



12th Annual International Conference Programme

***“Task Sharing, a sustainable solution to
global healthcare needs”***



Conference Venue:

**Zurich University of Applied Science
Winterthur, Switzerland
16th - 19th October 2019**

**12th Annual Conference of the
International Academy of Physician Associate Educators 2019**

Zurich University of Applied Science (ZHAW)

Winterthur, Switzerland

OPENING RECEPTION

Wednesday 16th October 2019

The Board of IAPAE cordially invite all conference attendees to join us for a welcome reception at the Main dining room of the Cantonal Hospital, Winterthur



This is an excellent opportunity to meet up with old friends, make new friends.

Bring your memories of past conferences, bring your stories of how things have changed over the past 12 years and enjoy good company in the lovely setting of the Cantonal Hospital (Kantonsspital), Winterthur.

6.30pm – 7.00pm Registration Desk Opens

7.00pm –9.00pm

Opening Reception Buffet

Welcome by Mr Scott Smalley, President of IAPAE

Venue: Main Dining Room, Cantonal Hospital, Winterthur
(Kantonsspital (Hospital), Brauerstrasse 15, Winterthur)

This year's Theme:

“Task Sharing, a sustainable solution to global healthcare needs”

Conference Keynote Speakers 2019

Keynote Speaker 1.



Dr Michael A. Hobbins is the Head of Research, Quality and Development for SolidarMed, based in Lucerne, Switzerland. He received his PhD in Epidemiology & Public Health and MSc Biology from University of Basel. He served as the SolidarMed Country Coordinator for Mozambique from 2008-2011. Prior to joining SolidarMed, he worked as a Health Communication Expert in a private agency in Basel and was the Project Coordinator and Project Manager for Swiss Tropical Institute in Bangladesh and Bolivia. Dr Hobbins served as the Programme Leader for Schweizer Jugend Forscht (Swiss Youth in Science) until recently and is currently the president of the Association FabLabZug. Dr Hobbins has over 30 peer-reviewed publications.

Keynote speakers 2.



Dr Joseph Choge is the Chairperson of the Kenya Clinical Officers Council in Nairobi, Kenya. The Clinical Officers Council is responsible for registration and oversight of all the clinical officers practicing medicine in Kenya. Dr Choge is Senior Lecturer and Head of Clinical Medicine Department, University of Kabianga, Kenya. Dr Choge has been instrumental in the recognition and advancement of clinical officer training and professional practice.

Keynote Speaker 3.



Professor Dr. Stefan Breitenstein is the Chairman of the Department of Surgery at the Cantonal hospital Winterthur, Switzerland. He is also Director and Head Physician for Visceral and Thoracic surgery, Liver, Pancreatic and Bile Duct Surgery and Intestinal and Pancreatic Cancer. Stefan is the Vice-President of the Swiss Society of Surgery, President of the Surgeons Society Canton Zurich, Co-Founder of the Further Education Network in Surgery. Dr Breitenstein is the visionary and co-founder of the professional profile for Physician Assistants in Switzerland. He is not only leading the way for the profession in Switzerland, he is setting the highest of standards to ensure high quality outcomes and professionalism.

Welcome to Winterthur, Switzerland!



About Winterthur, Switzerland:

Winterthur is a Swiss city northeast of Zurich, near the German border. Its museums include Fotomuseum Winterthur, with its photography exhibits, and the Swiss Science Center Technorama.

Museum Oskar Reinhart shows artworks from antiquity to the 1900s. Kunstmuseum Winterthur exhibits modern art, including Picasso and Klee. The Rosengarten is a hilltop garden with hundreds of rose varieties and views of the old town.

Vitudurum was a vicus in what is now Oberwinterthur during the Roman era (1st century BC to 3rd century AD). It was fortified into a castrum at the end of the 3rd century, apparently in reaction to the incipient Alamannic invasion.

There was an Alamannic settlement on the site in the 7th century.

In a battle near Winterthur in 919, Burchard II of Swabia asserted his control over the Thurgau within the Duchy of Swabia against the claims of Rudolph II of Burgundy.

The counts of Winterthur, a cadet branch of the family of the counts of Bregenz, built Kyburg castle in the 10th century. With the extinction of the counts of Winterthur in 1053, the castle passed to the counts of Dillingen. Winterthur as a city (presumably on the site of a pre-existing village) was founded by Hartmann III of Dillingen in 1180, shortly before his death in the same year. From 1180 to 1263, Winterthur was ruled by the cadet line of the House of Kyburg.

When the counts of Kyburg became extinct in the male line in 1263, Winterthur passed to the House of Habsburg, who established a comital line of Neu-Kyburg in 1264 and granted city rights to Winterthur in the same year. From 1415 until 1442 Winterthur was reichsfrei (subject only to the Holy Roman Emperor). However, in the Old Zürich War they lost this freedom and came back under the control of the Austrian Habsburgs. Needing money, in 1467, the Habsburgs sold Winterthur to the city of Zürich.

Winterthur in 1642

While it was under the leadership of Zürich, Winterthur's economic freedom was restricted. It lost many of its market rights and the right to trade in some goods. This ended in 1798, when Napoleonic troops liberated the town. On 27 May 1799, it was the site of the Battle of Winterthur between elements of the French Army of the Danube and elements of the Habsburg army, commanded by Friedrich, Baron von Hotze during the War of the Second Coalition, in the French Revolutionary Wars. Because Winterthur lies near Zürich and at the junction of seven roads, the army that held the town held the access to most of Switzerland and points crossing the Rhine into southern Germany. Although the forces involved were small, the ability of the Austrians to sustain an 11-hour assault against the French line, on the plateau north of Zürich, resulted in the consolidation of three Austrian forces. This led to the French defeat a few days later.

Early-1850s bird's-eye view.

In the 19th century, Winterthur became an industrial town when companies, like Sulzer, Rieter and SLM, built large industrial plants. Winterthur suffered severely from its investments in and guarantee of loans to the National Railway of Switzerland (a private enterprise). In 1878, Winterthur had to sell its shares in the line, and from 1881 to 1885 it was in great difficulties due to a loan of nine million francs guaranteed in 1874 by the town, together with three others in Aargau, to the enterprise. As the three co-guarantor towns were unable to pay their shares, the whole burden fell on Winterthur, which struggled to meet its liabilities. But it was assisted by large loans from the cantonal and federal governments.

The Great Depression, in the 1930s, hit Winterthur extremely hard. Sixty percent of the total employees in town worked in the machine industry. Jobs became extremely hard to find. However, with the outbreak of World War II, industry grew again in the city.

In 2008, Winterthur reached 100,000 inhabitants. Today this vibrant and beautiful town is the host to world class medical facilities in Cantonal Hospital and excellent university in ZHAW (Zurich University of Applied Sciences). The proud traditions of Winterthur combine with the modern expansion are constantly overseen and developed by The House of Winterthur.

Switzerland, a land of peaceful people and beautiful epic scenery welcomes the International Academy of Physician Associate Educators, for the 12th Annual International Conference, in collaboration with Cantonal Hospital, ZHAW, FMH, The House of Winterthur, along with our key sponsors SolidarMed.

Wir wünschen Ihnen eine wunderbare Konferenz.

(We wish you a wonderful Conference)



Thursday 17th October 2019
Zurich University of Applied Science
Room: University classroom, ground floor

8.00am – 9.00 am Registration, Tea and Coffee available.

9.00am – 9.15am Welcome to the Conference
Mr Scott Smalley, President of IAPAE

9.15am – 9.20am Welcome to the University
Professor Andreas Gerber-Grote, Dean School of Health Professions
Anita Manser Bonnard, Head of Continuing Education in Healthcare

9.20am – 9.30am Welcome to Winterthur, Switzerland
Professor Dr. Stefan Breitenstein

9.30am Introduction of Keynote speaker:
Professor Dana Sayre-Stanhope
Past President and IAPAE Treasurer

9.30am- 10.45am
Session 1: Keynote Speaker
Dr Michael Hobbins, Head of Research, Quality
and Development for SolidarMed, Lucerne, Switzerland

Discussion of Keynote speaker presentation

10.45am – 11:15am:
Morning Coffee and Conference Group Photo
Main Foyer

11.15 – 12.15pm

Short papers x 3 (20 mins each)

Session Chair: Professor Phil Begg, IAPAE Board Member,
Past President and Director at Large (Europe)

- 11.15 am **Paper 1.** Virginia Valentine and Quinten van der Driesschen, USA/Netherlands
“Developing an international PA Program Partnership: The challenges and benefits.”
- 11.35 am **Paper 2.** Lumbani Tshotetsi, South Africa
“Experience and perception of case based learning, Bachelor of Clinical Medical Practice year 1 students’ case study.”
- 11.55 am **Paper 3.** Mary E Von and Rebekah Ratzlaff, USA
“Sharing the Stage: PA and PsyD Educators Teaching Behavioral Health Together.”

12.15pm – 12.30pm

15 minute comfort break, to return to venue

12.30pm – 1.00pm

Country Updates from IAPAE Delegate Representatives
Chaired by Scott Smalley, IAPAE President

1.00pm – 2.00pm

Lunch, Networking opportunity
Main Foyer and Catering Room

2.00pm

Introduction of Keynote speaker: Dr Somu Chatterjee,
IAPAE Board Member and Director at Large (USA)

2.00pm – 2.45pm

Keynote 2.
Dr Joseph Choge
Chairperson of Kenya Clinical Officers Council, Nairobi, Kenya

2.45pm – 3.15pm

Afternoon Tea and Poster Presentations and Exhibitors Displays

Main Foyer

3.15pm – 3.45pm

Panel Discussion of “Task Sharing, a sustainable solution to global healthcare needs”

Session Chair: Dr Somu Chatterjee,
IAPAE Board Member and Director at Large (USA)

3.45pm – 5.20pm

Short Paper 4 x 20 mins

Session Chair: Lumbani Tshotetsi, IAPAE Board Member and Secretary

- 3.45 pm **Paper 4.** Aviwe Mgobozi, South Africa
“Clinical associate students’ perceptions of factors influencing their developing professional identity.”
- 4.05 pm **Paper 5.** Mary Showstark, USA
“Improvements in Interprofessional Knowledge among Healthcare Profession Students, Participating in a Multi-University Virtual Inter-Professional Education Collaboration.”
- 4.25 pm **Paper 6.** Audrey Gibbs, UK
“Physician Associates – Experience and comparison of Bachelor’s and Master’s degree programmes.”
- 4.45pm **Paper 7.** Somu Chatterjee et al, USA
“Physician Assistant Student access caregiver’s perception of Kangaroo Care.”

5:05pm – 5:15pm

Day 1: Conference closing statement and evening arrangements

Dr David Lusale, Immediate Past President IAPAE Board

5:30pm – 6:30pm

Optional Winterthur City Tour

Cost of CHF 10.00 per person paid at start of tour. Sign up at Registration desk.

Meet in the foyer of Zurich University of Applied Sciences

Friday 18th October 2019
Zurich University of Applied Sciences
Room: University classroom, ground floor

8.15am - 9.00am

Registration, coffee & tea

9.00am – 9.05am

Welcome by Lumbani Tshotetsi, IAPAE Board Member and Secretary

9.05am – 9.30am

Country Updates from IAPAE Delegate Representatives
 Chaired by Lumbani Tshotetsi, IAPAE Board Member and Secretary

09.30am

Introduction of keynote speaker:
 Professor Phil Begg, IAPAE Board Member,
 Past President and Director at Large (Europe)

9.30am – 10.15am

Keynote speaker 3.
 Prof. Dr. Stefan Breitenstein, Chairman Department of Surgery,
 Cantonal Hospital Winterthur, Director and Head Physician Clinic for
 Visceral and Thoracic Surgery, Cantonal Hospital Winterthur, Switzerland

10.15am – 11.00am:

Morning Coffee and Poster session and Exhibitors Displays

Main Foyer

11.00am – 11.45 am

Session 3: Discussion of Third Keynote Speaker
 Session Chair: Professor Phil Begg, IAPAE Board Member,
 Past President and Director at Large (Europe)

11.45 – 12.40pm

Short papers x 4 (20 mins each)

Session Chair: Mr Scott Smalley, IAPAE President

- 11.45 am **Paper 8.** Charlene Mapukata, South Africa
“An evaluation of student feedback of a clinical associate as an educator in the teaching programs of medical students.”
- 12.05 pm **Paper 9.** Mallory Aycock, USA
“Adaptive Online Learning Technology in Physician Assistant Electrocardiogram Training.”
- 12.25 pm **Paper 10.** Victor Quinones, USA.
“Simulation: Improving Collaboration amongst Healthcare Professions in Emergency Medicine.”
- 12.45pm **Paper 11.** Thomas Colletti, USA
“Development of an Online Doctoral Degree for PAs.”

1.05pm – 2.30pm:

Lunch, Networking opportunity, Poster session and Exhibitor Displays
 Main Foyer and Catering Room

2.30pm – 6.00pm

Swiss Program PA Symposium 2019

See detailed programme below

All IAPAE Delegates invited

2.30pm – 6.00pm

Swiss Program PA Symposium 2019Venue: **Zurich University of Applied Sciences**Room: **TBC**

Time	Topic	Speaker
14.30	Welcome	Welcome, Opening of the symposium Prof. Dr. Med. Andreas Gerber-Grote, Director Health Department ZHAW Prof. Dr. Med. Stefan Breitenstein, Director Department of Surgery KSW
14.35	Moderation	Anita Manser Bonnard, Head Professional Development ZHAW Markus Wepf, Head Nursing Management Department of Surgery KSW
	Session 1 Application Examples:	
14.40	Model 1 acute hospital	tba
14.55	Model medical oncology	Sara Burdet, Physician Assistant Medical Oncology
15.05	Model 2 acute hospital division thoracic surgery	tba
15.15	Model 1 geriatrics	Dr. Med. René Kuhn, Head Physician Reusspark
15.25	Model 2 geriatrics (division long-term care)	Dr. Med. Danny Anthony, Head Physician Acute Geriatrics and Centers for the Elderly Daniela Suter, Nursing Expert APN
15.35	Model emergency unit	Daniel Mitteldorf, Head Emergency Unit
15.45	Model operating room	Ralf Baltensperger, Head Nursing Operating Room
15.55	Break	

Session 2 Qualification:		
16.10	Presentation of the continuing education programs CAS / MAS physician assistant at the ZHAW	Anita Manser Bonnard, Head Professional Development ZHAW
16.20	Results survey physician assistant	Anita Manser Bonnard, Head Professional Development ZHAW
Session 3 Additional aspects:		
16.30	Development of profession and education physician assistant abroad – learnings for Switzerland	Scott Smalley, President IAPAE
16.40	Job profile physician assistant in Germany	Prof. Dr. Med. Marcus Hoffmann, First Chairman EuroPA-C
16.50	Tariffing project physician assistants in the emergency unit	Annette Jamieson, Economy and Politics Helsana, Head Tariff Structures
17.00	Development of the profession physician assistant from the perspective of the FMH	Sonia Barbosa, Scientific Associate FMH
17.10	Physician assistants – legal aspects of delegation	Prof. Dr. Ueli Kieser, University of St. Gallen, Lawyer KS Partner
17.20	Presentation of the BAG project M14 «Task Shifting»	Sarah Schmelzer, Scientific Associate ZHAW
17.30	Physician assistants: An opportunity for the health care system?	Brian Martin, Cantonal Doctor Canton Zurich
17.40	Open discussion	Moderation: Anita Manser Bonnard and Markus Wepf
17.55	Closing	Prof. Dr. Med. Andreas Gerber-Grote, Director Health Department ZHAW Prof. Dr. Med. Stefan Breitenstein, Director Department of Surgery KSW

Swiss Program PA Symposium 2019 Sponsored by

Medtronics, Johnson & Johnson and FMH

7.00pm – 9.00pm

CONFERENCE GALA DINNER

VENUE:
MAIN HOSPITAL DINING ROOM,
CANTONAL HOSPITAL, WINTERTHUR

Dress Code: National Traditional Dress or Semi-Formal

Entertainment Provided by (to be confirmed)

The Board of the International Academy of Physician Associate Educators and our generous hosts, the Swiss PAs, Professor Dr. Stefan Breitenstein cordially invite you to enjoy an evening of good food and entertainment. Come and make new friends, enjoy the company of old friends. We are grateful to our hosts for this evening and hope you all enjoy a very pleasant time.

Saturday 19th October 2019
Zurich University of Applied Sciences
 Room: University classroom, ground floor

8.30am – 9.00am

Registration and Coffee

9.00am

Welcome: David Lusale, IAPAE Board Member and Immediate Past President

9.00am – 12:00pm

Short papers x 5 (20 mins each)

Session Chair: Reuben Waswa, IAPAE Board Member and Director at Large (East Africa)

- 9.00 am **Paper 12.** Mary E Von and Rebekah Ratzlaff, USA
“Sharing the Stage: PA and PsyD Educators Teaching Effective Communication Together.”
- 9.20 am **Paper 13.** Kishasha Meshack, Kenya
“Performance of trained Clinical Officers in Reproductive health service delivery through task shifting: Challenges and opportunities in Kenya.”
- 9.40am **Paper 14.** Trenton Honda and Jennifer Coombs, USA
“Fostering Global Health Competence in PA Students Through an Internationally-Focused Dual Degree Program.”
- 10.00am **Paper 15.** Kevin Wyne, USA
“Developing Interprofessional Partnerships to Enhance Short-Term International Service Learning Experiences.”
- 10.20am **Special Report** Professor David Fahringer, IAPAE Think Tank Chair and Past President, USA
“IAPAE Annual Education Survey Results 2019”

10.40am – 11.10am

Morning Coffee and Poster session and Exhibitors Displays

Main Foyer

11.10am – 12.30pm

IAPAE Committees/Working group Meeting

Delegates are invited to participate in the sub-committees, with specific objectives:

- Advocacy & Education Committee (Room: TBA) Eric Ondieke, Chair. Board Liaison – Dana
- Research Committee (Room: TBA) Susan Mururi, Chair. Board Liaison – Phil
- Faculty & Membership Committee (Room: TBA) Jennifer Eames, Chair. Board Liaison – David L
- Communications Committee (Room: TBA) No current Chair. Board Liaison – Somu
- “Think Tank” Committee (Room: TBA) David Fahringer, Chair. Board Liaison – Scott

Objectives for Subcommittee meeting:

1. Review Terms of Reference set during 2018/19 11th Annual IAPAE Conference Lusaka, Zambia
2. Gather information on actions of the 2018/19 work plan to feedback to delegates
3. Setting a work plan for the upcoming 2019/20 year
4. Electing/appointing a Subcommittee Chair to deliver on the agreed objectives
5. Commit to a delivery plan and outputs throughout the 2019/20 year
6. Report back formally at the IAPAE Board meetings and the annual conference in 2020

12.30pm – 1.00pm

Focused Feedback from Sub-Committees for 2018/19 and objectives 2019/20 (5 mins each)

Chaired by Dana Sayre-Stanhope

1.00pm – 2.00pm**Lunch, Posters and Exhibition**

Main Foyer and Catering Room

2.00pm – 2.30pm

Country Updates from IAPAE Delegate Representatives

Chaired by Dr Somu Chatterjee

2.30pm – 3.30pm

IAPAE Annual Business Meeting

Chaired by IAPAE President Scott Smalley

3.30pm – 3.45pm

Special Awards Ceremony

Chaired by Professor Philip Begg

Concluding Remarks and thanks

Scott Smalley, IAPAE President [2020]

Presentation Abstracts

Paper 1.

Developing an International PA Program Partnership: The Challenges and Benefits

Author(s): Virginia L. Valentin, University of Utah, USA and Quinten van der Driesschen, HAN University of Applied Sciences, The Netherlands

The PA profession outside the United States (US) continues to grow with educational programs now in seven countries. At the same time, within the US the PA profession is maturing and facing new challenges. It is time that PA programs develop formal partnerships. Developing a partnership between international and US PA programs will strengthen the profession in both countries by providing an avenue for information exchange. Additionally, through a formal exchange of PA faculty between continents faculty will develop additional educational skills that will benefit both programs and students. Lastly, as the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) considers accreditation of international programs a formal partnership with a US program may assist international programs in this process.

This presentation will describe our experience including the benefits and challenges of developing an international PA program partnership. Attendees will leave the session with concrete strategies to implement an international PA program partnership. The presentation will examine the logistics and challenges and how these can be managed. We will discuss our strategies for engaging stakeholders, gaining institutional support, and managing cost. The benefits of an international PA program partnership will be outlined including valuable information exchange, University affiliations, research partnerships and both PA student and faculty educational opportunities.

Objectives:

1. Explain the reasons why development of an international PA program partnership is of value.
2. Describe the how to develop an international PA program partnership.
3. Discuss the benefits and challenges of implementing an international PA program partnership.

Paper 2.

Experience and perception of case based learning, Bachelor of Clinical Medical Practice year 1 students' case study

Author: Lumbani Tshotetsi, University of Pretoria, South Africa

Introduction: Decentralised training of the Bachelor of Clinical Medical Practice students show many challenges on facilitation of learning. Students fail to link the different levels of learning due to many factors. Since the first year is the foundation of BCMP students' training, scaffolding is of paramount importance. We therefore introduced case based learning (CBL) in the second semester to help students become more self-directed learners and also to prepare them for peripheral learning in various clinical learning centres. To understand students' acceptability of this learning model, a survey was done.

Method: First year BCMP Students were allocated to 6 groups and were given the same case to work on. Only a chief complaint was given from which students were to come up with differential diagnoses then history of present illness and other components. After two sessions, a Qualtrics survey was sent to all the first year students to determine their perception and to rate their experience (not true, somehow true, true, and very true) of this type of learning. The results were analysed in STATA and excel. Verbatim quotes were grouped in thematically.

Result: 52 first year students responded to the questionnaire. 98 % (n=51) of the students felt the model would stimulate their learning, improve their learning (96% n=50), student - patient interaction (81%, n=42) and assignments (98%, n=51). Students pointed out their perception of CBL: “I will be good with SNAPPS and patient study,” “it helped me think outside the box” and “working in smaller groups would help in allowing everyone to engage during discussion.”

Conclusion: BCMP students appreciate the CBL model. However, there is need to develop assessment tools and content that can promote more learning opportunities.

Paper 3.

Sharing the Stage: PA and PsyD Educators Teaching Behavioral Health Together

Author(s): Dr. Mary Von and Dr. Rebekah Ratzlaff, USA

Physician assistant (PA) students spend long hours learning the art, science, and business of medicine and the clinical medicine curricula they encounter is often focused on coming to a precise differential diagnosis with the aid of various tests and imaging. Diagnosing behavioral health issues is often not as concrete, and students struggle with how to elicit an appropriate history and the hypothetical-deductive reasoning needed to arrive at the most accurate patient-centered diagnosis. The benefit of an effective, evidence-based, behavioral or mental health curriculum is obvious, but knowing how to teach this field of medicine to healthcare students is not nearly as obvious. How do you teach the subject in a manner that is not only effective but considers societies biases and attitudes toward patients with behavioral or mental health issues (Shen 2014)? A PA and a PsyD will discuss how they have shared the load in developing an effective curriculum that works to solidify the acquisition of knowledge while using self-reflection to allow the learner to analyze their own attitudes toward mental illness (Korszun 2012 and Ay 2006).

This interprofessional, educator team will discuss their specific roles and responsibilities in teaching an effective behavioral health curriculum, focusing on evidence-based pedagogy and outcome-based data analysis. The participants will be asked to consider the essential components of an effective curriculum and the pros and cons of two options for integration (systems based or longitudinally integrated throughout the curriculum). Finally, the speakers will discuss the importance of allowing adequate time and orientation for student self-reflection of personal biases and attitudes toward patients with mental health issues (Gonzalez 2014).

Learning objectives:

- Describe the role(s) of the PA and the PsyD educator in teaching an effective behavioral or mental health curriculum.
- Consider the components of an evidence-based behavioral or mental health curriculum in two distinct formats.
- Review the benefits of student-centered self-reflection in considering personal bias or attitudes to mental illness.

Paper 4.**Clinical associate students' perceptions of factors influencing their developing professional identity**

Author: Aviwe Mgobozi, University of Witwatersrand, South Africa

Professional identity has increasingly emerged amidst 21st century health professions education discourse. The role of health science educators has traditionally focused on learning outcomes pertaining to knowledge, skills and attitudes. Consequently, minimal attention is directed towards professional identity. Professional identity is defined in various forms which articulate the need for an individual to own, and fully embody their profession of choice. Strengthening professional identities produces healthcare professionals who embody the professional qualities, values and dispositions required in an effective profession.

The factors influencing professional identity are minimally explored through literature. The factors influencing professional identity amongst nurses and doctors is identified through the observation of role modelling, patient encounters, clinical experience, and lived experience through professional practice. However, factors influencing professional identity amongst the clinical associate profession has not been identified.

This study explores clinical associate students' perceptions of factors that influence their developing professional identity. The research inquiry used a qualitative descriptive interpretivist approach. The study was conducted at the University of Witwatersrand in Johannesburg. First year and third year Clinical Associate students were grouped per year group to form focus group discussions. Ethics approval was received from Stellenbosch University and the University of Witwatersrand.

The study shows that students enrol in the clinical associate programme with various influences encouraging their pursuit of a health professions career. The findings demonstrate a fusion of negative and positive influences. The results demonstrate three emerging themes depicting sources of influence to the students developing professional identity. First theme relates to individual factors, the second theme to influences experienced during the training and lastly the students' perceptions of the clinical associate identity. A strengthened professional identity requires educators to understand the influencing factors to professional identity in order to provide formal educational platforms for the professional identity to positively develop.

Recommendations include increase in advocacy of the profession, improvement of student selection into the programme, increase inter-professional education, strengthen faculty development and

promote the utilisation of clinical associate graduates at clinical learning facilities to develop into mentors and role models.

Paper 5.

Improvements in Interprofessional Knowledge among Healthcare Profession Students Participating in a Multi-University Virtual Inter-Professional Education Collaboration

Author(s): Mary Showstark, Yale University Online physician Assistants Program, USA

Background: Team-based care that is patient-centered and considers a variety of professional perspectives is a necessity for improving the health of and integrated care practice for patients. Interprofessional education training programs provide an opportunity to enhance health content and promote collaborative team-based care. An interprofessional experience is required by most health professions educational programs in the US as part of the accreditation process. But barriers have been daunting, and efforts at developing interdisciplinary educational programs have failed partly due to significant logistical issues and the costs of the programs. To meet the need for qualified healthcare professionals and learning preferences of adult students' universities across the United States are increasingly launching online healthcare professional programs. Online healthcare professional programs, while ideal for students with work and family commitments, may present challenges for meeting interprofessional experiential training requirements that traditional campus-based students may have access to.

Purpose: To create a virtual IPE program across healthcare professional students participating in a multiUniversity Virtual Inter-professional Education Collaboration program Fall 2018 involving faculty and students from the following virtual programs affiliated with the 2U virtual learning platform: Yale Physician Assistant Online Program, George Washington University Milken Institute School of Public Health, New York University (NYU) Communicative Sciences and Disorders, New York University (NYU) Occupational Therapy, University of Southern California (USC) Doctor of Physical Therapy program, University of Southern California, Suzanne DworakPeck Virtual Academic MSW, and Georgetown Nursing programs.

Methods: Lead faculty from each of these seven respective online health profession programs recruited 300 students to participate in a virtual interprofessional education experience utilizing Adobe Connect (2018)/Zoom (in 2019). Faculty facilitators using synchronous Adobe Connect online classrooms facilitated small group break-out sessions of 10-15 students each. In preparation for the synchronous break out group sessions, students were instructed to view materials (asynchronous materials) and videos that included a text-based case vignette about a woman with a stroke, a video case vignette-filmed with a nurse practitioner and two actors playing the patient & patient's husband, and information about each of the health professions' roles and responsibilities that would be collaborating in breakout sessions (these were video interviews performed on Zoom and Skype interviewing a member of each of the participating professions). These materials were stored in the schools' respective learning management systems and acted as a flipped classroom. The synchronous (live) IPE event in Adobe Connect began with faculty providing this group of 300 students with an introduction to the casework they would be engaging in with their breakout groups. Students then

worked in small break-out groups within Adobe Connect utilizing web cameras for a period of 90 minutes, working through various questions posed about the case by their faculty facilitator. In the break-out groups the students also went over their respective roles taking care of the patients. These break-out sessions were then followed by once again assembling all faculty and students back together to share key takeaways and solutions devised by each group. All students were invited to complete pre and post interprofessional assessment questionnaires and pre and post-test interprofessional education questionnaires that assessed their interprofessional knowledge before and after the training. We also utilized the Interprofessional Attitudes Scale (IPAS). IPAS consists of 27 items in 5 sub-- scales, which we have called "Teamwork, Roles, and Responsibilities", "Patient-- Centeredness", "Interprofessional Biases", "Diversity & Ethics", and "Community-- Centeredness"

Results: For the first pre and post-test education questionnaire, the participants answered 11 interprofessional scenario questions before and after attending the virtual interprofessional education training. Overall, the Multi-University Virtual Interprofessional Education Collaboration significantly improved healthcare profession student total knowledge score about interprofessional care ($p < .0001$) ($N = 117$). For the interprofessional assessment questionnaire, before and after attending the virtual interprofessional education training participants rated their knowledge about the roles and responsibilities of 7 professions. Compared with pretraining, the post training assessment showed significantly more participants rated very well to extremely well knowledge on the roles and responsibilities of all 7 professions (increased in range of 24.6% to 47.5%, the McNemar's test statistic S ranged from 24.03 to 50.58, $p < .0001$) ($N = 118$). The results of the IPAS showed: Students reported positive attitudes towards interprofessional collaborative practice as demonstrated by mean scores greater than 4 for each sub-scale: Teamwork, Roles, and Responsibilities ($M = 6.60$, $SD = 0.54$); Patient Centeredness ($M = 6.89$, $SD = 0.26$); Interprofessional Biases ($M = 4.56$, $SD = 1.05$); Diversity and Ethics ($M = 6.89$, $SD = 0.35$) and Community-Centeredness ($M = 6.70$, $SD = 0.46$). The participant feedback via unsolicited emails were very thankful. The students expressed that they learned a lot and that they realized that there was a lot of overlap between professions and how important communication is when taking care of a patient. The students loved the patient video case and said it made the whole scenario 'much more relatable' seeing the patient.

Conclusion: Experiential education and training in virtual contexts can be used to prepare healthcare students for service delivery contexts in which collaborative care occurs through virtual education and exercises that promote knowledge about the interprofessional team, the role of each health professional, how the team communicates and collaborates with the patient and team during the episode of care and across treatment settings and the specifics of assessment, formulation of the problem/diagnosis, goals of care and treatment planning, interprofessional interventions and coordination of services across the continuum of care. Health care disciplines share a common commitment to improving health outcomes for individuals, families and communities. Collaboration between disciplines is fostered from an understanding and appreciation of the roles and contributions that each discipline brings to the care delivery experience. Thus, professional socialization and ability to work together is the result of shared educational and practice experiences. Thus, the ability to create this virtual environment, allows the possibility of expansion of the virtual IPE community to other disciplines, schools, and countries across the world.

Implications: Healthcare professionals require knowledge and skills to work collaboratively with multiple health care professionals and service delivery systems across the continuum of care in a variety of settings (community, emergency department, inpatient, and outpatient primary care). Such knowledge and skills are increasingly important amidst continuing healthcare reform that emphasizes value-based, patient centered, accountability and integrated care models to improve the quality of care, and reducing healthcare costs. Of equal importance is having a competent workforce trained in interprofessional care that work collaboratively to improve the health, well-being, and quality of individuals, families and communities. To enter the workforce with interprofessional competence, healthcare profession students require experiential educational experiences to gain knowledge about the roles of healthcare professionals, how to communicate and work effectively with other healthcare providers and service delivery sectors, and when to request consults from other providers to ensure patient-centered collaborative care is delivered to patients. It is also helpful for students to understand the overlap that many professions have and how to best utilize this with the form of communication. This education and training can successfully be accomplished virtually.

Paper 6.

Physician Associates – Experience and comparison of Bachelor’s and Master’s degree programmes

Author(s): Audrey Gibbs, University of East Anglia, UK

Looking at the international picture there are many different routes and qualifications to becoming a physician associate or equivalent practitioner. There are ongoing questions and debates with regard to the recognition of qualifications in other countries and how standards could be introduced to enable more international mobility of practitioners. As a contribution to this discussion, it is valuable to explore the similarities and differences of physician associate programmes in different countries and contexts.

With experience of South African Bachelor’s degree and UK Master’s degree programmes, this presentation will identify the similarities and differences of the programmes. This will include admission requirements, length of course, curriculum, assessment and outcomes. Pros and cons of each degree programme will be identified and discussed. There will be a discussion of the associated challenges, many of which are remarkably similar even in very different contexts.

There will be some ideas about possible differences between UK and US Master’s programmes and a brief introduction to a new four year integrated Master’s introduced by one UK university.

Paper 7.

Physician Assistant Students Assess Caregiver’s Perception of Kangaroo Care

Author(s): Ashlie Aviles PA-S, Alexis Hunt PA-S, Hayley Richardson PA-S, Caitlin Satkowiak PA-S, Aparna Patra, MD, Somu Chatterjee, MD MPH. Department of Physician Assistant Studies College of Health Sciences - University of Kentucky. USA

Introduction: Kangaroo care (KC) is defined as “the valuable practice of holding a naked diaper-clad infant on the bare chest of a parent.”¹ Benefits for the infant include regulation of heart rate and respiration, improved neurodevelopment, decrease in hospital-related infections, earlier discharge dates, and more.¹ Benefits for the mother/caregiver include reducing maternal stress and rates of postpartum depression.² Although there is evidence to support the use of KC, it is not widely practiced in the US. For example, even though staff in the NICUs associated with the March of Dimes Family Support Program acknowledge the importance of KC, only 8% of staff documented routinely performed KC.³ This may be attributed to the lack of parental education and understanding regarding KC. Understanding parents’/caregiver’s perception of KC and practice thereof is vital to attaining the overall goal of increased KC utilization.

Methods: The Physician Assistant students helped create an annotated bibliography and helped design the survey to address the knowledge and perception of kangaroo care of the parents of NICU patients. An 18-question online survey was distributed to parents of NICU patients at the University of Kentucky Children’s Hospital. Participation was voluntary and open to all parents/caregivers. Responses were anonymous and confidential. Participants were not subjected to coercion or incentive upon administration of the survey. The survey consisted of a combination of Y/N, Agree/Disagree/Don’t Know, True/False and other scales to understand the current knowledge and practice of parents regarding kangaroo care better. Following administration of the survey, data were analyzed using Qualtrics Survey Software.

Results: A total of 39 surveys were completed. Out of the 39 surveys, 31 of the parents/caregivers were asked to provide KC to their baby in the NICU, and 30 of those did begin performing KC. The majority of participants (17) either graduated high school or had some education after high school. Highlights of the data gathered demonstrated that 42.11% of the caregivers did not know that KC helped babies gain weight faster, allowing them to have a shorter hospital stay. 44.74% did not know that babies on KC experienced less pain and stress when poked, 60.53% did not know that babies receiving KC have a lower risk of infection and 39% were not sure if KC was acceptable for babies on ventilators. Majority of the caregivers preferred a webpage with dedicated resources on Kangaroo Care for easy reference.

Conclusion: Parents and caregivers did not fully understand the benefits of KC for both their infants and themselves. It is important to continue to provide KC education at or below a high school reading in the preferred format of a webpage. Future research would assess if the educational tool made any difference to knowledge and practice of Kangaroo care by the parents/caregivers.

Paper 8.

An evaluation of student feedback of a clinical associate as an educator in the teaching programs of medical students

Author(s): Charlene Mapukata, University of Witwatersrand, South Africa

Background: Training of the medical students at the University of Witwatersrand include various academic and clinical activities followed by the assessment thereof. The growing number of students due to too large in- take quotas, subject the undergraduate training to many teaching session that take the format of “not so small group learning” session. These sessions have groups that vary from 8students per facilitator to 25 or in some sessions 70 students per session, depending of the year group and session objectives. Many activities are then repeated 5 times in a cycle to ensure class coverage of a topic for a year group. The student profile include GEMP 1, GEMP 2, IPC, NMFC, the latter two are final year medical student groups.

Preliminary findings: My research evaluates the responses of the students in the various settings across the different year groups within the medical program to highlight the resourcefulness of the clinical associate as an educator outside of the clinical associate training.

The review of several responses highlight the aptness, consistency, relevance in delivery and topic, as well as effectiveness to meet the various teaching sessions objectives, in some responses the feedback further more contrasts the aptness of the clinical associate alongside the medical doctors participating in the same activities.

Conclusion: The review of student feedback in relation to the various teaching activities, with an unintended peer review process found in the midst reveals a positive demonstration of the abilities and adaptability of the clinical associate educator. The transition between different year groups and the participation in assessment activities of these students are valuable qualities and attributes that allows for the clinical associate to practice as an inter-professional educator. This enhances the opportunities to demonstrate the clinical associate’s capabilities to students not just as a clinician but as an educator within their training years, fostering an environment of recognition for the health professional cadre long before they meet in a workplace setting.

Paper 9.

Adaptive Online Learning Technology in Physician Assistant Electrocardiogram Training

Author(s): Mallory M. Aycock, USA

Purpose: Current literature suggests graduating medical and physician assistant (PA) students are not competent in electrocardiogram (ECG) interpretation. There is a recognized need to improve how educators approach ECG training. This project was completed (1) to determine if utilizing an online technology resource (PALM: Perceptual Adaptive Learning Module™) for ECG interpretation training would improve PA student ECG interpretation abilities (2) to determine if using a supplemental learning platform would improve ECG interpretation skill retention 12 months after initial training and (3) to determine if this training would improve student perceptions of ECG interpretation abilities and of the ECG training experience.

Methods: Supplemental online ECG PALMs were incorporated into our PA curriculum after completion of the traditional lecture-based ECG training module. Pre-tests were followed by self-paced online ECG modules, and subsequent post-tests were administered after students achieved a predetermined mastery level standardized by the online training software. Delayed post-tests were

administered 12 months after initial ECG training. Student pretest, posttest, and delayed posttest scores were compared. Student ability to correctly interpret ECGs (accuracy) and percentage of ECGs accurately interpreted within a target response time of 15 seconds or less (fluency) were also evaluated. Additionally, student perceptions of the supplemental online training and overall ECG training were assessed. Data and perceptions were compared amongst three cohorts of PA students at a single institution.

Results/Outcomes: Implementation of online PALMs training resulted in statistically significant improvement ($p \leq 0.001$) in ECG interpretation accuracy and fluency. When compared to a cohort who did not receive supplemental online training, students who received PALMs training had significantly better delayed posttest accuracy and fluency ($p \leq 0.001$) one year after initial ECG interpretation training. More than 80% of students felt the supplemental online training enhanced lecture-based learning and improved their understanding of ECG interpretation. Additionally, cohorts that used PALMs were more likely to feel confident in their knowledge of ECGs ($p = 0.006$) and feel they were appropriately trained on ECG interpretation ($p = 0.0001$).

Discussion: Addition of PALMs resulted in improved ECG interpretation accuracy and fluency initially after training and 12 months later. Results from the perceptions data show students who received supplemental ECG PALMs training had improved perceptions of their overall ECG training and confidence in their knowledge of ECGs. Combining these perception results with the ECG interpretation data improvement supports the continued use of supplemental online ECG interpretation training with traditional lecture-based ECG education as a training technique for ECG interpretation.

Description of Program: Presentation to highlight the effects of using combined lecture-based and online electrocardiogram (ECG) interpretation training on PA student short-term and long-term ECG interpretation abilities. This presentation also highlights student perceptions of this ECG training technique.

Topic Importance: There is a recognized need to improve how educators approach electrocardiogram (ECG) training. This presentation highlights results from incorporating supplemental online ECG training technologies with traditional lecture-based ECG teaching methods. Utilizing supplemental technologies in ECG training for physician assistant (PA) education could improve overall ECG interpretation teaching strategies for PA educators to better prepare PA students to become more skilled providers.

Paper 10.

Simulation: Improving Collaboration amongst Healthcare Professions in Emergency Medicine

Author(s): Victor Quinones, USA

In the field of Emergency Medicine time and communication are crucial aspects in providing optimal patient care. Multiple healthcare professions collaborate in a team based approach to meet healthcare needs during each patient encounter.

The patient encounter begins with pre-hospital providers that includes Emergency Medical Technicians (EMTs) and Paramedics. Upon arrival to the hospital the care transitions to the Registered Nurses (RNs), Physician Assistants (PAs), and Attending Physicians amongst other ancillary healthcare workers. Understanding and recognizing individual healthcare roles and responsibilities along with collaborative practice fosters improved healthcare delivery and effectiveness. How could the barriers and challenges be addressed to improve collaboration, communication, amongst these providers?

The answer was implementing an Interprofessional Education (IPE) exercise utilizing simulation with high-fidelity mannequins and standardized patients. The idea came to fruition in a collaborative effort amongst Nova Southeastern University PA faculty members to provide their Physician Assistant students an opportunity to participate in a simulated IPE exercise with a local technical school called First Response Training Group and their EMT and Paramedic students. This allows PA students and Emergency Medical Service (EMS) providers to understand the importance of a clear and concise patient care handoff.

During the simulation PA students also interact with Register Nurses, and Emergency Medicine Physicians this exposure reiterates the importance of collaborative practice, patient care information and communication. The PA students also demonstrate their competence in treating and evaluating medical and trauma patient scenarios during the simulation while being evaluated by faculty.

A structured debriefing occurs after the simulation with faculty and students. The simulation exercise has occurred during the last five years pre-simulation and post-simulation effectiveness surveys have been completed by the PA students and their aggregate data analyzed with positive results.

Paper 11.

Development of an Online Doctoral Degree for PAs

Author(s): Thomas Colletti, DHSc, PA-C, DFAAPA; Mark Archambault, DHSc, PA-C, DFAAPA; Nancy Reid, MHA, DHSc, PA-C, DFAAPA; PA-C; Elyse Watkins, DHSc, PA-C, DFAAPA, Jeremy Welsh, DHSc, JD, PA-C, DFAAPA, USA

Purpose: The purpose of this presentation is to outline an approach to providing physician assistants (PAs) with postgraduate fellowship education leading to the Doctor of Medical Science (DMSc) Degree, as offered by the University of Lynchburg. The rationale for the DMSc is to prepare PAs with executive leadership and scholarly writing skills, and to achieve professional parity with other doctoral prepared advanced practice providers (APPs).

Methods: The DMSc program is a postgraduate doctoral-level degree for master's-level PAs. Curriculum is delivered asynchronously using Google Suite and the Moodle Learning Management System. The remote online method was chosen to meet the needs of practicing PAs. The DMSc graduated classes in May 2018 and 2019. An end-of-program survey sent to the first two graduating classes (n = 94) had an aggregate response rate of 30%.

Results: Survey results indicated that 96% of respondents agreed, or strongly agreed that the DMSc degree would benefit career advancement and leadership opportunities. Regarding the reason for

pursuing the DMSc degree, 96% of respondents sought to be competitive with other doctoral-level APPs for clinical and administrative positions. In addition, 93% of alumni would recommend the DMSc program to other PAs.

Conclusions: The Lynchburg DMSc program was created by PAs for PAs, to provide postgraduate doctorate education to advance their careers and the PA profession. The degree provides opportunity for PAs in clinical leadership, advocacy, and academia. The online remote program is ideal for busy practicing PAs and PA faculty as valuable career development.

Paper 12.

Sharing the Stage: PA and PsyD Educators Teaching Effective Communication Together

Author(s): Dr. Mary Von and Dr. Rebekah Ratzlaff, USA

Interprofessional team communication is introduced in every health professions program, discussed and debated by educational teams, and promoted in diverse clinical settings. Effective interprofessional and clinician-patient communication has been linked to improved patient health outcomes and has been cited as the number one factor influencing patient satisfaction on post-care surveys (Brock, 2013 and Al-Abri, 2013). The benefit of an effective communication curriculum is obvious, but knowing how to you teach successful interprofessional communication to healthcare students is not always clear. How do you teach the subject in a manner that is not only effective but takes into account the uniqueness of each individual? A PA and a PsyD will discuss over five years of data on how DISC behavioral analysis has been working to improve communication from the faculty and staff offices, to the classroom, and out into the clinical setting (Slowikowski, 2005).

Faculty and Staff: The DISC behavioral/personality analysis assessment takes less than 30 minutes to complete and we start this process with all faculty and staff members. During an All-Team Retreat, effective communication styles are discussed and each DISC personality type is reviewed with interactive small group exercises. Understanding how each person brings a unique perspective to communication has improved interactions at each of the three Physician Assistant schools that have utilized this tool. We will discuss the four different personality types and present how faculty and staff members have used this information to improve team communication and as a valuable tool to student advising.

Students: Utilizing a free online tool, each student completes their basic DISC profile during Orientation Week. Students learn about the differences in communication styles and gain valuable insight into how they can interact with others from their unique personality perspective. Faculty and Staff use this information to divide students into groups for advising, testing, and group work. We will present data which strongly suggests group communication has dramatically improved since the inception of this project.

Clinical Preceptors, Alumni, and Site Administrators: The next phase of the project has taken this communication tool out into the clinics and I will discuss preliminary data from this phase and how alumni view the DISC behavioral tool after graduation.

Learning objectives:

- Recognize components of DISC behavior theory
- Describe the role of DISC analysis in developing student advisee/testing/small groups
- Apply personal DISC style and knowledge of other DISC styles to improve communication and interactions with faculty/staff/students

Paper 13.**Performance of Trained Clinical Officers in Reproductive Health Service Delivery through Task Shifting: Challenges and Opportunities in Kenya.**

Author(s): Kishasha Meshack, Phd- On, MPH, MSc.HSM, BSc.PH, HDRH, HDA, DCMS
Principal Lecturer, Kenya Medical Training College, Nairobi, Kenya

Background Information: The world is experiencing a chronic shortage of well trained health workers with a global deficit of doctors, nurses and midwives being approximately 2.4 million, and with low- and middle income countries having acute human resource crisis. Human workforce Health crisis in Sub-Saharan Africa has been due to the critical shortage especially of the doctors, nurses and midwives. To alleviate this shortages, task shifting was recommended in 2004 and approved by the World Health Organization in 2008 in Addis Ababa. In Kenya, under the policy of skills transfer, clinical officers, were trained and task shifted as from 2002 to perform emergency obstetrical and gynaecological procedures in order to fill the gaps left by the doctors. The purpose of this study was to determine the performance, challenges and the opportunities in task shifting for the trained clinical officers in reproductive health.

Objectives: The specific objectives of the study was to determine the level of competence, motivational challenges, regulatory, working and policy environment.

Study design: This was a cross-sectional study design that used both quantitative and qualitative approaches for data collection. Seven selected counties of Muranga, Nairobi, Kakamega, Kisii, Mombasa, Machakos and Nakuru were used for study. To trace the respondents, purposive, snowballing sampling technique was employed.

Research Instruments: Structured questionnaires were administered and triangulated by both focus group discussions and key informant interviews.

Data Analysis: Qualitative data was analysed through content analysis and narration. Performance was measured by observing how well the officer performed a particular procedure besides record retrieval of previously performed operations.

Sample size: One hundred and fifty clinical officers were targeted for study. A sample of 45 reproductive health clinical officers was captured for study calculated as 30% of the target population

for cluster group surveys. The researcher reviewed literature from previous records on trends in reproductive health services since the inception of task shifted clinical officers in 2004.

Findings: The study found out that motivation builds a better, more satisfied and better performing workforce as evidenced by response of further training (66%), provision of housing at facility (53.33%), recognition as specialist (66.66%), increase in service utilization such as ANC (53.34%, deliveries (86.67%), good outcomes in deliveries (80%) and obstetrical operations (93.33%). There was significant statistical evidence of competence in performing task shifted obstetrical and gynaecological procedures at p-value 0.05, computed chi-square value of 7.134 against the critical value of 9.488. Sixty six respondents agreed that there was reduced maternal mortality rate as reflected in 2014 Kenya demographic Health survey, increased number of hospital deliveries and good delivery outcomes. Analysis of Variance with a computed value of 95.7, p-value 0.05 and critical value of 2.45 indicated that responses from respondents differed significantly while response for anew act of parliament for the practice of new skills was 100%.

Conclusions: The study concluded that Clinical Officers trained in Reproductive Health through task shifting had the necessary skills and competence to carry out emergency obstetrical and gynaecological procedures in Kenya. Recommendations: The study recommended for the development of task shifting policy framework for the cadre, sensitization of workforce at health facilities on the concept of task shifting and enactment of act of parliament to anchor the new skills into their public and private practice in order to reduce maternal morbidity and mortality in Kenya.

Paper 14.

Fostering Global Health Competence in PA Students Through an Internationally-Focused Dual Degree Program

Author(s): Trenton Honda PhD, PA-C, University of Utah, USA, and Jennifer Coombs, PhD, PA-C, University of Utah, USA

PAs are now trained and provide medical care in numerous countries around the world. The Centers for Disease Control and Prevention (CDC) in the United States has recently recognized the importance of deliberate training for medical professionals in population health principles to address global health problems that are impacted by the individual practice of medicine (e.g. antibiotic resistance). We present a novel dual degree program which provides students the opportunity to achieve competence in both PA studies as well as global health through the attainment of both a Master of Physician Assistant Studies and a Master of Public Health degree with a focus on theoretical and experiential global health. The dual-degree aims to attract a diverse group of students from across the world who are dedicated to improving the health of underserved communities. The combined degree program is efficient, saving students both time and money (relative to completing the degree programs sequentially), while affording students the opportunity to study both global health and clinical medicine across three continents (US, Asia, Africa).

Our presentation will describe our experience developing this dual-degree PA-Master of Public Health program focused on bridging the gap between clinical medicine and global health in underserved, international populations. Attendees will leave the session with concrete strategies to design and

implement a similar venture. The presentation will examine the importance of intersectionality between clinical medicine and global health in the training of PAs, as well as describe the logistics around the design of such dual-degree programs with international experiences. We will discuss our strategies for engaging stakeholders, gaining institutional support, and managing student costs.

Presentation Objectives:

1. Explain the reasons why development of a dual degree program for PAs with a focus on global health and international medicine is of value.
2. Discuss the benefits and challenges around creation of an efficient curriculum which provides students the opportunity to achieve competencies in both the PA and global health disciplines.

Paper 15.

Developing Interprofessional Partnerships to Enhance Short-Term International Service Learning Experiences

Author(s): Kevin Wyne, USA

There is a long overdue conversation occurring about the possible unethical and illegal aspects of short term clinical service learning experiences in low-income countries (LICs). While many of these critiques are valid, there are ways to design these experiences to ensure that the care provided is truly beneficial to these communities. This presentation will review required preparations for students and faculty, and highlight how to create long-term sustainable relationships with host communities. A key element to doing this well is creating a collaborative interprofessional practice to bring a diverse array of knowledge, skills, and perspective to bear on the experience.

List of Poster Presentations:

1. Charlene Mapukata, South Africa. An evaluation of student feedback of a clinical associate as an educator in the teaching programs of medical students.
2. Thomas Colletti, USA. Online Doctoral Education for PAs.
3. Mary Showstark, USA. Virtual Patient Examination Skills.
4. Krystal Cromeyer, et al, USA. Helping Babies Breathe: Around the World.
5. Nadya Dimitrov, USA. Curricular Mapping to Incorporate Palliative Care Training into a PA Program: Keep it All Together!

THANK YOU FROM THE IAPAE BOARD

The Board of IAPAE would like to thank you for attending this year's 12th Anniversary conference, we hope that you enjoyed the conference, were inspired and helped inspire others and that you will plan in your diaries to attend the 13th IAPAE conference next year.

The Board would like to thank

We would also like to extend our thanks to our Swiss hosts, sponsors, supporters and organisers, in particular Professor Dr. Stefan Breitenstein, Torben Schmitt, The Zurich University of Applied Science, Cantonal Hospital Winterthur, The House of Winterthur, FMH, CME Resources, Exam Master Inc and SolidarMed, LED Liechtenstein Development Service. The Swiss PA Programme would like to thank Medtronics, Johnson & Johnson and FMH for their sponsorship.

Finally, we would like to thank all of the contributors for their presentations and posters, the standard continues to rise, the debates continue to generate excellent conversations and real change. In particular, we extend our thanks to our three outstanding Keynote speakers. These presentations inspire and help move forward this honourable profession across the globe, and ultimately make a difference to the lives of countless people.

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