

Adapting inter-professional ethics education to a virtual learning environment

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OVERVIEW



- Background on IPE programme, pre-COVID
- COVID challenges and virtual adaptation
- Reflection on lessons learned, and re-adaptation for post-pandemic context

EDUCATIONAL CONTEXT



- Health ethics, Law and Professionalism programme at the Yong Loo Lin School of Medicine, National University of Singapore
 - Curriculum implemented across all 5 years of medical school
 - Pre-clinical years 1-2: Regular HeLP classes (lectures, student case presentations, tutorial discussions)
 - Clinical years 3-5: Applied case discussion

EDUCATIONAL CONTEXT



- Phase II Interprofessional Ethics Education (IPE)
 - Dedicated session for year 2 pharmacy and medical students
 - Dual learning objectives
 - Students able to apply ethical principles to respectful, productive interprofessional collaboration
 - Interprofessional student teams able to effectively work together to address ethical issues in practice
 - Specific case study on rapport-building and communications skills in context of chronic disease management

PRE-COVID LESSON PLAN

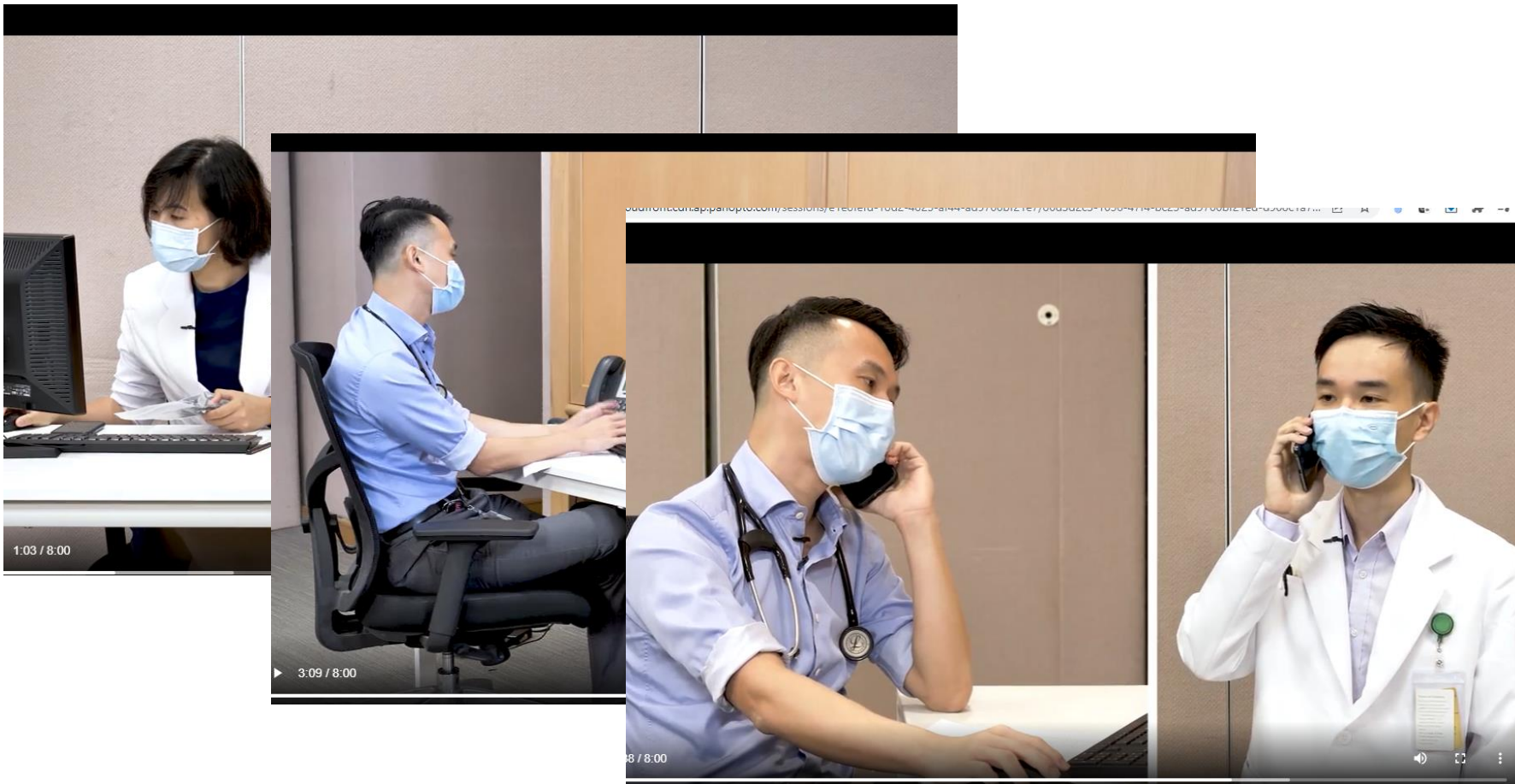
(DEVELOPED BY DR CALVIN HO)

- Pre-recorded e-lectures on interprofessionalism & topic of rapport-building
- Interprofessional student teams prepare report on written case study
- Interprofessional tutorial session with Standardized Patient (SP)
 - Prepared as group ahead of time
 - Students take turns engaging with SP to build rapport relating to chronic care management
 - Subsequent group discussion, and written reflection piece

COVID DISRUPTION

- Face-to-face teaching no longer feasible from early 2020 (public health restrictions on contact)
- HeLP curriculum shifted entirely online (Zoom/Teams virtual lectures/tutorials)
- Manageable for case presentations, but online SP engagement particularly challenging
 - Key aspects of communication and rapport-building (facial/nonverbal cues, body language) not adequately conveyed
 - Some application to telemedicine, but shifts learning objectives
 - → **Adaptation needed**

NEW EXERCISE: VIDEO ANALYSIS



VIDEO QUALITIES

- Intentionally poor rapport and interprofessionalism
 - Lack of eye contact, distraction, outcome-oriented
 - care team missed underlying reason for non-concordance, dose adjusted without warrant
 - Lack of respectful engagement by doctor towards pharmacist, which could have resolved issue
- Admittedly ‘low budget’ (time/budget constraints); focus on content rather than scene.
- SP playing patient, actual physician and pharmacists in respective roles.

EXERCISE

- Group analysis: identify failures of rapport-building and interprofessionalism, write up approaches to ameliorate problems
- Tutorial: group discussion of submissions
- Subsequent submission of peer evaluations and reflections

FEEDBACK

- Students found exercise generally effective...

	Not effective	Somewhat effective	Effective
Teamwork – being able to work as a leader or member of an interprofessional team	2.06%	34.22%	63.72%
Communication – being able to communicate effectively in an interprofessional team	1.77%	32.45%	65.78%
Roles and responsibilities - acquired understanding of roles and responsibilities in one’s profession as well as those of the other professions in the team	0.59%	21.53%	77.88%
Ethical practice – being able to apply ethical values and principles during interprofessional collaboration	1.18%	28.91%	69.91%
Patient, family and community focus - considering the patient, family or community as a focus in interprofessional collaboration	1.77%	27.14%	71.09%
Learning and reflection – being able to reflect on one’s own relationship within an interprofessional team	0.59%	26.33%	73.08%

FEEDBACK

- ...but qualitative feedback from students and facilitators revealed points for improvement
 - Exercise overly simplistic/straightforward
 - Limited engagement by only writing a report (cf SP engagement previously)
 - One-sided video, no reference point for ‘proper’ patient/interprofessional engagement

ITERATIVE ADAPTATION

- AY2021/2, pandemic dragging on, restrictions still in place
- Retained video – good resource, case itself effective
- New exercise: students re-enact case scenes to avoid pitfalls from videos
 - Live, virtual, during tutorials
 - Peer & tutor feedback and group reflection

QUANTITATIVE FEEDBACK

	Not effective	Somewhat effective	Effective	Gain/loss of “Effective” rating from AY 2020/1 to AY2021/2
Teamwork	1.1%	25.97%	72.93%	<u>+9.21%</u>
Communication	0.28%	21.82%	77.9%	<u>+12.12%</u>
Roles and responsibilities	0.55%	18.56%	80.89%	<u>+3.01%</u>
Ethical practice	1.38%	27.07%	71.55%	<u>+1.64%</u>
Patient, family and community focus	1.94%	19.39%	78.67%	<u>+7.58%</u>
Learning and reflection	1.39%	20.22%	78.39%	<u>+5.31%</u>

QUALITATIVE FEEDBACK

- Generally supportive
- Less consensus on points for improvement, but:
 - Desire for more IPE
 - Engage more students (only subset roleplayed)
 - More systemic facilitators' brief
 - SP still would be ideal

'NEW NORMAL'

- AY2022/3: Face-to-face feasible again
- Though exercises effective, still limited by lack of SP
- New exercise:
 - Retain video for pre-class analysis (apply principles/theory)
 - Re-enact scenes, but with SP rather than student
 - Cannot script reactions, must effectively build rapport to make progress in case
 - SP themselves provide valuable feedback on communications and respect

'NEW NORMAL'

- Going forward, YLLSOM will be systematically upscaling IPE with common Health ethics, Law and Professionalism sessions across 4 professions (Nursing, Pharmacy, Medicine and Dentistry)
- → Further adaptation of exercise needed (2-profession video won't be fit for purpose, logistical challenges for all 4 to meet at same time and place)
- → May pilot expanded IPE in AY2023/4

LESSONS LEARNED

- Must always be ready to revert to virtual – new pandemic could hit anytime
 - Continued investment in virtual platform, recording tools very worthwhile
- Face-to-face still desirable when feasible, virtual not equivalent (esp with IPE & SP)
- Evaluation must be routine, and sessions routinely updated in light of feedback
 - Qualitative essential to identify specific areas

THANK YOU