THE CHINESE UNIVERSITY OF HONG KONG

Micro-Module Courseware Development Grant

Scheme 3: eLearning Pedagogy Research

Final Report (2017-18) (Additional Call)

Report due 31 October 2018
Please return by email to The Ad hoc Committee on Planning of eLearning Infrastructure
mmcd@cuhk.edu.hk

PART I

Project title: **Impact of Inter-professional education (IPE) for geriatric care**

Principal supervisor: Prof. Lee Wing Yan, Vivian (School of Pharmacy)

Co-supervisor(s) and Department / unit :
- Prof. Janita Chau (Nethersole School of Nursing),
- Prof. Paul Lai (Office of Medical Education),
- Prof. Samuel Wong (Jockey Club School of Public Health),
- Dr. Ann Lau (School of Biomedical Sciences),
- Prof. Wendy Wong (School of Chinese Medicine)

Project duration: From March 2018 to October 2018

Date report submitted: October 31, 2018

1. Project objectives

Is the project on track to meet its objectives?

Have the objectives been changed as a result of the experience of working on your MMCDG project?

Has the project created any impact as expected?

The project is on track to meet its objectives. The main aim of this project is to investigate whether providing inter-professional geriatric care education to university students can increase knowledge and improve attitudes toward inter-professional geriatric care in the community. We implemented the project in a summer elective course and a summer community outreach program that comprised of students of different discipline across Faculty of Medicine and Department of Social Work. In short, the project created positive impact on students learning as expected.

2. Process, outcomes or deliverables

Please specify the number of micro modules produced, and the course(s) (with course codes and titles) that have used the micro modules in Part IV, and provide more detailed descriptions in here. Must specify duration of each micro-modules (in terms of students online contact hours), total duration time of all deliverables and style.   (With reference to the "Summary of video presentation styles" developed by CLEAR)

Have the research design, methodology and timeline been changed/adjusted?
Overall, was the project completed satisfactorily?

We prepared 28 micro modules this year within the 4 teaching and learning themes. These modules include two augmented reality (AR) exercises to induce students' discussion on providing health consultation to a community patient. Students were instructed to scan the AR items for further discussion and case presentation with peers from other disciplines. The other micro modules comprised of voice over slides, animations, readings, and online videos. The research design, methodology, and timeline were carried out as planned.

Table 1 - Breakdown of the micro modules

	Name	Source	Style / Description	Time (minutes)
1	CHAMPION 2018 – Atrial Fibrillation	Our team	Lecture slides	20:00
2	Atrial Fibrillation Introduction	Our team	S12	2:00
3	Basic of "Three High"	Our team	Lecture slides	30:00
4	Framework for Action on Interprofessional Education and Collaborative Practice WHO (Read Executive Summary)	World Health Organization	Reading	10
5	Roles of Each Healthcare Provider	North Ireland Assembly, Santa Clara University	Reading	20
6	Antimicrobial Resistant (AMR) & Drug Waste	Our team	Lecture slides	13:00
7	Western Medicine & Introduction of Medication Safety	Our team	Lecture slides	24:00
8	Introduction to Chinese Medicine	Our team	Lecture slides	20:00
9	Dementia and Medicine	Our team	Lecture slides	12:00
10	More About Dementia	Our team	SCORM	15:00
11	Memory Impairment Screening Demo	Our team	S15	5:00
12	Dementia Caregiving	Our team	S2	18:30
13	Depression	Our team	Lecture slides	10:00
14	Communication with older adults	Our team	S2	1:00
15	Communication Skills	Our team	S15	15:00
16	Family Caregiving of Older Adults	Our team	S2	10:00
16	護老者用心照顧讓長者安享晚年	The Hong Kong Council of Social Service	Documentary Video	3:30
17	Health Literacy	Youtube	S2	4:00
18	Elderly Benefits and Services in Hong Kong	Our team	Lecture slides	8:00
19	Elderly Service 2018 Part 1	Our team	S2	6:00
20	Elderly Service 2018 Part 2	Our team	S2	6:30
21	Elderly Service 2018 Part 3	Our team	S2	8:30
22	What is social entrepreneurship?	Youtube	S12	2:00
23	Social Enterprise 101	Youtube	S12	3:30

24	Mr Howard Ling's Sharing (Guest speaker)	Our team	Sharing Video	41:30
25 - 26 *	Group Discussion– Post stroke patient	Our team	Augmented Reality	5:00
27 - 28 *	Group Discussion–Chronic obstructive pulmonary disease (COPD) patient	Our team	Augmented Reality	5:00
Items 1 – 24 were uploaded to Blackboard while item 25 – 28 were carried out at training workshop (CU CHAMPION) and lecture (PHAR2018)			Total	5 Hours 15 minutes

In addition, the 4 teaching and learning themes mentioned above were:
- Cardiovascular Health and Inter-professional Education;
- Medication Safety;
- Dementia and Depression; and
- Geriatric Care & Health Education.

The 28 micro modules were uploaded on Blackboard for self learning purpose for students enrolled in PHAR2018 and CU CHAMPION 2018. However the programs are slightly different in following ways:

Table 2 – Comparison of two IPE programs

	PHAR 2018	**CU CHAMPION 2018**
Pedagogical uses	Lecture, Self Learning, Service Learning	Workshop, Self Learning, Service Learning
Nature	1 unit elective summer course	Service learning volunteer program
Target student	Faulty of Medicine	Faculty of Medicine, Social Work
E-learning course name	PHAR 2018	CU CATALYST 2018
Platform	Blackboard	Blackboard
Outreach Period	May 14 – June 30	May 14 – August 31
E-learning period	May 14 – June 30	June 14 – August 31
Assessment weighting	Workshop and Presentation x 1 Outreach Service x 3 Quizzes x 4 Group Project x 1 Case Summary x 1	Workshop x 1 Outreach x 1 (minimum requirement) Quizzes x 4 Reflection x 1 Pre / Post Project Assessment x 5
Pre / Post Project Assessment	Yes	Yes
RIPLS	Yes	Yes
Unit	Yes – 1 unit with grade	Nil
CU CHAMPION Student volunteer certificate	Yes	Yes

Most of the methodologies and pedagogy of PHAR 2018 and CU CHAMPION 2018 were the same: they both comprised of seminar, e-learning platform, and community outreach services. However PHAR2018 students were required to submit a group project and eligible to earn one elective unit upon completion of the course, while students in CU CHAMPION 2018 were all volunteers and no group project required.

Below tables indicate students 's participation in PHAR2018 and CU CHAMPION 2018

Table 3 – Students' participation in PHAR2018

Students	Students' Background	Total hours spent on e-learning platform	Average e-learning hours
Total: 9	Community Health Practice (3) Medicine (2) Public Health (2) Pharmacy (1) Chinese Medicine (1)	106 hours	11hours 40 minutes
		Total hours spent in community service	**Average volunteer hours**
		135 hours	15 hours

9 students enrolled in the 1 unit bearing summer elective course and were fully engaged in the e-learning platform. E-learning engagement rate: 100%

Table 4 – Students' participation in CU CHAMPION 2018

Students	Students' Background	Total engaged hours on e-learning platform	Average e-learning hours
Total: 206 E-learning: 139 RIPLS: 122	Students who participate in CU CHAMPION's community outreach program in summer 2018. Nursing (74) Pharmacy (64) Medicine (27) Chinese Medicine (14) Social Work (9) Public Health (7) Biomedical Science (6) Community Health Practice (3) Gerontology (2)	348 hours 37 minutes	2 hours 30 minutes
		Total hours spent in community service	**Average volunteer hours**
		5292 hours	25.7 hours

Totally 206 CUHK students participated in the 2018 summer outreach program, 139 of them engaged in the e-learning platform. E-learning engagement rate: 67.4%. In addition, 122 of them participated in the RIPLS questionnaire, respond rate: 59.2%

Table 5 – Schedule of service learning program

Sessions	Dates	Service Venues	Number of Service Subjects
1 - 4	25/5 – 26/5	CUHK Diabetes Mellitus Day (Held at CUHK)	800
5	2/6	Fung Ying Seen Koon Tai Po Neighbourhood Elderly Centre	51
6	2/6	Yan Oi Tong Tin Ka Ping Meighbourhood Elderly Centre	62
7	9/6	Pok Oi Hospital Mr. Kwok Hing Kwan Neighbourhood Elderly Centre	50
8 - 9	9/6	ELCHK, Ma On Shan District Elderly Community Centre	74
10	7/7	Caritas Elderly Centre – Lei Muk Shue	50
11	7/7	HKSKH Tseung Kwan O Aged Care Complex – Sai Kung	50
12	7/7	The Salvation Army Yaumatei Multi-service Centre for Senior Citizens	60
13 – 14	7/7	Cheung Chau Wan Ho Kan Elderly Centre	58
15	14/7	BOKSS Taipo Baptist Church Au Cheung Sau Fong Neighbourhood Elderly Centre	50
16	14/7	St. James' Project Care Neighbourhood Elderly Centre	50
17	14/7	TWGHs Wong Cho Tong District Eldery Community Centre	37
18 – 19	14/7	YWCA Tai O Community Work Office	74
20	21/7	Hong Kong Housing Society – Ming Wah Dai Ha	47
21	21/7	CFSC Shun On District Elderly Community Centre	63
22	21/7	The Salvation Army Taipo Multi-service Centre for Senior Citizens	53
23 – 24	21/7	Caritas Cheng Shing Fung District Elderly Centre (Sham Shui Po)	125
25	28/7	The Salvation Army Tai Wo Hau Centre for Senior Citizens	38
26	28/7	Caritas Elderly Centre – Sai Kung	49
27	28/7	ELCHK Sheen Hok Charitable Foundation Kwan Shon Hing Yu Chui Neighbourhood Elderly Centre	38
28	28/7	SAGE Chan Tseng Hsi Kwai Chung District Elderly Community Centre	65
29	4/8	NAAC Shamshuipo District Elderly Community Centre	45
30	4/8	Caritas Elderly Centre – Kwun Tong	43
31	4/8	New Life Church of Christ Sun Tin Wai Neighbourhood Elderly Centre	59
32	4/8	Hong Kong Housing Society – Lai Tak Tsuen	70
33	4/8	Hong Kong Housing Society – Kwun Lung Lau	87
34	11/8	The Salvation Army Wah Fu Centre for Senior Citizens	50
35	11/8	Yuen Yuen Institute Tseun Wan West Neighbourhood Elderly Centre	52
36	11/8	TWGHs Fong Yun Wah Neighbourhood Elderly Centre	45
37	11/8	Hong Kong Housing Society - Moon Lok Dai Ha	70
38	11/8	Hong Kong Housing Society – Cho Yiu Chuen	68
39	18/8	SAGE Mr. Wong Wha San Memorial Neighbourhood Elderly Centre	58
40	18/8	Hong Kong Housing Society – Kwun Tong Garden Estate	70
41	18/8	Hong Kong Housing Society – Bo Shek Mansion	68
42	18/8	Hong Kong Housing Society – Jat Min Chuen	65
43	18/8	YWCA Ellen Li District Elderly Community Centre	45
44	25/8	HKSKH Tseung Kwan O Aged Care Complex	49

45	25/8	HKCCPHBS Lek Yuen Estate Social Centre for the Elderly	43
46	25/8	Hong Kong Housing Society – Ka Wai Chuen	66
47	25/8	Wan Chai Methodist Centre for the Seniors	50
48	25/8	Hong Kong Housing Society – Lok Man Sun Chuen	75
		TOTAL	3122

In short, this project was successfully carried out in both IPE programs. We believe the below expectation student enrolment in PHAR2018 was due to the insufficient of students' awareness toward the course' objectives as it's new and first unit bearing IPE course in the university. It is very likely that students tend to observe the overall grades and comments from enrolled student in the first year and to consider whether enrolling in the next term. On the other hand, we were pleased to have over 200 students enrolling in the summer outreach program, which also advocated the needs and importance of interprofessional collaboration.

3. Evaluation Plan

Have you altered your evaluation plans?

Does your evaluation indicate that you have achieved your objectives?

We have altered our evaluation plan in this project. As mentioned in the interim report, we are going to compare the average learning and assessment result of students who enrolled in PHAR2018 and CU CHAMPION's community outreach program in summer 2018.

In addition, in order to evaluate the impact of IPE in both programs, we will mainly use Readiness for Interprofessional Learning Scale (RIPLS), which is a validated instrument to evaluate the impact of IPE. Other learning outcomes will be measured by the online quizzes, student self assessment, satisfaction surveys, and feedbacks. We have also collected feedback from community partners and service participants as a reference for improving our IPE service learning program.

Students in both courses had to complete 4 quizzes. Quiz content came from the uploaded micro modules and we expect students to read or watch the learning modules before taking the quizzes. Below table shows the average score of each quiz in both courses. We observed that students in PHAR2018 achieved 100% completion rate in quizzes, while the completion rate in CU CHAMPION 2018 ranged from 77% - 83%. However, CU CHAMPION 2018 performed better in quizzes. We believed that the low attendance in PHAR2018 was a major reason for their lower quiz result.

Table 6 – students' performance in both IPE programs

Quizz Topic	**PHAR2018**	**CU CHAMPION 2018**
Cardiovascular Health and Inter-professional Education	71.1 / 100 (n=9)	79.8 / 100 (n=116)
Medication Safety	86.6 / 100 (n=9)	85.7 / 100 (n=109)
Dementia and Depression	76.1 / 100 (n=9)	81 / 100 (n=107)

Geriatric Care & Health Education	64.4 / 100 (n=9)	74 / 100 (n=110)

Table 7 - Students' satisfactory in two programs

Items	PHAR2018 (n=9)	CU CHAMPION 2018 (n=139)
I enjoy the program	86%	81%
I think the e-learning platforms were effective in assisting my learning.	80%	74%
I think I have improved my understanding in geriatric care through participating in this outreach program.	88%	81%
The objectives of this program have been met.	86%	82%
I think this program improved my understanding and attitude towards interprofessional collaboration	91%	91%
I consider the opportunities to serve with peers from other disciplines were useful	90%	90%

Generally speaking, students responded that they had an enjoyable experience in both programs. The responses were slightly higher in PHAR2018 might due to their closer bonding in the course (only 9 students). The least favorable item was the e-learning platform and it is the item that we strive for improvement in the future. Overall, they all responded that the programs helped them to improve understanding and attitude toward interprofessional collaboration and willing to work with peers of other specialty.

Table 8 - Combined results of both programs - as the students worked on the same courseware materials.

Impact on students' learning	Percentage change before and after the course, a combined survey of all enrolled students
Healthcare Knowledge	+ 13% Significant improvement ($p<0.0001$)
Understanding Elderly's Needs	+ 13% Significant improvement ($p<0.0001$)
Understanding of Antimicrobial Resistance	+ 13% Significant improvement ($p<0.0001$)
Communication Skills with Elderly	+ 3% Significant improvement ($p=0.051$)

Table 9 – The 19 items of Readiness for Interprofessional Learning Scale

Readiness for Interprofessional Learning Scale (RIPLS)
Subscale 1 – Teamwork & collaboration (Items 1–9)
Q1 Learning with other students will make me become a more effective member of a health and social care team.
Q2 Patients would ultimately benefit if health and social care students worked together to solve patient problems.
Q3 Shared learning with other health and social care students will increase my ability to understand clinical problems.
Q4 Learning between health and social care students before qualification would improve relationships after qualification.
Q5 Communication skills should be learned with other health and social care students.
Q6 Shared learning will help me think positively about other health and social care professionals.
Q7 For small-group learning to work, students need to respect and trust each other.
Q8 Team-working skills are essential for all health and social care students to learn.
Q9 Shared learning will help me to understand my own limitations.
Subscale 2 – Negative Professional Identity (reverse coded)
Q10 I don't want to waste time learning with other health and social care students.
Q11 It is not necessary for undergraduate health and social care students to learn together.
Q12 Clinical problem solving skills can only be learnt effectively with students from my own school or department.
Subscale 3 – Positive Professional Identity
Q13 Shared learning with other health and social care students will help me to communicate better with patients and other professionals.
Q14 I would welcome the opportunity to work on small group projects with other health and social care students.
Q15 Shared learning will help me to clarify the nature of patient's problems.
Q16 Shared learning before qualification will help me become a better team worker.
Subscale 4 – Roles & Responsibility (reverse coded)
Q17 The function of nurses and therapists is mainly to provide support for doctors.
Q18 I am not sure what my professional role will be.
Q19 I have to acquire much more knowledge and skills than other health care students.

Table 10 – Comparison of Pre- and Post-outreach RIPLS score among PHAR2018 and CU CHAMPION 2018 students

RIPLS Score	Pre: PHAR2018 (n=7) Mean ± SD	Post: PHAR2018 (n=9) Mean ± SD	*p-value*	Pre: CU CHAMPION 2018 (n=115) Mean ± SD	Post: CU CHAMPION 2018 (n=123) Mean ± SD	*p-value*
Total (Range from 19 to 95)	74.43 ± 8.04	77.56 ± 10.58	$p = 0.528$	78.43 ± 7.23	76 ± 7.79	$p = 0.129$
Subscale 1 – Teamwork &	39.00 ± 6.24	41.11 ± 3.52	$p = 0.405$	39.11 ± 3.93	38.63 ± 3.92	$p = 0.347$

collaboration (Range from 9 to 45)						
Subscale 2 – Negative Professional Identity (Range from 3 to 15)	9.86 ± 4.67	10.00 ± 4.64	$p = 0.952$	12.63 ± 2.30	11.65 ± 3.20	$p = 0.007*$
Subscale 3 – Positive Professional Identity (Range from 4 to 20)	17.71 ± 3.15	18.22 ± 1.92	$p = 0.695$	16.99 ± 1.91	16.85 ± 1.90	$p = 0.578$
Subscale 4 – Roles & Responsibility (Range from 3 to 15)	7.89 ± 2.79	8.22 ± 3.07	$p = 0.810$	9.70 ± 2.18	9.47 ± 2.38	$p = 0.450$

Statistically significant

As shown in Table 10, there is no significant difference in RIPLS score before and after the outreach programme for both PHAR2018 and CH CHAMPION 2018 students. The only significant change is observed in the subscale 2 of Negative Professional Identify for CHAMPION students, in which there is a decrease in score. The Negative Professional Identity measures students' values in cooperative learning. While the score is unchanged for PHAR 2018 students, the decrease in score for CHAMPION students could be due to the insufficient cooperation among students of various disciplines. More emphasis could be put to show the students the usefulness and positive outcomes to learn with students of other disciplines.

Table 11 – Feedbacks of PHAR2018 students

This course provided me with knowledge and skills in helping the needy in the most basic level. (Cheung Ming Lee, MBChB student)
The healthcare sector today truly needs inter-professional learning and collaboration. It is good for me to exchange ideas with students from other majors, and extend my clinical knowledge and understand healthcare issues from different perspectives. (Lau Tsz Chun, Pharmacy student)
This course provided me an opportunity to encounter health issues concerning the elderly in Hong Kong. As one of the stakeholder in the medical system in Hong Kong, I aspire to apply my knowledge through interprofessional collaboration to help improving health of the elderly. (Ko Cheuk Yin, Public Health student)

Table 12 – Feedbacks of CU CHAMPION 2018 student volunteers

As a social work student, the summer outreach services have broadened my horizons, especially in the medical perspective. Through inter-professional practice, I have chances to meet new friends from different fields and learn some medical knowledge and skills which were totally new to me. As I am come from a non-medical background, I could only afford to handle the easier tasks, such as measuring weights and heights and conducting survey. However, I still cherish every chance to communicate with our target groups, trying to apply what I have learnt from my department. (Tse Pui Man Chloe, Social Work student)
I have learnt a valuable lesson of the different roles of hospitals and community healthcare providers, and how they all impact and improve our patients' health. I think CU champion has done a remarkable job of organising these outreach services, and I will definitely keep on joining them in the future. (Ho Kai Yun Marco, Pharmacy student)
As a Public Health student, we don't usually know how to interpret biological data nor to function healthcare tools. Yet, through collaborating with students from other disciplines, I got to know how to carry out the blood glucose test as well as briefly interpreting an ECG. At this point, I gradually understand why interdisciplinary collaboration is important – we all have our own specialties and have acquired different knowledge, therefore we work the best as a team but not an individual. (Leung Chak Yin Justin, Public Health student)
Through the series of summer outreach sessions, I have come to recognize the contributions to community that we as students can make. Besides from professional advices, our presence and labor to establish checkups and promotions of health literacy can help to resolve the grave social and health needs in our local community. (Sharen Lee, MBChB student)

Table 13 – Feedbacks of community partners

Our elderly member really appreaciate the student volunteers'being patience and listen to their needs. The service content also enhance the elders'knowledge toward medication usage. - Elderly service center
Our elderl members and I really appreciate the students' participation and contribution. We are all excited to have the students coming to our center to volunteer, which is really helpful for improving our members' health literacy. - Elderly service center staff

For more sharing, please visit https://www.cuchampion.com/testimonials-en

4. Dissemination, diffusion and impact

Please provide examples of dissemination: website, presentations in workshops or conferences, or publications.

Please provide examples of impact: how the research results/outcomes/findings can be extended to other disciplines.

Please describe how the research results/outcomes/findings may support the University's strategic aims in promoting eLearning.

In August, we presented and shared our IPE experience with international scholars at An International Association for Medical Education (AMEE) conference in Basel, Switzerland. On the other hand, we also presented our 2018 project year's service learning outcomes at our annual wrap up presentation at The Chinese University of Hong Kong in early October. Furthermore, we have added introduction of our IPE program on CU CHAMPION's website and prepared two videos to introduce the outreach team (CU CHAMPION), and elaborate our IPE service learning program. Please refer below links for the webpage and videos:

IPE : https://www.cuchampion.com/ipe-en

Programs in 2018 : https://www.cuhampion.com/2018

CUCHAMPION Introduction (Video): https://goo.gl/vfUDfz

IPE in CU CHAMPION (Video):　https://goo.gl/nZNebR

We can extend our experience on developing a broader IPE program at university level, which will involve other disciplines, faculty members and students other than Faculty of Medicine and Department of Social Work. We are confident that our team's experience and past project findings are helpful to support the university's strategic aim in promoting elearning , as well as meeting the university's goal to shaping CUHK students to be a well rounded global citizen, with the ability and attribute on innovative and design and the mindset of social enterprisingness.

PART II

Financial data

Funds available: 0

Funds awarded from MMCDG $ $150,000

Funds secured from other sources $ 0
(please specify_____)

　　　　　　　　　　　　　Total: $ 150,000

Expenditure: We applied for budget update and it was endorsed on June 28, 2018.

Item	Budget as per application	Expenditure	Balance

Printing and stationaries		$12,078.29	137921.71
Hardware equipment		$115,021	22900.71
Staff Salary		$ 22,880	20.71
Total:		**$149,979.29**	**20.71**

PART III

Lessons learnt from the project

Please describe your way forward.
In short, we are satisfied with our findings. However we admit that there are still spaces for improvement on our IPE service learning pedagogies and we will take following actions in our up-coming IPE program in 2019.

1. Reduce the amount of e-learning micro module - we observed that students tend to enjoy the actual collaboration with peers of other disciplines rather than working and discussing together on a simulated case or working on e-learning assignments on their own. Too much studying workload will also reduce their interest in the IPE learning.

2. As mentioned above, we will streamline the content of our micro modules, and put more effort on interprofessional communication, conflict resolution, role clarification, shared decision-making, reflection, as well as values and ethics as these are essential to how our student will excel as an inter professional team member in the future.

3. Partner with patients/service subjects and their care givers and family, or community partners social worker to participate in our training workshops as sharing speakers.

4. Make good use of our website, social media platforms, animation and augmented reality to develop micro modules that can enhance students' learning.

5. Collaborate with other disciplines to refine our IPE learning continuum.

6. Invite non-Faculty of Medicine students to participate in CU CHAMPION's IPE service learning program.

7. Examine the pattern of student engagement and examine the changes of their attitude and knowledge toward geriatric care and interprofessional collaboration.

Please describe any of the following item(s) accordingly:

- *Key success factors, if any*
  - o Over 200 CUHK students participated in this IPE learning voluntarily
  - o Reached out over 3100 service subjects in the study period (May to August)
  - o See significant changes among students on:
    - satisfaction toward collaborative learning
    - geriatric care
    - healthcare knowledge (antimicrobial resistance)
    - communication skills with elderly subjects

- understanding elders' needs
  - o Positive feedbacks from students, teachers, service participants, and community partners
- *Difficulties encountered and remedial actions taken, if any*
  - o The e-learning and questionnaire participation rate were perfect (100%) in PHAR2018 but it was relatively lower in CU CAHMPION 2018 (only 67.4%). Some student volunteers did not participate the e-learning and questionnaires at all but devoted more time in community service. Some believed the content were identical as last year's as it was their second or third time joining the outreach program.
    - ▪ Remedial actions: At the later stage of the outreach program, we kept sending reminder emails to them to complete the minimum requirement of the e-learning items in order to achieve higher level of volunteer certificate, which ranged from Platinum level (the highest) to Participation level (the lowest), students who failed to complete minimum requirement were not eligible for a certificate.
- *The role of other units in providing support, if any*
  - o We would like to extend our gratitude to our co-investigator colleagues. They provided tremendous help in this project in terms of students recruitment and micro modules development.
- *Suggestions to CUHK, if any*
  - o *Example: what should be done differently?*
    This project involved two full time staff and 6 part time staff to develop and co-ordinate all courseware and service learning activities. It would be much appreciated if the university can provide a longer time frame and higher amount of fund for applicants to budget for staffing cost in future MMCD projects.

PART IV
Information for public access

Summary information and brief write-ups of individual projects will be uploaded to a publicly accessible CUHK MMCDG website. Please extract from Part I the relevant information to facilitate the compilation of the publicly accessible website and reports.

1. Keywords

Please provide five keywords (in the order of most relevant to your project to least relevant) to describe your micro-modules/pedagogies adopted.

(Most relevant)   Keyword 1: Interprofessional Education

                Keyword 2: Collaborative learning

                Keyword 3: Health education

                Keyword 4: CU CHAMPION 2018

2. Summary

Please provide information, if any, in the following tables, and provide the details in Part I.

Table 1: Publicly accessible online resources (if any)
(a) **Project website:** https://www.cuhampion.com *If a publicly accessible project website has been constructed, please provide the URL.*
(b) **Webpage(s):** IPE : https://www.cuchampion.com/ipe-en Programs in 2018 : https://www.cuhampion.com/2018 CUCHAMPION Introduction (Video): https://goo.gl/vfUDfz IPE in CU CHAMPION (Video):   https://goo.gl/nZNebR *If information of your project is summarized in a webpage (say a page in the department's or faculty's website), please provide the URL(s) in here.*
(c) **Tools / Services:** Readiness for Interprofessional Learning Scale (RIPLS) Blackboard VYOND (Animation software) Wix.com (website development) *If you have used any tools or services for the project, please provide names of the tools or services in here.*
(d) **Pedagogical Uses:** Workshop/lecture, Self learning, Service Learning *If any flipped classroom activities have been conducted, please provide information in here. If relevant, please indicate how your project output can be used to support flipped classroom activities.*

Table 2: Resource accessible to a target group of students (if any)
If resources (e.g. software) have been developed for a target group of students (e.g. in a course, in a department) to gain access through specific platforms (e.g. Blackboard, facebook), please specify.

Course Code/ Target Students	Term & Year of	Approximate No.	Platform

	offering	of students	
PHAR 2018	*Summer 2018, All Faculty of Medicine Students*	*9*	*Blackboard*
CU CATALYST 2018	*Summer 2018, All Faculty of Medicine and Social Work students*	*139* *(Number of active students in e-learning)*	*Blackboard*

Table 3: Presentation (if any)	
Please classify each of the (oral/poster) presentations into one and only one of the following categories	**Number**
(a) In workshop/retreat within your unit (e.g. department, faculty)	*1 (CUMEC 2018)*
(b) In workshop/retreat organized for CUHK teachers (e.g. CLEAR workshop, workshop organized by other CUHK units)	*0*
(c) In CUHK ExPo jointly organized by CLEAR and ITSC	*0*
(d) In any other event held in HK (e.g. UGC symposium, talks delivered to units of other institutions)	*1*
(e) In international conference	*1 (AMEE 2018)*
(f) Others (please specify)	*1* *(CU CHAMPION 2018 Presentation)*

Table 4: Publication (if any)	
Please classify each piece of publications into one and only one of the following categories	**Number**
(a) Project CD/DVD	*0*
(b) Project leaflet	*0*
(c) Project booklet	*0*
(d) A section/chapter in a booklet/ book distributed to a limited group of audience	*0*
(e) Conference proceeding	*1* *(CLEAR Expo)*
(f) A chapter in a book accessible internationally	*0*
(g) A paper in an referred journal	*1 (in progress)*

(h) Others (please specify)	2 (Faculty Annual Report & Report to Medical Council)

3. A one-page brief write up

Please provide a one-page brief write-up of no more than 500 words and a short video.

This project aims at investigating whether providing inter-professional education (IPE) toward geriatric care to university students can increase knowledge and improve attitudes toward inter-professional geriatric care in the community. The project is comprised of two components – a IPE education curriculum (e-learning course on BLACKBOARD, our university's online learning system) , and a series of IPE service learning in the community that organized by CU CHAMPION, a joint school service learning outreach team of Faculty of Medicine. The project involved of two group of university students: 9 students who registered the one unit elective summer course – PHAR2018 (May to June), and 206 students who enrolled as summer outreach volunteers (June to August). All these students were accessible to the same learning items and community service we prepared in this project.

In short, we prepared 28 IPE micro modules and organized 48 sessions of on and off campus community outreach services from May to August. There were significant improvement toward geriatric care and medicine among the students after the project. We also received constructive suggestions and feedbacks from our students, collaborators and stakeholder to improve our IPE curriculum in the future.