



COEHRE.
INTEGRATED CARE
PAST, PRESENT AND FUTURE



COEHRE
CONFERENCE
2019
3-5 APRIL
VIC, SPAIN

UVIC

UNIVERSITAT DE VIC
UNIVERSITAT CENTRAL DE CATALUNYA



COEHRE

CONTENTS

WELCOME TO VIC	5	Parallel Session 7	90
WELCOME TO THE 2019 ANNUAL CONFERENCE OF COHEHRE	6	Parallel Session 7	92
WELCOME TO UVIC-UCC UNIVERSITY	7	Parallel Session 7	93
COHEHRE COUNCIL & ORGANISING TEAM	8	Parallel Session 7	95
CONFERENCE THEME & SUBTHEMES	9	Parallel Session 8	96
STAFF PROGRAMME	10	Parallel Session 8	98
STRATEGIC MANAGEMENT PROGRAMME	14	Parallel Session 8	100
STUDENT PROGRAMME	17	POSTERS	101
SOCIAL PROGRAMME	21	Implementation process of an interdisciplinary Journal Club at an austrian university of applied sciences	102
KEYNOTE SPEAKERS	26	Relevance of the expert patient to achieve clinical improvements using the back school exercise program for the non-specific low back pain	104
Integrated care: past-present-future	27	Shared expertise coaching- developing treatment systems and care processes in co-operation?	106
Internationalisation	29	The continuous development of communication competencies in global health and crisis management master studies	108
Empowerment of service users & providers.....	31	Preterm children’s families experiences as primary caregivers: qualitative study.....	110
Ethical & Legal challenges	33	Journal Clubs as an empowering approach to improve health care students’	112
Ehealth, learning and upcoming technologies.....	36	Development of an interdisciplinary learning program for health educations.....	114
WORKSHOPS SPEAKERS	38	Acquisition of knowledge during clinical simulation: the role of debriefing.....	116
Ehealth, learning and upcoming technologies.....	39	Health promotion universities: transformative vision.....	118
Ethical and legal challenges in practice	40	The construction of social representation of nursing for the undergraduate students	120
Empowerment of service users and providers	41	Building coping strategies in undergraduation nursing students	122
International coordinators’ meeting	43	Patients attended by the interdisciplinary geriatric assessment team (IGAT) and its trajectory	124
RESEARCH NETWORKING	45	Impact of the nursing relational laboratory on the acquisition of students’ skills competences.....	126
Networking & development space for Research activities	46	Peer feedback: collaborative learning and assessment in nursing students.....	128
Networking & development space for Academy activities.....	48	Future classroom lab - FClab: interactive learning environment.....	130
PARALLELSESSIONS	50	Honours education and the didactics of coaching honours students.....	132
Parallel Session 1.....	55	Ehealth study course for nursing and public health nursing students in seamk.....	133
Parallel Session 2.....	56	Factors promoting and inhibiting healthcare professionals health and welfare technology competencies.....	134
Parallel Session 2.....	58	Debriefing in simulated nursing practice	136
Parallel Session 2.....	60	Representation of debriefing in simulated nursing practice by students	138
Parallel Session 2.....	62	Briefing in simulated practice: the importance for the students	140
Parallel Session 3.....	64	Development of a reflection model for clinical decision-making for student nurses.....	142
Parallel Session 3.....	66	WORKSHOPS	144
Parallel Session 3.....	68	KEYNOTES	148
Parallel Session 3.....	70	Diversity	149
Parallel Session 4.....	72	Innovation and entrepreneurship for health and social participation: it is my world, it is your world	150
Parallel Session 4.....	74	Integrative care: past, present and future	151
Parallel Session 4.....	76	THANK YOU	152
Parallel Session 4.....	78		
Parallel Session 5.....	80		
Parallel Session 6.....	82		
Parallel Session 6	84		
Parallel Session 6	86		
Parallel Session 6	88		

WELCOME TO VIC



Midway between the mountains of the Pyrenees and the Mediterranean Sea, seventy kilometers north of Barcelona, lies Vic, the main administrative, population and service center for an area with 150,000 inhabitants.

Its colorful past, still evident in many streets and squares of its historic center, is complemented by the thriving present-day diversity. Vic is rich in contrasts between tradition and modernity, the heritage of rural life and cutting edge technology, the peace of a small town and the

gaiety of local festivals. Its wealth of museums, archives, historic monuments and associations of all kinds bear witness to the city's civic, cultural and artistic activity. Economically, trade, industry and service sectors are all important.

As a market town, buyers come to Vic from far and wide. The town has a wide range of facilities, and administrative, health, educational and social services. As the main town of the Osona region, Vic is part of a network of administrative centers around Catalonia

WELCOME TO THE 2019 ANNUAL CONFERENCE OF COEHRE



Jennifer Lewis Smith
President - COEHRE

This year our Conference is being hosted by the University of Vic in the beautiful and historical Catalan city of Vic. We are looking forward to an exciting conference, once again based on themes suggested by our members. This year our overarching theme will relate to Integrated Care: New Trends in Higher Education and Research. The sub-themes of Empowerment of Service Users and Providers, Ethical and Legal Challenges and EHealth: Learning and Upcoming Technologies will provide great opportunities for us to focus, share experiences and learn together.

The programme has been designed to offer a range of opportunities in order to allow time for networking as well as sharing best practice in facing current and future issues and opportunities within the branch areas of the COEHRE Academy, COEHRE Research and COEHRE Strategic Management. The Academy is well established in learning and teaching and curriculum development. The Research branch offers opportunities to share and collaborate in developing research projects. The Strategic Management branch offers a day for leaders in Higher Education to work together on how the political and economic changes within the EU affect future planning and development. There will be, as always, a strong focus on internationalisation and interdisciplinary working.

I look forward to meeting you in Vic.

WELCOME TO UVIC-UCC UNIVERSITY



Josep-Eladi Baños
Rector of the University of Vic -
Central University of Catalonia

We are a young university, officially recognised by the Parliament of Catalonia in May 1997. We want to play a part in Europe and the wider world building on our strong Catalan roots. From its very beginnings UVic-UCC has promoted academic quality and a supportive context for student-centred training. Our programmes offer teaching quality and close contact with students, as required for the European Higher Education Area. We also feel a strong commitment to Catalonia - its university system and the language and culture - and regional development, where we contribute to services outside the Barcelona area and promote a sustainable future. The University has two main campuses, one in Vic and other in Manresa.

UVic-UCC is under the authority of the Fundació Universitària Balmes, whose Board of Governors has a majority of representatives from the city councils and the Generalitat of Catalonia. This combined model of independent management and public control guarantees flexible, accountable and efficient government.

Our vocation to public service, as outlined in the founding parliamentary text about UVic-UCC, is reflected in the Generalitat's financial support and UVic-UCC's participation in the Catalan public university enrolment scheme.

I hope our web will provide you with the information you need about our university. If you need to know more, please call us or drop in for a visit.

COEHRE COUNCIL & ORGANISING TEAM

COEHRE COUNCIL MEMBERS

- Jennifer Lewis Smith
- Attila Dobos
- Jeroen Martens
- Aija Ahokas
- Annemie Spooren
- Ester Goutan Roura
- Isabelle Delarivière-COEHRE Office Manager

LOCAL ORGANISING TEAM

- Ester Goutan Roura
- Laia Capdevila Arumí
- Jordi Naudó Molist
- Míriam Torres Moreno
- Montse Romero Mas

DISI TEAM

- Jordi Naudó i Molist
- Attila Dobos
- Filip Dejonckheere
- Ulla-Maija Seppänen
- Margarida Sequeira
- António Manuel Martins de Freitas
- Burak Karabey
- Emi van Nieuwenhuysse
- Daniëlle Lammers
- Manou Jacobs

CONFERENCE THEME & SUBTHEMES



1. Empowerment of Service Users and Providers

- Expert Patient
- Empowering staff and students
- Interdisciplinary cooperation and collaboration in education
- Service user care pathways
- Actual and virtual communities of practice
- Creating healthy working environments

2. Ethical and Legal Challenges

- Sharing service user records
- Artificial Intelligence
- Privacy
- Confidentiality
- Service user autonomy and choice

3. E-Health, Learning and Upcoming Technologies

- Assistive Technologies
- Communication technologies
- E-Health literacy
- Simulation
- Flow of information and coordination of care from acute to community settings to promote patient centred care
- Future technology assurance of entrepreneurship in health and social care

COHEHRE STAFF PROGRAMME



COHEHRE STAFF PROGRAMME

WEDNESDAY

03.04.2019

Schedule	Activity	Speaker	Location
08.30	Registration opens	-	TF Building Hall
13.00 - 13.30	Opening ceremony	-	Aula Magna
13.30 - 14.15	Keynote. Integrated care: past, present and future	Evert- Jan Hoogerwerf	Aula Magna
14.15 - 14.30	Energiser	-	-
14.30 - 15.15	Internationalisation - EASPD	C. Arroyo	Aula Magna
15.15 - 15.45	Refreshments	-	TF Patio
15.45 - 16.30	Keynote. Empowerment of service users & providers	Luca Caruso	Aula Magna
18.00 - 18.30	Walk to	-	Hotel les Clarisses
18.30	Opening Reception	-	Hotel les Clarisses

COHEHRE STAFF PROGRAMME

THURSDAY

04.04.2019

 Schedule	 Activity	 Speaker	 Location
09.00 - 10.15	General Assembly	-	Aula Magna
10.15 - 11.00	Keynote. Ethical & legal challenges	José Antonio Seoane	Aula Magna
11.00 - 11.45	Refreshment and poster viewing with authors	-	TF Patio
11.45 - 13.15	Parallel workshops:		
	• EHealth, Learning and upcoming technologies	Ariadna Rius	F101 (F Building)
	• Ethical and legal challenges in practice	José Antonio Seoane	F102 (F Building)
	• Empowerment of service users and providers	Miquel A. Bru	F201 (F Building)
	• International coordinators' meeting	Mireia Galí	F203 (F Building)
13.30 - 14.30	Lunch	-	TF Patio
14.45 - 16.45	Networking space		
	• Networking & development space for Research activities	Annemie Spooren, Ester Goutan, Célia Soares & Marta Basco	F101 (F Building)
	• Networking & development space for Academy activities	Aija Ahokas & Filip Dejonckheere	F102 (F Building)
17.00	Social programme according to the registration	-	TF Building Hall

COHEHRE STAFF PROGRAMME

FRIDAY

05.04.2019

 Schedule	 Activity	 Speaker	 Location
09.00 - 09.45	Keynote. E-health and learning technologies	Jordi Serrano	Aula Magna
10.00 - 11.20	Oral communications Parallel sessions	-	F201 F203 F204 F205 (F Building)
11.25 - 11.55	Refreshments	-	Espai Vernis. (B Building)
12.00 - 13.15	Oral communications Parallel sessions	-	F201 F203 F204 F205 (F Building)
13.30 - 14.30	Lunch	-	TF Patio
14.35 - 15.35	Student's presentation	-	TF Patio
16.00	Closing Ceremony	-	Aula Magna
19.15	Bus departure to the restaurant	-	TF Building Hall
19.30	Dinner & Dance	-	Vila dels Masramon - C/ del Serrat, 08503 Gurb, (Barcelona)

COEHRE STRATEGIC MANAGEMENT PROGRAMME



COEHRE STRATEGIC MANAGEMENT PROGRAMME

THURSDAY

04.04.2019

Schedule	Activity	Speaker	Location
09.00 - 10.15	General Assembly	-	Aula Magna
10.15 - 11.00	Keynote. Ethical & legal challenges	José Antonio Seoan	Aula Magna
11.00-11.30	Refreshments and Poster viewing with Authors	-	TF Patio
11.30-13.00	The added value of COEHRE collaboration with Eipen, EASPD and EAIE	<ul style="list-style-type: none"> • André Vyt – President Eipen • Luk Zelderloo – President EASPD • René Teunissen – President EAIE • Moderator: Jennifer Lewis Smith – President of COEHRE • Kim Bisschop (Rotterdam UAS, Netherlands) 	Segimon Serrallonga
13.00-14.00	EU trends in higher education and research in the health care sector	-	TF Patio
14.00-16.00	<p>‘COEHRE and my University: the added Value’ During a 10’ presentation Deans from several Universities share their outcomes, plans and projects to inspire and stimulate further collaboration.</p> <ul style="list-style-type: none"> • <i>The benefits of COEHRE for Setúbal: looking back!</i> • <i>SOCRE, 3id labs and the FAB-project: 3 great projects thanks to COEHRE</i> • <i>Moving forward within COEHRE</i> 	<ul style="list-style-type: none"> • Madalena Gomes Da Silva (Vice Dean, Setúbal-Portugal) • Jeroen Martens (Dean, Artevelde UAS Gent-België) • Paola Galbany (Dean, Universitat de Vic-Catalunya-Spain) 	Segimon Serrallonga

COHEHRE STRATEGIC MANAGEMENT PROGRAMME

THURSDAY

04.04.2019

 Schedule	 Activity	 Speaker	 Location
14.00-16.00	<ul style="list-style-type: none"> • <i>Striving for excellence: how we do it within the COHEHRE network</i> <hr/> <ul style="list-style-type: none"> • <i>Why we are in</i> <hr/> <ul style="list-style-type: none"> • <i>COHEHRE and the Brexit: greetings from the UK</i> <hr/> <ul style="list-style-type: none"> • <i>The Swiss perspective: ideas, plans and expectations</i> <hr/> <ul style="list-style-type: none"> • <i>The expected benefits of organizing a COHEHRE conference</i> <hr/> <p>Conclusions and perspectives for the future</p>	<ul style="list-style-type: none"> • Karin Sulmann (Vice Dean, Hanzehogeschool – Groningen-) <hr/> <ul style="list-style-type: none"> • Gabriëlla Dornyei (Vice Dean, Semmelweis University-Budapest-Hungary) TBC Nederland) <hr/> <ul style="list-style-type: none"> • Jamie Bird and Guy Collins (University of Derby-UK) <hr/> <ul style="list-style-type: none"> • Andreas Gerber-Grote (Dean, ZHAUW-Zurich-Switzerland) <hr/> <ul style="list-style-type: none"> • Jeroen Oversier (Dean, Rotterdam UAS-Nederland) TBC <hr/> <p>-</p>	Segimon Serrallonga
16.15-16.45	Refreshments	-	TF Patio
16.45-17.15	Wrap-up meeting with the Academy, Research and Internationalisation branches	-	Segimon Serrallonga
17.00	Social programme according to registration	-	TH Hall Building

COHEHRE STUDENT PROGRAMME



COHEHRE STUDENT PROGRAMME

MONDAY

01.04.2019

 Schedule	 Activity	 Location
9:00 - 10:00	Welcome and Ice breaker	Gym Fs 103 or patio
10:00 - 10:15	Break coffee	B Patio
10:15 - 11:15	Keynote: Diversity	Room: Sala Mercè Torrents
11:15 - 12:15	Discussion	B102, B103, B121, B122, B023 and Mercè Torrents
12:15 - 12:30	Break	
12:30 - 14:00	Lunch	Building F
14:00 - 17:00	Baffa Baffa	Room: Sala Mercè Torrents
17:45	Social Programme	Visit to Riera Ordeig Old Vic city
19.30	Welcome dinner	Hostel Alberg Canonge Collell

TUESDAY

02.04.2019

 Schedule	 Activity	 Location
9:00 - 10:45	Fieldwork 1 -	La Sínia, Fundació PiV, Osonament, ADFO and Casal Claret
11:30 - 12:30	Discussion	B102, B103, B121, B122, B023 and Mercè Torrents
12:30 - 14:00	Lunch	Building F
14:00 - 15:00	Keynote: Inclusion	Room: Sala Mercè Torrents
15:15 - 16:15	Discussion	B102, B103, B121, B122, B023 and Mercè Torrents
17:30	Social Programme	Visit to Riera Ordeig Old Vic city

COHEHRE STUDENT PROGRAMME

WEDNESDAY

03.04.2019

 Schedule	 Activity	 Location
9:00 - 10:30	Workshop	B102, B103, B121, B122, B023 and Mercè Torrents
10:30 - 11:00	Break	B Patio
11:00 - 11:45	Methodological support for the Final Assignment	Room: Sala Mercè Torrents
11:45 - 12:45	Intercultural High Tea	Room: Sala Mercè Torrents
13:00 - 13:30	Opening Ceremony	Room: Aula Magna
13:30 - 14:15	Keynote: Integrated Care: Past, Present & Future	Room: Aula Magna
14:30 - 15:30 -	Lunch	Building F
15:30 - 18:00	Guided Discussion & Preparation Time	B102, B103, B121, B122, B023 and B104

THURSDAY

04.04.2019

 Schedule	 Activity	 Location
9:00 - 10:45	Fieldwork 2	La Sínia, Fundació PiV, Osonament, ADFO and Casal Claret
11:30 - 12:30	Discussion	B102, B103, B121, B122, B023 and Mercè Torrents
12:30 - 13:30	Lunch	Building F
13:30 - 15:30	World Café	Room: Sala Mercè Torrents
15:30 - 17:00	Preparation Time	B102, B103, B121, B122, B023 and Mercè Torrents
17:00	To the end Free Time	Visit to Riera Ordeig Old Vic city

COHEHRE STUDENT PROGRAMME

FRIDAY
05.04.2019

 Schedule	 Activity	 Location
9:00 - 13:00	Preparation to the Final Assignment	B102, B103, B121, B122, B023 and Mercè Torrents
13:00 - 14:00	Lunch	Building F
14:00 - 14:30	Last Details - Preparation. Every group at their class	
14:35 - 15:35	Students' presentation	B Patio (B Building)
16:00	Closing ceremony	Room: Aula Magna
19:30	Dinner & dance	La Vila dels Masramon (restaurant) http://www.masramon.es/ C/ del Serrat, 08503 Gurb, Barcelona

COHEHRE SOCIAL PROGRAMME



COHEHRE SOCIAL PROGRAMME

WEDNESDAY

03.04.2019

Schedule	Activity	Speaker	Location
18:00 - 18:30	Opening reception at Hotel Les Clarisses	-	Plaça de Malla, 1, 08500 Vic

THURSDAY

04.04.2019

Schedule	Activity	Speaker	Location
17:30	<p>OPTION A (CASA RIERA ORDEIX)</p> <p>Guided tour through the centennial dryer where you can discover their "Salchichón" method of elaboration. Come in and discover a sensory centre that offers you a boost of your senses with the Vic "Salchichón".</p> <hr/> <p>OPTION B (GUIDE VISIT THROUGH THE HISTORIC CENTER OF VIC)</p> <p>Travel through the historic center, strolling through the Roman Temple, the walls, the main square, the Romanesque bridge...</p> <hr/> <p>OPTION C (DERIVA MUSSOL)</p> <p>Guided walking practices as a way to explore endless possibilities for creation and learning in contemporary contexts.</p>	-	<p>Plaça dels Sants Màrtirs, 14, 08500 Vic</p> <hr/> <p>Carrer de la Ciutat, 1, 08500 Vic</p> <hr/> <p>Hall TF - University of Vic</p>

COHEHRE SOCIAL PROGRAMME

FRIDAY

05.04.2019

Schedule	Activity	Speaker	Location
19:30	Dinner & Dance at Vila dels Masramon	-	C/ del Serrat, s/n Zona Esportiva 08503

COHEHRE GENERAL AND PRACTICAL INFORMATION



GENERAL & PRACTICAL INFORMATION

LOCATION OF THE CONFERENCE

UVic University College

 Carrer de la Sagrada Família, 7
08500 Vic

 +34 933816025

OFFICIAL LANGUAGE

The official language at the conference is English.

SMOKING POLICY

All public buildings in Vic are non-smoking areas. UVic University College follows the non-smoking policy.

REGISTRATION

• Badges

On site, a badge together with the conference documents will be provided upon registration. For security and registration purposes, wearing the badge is compulsory during the conference days.

• Registration Desk

The registration desk is located at the entrance hall of the building.

FIRE BRIGADE VIC

 +34 112

POLICE VIC

 +34 112

TAXI SERVICE

• Taxi Toni Vic

 +34 620 716 185

• Radio Taxi

 +34 938 855 000

HOSPITAL

• Vic University Hospital

 Francesc Pla El Vigata street,1
08500 Vic

 +34 938 891 111

• Clinica Bayés

 Ronda de Francesc Camprodon, 4
0500 Vic

 +34 938 816 500

KEYNOTE SPEAKERS



INTEGRATED CARE: PAST-PRESENT-FUTURE

**Title**

Integrated care: opportunities and challenges

Speaker

Evert-Jan Hoogerwerf Head of Sector
“Projects for Innovation” AIAS Bologna Onlus

Date

Wednesday 3rd of April 13:30-14:15

Location

Aula Magna

Evert-Jan Hoogerwerf

Evert-Jan Hoogerwerf is Head of the Assistive Technology and Project Departments of AIAS Bologna, an Association of disabled people and their families and a non-for profit independent provider of services to persons with disabilities in Italy. Born in the Netherlands he moved to Italy in 1990 where he started a career in the social sector. His area of interest is broad, including user involvement in service design, technology enabled participation of persons with disabilities, the digital divide, gender issues, technology in care. He is past president of the Association for the Advancement of Assistive Technology in Europe and board member of the European Association of Service Providers to Persons with Disabilities.

ABSTRACT

Discussing opportunities and challenges in integrated care starts necessarily with assessing some of the most significant changes the care sector has undergone during the last decades. Some of these changes are due to external factors, such as the availability of financial resources or demographic change (e.g. ageing, migration, etc.), others are more intrinsically related to the sector and refer to changes in the culture of care and the effect of emancipation and empowerment of patients and service users. Both the health and social care sectors are influenced by wider developments

in society of which they are part. They have their own values, norms and codes of practice that do not necessarily coincide. As all economic sectors the care sector produces both innovation and resistance to change.

In my introductory presentation to the conference I will provide, from my personal perspective as service provider, an overview of changes and challenges in the care sector, particularly those related to the integration of services and technological innovation. I presume I will touch upon many of the issues that will be addressed in the further conference, trying to bind these together and thus providing a framework for discussion.

In my presentation I will look at the perception of disability and how international standards have impacted on that perception. Notwithstanding the increased perception of disability as a human rights issue and active and healthy ageing as an attractive phase of life, there are still important battles to win, particularly in “good treatment” and the prevention of maltreatment of persons with disabilities and vulnerable elderly. Raising awareness and training is an important tool in the struggle for better and safer services, just as deinstitutionalisation and a person-centred approach.

This will lead me to discuss the concept of integrated care and the difficulties in delivering on the concept of “integrated”. We will look at what integrated care actually involves, and we will discuss the impact of technology on the care sector and how technology is empowering people and organisations, but also the limitations it has, the risks it brings and the obstacles it meets. I will report findings from the ProACT project transferability study that has highlighted factors that impact on the implementation, upscaling of integrated care platforms and more precisely on their transfer between one context and another. Some of these factors are technology related and we will look at the opportunities and barriers for digital participation and see what is needed to make sure that the care sector fully takes up the challenges. A user requirements study implemented in the ProACT project has come up with relevant recommendations that can improve implementation of technology enabled integrated care. A checklist provided by the ENTELIS project will help us to understand and assess the dimensions of readiness of organisations to fully pick up technology for the benefit of their clients.

The conclusion will be that the care sector will need to move to higher outcomes in terms of cost-effectiveness and quality of person-centred services. Further research will need to be done to develop tools to measure outcomes in the deployment of technology that supports integrated care, but also tools that support change management as well as professional development of the workforce.

INTERNATIONALISATION



Title

The future of funding for research: a mission-oriented approach for better integration of health & social care

Speaker

Carmen Arroyo
Development Manager, EASPD, Belgium

Date

Wednesday 3rd of April 14:30-15:15

Location

Aula Magna

Carmen Arroyo

Carmen Arroyo de Sande joined the European Association of Service providers for Persons with Disabilities (EASPD) in 2014 where she leads the Development, Research & Innovation team. Prior to this, she worked for the European Foundation Centre (EFC), the European Network of Regional and Local Health Authorities (EUREGHA), the Association of European Border Regions (AEBR) and the EU Office of the Regional Government of Extremadura. Her fields of expertise are EU Funding, EU Policies and Law, Regional and Local Affairs, Human Rights, Disability and Philanthropy. She holds a Master’s Degree in European Law and a Postgraduate Specialisation in New Marketing Trends for Social Economy Enterprises. She is currently pursuing a Bachelor’s Degree in Philosophy.

ABSTRACT

integrated care is a concept that can participate in changing the European health actions and that is aimed at every European citizen. It requires research and innovation to achieve efficiency both for service providers and users. Research and innovation can be funded by European programmes when the topics at stake are regarded as societal challenges which concern everyone.

With the Research and Innovation funding programme Horizon 2020 coming to an end, the question is this one: how will the future of funding look like?

Horizon 2020 has been the biggest European Research and Innovation programme ever with €80 billion of funding available between 2014 and 2020, based on a multiannual financial framework. One of the main goals is to break down barriers to enable the creation of a single market of knowledge, research and innovation. The health research part of this programme has defined 7 priorities including innovative health & care systems, working on the concepts of integration of care, personalised medicine and digital transformation in Health and Care for instance.

Horizon Europe is the next European Research and Innovation programme defined for 2021-2027 with a budget of €100 billion – an increase of 29% in comparison with the current programme. The main idea is to keep investing in the field of Research and Innovation to improve daily lives of people and to help solve societal challenges. Several potential research topics have an impact on integrated care, namely health in the digital age and reducing inequalities with skills and competences. Partnerships started under Horizon 2020, such as faster and safer use of health innovations and global health partnerships, will continue with the new programme.

Yet, Horizon Europe should not just focus on ‘patients’, as part of a medical approach, but should also consider the health and social care needs of a wider population (e.g. elderly people or persons with disabilities). Even though the total budget for Research and Innovation has increased in comparison to the previous framework programme, the clusters ‘Inclusive, reflective and innovative society’ and ‘Secure society’ from Horizon 2020 seem to have merged into ‘Inclusive and secure societies’ in Horizon Europe with a lower combined budget. Is that a sign that Europe is reducing its involvement in social inclusion to focus more on security matters? There is, indeed, a need to develop more funding on the social inclusion of persons with support needs and to search for **better ways to combine health and social care**.

One of the lessons learned from Horizon 2020 is that of creating **more impact through mission-orientation and citizen’s involvement**. Indeed, the mission-oriented approach will be at the heart of Horizon Europe. This approach requires defined goals with specific targets and a set time in working to achieve them. So, Horizon Europe aims at pursuing a mission-oriented policy approach which will incorporate policy missions to ensure the effectiveness of Research and Innovation funding, by pursuing clearly defined targets. The missions are conceived as a way for the European Union to better promote the research it funds. And so, they will be decided and co-designed as part of the Horizon Europe strategic planning process.

In this context, it is important for different stakeholders to work closer together. Indeed, missions can create opportunities for multiple actors to have a more efficient cooperation, so this will require better communication and coordination. Most importantly, this could bring about excellence and innovation in partnerships.

EMPOWERMENT OF SERVICE USERS & PROVIDERS



Title

Empowerment of service users & providers

Speaker

Luca Caruso
Founder of Future Health Club

Date

Wednesday 3rd of April 15:45-16:30

Location

Aula Magna

Luca Caruso

Vision-driven professional with career-long record of operations, business development, and relationship management success for leading digital health organizations

Proven talent for aligning business strategy and objectives with established business development and operations paradigms to achieve maximum operational impacts with minimum resource expenditures. Growth-focused thought leader with expertise spanning strategic planning, process improvement, marketing optimization, research and analysis, relationship management, innovation management, training, performance assessment, and project management. Exceptionally dedicated professional with keen interpersonal communication, and organizational skills, as well as budget management, policy management, and resource allocation expertise.

ABSTRACT

The well-being context enabled by digital technologies (mobile applications, devices) is rapidly growing. The convergence between wireless communication technologies and healthcare devices and between health and social care is creating new paradigms.

The behavioral shift is happening.

ETHICAL & LEGAL CHALLENGES

Technologies such as the smartphone allow people to monitor their own health. Patients are always connected, they can access their own health all the time, share it and collaborate with stakeholders.

The statement above really describes a patient empowered, a person that is able to take decisions wisely about his/her own health.

The Status quo shows a series of challenges: are we ready to tackle them?

**Title**

Ethical & legal challenges

Speaker

José-Antonio Seoane
Prof. of Philosophy Law, Universidade da Coruña

Date

Thursday 4th of April 10:15-11:00

Location

Aula Magna

José-Antonio Seoane***Education and training***

Ph. D (Universidade da Coruña, Spain, 1996)
Expert in Bioethics (Universidad Complutense de Madrid, Spain, 2000).
Further academic training and research stays
1995. Universität zu Köln (Germany).
1998, 2010. University of Oxford (United Kingdom).
2004, 2011. Christian-Albrechts-Universität zu Kiel (Germany).
2008. Goethe Universität-Frankfurt (Germany).
2013. Erasmus University Rotterdam (The Netherlands).

Organisational and managerial skills

Coordinator of the Research Group Philosophy, Constitution, and Rationality
(UDC-G00080)
Dean of the Universidade da Coruña Law School (Spain)

Main research areas

Transformation of modern legal systems. Practical and legal reasoning. Human rights. Bioethics and Health Law. Disability. End-of-life decisions. Privacy. Conscientious

Objection. Type and practical reason. Norms and arts: interpretation, creation and improvisation.

Publications (selection 2013-)

JA Seoane (2013). La construcción jurídica de la autonomía del paciente, *eidon* 39, 13-34.

JA Seoane (2014). Objeción de conciencia positiva, *Revista de Bioética y Derecho* 32, 34-45.

JA Seoane (2015). Advance care planning in Spain. A short national report (Part I; Part II). *Progress in Health Sciences* 5/1, 162-168; 169-175.

JA Seoane (2015). Confidencialidad 2.0. Por qué y cómo debemos seguir protegiendo la confidencialidad en los sistemas de salud. *Biodiritto*, diciembre 2015, 5-33.

JA Seoane (2016). Argumentación jurídica y Bioética. Examen teórico del modelo deliberativo de Diego Gracia. *Anuario de Filosofía del Derecho* XXXII, 489-510.

JA Seoane (2016). Si vis vitam, para mortem. Argumentos sobre la planificación anticipada de la atención y la toma de decisiones en el final de la vida. In R Triviño & D Rodríguez-Arias (eds.), *Cuestiones de vida y muerte. Perspectivas éticas y jurídicas en torno al nacer y el morir*, Madrid, Plaza y Valdés, 157-193.

JA Seoane (2016). El derecho a una capacidad de salud segura. *Ius & Scientia* 2/2, 42-52.

JA Seoane (2016). Derechos humanos y discapacidad. In J Clanciaro et al. (coord.), *Filosofía práctica y Derecho*, México, UNAM, 293-313.

JA Seoane (2016). Bioethics, deliberation, and argumentation. In P Serna & JA Seoane (ed.), *Bioethical decision making and argumentation*, Dordrecht, Springer, 89-106.

JA Seoane (2017). Las pruebas de consistencia. *Bioética Complutense* 32, 34-39.

JA Seoane (2019). Health justice and rights. *Politeia* (forthcoming).

JA Seoane (2019). A rights-based theory for health care. In JA Seoane & O Vergara (ed.), *The discourse of biorights. Bioethics, Biopolitics, Biolaw*, Dordrecht, Springer (forthcoming)

Academic advisory

President of the Bioethics Council of Galicia.

President of the Research and Teaching Ethics Committee-Universidad de la Coruña.

Member of the Expert Group on Bioethics of the Spanish National Transplant Organization.

Awards

VII Prize “Derecho y Salud” (Law & Health) for the best academic work in Biomedical Law. (Asociación de Juristas de la Salud-Spain, 2011): Law and advance directives.

Alexander von Humboldt Fellow

ABSTRACT

Healthcare professions deal not just with facts but also with values and norms. Since higher education and research are mainly focused on the technical aspects, the ethical and legal ones are somewhat neglected, even though the ability to integrate these three dimensions is decisive in order to make healthcare decisions and to become a good professional.

The aim of this keynote is to explain the ethical and legal meaning of integrated care and to address its main challenges, trying to answer two questions: what *is* integrated care and what *should* integrated care *be*.

In order to do so, I explore the evolution of integrated care by defining its meaning (what?), participants (who?), places (where?), stages (when?), reasons (why?), and perspectives (how?) throughout three historical moments (past, present, and future), and then discuss its implications for clinical education, research and practice.

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

**Title**

Ehealth, learning and upcoming technologies

Speaker

Jordi Serrano Pons
CEO of UniversalDoctor

Date

Friday 5th of April 09:00-09:45

Location

Aula Magna

Jordi Serrano Pons

Dr. Jordi Serrano Pons is a medical doctor and founder & CEO of UniversalDoctor, a social enterprise developing award-winning digital health solutions ranging from mobile data collection, clinical decision support tools and chatbots, to advance global health goals using the latest technologies.

Jordi is also the co-founder of Zero Mothers Die, a global partnership initiative reducing maternal mortality through mobile technology solutions. He is also the founder of Healthio, a unique event where patients, innovation and healthcare systems converge to discover the latest cutting-edge advances in health innovation.

Jordi is a widely recognized leader in the digital health and innovation space, has been consulting and collaborating with the World Health Organization (WHO), IOM, London School of Tropical Medicine and other key global health institutions. He was recently named one of the Top 50 Healthcare IT Leaders in Europe as part of the Future50 classification, a new initiative by HIMSS Europe supported by IBM Watson Health.

Jordi applies his cross-cutting knowledge in areas such as artificial intelligence and the healthcare innovation space, coupled with his background as a medical doctor, to create impactful technology solutions that strive to empower patients and improve healthcare for all.

ABSTRACT

Health chatbots give us the opportunity to create a new type of interaction with patients and health workers to answer questions about diseases and medical processes, receive advice on healthy lifestyle behaviors and get trained using validated information.

In the field of medical education, chatbots facilitate a new way of capacity-building, training and education of health workers and patients at scale through a personalized, fast and dynamic interface that can deliver the information the health worker needs directly, instead of having to search through static books or electronic files, or via the internet with information that may not be clinically validated.

Chatbots 4 Global Health is a new initiative launched by UniversalDoctor to develop chatbots to advance global health goals. It focuses on a variety of healthcare topics, particularly looking at, and the intersections between, Non-Communicable Diseases (NCDs) and Neglected Tropical Disease (NTDs), supporting patients, citizens and healthcare professionals around the globe.

WORKSHOPS SPEAKERS



EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

**Title**

Ehealth, learning and upcoming technologies

Speaker

Ariadna Rius Soler
Head of the Office of Standards and Interoperability
(ICT Health and Social Catalan)

Date

Thursday 4th of April 11:45-13:15

Location

Aula Magna

Ariadna Rius Soler

Is in charge of the Office of Standards and Interoperability (OFSTI) at TIC Salut Social Foundation. She is a Computer Engineer, has a Master in Computer Engineering and is currently studying a Master in Advanced Artificial Intelligence. She has experience as web developer and as an analyst in the insurances and online marketing sectors. Currently, his framework focuses on interoperability, she is specialized in semantic standards and terminology services.

ABSTRACT

Within the workshop, an introduction to the concept of interoperability will be made, at the different levels or dimensions that differentiate them and to the main international standards that allow it to be achieved. The transversal projects of the Department of Health (Catalan Government) will also be presented, emphasizing the role played by interoperability.

ETHICAL AND LEGAL CHALLENGES IN PRACTICE



Title

Ethical and legal challenges in practice

Speaker

José-Antonio Seoane
Prof. of Philosophy Law, Universidade da Coruña

Date

Thursday 4th of April 10:15-11:00

Location

Aula Magna

ABSTRACT

Correct decisions in Ethics and Law are made through balancing and prudential argumentation, and the same claim could be made for healthcare decision-making. Therefore, practical reasoning helps healthcare, ethical and legal professionals to achieve wise decisions in uncertain conditions through deliberation.

Since there are not *a priori* solutions for clinical ethical issues, that cannot be ignored or dealt with intuitively, and neither experience, conscience, common sense or imitation are enough to make a sound decision, healthcare decision-making needs a method. Therefore, a deliberative method can be a good proposal to deal with ethical and legal challenges.

Through a four-level procedure, deliberation assesses the facts, values, duties and norms involved in integrated care, fostering a dialogue among healthcare professionals, patients and society and providing rational justification for the decisions.

Learning to reason as a member of an ethical committee, which is a prominent example of healthcare deliberation, is the main goal of this workshop, which also describes the structure and main features of the deliberative procedure for healthcare decision-making and shows how to tackle with the ethical and legal implications of integrated care.

EMPOWERMENT OF SERVICE USERS AND PROVIDERS



Title

Empowerment of service users and providers

Speaker

Miquel A. Bru Angelats
Co-founder and VP of GENOMCORE

Date

Thursday 4th of April 11:45-13:15

Location

F201

Miquel Bru

I'm Miquel Angel Bru Angelats, co-Founder and VP of GENOMCORE | Made of Genes leading the Business Development Department and Strategic Marketing.

My expertise comes from 20 years' experience in the healthcare sector as a healthcare professional, and also comes from more than 8 years' experience in the IT and ehealth sector as an international business consultant. My main tasks has been focused on leading needs between the hospital management and the health care professional versus the IT solutions available in the market. Prior to this IT consulting work, I was a clinical nurse and physical therapist with time spent in Sports Medicine, Orthopedic Surgery, Rehabilitation, General Surgery, Neurosurgery, Respiratory, and Emergency Medicine.

This know-how and expertise permit us, in Made of Genes, to establish an optimal communication and define synergies between two different worlds: biomedicine, technology and research versus the healthcare professionals and hospital management. This is the basis for having a really successful strategy and business development within our company.

ABSTRACT

WHO defines empowerment as “a process through which people gain greater control over decisions and actions affecting their health” and should be seen as both an individual and a community process.¹

The usefulness and benefits of this “empowerment process” has emerged as a new paradigm that can help improve medical outcomes while lowering costs of treatment. Through healthcare management this process seems particularly promising in the management of chronic diseases, based on the principle that patients who take co-responsibility of their condition will enhance medical outcomes at lower cost.

Be it coincidence or not, patient empowerment is occurring at a time when patients have more information than ever before due to the technology revolution. We can easily access to medical information in internet, monitor our vital signals with our smartphone or smartwatch and even access to a DTC genetic test. This data can be very powerful, but it can also be confusing, if we together cannot help the patient and the providers to turn this data to information that ends into knowledge. Always with the direction that being knowledgeable is useful only as a necessary prerequisite to being able to act self-responsibly.

In literature, four components have been reported as being fundamental to the process of patient empowerment: 1) understanding by the patient of his/her role; 2) acquisition by patients of sufficient knowledge to be able to engage with their healthcare provider; 3) patient skills; and 4) the presence of a facilitating environment.²

In essence, like any relationship, engage and involve patients will depend on every case, taking in account their own culture, habits, personal conditions, etc. Therefore learning about each other is a key factor in the process.

The aim of this workshop is explore and test how using innovation methodologies alike the design thinking methodology, we can learn and construct a point of view based on our audience that will lead us to the right policies that encourages patients to be actively involved in their providers' health services

1. Health promotion glossary. Geneva: World Health Organization; 1998.

2. Angelmar R, Bermann BP. Patient empowerment and efficient health outcomes. Financing sustainable healthcare in Europe. 2007 :139-162. [accessed 26 February 2009]

INTERNATIONAL COORDINATORS' MEETING



Title

How ERASMUS+ can increase the internationalization of COHEHRE partners

Speaker

Mireia Galí Reyes
Head of the Calls and Projects Unit, Postgraduate School .Universitat autònoma de Barcelona

Date

Thursday 4th of April 11:45-13:15

Location

F203

Mireia Galí Reyes

Mireia Galí has been working at the Universitat Autònoma de Barcelona (UAB), in Spain, for more than 16 years in the International Educational Projects Unit, dealing with European projects among other tasks, like the coordination of the International Welcome Point from 2016 until 2017.

Her main area of expertise is joint curriculum developments, within the Erasmus Mundus programme, and currently Erasmus+ programme, especially Erasmus Mundus Joint Master Degrees, Strategic Partnerships and Knowledge Alliances.

Since 2014 she is member of the Spanish National Agency expert's panel of evaluators for Erasmus+ projects, Strategic Partnerships Lead Evaluator and member of the Spanish Bologna Experts Team (BET) in 2013 and 2014, leading the International Mobility Working group.

Mireia is now member of the European Commission (Directorate-General for Education, Youth, Sport and Culture) Erasmus+ Cooperation Projects Working Group in Higher Education, working towards the new Erasmus programme (2021-2027).

ABSTRACT

This workshop will be devoted to an introduction of all opportunities that the current European programme in Education, Erasmus+ (2014-2020) is offering in the field of Higher Education, and more specifically, in the field of Higher Education in Health, Social Care and Rehabilitation. All actions and corresponding objectives will be presented, so that all attendants can think of possible projects among COHEHRE partners that might help to increase their internationalisation as institutions, but mainly, to increase the synergies between them at all levels: institutional, methodological, academic, organisational, etc.

The speaker will also provide with a first ideas of the new structure and objectives of the Erasmus Programme, which is now being developed at the European Commission and that will last for the period 2021-2027.

Once the audience will be aware of all these possibilities, a more practical approach will be developed, by showing current projects in the fields of Health, Social Care and Rehabilitation, as well as more institutional projects devoted to the improvement of the European Higher Education Area, such as new teaching methodologies, among others.

All this real cases might serve as a seed of possible new project ideas, which will be shared and discussed to see their appropriateness to the programme objectives.

COHEHRE RESEARCH NETWORKING



NETWORKING & DEVELOPMENT SPACE FOR RESEARCH ACTIVITIES



Title

Research networking space

Speaker

Marta Basco Mascaró
Innovation and research Project Manager at UVic-UCC

Date

Thursday 4th of April 14:45-16:45

Location

F101

Marta Basco Mascaró

Marta Basco Mascaró is currently employed by UVic-UCC as *Innovation and Research Project Manager*.

Her role comprises the following elements

- Management of European projects (H2020, LIFE, Erasmus+, DG Justice) and also national and autonomic projects.
- Economic, legal, organizational and administrative follow-up of the projects which we are partners in R&D topics.
- Economic justification of the projects.
- Elaboration of economic reports.
- Identification, communication and dissemination of new opportunities.
- Support in the presentation of the proposals.

In the past she has taken up the following positions

- Project Manager of European projects (DG-DEVCO) at Everis, Barcelona
- Project Manager of Cooperation and Development projects at QI-Bureau Veritas, Sant Cugat
- Assistant of International Cooperation and Development Barcelona at DG de Cooperació al Desenvolupament (Generalitat de Catalunya), Barcelona

- Assistant of European projects at ACCIO (Catalan Agency for Competitiveness), Brussels
- Senior Auditor Vic at Pragma SL, Vic
- Senior auditing at Deloitte SL, Barcelona

ABSTRACT

This session is an opportunity for attendees to get some insight into H2020 and Erasmus + proposals. We will go through the whole process of the commission in order to understand how it works.

The session will consist of a presentation part where we will identify some tools to find partners, to find the correct call and to see what we will see in the application form.

There will also be a practical part during which we will simulate the preparation of a new call. We will surf on their website and see some parts of the proposals.

The whole session is interesting for potential applicants and the participants will also have time to share experiences and to do some networking.

NETWORKING & DEVELOPMENT SPACE FOR ACADEMY ACTIVITIES

The aim of COEHRE Academy is to facilitate international, interdisciplinary, interprofessional, innovative cooperation and capacity building amongst COEHRE members.

The objectives of the COEHRE Academy are:

- To enhance interprofessional cooperation within health, social care and rehabilitation programs of professional education
- To promote capacity building
- To develop new products
- To disseminate outcomes of new or existing products of the COEHRE Academy
- To act as a consultant
- To support joint research and innovation development.

The COEHRE Academy acts as a platform, which initiates, supports and coordinates different activities. It offers opportunities to create, stimulate and intensify networking between partner institutions as well as to develop joint initiatives.

COHEHRE PARALLEL SESSIONS



PARALLEL SESSIONS

FRIDAY

05.04.2019

SESSION 1 | ROOM F201

EMPOWERMENT OF SERVICE USERS AND PROVIDERS
WORKSHOP

 [Schedule](#)

 [Activity](#)

10:00-11:20

Empowering students by facilitating them to become reflective practitioners

SESSION 2 | ROOM F203

EMPOWERMENT OF SERVICE USERS AND PROVIDERS
INNOVATION

 [Schedule](#)

 [Activity](#)

10:00-10:20

Entrepreneurial behavior of nurses

10:20-10:40

Experiences of involvement in decision-making for patients with breast cancer. A phenomenological-hermeneutical study.

10:40-11:00

Integrated Palliative Care Definition and Constitutive Elements: A Scoping Review

11:00-11:20

Professional substance and language skills - over the language barriers with SOHE bridge project

SESSION 3 | ROOM F204

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

 Schedule  Activity

10:00-10:20 An interprofessional community of practice (Ip CoP) allows us to create a learning process in a 'real life'

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

 Schedule  Activity

10:20-10:40 Assessment of efficacy of lab based learning in improving critical thinking and creative thinking among learners

10:40-11:00 Using tripartite teleconsultations to provide interdisciplinary palliative care to adolescents and young adults (ayas) with advanced cancer - a qualitative multiple case study

11:00-11:20 The potential of telehealth in health and social care

SESSION 4 | ROOM F205

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

 Schedule  Activity

10:00-10:20 Interdisciplinary research mentoring empowers students and improves their interdisciplinary and research skills

10:20-10:40 Participating in occupations in people with physical disabilities: identifying opportunities and limitations

10:40-11:00 Empowerment of bachelor-students through involvement in research projects

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

 Schedule  Activity

11:00-11:20 Fall prevention among older adults - Health care students need to learn more from interdisciplinary collaboration

SESSION 5 | ROOM F201

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

WORKSHOP

 Schedule  Activity

12:00-13:20 Co-creation as a method of developing social rehabilitation education in an international capacity building project SOCRE

SESSION 6 | ROOM F203

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

 Schedule  Activity

12:00-12:20 Study visits to health and social care institutions to promote inter-professional competencies

12:20-12:40 A protocol to improve collaboration in palliative care at home

12:40-13:00 Development of a model facilitating learning and evaluation of aseptic practices

13:00-13:20 Guidance and initial mapping of the professional competencies in the SOHE Bridge project

SESSION 7 | ROOM F204

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

 Schedule  Activity

12:00-12:20 Patients' experience as a basis for teaching self-management skills

12:20-12:40 Teaching diversity

12:40-13:00 Defining a mutual definition for vulnerable pregnant women: a delphi study

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

 Schedule  Activity

13:00-13:20 "I can't see you. Are you alone?" methodological recommendations for video calling in health and social care.

SESSION 8 | ROOM F205

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

 Schedule

 Activity

12:00-12:20	The backing app evaluating a self-management based approach through ehealth for optimal vital functioning with chronic low back pain (clbp)
12:20-12:40	Honours education and interprofessional collaboration: the interprofessional identity of honours students
12:40-13:00	How to optimize the accessibility of public social services by means of digital communication tools

PARALLEL SESSION 1

Friday 5th April | 10:00-11:20 | Room F201

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

EMPOWERING STUDENTS BY FACILITATING THEM TO BECOME REFLECTIVE PRACTITIONERS

Dorien Van De Ven

HAN University of Applied Sciences

Reflective practice is the process of making sense of events, situations and actions in the workplace. Nursing students have to deal with difficult situations in patient contact and in interactions with colleagues and peers. Self-reflection is a necessary foundation for meaningful health care practice that allows feelings of empowerment. Efficient and well taught self-reflection results in personal growth and fulfillment.

During the writing of new Nursing Curriculum at HAN University of Applied Sciences in the Netherlands two years ago, the time allocated for reflective practice was doubled.

An evidence based approach to self-reflection was introduced for all students and educators. The teacher's role, as facilitator, is to empower students by increasing their involvement in learning, helping students to develop skills that support learning throughout life, and helping students to assume personal responsibility for learning. During bi-weekly reflection sessions in small students groups with students from different internship settings and one facilitating teacher, students use the reflection circle to share the insights they have gained during their internships and help their peers to improve practice and find solutions to problems they face.

The goals of the workshop are awareness of the importance of reflective practice, improved knowledge on evidence based reflection practice, and a, probably first time, hands-on shared experience of a reflection session with peers.

The workshop is suitable for all professionals who want to excel in teach their students or colleagues how to look at themselves honestly and have more meaningful learning experiences with their students. The workshop consists of a short introduction to the topic by using a PowerPoint. Most of the workshop time will be allocated to the experience of a reflection session. All participants will take part in an interdisciplinary patient conference role play. Participants will be asked to share their own pitfalls, weaknesses and strengths with regards to work experiences. Participants will have learned how to empower themselves, their students or their coworkers to change from passive recipients of working experiences to active controllers of their learning.

KEYWORDS

Student empowerment, ethical and legal dilemmas and interdisciplinary cooperation.

PARALLEL SESSION 2

Friday 5th April | 10:00-10:20 | Room F203

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

ENTREPRENEURIAL BEHAVIOR OF NURSES

Henk Poppen

Dr. Marian Adriaansen

HAN University of Applied Sciences

DESCRIPTION

Demands on health professionals are diverse: multi-morbidity, double aging, social changes and technological developments place different requirements on health professionals. The National Consultative Committee on Nursing Programmes in the Netherlands established future-proof the profile for nurses, as a nationwide framework for all generalist nursing programmes at Bachelor Nursing (BN2020) level.

The 17 nursing programmes of BN2020 are based upon the CanMEDs roles (further elaborated into knowledge, skills and attitudes). The role of Organizer is focused on continuity of care, multidisciplinary collaboration, professional conduct and entrepreneurship in nursing. To empower undergraduate nursing students to an entrepreneurial attitude an assessment of individual behavior will be helpful.

The aim of this paper is twofold. To present the result of first year students compared to fourth year students. And to make a subgroup comparison between full-time and part-time students.

Students of HAN University of Applied Sciences were included in the sample. 16 other participating universities will be included for the benchmark. The research population of the HAN is 712 undergraduate students. Their age varies between 18 and 55 years. The estimated research population of the other universities is 5.000 students.

With an online valid and reliable quantitative questionnaire ten concepts of the entrepreneurial attitude has been measured by using a 5-point Likert scale: f.e. analytical capacity, communication and networks, innovative capacity, leadership and trust in own actions.

Descriptive statistics has been described, (sub)group comparison has been made with and within groups.

Between October 2018 and December 2018 almost 50 % response of the HAN is gathered among first and fourth year students. In March 2019 data-collection

nationwide will be finalized. The first results will be presented at the COHERE Conference in 2019.

To empower undergraduate nursing students to an entrepreneurial attitude the results of an quantitative questionnaire are threefold helpful. For individual students to assimilate the role of Organizer. For staffs to prepare nursing students to become adequate health professionals. And as result of a nationwide benchmark to fine-tune the programme profiles for nurses to be real future-proof.

KEYWORDS

Entrepreneurial behavior, nurses, CANMEDs role, Organizer

PARALLEL SESSION 2

Friday 5th April | 10:20-10:40 | Room F203

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

EXPERIENCES OF INVOLVEMENT IN DECISION-MAKING FOR PATIENTS WITH BREAST CANCER. A PHENOMENOLOGICAL-HERMENEUTICAL STUDY

Nausheen Christoffersen

Professionshøjskolen Absalon

BACKGROUND

Patient involvement, including shared decision-making (SDM), has become a key topic in the healthcare system. Only a few studies have been conducted in Denmark on how women with breast cancer experience being involved in the decision-making process during their treatment.

AIM

The aim of the study was therefore to explore patients' experiences in the decision-making process during their treatment course and whether or not it was clear to the individual patient that they had a choice.

METHOD

The study is based on a qualitative semi-structured interview of 7 patients with breast cancer conducted during February 2017 at a regional hospital for cancer treatment. The design is phenomenological-hermeneutic with inspiration from Ricoeur's interpretation theory.

Result: Through analysis and interpretation of the interviews, 2 themes were identified: (1) Real choice or course determined by the health professionals and (2) Treatment efficiency at the expense of time for consideration for options. The patients experienced that there was neither time for consideration in relation to their treatment, nor time to reflect on their situation. In the decision-making situations, most of the patients felt that they gave their consent only to a treatment course organized by the health professionals. They did not feel that they had a choice, but rather that participation was a prerequisite for getting well.

CONCLUSION

The results of this study can contribute to the improvement of person-centered care and treatment by illustrating patient attitudes to the shared decision-making process and indicating where patient education would play a crucial role in increasing patient involvement in decisions about their care.

KEYWORDS

Breast cancer, patient involvement, patient experiences, phenomenological-hermeneutic theory and shared decision-making (SDM).

PARALLEL SESSION 2

Friday 5th April | 10:40-11:00 | Room F203

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

INTEGRATED PALLIATIVE CARE DEFINITION AND CONSTITUTIVE ELEMENTS: A SCOPING REVIEW

Meritxell Mondejar Pont

Vic University, Central University of Catalonia

BACKGROUND

Despite increased interest in the study of integrated palliative care systems as an aging population presents with multiple chronic conditions, neither the term “integrated palliative care” nor the elements of an optimal delivery system are well defined.

AIM

To propose a unified definition of integrated palliative care, and to identify the elements that facilitate or hinder implementation of an integrated palliative care system.

METHOD

A scoping review of the conceptualization and essential elements of integrated palliative care was undertaken, based on a search of the PubMed, Scopus, and ISI Web of Science databases. Content analysis found themes related to structure, purpose, target population, provider, type of care and health care setting that defined integrated palliative care. The elements that facilitate and inhibit implementation of an integrated palliative care system were categorized as organizational structure, providers, purpose and type of care, time of intervention, providers training and education, level of standardization, information system, policies, expenditure and funding.

RESULT

The search identified 79 unduplicated articles; 43 articles were analyzed to produce a unified definition: IPC is coordinated and collaborative care across the different health organizations, levels of care, and palliative care providers. The elements that facilitate and hinder implementation of an integrated palliative care system were plotted as a “Circle of Integrated Palliative Care System Elements”.

CONCLUSION

Integrated palliative care for patients with multimorbidity is an incipient and evolving area in palliative care. Further study is needed to better understand the elements associated with implementing an integrated palliative care system.

KEYWORDS

Integrated, palliative care, chronic diseases

PARALLEL SESSION 2

Friday 5th April | 11:00-11:20 | Room F203

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

PROFESSIONAL SUBSTANCE AND LANGUAGE SKILLS - OVER THE LANGUAGE BARRIERS WITH SOHE BRIDGE PROJECT

Raija Sairanen, Sirpa Rajala

Turku University of Applied Sciences

BACKGROUND

SOHE Bridge - Promoting employment of immigrants in Social and Health Care Sector in Finland (2018-2020) is focused on the immigrants who have a higher education degree in social and health care accomplished outside EU/EEA. The professional language skills are in a significant role in the recognition and professional recertification processes. This project is based on The Career Path Project (ESF 2015 - 2018).

RELEVANCE

According to the ministries, the employment of highly educated immigrants has to be streamlined. Due to increasing diversity of the population, there is a need to strengthen cultural and language competencies of all employees in order to secure the quality of the social and health care services.

AIM

The aim of this project is to develop a smooth recognition and professional recertification process for immigrant nurses and others. The core is to bridge substance and language skills and avoid language barriers.

PARTICIPANTS

Nine social and health care teachers and five language teachers from four UASs in Finland are interdisciplinary testing how to combine professional substance and language skills among 60 immigrant nurses and 10 other health care professionals

METHODS AND EVALUATION

This project is piloting a mainly online module-based further education model for immigrant nurses to achieve the sufficient level of Finnish (B2) and professional knowledge. The model consists of the initial mapping of the competencies and guidance, professional and Finnish language studies, work placements and simulated

competence test. The study methods will especially develop language skills and decrease the language barriers.

RESULTS

As a result, the immigrants will get a more effective and flexible training to meet the demands of Finnish working life and how to handle possible language barriers. The functioning, evaluated integrated module model will support them in challenging situations.

CONCLUSIONS

The project promotes equality by supporting the education of immigrants. The project strengthens the diversity competencies of the personnel by reducing language barriers. This will improve the quality of the social and healthcare services in the future.

KEYWORDS

Immigrant nurses, inter-professional cooperation, language skills and barriers

PARALLEL SESSION 3

Friday 5th April | 10:00-10:20 | Room F204

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

AN INTERPROFESSIONAL COMMUNITY OF PRACTICE (IP COP) ALLOWS US TO CREATE A LEARNING PROCESS IN A 'REAL LIFE'

Van Oppen J.M.M.J.

Zuyd UAS

BACKGROUND

In the faculty of healthcare, teachers and students of all courses work together in an Interprofessional learning line: Interprofessional Education and Collaboration (IPEC). An important part of this IPEC is an IP internship within a healthcare institute: a community of practice (CoP). A CoP is defined as a group of people with the same interests that share experiences with the same goal to improve quality. The interprofessional learning process forms the spine where the connection with daily practice forms the core. This is facilitated by three characteristics: The domain is a central exciting question that matters in improving a practice. The community is a group of people willing to create an open learning space. In the practice people meet and share ideas.

Relevance: Interprofessional collaboration has become an important factor to provide efficient and client centred healthcare. To achieve this, IP education on the job is needed in which healthcare students learn to collaborate in 'real life' situations.

AIM

To evaluate the experiences and perceived learning gains of a IPCoP in a community healthcare practice.

METHOD

A process evaluation was conducted by means of interviews to find out what participants learned and which improvement practice showed. We asked students, teachers and health care professionals about lessons learned and possible points for improvement.

RESULTS

Show that an IPCoP to empower students, staff and teachers can be considered as an added value. Students find the IPCoP a valuable project to get to know each others disciplines and to learn to collaborate. They would like to see more of these projects

during their curriculum. Participants offered useful tips for the improvement of this project, which we want to share with the rest of the interprofessional world.

CONCLUSION

IPCoP is a promising way to create an interprofessional learning space and empower students, and professionals in IP collaboration in daily practice. A precondition an open mind and learning attitude and the ability to critically reflect upon existing working methods.

KEYWORDS

Interprofessional Education Community of practice

PARALLEL SESSION 3

Friday 5th April | 10:20-10:40 | Room F204

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

ASSESSMENT OF EFFICACY OF LAB BASED LEARNING IN IMPROVING CRITICAL THINKING AND CREATIVE THINKING AMONG LEARNERS

Roshee Lamichhane Bhusal

Kathmandu University School of Management

Ulla-Maija Seppänen

Oulu University of Applied Sciences

Rupesh Krishna Shrestha

Kathmandu University School of Management

Dipesh Karki

Kathmandu University School of Management

DESCRIPTION

Workforce in this century needs skills that help them become confident person, concerned citizen, self-directed learner and active professional. These learning outcomes develop competencies that help them to think creatively and critically and also be able to communicate and collaborate properly. In this regard, it becomes necessary that the traditional pedagogical approach be overhauled in order to inculcate such skills among the students.

METHOD

A lab based learning method based on problem solving and human-centric design thinking tries to address this issue. In order to validate this, a workshop using the lab based learning was conducted among group of students from engineering, management, and science streams of Kathmandu University. From among those who applied, 37 participants were selected randomly. Among them 24 were in the intervention group and 13 were in the control group. This research examines the impact of stated teaching learning method on critical and creative thinking skills of the participants. The research applies randomized control trial on workshop participants by dividing them into control group and intervention group. Subsequently, both groups are administered the standard tests on critical thinking and creative thinking (Remote association test and Alternative Use Test) in a pre and post stages of the workshop. Data are then analyzed using standard Difference and In Difference technique.

RESULTS

Results showed that among the intervention group, the workshop increased critical thinking skills by seven fold significantly while it was also observed that creativity increased significantly during post stage irrespective of control and intervention group. Thus the research validates the efficacy of Lab based learning to address critical and creative thinking skills among learners.

PARALLEL SESSION 3

Friday 5th April | 10:40-11:00 | Room F204

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

USING TRIPARTITE TELECONSULTATIONS TO PROVIDE INTERDISCIPLINARY PALLIATIVE CARE TO ADOLESCENTS AND YOUNG ADULTS (AYAs) WITH ADVANCED CANCER - A QUALITATIVE MULTIPLE CASE STUDY

Patrick Hoek

HAN University of Applied Sciences / Radboudumc

BACKGROUND

Palliative care for adolescents and young adults (AYAs) is complex due to a combination of AYA-related factors and healthcare system-related factors. Interdisciplinary collaboration between healthcare providers (such as general practitioners (GPs) and medical oncologists (MOs) can optimise palliative care for home-dwelling AYAs with advanced cancer. Tripartite teleconsultations directly involving AYA patients may facilitate interdisciplinary care. Aim: to explore and describe the use of tripartite teleconsultations in the context of interdisciplinary care for AYAs with advanced cancer.

METHODS

We performed a qualitative multiple case study with each case consisting of an AYA with advanced cancer, their GP, MO and other relevant hospital-based caregivers. AYAs were recruited from the Medical Oncology outpatient clinic of a tertiary university hospital. Per case, four interdisciplinary meetings were organised by means of tripartite teleconsultations. Serial, semi-structured interviews, using a “stimulated recall” video method, were used to gain insights into how participants used and experienced these teleconsultations. The interviews were analysed using thematic analysis.

RESULTS

A total of 16 teleconsultations were organised for the 6 cases in this study, resulting in 29 interviews. From these interviews, six main themes were discerned. Care for AYA patients with advanced cancer describes the current, mainly hospital-based organisation of care for AYAs with advanced cancer. Teleconsultations facilitate team care describes and explains how tripartite teleconsultations facilitate interdisciplinary collaboration between GPs and hospital caregivers. The other four main themes, Visual Reality: you gain some, you lose some; Front stage communication;

Backstage communication and Organisation and Logistics describe how tripartite teleconsultations change communication dynamics, how communication etiquettes are challenged, and how technical impairments and logistical issues seriously hamper the use of these teleconsultations in daily practice.

CONCLUSION

Tripartite teleconsultations can contribute to interdisciplinary collaboration and a more integrated care approach for AYAs with advanced cancer. However, technical and logistical issues require rigorous refinements and improvements when considering the use of these teleconsultations in daily practice. Furthermore, tripartite teleconsultation introduces new dilemmas and challenges regarding communication dynamics and etiquettes that need to be carefully addressed, explored and evaluated prior to and during its use in daily practice.

KEYWORDS

Palliative Care, Interdisciplinary Collaboration, and Teleconsultation

PARALLEL SESSION 3

Friday 5th April | 11:00-11:20 | Room F204

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

THE POTENTIAL OF TELEHEALTH IN HEALTH AND SOCIAL CARE

Elise Pattyn
Bocklandt, P.
De Coninck, S.

Artevelde University College Ghent

BACKGROUND

E-Health has a lot of potential for health and social care. However, the adoption depends among others on the attitudes of care providers towards E-health applications according to the Business Model Canvas. Yet some applications are quite familiar as they are already in use in the private sphere. Video calling is one of them.

AIM

The research project aims to facilitate the implementation of video calling in ambulatory health and social care by investigating the added value of video calling, besides cost-effectiveness.

METHOD

Next to a literature review, several professionals working in 38 different Belgian organizations within ambulatory (mental) health and youth care were questioned by means of an online survey, followed by focus groups. In the study, both the perspectives of the organization, the care provider, the end-user and the informal caregivers were taken into account.

RESULT

The added value of telehealth is demonstrated with regard to several actual themes that are currently challenging health and social care: (i) stepped care, (ii) low-threshold care, (iii) demand-driven care, (iv) continuity of care, (v) rising prevalence of chronic conditions, (vi) more complex conditions (including language barriers), (vii) network approach (including both formal and informal network) and (viii) focus on prevention (e.g. online health literacy courses).

CONCLUSION

Exploring the added value of video calling for care providers and the end-users within health and social care is a first important step in facilitating the implementation of eHealth.

KEYWORDS

E-Health, adoption, telehealth services

PARALLEL SESSION 4

Friday 5th April | 10:00-10:20 | Room F205

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

INTERDISCIPLINARY RESEARCH MENTORING EMPOWERS STUDENTS AND IMPROVES THEIR INTERDISCIPLINARY AND RESEARCH SKILLS

Ester Goutan Roura

Tissue Repair and Regeneration Laboratory (TR2Lab)

Faculty of Health Sciences and Welfare.

DESCRIPTION

Care professionals focused on the person holistically and working together for the person integral care is a growing societal demand. These new care professionals require new competencies and skills. Interdisciplinary competence is essential in healthcare settings. Among the many ways to acquire it, there is living real experiences in interdisciplinary contexts. Moreover, when the interdisciplinary exchange takes place in an interdisciplinary research group, research and critical thinking skills can also be improved.

AIM

Our study aims to demonstrate that interdisciplinary mentoring during students' Degree Thesis (DT) contributes to a deeper understanding of their DT topic, consolidates their research and professional skills, and enhances student empowerment.

METHOD

Eight students from nursing and biotechnology degrees were enrolled in our interdisciplinary research group for developing their DT. The students' mentoring was interdisciplinary. Students' activities included: 1) monitoring clinical data, 2) results presentation in weekly group meetings, 3) journal clubs, 4) scientific writing workshops, and 5) critical project discussion.

After defending their DT, students received an anonymous questionnaire to assess: 1) internship, 2) comprehension of the research methods, 3) experience satisfaction, and 4) recommendations.

RESULT

The results of the answered questionnaire (7 of 8 students replied) showed: (1) they were coincident that having an internship as a part of their DT lead them to a better

understanding of their DT topic. (2) they all agreed that their mentors were key to guiding them through comprehension of the research methods. (3) 5/7 answered experience satisfaction questions. 5/5 were very satisfied and recommended the experience to future DT students. The personal and professional growth were highlighted for 3/5 students as satisfaction criteria, 1/5 identified the richness of working in an interdisciplinary context, and 1/5 to the widening of their mind-set; (4) 5/7 students gave some recommendations for improving this program: good organization of the work from the very beginning, not to be scared of asking questions, and, the most highlighted one, attending group meetings.

CONCLUSION

Our results show that interdisciplinary research mentoring contributes to student's personal and professional empowerment. Moreover, interdisciplinary and research skills are better acquired in this context.

PARALLEL SESSION 4

Friday 5th April | 10:20-10:40 | Room F205

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

PARTICIPATING IN OCCUPATIONS IN PEOPLE WITH PHYSICAL DISABILITIES: IDENTIFYING OPPORTUNITIES AND LIMITATIONS

Laura Vidaña Moya

Sandra Ezquerro Samper

Universitat de Vic-Universitat Central de Catalunya

BACKGROUND

Several studies show the existence of a positive correlation between occupation, health, and wellbeing among people with different kinds of disabilities. While both international research and policy shed light on the importance of this correlation, they usually do not make a distinction between the different kinds of occupations neither do they often take into consideration people with disabilities' subjective perception of the real opportunities and limitations to participate in different kinds of occupations.

AIM

The aim of this study is to analyse people with physical disabilities' perceptions on the kinds of support, but also obstacles, they face in their participation in different kinds of occupations. Our goal is also to propose public policy improvements to facilitate their participation.

METHODS AND MATERIALS

From January to April 2017 we interviewed 12 adult people with acquired physical disabilities in different towns and cities in Catalonia who lived in their own homes. The methodology and the data analysis are qualitative phenomenological.

RESULTS

First of all, people with physical disabilities largely rely on their family members to be able to participate in occupations. Secondly, most public services support private occupations that take place within the private home. Thirdly, participation in occupations that take place in the public arena are the hardest to access for people with physical disabilities. Civil society organizations are the main support for the performance of public occupations while public services hardly provide any assistance or support. Spanish public social policy, therefore, is focused on aiding occupation performance in the private sphere but does empower clients to increase their public participation.

CONCLUSION

It is worth noting that Spanish public social policy does not promote the participation of people with physical disabilities in the public sphere. This means that it indirectly secludes them in their private homes and prevents their full integration in society through their participation, for example, in educational activities or the labor market. There needs to be a paradigm shift from the current segregation of people with physical disabilities in the private sphere to their empowerment and full participation in the totality of realms of social life.

KEYWORDS

Human occupation, participation, physically disabled, environment.

PARALLEL SESSION 4

Friday 5th April | 10:40-11:00 | Room F205

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

EMPOWERMENT OF BACHELOR-STUDENTS THROUGH INVOLVEMENT IN RESEARCH PROJECTS

Dielacher Sabine

Ruckser-Scherb Renate

University of Applied Sciences for Health Professions Upper Austria Bachelor programme Occupational Therapy

BACKGROUND

Empowered students will engage deeper in learning. They need motivation that comes from meaningful tasks and the impact that they can achieve. The tasks have to be on the right level of difficulty and the experience of having choices is essential. To enhance their research competencies we let students participate in existing research projects. One group of students, e.g., had the opportunity to participate in a multi-professional research project developing a unique software for neuro-rehabilitation.

AIM

The aim of this project was to enhance students learning experiences.

METHODS AND MATERIALS

At the beginning of the project, eight students helped to identify user requirements, advantages, and possible drawbacks as well as the therapeutic background of exercises in neuro-rehabilitation. This was the basis for the development of computer-based exercise prototypes to improve patients' attention, memory, visual exploration and other skills.

The next step in the research project was to test the prototypes through in-process evaluation. Five students developed observation criteria and a guideline for interviews with patients and therapists. They then conducted the evaluation under supervision of lecturers and researchers.

RESULT

Students valued the purposeful meaning of their work and their personal impact on the project. They were very motivated and learned to cooperate with other professions, to explain their specific point of view, and recognize the relevance of their knowledge to other professions. The students learned to conduct interviews

with impaired persons, improved their ability to observe tasks, and exercised how to evaluate and interpret data.

Lecturers gained insight into the learning process of students and their typical problems, e.g., how to pose questions. This helped to improve the quality of scientific lectures.

CONCLUSION

Students appreciate to be part of research projects. It gives them a meaningful learning opportunity to build and demonstrate their competencies. Fostering a culture of collaboration promotes their social-emotional engagement. Students appreciate the possibility to direct their own learning. Feedback is essential to drive their learning through insight and understanding. This empowers students to find, use, and interpret evidence.

KEYWORDS

Empowerment of students, research projects

PARALLEL SESSION 4

Friday 5th April | 11:00-11:20 | Room F205

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

FALL PREVENTION AMONG OLDER ADULTS - HEALTH CARE STUDENTS NEED TO LEARN MORE FROM INTERDISCIPLINARY COLLABORATION

Marja Äijö

Tervo-Heikkinen T

Silén-Lipponen M

Savonia University of Applied Science

BACKGROUND

Fall prevention is an essential part of evidence-based healthcare in Finland and other -western countries. Although falls usually occur unexpectedly, they can often be prevented. Fall prevention and interdisciplinary work is not emphasized enough in healthcare education.

AIM

The aim was to test fall prevention teaching model within health care education.

METHOD

The AKESO-study, a development and research project coordinated by Savonia University of Applied Sciences, is part of the Regional Fall Prevention Network activities in Eastern Finland and the European Innovation Partnership on Active and Healthy Ageing collaboration. The preliminary development phase, in the spring 2016, included a theoretical module, simulations and clinical practice. Following, a new teaching model was developed and tested within the Gerontological Nursing course, in the autumn 2017. Data were collected using two focus-group interviews. Data were analysed using deductive content analysis.

RESULT

The clear teaching flow from the theoretical part to the clinical practice helped students integrate theoretical knowledge to clinical skills. In theoretical part, from the data formed three categories: 1. Teaching methods, 2. Content of theoretical teaching and 3. Independent studies. Simulations were the most important way to learn fall prevention. From the data formed two categories concerning of the simulation learning: 1. Simulation as a teaching method and 2. Learning by simulation. During clinical practice, students observed that their workplace mentors did not systematically use fall risk assessment tools. From the clinical practice part, formed

three categories: 1. supporting the functional capacity, 2. Multi-professional work and ethics and 3. Positive guidance for learning.

CONCLUSION

The study showed that new teaching model integrated the students' theoretical knowledge and practical skills. The simulations, especially, deepened health care students' understanding of fall prevention. However, students' knowhow how to do interdisciplinary collaboration in fall prevention situation was minor. Future work should focus on how this model could be utilized among health care professionals in continuing education and how this model can support health care students' interdisciplinary learning.

KEYWORDS

Fall prevention, Patient safety, Pedagogy, Education, interdisciplinary collaboration

PARALLEL SESSION 5

Friday 5th April | 12:00-13:20 | Room F201

EMPOWERMENT OF SERVICE USERS AND PROVIDERS
WORKSHOP

CO-CREATION AS A METHOD OF DEVELOPING SOCIAL REHABILITATION EDUCATION IN AN INTERNATIONAL CAPACITY BUILDING PROJECT SOCRE

Panu Karhinen

Metropolia University of Applied Sciences

Filip Dejonckheere

Artevelde University of Applied Sciences Ghent

Paul Beenen

Hanze University of Applied Sciences

BACKGROUND

The main theoretical background of the workshop is Co-creation as a method for fruitful multicultural collaboration used in the Erasmus+ project. Co-creation as tool for empowering the service users and providers in the field of education development and management. The importance of this workshop is in sharing the experience of capacity building with the partner countries such as Kosovo and Russia. This workshop will give an idea on what are the challenges and opportunities of this kind of project collaboration and how can we work with the challenges and make best out of the opportunities.

AIM

The aim of the workshop is to use the experience gained during the Erasmus+ funded capacity building project SOCRE for the other cultural bridge building projects to come. www.erasmussocre.eu

PARTICIPANTS

The target group of the workshop are all the COEHRE participants who have interest in using the co-creation as a method for managing the creative process of multinational, multicultural and multi professional project. In the workshop participants can have some new perspectives for developing iterative international collaboration processes.

METHOD

This interactive co-creative workshop will begin with the introduction on the project. After presentation the workshop will continue with the interactive group. The themes for the groups are collectively chosen based on the interest of the participants. In the last part of the workshop the statements are shared and made meaning in the discussion boosted with the other experiences from the participants. The voice of the project partners is included through videos, photos and written reflections.

EXPECTED OUTCOMES

In the workshop participants can gain knowledge about:

1. How to organize and mentor the development of the higher education in different environments and on different levels of EQF, case example SOCRE.
2. On the process of educational innovation and impact of capacity building programs.
3. Cultural sensitiveness in coaching, mentoring, managing a train-programme in a very different context as Russia and Kosovo.
4. Raise the awareness of how capacity programmes can have impact and how the co-creation enables growing mutual understanding.

KEYWORDS

Capacity building, co-creation, cultural sensitiveness

PARALLEL SESSION 6

Friday 5th April | 12:00-12:20 | Room F203

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

STUDY VISITS TO HEALTH AND SOCIAL CARE INSTITUTIONS TO PROMOTE INTER-PROFESSIONAL COMPETENCIES

Esther Bussmann

René Schaffert

Dr. Rahel Strohmeier Navarro Smith

Zürcher Hochschule für Angewandte Wissenschaften

BACKGROUND

In the context of a growing complexity in health and social care, one profession alone cannot deal with the diverse problems of clients, a multi-perspective view is necessary. Different approaches and various interdependencies between the professions challenge the system and there is a growing need for inter-professional collaboration (IPC). Consequently, IPC has become an integrative part of many education programs for professionals in health and social care in different countries. Knowledge of different professional roles is important for collaboration and an essential competency for IPC.

AIM

It is the aim of an international study course to support students in health professions and social work in their development of inter-professional competencies.

METHOD

An inter-professional team of lecturers with background in social work and health professions developed a one-week course to promote exchange between students from different countries and professions based on a systematic approach and theories. As a core element of the week, three different institutions with good practice for inter-professional collaboration are visited. Each visit is hosted by a specific profession (nurses, social workers, therapists) within a typical setting of the health and social care system (long-term care, rehabilitation and acute psychiatry). In addition, active participation of the students is promoted with an individual preparation task as well as group works, presentations and a structured reflection.

RESULT

The course is offered as a part of an international winter school with students coming from different countries from all over the world. Each week is visited by 26 students

coming from up to ten different countries and up to nine different professions with main focus on social work, nursing, occupational therapy and physiotherapy. Structured feedbacks reveal that students are highly satisfied with the learning experience and the course offers them opportunities to learn about different roles of different professions and inspires to promote inter-professional collaboration in their own countries and work settings.

CONCLUSION

Study visits to health and social care institutions offer a promising approach to promote inter-professional competencies and allow students from different professions to learn about their roles and the different cultural backgrounds that shape inter-professional collaboration.

KEYWORDS

Inter-professional collaboration, internationality

PARALLEL SESSION 6

Friday 5th April | 12:20-12:40 | Room F203

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

A PROTOCOL TO IMPROVE COLLABORATION IN PALLIATIVE CARE AT HOME

Suzanne Koning

HAN University of applied sciences, Nursing department

BACKGROUND

66% of the Dutch population prefers to die at home in case of terminal illness. Nevertheless, 33% of those people die elsewhere (e.g. in hospital). According to general practitioners and (home care) nurses there are several important challenges in palliative home care.

1. Early identification patient at risk of deteriorating and dying.
2. Availability of sufficient care at home
3. Proactive communication and discussion
4. Monitoring of patients and relatives in final stage of illness
5. Continuity of (palliative) care at home

AIM

This project aims to improve the accessibility of specialized palliative care at home through:

- Development of a protocol for 24/7 specialized palliative care at home
- A broad implementation of this protocol in Nijmegen (the Netherlands)
- An evaluation of the protocol through a process- and effect evaluation

METHOD

This project has three stages corresponding the three aims. During the developing stage a systematic review will be performed, focus groups with nurses and general practitioners will be held and feasibility will be tested within a small pilot test (in progress, finished January 2019). The next stage is to implement the protocol in a large home care organization in Nijmegen. This organization is divided into two areas (Nijmegen city and Rijk van Nijmegen). The protocol will be implemented in one of the two areas (cluster randomization). Nursing staff of the intervention group will be trained and guided during implementation in working with the protocol. The implementation stage run from February 2019 till December 2020. During the effect evaluation percentage of people who died at home will be primary outcome.

Secondary outcomes are symptom management and number of acute hospital admissions.

RESULT

We are now finishing stage one of this project. Implementation of the protocol is planned for February 2019. During the cohere congress in April I would like to present the (development of) the protocol and focus on the collaboration between general practitioners and home care nurses in this protocol.

KEYWORDS

Palliative care, implementation, protocol

PARALLEL SESSION 6

Friday 5th April | 12:40-13:00 | Room F203

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

DEVELOPMENT OF A MODEL FACILITATING LEARNING AND EVALUATION OF ASEPTIC PRACTICES

Teija-Kaisa Aholaakko

Laurea University of Applied Sciences

DESCRIPTION

In the European Union, approximately four million patients acquire health care associated infection (HAI) yearly. Pneumonias, surgical site, urinary tract, bloodstream and gastrointestinal infections cause human suffering, unnecessary deaths and increased fiscal burden. Preventing and controlling HAI is important, financially and from a human suffering point of view. Of HAIs, 20 to 30% estimated to be preventable. In 2009, the EU Council recommended improving patient safety, including the prevention and control of HAIs. This recommendation calls educators in European higher education to enable the infection prevention and control competencies for the future health care professionals. Teaching of these competencies is challenging. Health care personnel have implemented aseptic practices (AP) in invasive interventions to prevent and control HAIs despite the lacking evidence of their effectiveness. The purpose of this presentation is to introduce a structured model enabling evidence-based learning and the evaluation of aseptic practices.

A need for evidence-based structure facilitating the teaching and learning of AP in nursing education recognised in mid 1990s. A hypothetical model for intraoperative AP co-created after analysing the findings of 32 observed clean and clean-contaminated operations in 1995 and 1996. The model co-created and tested with university hospital personnel in the context of breast operations between 2000 and 2013. The data of 284 survey respondents, 1306 pages of text produced during 31 stimulated recall interviews of the nurses and document reviews of 1042 breast operated patients used in validating the model.

The recommendations for APs tested in assistance of tools constructed according to the AP model. A model for aseptic practices constructed of six sub concepts: the preparation of the patients and the personnel for the procedure; aseptic technique during the establishment, maintenance and disestablishment of the sterile field; aseptic behaviour; central services and environmental services validated. In the future,

it is important to re-test the model in various situations and settings and document the local guidelines enabling competence measurements.

KEYWORDS

Infection prevention, aseptic practices

PARALLEL SESSION 6

Friday 5th April | 13:00-13:20 | Room F203

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

GUIDANCE AND INITIAL MAPPING OF THE PROFESSIONAL COMPETENCIES IN THE SOHE BRIDGE PROJECT

Aino Ezeonodo

Metropolia UAS, SOHE Bridge Project

BACKGROUND

SOHE Bridge - Promoting employment of immigrants in Social and Health Care Sector in Finland (2018 - 2020) The reflection and evaluation of professional competences are in a significant role in the recognition and professional recertification processes. This project is based on The Career Path Project (ESF 2015 - 2018).

RELEVANCE

The immigrants, who have degree in Social and Health Care accomplished outside EU/EEA, have difficulties to obtain a right to practice their profession. Consequently, they study a corresponding or lower degree in social and healthcare, turn out to be unemployed or out of the labor market.

AIM

The aim of this project is to develop a smooth recognition and professional recertification process for immigrant nurses and others. The Guidance and Initial mapping of the professional competencies aims to bridge substance and language skills.

PARTICIPANTS

Nine social and health care teachers and five language teachers from four UASs in Finland are interdisciplinary testing how to combine professional substance and language skills among 60 immigrant nurses.

METHOD AND EVALUATION

The guidance and initial mapping of the competencies is conducted in the first phase of the module-based further education model. The national authority (Valvira) verifies participants professional documents authenticity. Professional expertise Discussion to identify similarities and differences of the immigrant nurses competences and professional competence of a nurse responsible for general care working in Finland is

held using inter-professional cooperation of the immigrant nurse, health care teacher and language teacher.

RESULT

As a result, identification of the professional competencies enables both the educators and participants to recognize the core areas of expertise, development needs and to bridge substance and language skills.

CONCLUSION

This project promotes welfare and equality by supporting the education and employment of immigrants. It strengthens the professional competences of immigrant nurses needed in the Finnish working life and hence it improves the quality of the social and healthcare services.

KEYWORDS

Immigrant nurses, professional competence, guidance, inter-professional cooperation

PARALLEL SESSION 7

Friday 5th April | 12:00-12:20 | Room F204

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

PATIENTS' EXPERIENCE AS A BASIS FOR TEACHING SELF-MANAGEMENT SKILLS

Ruckser-Scherp Renate

University of Applied Sciences for Health Professions Upper Austria,

Dielacher Sabine

Bachelor programme Occupational Therapy

BACKGROUND

Living with rheumatoid arthritis poses many challenges in patients' everyday life. Health professionals provide important information to patients and foster their self-management skills, e.g., how to conserve energy or protect joints. However, which kind of aid works best and which occupations have to be modified? These questions can be answered by asking patients with a rich and long experience in coping with their disabilities. They can contribute their skills and insights to improve therapeutic services and guidelines. This knowledge helps new patients to improve their self-management skills.

AIM

In this study we wanted to identify relevant skills and strategies for coping with rheumatoid arthritis in everyday life.

METHODS AND MATERIALS

Recruitment took place in self-help groups, 13 women with rheumatoid arthritis were willing to be included in the sample. Semi-structured interviews and observations based on activity analysis were conducted in the home environment of participants. The data were analysed by means of a content analysis according to Mayring.

RESULTS

Four categories containing relevant skills for self-management education were identified:

- solving problems by finding new ways to do something, e.g., open a box by using a cooking spoon
- using aids like a long-handled shoehorn or robot vacuum cleaner

- managing fatigue by splitting activities, e.g., cleaning just one window a day, or taking a break to recover after strenuous activities
- protecting joints by using them in a good position or reducing force

CONCLUSION

Many patients are experts in managing activities of daily living. Patient involvement is crucial in developing self-management guidelines. Therefore, we involved patients in the process and they enriched it with their personal experiences. The results of this study improved our lectures and, in a first step, empowered our students, who are the future service providers for patients. In the next step, students pass this knowledge on to patients, who thereby get better tools, techniques and confidence to manage their chronic condition. Becoming an expert patient is empowering for anyone with chronic conditions and leads to a higher quality of life.

KEYWORDS

Patients' experience, self-management, expert patient

PARALLEL SESSION 7

Friday 5th April | 12:20-12:40 | Room F204

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

TEACHING DIVERSITY

Nicky Van Oostrum

Nadine Blankvoort

Amsterdam University of Applied Sciences Faculty of Health

BACKGROUND AND RELEVANCE

Currently in higher education there is a growing attention for the need to dedicate attention to topics around diversity. It is important to explore in what ways this teaching can take place to avoid teaching activities that simplify the concept of diversity and present stereotyping or othering during well-intended teaching exercises.

AIM

The main purpose of this workshop is to present two examples of curriculum content from the Amsterdam University of Applied Sciences (AUAS) and based on these examples, develop a discussion on the challenges, approaches and tools which are present when attempting to address topics of diversity in health education.

PARTICIPANTS

Teachers who are aiming to incorporate diversity as an integral part of their curriculum, beyond the understanding of only cultural differences.

METHODS

This workshop will start by presenting the key elements of an emancipatory approach in cultural competency teaching. The participants are then invited to analyze the diversity-related learning objectives of two of AUAS curriculum content. By means of a critical discussion on how to integrate an emancipatory approach in education, implications for education and future directions are explored, and the participants' are invited to self-reflect their work and experiences in teaching.

EXPECTED OUTCOMES

Participants will leave the workshop with a critical understanding of the concept of diversity and how this can be incorporated in the curriculum. By learning from examples and critical discussion, participants will be provided with tools and inspiration for how they can incorporate this into their education at their home institutions.

KEYWORDS

Diversity, Higher Education, Curriculum.

PARALLEL SESSION 7

Friday 5th April | 12:40-13:00 | Room F204

EMPOWERMENT OF SERVICE USERS AND PROVIDERS

DEFINING A MUTUAL DEFINITION FOR VULNERABLE PREGNANT WOMEN: A DELPHI STUDY

Jantine Van Rijckevorsel

H.W. Torij

Rotterdam University of Applied Science

BACKGROUND

Vulnerability is a key issue in birth care worldwide, but there is no international definition for 'vulnerable pregnant women'. As part of a project aiming to exchange knowledge and best practices concerning vulnerable pregnancies between midwifery practices and curricula in several European countries, we defined a mutual definition for vulnerable pregnant women.

AIM

To develop a mutual definition for vulnerable pregnant women and to identify factors related to vulnerability.

METHODS AND MATERIALS

We performed a three-round Delphi study with midwifery teachers, researchers and midwives of participating European countries. First, we performed a literature study and asked all partners for existing definitions. Based on this, we developed a questionnaire in which participants were asked to rank these definitions and to determine whether the selected aspects were indeed related to vulnerability (round 1). In round 2 all partners received the results of round 1 and were asked to fill in the questionnaire again in order to achieve (partial) consensus. After that, a live consensus meeting was organized and a mutual definition for vulnerable pregnant women was determined, including factors related to vulnerability (round 3).

RESULT

Within round 1, 24 of the 29 invited participants completed the survey. 27 of the 32 invited participants completed round 2. Consensus about the definition and aspects related to vulnerability was reached during the consensus meeting. The following definition of vulnerable pregnant women was formulated for this joint European project: A vulnerable pregnant woman is a woman who is threatened by physical, psychological, cognitive and/or social risk factors in combination with lack of adequate support and/or adequate coping skills. Consensus was reached about the following

aspects related to vulnerability: Homeless or bad living situation, Substance abuse, Teenage pregnancies, Low income/financial problems/poverty, Domestic violence, Psychopathology, Lack of social support, Low IQ/Intellectual disability/learning disability, Victim of sexual abuse, Refugees, Undocumented people, Insufficient coping skills, Health conditions affecting pregnancy.

CONCLUSION

A joint definition for vulnerable pregnant women has been developed using a Delphi method. This is the starting point for further cooperation and crossing borders in contributing to improvement of care for vulnerable pregnant women throughout Europe.

PARALLEL SESSION 7

Friday 5th April | 13:00-13:20 | Room F204

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

“I CAN’T SEE YOU. ARE YOU ALONE?” METHODOLOGICAL RECOMMENDATIONS FOR VIDEO CALLING IN HEALTH AND SOCIAL CARE.

Sarah De Coninck

Elise Pattyn

Philippe Bocklandt

Artevelde University College, Gent, Belgium

BACKGROUND

eHealth, or offering remote care by means of technological advances, is becoming increasingly popular in health and social care. Among other advantages, eHealth is considered to make care more patient centered by increasing patients’ autonomy. One example of eHealth is the use of video calling. However, before implementing video calling within an existing practice, attention must be paid to unique characteristics of the medium. For example: How do you proceed when others are following the consult outside of the image frame?

AIM

This project aims to provide methodological guidelines for video calling in health and social care.

METHODS AND MATERIALS

Based on a review of the literature, and good practices, initial guidelines for video calling in health and social care are developed. During developmental oriented co-creation sessions, these guidelines are presented to an innovation lab consisting of 38 Belgian ambulatory care organizations. This innovation lab consists of organizations within youth care, mental health care, and general health care, interested in exploring the implementation of video calls within their current practice. Participants within these innovation labs will provide feedback on these guidelines and assess the need for further guidelines. As a result of this process, methodological guidelines for video calls within social and health care will be optimized.

RESULT AND CONCLUSION

Preliminary results concerning do’s and don’ts when video calling in health and social care will be presented. Results could entail methodological guidelines concerning the length (e.g. how to start and end a video call session), width (e.g. how to deal with potential others outside the image frame) and depth (e.g. how to communicate emotions during video calls) of consults through video calls.

PARALLEL SESSION 8

Friday 5th April | 12:00-12:20 | Room F205

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

THE BACKING APP EVALUATING A SELF-MANAGEMENT BASED APPROACH THROUGH EHEALTH FOR OPTIMAL VITAL FUNCTIONING WITH CHRONIC LOW BACK PAIN (CLBP)

Lilian Beijer

M. Soree

B. Kral

M. Trommelen

R. Van Maasakkers

M. Maas, W. Van Lankveld

G. Rutten, M. Van Hooff

HAN University of Applied Sciences

BACKGROUND

In Western Europe, chronic low back pain (CLBP) is considered to have the greatest burden of disease for society, due to costly absence from work and high health care consumption. Only a minority of CLBP patients consulting a medical specialist are referred to a spine surgeon or a non-surgical spine-care specialist. The vast majority is referred back home, frequently ending up with disabling chronic low back pain and corresponding development of psychosocial determinants of their functional constraints.

Given the current call for accessible, sustainable and affordable health care, we developed an innovative tool for therapeutic intervention by physiotherapists: the interactive Backing App. The key pillars of this tool are the employment of eHealth and a cognitive behavioral approach on patients' self-management of vital functioning with back pain.

AIM

We aim to implement an innovative way to support patients at risk for invalidating CLBP. To this end we evaluate the feasibility, the users' appreciation and the efficacy of the Backing App.

METHODS AND MATERIALS

For evaluation of the Backing App, a repeated measures design is employed. Patients are subjected to an eight-weeks period of e-coaching by 'backing App

certified' physiotherapists. Patients included for the trials (n=100), are aged 18-70 years and assessed with psychosocial determinants for back pain, according to 1) PROMS regarding pain, functioning and quality of life (Nijmegen Decision Tool) and 2) additional clinical consultation. Pre- and post-measurements consist of the aforementioned PROMs. To evaluate users' appreciation of the Backing App, the System Usability Scale is filled in and semi-structured interviews are held with both physiotherapists and patients.

RESULT

With 26 trained physiotherapist certified fore-coaching by the Backing App, the trials are currently conducted. The results will point out whether the Backing App is effective and meets professionals' and patients' needs.

CONCLUSION

If the alleged benefits of a cognitive behavioral approach through eHealth for CLBP patients are verified, the Backing App has potentials to contribute to sustainable, self-management based care.

KEYWORDS

eHealth, self-management, back pain

PARALLEL SESSION 8

Friday 5th April | 12:20-12:40 | Room F205

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

HONOURS EDUCATION AND INTERPROFESSIONAL COLLABORATION: THE INTERPROFESSIONAL IDENTITY OF HONOURS STUDENTS

Inge Wijkamp

Janine Reekers

Dr. Jan Jaap Reinder

Hanze University of Applied Sciences Groningen, the Netherlands

DESCRIPTION

Interprofessional collaboration is an important issue when talking about the future of healthcare. Consequently, creating a learning environment in which two or more students from different disciplines learn from and with each other, is an important task for higher education. Consensus on how to implement interprofessional education is missing. One assumption is that the formation of an interprofessional identity in students will enhance this process.

Honours education is regarded as a testing ground for innovation which, among others, offers the opportunity to explore how interprofessional collaboration among students can be stimulated. Honours programmes are selective programmes designed for motivated and gifted students who want to do more than the regular programme offers. The talent programme Healthy Ageing is a honours programme in which students of allied health care studies, nursing and social studies work on challenging projects that help them become the excellent professional of the future.

To explore if the interprofessional context of this honours programme affects student's interprofessional identity, 48 participating students were asked to fill in the Extended Professional Identity Scale (EPIS). Students present at the first meeting of the academic year responded immediately; absent students received the link by mail the next day. 36 students filled in the questionnaire, among which students who just started the programme, and second and third years' honours students.

The data were analyzed by using SPSS, and compared with a database of regular healthcare students.

This presentation focusses on the baseline measurement conducted in September 2018. The first results indicate that honours students feel more connected with the different professional groups, feel more interprofessional commitment and have stronger positive beliefs regarding interprofessional collaboration.

Honours students seem to have a stronger interprofessional identity than regular students. This leads us to believe that these students not only participate out of personal ambitions, but also use honours to fulfil a need to be stimulated by other disciplines. Future qualitative research will determine the importance of the interprofessional honours context to students in the decision to enroll the honours programme.

KEYWORDS

Honours education, teaching, interprofessional collaboration

PARALLEL SESSION 8

Friday 5th April | 12:40-13:00 | Room F205

EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES

HOW TO OPTIMIZE THE ACCESSIBILITY OF PUBLIC SOCIAL SERVICES BY MEANS OF DIGITAL COMMUNICATION TOOLS

Elise Pattyn
Bocklandt, P.
De Zitter, M.
Opgenhaffen, T

Artevelde University College Ghent

BACKGROUND AND AIM

User experience is a hot topic in the commercial sector. However, it is striking that social services pay so little attention to customer orientation. While the methodology of focusing on user experience by means of the customer journey in order to detect gaps has the potential to reach a broader audience and to tackle underprotection of social rights. Therefore, the purpose of this research is to study the opportunities of digital tools to optimize the customer journey in social services of local government.

METHOD

The research methodology is threefold: (1) establishing the state-of-the art by means of desk research (screening of 308 websites of social services of local government in Flanders-Belgium), (2) 10 focus groups with social workers, and (3) participant observation and in-depth interviews with 30 end-users of public social services (differentiated across gender, age, educational level, ethnicity, digital skills, ...).

RESULT

The selection of digital tools that social workers and end-users find useful to optimize the customer journey in public social services can be summarized as follows: (a) exploring phase: customer oriented structure of website and (b) contact phase: multichannel approach from which the user can choose (e.g. mail, chat, WhatsApp, video calling,...) .

CONCLUSION

The customer journey is a useful methodology in order to grasp user experiences with regard to social services. It offers added value to question both the supply and demand side concerning how to optimize the accessibility of public services by means of digital tools. This research shows how digital communication tools can be part of the remedy in the fight against underprotection of social rights.

KEYWORDS

eHealth, accessibility, user experience

COHEHRE POSTERS



IMPLEMENTATION PROCESS OF AN INTERDISCIPLINARY JOURNAL CLUB AT AN AUSTRIAN UNIVERSITY OF APPLIED SCIENCES

Margit Eidenberger

University of Applied Sciences for Health Professions Upper Austria

BACKGROUND

Based on the insights of a previously published paper addressing the staff's journal club (JC) needs and expectations, a new concept for an interdisciplinary JC was developed.

AIM

The new interdisciplinary concept was indispensable for the implementation of the JC and was developed by a staffs' core group.

METHOD

Triangulation of the Delphi-method and group discussion were adopted to address the aforementioned objective. Seven persons with different professional backgrounds took part in the Delphi process. Participation was voluntary, participants gave signed consent. Two group discussions were recorded. The data were processed and analysed using Mayrings' qualitative content analysis. Summarized results were presented to the group members, who gave written commentaries. The revised document was the basis for the second meeting, which followed the same procedure.

Data were recorded with a Philips voice tracer, the transcription was outsourced to an independent transcription service. Data processing included paraphrasing, generalizing and reduction. The categorical system was generated inductively from the transcribed material. It was revised after a sample coding. Inter-coder reliability was enhanced by independent coding by two coders. Inconclusive results were discussed until a compromise was reached.

RESULT

Based on the findings of this analysis the new JC concept was elaborated. This includes a clear declaration of the JCs' aims and a differentiation of the key roles needed (facilitator, education coordinator, publicist, evaluator), as well as a distinct role description. The concept was embedded within the universities' scientific and educational aims. An implementation group conducted by a primus inter pares within the peers will select the appraisal and evaluation tools needed. This group will collect clinical questions and potentially papers to be appraised based on staff proposals.

CONCLUSION

The JC will be installed four times a year rotating at the universities' five locations. We strive for maximum active staff members' participation, integration of different scientific designs and interdisciplinary topics. The JC will be reopened in the next six months as an example for an interdisciplinary network for developing professional competences.

KEYWORDS

Journal Club, interdisciplinary, empowering staff

RELEVANCE OF THE EXPERT PATIENT TO ACHIEVE CLINICAL IMPROVEMENTS USING THE BACK SCHOOL EXERCISE PROGRAM FOR THE NON-SPECIFIC LOW BACK PAIN

Eduard Minobes Molina

Universitat de Vic- Universitat Central de Catalunya

BACKGROUND

Low back pain (LBP) is currently the main cause of worldwide disability; being non-specific in 90% of cases. The most used physiotherapy treatment is exercise, being back school exercise program an effective choice. In this case, exists a matter of discussion if the specific stabilization exercise program (SSEP), where the deep muscles are the protagonists, is preferable to the traditional trunk exercise program (TTEP), which includes general exercises.

In the first case, is essential a previous empowerment of the patients to identify anatomically that muscles and understand how the exercises work. Patient empowerment programmes have been shown to improve mental health, professional-patient communication, patient self-efficacy and cost-effectiveness of care delivery.

AIM

Evaluate whether patient empowerment for a back school exercise program is more effective than a program without empowerment.

METHOD

A randomized controlled trial was conducted by 30 patients with LBP, comparing two treatments during 20 sessions. Group 1 used the TTEP and Group 2, the SSEP, including a theoretical class where the aim was patient learning, which would allow him to perform the exercises correctly.

Different variables were assessed: pain intensity, disability and grade of inflammation using the anti-inflammatory biomarker interleukin 6 (IL-6), and the pro-inflammatory biomarker tumor necrosis factor alpha (TNF- α).

RESULT

Both groups improved the pain intensity and the grade of disability in the middle, at the end of the intervention and at the following month ($p < 0.001$). The treatment with TTEP increased the levels of TNF- α ($p = 0.020$) and SSEP did the same with the levels of IL-6 ($p = 0.030$).

CONCLUSION

Both back school exercise programs are effective in reducing the pain and disability of non-specific LBP after 10 sessions of treatment until one month post-intervention, but SSEP produces an anti-inflammatory effect than TTEP doesn't produce. Therefore the SSEP, where patient is empowered, is an excellent tool to manage patients with non-specific LBP. Moreover, his expertise will allow them to practice the exercises at home as a maintenance program which will contribute to their wellbeing.

KEYWORDS

Empowerment, physiotherapy, exercise.

SHARED EXPERTICE COACHING- DEVELOPING TREATMENT SYSTEMS AND CARE PROCESSES IN CO-OPERATION?

Hannamari Talasma

Laurea UAS

BACKGROUND

New operating models are required in current health and social services reform in Finland. Cooperation with experience experts and strengthening clients' position must be included in the health and social services system. The objective should be focusing on the experiences of service users during all stages of the service process and using them as a starting point for creating trust and a human-centric approach to the work. Shared expertise coaching was co-created with the Eko network and Laurea UAS in 2016 in a study unit called Innovation Project. Professionals from different organizations (Espoo, HUS, KoKoa ry, Y-Foundation) as well as clients and students took part in developing the coaching.

AIM/METHOD

The aim of coaching is to increase understanding of experience expertise and find out how it'd be used in organizations. During the coaching participants discourse how to build cooperation between professionals/students and experience experts. Concept of coaching underlines the goal of strengthening dialogue and cooperation. One of the main goals is to co-create an operating plan for the introduction of the experience expert activities by utilizing cooperative methods. Coaching includes a short practical learning in the organization. Coaching model consist 7 contact sessions and the duration is approximately 6 months.

RESULT AND CONCLUSION

During spring 2017 the model was tested in a pilot in Laurea UAS. Since autumn 2017 there has been 6 coachings held in Laurea UAS and HUS co-operation. Altogether 100 experience experts are graduated in the end of 2018. They are planning, developing and evaluating hospital services with professionals. Experience experts have the capacity to work in tasks such as group leaders, experience trainers in seminars, developing services in steering groups and doing assessment in research projects. Coordinators and experience experts have meetings on a regular basis. Experience-

based expert tasks are paid by commission. Coaching model is flexible enough to be modified based on the needs of applicant in any health/social care sector.

KEYWORDS

Experience expert, co-operation, coaching

THE CONTINUOUS DEVELOPMENT OF COMMUNICATION COMPETENCIES IN GLOBAL HEALTH AND CRISIS MANAGEMENT MASTER STUDIES

Kaarina Murtola, Teija-Kaisa Aholaakko

Laurea University of Applied Sciences

DESCRIPTION

This poster introduces the good practices enabling the continuous development of communication competencies in Global Health and Crisis Management master studies. The European Qualification Framework (EQF) 7 level competencies in global health and crisis communication require critical awareness of knowledge issues in a professional field and at the interface between different fields. The student progresses in producing plans, presentations and reports on professional manner to be able to enhance international discussion in professional contexts, develop intercultural communication in global health, publish and disseminate the results of development projects and manage professional expertise in global media environment. The goal of the continuous development of the communication competencies empowers the students in implementing the knowledge as professional practice in the assistance of relevant skills and attitudes.

Since 2015, sixty-eight degree and open university students participated in the global health communication studies of 5 ECTS. The students with diverse cultural background came from Asia, Africa, Americas and Europe. Students had degree in general and public health nursing, midwifery, gerontology, occupational and physiotherapy, social service work or at other relevant field. At the beginning of the studies, the students took the basic concepts in their possession by introducing their cultural background in the assistance of international literature. Three workshops arranged. The first focused on professional intercultural communication, the second on communication as an expert in humanitarian programmes and operations, and the third facilitated work application as a professional in the social media. A study visit to global communication agency focused on reputation management in health care

industry. In addition to continuous process and outcome evaluation an evaluation framework at EQF 7 level applied to the assessment of the gained communication competencies.

The students' feedback related to learning with true global experts was completely positive. They communicated openly and constructed novel viewpoints and tools for professional reflection and planning of their future carrier as a global expert. Development in professional level communication competencies empowered the students achieving a holistic perspective when practicing as a global expert. Students generated tools for professional reporting and gained skills in influencing in social media.

PRETERM CHILDREN'S FAMILIES EXPERIENCES AS PRIMARY CAREGIVERS: QUALITATIVE STUDY

Mirari Ochandorena-Acha, Olga Canet-Velez, Natàlia Gómara-Toldrà, Rosa Noell-Boix, Joan Carles Casas-Baroy

Universitat de Vic - Universitat Central de Catalunya

BACKGROUND

Prolonged hospital stay after preterm birth may cause complications and negatively impact on the preterm infants and family. Parents differ in their adaptation to parenting, so they may present symptoms of depression, guilt, post-traumatic stress and fatigue. Understanding of peoples' experiences and feelings could improve healthcare services, as public health represents an important source of information and social support, therefore it is essential to empower health staff.

AIM: the main objective was to identify the experiences, feelings and needs, during hospitalization and after discharge, of main carer of preterm infants, who did or did not participate in an early physical therapy intervention program of an experimental research. Also, to identify their parental competences and empowerment after the intervention.

METHODS AND MATERIALS

Qualitative study design was used. Parents of preterm infants admitted at the Neonatal Intensive Care Unit of the Hospital Sant Joan de Déu (Spain) were selected for their role as main carer. Some a priori established characteristics were considered for selection: age, number of children, academic level and country of origin.

In the first phase, 3 main carers were interviewed using an unstructured interview, in which the interviewer followed some key subject. Conversation transcripts were analysed using thematic approach, to make a script for the second phase, in which nine parents were interviewed using a semi-structured interview. Conversation transcripts were analysed by the main researcher and an external investigator using thematic approach. Atlas.ti software was used for all the analysis.

RESULT

Four major themes were identified:

1. parents' belief regarding prematurity;
2. experience, feelings and obstacles to care during hospitalization;
3. experience, feelings and obstacles to care at home;
4. satisfaction regarding interventions received after discharge to favour parental skills.

CONCLUSION

Mothers report the feeling of lack of preparation to meet the special needs of their preterm infants. Coordination, provision of information and support to improve mothers' skills and involvement in baby's care is essential to increase parents' empowerment. Families that received the program considered it to be useful in the acquisition of parental competences for the stimulation of infants' neurodevelopment.

JOURNAL CLUBS AS AN EMPOWERING APPROACH TO IMPROVE HEALTH CARE STUDENTS'

Mette Sonne Norskov, Camilla Gry Temmesen

University College Absalon, Denmark

BACKGROUND

The development of clinical competences in health research is necessary for an evidence-based practice. Course evaluation shows that student nurses often find it difficult to understand, be critical to and to discuss scientific articles in respect to clinical practice. A Journal Club is an educational forum which has the potential to empower these academic skills for student nurses.

AIM

The development and evaluation of educational Journal Clubs to improve student nurses' academic skills to critically understand and interpret the results of scientific articles and its relevance to clinical practice.

METHOD

Based on the development of Journal Clubs in a Nursing Educational setting, a questionnaire study was conducted among student nurses in six theoretical classes at the first to third year at a University College in Denmark. The student nurses' participation in Journal Clubs implied critical reading and interpreting the results of national and international scientific articles, and the discussion of study questions with increasing degrees of complexity through their education. The questionnaire consisted of 10 questions evaluating the student nurses' individual perception of the improvements in academic skills after participating in a Journal Club. Results (preliminary results based on two out of six classes): A descriptive statistical calculation were conducted. A total of 70 % of the students responded. 79 % of the student nurses finds that participating in a Journal Club provided greater understanding of reading scientific articles. Furthermore 80 % of the students finds that they've developed greater academic skills within critical reading of scientific articles, and 63 % states that they have a greater interest in reading scientific articles as a part of the nurse education after participating in a Journal Club.

CONCLUSION

Based on preliminary results this study indicates that implementation of Journal Clubs in a nurse educational setting can empower student nurses' academic skills. It is recommended that Journal Clubs are implemented and scheduled in the theoretical as well as in the clinical semesters of the nurse education, thus student nurses are prepared to enter an evidence-based practice. Presumably, the results are transferrable to other healthcare educations.

KEYWORDS

Journal Club, Health Education, Critical Skills

DEVELOPMENT OF AN INTERDISCIPLINARY LEARNING PROGRAM FOR HEALTH EDUCATIONS

Brigitte Sørensen

UCN, University College of Northern Denmark

BACKGROUND

In Denmark all the Professional bachelor's degree educations have a common interdisciplinary program. UCN has five different bachelor's degree in health. The five kinds of student spend 1 day together on 1st semester, 14 days together on 3rd/4th semester and some students can choose 6 weeks on 7th semester learning about interdisciplinary collaboration in healthcare and education. The interdisciplinary learning program contributes at several levels to match future challenges in the health services for students and teachers. The different learning methods contribute to students' development of individual competencies in relation to communication, technological capabilities and complexity in interdisciplinary cooperation and collaboration in general. The program is developed by an interdisciplinary team and future development will be based on the students' and the teachers' evaluations

AIM

The project's aim is to develop the interdisciplinary program in a patient-centred perspective. Focus of the education program is the students' skills and competences based on the development and quality assurance of interdisciplinary and innovative health initiatives and activities.

METHODS AND MATERIALS

250 students have participated and evaluated the course in relation to the different learning methods. The evaluations have been qualitative and quantitative. The learning methods are lectures, study group work involving patients and challenges in praxis, patient stories, student's presentation of professional skills in skills lab and innovation camp involving health challenges.

RESULT

The evaluations are predominantly good. The students are happy to work in smaller groups and to work with patients in different ways.

Some students are not motivated for the interprofessional course.

Some students experienced the lectures too hard and boring and the framework for the innovation camps too tight.

CONCLUSION

We will continue to develop the interdisciplinary program. Based on the evaluations, we will develop the program so that students experience more connections to their core competency.

We will focus more on learning method as study group work involving patients and different hands-on activities. The project will end in April 2019. The new program will be presented at the conference

KEYWORDS

Interdisciplinary collaboration in education, innovation, patient/citizen involvement.

ACQUISITION OF KNOWLEDGE DURING CLINICAL SIMULATION: THE ROLE OF DEBRIEFING

Montserrat Faro Basco, Xavier Palomar Aumatell, Olga Isern Farres,
Maria Carme Sansalvador Comas
Universitat de Vic - Universitat Central de Catalunya

BACKGROUND

The reflexive observation is an essential part of the learning model, which analysing and reflecting after a simulated clinical experience are the real basis. The debriefing is where significant learning occurs for students, helps to understand, analyse and synthesize technical concepts to improve performance in future clinical situations, and it provides the learning and the developing of technical and non-technical skills (teamwork, making decisions...).

AIM

To analyse at what point of the clinical simulation experience the students of the third year of the nursing degree acquire knowledge.

METHODS AND MATERIALS

A transversal descriptive study was carried out with the nursing students enrolled in the practical subject during the course 2015-16. For data collection, a questionnaire on acute coronary syndrome was developed, this consisted in 10 test-type questions with 4 response options, only one was correct. Sociodemographic data was also included. The students answered the same questionnaire before and after developing the simulation, and at the end of the debriefing. The students were informed about the general topic that would be discussed in the simulation. Data was analysed by SPSS 21, comparing the means with the ANOVA test with a statistical significance level of 5% bilateral.

RESULT

Were obtained 104 responses, 81,73% were women. The mean age was 23.7 years. If we analysed the results in a global way, the mean of first test marks was 6.30, in the second was 5.81 and in the third was 6.66 ($p=0.011$). Regarding gender, women obtained 6.29 on the first test, 5.65 in the second and 6.6 in the third ($p=0.009$). The men results didn't obtain significant statistically differences.

CONCLUSION

The results indicate significant differences between the marks of the three questionnaires, being the third questionnaire the one with the highest score, which demonstrates improving effect of the debriefing. In addition, the second mark after simulation was the lowest among all which shows the severity of stress following their performance and caused a possible change in their previous answers. The results indicate the importance of debriefing in the acquisition of knowledge and learning in the context of clinical simulation.

KEYWORDS

Debriefing, Simulation, Nursing

HEALTH PROMOTION UNIVERSITIES: TRANSFORMATIVE VISION

Fernanda Príncipe, Liliana Mota, António Ferreira, Sónia Novais, Isabel Oliveira, Maribel Carvalhais

Portuguese Red Cross Northern Health School (ESSNorteCVP)

BACKGROUND

Health promotion programs in community and workplaces are increasing in prominence. A healthy university aspires to create a learning environment and organizational culture that enhances health, wellbeing and sustainability of its community and enables people to achieve their full potential.

RELEVANCE

Health promoting universities and colleges enhance the success of our institutions; create campus cultures of compassion, well-being, equity and social justice; improve the health of the people who live, learn, work, play and love on our campuses; and strengthen the ecological, social and economic sustainability of our communities and wider society.

AIM

To discuss the framework that guide the transformative process of a nursing college into a health promoting context.

PARTICIPANTS

All students and staff of Northern Portuguese Red Cross Health School

METHOD

PEER-IESS is a bottom up strategy to implement health promotion contexts in high education institutions. Through PEER-IESS model (Education, Engagement and Evaluation Research -Salutogenic Higher Education Institutions) is intended to enable the community mobilization in higher education institutions to develop health promotion and resolution of problems of educational communities through the use of dialogical and creative strategies to promote health intervention centered on the student community (Brito & Mendes, 2009). PEER-IESS aims to be a participatory health research model to activate university communities in addressing the problems faced by youth, through using Community Mobilization, Peer Education and Peer Research strategies.

ANALYSIS

Data analysis was performed using an IRAMUTEQ software.

RESULT

As results the researchers realize that to engage youth in participatory health research networks will be an asset to reduce the gap between young people of different social status, allowing students to have social contact and support socially excluded communities; the value added by participatory action research is to increase awareness of social responsibility to promote youth health and networking between universities will promote institutional commitment because they represent the key mechanisms for change and innovation and organizational forms to provide cooperative learning and reduce the uncertainty of implementation of innovation. Conclusion: higher education has a unique opportunity and responsibility to provide transformative education, engaging the student voice, and developing new knowledge and understanding.

KEYWORDS

Higher education, participatory health research, Health promotion

THE CONSTRUCTION OF SOCIAL REPRESENTATION OF NURSING FOR THE UNDERGRADUATE STUDENTS

Sónia Novais, Liliana Mota, Fernanda Príncipe, António Ferreira, Henrique Pereira, Isabel Oliveira, Maribel Carvalhais

Portuguese Red Cross Northern Health School (ESSNorteCVP)

BACKGROUND

Social representation refers to the form of knowledge or conceptualization of the knowledge of common sense that is produced socially and is shared by the members of a social or cultural group. The theory of common sense thus designates the articulation between the concepts originated in social practices and in the diversity of the groups and whose function is to give meaning to the social reality, to produce identities, to organize communications and to guide conducts

RELEVANCE

The institutions of Higher Education play a fundamental role in the construction of the professional identity which is reflected in the social representation of the profession. The structural paradigms that support the curricula are determinant in the placement of the values that orient the student in the construction of his representation of the discipline and profession of Nursing.

AIM

This study pretends to analyses and compare how the structure of social representations of the nursing profession evolve in the undergraduate nursing students; distinguish the expectation of becoming a nurse of the undergraduate students from the reality of being a nurse.

PARTICIPANTS

157 nursing students participated in the study using a non-probabilistic convenience sampling technique.

METHOD

A qualitative study was performed guided by the Theory of Social Representations framework. Researchers uses a free association of words technique.

ANALYSIS

Data were analyzed using the IRAMUTEQ software, allowing the analysis of textual data and matrices.

RESULT

The analyses show that the discourse of the students was divided in three categories: paradigms, values that have the same weight in the discourse and nursing has a science with minor weight. The results of prototypic analyses illustrate that the social representation of nursing evolves during the course. The 1st year students have a common-sense representation of nursing, mostly linked to nursing instrumental activities. The representation evolves over the different years mainly linked to the professional values.

CONCLUSION

This study allows to understand how nursing students conceptualize their future profession all over the course. In this sense it is possible for the teaching staff to implement pedagogical measures that highlight the values, principles and models of nursing.

KEYWORDS

Nursing, social representation, higher education

BUILDING COPING STRATEGIES IN UNDERGRADUATION NURSING STUDENTS

Isabel Oliveira, Andreia Santos, Rafaela Barbosa, Diana Portovedo, Marco Oliveira, Liliana Mota, Fernanda Príncipe, António Ferreira, Sónia Novais, Maribel Carvalhais
Portuguese Red Cross Northern Health School (ESSNorteCVP)

BACKGROUND

Admission to undergraduation studies is for some students an opportunity to manage their activities, to explore of new environments and enroll in new relations, therefore facing this changes as motivational (positive stress), however, other students perceive it as potentially ansiogenic, leading to complications such as depressive situations, alcohol consumption, drugs and poor diet (negative stress).

RELEVANCE

This project in line with Empowering staff and students, aiming empowering students to develop coping strategies and promoting a healthy school environment.

AIM

To contribute to the adoption of coping strategies by the students of a nursing school in stress management.

PARTICIPANTS AND METHOD

This is a participatory health project. The sample was obtained by non-probability convenience technique. Participants are 58 first year undergraduation nursing students of a higher education institution. The strategies implemented to promote students' stress management are: a monthly debating club with experts (about stress management) and mentoring by third and fourth year nursing students (aiming to suppress difficulties that students entering the first year present at the beginning of their academic journey). A total of 27 third and fourth year volunteers undergraduation students were recruited as mentors and briefed on the project aims and strategies for mentoring.

EVALUATION

A pre-post analysis of life styles, self-image, self-esteem and stress levels will be performed to all academic community with a set of questionnaires: the "Fantastic Lifestyle" questionnaire, Stunkard's Self-image scale and Scale of Self-Esteem by Rosenberg.

RESULT

The population of first year undergraduation nursing students for the school year 2018/2019 is of 62 students, of this, 58 adhere to this project. Mentoring training is in process and pre-evaluation questionnaires will be applied.

CONCLUSION

With the implementation of this participatory action project it is expected a reduction of stress levels, as well as enabling students to adopt coping strategies in order to manage their stress. This is an ongoing project.

KEYWORDS

Nursing students, Stress, Coping skills

PATIENTS ATTENDED BY THE INTERDISCIPLINARY GERIATRIC ASSESSMENT TEAM (IGAT) AND ITS TRAJECTORY

Anna Torné Coromina, Ester Goutan, Jordi Amblàs

Consorci Hospitalari de Vic

BACKGROUND

Population ageing is a challenge for professionals and for the health system itself. Frailty is associated with a greater dependence and slower functional recovery. Early identification of frail patients by interdisciplinary teams aids clinical decisions towards better clinical outcomes.

AIM

To describe the profile of hospitalized patients outside Geriatric areas evaluated by an Interdisciplinary Geriatric Assessment Team (IGAT) formed by a doctor, a nurse and a social worker. Moreover, we aim to identify those health results related to the destiny of patients at discharge (home or Intermediate Care Center (ICC)) for improving clinical decision making.

METHODS AND MATERIALS

A descriptive study of hospitalized patients evaluated by an IGAT for three months. Variables from the Comprehensive Geriatric Assessment (CGA) including frailty degree (measured with Clinical Frailty Scale (CFS)) prior to and during admission, and destiny at discharge were collected.

RESULT

70 patients were included. Mean age of 80(+/- 8). 52.9% women. Description of patients attended by the IGAT team from CGA variables: 52.9% have frailty (CFS \geq 4), and a mild-medium dependence (Barthel Index 75.5(+/- 23.2)). 47.1% present cognitive impairment. 55.7% are dependent for \geq 1 instrumental activity (money management, medication or telephone). 80 present polypharmacy (use of \geq 5 drugs chronically) with an average of 8 (+/- 4) drugs/person. 67.1% presented \geq 2 geriatric syndromes prior to admission and 56.4% acquired a new one during admission. The health results associated with destiny at discharge were: patients admitted to ICC versus those who go home have a higher functional loss during admission (Barthel Index 37.76 \pm 17 vs 14 \pm 14.28) (p = 0), a higher number of geriatric syndromes acquired

during admission (1.53 \pm 1.3 vs 0.42 \pm 1) (p = 0.01) and a previous upper frailty degree (CFS (4.6 \pm 1.5 vs 3.73 \pm 1.8) (p=0.034)).

CONCLUSION

A CGA by an interdisciplinary team identifies hospitalized patients with more complex needs outside geriatric areas. Identification of patients with higher functional loss, higher frailty, and more geriatric syndromes aids clinical decision at destiny. These patient's autonomy and health outcomes benefit from an interdisciplinary approach (physiotherapists, doctors, nurses, therapists, psychologists, speech therapists, social workers and pharmacists) like the one offered by ICC.

KEYWORDS

Frailty, Interdisciplinary Team, Person-Centered Care

IMPACT OF THE NURSING RELATIONAL LABORATORY ON THE ACQUISITION OF STUDENTS' SKILLS COMPETENCES

Maribel Carvalhais, Sérgio Custodio, Ana Torres, Sónia Novais, Susana Pereira, Liliana Mota, Fernanda Principe, António Ferreira, Henrique Pereira
Escola Superior de Saúde Norte CVP - ESSNorte CVP

BACKGROUND

Nursing is a relational profession. Several authors sustain that communication should be a basic tool of the nurse, in order to meet the needs of the patient (Pontes, Leitão & Ramos, 2008). It is up to the professional act to create relational conditions that allow the person to identify their own resources, to potentiate overcome of their difficulties. This process makes a person open to development, to positive learning, to the potential for self-actualization of his or her feelings and actions (Fernandes, 2007).

RELEVANCE

The acquisition of awareness about the development of relational and communicational skills, as a socio-professional nursing asset, is the way to change the mentalities, didactics and pedagogical methodologies that one wishes to provoke.

AIM

To collaborate in the development of communication skills of students of the Nursing, through Portuguese sign language, dramatization and emotional facial expression.

PARTICIPANTS

73 students participated (Experimental group; EG; n=38; Control group; CG; n=35).

METHODS

General self-efficacy scale (GSES), the Patient Health Questionnaire-9 Depression Module (PHQ-9), Assertiveness Questionnaire (ASS), Emotional Thermometer (ET), Inventory of Barrett-Lennard interpersonal relations (OS-M-40), and autoscopy, are used.

ANALYSIS

Data analysis was performed using SPSS software.

RESULTS

Better outcomes of EG on final autoscopy; significant reduction of the levels of assertiveness and revolt from the beginning to the end in EG; lower levels of emotional distress and need for help of EG, compared with CG at the beginning; lower levels of emotional distress, anxiety, need for help, empathy and congruence, and higher levels of revolt and unconditionality in EG, at the end; teachers recognition of the high potential of the Nursing Relational Laboratory (in Portuguese LRE).

CONCLUSIONS

The LRE allowed the development of communicational skills of GE students through sign language, drama and facial emotion analysis. It is encouraged the development of projects in this field, due to the importance of this skills training in health professionals. As result, a current second phase of the project proposes to collaborate in the development of communication skills of students of Nursing, using the original strategies and Chi Gong additionally.

KEYWORDS

Communication skills; Teaching and learning strategies; Nursing students.

PEER FEEDBACK: COLLABORATIVE LEARNING AND ASSESSMENT IN NURSING STUDENTS

António Ferreira, Fernanda Príncipe, Liliana Mota, Sónia Novais

Escola Superior de Saúde Norte CVP - ESSNorte

Beatriz Araújo, José Matias Alves

Universidade Católica Portuguesa - Porto

BACKGROUND

The students involvement in learning and assessment process are actually the way to increase self- directed learning and become an advantageous in the development of professional and soft skills. Teacher and students are currently challenge to cooperate in creating a learning environment that promote the achievement of expected learning outcomes and competencies.

RELEVANCE

The implementation of peer feedback, generates by itself, a set of individual and group dynamics, actively involving students and teachers on this methodology, which achieve simultaneously the evaluative and learning purpose.

AIM

This study aims to present the students perception of peer feedback, its influence on skills acquisition, strength and threats during implementation.

PARTICIPANTS

Students from 3th and 4th nursing degree (n=82), that have been submitted to peer feedback strategy during clinical training and participated in one formative session and one workshop about use of peer feedback strategy, promoted by the author of the project.

METHOD

Using a qualitative approach which set guidelines for carrying out a participatory action research project in nursing clinical training. Data collection by focus groups with students.

ANALYSIS

Data analysis was performed using an IRAMUTEQ software.

RESULT

The results suggest that peer feedback is a powerful strategy that contribute to students engagement in learning and assessment process, communication and relationship development, as self-directed and self-regulated learning, critical and reflective thinking, self-assessment ability, decision making as responsibility and autonomy. Self-awareness of professional skills needed to work in group or team are also mentions as very important result of use of peer feedback.

CONCLUSION

What can be concluded from the analysis of your data? What are the implications for future work?

Peer feedback contribute to a collaborative and integrative approach on learning and assessment. It is evident that preparation and planning of implementation are fundamental, suggesting that peer feedback will positively contribute to students engagement, self-regulated in learning, critical and reflective thinking and self-awareness of future professional skills.

KEYWORDS

Peer feedback; learning; students

FUTURE CLASSROOM LAB - FCLAB: INTERACTIVE LEARNING ENVIRONMENT

**António Ferreira, Fernanda Príncipe, Liliana Mota, Sónia Novais, Isabel Oliveira,
Maribel Carvalhais, Henrique Pereira**

Escola Superior de Saúde Norte CVP - ESSNorte

BACKGROUND

Schools are increasingly acknowledging that the traditional classroom with teachers at the front and students facing in one direction for the whole lesson does not enable innovative pedagogical approaches.

RELEVANCE

C21st pedagogies such as flipped learning, collaborative learning and project based learning or scenario based problem solving have necessitated changes in the layout of the classroom to allow movement and flexibility.

AIM

The aim of this study is to identify the students recognition of the use of FCLab in leaning engagement and satisfaction.

PARTICIPANTS

All students from 3th and 4th nursing degree (n=82), that work in project based learning or scenario based problem solving.

METHOD

A qualitative and descriptive study. Data collection by focus groups with students, randomly selected among participants. A satisfaction and learning motivation questionnaire were applied to participants in the end of the classes period.

EVALUATION

The FCLab was evaluated through the triangulation of Method: results of satisfaction and motivation questionnaire to students; the focus group with students and the evidence based data.

RESULT

Results prove that FCLab engage students in learning activities, allowing them to use different learning zones, that all together allows to a new and holistic view on

teaching/learning, and show that is about being connected, being involved and being challenged. The flexibility of the zones enable to work in groups, pairs or individual, gives an added value to the research, to interpretation, analysis, knowledge-building activities, encouraged interaction and feedback as the use of learning technologies. Students mention that FCLab provide ways to foster self-directed learning, supports in self-reflection and meta-cognition skills.

CONCLUSION

FCLab provide many different learning zones that combined create the opportunity to provide transformative education, get students motivated, satisfied and engage, as allows to knowledge development and understanding about new ways of teaching/ learning for the future.

KEYWORDS

Future Classroom LAB, Learning (centered student); Motivation

HONOURS EDUCATION AND THE DIDACTICS OF COACHING HONOURS STUDENTS

Aafke Van Der Schaaf, Roos Havinga, Janneke Speetjens

Hanze University of Applied Sciences

DESCRIPTION

According to Wolfensberger educating talented students requires a specific approach, consistent with the needs and requirements of this specific group.

An increasing number of students participate in honours education. Honours programs are specially designed for gifted and motivated students who want to do more than regular education offers. In an university of applied sciences in Groningen, the Netherlands, motivated speech therapy students are given the opportunity to participate in the honours programme Speech and Language Pathology (SLP). A programme, developed in collaboration with the research university in Groningen, that also includes students with this more research minded background.

In the learning environment of these SLP students 'active learning' and 'building community' are important concepts. Also, these students seem to have different needs when it comes to theoretical and practical learning. For a teacher, it's important to have knowledge of the didactic principles that meet the needs of these students.

This workshop aims to create awareness on honours education, especially the needs of highly motivated students, among teachers and other academic staff of European healthcare studies.

The workshop is developed in cooperation with two honours students, and will be conducted by them together with an experienced honours teacher. After the start, for which participants are asked to gather their personal opinions on coaching highly motivated students, sharing and discussing these views among colleagues and the honours students will be the focus of this workshop. A summary of the lessons learned and the translation of these insights into concrete actions on how to facilitate learning for honours students in healthcare education will conclude the workshop. This workshop provides insight into the needs and expectations of talented and motivated students. Afterwards, the guidance of teachers in (practical) lessons will be more in line with to the needs of the honours student.

KEYWORDS

Honours didactics, Quality of teaching and coaching, Speech therapy

EHEALTH STUDY COURSE FOR NURSING AND PUBLIC HEALTH NURSING STUDENTS IN SEAMK

Katriina Kuhalampi, Raija Palo

Seinäjäki University of Applied Sciences

DESCRIPTION

SeAMK, the School of Health Care, has participated in several EU conducted international eHealth and ICT projects: ICT for Health (2010-2012), PrimCareIt (2011-2014), Connected for Health (2015-2016) and BaltCity Prevention (2017-2020).

Through these projects, we have acquired ideas on how to integrate projects and eHealth themes into the education of Nursing and Public Health Nursing students.

In Finland, the reform of the health care and social services is in progress. One of the topic ideas in this reform is the digitalization of services. The digitalization process has already started and its developing process is speeding up. Therefore, students have to develop competencies in the subjects of eHealth, digitalization and applications.

There are 3 ECTS credits for eHealth, digitalization and health technology studies.

The students become familiar with the basic concepts, e.g. Telemedicine, Telenursing, eHealth, mHealth, data security, patient/client safety, digitalization and digital exclusion. The topics of students' seminar assignments deal with different kinds of eHealth applications, e.g. Finnish eHealth portals and digital applications for different ages and long-term illnesses like diabetes and memory disorders. One student group have made seminar presentations about the next applications: National digital Archive of the Health Records and ePrescriptions, Portal of Local eHealth Service, Portal of Aging People, Free Style Libre (Digital Blood Sugar Measurement Tool), Digital Food Services for Aging People and Digital Functional Capacity Measurement Tool for the Disabled People.

During these studies, the students make a study visit to the SeAMK eHealth Centre, where they see many kinds of the eHealth applications in practice. They analyze their experiences about the study visit by doing the individual reflection.

During the learning café day, the students have to analyze together the ethical themes in digitalization from the viewpoints of patient/client safety, elderly care services, staff of health care services, development of health care services and robotics in nursing.

We develop the studies by collecting feedback from students and updating our own teaching competencies.

KEYWORDS

eHealth learning, eHealth literacy, eHealth studies

FACTORS PROMOTING AND INHIBITING HEALTHCARE PROFESSIONALS HEALTH AND WELFARE TECHNOLOGY COMPETENCIES

Eija Söderlund, Marja Vellonen

Laurea University of Applied Sciences

BACKGROUND

The structures and services in healthcare and social welfare being reshaped across Europe, which raises the need for a new way of working. The changing landscape of the health care system and rapid development of technology and digitalization challenges healthcare professionals to develop specialized skills and competencies. Previous studies have indicated that the healthcare professionals competencies are promoted by thorough training on device use and introduction to service use.

AIM

The purpose of this study was to describe factors promoting and inhibiting healthcare professionals health and welfare technology competencies.

METHODS

Data were collected in spring 2017 from healthcare professionals working in home care or in elderly care in Finland. The participants consisted of practical nurses, registered nurses, occupational therapists and their immediate superiors (N = 73). The data were collected using online questionnaires with open-ended questions and analyzed using qualitative thematic analysis. In the analysis the data was grouped into different themes to compare the occurrence of certain themes in the data.

RESULT

Three main themes were identified in promoting factors: organization-related factors (sufficient training, sufficient time to learn, regular use of devices, employer support, availability of devices), professional-related factors (high motivation, positive attitude) and manufacture-related factors (advertising from companies, ease of use of the devices).

Three main themes were identified in inhibiting factors: organization-related factors (lack of education, lack of finance, lack of availability of health technology, low device usage), professional-related factors (lack of motivation, negative attitude, staff fatigue, fear due to lacking competence, learning disability) and manufacture-related factors (unclear manuals).

CONCLUSION

Information can be utilized in healthcare education, workplaces and health technology companies. Management must provide adequate resources to strengthen competence. Management needs to engage employees in changes brought about by the development of health technology and digitalization at the workplace.

KEYWORDS

Health and welfare technology, Healthcare professional, Competence

DEBRIEFING IN SIMULATED NURSING PRACTICE

**Liliana Andreia Neves Da Mota, Fernanda Príncipe, António Ferreira, Sónia Novais
Isabel Oliveira, Maribel Carvalhais**
Portuguese Red Cross Northern Health School (ESSNorteCVP)

BACKGROUND

Debriefing in simulated practice is a learning method that allows reflection on what happened in the simulation scenario and requires the active participation of students. The debriefing values are the psychosocial, cognitive and affective dimension, for their impact on the development of competences.

RELEVANCE

The debriefing in simulation practice is a very important moment of learning because the students have the opportunity to develop their instrumental or non-instrumental skills. In this area it is fundamental to recognize the value for students of the debriefing to incorporate them in center of the pedagogical process.

AIM

To evaluate the value of debriefing in the simulated practice of nursing higher education students.

PARTICIPANTS

166 students of undergraduate, postgraduate intensive care and emergency and postgraduate specialization medical-surgical nursing, after the classes that used the simulation methodology.

METHOD

Quantitative study. Data were collected using a questionnaire (Simulation Debriefing Assessment Scale) between March 2017 and May 2018.

ANALYSIS

Data analysis was performed using SPSS software.

RESULT

The majority of participants were female (83.1%), with a mean age of 24 years. 57.8% of the participants were undergraduate students, 27.7% were post-graduates in intensive care and emergency, and 14.5% were post-graduates in medical-surgical nursing. Participants presented high mean values in the psychosocial value of debriefing

(4.04), cognitive value (4.31) and affective value (4.32). There are differences with statistical significance in the value attributed to debriefing (psychosocial, affective and cognitive) depending on the course students attend.

CONCLUSION

The debriefing associated with the simulation is valued by the students in terms of affective, cognitive and psychosocial values in the different courses of nursing higher education.

KEYWORDS

Simulation Training; Simulation; debriefing

REPRESENTATION OF DEBRIEFING IN SIMULATED NURSING PRACTICE BY STUDENTS

Liliana Andreia Neves Da Mota, Catarina Maia, Filipa Soares, Tiago Marreiros, Ana Rita Silva, Fernanda Príncipe, António Ferreira, Sónia Novais, Isabel Oliveira, Maribel Carvalhais

Portuguese Red Cross Northern Health School (ESSNorteCVP)

BACKGROUND

The simulation represents a pedagogical strategy that involves the hypothetical representation of the clinical reality. The debriefing focuses mainly on the reflection of experiences and aspects that have performed less well during nursing practice.

RELEVANCE

The debriefing in simulation practice is a very important moment of learning because the students have the opportunity to develop their instrumental or non-instrumental skills. In this area it is fundamental to recognize the social representation for students of the debriefing to incorporate them in the center of the pedagogical process.

AIM

To perceive the representation of the debriefing in the simulated practice for the undergraduate students in nursing.

PARTICIPANTS

52 nursing undergraduate students of Northern Portuguese Red Cross Health School accepted to participate in the study.

METHOD

This is a descriptive qualitative study, oriented by Social Representation Theory. The data was collected through an online questionnaire. The questionnaire with Free Association of Words was composed with five questions related to the debriefing in the simulated practice. The participants answered with five words/expressions to each question.

ANALYSIS

Data analysis was performed using an IRAMUTEQ software.

RESULT

The dendrogram from the analysis of the students' responses was grouped into seven classes: learning (19.2%), collaborative (17.3%), self-concept (15.4%), attitude 5% and critical thinking (9.6%).

CONCLUSION

For undergraduate students in nursing, the debriefing in the simulated practice represents, mainly, a moment of self-knowledge. The self-knowledge is fundamental to empower the capacity of the students to take decision for action.

KEYWORDS

High Fidelity Simulation Training; Simulation Exercise; Simulation Training; Simulation

BRIEFING IN SIMULATED PRACTICE: THE IMPORTANCE FOR THE STUDENTS

Sónia Novais, Ana Rita Pinho, Maria João Alves, Viviana Baltarejo, Fernanda Príncipe, António Ferreira, Liliana Mota, Isabel Oliveira, Maribel Carvalhais
Portuguese Red Cross Northern Health School (ESSNorteCVP)

BACKGROUND

Simulation in health education is based on the discussion and resolution of clinical scenarios previously prepared by the teacher and that allow the student to mobilize knowledge for decision making, and to develop different skills. One of the great advantages of the simulated practice is that students can prior access the scenarios and prepare themselves properly to manage time, to discuss and be prepared to act in a clinical case, which is called briefing.

RELEVANCE

Considering that the objectives of the simulated practice should be focused on promoting learning, critical and reflective thinking and the evaluation of results, we assume that the briefing plays an important role in its achievement. However, this step has not always deserved the attention needed by the teachers or the students.

AIM

To perceive the representation of the briefing in the simulated practice for the undergraduate nursing students.

PARTICIPANTS

37 nursing students participated in the study using a non-probabilistic convenience sampling technique.

METHOD

A descriptive qualitative paradigm study was guided by the theory of social representations. The data were collected through an online free association test.

ANALYSIS

Data were analyzed using the IRAMUTEQ software, allowing the analysis of textual data and matrices.

RESULT

The prototypical analysis reveals that students have as central nucleus of their social representation of briefing the concepts of knowledge, experience and learning, however, in the first periphery emerge representations associated with the emotions that precede the simulated practice, namely, anxiety and nervousness.

The analysis of similarities reveals that students relate knowledge to anxiety, experience, and competence. In the same community of the term knowledge emerges the term competence.

CONCLUSION

For the students briefing requires knowledge, experience and learning, but it's also associated with the management of emotions. Analyzing these results, we perceive that the students value the knowledge as one of the pillars of simulation. As this is a step considered crucial to the success of the overall of the simulation, these results allow teachers, to outline strategies that promote the management of emotions that may be impeding learning and the skills development.

KEYWORDS

Simulation; students; empowering

DEVELOPMENT OF A REFLECTION MODEL FOR CLINICAL DECISION-MAKING FOR STUDENT NURSES.

Thora Skodshøj Thomsen, Christina Ystrøm Bjerre, Pia Scheuer, Lisbeth Trebbien

Zealand University Hospital

Rikke Ringdal

University College Absalon, School of Nursing

BACKGROUND

Newly graduated nurses' clinical decision-making is often based on their own experiences and experienced colleagues' knowledge and to a lower extent on 'evidence based' knowledge and 'person centered' knowledge. Research shows that novice nurses rarely reflect on their clinical practice. A structured literature review found an absence of an easily obtainable reflection tool, which is based on a person-centered and evidence based approach to clinical practice. Consequently, a working group from a university hospital took the initiative to develop and implement a structured reflection model.

AIM

To develop and implement a structured reflection model in novice nurses' clinical decision-making that contained a person-centered and evidence based approach.

METHOD

An Action Research approach was chosen. We conducted four action research cycles to develop the reflection model; 1. Nursing students' experiences of the model in two departments - interview of students and a supervisor 2. Dialogue meeting with 10 clinical nursing specialists 3. Dialogue meeting with 34 health professionals 4. Piloting with 13 nursing students (3rd years) participated, followed by a focus group interview with 11 of the students. Each cycle gave rise to new learning and meaningful changes related to the reflection model as well as the implementation process. The main analysis method used was interpretive description.

RESULT

The model comprised 3 core elements: 1) Preconditions, 2) knowledge sources and 3) nursing intervention plan and evaluation. As an important part of the development

process, a number of questions were developed to support reflection. Learning and evaluations from the five action research cycles showed that the model could support students to get a solid foundation for making clinical decisions.

CONCLUSION AND PERSPECTIVES

In conclusion the action research project revealed that a reflection model containing a person-centered and evidence based approach strengthened the students' ability to make evidence based clinical decisions. The reflection model is currently used at Zealand University Hospital and University College Absalon, School of Nursing. In cooperation with the students an App is being developed and will be implemented during 2019. The course of development shows that a common project can strengthen the connection between clinical practice and the nursing school.

STUDENT CONFERENCE WORKSHOPS



STUDENT CONFERENCE

The interdisciplinary and international COEHRE STUDENT COURSE: Diversity and Social Inclusion (DiSI) is welcoming 68 students and 6 tutors from 12 different countries and 15 different professions! This event is part of the annual COEHRE Conference (therefore often referred to as COEHRE Student Conference) and organized by one of its branch: COEHRE Academy together with the local host institution: University of Vic - Central University of Catalonia.

This programme offers a unique opportunity for you to meet with fellow students and teaching staff from different countries and professional backgrounds to listen to, discuss and debate the issues around inclusion of the most vulnerable group of people in our societies.

WORKSHOP ABSTRACTS

CHILDREN ON THE MOVE

Emi Van Nieuwenhuysse

Arteveldehogeschool Gent, Belgium

Since several years, we can find easily an article in our newspaper or on the internet about 'the migration flow', but what do we exactly know? Did you know that almost half of the migrants who are on the run are children, many of them unaccompanied by their parents or family members. How are these children dealing with their (traumatic) experiences, the new environment where they arrived/are put, the lack of their family and friends, the cultural and linguistic barriers, the struggle with their identity? How can we support and empower these children without victimizing them? What are their real needs/struggles? In this workshop we will go in interaction about this topic.

EDUCATION INTEGRATION: AN INVESTMENT FOR THE FUTURE

António Freitas

Instituto Politécnico de Setúbal, Portugal

The today phenomenon of cultural, linguistic and religious diversity typifies the educational systems of the great majority of North Western societies. Each of us is different and has a unique history. Our abilities depend on a continuous adaptation to our environment, social rules and living conditions of our environment, family or community. Therefore, inclusive education is not only a change in the classroom is the adaptation of the school environment and policies that should provide an effective response to each student needs enhancing the best of each one. The education integration is a today investment for the future.

MENTAL HEALTH; FROM BODY TO MIND

Daniëlle Lammers

Rotterdam University of Applied Sciences - Institute for Healthcare Studies

One in four of us will experience a serious problem with our mental well-being at some point in our lives. Mental disorders are great risk factors for other diseases or physical injuries. Therefore, it is important to understand the link between body and mind, in relation to the development of mental health. This workshop will provide you with some facts and myths about mental health and experience in the link between body and mind.

CHANGING MINDS: DISABILITY TO ABILITY

Burak Karabey

Dokuz Eylül University - Buca Faculty of Education, Gifted Education Department

We will try to find some answers about "What is disability?", "What is ability?", "Can we change perspective of disability perception?", "Is it possible to find a project for more social inclusion?"

POVERTY: EFFECTS ON THE INDIVIDUAL, FAMILY AND COMMUNITY

Meltem Yildirim

Universitat de Vic - Universitat Central de Catalunya

Living in poverty is an experience which impacts many areas of life such as having low income or difficulties to find a job, not having access to health services, not being able to participate in the community, and social isolation. The effects of poverty are not only seen in the individual level, as well as the community experience its negative effects in increased crime rates, risks in diseases prevention, decreased business opportunities due to lack of buyers etc.

In this workshop, we will focus on the main causes of poverty, as well as its effects on the individual, family, and community. Besides, we will talk about the cycle of poverty and discuss the possible prevention methods which may help to break this cycle in order to create noticeable changes among all the members of the community.

MIGRATION : A CONTROVERSIAL TOPIC

Anissa Lamzabi Bou

Cal El Remei - Universitat de Vic - Universitat Central de Catalunya

There are many different reasons why migrations from the early days up to present time took place as they did. Also, Immigration is a very controversial topic in today's society. Everybody has their own opinions, whether they are positive or negative. Well, the truth is there is not one right opinion. Immigration has both its ups and downs. Why would people leave their place of birth or their place of comfort, that's the big question!

STUDENT CONFERENCE KEYNOTES



DIVERSITY

Attila Dobos

Semmelweis University of Applied Sciences, Hungary

Date

April 1st, 10.15-11.15 am

Location

Room Mercè Torrents

The keynote is going to give a general framework for thinking about sociocultural diversity and its relation to the problems of equity, equality and just distribution (justice) as it is seen through the lenses of cultural anthropology and social policy. Particular emphasis will be put on the field of health and social care, where discrepancies in access to health / services and eligibility are well known issues. The talk will shed light on the differences and importance of both structural and cultural competency to understand difficult sociocultural situations better.

Original readings

http://www.ophi.org.uk/wp-content/uploads/Sen-1979_Equality-of-What.pdf

https://www.uio.no/studier/emner/sv/sai/SOSANT2525/h14/pensumliste/vertovec_superdiversity.pdf

To listen:

https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality

<https://superdiversity.net/2018/12/05/a-very-brief-introduction-to-superdiversity-shortvideo/>

INNOVATION AND ENTREPRENEURSHIP FOR HEALTH AND SOCIAL PARTICIPATION: IT IS MY WORLD, IT IS YOUR WORLD

Salvador Simó

Uvic-UCC, Spain

Date

April 2., 14.00-15.00 pm

Location

Room Mercè Torrents

The keynote will reflect about the main problems that Humanity is confronting. Health and social professionals need to incorporate innovation and entrepreneurship in their daily practice, balancing Humanities with new technologies. It is basic to work from the capabilities and resources of the people we work with to build inclusive, healthy and sustainable communities.

Concrete action research projects will be shared with the students to illustrate the discussion.

INTEGRATIVE CARE: PAST, PRESENT AND FUTURE

Attila Dobos

Semmelweis University of Applied Sciences, Hungary

Date

April 3th, 13.30-14.15 pm

Location

Aula Magna. Campus Torre dels Frares

The introductory presentation to the conference, will provide, from his personal perspective, an overview of changes and challenges in the care sector, in particular, those related to technological innovation. His talk will touch upon many of the issues that will be addressed in the further conference, binding these together and thus providing a framework for policy, research and action.

COHEHRE THANK YOU



We would like to express a heartfelt thanks to each of you who participated in the COHEHRE Staff Conference 2019.

178 staff and 69 students and 6 tutors from 34 organizations and 14 countries gave their time and resources to attend and to contribute. You made this year's COHEHRE Conference a success and it was a great pleasure to see so many of you there! We hope that you enjoyed both the scientific and social programme and that you used the opportunity to extend your existing networks.

We would like to give special thanks to the Universitat de Vic for opening their doors and for hosting us during this event. A big thank you for all of the conference keynote speakers, workshop leaders, parallel session presenters/reviewers, tutors and furthermore to the COHEHRE Branch Teams: Academy, Research and Strategic Management who did outstanding work in delivering a highly qualitative conference. The following teams have made a big contribution to the conference. Without them, this conference couldn't have found place:

We are also grateful to the different organisations, that collaborated with us in the Student Programme, opening their doors to be visited by this international group.

UVIC ORGANISING TEAM

- Ester Goutan Roura
- Laia Capdevila Arumí
- Miriam Torres Moreno
- Montse Romero Mas
- Jordi Naudó Molist

STUDENT CONFERENCE DISI TEAM

- Jordi Naudó i Molist (University of VIC, Catalonia, Spain)
- Attila Dobos (Semmelweis University Budapest, Hungary)
- Filip Dejonckheere (Artevelde College Ghent, Belgium)
- Ulla-Maija Seppänen (Oulu UAS, Finland)
- Margarida Sequeira (Setúbal Polytechnic Institute, Portugal)
- António Manuel Martins de Freitas (Setúbal Polytechnic Institute, Portugal)
- Burak Karabey (Dokuz Eylül University, Izmir, Turkey)
- Emi van Nieuwenhuysse (Artevelde College Ghent, Belgium)
- Daniëlle Lammers (Rotterdam UAS, Holland)
- Manou Jacobs (Artevelde College Ghent, Belgium)

COEHRE COUNCIL

- Jennifer Lewis Smith (University of Derby, United Kingdom)
- Attila Dobos (Semmelweis University, Hungary)
- Jeroen Martens (Artevelde University College Ghent, Belgium)
- Aija Ahokas (Metropolia UAS, Finland)
- Ester Goutan Roura (UVic-UCC, Spain)
- Annemie Spooren (PXL, Belgium)