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**Abstract title:** The WHIRL project: innovative interprofessional learning in public health practice.

**Authors:** Katharine Whittingham<sup>1</sup>, Sarah Somerset<sup>1,2</sup>, Matthew Middleton<sup>1,2</sup>, Mehmet Yildirim<sup>1</sup>, Catrin Evans<sup>1</sup>, Holly Blake<sup>1,3</sup>.

<sup>1</sup>School of Health Sciences, University of Nottingham, Nottingham NG7 2HA, UK

<sup>2</sup>School of Medicine, University of Nottingham, Nottingham NG7 2UH, UK

<sup>3</sup>NIHR Nottingham Biomedical Research Centre, Nottingham, UK.

The WHIRL project (Workplace Health Interprofessional Learning: Blake et al., 2020) adopted a creative and collaborative approach to interprofessional (IPL) training in the context of healthcare education. The aim of the training was to equip volunteer healthcare students, from a range of health disciplines, with the skills required for the delivery of brief health promotion interventions and general health checks. Twenty students completed the training and worked on rotas in small health promotion teams, offering health promotion advice and health checks, under supervision, to local workers in the construction industry as part of a broader research programme in the UK called Test@Work. This paper focuses on the model of IPL used in the WHIRL initiative and presents recommendations for best practice. The WHIRL model incorporated an innovative 4-part training programme (pre-field work) and clinical supervision (during field work):

- (1) A 2-hour face-to-face training session outlining theories of behaviour change with practical scenario-based role play.
- (2) Observed practice of the volunteer delivering brief health promotion interventions.
- (3) Practical demonstration by the training team of taking measurements (height, weight), conducting mental health screen, recording blood pressure, and calculating body mass index (BMI).
- (4) Relevant information about signposting to local services and self-directed learning using a national "Making Every Contact Count" e-learning activity.

To measure the effectiveness of the WHIRL training in preparing the volunteers for providing health promotion interventions, the Kirkpatrick Four-Level Evaluation Model was used to measure i) Level 1: Reaction (whether volunteers perceived the training/experience of delivering health promotion interventions to be engaging and relevant); ii) Level 2: Learning (whether volunteers acquired the intended knowledge, skills, attitude, confidence, and commitment based on their participation in the training), iii) Level 3: Behaviour (did the volunteers apply what they learned during their training in the health promotion field work) and iv) Level 4: Results (whether the training ensured that the volunteers were aware of their own accountability).

All 20 volunteers valued the experience and found it useful for their learning and clinical practice (Level 1). Volunteers' knowledge and confidence increased and they valued the opportunity for peer discussion with students from other disciplines (Level 2). Volunteers consistently reported that they applied their learning in the health promotion field work and implemented the behavioural change principles in one-to-one interactions with construction workers during the health checks (Level 3). Volunteers reported increased awareness of themselves as accountable practitioners in recognising

the wider determinants of health for individuals and the increased need for targeted health checks in marginalised populations (Level 4).

In conclusion, the WHIRL IPL project offered healthcare students a unique opportunity to improve their knowledge and skills in public health practice and effectively demonstrated the added value of multi-professional training to healthcare education. The expertise of training providers and peers to offer real life application of theory is integral to build students' confidence before working in the diverse field of public health practice.

## **Reference**

Blake, H.; Somerset, S.; Whittingham, K.; Middleton, M.; Yildirim, M.; Evans, C. WHIRL Study: Workplace Health Interprofessional Learning in the Construction Industry. *Int. J. Environ. Res. Public Health* 2020, 17, 6815. <https://doi.org/10.3390/ijerph17186815>

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