Developing Fife Interprofessional Clinical Skills Model of Education for Student Clinical Placement (FICSME)

An ACT Funded Initiative

End of Pilot Report

December 2011
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Executive Summary

Being able to deliver safe, effective health care as part of a team is a key priority for both health care education and the National Health Service. The Fife Interprofessional Clinical Skills Model for Education (FICSME) was established to develop a more effective and efficient model for the use of clinical placements by health care students.

NHS Fife is an ideal setting to pilot a model as it provides clinical placements for students from a number of different health care professions who come from a variety of Higher Education Institutes (HEIs). It provides the opportunity to rehearse and share realistic workplace scenarios safely in a team and to rationalise and amalgamate interprofessional clinical skills education (IPCSE) where appropriate.

Funding of the two year pilot was provided by ACT from both NHS Fife and NHS Tayside. This enabled a full time secondment of a coordinator to lead the design, implementation and evaluation of the model.

The aims of the initiative were to enhance team working skills through the development of an interprofessional (IP) clinical skills programme and from this develop a generic model for IP clinical skills education which could be disseminated to other NHS settings.

This report provides an overview of progress of FICSME on completion of the pilot phase.
Achievements of FICSME

The progress of the project has included:

- **Educational Governance Structure in place**
  - Fife Board for Interprofessional Clinical Skills Education (IPCSE)
  - Joint Universities Interprofessional Clinical Skills Group

- **Needs Assessment**
  - A mapping exercise to determine the clinical placement areas for undergraduate students from Nursing, Medicine and Allied Health Professions, within NHS Fife
  - Establishing links with other interprofessional initiatives in NHS Fife

- **Programme development**
  - Design of an IPCSE model relevant to all students on clinical placements in NHS Fife
  - Delivery of IP clinical skills programme in primary care sites
  - Delivery of IP clinical skills programme in secondary care sites

- **Faculty development**
  - Identification of facilitators within the clinical placement location
  - Workshops for potential IP facilitators

- **Evaluation**
  - Ethics approval for evaluation instrument
  - Evaluation of IP clinical skills programme in CHP
  - Evaluation of IP clinical skills programme in secondary care

- **Dissemination**
  - Participation in Reducing Harm and Improving Healthcare Conference (Nov 2010)
  - Knowledge Network shared space created ‘Interprofessional Clinical Skills Education’ to share resources with others involved in interprofessional education
This project has demonstrated that with commitment and high level support, interprofessional clinical skills education in clinical placements can provide students with the opportunity to learn with, from and about each other in a safe and structured environment that is relevant, accessible and efficient.

In building on the foundation of this model, some of the challenges associated with bringing students together in the HEI setting may be overcome. It has also demonstrated that the use of simulation in clinical skills education is an effective vehicle for interprofessional learning.
Background

1.1 Drivers for Interprofessional Education (IPE) within Clinical Placements
The increased requirements for clinical placements for health care students as a result of changes in health care curricula to include early patient contact and the changing profile of health care delivery, requires more efficient use of clinical placements. Major drivers which impact on IPE in clinical skills include changes in professional roles and the delivery of complex care packages for patients by multi-disciplinary teams (see fig 1). This has emphasised the need to develop team working skills with students. There is evidence that patient outcomes are better where health care professionals work well in teams (Institute of Medicine [IOM], 2003).

<table>
<thead>
<tr>
<th>Education Drivers</th>
<th>Service Drivers</th>
<th>Government Policy Drivers</th>
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<tr>
<td>GMC/ NMC/ HPC/SSSC</td>
<td>Trained doctor delivered service</td>
<td>Working Together Learning Together 2001</td>
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<td>Fitness to Practice</td>
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<td>Better Health Better Care 2007</td>
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<td>Framework for social work education</td>
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<td>Re-licensure and revalidation</td>
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<td>PMETB requirements Workplace based learning and assessment</td>
<td>Up-skilling practitioners Mobile workforce</td>
<td>Different shared models of care delivery</td>
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<td>Standards of skills performance</td>
<td>Ageing population- need for health and social care</td>
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<td>Agenda for change</td>
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<td>Patient experience</td>
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<td>Practice education and evidence base for skills and simulation</td>
<td>Patient Safety Data and Quality improvement Movement</td>
<td>Patient Safety 2009</td>
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<td>Health select committee-Teamwork</td>
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<td>Interprofessional education</td>
<td>Changes in working practices H@N</td>
<td>MMC, MNC (Modernising Nursing careers) EU WorkingTime Directives</td>
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<td>Use of technology</td>
<td>New therapeutic options Use of technology</td>
<td>National standards</td>
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<td>Systematic approach from opportunistic</td>
<td>Specialist vs generalist</td>
<td>Accreditation frameworks</td>
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Fig 1

It is essential that HEI’s provide opportunities at undergraduate and pre-registration levels for students to explore and become aware of the roles of other professionals. This is vital in the care of patients on their journey through the health care system and in learning how to work effectively and efficiently in teams.
1.2 Context
NHS Fife receives students from a number of professional disciplines and from various institutions. Those involved in the education of health professions in Scotland are very much aware of the drivers for interprofessional education. There is an expectation that students should be given the opportunity to participate in interprofessional education to prepare them for collaborative working in the future (GMC 2009, HPC 2009, NMC 2010).

NHS Fife provided both opportunities and challenges for IP clinical skills education. It has medical students on clinical placements from Edinburgh, St Andrews and Dundee Universities, nursing students from Dundee (Fife campus), Abertay and Queen Margaret Universities and AHP students from Queen Margaret University in Edinburgh and Robert Gordon University in Aberdeen.

The Fife Additional Cost of Teaching (ACT) group held a meeting in January 2010 which emphasised the need for standards in clinical skills education across Fife. This demonstrated a supportive environment for this particular initiative.

1.3 Aim of Initiative
- To develop interprofessional (IP) clinical skills learning opportunities during workplace-based clinical attachments in NHS Fife which are both effective and efficient in terms of resources and learning opportunities.
- To develop a model for IP clinical skills education which could be disseminated to other NHS clinical placements.

1.4 Key Objectives
- Map current clinical placements in NHS Fife
- Identify opportunities for IP skills education in clinical areas within Fife.
- Design and trial several models for IP skills education.
- Pilot and evaluate a programme with Medical, Nursing and Allied Health Professional undergraduate/postgraduate students from the HEI’s of Dundee, St Andrews, Aberdeen and Edinburgh on clinical attachments in Fife.
- Design and pilot a common assessment system for IP procedural skills
1.5 The Potential benefits of FICSME

- Make more efficient use of clinical placements by developing opportunities for interprofessional clinical skills education within the workplace-based clinical attachments.
- Provide students with the opportunity to learn with from and about other professional groups in order to encourage more efficient team working in the future.
- Meet the recommendations of the health professions’ governing bodies by giving students the opportunity to engage in interprofessional education.
- Develop a sustainable model of interprofessional education and assessment which can be adapted and utilised by other boards.

1.6 Rationale for FICSME

**Why interprofessional education?**

As defined by the Centre for Advancement of Interprofessional Education (2002), interprofessional education occurs when “two or more professions learn with, from and about each other to improve collaboration and the quality of care”. FICSME intends to use clinical skills as a vehicle for enabling students to learn with each other in an environment that is relevant to their current clinical placement area. It will enable them to learn about each other roles and responsibilities within the health care team specific to that environment.

**Why clinical skills education?**

Clinical skills education is identified as being an effective vehicle for interprofessional learning through the use of simulation to re-create team work scenarios and healthcare settings (Ker et al 2003). The incorporation of shared core competencies can develop an educational experience where professions can share common language, share the experience and compare their professional identities (Verma, Paterson and Medves 2006, Snaith and Lancaster 2008). These core competencies include non-technical skills; communication, professionalism, teamwork, dealing with interprofessional conflict and collaborative leadership (Ker et al 2003, Healey et al 2006, Bandali 2008 and Bainbridge et al 2010)

In relation to FICSME, there was already a track record with experience of IPE in clinical skills involving several of the HEIs.
Planning and Piloting the Model

2.1 Educational Governance Structure

Fife Board for Interprofessional Clinical Skills Education

The Fife Board for Interprofessional Clinical Skills Education is chaired by Professor Jean Ker, University of Dundee and has representation from NHS Fife, Dundee, St Andrews, Edinburgh and Aberdeen Universities. The project board meet bi monthly.

The remit of the Board is to:

- Agree annual objectives
- Agree a project timeline for two years (appendix 1)
- Provide a forum for collaborative projects
- Prioritise an IP skills programme for NHS Fife
- Provide a forum for liaising between HEIs
- Provide support for programme the lead

Representation on the board has developed over the past year to include other relevant stakeholders. Appendix 2 is a list of project board members.

This board reports back to the regional ACT committee and provides an annual report to ACT and the NHS Fife Director of Medical Education.

Joint Universities’ Interprofessional Clinical Skills Group

The national Clinical Skills Managed Educational Network was established in 2007 to ensure standards of clinical skills education were implemented across Scotland irrespective of geographical location or professional group. A cluster group between the Universities of Dundee, Abertay and St Andrews has run a number of staff development workshops including one on the development of clinical staff for facilitating interprofessional clinical skills, recognising the need to develop an educational model for interprofessional clinical skills which is transferable. In supporting IP facilitators, the vision for future approaches to IPE is reinforced (see fig 2).
This group has continued to meet to:

- Lecture for all health care students – “Who is in the health care team?”
- Produce an educators handbook for clinical placements
- Develop a template for case studies of good IPE practice (see appendix 3)
- Develop a Readiness for IP tutoring guide
- IPE Educators workshop for clinical skills http://www.csmen.ac.uk/aboutus/index.htm

This group reports back to the CSMEN which reports to the national Clinical Skills Programme Board, managed by NHS Education for Scotland.

2.2 Needs assessment

Mapping Exercise: Who, When and Where in NHS Fife?

Mapping of what professional group of students, which HEI they are from, when they are on placement and the location within NHS Fife was identified as being one of the first tasks to be addressed within the first year. It has been invaluable in assisting to identify pilot sites, plan and deliver sessions and has allowed careful consideration of the themes of the
session, ensuring that it is both relevant to the professional mix of students and their level of study.

The clinical placement locations are spread across the geographical divisions of Glenrothes and North East Fife, Dunfermline and West Fife and Kirkcaldy and Levenmouth (see fig 3).

The way in which HEI’s manage their practice placement locations for nursing, medical and AHP students differ in terms of the following:

1. Whether placement location reoccur on a year to year basis
2. The number of students allocated to placement locations
3. How long in advance the placement location or HEI know when and where their students’ placement locations

In considering these differences, it has been a challenge to access the information to carry out the mapping exercise and plan the delivery of the pilot sessions.
The AHP’s have developed a Practice Placement Agreement which is one of the nine National work streams for the AHP Practice Education Facilitation programme. This has been developed through consultation events and communication with four of the HEI’s within Scotland who provide AHP programmes. It is being implemented to increase governance, to reduce risk and increase trust and communication between the Health Boards and the HEI’s. One of the clauses within the agreement is that relevant information regarding practice educators and practice placements are available to the HEI’s and students. It is anticipated that this should ensure that figures and student placement allocation is recorded in a logical manner. Its implementation in NHS Fife will improve the transfer of information to assist in continuing to deliver interprofessional learning opportunities to all students and may be a useful framework to follow in the organisation of practice placements for students from other professions.

It is an on-going task to maintain a database of students within clinical placements in NHS Fife. Maintaining this database will ensure that students can be offered an opportunity to participate in IPCSE sessions during their clinical placements. Appendix 4 provides a snapshot of this database for one area within Fife CHP, showing shared placement locations for students.

Establishing links with Interprofessional Education Initiatives within NHS Fife.

Introduction to the Ward, Queen Margaret Hospital

This initiative commenced in June 2009 following the review of practice placement locations within the Operational Division for Year 3 St Andrews medical students. An interprofessional session was designed to give students the opportunity to engage in interprofessional learning with nursing, AHP, social work and pharmacy students. Through patient centred activities, students explore each other’s roles and responsibilities and patient care needs within the processes of hospital admission, planning and implementing care, the ward round and discharge planning.

In establishing links with this initiative, the coordinator has continued to co facilitate these sessions and to learn of the success and challenges to inform the FICSME model. It has also enabled closer working with the Higher Education Institutes whose students are offered the opportunity to participate in this session. It has also provided a working example of how other professions such as social work and pharmacy students can be included in interprofessional learning.
2.3 Programme Development

Design of the Interprofessional clinical Skills Model: FICSME

In the design of the programme, it was planned that the model piloted would follow a clear sequence in order to develop a structured and transferable model.

Establishment of Support System
Appointment of lead coordinator
Development of educational framework
   Needs analysis - Mapping of students and placements available
   Development of over-arching aim i.e. teamwork development
Development of outcomes
   Development of cyclical IP Clinical Skills programme

The interprofessional sessions which were designed for the pilot intended to engage students in interactive activities to enable them to learn with and from about each other, to understand roles and responsibilities and to practise team and collaborative working skills. The overall goal in designing these sessions was to ensure that the theme of the session would be relevant to the professional groups of students, their level of study and the placement location they were currently in.

Cyclical IP Clinical Skills Programme
An existing ward based interprofessional session entitled Introduction to the Ward has been successful in involving patients in interprofessional learning. This has involved staff members who work in the clinical setting having access to patients and staff and being able to coordinate and control the planning from within this setting. With continued support for this initiative, further work could be done to pilot transferring this session to another area within NHS Fife.

Identification of Pilot Sites
Primary and Secondary care settings are valuable environments for students to learn about the patient’s journey and how the health care teams in these environments work. In order to make the interprofessional learning experience more relevant to the students, the sessions were designed to reinforce how the care needs of patients and health care teams differ between these areas depending on the area that the session was delivered in. A series of four pilot sessions took place within Primary Care and the Operational Division.
Evaluation
A questionnaire was designed to evaluate the pilot sessions (appendix 5). Whilst the evaluation could be adapted for a focus group or interview as a method of data collection, the questionnaire was felt to be an appropriate method within the timeline of the project. Within the context of interprofessional clinical skills education with undergraduate students, the evaluation is based on Kirkpatrick’s model (adapted by Barr et al 1999) and its aim is to measure:

• students’ reactions – views of the learning experience
• acquisition of knowledge and skills
• perceptions and attitudes to interprofessional clinical skills education.

Ethics Approval
The East of Scotland Research Ethics Service formally acknowledged that this was an evaluation of an education event taking place on NHS grounds. Ethical approval was granted by the University of St Andrews University Teaching and Research Ethics Committee and each HEI approved the request to access their students in the placement location.
2.4 Pilot sessions

A total of 44 students participated in the IPCSE sessions with approximately 10 – 12 students in each session. All students who participated evaluated the sessions by completing an anonymous questionnaire.

Figure 4 provides a breakdown of students who participated in each pilot session, highlighting how many students were involved, which course they were undertaking and which HEI they came from.
Pilot 1 & 3: Interprofessional Collaboration within the Community Setting

**Location:** Two pilot sessions took place within Cameron Hospital and St Andrews Community Hospital, Fife.

**Aim of session:**
Provide the opportunity to explore the impact of interprofessional collaboration on quality of care

**Learning outcomes:**
- Identify the roles and responsibilities of others within the healthcare team
- Plan the management and care of a patient using clinical reasoning skills
- Identify the different professions who may be involved in a specific patient’s journey
- Discuss the communication skills required for individual and team work situations
- Identify how the different professions are involved in risk assessment and ensuring patient safety

**Resources used:** Case study. A patient journey in a Primary Care setting.

**Length of session:** 3 hours

**Professional groups of students involved:** Nursing, Medicine, Physiotherapy and Occupational Therapy

**Number of students involved:** Pilot session 1 = 11 students
Pilot session 3 = 9 students

**Evaluation:**
The majority of the students commented positively on the learning activities used within these two pilot sessions which enabled them to develop an insight into the views and perception of others and also to gain an understanding of roles and responsibilities.

“It gave me a real life situation that let me know how different professions have different views on the same case study and how we all look at the same situation from a very different situation.”

“Meeting other professions, simply meeting them and talking helps to identify the goals in knowledge in healthcare and understand their roles.”
Lessons Learnt:

As one of these sessions was the first pilot session which was organised in the clinical placement area, it helped to determine the most effective way to try and advertise the sessions to the students and to encourage them to attend. It also highlighted how important it is for such learning opportunities to be endorsed both by the HEIs and the practice placement location. It is important to keep the session relevant to the students involved and to the placement location in order to encourage students to identify the transferable skills which could be applied in practice.

Pilot 2. Compassion: Who Cares?

Location: Queen Margaret Hospital, Education Centre.

Aim of session:
Raise awareness of the concept of compassion and its role in the delivery of quality patient care

Learning outcomes:

- Increased understanding of compassion and its role in quality patient care
- Increased understanding of others’ roles in relation to compassionate healthcare
- Increased knowledge of factors that enable/promote compassion
- Increased knowledge of factors that prevent compassion

Resources used: Power point with supporting information for session
  Case scenarios to hand out to groups
  Flip chart to capture main discussion points

Length of session: 2 hours

Professional groups of students involved: Nursing, Medicine, Physiotherapy and Occupational Therapy

Number of students involved: 16
**Evaluation:**

Students highlighted that other professions and patients being valued members of the team. In response to what they thought they would be able to transfer in to practice, students commented:

“Greater awareness of compassion towards all patients and other team members. We are all faced with the same patients and often face the same problems. Discuss as a team.”

“Evaluation of my own treatment of patients in regards to compassion and adjusting my own behaviour if necessary.”

**Lessons Learnt:**

This was a very positive session with a good mixture of students from different professions on placement within the operational division. Students discussed the importance of compassion in healthcare, factors that enable and prevent it and the importance of team work.

Although there was an adequate mix of students from different health professions within this session, in coordinating this, it was apparent that some students who had signed up for the session did not attend and also students attended without having signed up in advance. This is possibly something to consider in future recruitment of students to these sessions, to ensure an adequate mix of students from each profession and also for HEIs to be aware of students who have not attended.

The session encouraged students to relate their own experiences within clinical placements to the scenarios used in the session but may be more appropriate for students at later stages of training when they have built up relevant experiences within the practice placement location.
Pilot 4. Safe Communication: What’s it all about?

Location: Victoria Hospital. Education Centre.

Aim of session:

Provide the opportunity to explore safe communication in practice.

Learning outcomes:

- Identify challenges in communication in health care workplace
- Share critical incidents from own practice related to communication
- Explore issues in safe communication
- Rehearse use of SBAR for use in own practice

Resources used: Power point with supporting information for session
Flip chart to capture main discussion points and for group work

Length of session: 2 ½ hours

Professional groups of students involved: Nursing and Physiotherapy

Number of students involved: 9

Evaluation:

Students valued the opportunity to practice profession to profession communication skills within a safe environment and also to learn about other professions. In response to what they achieved from the sessions, students commented:

“Gain an understanding of communicating safely and problems for different professions”

“Learning the ways in which other healthcare professionals communicate and their thoughts on nursing communication”.

Lessons Learnt:

This session highlighted the value of using simulation and clinical skills as a vehicle for interprofessional learning. On following up a number of students who did not attend this session, they identified that this was the time when their focus was on assessment and final
exams. For the coordinator, this highlighted some important issues to consider in future planning of a programme, the programme’s timing with other activities for all students. It also highlights the issue of endorsing interprofessional education through assessment.

2.5 Dissemination
Disseminating Information regarding the project has been carried out in a number of ways since commencement of the project. This has been beneficial in gaining support for the programme, building links with others involved in education and identifying facilitators for the pilot sessions. It has also enabled the Coordinator to understand the long term education strategies within NHS Fife. This has occurred in the following ways:

- The Reducing Harm and Improving Health Care group through being involved in the organisation of regular meetings with multiprofessional students and staff
- Membership of the Scottish Clinical Skills Network Steering Group
- Delivery of a Protected Learning Time (PLT) session to multiprofessional staff involved in the education of students within the CHP
- Joining education strategy meetings, practice education, Practice Education Management group and Operational Division and dissemination information about the programme in the Joint Universities Group
- Delivery of a Work in Progress (WIP) talk at the University of St Andrews allowed sharing of progress with the project with educators within the HEI setting
- Development of the Interprofessional Clinical Skills Education community site on the Knowledge Network, NHS Education for Scotland website. This has provided a platform by which information and resources can be shared with others involved in interprofessional education for NHS Fife www.knowledge.scot.nhs.uk/ipcse.aspx

For all of these groups, interprofessional clinical skills education is identified as being vital for improving collaboration between professions.
Plans for the development of the FICSME model

Following the pilot of the Fife Interprofessional Clinical Skills Model of Education (FICSME), a regular programme has been rolled out which provides the opportunity for all students within clinical placements to engage in interprofessional learning and explore the impact of teamwork on patient safety. In order to develop this initiative further within NHS Fife, the following objectives have been set for 2011 - 2012:

- Develop an effective electronic system of communication for students on clinical placements
- Create a system of feedback to HEI’s and NHS Fife of IP activities which students engage in
- Identify and develop relevant resources for patient safety and teamwork for students on clinical placements
- Coordinate working with other initiatives and organisations, focusing on patient safety and teamwork, to give added value to students on clinical placements
- Provide opportunities for professional development in IP teaching for healthcare practitioners
- Provide a support system for IP educators in relation to patient safety and team working
- Develop and pilot an impact evaluation tool for IPE for students on clinical placements
Concluding Summary

The project has enabled the design of a transferable model of interprofessional clinical skills education within the practice placement location.

Links have been established with a number of different Higher Education Institutes and staff who support interprofessional learning opportunities within clinical placements.

It has highlighted NHS Fife provides both opportunities and challenges for IP clinical skills education.

Students who participated in the pilot sessions found IPCSE to be a valuable and relevant learning opportunity.

Funding is being continued from 2011 – 2012 to enable the implementation of a programme of IPCSE for students within NHS Fife clinical placements.

With continued high level support and commitment to build on the achievements of the pilot phase of this programme, it will be possible to develop an IPCS model within the clinical placement setting which is transferable and also provides a foundation to develop educational research opportunities exploring both interprofessional education and assessment. The challenges associated with planning and implementing interprofessional education are well documented. The challenge in itself is to find sustainable ways of overcoming these hurdles in the clinical placement locations.
Acknowledgements

Funding of the pilot was provided by ACT from both NHS Fife and NHS Tayside.

With sincere thanks to the support and guidance of the NHS Fife IPCSE Project Board, the Higher Educations Institutes involved, NHS Fife and the support and help from staff involved in the planning, design and delivery of the pilot sessions.

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### Interprofessional Clinical Skills Education (IPCSE)

**Project Timeline**

**November 2009 - November 2011**

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<th>TASK</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tr>
<td>1. Clarify project aims and outcomes with steering group</td>
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<td>2. Gain support from HEIs</td>
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<td>3. Perform literature review</td>
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<tr>
<td>4. Carry out initial scoping exercise</td>
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<tr>
<td>5. Create database</td>
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<td>6. Collate data from scoping exercise</td>
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<td>7. Gain support from NHS Fife</td>
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<td>8. Develop resources for IPCSE</td>
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<td>9. Identify models of IPCSE</td>
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<td>10. Plan a programme for each model of IPCSE</td>
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<td>11. Map out when and where IPCSE for 2011</td>
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<td>12. Deliver and evaluate pilot models of IPCSE</td>
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<td>13. Design and pilot an assessment system for IP skills</td>
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<td>14. Write report</td>
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*Task 11. Darker shading shows amended time plan for this task. This will be a continuous task for sustaining IP CSE within the clinical workplace-based attachments.*
Appendix 2

Project Board Members

Dr Sundari Joseph, University of Aberdeen
Professor Cathy Jackson, University of St Andrews
Miss Veronica O’Carroll, University of St Andrews
Mr George Hogg, University of Dundee
Professor Jean Ker, University of Dundee
Dr Kay Wilkie, University of Dundee
Mrs Margaret Braid, NHS Fife,
Mr Iain Burns, NHS Fife
Professor Morwenna Wood, NHS Fife
Mrs Temby Chigaru, NHS Fife
Dr Ben Shippey, NHS Fife
Mrs June Adamson, University of Edinburgh
Dr Janet Skinner, University of Edinburgh
Dr Sam Smith, University of Edinburgh
IPE Template for Case Studies

Title of session:

Location/setting:

Duration:

Professional groups and levels of students involved:

No of participants:

Organisations involved:

Facilitated by:

Aim of session:

Learning Outcomes:

Teaching Method:

Resources used:

Method of assessment used:

Method of Evaluation used:

Summary of evaluation:

Lessons Learnt:
# Mapping of students in Kirkcaldy and Levenmouth CHP

<table>
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<td>Cameron Hosp</td>
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<td>St Brycedale Surgery</td>
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<td>Whytemans Brae, Cedar House</td>
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Appendix 4
Appendix 5

Interprofessional Clinical Skills Education

Questionnaire

Thank you for participating in this session. We would be very grateful if you could take the time to complete this evaluation form. The information from this will be used to develop future interprofessional sessions and contribute to a written review of the interprofessional pilot project in Fife. By completing and submitting this questionnaire, you are consenting for this information to be shared with others for the purpose of developing interprofessional education.

Please state which course you are studying e.g. Physiotherapy, Nursing, Medicine.

What aspects of the session did you find most interesting or beneficial?

What aspects did you find least interesting or beneficial?

From the session, what do you think you will be able to transfer into your future practice?

How did you feel about learning with students from other professions?

Any further comments/suggestions for future sessions?
References


