The EIPEN Network

EIPEN is the European Interprofessional Practice and Education Network for Health and Social Care. EIPEN is open for membership of higher education institutions, vocational training centres, health and social care institutions, professional bodies, governmental agencies, patient organizations, and umbrella organizations. Our mission is to help put interprofessional collaboration into daily practice, as it improves the quality of health care in accordance with a holistic view on the well-being of patients and persons with a disability.

EIPEN has institutional members across Europe. Information on the board and on members can be found at the website www.eipen.eu. The Executive Office members are: Andre Vyt (Artevelde University College, Chair), Majda Pahor (University of Ljubljana, Vice-Chair), and Tiina Tervaskanto-Maentausta (Oulu University of Applied Sciences, Vice-Chair).

The 2013 Conference

The conference was chaired by prof. Majda Pahor and hosted at the Faculty of Health Sciences of the University of Ljubljana. It was attended by participants from more than 15 countries. 78% of the submitted proposals have been accepted by the Conference Committee. The members of the Scientific and Organizing committee were: Majda Pahor (University of Ljubljana, Conference Chair), Andre Vyt (Artevelde University College Ghent), Barbara Domajnko and Vesna Osojnik (University of Ljubljana), Anja Taanila (University of Oulu), Kajaleena Serlo and Tiina Tervaskanto-Maentausta (Oulu University of Applied Sciences), Sarah Hean (University of Bournemouth), Elizabeth Anderson (Leicester University), Dolf van Veen (University of Nottingham & University Inholland), Helena Low (CAIPE), Margaretha Forsberg Larm (Karolinska Institutet Stockholm), Lijana Zaletel-Kragelj, Onja Grad, and Jana Mali (University of Ljubljana). The organization of the conference was supported by PROSE Network for Quality Management and Ascendo Services.

Book reference

Thursday morning sessions

08.30-09.30 (room 22, ground floor)
Interactive plenary session

Marion Helme and Helena Low (CAIPE)
Rocky roads and mountain passes: Crossing the difficult terrain of IPE together?
A warming-up session, tackling issues of goal-setting and overcoming resistance when trying to implement projects of interprofessional practice or education.

10.00-12.00 (room 117, first floor)
Session 1A: Developing and introducing IPE courses: What, how, why

Anita Stevens (Zuyd University of Applied Science, The Netherlands)
The development and implementation of an IP education program: A systematic approach
Authors: A. Stevens, S. Beurskens, A. Moser
An interprofessional project group was set up, comprising one faculty member from each of eight different educational studies (physical therapy, occupational therapy, creative therapy, speech and language therapy, nursing studies, biometrics, midwifery, social work). It also included a staff member from the Department of General Practice and a student representative. In this presentation we give an overview of the strategies used so far to start to develop and implement an IP education program across all health care studies. We also present some examples of the newly developed educational materials. This long-term project is planned in several phases. In the first phase, a shared vision, mission and starting points were formulated based on the literature and best practice examples. In the second phase, the current situation at the faculty was analyzed and an inventory of existing IP elements in each curriculum was made. In the third phase, implementation strategies were developed, the first being aimed at gaining stakeholder support within all educational studies of the health faculty. Small pilot activities have already been carried out in the form of IP student workshops and incremental adjustments made to existing educational materials as a result. Overall, every project group member functions as a key representative of their own study program and constantly feeds back on developments to their own study program. Students participate both as a member of the project group and in an IP focus group. At the moment several showcases are in development for IP care and treatment plans, using the ICF as basis for a common language. Future strategies will be multidimensional and multifaceted and aimed at students, faculty staff development, managers and professionals and patients in health care. The systematic approach to the implementation of the IP curriculum will guarantee that it will be structurally embedded in our educational studies. A lot of work still has to be done however to deliver entrepreneurial professionals who are able to learn from each other and provide patient-centered care.

Tiina Tervaskanto-Mäentausta (Oulu University of Applied Sciences, Finland)
IPE during the undergraduate medical and health care studies
Authors: T. Tervaskanto-Mäentausta, A. Taanila
In the university the first common course for medical, dental, nurse and dental hygienist students was carried out in 2007. Hereafter the focus of IPE has been the development of this common curriculum for undergraduate medical and health care studies. Today there are several common courses and training periods during the undergraduate education. The aim of this study is to investigate students' attitudes and conceptions of IPE and learning experiences at the beginning, in the middle and at the end of their undergraduate studies. At the beginning of their course (Public health and
Interprofessional education, students (n=920, from 7 different degree programs) assessed their readiness and attitudes towards IP learning (RIPLS) and gave feedback on their learning experiences. Data of focus group interviews (n=10) were collected in 2010. In the middle of their studies a sample of the medical and public health students (n=105) participated in paired training at a primary health care center. At the end of their studies 120 medical and nursing students participated in simulation training within an acute health care course. Data have been collected in the years 2008-2013. This has shown that students' readiness and attitudes to IPE during the years 2008-2013 have become more positive, and improved knowledge of the different roles and skills of the other professions has helped students accept and value them. E-Learning discussion based on family cases has helped students understand the service system and value of the IPC. Student feedback on IPE changed and became very positive when the students were training together in real life or simulation settings. Students considered teamwork and collaboration important and they learned that working together requires confidence and respect of each other. The professional roles and readiness to work together clearly developed during their studies. We find that IPE requires students to experience interactive methods. New innovative learning environments like simlabs are safe, controlled places to learn both teamwork as well clinical skills.

Majda Pahor (University of Ljubljana, Slovenia)
Developing interprofessional education in health and social care: The Slovenian experience
Authors: M. Pahor, T. Škodič Zakšek, R. Vettorazzi

The presentation is focused on the context, content and process of developing the first accredited interprofessional course for undergraduate students in health and social care in the country. This started in 2011/12. The idea for the course developed within Faculty of Health Sciences, based on the work of a research group, interested in IP collaboration between nurses and doctors. Several studies performed in different settings showed severe lack of good IP collaboration and positive attitudes towards gaining related knowledge and skills. Therefore, an elective course was designed at the FHS, with the intention of bringing together students of most of its departments (nursing, midwifery, physiotherapy, occupational therapy, sanitary engineering, radiography), and students from three other faculties (medical, social work and psychology). The course has been organized as a 6 ECTS. It lasts 4 months and combines lectures, seminars and small group work both in classroom and in virtual space, with the support of an IP teaching team of 10 teachers. It is partly a problem based and enquiry orientated course, divided in two parts, the first named “Gaining strengths” and the second “Facing the problem”. The intention of the first part is to enable the students to learn about the competences and scope of practice of all the professions involved, and about the advantages and risks of the teamwork. In the second part students get a paper «patient case» and work in IP teams. In their final report, they address the patient's needs and also their own team experience and development. The course has been run twice so far with very good evaluation from the students. A multi-method longitudinal study is under way to follow the course processes and allow for further improvements.

Olivier-Jean Glardon (Federal Office of Public Health, Switzerland)
Interprofessional training of undergraduate medical students based on new healthcare models
Authors: O.J Glardon, N. Facchinetti

Interprofessional undergraduate training of medical students is not well implemented in Switzerland. A national board was mandated to develop a concept based on new models of primary health care. Six models have been developed. For each of them, three to four modules are proposed, each one presenting concrete primary healthcare situations, which should be analyzed and studied during IP teaching sessions (for the less two days during each curriculum year). Each model and its modules takes different competencies into account (based on the CanMED's framework), that students have to discuss and exercise in small IP groups (students in medicine, midwifery, nursing sciences, physiotherapy, nutrition, occupational therapy). IP coaching of the students is available, as well as a framework of short lectures on specific IP topics. The presentation stresses the didactic aspects of the healthcare models that were developed for this IP teaching and training. It shows how professional and generic competencies were taken into account for the design of the modules. It discusses how the IP training on the models and modules gives the opportunity to the students to get fit for collaborative practice and IP post-graduate training. It also shows how it helps the students to grow into their future professional position and role as part of an IP healthcare system.
Worldwide impetus for IPE has been gaining ground and in many countries IPE is a well-established component of health and social care curricula. The island of Malta has not caught up with this climate and as yet there are no formal IPE initiatives within its health and social care university programs. This presentation reports on an ongoing doctoral research study which explores the yet unpracticed concept of IPE and the changes deemed necessary to introduce an IPE initiative at the Faculty of Health Sciences at the University of Malta. In line with the literature, this study emphasizes the centrality of understanding the context at the planning phase and will underscore the influence of local determinants inside and outside the organization. A case study approach was used so as to capture the culture at the faculty possibly reflecting the social, educational, political and professional realities in Malta. The perceptions sought for this study emerged from local health and educational stakeholders, both crucially important for the development of any IPE initiative. The findings are anticipated to shed light towards better understanding the complexities involved for a potential IPE initiative in Malta. Although these complexities cannot be generalized, they could still highlight new understandings for European mini-states and other nations. This presentation provides a brief overview of the study but will mostly focus on the main findings and emerging concepts.
Session 1B: Implementing and evaluating IPE: Does it work?

Barbara Domajnko (University of Ljubljana, Slovenia)
Interprofessional education and patient involvement
Authors: B. Domajnko, N. Ferfila, M. Furlan, M. Kavčic, K. Lobe, M. Pahor

EIPEN’s mission is to develop and promote education aimed at effective collaborative interprofessional practice in health and social care. Whose standards are used to evaluate this effectiveness? Who is the beneficiary? It is assumed to be patients, their families, carers and communities. Effectiveness of collaborative practice refers primarily to their health. But who then is a health worker? The professional view is just one of the perspectives and people themselves are also included in the promotion, maintenance and treatment of their and other people’s health. A health care user (patient, client, person etc.) should therefore also be considered a member of a health care team. A model including users as active members of health care teams evolved from the patient-centered care and could be named the health problem-centered treatment. Does this shift call also for a redefinition of IPE? What do professionals need to learn from patients and how? Do patient involvement and empowerment in uniprofessional education differ from IPE? What are users expecting from collaborative care? How do they see their role and the role of others? Do users themselves need to be educated to be actively involved in collaborative care? What skills beside health literacy do they need to acquire? Questions like these will be raised, challenges exposed and discussions opened on the basis of the qualitative analysis of two textual sources. The first textual database consists of the opinions (on patient involvement) of two generations of students enrolled into IP education course at the University of Ljubljana, Faculty of Health Sciences. The second source is textual material from in-depth interviews with two cancer survivors.

Jayne Frisby (Kings College London, UK)
The development of an IP learning unit: Keeping patients safe from medication errors
Authors: J. Frisby, A. Parry

The presentation focuses upon the collaborative development of a learning innovation for final year medical, nursing and pharmacy students in safe medicines management. It will be of interest to those seeking to develop interprofessional learning opportunities utilizing technology to facilitate this process. The presentation will seek to explore theoretical perspectives that underpin the pedagogical approaches utilized within the e-learning and subsequent workshop. Initial student evaluation will be presented and plans for future development. Safe medicines management involves interactions between pharmacists, doctors and nurses and is pivotal to quality healthcare. Medicines education for pre-registration students occurs at various points in their individual curricula; this project has sought to bring all three disciplines together by developing an innovative IP learning unit. The initiative aims to raise awareness of individual and team responsibilities in the delivery of safe medicines management, and to facilitate students to work collaboratively to explore medication errors and present preventative strategies to a ‘Risk Management Committee’. The learning unit has two parts: an e-learning resource and an IP workshop. The presentation will describe the development of the learning unit, the key challenges in implementation and the observed impact through evaluation. This initiative identifies important issues regarding the impact and challenges of planning and delivering effective IP medicines management education.

Matic Kavčič (University of Ljubljana, Slovenia)
Interprofessional education in health care – does it really make a difference?
Authors: M. Kavčič, N. Ferfila

In the past two years a new course “Interprofessional cooperation in health care teams” has been carried out at the University’s Faculty of Health Sciences. Participating students from nursing, midwifery, occupational therapy, psychology, radiologic technology and sanitary engineering completed a set of short surveys. Our aim was to evaluate the short-term influence of the IP education course on student opinions and knowledge about different aspects of IP education and practice. At the beginning of the course, students’ knowledge of the competences and the role of different professionals in health care teams was assessed in a questionnaire. Similarly, a questionnaire measuring student opinions on IPE was administered on the first and last day of the course. Statistical
Analysis has shown a significant change in students' opinions of the role of IP learning, especially on professional relationships, team work skills and reduction of stereotypes. Qualitative analysis of an open-ended question about the definition and understanding of a health care team also showed some anticipated changes in student opinions.

Amanda L.M. Squire (Cardiff Metropolitan University, UK)
Interprofessional inspiration: The effects of one IP seminar on healthcare students
Author: A.L.M. Squire

This presentation describes the impact of one interprofessional seminar on healthcare students. Stroke care was identified as an appropriate subject area to bring together healthcare students in an IP forum. Final year students in Medicine, Nursing, Speech and Language Therapy, Occupational Therapy, Physiotherapy, Dietetics, Podiatry, Biomedical Science and Social work attended a half-day IP seminar. The aim was to explore the journey of a stroke survivor, with several learning objectives mapped directly to the program, including: etiology; multidisciplinary working; and organizations working to improve stroke services. Participants listened to a survivor's story and explored their own experiences in break-out groups. Their stories and experiences were mapped and improvement opportunities were explored. The break-out groups were recorded and simple thematic analysis was undertaken. The strength and impact of the survivor's voice, particularly the poignancy of survivor's reality of recovery once discharged from inpatient care was extremely important. Listening to the difficulties faced by stroke survivors in everyday living, adapting to a new reality of life and the impact upon those close to them, proved to be hugely motivating for the students. The untapped potential of students for improved management of care and their role within the multidisciplinary team. The seminar revealed how students can be an integral part of healthcare improvement as they have "fresh eyes" and can observe without prejudice or influence. Students expressed how they could help inform the existing care team by using research and new ideas to improve systems. The overwhelming message from all of the students was their need to talk longer and more often about their shared roles and professional practice. The students all agreed that future IPE events would be beneficial to consolidate and support their learning and facilitate shared learning with, from and about each other. The key outcome of this seminar was the development of a stroke interest group, aiming to develop and promote key IP competencies and explore the care pathway and journey of the stroke survivor in order to improve quality of care.

Petra Urbič (University of Ljubljana, Slovenia)
Students’ experience with an international and interprofessional IT-supported course
Authors: K. Demšar, M. Jurkovič, Ž. Malič, P. Urbič, A. Zupanic

The presentation describes our experience with an elective interprofessional course in which we have been involved as students. The course itself was developed by two teachers from a Slovenian and a Swedish university. The main aim of the course is to enable the students (coming from different areas of health care education) to expand and deepen their knowledge about dying and mourning. Students participate in virtual teams. The course lasts 10 weeks with fifteen hours of work per week for student. During the course students learn about their own feelings, expectations and attitudes related to dying and mourning and are expected to cooperate and gain knowledge about different professions and their role including the impact of the society in this process. There is also a focus on the patients’ significant others. At the beginning of the course each student writes his own two stories, one about good death and one about bad death. Then a topic on this subject is opened in a group forum where all the participants including teachers are able to reflect and write their own thoughts or opinions. After that there is a new content topic opened each week that is followed by discussion based on the articles and students’ own experiences and knowledge. At the second part of the course the teachers compose teams of students from different background and provide a case of a palliative patient. The task for each team is to analyze this virtual patient situation using different areas of knowledge and composing a final paper that shows not only the result of individual inputs but also the outcome of a team work. Students that have already participated in this course believe that it has been carefully set and practically oriented. In general students are enthusiastic and excited about the course and often report about the benefits this kind of work brings to an individual. We believe that the Dying and mourning course should continue as it is not only international and interdisciplinary but also carefully designed and it’s following modern trends in education bringing students from Slovenia and Sweden so many chances to develop into better health care professionals.
Thursday noon sessions

13.00-15.00 (room 117, first floor)

Session 2A: Interprofessional education: Constant need for innovation

Tiina Tervaskanto-Mäentausta (Oulu University of Applied Sciences, Finland)
ISTEP – Interprofessional team education promoting public health
Authors: T. Tervaskanto-Mäentausta, K. Serlo, E. Varkki, T. Kaisto, O. Vainio

Two Finnish institutions are joining the project ISTEP- Interprofessional team education promoting public health. Southern partners of the project are relatively young higher education institutes from Kenya, Mozambique, and Namibia. The ISTEP project is aimed to enhance public health in all partner countries, including supporting themes like teamwork, patient safety, equality and ethics. Help in human capacity building is the biggest need in the participating institutions of the south, particularly so in the “young” HEIs. Also new technology brings many challenges concerning, i.e. accessibility and knowhow. Sustainable development, global responsibility and environmental questions are also considered important. The main areas of interest in ISTEP project are: leadership and management in higher education, curriculum development and IP skills. The aim of the exchange program is to share experiences of good practice of IPE and IPC. The teachers and students of the participating institutions will get acquainted with global public health issues. IP teamwork and collaboration and leadership skills will be trained during the intensive course and using the innovative learning environments is learned. During the exchange program and in the intensive course good health promoting practices, effective IP learning methods and learning experiences with, from and about each other are shared. Within these areas IP teamwork skills were learned and the use of innovative learning methods trained. The first part of the project is ending. The experiences have been positive.

Patricia Bluteau (Coventry University, UK)
Collaborating to create an innovative IPE focused curriculum

The university’s new collaborative curriculum for undergraduate health care students received commendations when recently approved by the UK professional bodies (The Health Professions Council and the Nursing and Midwifery Council). The partnership approach to developing the new courses was identified as best practice. The centrality of a values based collaborative framework which will act as a bridge between theory and practice, using enquiry based learning to develop caring and compassionate professionals, was also commended. This presentation will share the curriculum creation strategy and the processes involved in the journey from conception to validation. The presentation will identify the global and local influences on the curriculum philosophy and structure. These include evaluations, research and reflections relating to the previous curricula. Also policy, research, communications with international colleagues, and the strategies and processes used to achieve this will be discussed. The curriculum philosophy and framework will be explained. Delivery of the curriculum and assessment of learning will involve a multitude of practitioners, service users and academics working in partnership. The collaborative and pedagogic strategies underpinning this will be explained. These include interprofessional learning opportunities in theory and practice with a blend of face to face and online learning.
Janitha Costa (School of Medicine, Dentistry & Biomedical Sciences, Queen’s University Belfast, UK)

Simulated interprofessional teaching sessions on labor and childbirth for students

Authors: J. Costa, C. Hughes, G. Anderson, D. Paterson, M. O'prey

Meetings were set up between teaching teams from school of Nursing and Midwifery and school of Medicine, Dentistry and Biomedical Sciences to explore ways of promoting interprofessional learning in the field of obstetrics and gynecology (OG). It became clear that medical students (MS) attending OG attachment found the caring for women in labor a stressful and daunting experience; feedback revealed some degree of disturbed relationship between MS and the midwives. Further comments revealed that MS were unclear about their role within the delivery suite (DS) and were unsure how to integrate within this intense, busy setting with women, their partners and midwives. It was felt that providing an opportunity for MS and student midwives (SM) to interact and communicate on the first day of OG attachment would help to improve IP relationships in DS setting. This opportunity could provide a positive, confidence-building forum where SM can utilize teaching strategies, which would be transferable to their professional role as registered midwives, and where MS can communicate with SM and learn to support women in labor. In addition to that, SM would benefit through an opportunity to teach and facilitate learning in relation to normal labor and birth, while MS would benefit from understanding the process of labor and familiarization of the delivery suite environment. Objectives were: to improve relationships between MS and midwives through better understanding of each other’s roles, to alleviate MS’ anxieties surrounding LW and to improve their understanding of the process of labor and clinical environment, and to improve MS’ self-perceived confidence levels in caring for women in labor and performing a vaginal delivery. A simulated IP workshop was developed exploring the care and management of a low risk mother in an uncomplicated labor and birth. The final year SM who have experience in working in LW and undertaking deliveries were selected to deliver the session. It was agreed that MS would be encouraged to participate to help the mother and the midwife throughout the scenario followed by hands on delivery of the baby by all the MS using PROMPT trainers and dolls. The sessions were delivered once every six weeks on the introductory day for the new intake of 4th year MS who were about to embark on their obstetrics and gynecology placement. A group of 10 SM were allocated every six weeks to have independent study time to team work together and adopt roles to facilitate the session. The feedback from both MS and SM following the session was positive and also helped to shape and adjust the session further. Questionnaires were developed to evaluate the effectiveness of the workshop in relation to perceived levels of confidence and learning. Initial findings indicate that both student bodies find the simulated IP workshop an effective method of learning, which has improved perceived levels of confidence and understanding of professional roles. Evaluation indicates that simulated IP teaching sessions can be used to alleviate students’ anxieties and to improve confidence levels in performing and interacting with other professionals in the clinical environment.

Toshitami Arai (Saitama Prefectural University, Japan)

Innovative IPE: Collaboration with health, social care and living environment design

Authors: T. Arai, T. Taguchi, M. Seto, K. Takao

This presentation clarifies the understanding gained by students in health and social care, technology and especially Living environment design students during an IPE trial program, in which 25 students from 4 universities participated during one and half days. On the first day, interprofessional student teams enjoyed team building activity, and understood the outline of a service user's case. The next day, the student teams went to hospitals or social welfare institutions and interviewed service users and professionals, discussed the current situation and the future of the service user's life. Before and after the program quantitative data were collected, and qualitative data were collected from students' reports after the program. Analyzing what the students write in the reports can be useful to understand students’ learning. Through the IPE program with Living environment design students, health and social care students were able to deepen their understanding of service users as ordinary people, understand the realities of living space and activity, notice the importance of community based IPW. They were also able to understand the importance of explaining professional terminology and the difference between receiving opinion and agreeing on it. On the other hand, Living environment design students were able to learn deeply the importance of collaboration with health and social care professionals to create a housing environment with understanding of handicapped and older peoples’ lives. Further research on the joint IPE program would help to determine appropriate learning resources required and the way to facilitate innovative IPE teams.
13.00-15.00 (room 118, first floor)

Session 2B: IP education in practice settings: How to make changes

Flemming Jakobsen (Western Regional Hospital, Denmark)
Spreading of clinical interprofessional learning methods
Authors: F. Jakobsen, J. Hansen

In a Danish Interprofessional Training Unit (ITU) the clinical tutors have succeeded in developing a safe learning environment characterized by mutual trust and respect. This is combined with challenging the students by giving them responsibility for the patient's care and rehabilitation. The program has repeatedly shown that the students in the ITU during a two week placement substantially improved their uniprofessional and IP knowledge and capability while strengthening their professional identity. It was therefore decided to make an attempt to transfer these IP learning and teaching methods to another setting. The aims of this study were to evaluate whether the students learned about IP collaboration and strengthened their professional identity in an orthopedic ward; and whether the clinical tutors could create a safe and challenging learning environment for these students. Three clinical tutors (an occupational therapist, a physiotherapist and a nurse, and one with a familiarity of the original ITU method) together planned the pedagogical approach and practical organization of two one-week pilot studies. After the pilot studies focus group interviews of students and clinical tutors were performed and analyzed using the inductive approach of an Editing Analysis Style. All the students agreed that they had experienced the importance of IP collaboration and learning from each other, including learning about each other. Maintaining focus on the individual professions core tasks and explaining to other students the underlying theory for actions they carried out contributed to strengthening the students' professional identity. Finally the students appreciated being in charge and thereby the opportunity for independent decision making. The clinical tutors emphasized that supervising in this way had some challenges. Participation on an equal footing both in terms of planning and attendance in the ward was seen as an important element of the course. A one-week IP clinical placement contributes substantially to students learning about IP collaboration and to their development of professional identity.

Sarah Hean (Bournemouth University, UK)
Content and constraints: IP training between the criminal justice and mental health services
Authors: S. Hean, S. Staddon, A. Clapper, L.A. Fenge, E. Jack

In Europe, unacceptably large numbers of prisoners have mental health issues. Integrated, effective interagency collaboration is required between the criminal justice system (CJS) and mental health services (MHS) to ensure early diagnosis and treatment. In the UK, diversion/liaison schemes are proposed as a means to integrated service provision. This study explored MHS and CJS professionals' perceptions of the joint interagency training needs required to prepare the workforce to effectively respond to liaison/diversion agenda as well as the constraints these different groups worked under in terms of delivering this type of training. An interagency event brought together 52 professionals from both the MHS and CJS. Six focus groups were conducted with these professionals. Analysis showed that professionals from both systems needed to build empathic relationships with staff from other agencies. They stressed the importance of actual face-to-face contact with other agencies to achieve this and saw interagency relationships as being built through increased knowledge of other agencies and formal facilitated contact between them. They were strongly in favor of interagency training and its contribution to enhanced collaborative competence across the workforce and, in the long term, improved offender mental health. Participants believed interagency training would develop a greater knowledge of other agencies and help them understand others' roles and responsibilities. They believed interagency training should occur pre-qualification, through into continued professional development and contain a variety of interagency training experiences. Professionals from both systems shared a high level of person-centeredness in their approach to their practice and stressed the importance of training being grounded and delivered in a real world environment. Participants acknowledged that training opportunities are under threat due to financial and time limitations and that joint commissioning, shared resources and economies of scale must be considered. Recommendations for an interagency package of training is presented.
Bo Van Den Bulcke & Andre Vyt (University Hospital Ghent & Artevelde University College, Belgium)

Improving the quality of IP teamwork in the surgical unit: A short-term intervention study
Authors: B. Van Den Bulcke, A. Vyt, D. Benoit

A key factor in an intensive care unit is the quality of interdisciplinary communication and collaboration between healthcare providers. Few intervention studies exist. The aim of this study was to evaluate the quality of interprofessional teamwork in a surgical unit, and to assess whether teamwork could be improved significantly through a specific short term intervention. The 12-week intervention consisted of (1) optimizing, structuring and extending the existing weekly IP meetings with collaborative decision-making and clear communication of goal-oriented actions (including the psychosocial aspects of care), and (2) organizing the maintenance of the effective exchange of information over time between all professions involved, with the help of a digital monitoring information tool. The perceived quality of IP teamwork prior to and after the intervention was assessed with the PROSE Online Diagnostics System (www.prose.eu), a self-assessment toolbox using a validated 60 item questionnaire consisting of 3 subscales on the IP teamwork aspects (of 20 items each): i.e., organizational factors, care processes factors, and attitudes and beliefs. The system generates performance indexes (based on summations of item scores) up to 100. The impact of the intervention on the total respondent group, between and within 4 subgroups (3 consisting of nurses only, and a fourth group consisting of all other healthcare providers), was measured by linear mixed models with random intercept. The intervention had a clear impact on the first and second domain of IP teamwork for the total group (p<0.001) and within all subgroups of healthcare providers, despite baseline differences between subgroups in IP teamwork. Despite the short period of the intervention the results show that (according to the respondent group) the intervention had a clear effect on the organizational aspects of interdisciplinary collaboration. The way in which structured information can be exchanged and the support of management for interdisciplinary teamwork have clearly improved according to the group questioned.

Zdenka Garašević (University Medical Centre Ljubljana, Slovenia)

Impact of interprofessional intervention on performing activities of daily living in patients
Authors: Z. Garašević, V. Oražem

At the Nursing department of a University Medical Centre are hospitalized patients from different clinical departments. The aim of rehabilitation is to improve the patient's ability to self-care and represents a preparatory stage for a return to the home environment, the elderly home or rehabilitation facility. Effectively resolving the patient's problems requires interprofessional teamwork. The purpose of this paper is to demonstrate progress in performing activities of daily living in patients hospitalized at the Nursing Department Ljubljana. The qualitative study involved 172 patients who were hospitalized in the nursing department and were included in the rehabilitation program. For all participants, we used the Barthel index (BI) at the beginning and at the end of rehabilitation. The assessment instrument consists of ten activities: feeding, dressing, grooming, bowels, bladder, toilet use, transfer, mobility, stairs and bathing. The average difference between the initial and re-evaluation of daily activities was 3.9 points. T-tests showed a statistically significant improvement in all subjects. With IP intervention we achieve impressive improvement in functional status of persons in the area of mobility and self-care, which significantly affects the quality of life of each individual.
Thursday afternoon sessions

15.30-17.00 (room 117, first floor)

Session 3A: Interprofessional education in practice: Tools of trade

Annika Lindh Falk & Pia Tingström (Linköping University, Sweden)

Quality improvement project – an IP matter between university students and the county council
Authors: A. Lindh Falk, P. Tingström, J. Dahlberg, E. Berglund

It is highlighted that health care professionals should have competences in quality improvement to achieve better patient outcome. To be powerful, quality improvement should be performed by all involved professionals in cooperation. As a preparation for collaborative practice between professionals, students from medical and health care educations should be educated and trained together before they graduate. The university has organized an interprofessional curriculum since 1986. At three mandatory occasions, students from clinical laboratory technicians, medical biosciences, nursing, occupational therapy, medicine, physiotherapy, and speech and language pathology are coming together for IPE. During their second or third year, all students at the Faculty study theories related to quality improvement, together in IP groups. They use scenarios suggested by several different clinical settings such as health care centers, laboratory units and clinical wards. The students analyze the scenario, using for example the Plan-Do-Study-Act (PDSA)-cycle. Suggested improvements are presented in a project report and an oral presentation for the staff. During spring and autumn 2012, 64 different student groups worked with quality improvement projects. In order to describe what quality improvement areas the students choose to focus on, a qualitative content analysis was made of all the aims in the reports. Through repeated reading of the reports and specifically each aim, a category system was constructed based on both manifest and latent content. Two main themes emerged describing different quality improvement areas, identified by students: Staff-related issues in the organization of daily work and patient-related issues. One third of the projects focused on improving health care, primary related to patients’ needs. The rest of the projects mainly focused on improving the work environment for the staff. In order to achieve better patient outcome, quality improvement work needs to start from the patient perspective. This study shows that the main part of the projects was primary staff–oriented, even though the underlying purpose was to improve the safety and quality of life for the patient.

Marion Helme & Hugh Barr (CAIPE, London, UK)

Preparing students and newly qualified workers for interprofessional collaborative practice
Authors: M. Helme, H. Barr

This paper presentation discusses common themes in preparing students and newly qualified workers for collaborative practice in a wide range of different fields, and draws upon a series of discussions with authors, practitioners and others concerning the content of a series of workbooks to be published in 2014. The workbooks will focus on aspects of collaborative practice encountered in health, social care and related fields addressed to students and practitioners. The series is expected to include workbooks on collaborative practice in the fields of (1) vulnerable children and their families, (2) adults with intellectual disabilities (3) primary care (4 and 5) public health (6) critical care (7) palliative care (8) mental health (9) working with carers (10) facilitating collaborative practice., with the possibility of others. The series responds to (1) the global recognition of the importance of collaborative practice between professions and other personnel within and between organizations working with service users, their carers and their communities to improve safety and quality of care and services; (2) the implanting of IP learning in professional training courses in an increasing number of countries; and (3) the need for students, particularly during practice placements, and newly qualified workers, to have IP learning resources that relate to the different mixes of professions and types of collaborative working. The workbooks will aim to promote learning for collaborative practice, with a focus on ‘real life’ situations. The series is expected to be of potentially global interest. The editorial team have been
considering common themes, including for example, different types of team and teamworking, working with and respecting difference, dealing with conflict, role differentiation, inter- and intra-agency working. The presentation will include examples and indicate how these issues are to be tackled.

Juan José Beunza (European University of Madrid, Spain)

A collaborative practice program for a Spanish medical school
Authors: J.J. Beunza, E. García-Garrido, T. Díez-Laplaza, E. Gazapo, C. Fresneda, A. Martinez-Molina

The aim of this course is to help students to acquire the knowledge and competencies needed to develop an efficient collaborative clinical work in multiprofessional health professional environments. These competencies include interprofessional communication, role clarification, team functioning, collaborative leadership, and conflict resolution. It is focused to first year residents facing the difficult task of assuming clinical responsibility with lack of practical clinical knowledge. The final goal is to develop transformative leadership among medical doctors called to be members or leaders of multiprofessional teams, and to develop efficient communication to prevent errors and adverse events in patients. The program applies negotiation techniques from Business Schools to IP health environments. This presentation explains how the selection of competencies was done in this program, and shows an example of the content and methods used on this course. We discuss the ongoing research project on the impact of this course on our students.
Session 3B: Theory of interprofessional education: Do we need it?

Sarah Hean (Bournemouth University, UK)
Lack of theory: Educational malpractice
Author: S. Hean

This presentation supports the need for theory in the practice of interprofessional education highlighting the meaning of theory and the risks we run if we do not theoretically underpin our actions. I review the development of theory in IPE historically over the past decade, the increasing theoretical rigor that is now apparent in the field and the communities of practice that have arisen in this area. I highlight a range of theories that can be applied to IP education and explore how these may be applied and in what contexts, whether it be in the description of IP education on paper, in its delivery or in the development of student learning. I also focus on ways in which researchers and educators alike can assess theoretical quality in IP education and research. The presentation concludes with the use of social capital as a case study theory to illustrate the above, demonstrating the use of this theory in guiding our understanding of IP education, guiding its development and that of the faculty that deliver it, as well as the way we might use it to assess student learning and curriculum effectiveness. The presentation emphasizes the importance of theory to IP education and shows how and where theory may be applied to improve the effectiveness of IP education.

John A. Owen (University of Virginia, USA)
A theory-based approach to designing, delivering, and evaluating continuing IP education
Authors: J.A. Owen, V.L. Brashers

An approach to creating continuing interprofessional education (CIPE) activities is presented to aid the educational practitioner in delivering CIPE that has sound theoretical underpinning. It is recognized that the application of explicit theories to the design, delivery, and evaluation of CIPE activities informs educational design, encourages reflection, and enhances an understanding of CIPE and collaborative practice. The confusing array of available learning theories makes the selection of the appropriate theories relevant to the educational context and content of CIPE activities difficult. Theory should be selected based on its suitability relative to the context in which it might best be applied and on the understanding that IP education is both product and process-oriented. It is also important to recognize that theories are not mutually exclusive and that selecting a single theory is insufficient for the complexities of IPE. To facilitate the application of this approach to actual educational practice, a model will be provided of an effective CIPE theory-based program that was delivered to faculty and clinicians to enhance healthcare team collaboration. The description of this model includes: (1) a rationale for selecting specific theories applicable to CIPE, and (2) an application of these theories to articulate the learning objectives, develop the educational methods, guide the measurement of outcomes, and interpret the results. The description concludes with a discussion of how an enhanced understanding of CIPE derived from the application of explicit theory can be utilized in the design, delivery, and evaluation of future CIPE activities.

Alan Taylor (Coventry University, UK)
Unraveling, braiding, ducking and weaving: Post-theoretical leadership in IP education
Authors: A.G. Taylor, C. Hopkinson, E. Hayes, P. Bluteau, B. Davies

A significant component of the university’s new collaborative curriculum for undergraduate health care students is the emphasis on leadership, embedded throughout the three years of study. Conversational inquiry with students and critical friends woven across organizational boundaries reinforced the need for a systemic approach. Awareness of systems and organizational theories strengthen the growing evidence base for both IP education and practice but we wish to unravel such theory, subsequently weaving constructivist approaches to education with postmodern braiding of leadership theory. A partnership approach to develop the new courses was indeed identified as best practice in our recent curriculum review. But much of the partnership work around our leadership understandings was not visible, and takes on a more modest and humble aspect. We have performed subaltern identity and quietly enacted Foucauldian and queer understandings of leadership and followership which can enact and disrupt. Traditional understandings of leadership get replicated at all levels of the system but so too do disruptive enactments, and thus, no matter where you are (not) in
the hierarchy, you can still make a difference through shared leadership, servant leadership and spiritual leadership. We can draw on systemic understandings and complexity theory to weave knots of leadership which persist beyond all unraveling. And we can model such approaches to our students as they enter the post-Francis health and social care environment. And so how can we enrich our understandings of lived experience as a means of collapsing dualistic thinking thus doubting claims to authoritative truth or reductionist clarity as befits practice in a post-modernist culture? We can call for more nuanced postmodern approaches to multiple and complex realities of practice and education. We can thus provoke interest in the notion of the philosopher leader as much as the educational philosopher. We can subtly promote an embracing of enquiry-based learning at all levels, which includes conferences such as this.
Friday morning workshops

09.00-10.30 (A: room 423, B: room 422, 4th floor)

Sessions 4A and 4B

Louise van Amsterdam (Jan van Es Institute, The Netherlands, and European Forum of Primary Care)  
Interprofessional education for primary care professionals: A position paper  
Authors: E.J.L.M. van Amsterdam, D. Aarendonk

Presentation and discussion of the (preliminary) results of the EFPC Position Paper on IPE. This position paper aims to support the improvement of integrated primary health care by primary health care professionals and to better education for primary health care professionals. How can the quality of Primary Care be improved by interprofessional education and the strengthening of continuity in the different countries in Europe? The aim of the European Forum for Primary Care Position Papers is to learn about the reasons for the variation in care and to identify possible solutions in order to improve primary care for the topics mentioned. The content but also the production process, dissemination and impact of this EFPC Position Paper will be discussed. In view of the need for better collaboration between the different professional groups within Primary Care it is an important strategy to offer IP education in all stages of the professional training. Primary Care includes comprehensive community based services which encompass promotion, prevention, care and treatment. Amongst others, this requires the strengthening of the continuity of care, knowing different professionals and disciplines will be involved. Participants of the workshop will be informed and challenged to form their views and discuss their opinions with experts in the field of IPE.

Bernie Davies (Coventry University, UK)  
Assessing collaborative capabilities: Approaches, challenges and development  
Authors: B. Davies, P. Bluteau, J. Astley-Cooper, A. Taylor, S. Igo, L. Epstein

Based on work completed during development of a new collaborative curriculum for health care professionals, the aim of this interactive workshop is to explore strategies for assessing students’ achievements and development against a collaborative capabilities framework. The research literature on effective strategies for assessing student achievements in interprofessional education (IPE) remains limited. However, assessment of IPE is challenging and existing assessment tools may not be adequate for assessing all learning situations. Variation between assessor in expectations, interpretation and application of assessment tools highlights the need for refinement of tools and for further research. It is hoped that discussion during this workshop will contribute to the development of such tools and studies. The workshop begins by briefly introducing the assessment tools and strategies used at Coventry University then identifying related challenges. The assessment tool for online discussion and the new Collaborative Capabilities document, portfolio and assessment tool; which aims to integrate assessment of theory and practice, will be considered. The developing role of the academic personal tutor in assessing IPE will be introduced. Participants then are divided into small groups and provided with activities and artefacts to be used as the basis for exploratory discussions. The intention is to inform development of good practice in IPE assessment and assessor preparation. Finally discussions are fed back to the wider group and summarized.
11.00-12.30 (A: room 423, B: room 422, 4th floor)

Sessions 5A and 5B

Elizabeth Howkins & Helena Low (Centre for the Advancement of Interprofessional Education, UK)

A toolkit as a resource to persuade skeptics, non-believers and novices to support IP learning

Authors: E.J. Howkins, H. Low

Evidence indicates that effective interactive interprofessional learning promotes flexible, mutually supportive, patient-centered and cost-effective collaboration, leading to enhanced quality of care and improved service delivery. The arguments and the evidence for IPE are now strong, but persuading organizations, key educationalists, policy makers and other stakeholders to support, provide resources for, or become actively involved in taking forward IPE can be a challenge. This workshop is for those facing this challenge in introducing an IPE initiative in academic or practice settings. The aim of this workshop is to work with participants to help them identify key factors for effective planning and delivery of IPE, relevant to their individual context. It will provide the basis for a toolkit designed to act as a resource for introducing IPE into a program or episode of learning for health and social care professionals. This toolkit will help them to make the case for IP education at strategic, organizational and practice levels in their own setting. The workshop will focus on key factors essential for effective planning, organization and delivery of IPE. The participants will engage in interactive small group activities to explore the relevant evidence for making a substantive case for IPE within their own setting. Building on their prior knowledge and expertise and by sharing their experiences, they will identify key factors required to support an effective strategy for the introduction, management and delivery of an IPE initiative. They will have the opportunity to draft such a strategy, individually or in small groups.

Lynda d'Avray (St George's University of London, UK)

The development of interprofessional education in health and social care in the UK since 1997

Authors: H. Barr, M. Helme, L. d'Avray

We draw primarily on our current research in the Interprofessional Education Research Group (IPERG), but also on our knowledge and experience of IP teaching and working within university partnerships, nationally and internationally. IPERG has been researching the development since 1997 of undergraduate IPE in health and social care in the UK to identify themes, indicators for sustaining and improving IP learning and conclusions concerning future IPE. Methods have included a secondary source thematic review, an online survey, a set of reflective studies from selected universities and university partnerships, and interviews with individuals and teams working on IPE in the UK. We aim to provide a forum for the sharing of UK expertise and methods across European borders to expand and improve IPE in partner countries. Significant questions persist concerning the implementation of IPE for the preparation of professionals for future teamworking. After introducing some of the key themes arising from the research, participants will be invited to explore possible directions for future successful innovations in IP learning. Themes emerging include: starting off and keeping IPE going; systems, structures and organisation; leadership and governance; culture, power and relationships. The experiences of teaching and coordinating IP learning, sharing of expertise across universities, what works and does not work, and planning for the future are further areas that may be considered. Themes in the workshop will act as a context for discussing specific examples of innovations in IPE. The intended impact is to raise awareness of the potential constraints on implementation and take account of these where appropriate.
Posters exhibition (continuous)

Marija Bubaš (Croatian Institute for Health Protection and Safety at Work, Croatia)

Interprofessional education, its challenges and outcomes through a risk assessment tool
Authors: M. Bubas, M. Mihalinac-Bolanca, M. Batak, M. Zavalic, A. Bogadi-Sare

This presentation describes interprofessional collaboration, its challenges and outcomes through development of the risk assessment tool. The Scoring Method for Assessment of Repetitive Tasks is a contribution in the domain of risk assessment in occupational health and safety. Its main purpose is evaluation of the risks posed upon a worker at the workplace, which often result in work related upper limb disorders. Work related upper limb disorders are a group of musculoskeletal disorders that highly influence workability of all workers but can be prevented if the risk assessment is performed in time and with proper tools. Having proper tools means having a sensitive and specific method of assessment which will provide valuable information that can be used in workplace design and organization and to prevent the onset of work related upper limb disorders. Development of such a method is highly demanding and requires teamwork of professionals with different educational and professional background. Firstly, core team professionals (occupational health specialists and safety experts) agreed on key aspects of the method and then the tools for data collection were developed and agreed. Semi-structured interviews were used to collect relevant data which were then coded and entered into the database. Until now the method has been tested at 56 workplaces with 112 workers interviewed. The results of analysis were discussed in team in order to increase validity and afterwards, from an IP viewpoint, discussed widely with broader group of experts. Prior to field testing of the method IPE took place during which the core team of professionals educated a group of 20 occupational health specialists and 20 safety experts on how to use the method during the field testing. We found that a problem solving approach was the best choice when one wants to cross borders or, even better, break down prejudice in IPE. The presentation shows the efficacy of several chosen approaches in the education of professionals working together on development of the risk assessment tool as a final product of joint effort.

Maria Kvarnström (Karolinska Institutet, Sweden)

To facilitate IP learning at the academic health care centers in Stockholm County
Authors: M. Kvarnström, M. Risen, U. Thörnblom

County Academic health care centers have been established, aiming to 1) strengthen clinical education, 2) increase patient-orientated research and 3) strengthen the interprofessional education for the team work thus contributing to a learning organization. The Centre for Clinical Education has the overall responsibility for coordinating and contributing to the quality of clinical education in higher education. In accordance with that, one of the main areas is to promote IPE and to facilitate the IP learning environment at the academic health care centers. Guidelines for four IP learning activities, homecare visit, clinical visit, case seminar and shadowing, were developed. Initially a collaborative introductory workshop “how to start IPE” was delivered with the managers of the care units, the coordinators of the health care centers and the student managers. At this workshop the health care centers described their future needs for education and support and the guidelines were introduced. This was followed up by local seminars and workshops. The performance of the suggested learning activities was evaluated by the student managers at the health care centers using a questionnaire including questions about the use of the IP learning activities and suggestions for improvements of the guidelines. The IP learning activities included Home visits, Clinical visits, Case seminars and Shadowing. The attending students were of the following professions: physiotherapists, occupational therapists, nurses, physicians, district nurses, chiropractor and enrolled nurse. The guidelines were perceived to be useful and additional activities would be appreciated. The major difficulties seemed to be due to logistics of the clinical placements and to engage the tutors. It seems important that the students and the tutors are well informed about the aim of IPE. Guidelines for suggested IP learning activities have been presented and published online. The facilitation of IPE was evaluated and the result revealed how IPL was delivered including participation of professions and suggested improvement for the guidelines.
Jean Astley-Cooper & Bernie Davies (Coventry University, UK)
The Collaborative Curriculum Model and Capabilities Framework

This poster explains the Collaborative Curriculum Model and Capabilities Framework which is central to the university's new undergraduate curricula for all health care profession students. At professional approval the framework was identified as being innovative and received commendations as best practice which should be shared. Students from Nursing, Physiotherapy, Occupational Therapy, Dietetics, Midwifery, Paramedic Science and Operating Department Practice course will share the curriculum. A philosophy of collaboration and evidence informed practice drove the curriculum with service users, practitioners, service managers, students and academics working together to create the curriculum. The curriculum spiral is reflected in the development of personal and profession, organizational and ethical capabilities over the course of 3 years. Assessed by the capabilities framework, students will develop skills of communication, assertiveness, emotional resilience, conflict resolution, role clarification, teamwork, ethical values, decision making and leadership. Year one concerns learning addresses communication, personal transformation and populations served. Year two development relates to ability to cooperate, professional transformation focusing on person centered care. The final year progresses to fully embrace collaborative practice, leading change and life-long learning.

Serge Gallant (University Hospital, Lausanne, Switzerland)
Inter-institutional leaders networking to implement IP education and collaborative practice
Authors: S. Gallant, S. Deriaz, D. Gachoud, J. Chapuis, M. Clerc

In Switzerland, clinical and educational leaders from educational institutions and the university hospital center set up a group of interprofessional education and collaborative practice (GEPI). One of the GEPI's initiatives was the implementation of a two-days sequence of IP education for graduate students. For its third edition, students from nursing, medicine, physiotherapy and technical-medical radiology took part. The IP collaboration, group dynamics, resolution of problems and durable consensus, are some of the topics approached during this program with plenary meetings and workshops in small groups. Thirty-five facilitators, clinical experts and teachers were implied in the program. Participant’s satisfaction was positive. Improvement of the knowledge of the other professions and the necessity of interdependency is underlined by the students. Nevertheless, some challenges remain important in order to improve quality of the program: harmonization of the preliminary level of the students; relevance of the program for all study branches, and the duration of the program. GEPI’s main goals for the next year concern publication of its model of IP education and collaborative practice, the development of a postgraduate education program, and formalization of the facilitator's coaching.

Janet Furlong (University of Warwick Gibbet Hill & Coventry University, UK)
Creating reality in end-of-life care: Engaging students in interprofessional learning
Authors: A. Jackson, P. Bluteau, J. Furlong

A project involving the collaboration of three institutions aimed at developing and implementing face to face interprofessional learning on end of life care. Preregistration and undergraduate learners in medicine, social work and nursing engaged to work together in small groups to explore each other’s roles and responsibilities in end of life care as well as considering how important and essential it is to work and communicate with each other when developing care plans and packages. A bespoke trigger learning object was created to facilitate discussion and debate. A series of facilitated workshops were held and evaluated over a two year period. This presentation discusses the background to this study concentrating on previous research findings, and outlines the development, implementation and evaluation of the interprofessional activity. The trigger learning object is showcased and student feedback on the learning object is presented.
Mojca Urek (University of Ljubljana, Slovenia)

Improving health and social care: The case of statutory advocacy in mental health in Slovenia

Authors: M. Urek, N. Cigoj, G. Lapajne, J. Škerjanc

A Mental Health Act adopted in 2008 introduced the profile of statutory advocate for users' rights in mental health which acts in the hospital ward under special surveillance within the psychiatric hospital, in the guarded section of the social-care institution and in the supervised treatment (at home) where a person is restricted the constitutional freedom to movement. The paper presents the results of an evaluation of the statutory advocates' experiences in first year of their work. The most frequent tasks performed by advocates and the most frequent violations of service users' rights will be presented. One of the aims of the study was also to collect experiences, views and opinions of advocates regarding their needs when performing advocate assistance and find the deficiencies and obstacles accompanying advocacy in individual and systemic level. Quantitative and qualitative data have been collected: 15 in-depth interviews with all advocates in the field have been conducted. Additionally their diaries have been analyzed. We have used thematic analysis, narrative and discourse analysis. The most frequent needs for advocacy were related to assistance in finding comprehensive information in regard to their diagnosis and medication. With regard to systemic and organizational issues, the main problem is that statutory advocacy is not a professional occupation. The second problem is related to the requirement for appointment of statutory advocates. Appointed advocates differ among themselves immensely in how they see themselves and how they understand their role. Although advocacy training provided is based on a psychosocial and human rights approach, it seems that the professional cultures are stronger and more influential in the construction of advocate role than is the case with the official training. It seems that in advocates' narratives about the cases this profile lays somewhere on the border between different professions and what is accepted as common knowledge about independent advocacy.

Joan Campbell & Anne Mairesse (HESAV & La Source University College, Switzerland)

An interprofessional weekend: Students' perspectives and lessons learned


In order to raise awareness and promote interprofessional teamwork an inter-institutional IP weekend has been developed as an annual event since 2011, with students from the faculties of medicine, radiologic technology, physiotherapy and nursing. The aims of the weekend are to acquire theoretical knowledge on the functioning of small groups, to distinguish the specific issues in IP teamwork, to identify and use various means to remove obstacles to teamwork, to experiment with providing and receiving feedback, and to identify their own strengths and weaknesses as a member of a group. The program combines four half days of plenary sessions focused on the concepts of group dynamics and work in small IP groups, whose task is to discuss complex clinical situations. Each group is accompanied by a facilitator. These integrative small group activities allow participants to explore their representations and knowledge of other professionals, their positioning within a group and their ability to reach a consensus. After the last session on day two, students were invited to complete an 18-item questionnaire, consisting of a five-point Likert-scale and open-ended questions, on their satisfaction with the content, organization and teaching modalities of the weekend. Questionnaires were distributed to all 350 students, 341 questionnaires were completed. 90% of students were satisfied with the clarity of objectives, the availability of facilitators who created an atmosphere conducive to learning, and the promotion of interaction between the participants and facilitators. 65% of the students were unsatisfied with the length of the program and modalities of evaluation of the students. Data analysis of the open questions grouped the responses into themes. The weekend has partially answered to expectations of respondents (80% overall satisfaction with the WEIP) but as this varied between the different faculties, modification of the program is envisaged.

Wojciech Szot (Jagiellonian University, Krakov, Poland)

Management of patients with heart disease. Can a cardiologist really do that alone?

Author: W. Szot

All medical sciences have a patient-focused approach. Cardiology, like no other medical science, needs a very thorough examination of the patient due to both the nature of the illness which affects one of the major organs, and the very broad etiology. The differentiation with other illnesses and the complex background of the illness are causing the greatest problems for physicians. Diseases such as
connective tissue disease, chronic thromboembolic disease, congenital heart defects, chronic hypoxia, portal hypertension, or HIV, as well as exposures to anorexigens, methamphetamines, and cocaine, have all been found to have impact on cardiac disorders. Physical exam and first-line diagnostics such as EEG and chest radiography often show subtle differences with normal patients. Many patients with advanced illness (or the presence of concomitant diseases) may have been given a wrong diagnosis, which may affect and lead to a worse or fatal outcome. The poster shows a few examples of problems with the diagnosis of cardiological patients, and explains why the IP approach is essential.

Hossein Karimi Moonaghi (Mashhad University of Medical Sciences, Iran)

The process of community health nursing clinical clerkship: A grounded theory
Authors: H. Karimi Moonaghi, E. Ildarabadi, A. Heydari, A. Taghipour

The performance of the community health nurse depends on a combination of scientific and practical competencies acquired by educational experiences during the nursing course. Curriculum planners of nursing education in Iran need to orient nursing education strongly to community-oriented nursing. The aim of this article is to explore the experiences of nursing students during their community health nursing clinical clerkship courses. A grounded theory approach was used to conduct this study. Study participants were 14 nursing students, 13 health care staffs and 10 nursing instructors. Data were collected through semi-structure interviews in 2011–2012. The interviews were tape-recorded and transcribed verbatim. The transcriptions were analyzed using the Strauss and Corbin’s method (1998). The ambivalence of motivation theory contains 4 concepts: professional identity, educational atmosphere, responsibility and productivity emerged from the data. These categories can help explain the nature of the community health nursing clerkship in nursing and other health disciplines. They are important concepts that can be changed to improve clinical clerkship This study revealed problems and barriers of community health training for managers, instructors and staffs to promote the productivity of trainings.

Seyed Masoud Hosseini ((Ferdowsi University, Mashhad, Iran)

Lived experiences of Iranian novice nursing faculty staff to fulfill academic expectations
Authors: S. M. Hosseini, A. Heidary, H. K. Moonaghi

Nursing faculties have a basic role on clinical education for nursing, operation room technologist and nurse anesthesist students in Iran. Although novice nursing faculties may have rich experiences in their previous working fields, they have usually no or little experience on their new roles such as teaching, facilitate learning in teams with other health professions and scholarly activities. Understanding the novice faculties' perceptions on their new roles and challenges they encounter to perform their roles can be helpful for educational administrators to plan empowerment programs. A qualitative approach may provide first-hand data needed to develop an empowerment program. A design based on a phenomenological approach was applied to uncover the meaning of “to be a novice nursing faculty”. The objective was to explore the experiences of novice nursing faculty staff in their professional role to develop an empowerment program. Six novice nursing staff members with less than three years of experience in their faculty role participated in study. Data were gathered by semi-structured interviews with participants and field notes. Themes emerged from the data implied an uncertainty about fulfilling the academic expectations, and a desire to overcome the challenges. Findings support that more than formal programs such as workshops, the novice faculty can be empowered by mentorship programs where they can move from their previous environment to an academic setting, safely and under supervision of experienced colleagues. Experienced members may benefit from working with a new and competent colleague on new technologies to perform their developmental needs on their academic position. This may be a common problem in other professions for novice faculties, too.
Polona Ozbič (University Psychiatric Hospital, Ljubljana, Slovenia)

The role of the professional help for bereavements after the death of a close family member

Authors: P. Ozbič, O. Grad

The mourning process is an expected an individual reaction to the loss which usually expresses itself in a form of pain and as a long lasting process triggered in individuals by the death of a close person. The individual usually goes through the following phases of bereavement: shock and denial, disorganization and reorganization. More important than phases are the tasks which the bereaved should complete in order to terminate the process of mourning: acceptance of the loss, experience and expression of the feelings, transformation of the relation to the dead person and adaptation to the life without the deceased. Some of the bereaved need a professional help in the process of mourning.

The quantitative-qualitative research included the adult bereaved in Slovenia, who lost a close family member. The qualitative method included the guided interview with the following projective techniques: genogram, lifelong line and picture test of attachment. Participants filled out the demographic questionnaire and combined questionnaire about the death of a close family member, Prolonged Grief Disorder PG-13, Attachment styles a test of a four-category model RQ and The Cope Inventory.

The poster presents different levels of communication as the most appropriate forms of professional help to the bereaved of both genders: active supportive listening, counseling and therapy, in which the emphasis is on solving complications in mourning and on transformation of the existing patterns of facing the losses, acquired within the family of the bereaved. Participants mostly prefer the individual support to the group therapy; the latter is primarily important for sharing similar experiences among mourning participants. Women seek professional help more often than men, who prefer to choose work and physical activities. Regardless of the gender, people with the safe attachment style tend to complete the mourning process more appropriately than those with unsafe attachment styles. The mourning process is more appropriate with those individuals who rely more on the instrumental and emotional social support; they sooner accept their loss, they quit with break off certain activities and try to plan other ones, they are more in touch with their emotions, while the unsafely attached tend to deny their loss and to be mentally inactive.