Developing an Interprofessional Continuing Education Symposium for Health Care Educators in Qatar

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abstract

An international interprofessional continuing education symposium was developed and implemented by a global faculty team in Qatar in March 2014. This symposium was undertaken as part of the country's goal of improving the quality of health care. After an extensive planning process, health care educators engaged in multiple types of learning experiences to enrich their knowledge and skills. Evaluation data support the value of this experience.

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Credentialing is a strategy that can be used to validate quality of organizations, programs, or individuals according to established standards and to promote continual quality improvement. The International Council of Nurses (2009) defines credentialing as:

> . . .processes used to designate that an individual, programme, institution or product have met established standards set by an agent (governmental or non-governmental) recognised as qualified to carry out this task. The standards may be minimal and mandatory or above the minimum and voluntary. Licensure, registration, accreditation, approval, certification, recognition or endorsement may be used to describe different credentialing processes but this terminology is not applied consistently across different settings and countries. (p. 1)

Achieving a credential in health care demonstrates to providers, consumers, and other relevant parties that "a highly qualified, objective, recognized third party (the credentialing agent) has examined this person, program, institution, product, or service and found it to meet designated standards," according to Dr. Margretta Madden Styles, speaking at the First Omni Conference on Credentialing held in 1998 (Styles, 1999, p. 19). Since then, credentialing has continued to play a significant role in recognition of quality in health care organizations and by health care providers.

As part of its efforts to improve health care outcomes in Qatar, the country's leadership developed a strategic plan that included credentialing as one of the initiatives. Accreditation of organizations providing continuing education was determined to be the first initiative, to be followed by pursuit of organizational credentials recognizing hospitals and health care systems. These actions were deemed critical in achievement of the goal of developing a highly skilled and competent workforce capable of providing quality care.

As part of the goal to achieve accreditation, a decision was made to host an international interprofessional continuing professional development symposium. This

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article describes the planning, implementation, and evaluation of the symposium.

DEVELOPING A PROFESSIONAL NURSING WORKFORCE TO ACHIEVE NATIONAL HEALTH GOALS

Accreditation for organizations providing continuing education, including nursing, medicine, pharmacy, and other allied health professions, was identified as a strategy to ensure the learning needs of a diverse workforce could be met, with goals of safe, high-quality patient care and improved patient outcomes. Accreditation through credentialing organizations using international criteria was desired, as 97% of the health care professional workforce is not native to the country, but rather is composed of expatriates from around the world often working on time-limited contracts. The ability to award continuing education credits that would be recognized in other countries was perceived as desirable, particularly for health care professionals needing continuing education credits to maintain licensure or registry requirements.

PURSUING ACCREDITATION AS A PROVIDER OF CONTINUING NURSING EDUCATION

In 2013, a health care system in Doha, Qatar, formed an education subcommittee to explore the feasibility of pursuing accreditation for multiple professions. Accreditation for nursing was determined to be the first step in the project plan's 5-year vision. Project leaders included the assistant executive director of nursing, corporate nursing and the deputy chief of medical education for the health system.

The project incorporated a scoping exercise and gap analysis designed to evaluate gaps between the current state of continuing education within the health care system and international credentialing standards for accreditation as a provider of continuing nursing education.

Results from the gap analysis revealed:

- A 50% vacancy rate for nurse educators, with only two nurse educators prepared at the graduate level.
- Lack of a fully integrated nursing education and research department.
- Lack of a standardized educational framework.
- Inadequate financial support for nurses to pursue continuing education, certification, or academic progression.
- Variance in entry-level education for the nursing workforce.
- Language barriers in the expatriate nursing workforce.
- Lack of specialist-prepared nurses such as clinical nurse specialists, advanced practice nurses, and nurse researchers.
- Lack of nurses with clinical leadership skills.
- Challenges recruiting international nurses.

The American Nurses Credentialing Center (ANCC) was identified as an international organization with the capacity to provide consultative services, accreditation for continuing nursing education, certification for individual nurses, and accreditation for interprofessional education. Issues identified in the gap analysis were addressed, and plans were put in place to develop a quality continuing education program to strengthen the professional development of RNs. The health care system embarked on a journey to achieve accreditation as a provider of continuing nursing education as a key step in enhancing the quality of nursing care, and initial accreditation was awarded in March 2014.

THE FOUNDATION: CONDUCTING A NEEDS ASSESSMENT OF NURSE EDUCATORS

In 2011, the health care system's education subcommittee conducted a needs assessment of nurse educators through use of an organization-developed self-reflective Education Needs Assessment Tool. The tool was intended to assist nurse educators in identifying and evaluating core cognitive and psychomotor skills and behavioral attitudes related to their scope of practice. The tool also was designed to promote and trigger critical personal self-reflection in relation to perceived competence. The tool included a total of 92 items categorized in the following domains: relative ability to conduct a needs assessment under a variety of contextual conditions (9 items), relative ability to devise SMART (Specific, Measurable, Action-oriented, Reasonable, Time-bound) learning outcomes (7 items), relative ability to implement a variety of pedagogical strategies (30 items), relative ability to use audiovisual aids and instructional materials (17 items), and relative ability to develop a variety of evaluation strategies (29 items). Responses were scored on a 5-point Likert scale that included *strongly disagree* (1), *disagree* (2), *undecided* (3), *agree* (4) and *strongly agree* (5). The tool also included one open-ended comment item as well as demographic items. All nurse educators (n = 25) completed the Education Needs Assessment Tool for a response rate of 100%.

Results of the needs assessment demonstrated self-reported perceived deficits in the following areas:

- Conducting educational needs assessments.
- Using teaching models (pedagogical best practices).
- Using an outcomes-based approach to promote critical thinking and knowledge translation.

- Blended learning approaches such as e-learning and simulation.
- Using interactive and innovative teaching strategies.
- Understanding various learning theories and how they underpin an educational approach.
- Understanding various learning styles and how they may influence knowledge translation.
- Using different competency frameworks in clinical practice.
- Using various and appropriate assessment strategies to measure learning outcomes in different learning settings (e.g., classroom, simulation, and clinical).
- Designing and using quality instructional materials including new technologies.

After analysis of the needs assessment data, recommendations for nurse educators included: commitment to engage in professional development activities to address perceived deficits; commitment to transparency in feedback to increase self-awareness and insight into actual performance; participation in formal performance evaluations to reflect actual performance; participation in formal peer review in the classroom, simulation, and clinical settings; development of a standard educational approach with associated tools and resources to be implemented throughout the system's organizations; and development of communities of education practice. In addition, nurse educators were strongly encouraged to pursue graduate degrees and postgraduate certificates in education. The department of nursing education and research was identified as the professional educational body deemed most appropriate to implement the recommendations.

PHASE 1: UP-SKILLING PLAN FOR NURSE EDUCATORS

In 2012, the department of nursing education and research began the process of implementing a comprehensive up-skilling plan for nurse educators based on the needs assessment, identified gaps, and proposed recommendations. The purpose of the plan was to embed a culture of educational best practices and to support the delivery of quality continuing education for the community of nurses to facilitate the delivery of safe, high-quality, evidence-based patient care. The up-skilling plan was subdivided into programmatic themes, and a senior nurse educator was assigned to operationalize each theme. Themes included: curriculum development and instructional design process in nursing education; effective use of simulation in nursing education; effective use of e-learning in nursing education; evidence-based practice in nursing education; competency-based frameworks in nursing education; and ANCC accreditation process, criteria, and guidelines for continuing nursing education programs.

As senior nurse educators began to operationalize the up-skilling plan for nurse educators, interest and support for interprofessional education increased both in academic and continuing education settings. Colleagues in pharmacy had begun to pursue accreditation through the Accreditation Council for Pharmacy Education (ACPE). Colleagues in medicine, medical technology, radiography, and respiratory therapy also were exploring options for accreditation. Ultimately, it was determined that joint accreditation through the ANCC, Accreditation Council for Continuing Medical Education (ACCME), and ACPE would best meet the needs of the health system. To achieve joint accreditation, however, educators throughout would need to understand and operationalize interprofessional educational activities. The decision was made to plan an international interprofessional symposium for all health care professional educators within the health care system.

International Interprofessional Planning Team

The first step in pulling together a planning team was identifying executive leaders. The assistant executive director of nursing from the health care system and the director of the ANCC Accreditation Program were determined to be the appropriate executive leaders, as they were the primary decision makers in each organization. Other members of the planning committee were chosen based on identified content expertise and included senior nurse educators from the organization, as well as medical, paramedic, and pharmacy educators from the area. The U.S.-based team included members with expertise in prehospital education, simulation, e-learning, educational theory, adult learning principles, and outcome measurement.

Planning Process

The planning process occurred during a period of approximately 6 months. A schedule of weekly planning calls was established, taking into consideration the time difference between the United States and Qatar. Calls were predominantly directed through an international conference line, although Skype™ was used once as the conference date neared so that faculty could "virtually" meet.

Symposium Format

The initial scope of the symposium was a 2-day event in Qatar, with a primary focus on nursing. As enthusiasm for the event grew, the symposium was redesigned into a 4-day, multitrack interprofessional symposium with rep-

resentation from prehospital educators and care providers, nursing, medicine, pharmacy, and other allied health professionals. The format of the symposium included pairing U.S.-based faculty with the health care system's faculty in a peer-to-peer mentoring model. Prior to the symposium, faculty pairs contacted each other to plan content for the collaborative sessions using e-mail, conference lines, and Skype.

The paired teams developed purpose statements and desired learner outcomes. The teams then developed content aimed at assisting learners in achieving the outcomes. The health care system's team members also were able to provide their U.S. counterparts with more detailed information regarding participant learning needs, background information, and cultural issues.

PHASE 2: EDUCATIONAL PLAN IMPLEMENTATION
Onsite Preplanning Meetings

U.S.-based faculty arrived in Qatar on Saturday evening, March 22, 2014, having departed from various states including New York, Ohio, Tennessee, Texas, and Virginia. U.S.-based faculty traveled together on the final leg of the journey, as many had previously not met or worked together. This provided time for introductions and collaboration on joint presentations. On Sunday, March 23, an introductory meeting was held between U.S.-based and the host faculty. The assistant executive director of nursing provided welcoming remarks, U.S. faculty were introduced, and time was provided for faculty pairs to complete final planning for their learning activities.

On March 24, the First Continuing Education Symposium for Healthcare Educators began. The program included 2 days of preconference workshops followed by 2 days of interactive presentations. More than 250 participants attended during the 4 days. ANCC contact hours were offered for learners.

The presymposium workshops were planned as intense, interactive sessions for primary educators within the system's health care professions. There were five track themes: simulation; evaluation, accreditation, and quality outcomes; collaboration in prehospital care; professionalism and communication skills in medicine; and continuing professional development in biomedical science and allied health. The simulation and the collaboration in prehospital care tracks were facilitated by a collaborative team of U.S.-based and Middle East faculty. The evaluation, accreditation and quality outcomes track was presented solely by U.S. faculty, and the professionalism and communication skills in medicine and the continuing professional development in biomedical science and allied health tracks were facilitated by local faculty.

The primary symposium was planned for the larger population of educators in academic and continuing education practice settings and for unit-based health care providers with education responsibilities. Sessions on the first day were held collaboratively in the main conference rooms, and additional breakout sessions were included during the second day. The goal of the symposium was to explore continuing professional development and interprofessional education through a series of didactic presentations and interactive small group exercises. The entire program is provided in **Table A** (available in the online version of this article).

Selected Session Descriptions

Simulation and Technology. One of the preconference workshops focused on learning with simulation and other technologies. The overall purpose of this workshop was to familiarize participants with key aspects of teaching with technology and to involve the participants in the learning process. The workshop was divided into three sessions: teaching using simulation, simulation debriefing, and learning with other technologies. The teaching using simulation section included key aspects to consider when setting up and facilitating learning during simulation. Participants had the opportunity to propose simulation exercises for their learning environment. This was followed by a role-play example of a simulation with the focus on simulation debriefing. The audience actively participated in the evaluation of the debriefing. The final session, learning with technology, was aimed at introducing participants to innovative and emerging learning strategies. The session incorporated a project-based learning activity in which participants explored innovative technology-based learning strategies such as a massive open online course (MOOC), wikis, avatars, and mobile apps. The wrap-up included participants analyzing and reporting how they could use the technologies in their teaching practice.

One of the plenary sessions was focused on curriculum design when teaching with technology. The session began with an overview and key components of curriculum design, followed by a presentation addressing best practices for teaching with technology. This content led the way for analysis of specific examples demonstrating how curriculum design and available evidence could be used to develop a simulation-based training activity.

Collaboration in Prehospital Care. This track highlighted the true interprofessional collaborative nature of both care and education in the emergency medicine setting. A faculty of local prehospital, medical, and nursing educators teamed with an emergency medical educator from the United States to review and test educational

best practices. Sessions covered teaching techniques, curriculum development, and evaluation strategies. The opportunity to use real-world simulation with manikins to simulate the journey of the emergency medical patient from the prehospital setting into the hospital environment was the penultimate session.

This patient journey model has been used to help increase understanding of the roles of different health care providers as they "intersect" with patients along their journeys (Curry, McGregor, & Tracy, 2006). This model also stimulates discussion and interprofessional understanding of why protocols and procedures exist in each of the disparate care settings. During the symposium, hospital health care professionals (physicians and nurses) were able to both observe and participate in the prehospital care of simulated patients. The hospital providers gained greater insights into challenges faced by prehospital providers in the prehospital setting, such as scene safety, combative patients, and interfering family members. These types of variables were incorporated into scenarios and were used to provide a more comprehensive understanding of the "big picture" for learners. Finally, role-playing and manikin simulations provided the prehospital and hospital providers in attendance with the ability to participate in real-world clinical scenarios. Participants were able to describe their unique observations and interactions during structured debriefing sessions.

Workshop and Plenary Sessions. Plenary and workshop sessions were offered to demonstrate integration of instructional design and assessment strategies to accomplish a set of desired outcomes. In a competence outcome focus, formative and summative assessment occurs only in the educational setting, and efforts are made to make that setting as authentic as possible. In a performance outcomes focus, formative and summative assessment may be initiated in an educational setting but would continue in a workplace setting. Role modeling of this process by faculty supported learners in being able to use appropriate models of educational design in their own learning activities.

A continuum of assessment strategies was presented that included needs assessment, formative assessment, and summative assessment (Scriven, 1967). Learners were challenged to use "backwards planning" as described by Wiggins and McTighe (2005) as an educational design strategy. Starting with the end in mind means beginning educational planning with a vision of what learners should be able to do in a given area of practice after the educational experience. In needs assessment, that vision is contrasted with where learners are currently so that any gaps can be defined: the difference between what

is being done and what should be done. This gap then guides determination of the desired outcome and educational planning. Segmenting the gap into "developmental milestones" was suggested as a formative assessment strategy to check the progress of learners through the educational experience.

Faculty guided the learning experience according to the second component of instructional design strategy as described by Merrill (2013): presenting the content, exemplifying use of the content, and providing an opportunity to practice the content and receive feedback in as authentic a setting as possible. Developmental milestones created as part of the formative assessment guided the practice and feedback, and an outcomes framework supported instructional design to focus on the performance outcome (Moore, 2008; Moore, Green, & Gallis, 2009). Having educators experience this type of learning themselves reinforced the value of the process and provided them with tools they could use in their own practices.

The approach was described in the plenary session and at the beginning of the workshop. The underlying principles from the learning sciences also were described (Ambrose, Bridges, DiPietro, Lovett, & Norman, 2010). The workshop was conducted according to the principles of the Star Legacy Cycle (Bransford, Brown, & Cocking, 2000; Klein, 2007). As used in these workshops, the Star Legacy Cycle is an inquiry-based learning strategy that includes presentation of a challenge; generation of ideas about how to address the challenge (e.g., silent reflection, small group work, and sharing with other groups); faculty perspective (e.g., reinforcing what was right, correcting what was wrong, and suggesting what was missed); return to small group work for revision and research; sharing with large group; and developing a consensus action plan. In the workshop sessions, the challenge presented to learners was to design an educational intervention to help clinicians use shared decision making in clinical encounters with patients with type 2 diabetes who have difficulties with glycemic control. The workshop concluded with a discussion on the use of these educational strategies in interprofessional education and collaboration to enhance quality patient care.

Social Media and Needs Assessment. This plenary session provided an overview of the use of social media in the educational continuum. In the highly interactive session and subsequent workshop, examples of the use of social media were demonstrated. Use of platforms such as Twitter™, Facebook®, LinkedIn, and WhatsApp in educational needs assessments, content delivery in synchronous and asynchronous formats, and postedu-
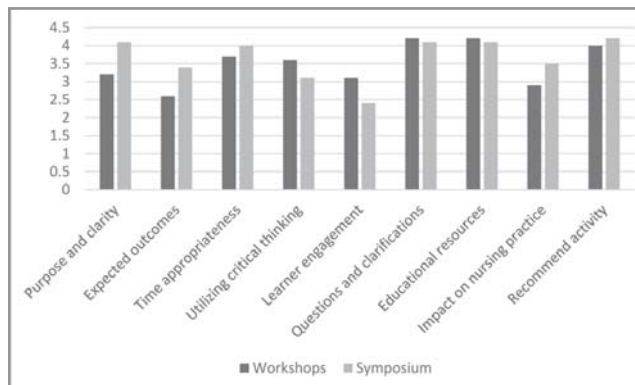
Figure. Quantitative evaluation data.

cational follow-up and evaluation were assessed and discussed. There was consensus among participants regarding the need for greater and more widespread use of currently available technologies and platforms. Learner interest and in-room participation were high as participants began to test the platforms that were being described.

Session Description Summary. Throughout the conference, one of the goals was for presenters to model best teaching and learning practices. As a result, interactivity was embedded into each session. Examples of interactivity ranged from question and answer sessions and panel discussions to anticipation guides, project-based learning collaborations, small group exercises, and an actual onsite realistic prehospital situation simulation and debriefing. Showcase workshops provided participants the opportunity to experiment with a variety of innovative learning strategies, such as using mobile apps, Twitter, and portfolios.

PHASE 3: EVALUATION

Summative evaluations of the workshops and symposium were generated through data collected via hard copy evaluation forms. Contact hours were not awarded unless participants turned in an evaluation form. Participants rated the symposium and workshops using a Likert scale ranging from 1 (*low*) to 5 (*high*) (**Figure**).

Qualitative Narrative Feedback

Range of Topics Relevant to Interprofessional Education. Participants valued the range of educational topics offered. They commented positively on the importance and increased awareness of interprofessional education and its role in facilitating change. There were requests to conduct similar sessions with more involvement from medicine and other allied health care providers, as well as requests to include more about educational research.

Speakers. Overall, participants were impressed with the caliber of the speakers and appreciated the fact that the majority of speakers had extensive educational and academic experience.

Networking Opportunity. Respondents commented that there was good opportunity for networking between people teaching in academic institutions and people teaching in clinical practice.

Interactive Activities. There were some comments that participants did not like the didactic format of some presentations. Many respondents commented positively on the simulation sessions and group work.

Discussion Opportunities. Some participants commented that the hour-long workshops gave people sufficient time to ask questions or have group discussions. This was appreciated by many participants. On the other hand, there were some participants who would have liked to extend the workshop time.

Departmental Meeting

Following the event, a departmental meeting was held to debrief and identify opportunities for improvement and next steps. The following is a summary of the discussion points:

- All participants liked the idea of having a regular event that is specialized in teaching and learning. This can be led and provided by the department of nursing education and research.
- There was a recommendation for more marketing of the event and opening it to more clinicians.
- The call for abstracts strategy as well as the registration strategy will be revised for improvement.
- More participation is needed from department of nursing education and research educators as speakers.
- There was a recommendation to open the symposium to other countries in the Middle East.
- Sponsorship will be considered next time.
- Monitoring attendance needs to be improved to appropriately award contact hours.
- The participation from emergency medical services was informative and active. It was recommended that other disciplines in the health care system be actively involved.

Evidence from the evaluation process supported the value of this symposium for participants. For nurse educators in particular, experiences in the symposium contributed to their ability to sustain growth in accordance with the organization's strategic goals and the health care initiatives of the country. Developing knowledge and skills as educators to close the gaps identified in the needs assessment process will empower these educators

to support the country's progression to excellence in health care.

SUMMARY

This international interprofessional continuing education event demonstrated a strong commitment to advancing the quality of patient care, congruent with national health goals. A focused needs assessment process identified key gaps among health care educators in their ability to facilitate professional development of health care providers to meet the identified goals. Based on this gap analysis, a strategic plan was developed to enhance the effectiveness of the educators. One component of this plan included pursuing accreditation from international credentialing bodies; another included addressing specific needs of health care educators. A multifaceted 4-day symposium, led by an international team of experts, provided the foundation for implementation of evidence-based standards in educating health care providers. Evaluation data support the effectiveness of the learning experience and the commitment of learners to continue to advance their own professional development.

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key points

Developing an Interprofessional Symposium

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1 Credentialing, including accreditation, is a mechanism for validating quality according to established standards.

2 Continuing professional development of nurses and other health care team members contributes to organizational, national, and international goals for health care.

3 Use of educational design and evaluation frameworks and strategies increases the effectiveness of health care educators in facilitating improvement in quality patient care.

Table A: CHEQ 2014 Program

Presymposium Workshops (24 - 25 March 2014): These tracks will be repeated over 2 days to give chance for participants to attend a minimum of 2 tracks.

Time: 8:00-15:00	Program Details	Faculty	Room
Track 1: Simulation*	• Teaching Using Simulation • Simulation Debriefing • Learning With Technology	Prof. Sharon Decker Ms. Joanne Davies Dr. Jobeth Pilcher	**Nashira 1**
Track 2: Evaluation, Accreditation, and Quality Outcomes*	• Educating to Achieve Quality Outcomes • Integrating Planning and Assessment Throughout Learning Activities for Physician and HCP Competence • IPE Specialty Programs – ACGME, ACPE, ANCC CNE Accreditation	Dr. Pam Dickerson Dr. Donald Moore Dr. Kathy Chappell,	**Nashira 2**
Track 3: Collaboration in Prehospital Care**	• Overview of training activities organized by each participating agency (Police, Coast Guard, Civil Defense, Ambulance Service) • Quality improvement in service delivery using simulation (process, advantages, and outcomes) • Preparing a simulation training exercise (Defining LOS – Needs analysis, designing a scenario, resources considerations, equipment preparation, piloting scenarios, and assessment tools)	Prof. Guillaume Alinier Mr. Craig Campbell Mr. John Meyer Dr. Lawrence Sherman	**Naval Base, Doha Port**
Track 4: Professionalism and Communication Skills in Medicine	• Professionalism in Medicine • Advanced Communication Skills: Dealing With Patient Anger • Professionalism in Medicine	Dr. Amal Khidir Dr. Khalid Al-Yafei Dr. Ahmad Al-Hammadi Dr. Magda Wagdy Dr. Abdelnasser Elzouki	**Nashira 3**

Symposium (26 - 27 March 2014)

Day 3 – 26 March

Time	Program Details
8:00 – 8:30	Registration and Continental Breakfast
8:30 – 9:00	**Welcome and Accreditation Celebration**
9:00 – 10:00	**Continuing Professional Development (CPD): What Does it Mean?** Dr. Pam Dickerson, Dr. Nadir Kheir
10:00 – 10:15	**Break**
10:15 – 11:15	**Adult Learning Theories and Evaluation Models** Dr. Donald Moore, Dr. Elaine Sigalet
11:15 – 12:15	**Qatar's Healthcare Context: Setting the Stage for CPD (Panel Discussion)** **Moderator:** Prof. Edward Hillhouse Dr. Marcellina Mian, Dr. Abdullatif Al Khal, Dr. Kim Critchley, Prof. Ann-Marie Cannaby, Dr. Victor Skrinska, Mr. John Meyer Dr. Nadir Kheir
12:15 – 13:15	**Lunch and Prayer Break**
13:15 – 14:00	**Conducting a Gap Analysis for CPD Needs (Tabletop Exercise)** Facilitated by local and international faculty
14:00 – 14:30	**Group Reports**
14:30 – 14:45	**Break**

Time	Program Details
14:45 – 15:45	**Curriculum Development for CPD (Tabletop Exercise)** Facilitated by local and international faculty
15:45 – 16:00	**Wrap-up** Dr. Kathy Chappell, Dr. Pam Dickerson, Ms. Joanne Davies

Day 4 – 27 March

Time	Program Details
8:00 – 8:30	Registration and Continental Breakfast
8:30 – 9:00	**Welcome and "Ah Ha" Moments from Day 1** Dr. Kathy Chappell, Dr. Pam Dickerson, Prof. Anne Topping
9:00 – 10:30	**Curriculum Design for Individual, Professional and Organizational Outcomes** Dr. Sharon Decker, Dr. Jobeth Pilcher, Prof. Sherief Khalifa
10:30 – 10:45	**Break**
10:45 – 11:30	**Social Media and Needs Assessment** Dr. Lawrence Sherman, Mr. Chris Tufnell
11:30 – 12:30	**CPD Vision to Reality (Tabletop Exercise)** Facilitated by local and international faculty
12:30 – 13:30	**Lunch and Prayer Break**
13:30 – 14:30	**Interprofessional Continuing Education: State of the Science in Qatar (Panel Discussion)** **Moderator:** Dr. Kathy Chappell Dr. Brad Johnson, Ms. Irene O'Brien, Dr. Nadir Kheir, Mr. Jason Hickey
14:30 – 16:40	**Showcase Workshops**
16:40 – 17:00	**Wrap-up and Closing Remarks** Dr. Kathy Chappell, Dr. Pam Dickerson, Ms. Deema Al-Sheikhly

Showcase Workshops
Group A Sessions (14:30 – 16:40)

	Program Details	Faculty	Room
A1	• **Teaching Using Simulation** • **Using Simulation to Teach Family Assessment and Family Interviewing Skills**	Dr. Sharon Decker, Ms. Joanne Davies, Ms. Debbie Sheppard-Le Moine Ms. Jennifer Grinstead Mason, Ms. Juliet Hoffart , Dr. Ken Ryba, Mr. Marwan Hamad, Ms. Amal Mehsin Al-Harbi, Ms. Wedad Qassim Al-Najjar	**Nashira 1**
A2	• **Essential Interprofessional Competencies** • **Interprofessional Education Assessment and Inter-rater Reliability**	Dr. Brad Johnson, Mr. Jason Hickey Prof. Anne Topping	**Azara**
A3	• **Social Media and Continuing Education** • **Technology-based Learning Tools** • **Open Space Technology (OST)**	Dr. Lawrence Sherman , Dr. Jobeth Pilcher Mr. Daniel Kelly	**Johara**
A4	**Just-in-Time Faculty Development: The Next Level of Debriefing**	Dr. Elaine Sigalet Dr. Guy Brisseau	**Nashira 2**

Group B Sessions (14:30 – 15:30)

	Program Details	Faculty	Room
B1	**IPE Joint Accreditation Criteria**	Dr. Kathy Chappell	**Suha**
B2	**Learning Management Platforms**	Mr. Vince Stack	**Nashira 3**

		Mr. Bob Stevenson	
B3	**Integrating Planning and Assessment Throughout Learning Activities for Physician & HCP Competence**	Dr. Donald Moore	**Ladies area**
B4	**Developing OSCE for Assessment**	Prof. Guillaume Alinier , Dr. Mohamud Verjee	**Zahra**

Group C Sessions
15:40 – 16:40

	Program Details	Faculty	Room
C2	**Developing Reflective Portfolios for Learning Events During Clinical Rotations of Qualified Healthcare Professionals**	Mr. John Meyer	**Nashira 3**
C1	**Visually-enhanced Mental Modelling Simulation**	Prof. Guillaume Alinier Mr. Vernon Naidoo	**Zahra**