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.
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 COHEHRE Academy, COHEHRE Research and COHEHRE 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.

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.
COHEHRE COUNCIL & ORGANISING TEAM

COHEHRE COUNCIL MEMBERS
• Jennifer Lewis Smith
• Attila Dobos
• Jeroen Martens
• Aija Ahokas
• Annemie Spooren
• Ester Goutan Roura
• Isabelle Delariviére-COHEHRE Office Manager

LOCAL ORGANISING TEAM
• Ester Goutan Roura
• Laia Capdevila Arumí
• Jordi Naudó Molist
• Miriam Torres Moreno
• Montse Romero Mas

DISI TEAM
• Jordi Naudó i Molist
• Attila Dobos
• Filip Dejonckheere
• Ulla-Maja Seppänen
• Margarida Sequeira
• António Manuel Martins de Freitas
• Burak Karabey
• Emi van Nieuwenhuyse
• 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

### WEDNESDAY

03.04.2019

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Activity</th>
<th>Speaker</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.30</td>
<td>Registration opens</td>
<td>-</td>
<td>TF Building Hall</td>
</tr>
<tr>
<td>13.00 - 13.30</td>
<td>Opening ceremony</td>
<td>-</td>
<td>Aula Magna</td>
</tr>
<tr>
<td>14.15 - 14.30</td>
<td>Energiser</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>14.30 - 15.15</td>
<td>Internationalisation – EASPD</td>
<td>C. Arroyo</td>
<td>Aula Magna</td>
</tr>
<tr>
<td>15.15 - 15.45</td>
<td>Refreshments</td>
<td>-</td>
<td>TF Patio</td>
</tr>
<tr>
<td>15.45 - 16.30</td>
<td>Keynote. Empowerment of service users &amp; providers</td>
<td>Luca Caruso</td>
<td>Aula Magna</td>
</tr>
<tr>
<td>18.00 - 18.30</td>
<td>Walk to</td>
<td>-</td>
<td>Hotel les Clarisses</td>
</tr>
<tr>
<td>18.30</td>
<td>Opening Reception</td>
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<td>Hotel les Clarisses</td>
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### THURSDAY

04.04.2019

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

05.04.2019

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Activity</th>
<th>Speaker</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00 - 09.45</td>
<td>Keynote. E-health and learning technologies</td>
<td>Jordi Serrano</td>
<td>Aula Magna</td>
</tr>
<tr>
<td>10.00 - 11.20</td>
<td>Oral communications Parallel sessions</td>
<td>-</td>
<td>F201</td>
</tr>
<tr>
<td>11.25 - 11.55</td>
<td>Refreshments</td>
<td>-</td>
<td>Espai Vernis. (B Building)</td>
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<tr>
<td>12.00 - 13.15</td>
<td>Oral communications Parallel sessions</td>
<td>-</td>
<td>F201</td>
</tr>
<tr>
<td>13.30 - 14.30</td>
<td>Lunch</td>
<td>-</td>
<td>TF Patio</td>
</tr>
<tr>
<td>14.35 - 15.35</td>
<td>Student’s presentation</td>
<td>-</td>
<td>TF Patio</td>
</tr>
<tr>
<td>16.00</td>
<td>Closing Ceremony</td>
<td>-</td>
<td>Aula Magna</td>
</tr>
<tr>
<td>19.15</td>
<td>Bus departure to the restaurant</td>
<td>-</td>
<td>TF Building Hall</td>
</tr>
<tr>
<td>19.30</td>
<td>Dinner &amp; Dance</td>
<td>-</td>
<td>Vila dels Masramon - C/ del Serrat, 08503 Gurb, (Barcelona)</td>
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</table>
# COHEHRE STRATEGIC MANAGEMENT PROGRAMME

## THURSDAY

**04.04.2019**

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Activity</th>
<th>Speaker</th>
<th>Location</th>
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<tbody>
<tr>
<td>09.00 - 10.15</td>
<td>General Assembly</td>
<td>-</td>
<td>Aula Magna</td>
</tr>
<tr>
<td>10.15 - 11.00</td>
<td>Keynote. Ethical &amp; legal challenges</td>
<td>José Antonio Seoan</td>
<td>Aula Magna</td>
</tr>
<tr>
<td>11.00-11.30</td>
<td>Refreshments and Poster viewing with Authors</td>
<td>-</td>
<td>TF Patio</td>
</tr>
<tr>
<td>11.30-13.00</td>
<td>The added value of COHEHRE collaboration with Eipen, EASPD and EAIE</td>
<td>André Vyt – President Eipen</td>
<td>Segimon Serrallonga</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Luk Zelderloo – President EASPD</td>
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<td></td>
<td></td>
<td>René Teunissen – President EAIE</td>
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<td></td>
<td></td>
<td>Moderator: Jennifer Lewis Smith – President of COHEHRE</td>
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<tr>
<td></td>
<td></td>
<td>Kim Bisschop (Rotterdam UAS, Netherlands)</td>
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</tr>
<tr>
<td>13.00-14.00</td>
<td>EU trends in higher education and research in the health care sector</td>
<td>Modadilea Gomes Da Silva (Vice Dean, Setúbal-Portugal)</td>
<td>TF Patio</td>
</tr>
<tr>
<td>14.00-16.00</td>
<td>‘COHEHRE and my University: the added Value’ During a 10’ presentation</td>
<td>Jeroen Martens (Dean, Artevelde UAS Gent-België)</td>
<td>Segimon Serrallonga</td>
</tr>
<tr>
<td></td>
<td>Deans from several Universities share their outcomes, plans and projects</td>
<td>Paola Galbany (Dean, Universitat de Vic-Catalunya-Spain)</td>
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</tr>
<tr>
<td></td>
<td>to inspire and stimulate further collaboration.</td>
<td></td>
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<tr>
<td></td>
<td>• The benefits of COHEHRE for Setúbal: looking back!</td>
<td></td>
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<tr>
<td></td>
<td>• SOCRE, 3id labs and the FAB-project: 3 great projects thanks to</td>
<td></td>
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<tr>
<td></td>
<td>COHEHRE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Moving forward within COHEHRE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Speaker</td>
<td>Location</td>
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</tr>
<tr>
<td>14.00-16.00</td>
<td>• Striving for excellence: how we do it within the COHEHRE network</td>
<td>Karin Sulmann (Vice Dean, Hanzehogeschool - Groningen)</td>
<td>Segimon Serrallonga</td>
</tr>
<tr>
<td></td>
<td>• Why we are in</td>
<td>Gabriëlla Dornyei (Vice Dean, Semmelweis University - Budapest - Hungary)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• COHEHRE and the Brexit: greetings from the UK</td>
<td>Jamie Bird and Guy Collins (University of Derby - UK)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The Swiss perspective: ideas, plans and expectations</td>
<td>Andreas Gerber-Grote (Dean, ZHAUW-Zurich - Switzerland)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The expected benefits of organizing a COHEHRE conference</td>
<td>Jeroen Oversier (Dean, Rotterdam UAS-Nederland)</td>
<td></td>
</tr>
<tr>
<td>Conclusions and perspectives for the future</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>16.15-16.45</td>
<td>Refreshments</td>
<td>-</td>
<td>TF Patio</td>
</tr>
<tr>
<td>16.45-17.15</td>
<td>Wrap-up meeting with the Academy, Research and Internationalisation branches</td>
<td>-</td>
<td>Segimon Serrallonga</td>
</tr>
<tr>
<td>17.00</td>
<td>Social programme according to registration</td>
<td>-</td>
<td>TH Hall Building</td>
</tr>
</tbody>
</table>
# COHEHRE STUDENT PROGRAMME

## MONDAY
01.04.2019

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 10:00</td>
<td>Welcome and Ice breaker</td>
<td>Gym Fs 103 or patio</td>
</tr>
<tr>
<td>10:00 – 10:15</td>
<td>Break coffee</td>
<td>B Patio</td>
</tr>
<tr>
<td>10:15 - 11:15</td>
<td>Keynote: Diversity</td>
<td>Room: Sala Mercè Torrents</td>
</tr>
<tr>
<td>11:15 - 12:15</td>
<td>Discussion</td>
<td>B102, B103, B121, B122, B023 and Mercè Torrents</td>
</tr>
<tr>
<td>12:15 – 12:30</td>
<td>Break</td>
<td>Building F</td>
</tr>
<tr>
<td>12:30 – 14:00</td>
<td>Lunch</td>
<td>Room: Sala Mercè Torrents</td>
</tr>
<tr>
<td>14:00 - 17:00</td>
<td>Social Programme</td>
<td>Visit to Riera Ordeig Old Vic city</td>
</tr>
<tr>
<td>17:45</td>
<td>Welcome dinner</td>
<td>Hostel Alberg Canonge Collell</td>
</tr>
</tbody>
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## TUESDAY
02.04.2019

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 10:45</td>
<td>Fieldwork 1</td>
<td>La Sinia, Fundació PIV, Osonament, ADFO and Casal Claret</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td>Discussion</td>
<td>B102, B103, B121, B122, B023 and Mercè Torrents</td>
</tr>
<tr>
<td>12:30 – 14:00</td>
<td>Lunch</td>
<td>Building F</td>
</tr>
<tr>
<td>14:00 - 15:00</td>
<td>Keynote: Inclusion</td>
<td>Room: Sala Mercè Torrents</td>
</tr>
<tr>
<td>15:15 - 16:15</td>
<td>Discussion</td>
<td>B102, B103, B121, B122, B023 and Mercè Torrents</td>
</tr>
<tr>
<td>17:30</td>
<td>Social Programme</td>
<td>Visit to Riera Ordeig Old Vic city</td>
</tr>
</tbody>
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## WEDNESDAY
03.04.2019

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 - 10:30</td>
<td>Workshop</td>
<td>B102, B103, B121, B122, B023 and Mercè Torrents</td>
</tr>
<tr>
<td>10:30 – 11:00</td>
<td>Break</td>
<td>B Patio</td>
</tr>
<tr>
<td>11:00 – 11:45</td>
<td>Methodological support for the Final Assignment</td>
<td>Room: Sala Mercè Torrents</td>
</tr>
<tr>
<td>11:45 - 12:45</td>
<td>Intercultural High Tea</td>
<td>Room: Sala Mercè Torrents</td>
</tr>
<tr>
<td>13:00 – 13:30</td>
<td>Opening Ceremony</td>
<td>Room: Aula Magna</td>
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<tr>
<td>14:30 – 15:30 -</td>
<td>Lunch</td>
<td>Building F</td>
</tr>
<tr>
<td>15:30 – 18:00</td>
<td>Guided Discussion &amp; Preparation Time</td>
<td>B102, B103, B121, B122, B023 and B104</td>
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## THURSDAY
04.04.2019

<table>
<thead>
<tr>
<th>Schedule</th>
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<tbody>
<tr>
<td>9:00 - 10:45</td>
<td>Fieldwork 2</td>
<td>La Sinia, Fundació PIV, Osonament, ADFO and Casal Claret</td>
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<tr>
<td>11:30 – 12:30</td>
<td>Discussion</td>
<td>B102, B103, B121, B122, B023 and Mercè Torrents</td>
</tr>
<tr>
<td>12:30 – 13:30</td>
<td>Lunch</td>
<td>Building F</td>
</tr>
<tr>
<td>13:30 – 15:30</td>
<td>World Café</td>
<td>Room: Sala Mercè Torrents</td>
</tr>
<tr>
<td>15:30 – 17:00</td>
<td>Preparation Time</td>
<td>B102, B103, B121, B122, B023 and Mercè Torrents</td>
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<tr>
<td>17:00</td>
<td>To the end Free Time</td>
<td>Visit to Riera Ordeig Old Vic city</td>
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### FRIDAY
#### 05.04.2019

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 – 13:00</td>
<td>Preparation to the Final Assignment</td>
<td>B102, B103, B121, B122, B023 and Mercè Torrents</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Lunch</td>
<td>Building F</td>
</tr>
<tr>
<td>14:00 – 14:30</td>
<td>Last Details – Preparation. Every group at their class</td>
<td></td>
</tr>
<tr>
<td>14:35 – 15:35</td>
<td>Students’ presentation</td>
<td>B Patio (B Building)</td>
</tr>
<tr>
<td>16:00</td>
<td>Closing ceremony</td>
<td>Room: Aula Magna</td>
</tr>
<tr>
<td>19:30</td>
<td>Dinner &amp; dance</td>
<td>La Vila dels Masramon (restaurant) <a href="http://www.masramon.es/">http://www.masramon.es/</a>; C/ del Serrat, 08503 Gurb, Barcelona</td>
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</table>
### COHEHRE SOCIAL PROGRAMME

#### WEDNESDAY
03.04.2019

<table>
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<tr>
<th>Schedule</th>
<th>Activity</th>
<th>Speaker</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>18:00 - 18:30</td>
<td>Opening reception at Hotel Les Clarisses</td>
<td></td>
<td>Plaça de Malla, 1, 08500 Vic</td>
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#### THURSDAY
04.04.2019

<table>
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<tr>
<th>Schedule</th>
<th>Activity</th>
<th>Speaker</th>
<th>Location</th>
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<tbody>
<tr>
<td>17:30</td>
<td>OPTION A</td>
<td>-</td>
<td>Plaça dels Sants Mårtirs, 14, 08500 Vic</td>
</tr>
<tr>
<td></td>
<td>OPTION B</td>
<td>-</td>
<td>Carrer de la Ciutat, 1, 08500 Vic</td>
</tr>
<tr>
<td></td>
<td>OPTION C</td>
<td>-</td>
<td>Hall TF - University of Vic</td>
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#### FRIDAY
05.04.2019

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Activity</th>
<th>Speaker</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>19:30</td>
<td>Dinner &amp; Dance at Vila dels Masramon</td>
<td></td>
<td>C/ del Serrat, s/n Zona Esportiva 08503</td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th><strong>FIRE BRIGADE VIC</strong></th>
<th>+34 112</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POLICE VIC</strong></td>
<td>+34 112</td>
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<tr>
<td><strong>TAXI SERVICE</strong></td>
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<td>• Taxi Toni Vic</td>
<td>+34 620 716 185</td>
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<td>• Radio Taxi</td>
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<td><strong>HOSPITAL</strong></td>
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<tr>
<td>• Vic University Hospital</td>
<td>+34 938 891 111</td>
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<td>• Clinica Bayés</td>
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**GENERAL AND PRACTICAL INFORMATION**
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.

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.
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?

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**ETHICAL & LEGAL CHALLENGES**

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José-Antonio Seoane

**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

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**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).


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.

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

Publications (selection 2013–)

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
Alexander von Humboldt Fellow
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.
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.

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**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 I 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 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.


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.
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

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

The objectives of the COHEHRE 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 COHEHRE Academy
• To act as a consultant
• To support joint research and innovation development.

The COHEHRE 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.
## PARALLEL SESSIONS

### FRIDAY

05.04.2019

**SESSION 1 | ROOM F201**

**EMPOWERMENT OF SERVICE USERS AND PROVIDERS**

**WORKSHOP**

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Activity</th>
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<tbody>
<tr>
<td>10:00-11:20</td>
<td>Empowering students by facilitating them to become reflective practitioners</td>
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**SESSION 2 | ROOM F203**

**EMPOWERMENT OF SERVICE USERS AND PROVIDERS**

**INNOVATION**

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<tr>
<th>Schedule</th>
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<tr>
<td>10:00-10:20</td>
<td>Entrepreneurial behavior of nurses</td>
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<tr>
<td>10:40-11:00</td>
<td>Integrated Palliative Care Definition and Constitutive Elements: A Scoping Review</td>
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<tr>
<td>11:00-11:20</td>
<td>Professional substance and language skills - over the language barriers with SOHE bridge project</td>
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### SESSION 3 | ROOM F204

**EMPOWERMENT OF SERVICE USERS AND PROVIDERS**

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<tr>
<th>Schedule</th>
<th>Activity</th>
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<tbody>
<tr>
<td>10:00-10:20</td>
<td>An interprofessional community of practice (Ip CoP) allows us to create a learning process in a ‘real life’</td>
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**EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES**

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<th>Schedule</th>
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<tr>
<td>10:20-10:40</td>
<td>Assessment of efficacy of lab based learning in improving critical thinking and creative thinking among learners</td>
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<tr>
<td>10:40-11:00</td>
<td>Using tripartite teleconsultations to provide interdisciplinary palliative care to adolescents and young adults (ayas) with advanced cancer - a qualitative multiple case study</td>
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<tr>
<td>11:00-11:20</td>
<td>The potential of telehealth in health and social care</td>
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### SESSION 4 | ROOM F205

**EMPOWERMENT OF SERVICE USERS AND PROVIDERS**

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<th>Schedule</th>
<th>Activity</th>
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<tr>
<td>10:00-10:20</td>
<td>Interdisciplinary research mentoring empowers students and improves their interdisciplinary and research skills</td>
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<tr>
<td>10:20-10:40</td>
<td>Participating in occupations in people with physical disabilities: identifying opportunities and limitations</td>
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<tr>
<td>10:40-11:00</td>
<td>Empowerment of bachelor-students through involvement in research projects</td>
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**EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES**

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<th>Schedule</th>
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<tr>
<td>11:00-11:20</td>
<td>Fall prevention among older adults – Health care students need to learn more from interdisciplinary collaboration</td>
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### SESSION 5 | ROOM F201

**EMPOWERMENT OF SERVICE USERS AND PROVIDERS**

**WORKSHOP**

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<tr>
<th>Schedule</th>
<th>Activity</th>
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<tr>
<td>12:00-13:20</td>
<td>Co-creation as a method of developing social rehabilitation education in an international capacity building project SOCRE</td>
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### SESSION 6 | ROOM F203

**EMPOWERMENT OF SERVICE USERS AND PROVIDERS**

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<th>Schedule</th>
<th>Activity</th>
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<tr>
<td>12:00-12:20</td>
<td>Study visits to health and social care institutions to promote inter-professional competencies</td>
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<tr>
<td>12:20-12:40</td>
<td>A protocol to improve collaboration in palliative care at home</td>
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<td>12:40-13:00</td>
<td>Development of a model facilitating learning and evaluation of aseptic practices</td>
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<tr>
<td>13:00-13:20</td>
<td>Guidance and initial mapping of the professional competencies in the SOHE Bridge project</td>
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### SESSION 7 | ROOM F204

**EMPOWERMENT OF SERVICE USERS AND PROVIDERS**

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<th>Schedule</th>
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<tr>
<td>12:00-12:20</td>
<td>Patients’ experience as a basis for teaching self-management skills</td>
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<tr>
<td>12:20-12:40</td>
<td>Teaching diversity</td>
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<tr>
<td>12:40-13:00</td>
<td>Defining a mutual definition for vulnerable pregnant women: a delphi study</td>
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**EHEALTH, LEARNING AND UPCOMING TECHNOLOGIES**

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<th>Schedule</th>
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<tbody>
<tr>
<td>13:00-13:20</td>
<td>“I can’t see you. Are you alone?” methodological recommendations for video calling in health and social care.</td>
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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.
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: e.g. 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
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).
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
EMPOWERMENT OF SERVICE USERS AND PROVIDERS

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

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

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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
THE POTENTIAL OF TELEHEALTH IN HEALTH AND SOCIAL CARE

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De Coninck, S.
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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
INTERDISCIPLINARY RESEARCH MENTORING EMPOWERS STUDENTS AND IMPROVES THEIR INTERDISCIPLINARY AND RESEARCH SKILLS

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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.
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.
EMPOWERMENT OF BACHELOR-STUDENTS THROUGH INVOLVEMENT IN RESEARCH PROJECTS

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Ruckser-Scherb Renate
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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
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 COHEHRE 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
EMPOWERMENT OF SERVICE USERS AND PROVIDERS

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

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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 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
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
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 HAIs 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
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
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

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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.

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

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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 Mayring’s 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 JC’s 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

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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 theorical 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 consists of 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
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, geronomy, 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.
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

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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

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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

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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
**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≥4), and a mild-medium dependence (Barthel Index 75.5(+-23.2)). 47.1% present cognitive impairment. 55.7% are dependent for ≥1 instrumental activity (money management, medication or telephone). 80 present polypharmacy (use of ≥5 drugs chronically) with an average of 8 (+-4) drugs/person. 67.1% presented ≥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+-17 vs 14+-14.28) (p = 0), a higher number of geriatric syndromes acquired during admission (1.53+-1.3 vs 0.42+-1) (p = 0.01) and a previous upper frailty degree (CFS 4.6+-1.5 vs 3.73+-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

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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
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 learning 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 transformational 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
Seinäjoki 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).

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 recognize the social representation for students of the debriefing to incorporate them in 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 participate in the study.

METHOD
This is a descriptive qualitative study, oriented by Social Representation Theory. The data was collection 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 dendogram 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 in empower capacity 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.
The interdisciplinary and international COHEHRE 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 COHEHRE Conference (therefore often referred to as COHEHRE Student Conference) and organized by one of its branch: COHEHRE 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 Nieuwenhuyse
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 knew 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 Politècnico 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!
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


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 ENTERPRENEURSHIP 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.
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 Nievenhuyse (Artevelde College Ghent, Belgium)
- Daniëlle Lamers (Rotterdam UAS, Holland)
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