client/family/community-centred practice. As an increasing number of healthcare settings throughout Nova Scotia, and Atlantic Canada, have committed to providing these IPE experiences for learners, the need for more faculty development concerning facilitation of IPE in the practice setting became apparent. Facilitators have been directed to resources and invited to participate in workshops or small group consultations. However, by all accounts, what was really needed was a practical, easily accessible and user-friendly resource applicable to all practice settings.

In the Fall of 2013, the authors came together to develop such a resource. Drawing upon existing resources and lessons learned from the experiences of facilitators, an online guide was created for use by individuals and organizations engaged in the facilitation of interprofessional learning in the practice setting. This presentation will briefly outline the contents of the guide, which is entitled Interprofessional Collaboration in Practice: A Guide for Strengthening Student Learning Experiences. Feedback from facilitators who used the Guide during the Winter 2014 term will also be discussed.
Who I Am in What I Do: Identity and Practice in Interprofessional Contexts
Marion Brown, Paula Hutchinson & Kaylee van den Hoek, School of Social Work

It is well established that the ability of healthcare professionals to interact effectively directly impacts patient care. Research into how and why interprofessional teams interact effectively has led to important insights regarding team characteristics and communication strategies, as well as the development of competency frameworks which guide interprofessional education. The research detailed in this paper explores the role of identity in interprofessional practice, positioned in the reality that health care professionals are educated for a singular profession and then go on to practice in interprofessional contexts. Thirty-five practitioners of social work, occupational therapy, medicine and nursing reflected upon the principles, values, knowledge, and skills that guide them both in their personal and professional identities and in their work, and the extent of congruence among them.

Using constructivist grounded theory methods, analysis suggests that uniprofessional, interprofessional and transprofessional identities exist as fluid, with one periodically coming to prominence over the others dependent on the practitioner’s understanding of the need in a particular context. Identity is multidimensional and practice is multicontextual, and the two – who I am in what I do – are inextricably linked, each shaping and being shaped by the other and, moreover, together shaping and being shaped by interprofessional contexts. Bringing this understanding to interprofessional health education can provide new directions for teaching and learning to further build on the effective interaction of interprofessional teams.