

## Virtual Interprofessional Education (VIPE)–The VIPE Program: VIPE Security, a Multi-sectoral Approach to Dealing with Complex Wicked Problems

Mary Showstark PA-C<sup>1</sup>, Andrew Wiss PhD<sup>2</sup>, Renee Cavezza<sup>3</sup>, Dawn Joosten-Hagye PhD<sup>4</sup>, Julian Richards PhD<sup>5</sup>, Patti Brooks<sup>6</sup>, Julie Wulfplimpton<sup>6</sup>, Ian Acheson<sup>7</sup>, Candyce Keshall<sup>8</sup>, Libby Gray<sup>9</sup>, Elke Zschaebitz DNP, APRN<sup>10</sup>, Erin Embry MPA, MS, CCC-SLP<sup>11</sup>, Cheryl Resnik PT, DPT, FNAP, FAPTA<sup>4</sup>, Iris An MPH<sup>2</sup>, Mark Sutherland PhD<sup>12</sup>, Ruben Arcos PhD<sup>13</sup>, David Kenley PhD<sup>6</sup>, Dorine Bennett BS, MBA, EdD<sup>6</sup>, Melina Dobson PhD<sup>6</sup>, Serge Bergler CASIS<sup>8</sup>

1. Yale University, New Haven, USA
2. George Washington Milken Institute for Public Health, Washington, USA
3. Stockton University, Galloway, USA
4. USC, Los Angeles, USA
5. The University of Buckingham, Buckingham, United Kingdom
6. Dakota State University, Health Informatics and Information Management, Madison, USA
7. UK Home Office, London, United Kingdom
8. Canadian Association for Security and Intelligence Studies, Vancouver, Canada
9. Unlocked Graduates, London, United Kingdom
10. Georgetown, Washington, USA
11. NYU, New York City, USA
12. UK, London, United Kingdom
13. University King Juan Carlos, Madrid, Spain

**Introduction:** The Virtual Interprofessional Education program is a multi-institutional consortium collaborative formed between five universities across the United States. As of January 2022, the collaborative includes over 60 universities in 30 countries. The consortium brings healthcare students together for a short-term immersive team experience that mimics the healthcare setting. The VIPE program has hosted over 5,000 students in healthcare training programs. The VIPE program expanded to a VIPE Security model to host students across multiple disciplines outside the field of healthcare to create a transdisciplinary approach to managing complex wicked problems.

**Method:** Students receive asynchronous materials ahead of a synchronous virtual experience. VIPE uses the Interprofessional Education Competencies (IPEC) competencies (IPEC, 2016) and aligns with The Health Professions Accreditors Collaborative (HPAC) 2019 guidelines. VIPE uses an active teaching strategy, problem or case-based learning (PBL/CBL), which emphasizes creating an environment of psychological safety and its antecedents (Frazier et al., 2017 and Salas, 2019, Wiss, 2020). Following this model, VIPE Security explores whether the VIPE model can be tailored to work across multiple sectors to discuss management of complex wicked problems to include: climate change, disaster, cyber attacks, terrorism, pandemics, conflict, forced migration, food/water insecurity, human/narco trafficking etc. VIPE Security has hosted two events to include professionals in the health and security sectors to work through complex wicked problems to further understand their roles, ethical and responsible information sharing, and policy implications.

**Results:** VIPE demonstrates statistically significant gains in knowledge towards interprofessional collaborative practice as

a result of participation. VIPE Security results are currently being analyzed.

**Conclusion:** This transdisciplinary approach to IPE allows for an all-hands-on-deck approach to security, fostering early education and communication of students across multiple sectors. The VIPE Security model has future implications to be utilized within multidisciplinary organizations for practitioners, governmental agencies, and the military.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s24

doi:10.1017/S1049023X23001036

## The Quality of Hospital Disaster Plans in Belgium: Evaluation Research. Development and Content Validity of a Questionnaire to Define the Quality Key Performance Indicators Influencing Hospital Disaster Preparedness: A Modified Delphi Study

Christel Hendrickx CCRN, MSN, EMDM<sup>1,2</sup>, Brenda van Delft CCRN, MSN<sup>1</sup>, Ignace Demeyer MD<sup>3</sup>, Luc Mortelmans MD<sup>4,5</sup>, Lieve Peremans MD, PhD<sup>2</sup>, Marc Sabbe MD, PhD<sup>6</sup>, Davide Colombo MD, PhD, EMDM<sup>7,8</sup>

1. VUB, Jette, Belgium
2. University of Antwerp, Edegem, Belgium
3. OLVZ Aalst, Aalst, Belgium
4. ZNA Stuivenberg, Antwerp, Belgium
5. REGEDIM, Research Group on Emergency and Disaster Medicine Vrije Universiteit Brussel, Jette, Belgium
6. University Hospitals of Leuven, Leuven, Belgium
7. Intensive Care, SS Trinità Hospital, Borgomanero, Italy
8. CRIMEDIM, Research Center University of Piemonte Orientale “Amadeo Avogadro”, Novara, Italy

**Introduction:** Emergency and disaster situations have a major impact on hospitals, some of which are already overloaded daily. The recent COVID-19 outbreak, attacks in Brussels, floods in Wallonia and influx of Ukrainian refugees show that the risk of facing a disaster and involvement of local hospitals (and stakeholders) is real. However, how hospitals implement their own hospital disaster plan (HDP), the position of the hospital disaster coordinator (HDC) and the real efficacy of these measures remain unclear. Therefore, an evaluation tool with an expert-consensus set of Key Performance Indicators (KPIs) and an evaluation of the HDC position is needed

**Method:** A semi-quantitative survey, as part of evaluation research, was designed by a research group. This questionnaire was based on the document analysis of the main topics of the national template and accompanying legislation. To establish consensus on the importance of the KPIs concerning the HDP, a three-round email-based modified Delphi study (Policy Delphi) was undertaken.

**Results:** For a task group, 15 qualified multidisciplinary professionals (in-hospital) agreed to participate, 11 completed all rounds. As a pilot group, a total of 25 ‘experts on the field’, were purposively selected from Belgian hospitals, nine of them completed the questionnaire. The modified Delphi reached the agreed consensus threshold (i.e.75%), resulting in five main themes: demographic characteristics/profile HDC, hospital incident management system (HIMS), pre-incident phase, incident phase, post-incident phase. Collectively including a