



despite the overlap in scopes of practice. Based on this pilot project's positive outcomes, we recommend that shared-learning sessions be incorporated into both disciplines' professional programmes to explore team-based processes between disciplines further.

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DOI: 10.1111/medu.14615

# Building interprofessional and interinstitutional bridges in health care education

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## 1 | WHAT PROBLEMS WERE ADDRESSED?

In Germany, most health professionals are trained at different universities and training institutions outside of medical faculties. Rigid curricular and institutional training regulations make it difficult for students in health professions to network and to learn with, from and about each other. The possibilities that online learning offers for the teaching of collaborative activities in health care are still not being fully utilised. Online teaching can provide a bridge to enable learning with and about each other in diverse educational settings. Thus, online teaching to facilitate interprofessional collaborative activities and patient-centred communication appears to be a promising approach.

## 2 | WHAT WAS TRIED?

We transformed an established interprofessional case discussion course<sup>1</sup> into an online teaching format where medical and nursing students from two different German universities could learn together despite site-specific, curricular and current pandemic-related challenges. *FINCO online* (fostering interprofessional communication) was offered as a voluntary interinstitutional course. The online format comprised five synchronous teaching sessions and was taught by an interprofessional tandem, consisting of a physician and a nurse. About 20 students participated per session. Each session lasted 2 h and was concluded by a simulated telemedical visit with standardised patients (SPs). The learning objective was to jointly develop a care plan and to prepare the students for their future collaborative work and its requirements. Medical and nursing students communicated their joint

care plan and could thus apply and improve their team- and patient-communication skills. Additional to the facilitator tandem, each inter-professional student dyad was supervised by another experienced nurse and clinician who gave feedback on the process and the patient-centred communication. Structured feedback on the joint performance was also provided by the SPs. The conferencing tool Zoom served as a common learning space.

## 3 | WHAT LESSONS WERE LEARNED?

Evaluation results from two digital implementation rounds ( $n = 55$ ) in the winter term 2020/21 suggest that *FINCO online* promotes all processes of interprofessional observable collaborative activities. The students successfully conducted interprofessional case discussions online. During case discussions, they were sharing and negotiating profession-specific information and perspectives, as well as developing common care goals. The students appreciated the digital use of SPs and the possibility to apply the acquired knowledge directly within an interprofessional telemedical visit. They highlighted the direct patient feedback as particularly conducive to learning.

The independence of locations and the digital small-group setting in breakout rooms, which would not have been available in a traditional classroom setting, proved to be advantages of the online learning environment. The 'room selection' feature of the conferencing tool expanded the didactic planning options of the facilitators in order to conduct practical exercise units in small groups. Additionally, the tandem-teaching was supported by pre-defining the teaching roles 'technical supporter' and 'facilitator'. This enabled the tandems

to focus on the seminar process. Teachers switched between roles several times throughout the seminar.

Accompanying empirical research will help to determine to which extent *FINCO online* can promote interprofessional collaborative activities in patient care between health professions and how it can further be improved.

#### FUNDING INFORMATION

The project is funded by the Medical Faculty of LMU Munich.

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DOI: 10.1111/medu.14616

# Supporting anti-oppressive education using Zoom chat during lecture

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## 1 | WHAT PROBLEMS WERE ADDRESSED?

Anti-oppressive education approaches are critical to promote social justice<sup>1</sup> and to equip future healthcare providers to provide patient-first, equitable care. Medical education leaders at our institution recognise frequent instances of oppressive language in curricular materials, including the inappropriate implication of race as a cause of disease and association of gender with biologic functions, and have called for their removal. During the 2020–2021 year, three authors (T. B. F., L. R., and J. L. S.), directors of a first-year course on the gastrointestinal, renal and endocrine systems, took steps to correct such language, guided by input from student activists with relevant background or lived experiences as race or gender minorities, represented by one author (J. B.). We engaged ~10 faculty lecturers in iterative discussions to implement guidelines regarding gender-inclusive and race-conscious language. Yet, when the course launched, we immediately observed instances where terminology used during synchronous learning sessions posed risk of perpetuating bias and inflicting harm on students, particularly those identifying with oppressed groups. Frameworks for responding to microaggressions often advocate a ‘stop’ in activity to address the lapse in real time. This interruption may further disrupt learning, especially if the lecturer is unprepared to respond in the moment; these challenges may be magnified in the remote learning environment.

## 2 | WHAT WAS TRIED?

Technology can be harnessed to support anti-oppressive education in remote learning environments.<sup>1</sup> We leveraged Zoom chat during lecture to correct oppressive lapses in real-time. When a lecturer committed a race- or gender-related lapse, a course leader immediately addressed it with a ‘microaffirmation’ to all attendees in Zoom chat. Examples included ‘The statement about pregnant women can be applied to any person who is pregnant, regardless of gender,’ and ‘Regarding the slide depicting prevalence by race, we will follow up to provide more granular information about genetic ancestry and structural racism as possible contributors to disease.’ Course leaders discussed these events with lecturers afterwards to debrief and support faculty growth and learning.

## 3 | WHAT LESSONS WERE LEARNED?

Despite targeted anti-oppressive curricular efforts focused on faculty development, lapses in language during live teaching sessions are still common. We found Zoom chat to be a useful technologic feature for promoting faculty and student critical awareness.<sup>1</sup> This approach would clearly not be appropriate for overtly racist or prejudiced language and should be accompanied by comprehensive efforts to rid curricula of microaggressions. Student LGBTQI+