Please do NOT print or distribute

All info is available on the conference app, for which conference participants receive a link on August 28th.
Welcome from the host

Future health care will be faced with many complex challenges: the burden of noncommunicable diseases, the ageing population in Western societies, workforce shortages, a more global health approach, more professional differentiation, rapid growth of knowledge and technological innovation. It becomes clear that a global health approach and collaborative practice could overcome some of these challenges. The ability to collaborate is increasingly seen as a fundamental competence for 21st century health care and welfare professionals. Promoting more competence-based interprofessional and transdisciplinary education will strengthen health systems in our challenging and interdependent world.

Since 2005 we are organizing each year a module on Interprofessional Collaboration in Healthcare for all future health care professionals in our region: physicians, physiotherapists, occupational therapists, nurses, midwives, dieticians, speech therapists, socio-educational care workers, social workers, pharmacists and bachelors in psychology. This year we organized the 15th edition of this module with again over 1000 participants. Other modules were organized for master students and trainees during their workplace learning. We hope to share our experiences but also to learn from you as a presenter and participant. So this conference not only deals with the theme of interprofessional learning and practice but is also an interprofessional event on its own: learning from, about and with each other.

On behalf of the University of Antwerp and the Antwerp University Association I’m very glad to welcome you in our lovely city Antwerp for the 2019 edition.

Paul Van Royen
Conference chair, professor at the Faculty of Medicine & Health Sciences, University of Antwerp

Welcome from EIPEN

Since 2016 the Flemish and the Federal government in Belgium explicitly promote a policy of interprofessional collaboration by restructuring the organization of primary health care and actively stimulating collaboration between health care workers. Two Flemish educational institutions have pioneered interprofessional education in Europe: Artevelde University College Ghent (since 1994) and the University of Antwerp (since 2005). Belgium is known to have a high-standard health care, and also high-level higher education in health sciences and health care professions.

To have the EIPEN conference again in Flanders, 8 years after our 2011 conference in Ghent, thus is “the right conference at the right time on the right place”. The 2019 Conference in Antwerp is the 7th in the row of the European conferences on interprofessional practice and education. It follows the successful conferences held in Krakow (2007), Oulu (2009), Ghent (2011), Ljubljana (2013), Nijmegen (2015), and Lausanne (2017).

EIPEN now exists for more than 12 years. In 2014 we transformed the network into a membership society, with an increasing number of institutional members. EIPEN is flourishing thanks to engagement and collaboration. Enjoy the conference, and use EIPEN as a learning community!

Andre Vyt
Chair of EIPEN, the European Interprofessional Practice & Education Network
A collaborative effort

The conference is the result of a joined effort of the host institution, the EIPEN Executive Office, and AQARTO Agency. The University of Antwerp accepted the challenge of organizing the EIPEN Conference and the collaboration with EIPEN was smooth and well-organized.

Committees

The Scientific Advisory Committee supervised the content of the conference. It consists of Paul Van Royen (chair), Corinne Borloz (CH), Hans De Loof (BE), Joke Denekens (BE), Greta Moorkens (BE), Anne Mairese (CH), Tiina Tervaskanto-Maentausta (FI), Giannoula Tsakitzidis (BE), Loes Van Bokhoven (NL), Yvonne Van Zaalen (NL), Andre Vyt (BE). They reviewed the submitted proposals of authors and decided on content aspects.

The Local Organizing Committee is responsible for all aspects related to the conference venue: the organization of the welcome, the registration desk, rooms and equipment, internet and printing facilities, the poster displays and exhibition booths, the catering during breaks and lunches, the social event and the dinners. The organizing committee collaborated with the EIPEN EO in preparing and promoting the conference, and in setting up and fine-tuning the programme scheduling. Finally, they overview the service to participants, the atmosphere during the conference, the guidance of presenters, and the solving of problems that may occur. The dedicated team is available for any query you may have.

Giannoula Tsakitzidis and Cil Leytens of the Local Organizing Committee ensure a well-organized conference, including enjoyable dinners and a social programme.

Conference package

Your conference package includes a badge giving access to all conference activities (including dinners), a writing pad from and an info leaflet about the host institution, and a city map of Antwerp. All this in a backpack or laptop bag, which you can use also after the conference.

You also receive a free copy of our 2015 book on IPE. If you already received this before, you can take a second one and give it to a friend or colleague to help spreading the message.

Promo package

As a sponsor, AQARTO PROSE has invested in backpacks, laptop bags, shirts, jackets, and promotional pins, to help spreading the message of IPE.

EIPEN members can get a free poloshirt, suncap, sportsjacket and raincap at the registration desk as long as they are available. Non-members can buy this at a low price. These attributes match with the complimentary backpack or laptop bag that you receive.

At the registration desk or exhibition area promo-packages are available to promote IPE in your institution or region (including a set of pins). European institutions can ask for such a package. For EIPEN member institutions this is free.
Content

A  The venue  5
B  Guidelines for a smooth conference  8
C  Programme schedule  11
D  Overview and abstracts of presentations  16
The venue

The setting: Antwerp

Antwerp lies on the banks of the Schelde river and has one of the largest harbours of the world. It boasts an impressive historic city centre, but is also known for architecture, fashion, and arts.

The MAS : Museum at the Schelde river, at the north side of the city.

The Harbour house, combining traditional and high-end modern architecture.
The conference venue

The conference is held in the centre of Antwerp city, in the historic building Hof van Liere, which is part of the city campus of the University of Antwerp (address: Prinsstraat 13). The historic buildings, which were constructed by the Jesuits in the 17th century, are an oasis of calm in the bustling city centre. The regal building was built in 1516, commissioned by the Mayor of Antwerp at that time, Aert van Liere. Antwerp was on the threshold of its 'golden' era, evidenced by this beautiful building in the Brabant Gothic style. All activities will take place in this building, including the pre-conference workshop.

Antwerp is well-known for fashion, art, architecture, music, dining, and also shopping. The area around the conference venue offers different opportunities to top-up your conference activities with cultural activities. The social activity on Thursday evening includes a walk through sites with historic monuments.

You can reach the venue in a 15-min walk from the central station. From Antwerp Central station (at the east side of the city centre) you take the famous De Keyserlei, take direction Sint-Jacobsmarkt (in the direction of the old city and the cathedral), and turn right to the north-west (via Korte Winkelstraat).
The surrounding area

Enjoy the city of Antwerp by strolling through the streets, by shopping, or visiting places of interest. Don’t forget to participate in the social activity followed by the dinner on Thursday evening.

A typical street in the area

Felixpakhuis (near the MAS Museum) : the place where we have the dinner on Thursday
Guidelines for a smooth conference

Registration
The registration desk is open from Wednesday 1pm until 6pm, when the cocktail buffet dinner starts. Persons arriving later than 6pm and still wanting to join this event are kindly requested to inform the conference secretariat beforehand. Somebody at the walking dinner can then help you. If you are arriving later than 8pm, you can collect your badge and conference bag at the registration desk on Thursday morning from 8am onwards. Please come early, as the sessions begin at 8.30am sharp.

Badges
Every conference participant has a badge. We ask conference participants to wear the badge at all times. This gives you access to all sessions and all events (also dinner). We only put your name and your country on the badge. This allows to have clearly readable badges. Persons having a role in the organization of the conference (members of the organizing committee, the EIPEN Executive Office, and the Scientific Committee) have a coloured badge. If you have a question, and you cannot reach a person at the registration desk, you can ask one of these persons to help you.

Conference language
The official conference language for presentations and interactions is English. As the conference is a place for social networking across Europe, it is advisable to use English also during informal events, so that every attendee can join a conversation. English has become a language with many variants, incorporating expressions from all over the world. Let’s see this as an enrichment.

Internet access and printing facilities
Internet is available via wifi at the conference venue. At the registration desk you find information on accessibility and eventual passwords or access codes to use. In the registration area there will be computers available with access by cable, not requiring personal codes. These computers will also have limited printing opportunities. If you need to have something printed on multiple copies, please ask the persons at the registration desk to help you.

Registration for workshops
As we want to guarantee the interactive character of these sessions, the number of participants is limited. You need to register by Thursday to guarantee your participation. You can select one activity during each time window. At the registration desk, an overview of participation in these sessions is available.

Exhibition stands and posters
Exhibition booths and tables are reserved for organizations and companies that sponsor the conference. There will also be a table to put information folders available for participants. Please ask the persons of the registration desk if you want to make use of it. Materials that have been put without notice will be removed.

On Thursday all posters will be displayed during the whole day, and presenters are asked to be available at their poster panel during coffee and lunch breaks.
**Breaks and lunches**

Breaks are very important in a conference as a networking event. The EIPEN conferences are known to be ideal occasions for this, not only because attendees are generally open and friendly but also because we organize the conference in such a way that these occasions can be used effectively. Please make use of it. During breaks, coffee and tea is served with small biscuits. On Thursday afternoon also fruit is served, as we want you to stay healthy.

Participants have had the occasion, when registering, to indicate special diet requirements for lunches and dinners. We pay attention to this. More than 30% of the food is vegetarian, as we want to stimulate this. For other indicated items (lactose-free, gluten-free, sugar-limited) please use this only if you signaled this on beforehand. During lunches, no alcohol is served. During evening activities however, delicious wine and other beverages are served.

**Social events**

The limited size of the conference allows us to organize social events that are open to every participant. No additional fee is required, and we expect everybody to participate in the welcome cocktail dinner buffet on Wednesday and the dinner on Thursday evening. If you are prevented from participating, and you have not signaled this when registering online, please inform the registration desk on Wednesday, so that the chef de cuisine can take this into account and the volume of left-overs can be contained. We don’t want to waste delicious meals.

**Time-keeping during presentations**

For presenters of **oral presentations** it is important to keep a strict timing in starting a presentation as well as in ending a presentation. We ask presenters to formulate clear conclusions or clear messages after 20 minutes. Additionally 5 minutes are foreseen for questions and answers. Questions can be focused on getting clarification or formulating an additional thought, enquiry, or remark. It is not the intention to start a debate. If there are no questions, that’s fine. Maybe there are persons who want to ask a question personally, so ending sooner is no problem. An additional break of 5 minutes allows for the next presenter(s) to put the presentation ready but also for participants to change rooms if they want to attend another presentation.

For **workshops and roundtable discussions** a full hour is foreseen, but the sessions can end after 50 minutes to allow enough time for setting up the next session. We ask workshop and discussion leaders to present their method of working with a time schedule clearly at the beginning of the session, so that participants know what to expect when.

Time-keepers will be present to help in time-management, but we ask presenters and participants to spontaneously follow these guidelines.
**Settings of your presentation**

We know many presenters work on their presentation until the last hour or even minute. That’s no problem. Please bring your presentation on USB-stick, and try it out well before the session starts. The computers in the rooms have MS Powerpoint 2013 or 2016. Keep in mind that it is the Dutch version, so you may want to closely study the different menu tabs in your own version so that you can quickly find the appropriate menu item. A room- and time-keeper will be available to assist you when necessary.

All computers will have internet access, but you may not want to take the risk to use this. We advise to take screenshots of websites you want to incorporate in your slides of your presentation. The same applies for using audio or video. If you want to use it, please ask a person available to test this out on beforehand. Finally, keep in mind that there are different screen sizes and screen resolutions for pc-projection. To guarantee a hassle-free presentation you may want to save your presentation in a low resolution and 4:3 screen size instead of high resolution and 16:9 size.

**Posters and showcases**

The poster display area is in the hall close to the registration desk. At the registration desk pins or stickers will be available to attach your poster. You can choose the format to be A1 in portrait or twice A2 in landscape. We ask poster presenters to attach their poster before 8.30, and remove their poster after the afternoon session. It’s also good to attach your contact details at the poster board.

**Pictures**

During the conference activities pictures will be taken. If you don’t want to be photographed or if you want to be unrecognizable when taking group pictures, please inform the registration desk on beforehand. We want to respect your privacy choice.

**Quality check**

We find it important that a conference not only is well-organized but also that presentations are of high quality. This not only depends on the content, but also on how you communicate it and how you succeed in getting the attention of the participant. For workshops and roundtable discussions the active involvement of participants is of paramount importance. At the end of the conference, participants are invited to go online and respond to a poll asking about the quality of presentations, the welcome and help at the registration desk, the catering/food during breaks, lunches, and dinners, the programme schedule, the organization of sessions and social events.

The results are used for monitoring and improving the quality of our conferences, and for informing presenters so that they can learn from feedback.
Programme schedule

In this section you can quickly identify where you want to go to, to participate in a session or see a presentation. To make your selection, you first will have to look through the abstracts in the next section.

For workshops you will need to register by Thursday afternoon at the latest.

Each presentation has a code, consisting of:

**The domain:**
- EC = education and clinical area
- E  = mainly for education
- C  = mainly for clinical and social practice

**The format:**
- OP = oral presentation (max 20 minutes presenting, and max 5 minutes discussion)
- PO = poster presentation (during 3 hours, for posters with research or innovation)
- PS = poster showcase (for displaying existing practices of training/education without research or innovation)
- RD = roundtable discussion (max 1 hour, max 30 participants, aimed at debate and discussion)
- WS = workshop (max 1 hour, max 30 participants, aimed at exercise and interaction)
Wednesday afternoon

13.00  Registration desk open

16.00  Opening session

**Paul Van Royen**, chair of the 2019 conference

**How the Flemish region embraces IPE**

In the past twenty years, considerable efforts have been made to deploy and implement interprofessional education and practice in Flanders. Pioneering activities in Antwerp and Ghent result in several generations of graduates that have acquired starting competences for interprofessional collaboration. The Flemish government also started with impulses to restructure primary health care in this direction. What is the current status and what can we expect?

**Andre Vyt**, chair of EIPEN

**Effective interprofessional education: the role of competences and assessment**

Interprofessional competences and the assessment of the acquisition of these competences are the cornerstone for education and training of interprofessional collaboration. This is essential in higher education and continuous professional development. Evaluation is also the foundation for quality assurance and improvement. A group of experts developed the EIPEN key competences into behavioural performance indicators. Also the availability of IPEQS as an integrative tool for assessment and evaluation means a next step in IPPE.

**Keynote presentation**

**Joke Denekens**, Emeritus professor and member of the Royal Academy of Medicine

**Effectiveness of study programs and current practice for interprofessional care**

Joke Denekens is emeritus professor in family medicine and worked as physician in a team with 5 general practitioners. At the University of Antwerp she was head of the department of family medicine, responsible for the undergraduate, graduate and post-graduate education of family physicians, and also vice-rector and president of the educational board of the university. She was also lecturing in the international master of medical education in Bern since 2003. Her particular areas of activities are curriculum innovation, organisation and implementation of innovative actions, quality assurance and program evaluation. For 4 years she was advisor of the Minister of Health (Flanders), on health care policy and more specific on the structure and the strategies to implement more prevention in the health care system. She is now honorary member of the Royal Academy of Medicine. In her keynote lecture she focuses on the current structures, goals and outcomes of study programs, and aspects in current practice that can underpin effective interprofessional care.

🎵 Musical intermezzo

18.00  Welcome cocktail dinner (ending at 8pm)
## Thursday morning sessions

### Oral Presentations

#### Strand A

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.30</td>
<td>OP-01 E</td>
<td>The state of the art of interprofessional assessment in undergraduate health and social care education</td>
<td>Hester Smeets</td>
</tr>
<tr>
<td>09.00</td>
<td>OP-02 EC</td>
<td>Learning to collaborate between primary and secondary care trainees: How to benefit more from hospital placements?</td>
<td>Natasja Looman</td>
</tr>
<tr>
<td>09.30</td>
<td>OP-03 EC</td>
<td>Interprofessional Community of Practice: A learning process in a ‘real life’ setting</td>
<td>José van Oppen</td>
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</table>

#### Strand B

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Title</th>
<th>Speaker</th>
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</thead>
<tbody>
<tr>
<td>08.30</td>
<td>OP-07 C</td>
<td>Interprofessional teamwork, quality of care and turnover intention in geriatric care</td>
<td>Karen Versluys</td>
</tr>
<tr>
<td>09.00</td>
<td>OP-08 C</td>
<td>A non-randomised controlled study to evaluate a coaching program for improving interprofessional team meetings in acute geriatric units</td>
<td>Karen Versluys</td>
</tr>
<tr>
<td>09.30</td>
<td>OP-09 EC</td>
<td>An interprofessional pilot course for patient-centered healthy lifestyle coaching in primary care</td>
<td>Essi Varkki</td>
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### Break with coffee/tea

#### 10.00

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.30</td>
<td>OP-04 E</td>
<td>Interprofessional education overcoming budgetary and cultural difficulties</td>
<td>Angela Ghisleni</td>
</tr>
<tr>
<td>11.00</td>
<td>OP-05 E</td>
<td>Designing web-based modules for a transnational public health course: Comparing health profiles of countries and planning health promotion projects</td>
<td>Margrid Ebinger &amp; Tiina Tervaskanto-Mäentausta</td>
</tr>
<tr>
<td>11.30</td>
<td>OP-06 E</td>
<td>The experiences of patients, students and teachers on the involvement of real patients in interprofessional education: An exploratory study</td>
<td>Matthijs Bosveld</td>
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#### 11.00

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Title</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.30</td>
<td>OP-10 E</td>
<td>An interprofessional online course: Violence against women and domestic violence</td>
<td>Minna Manninen</td>
</tr>
<tr>
<td>11.00</td>
<td>OP-11 E</td>
<td>Organising interprofessional learning at work: How to improve simulation exercises for interprofessional teams to improve clinical outcomes of maternity care</td>
<td>Johanna Dahlberg</td>
</tr>
<tr>
<td>12.00</td>
<td>OP-12 C</td>
<td>Finding a hobby and getting physically active with the help of a Personal Adapted Physical Activity Instructor (PAPAI) and an IP group</td>
<td>Pirjo Orell</td>
</tr>
</tbody>
</table>

### Lunch with opportunity to view and discuss posters

#### 12.00
## Thursday afternoon sessions

<table>
<thead>
<tr>
<th>Time</th>
<th>Oral Presentations Strand A</th>
<th>Oral Presentations &amp; Roundtables Strand B</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.30</td>
<td>13.30 OP-14 CE&lt;br&gt;Sylvia Galgenbeld&lt;br&gt;<strong>Care for Stroke: Development of an interdisciplinary master course and Stroke Network for primary care providers</strong>&lt;br&gt;<img src="https://via.placeholder.com/150" alt="" />&lt;br&gt;</td>
<td>13.30 OP-17 E&lt;br&gt;Serena Siew Lin Koh&lt;br&gt;Nursing and pharmacy students' reaction, attitudes, and perceptions towards interprofessional collaboration&lt;br&gt;<img src="https://via.placeholder.com/150" alt="" />&lt;br&gt;</td>
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<td>14.00 OP-15 C&lt;br&gt;Lyn Murphy&lt;br&gt;<strong>Interprofessional practice works so why is it not happening? A case study</strong>&lt;br&gt;<img src="https://via.placeholder.com/150" alt="" /></td>
<td>14.00 OP-18 E&lt;br&gt;Paul Van Royen &amp; Giannoula Tsakitzidis&lt;br&gt;Learning to collaborate interprofessionally&lt;br&gt;<img src="https://via.placeholder.com/150" alt="" /></td>
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<td></td>
<td>14.30 OP-16 C&lt;br&gt;Anthea Hansen&lt;br&gt;<strong>Collaborative Practice in community based care</strong>&lt;br&gt;<img src="https://via.placeholder.com/150" alt="" /></td>
<td>14.30 OP-19 C&lt;br&gt;Giannoula Tsakitzidis &amp; Paul Van Royen&lt;br&gt;Learning to collaborate interprofessionally in nursing homes&lt;br&gt;<img src="https://via.placeholder.com/150" alt="" /></td>
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<tr>
<td>15.00</td>
<td><strong>Break with coffee/tea</strong></td>
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<tr>
<td>15.30</td>
<td>15.30 OP-20 EC&lt;br&gt;Andre Vyt&lt;br&gt;<strong>Self-assessment of interprofessional collaboration in graduates and professionals</strong>&lt;br&gt;<img src="https://via.placeholder.com/150" alt="" /></td>
<td>15.30 RD-01 C&lt;br&gt;Jerôme van Dongen &amp; Annerieke Stoop&lt;br&gt;<strong>Roundtable discussion:</strong> Improving interprofessional collaboration in the community at the interface of health and social care (continues until 16.30)&lt;br&gt;<img src="https://via.placeholder.com/150" alt="" /></td>
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<tr>
<td></td>
<td>16.00 OP-21 CE&lt;br&gt;Wietske Kuijer-Siebelink &amp; Suzan de Bruijn&lt;br&gt;<strong>Interprofessional education in the practice setting: Do's and don’ts in interprofessional case reviews</strong>&lt;br&gt;<img src="https://via.placeholder.com/150" alt="" /></td>
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<tr>
<td>17.00</td>
<td><strong>Social event: guided walk “Art on the campus” (1 hour) in 5 subgroups</strong></td>
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<td>18.00</td>
<td><strong>Welcome by the city council and conference chair in Felixarchief (Oudeleeuwenrui 29)</strong></td>
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<tr>
<td>18.30</td>
<td><strong>Evening dinner in Felixpakhuis (Godefriduskaai 30, <a href="http://www.felixpakhuis.nu">www.felixpakhuis.nu</a>)</strong></td>
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# Friday morning sessions

<table>
<thead>
<tr>
<th>Time</th>
<th>Workshops Strand A</th>
<th>Workshops Strand B</th>
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<tbody>
<tr>
<td>08.30</td>
<td>08.30 WS-202 E</td>
<td>08.30 WS-203 E</td>
</tr>
<tr>
<td></td>
<td>Albine Moser &amp; Anita Stevens</td>
<td>Matthijs Bosveld</td>
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<tr>
<td></td>
<td>#We2: Patient and public engagement in interprofessional education</td>
<td>How do real patients experience participation in interprofessional education</td>
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<tr>
<td>08.30</td>
<td>WS-201 E</td>
<td>09.30 WS-204 E</td>
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<tr>
<td></td>
<td>Albine Moser &amp; Marjon Breteler</td>
<td>Hester Smeets &amp; Nynke Scherpbier-de Haan</td>
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<tr>
<td></td>
<td>Interprofessional education and collaboration: Faculty members make the difference</td>
<td>Designing a programme of assessment for interprofessional education</td>
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<tr>
<td>10.30</td>
<td>Break with coffee/tea</td>
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<tr>
<td>11.00</td>
<td>11.00 WS-205 CE</td>
<td>11.00 WS-207 E</td>
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<tr>
<td></td>
<td>Loes van Bokhoven</td>
<td>Giannoula Tsakitzidis &amp; Nadine Callewaert</td>
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<tr>
<td></td>
<td>Interprofessional collaboration competency profile for general practitioners within primary care</td>
<td>Learning to collaborate interprofessionally in healthcare</td>
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<tr>
<td>12.00</td>
<td>WS-206 CE</td>
<td>12.00 WS-208 C</td>
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<tr>
<td></td>
<td>Vicky Erasmus</td>
<td>Marietta Handgraaf &amp; Andre Posenau</td>
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<tr>
<td></td>
<td>Becoming a teamplayer: A blended approach to interprofessional teamwork education</td>
<td>Development of a framework for interprofessional case conferences to improve team-based care in different health contexts</td>
</tr>
<tr>
<td>13.00</td>
<td>Lunch with opportunity to view and discuss posters</td>
<td></td>
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<tr>
<td>14.00</td>
<td>Post-conference event in IPE in Flanders (on invitation, in Dutch)</td>
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</table>
Overview and abstracts of presentations

In this section you find the titles and presenters of the presentations, workshops and roundtable discussions. Titles may be abbreviated. To make your selection thoroughly, you will need to read through the abstracts. For workshops and roundtable discussions you will need to register by Thursday afternoon at the latest. Each presentation has a code, consisting of:

The domain:
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E = mainly for education
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WS = workshop (max 1 hour, max 30 participants, aimed at exercise and interaction)
RD = roundtable discussion (max 1 hour, max 30 participants, aimed at debate and discussion)
Oral Presentations

OP-01 E
Hester Smeets
The state of the art of interprofessional assessment in undergraduate health and social care education

OP-02 EC
Natasja Looman
Learning to collaborate between primary and secondary care trainees: How to benefit more from hospital placements?

OP-03 EC
José van Oppen
Interprofessional Community of Practice: A learning process in a ‘real life’ setting

OP-04 E
Angela Ghisleni
Interprofessional education overcoming budgetary and cultural difficulties:
An experience in gerontology

OP-05 E
Margrid Ebinger & Tiina Tervaskanto-Mäentausta
Designing web-based modules for a transnational public health course: Comparing health profiles of different countries and planning health promotion projects

OP-06 E
Matthijs Bosveld
The experiences of patients, students and teachers on the involvement of real patients in interprofessional education: An exploratory study

OP-07 C
Karen Versluys
Interprofessional teamwork, quality of care and turnover intention in geriatric care: A cross-sectional study in 55 acute geriatric units

OP-08 C
Karen Versluys
A non-randomised controlled study to evaluate a coaching program for improving interprofessional team meetings in acute geriatric units

OP-09 EC
Essi Varkki
An interprofessional pilot course for patient-centered healthy lifestyle coaching in primary care

OP-10 E
Minna Manninen
An interprofessional online course: Violence against women and domestic violence
OP-11 E
Johanna Dahlberg
Organising interprofessional learning at work: How to improve simulation exercises for interprofessional teams to improve clinical outcomes of maternity care

OP-12 C
Pirjo Orell
Finding a hobby and getting physically active with the help of a Personal Adapted Physical Activity Instructor (PAPAI) and an IP group

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Learning to collaborate interprofessionally

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Albine Moser & Marjon Breteler
Interprofessional education and collaboration: Faculty members make the difference

WS-202 E
Albine Moser & Anita Stevens
#We2: Patient and public engagement in interprofessional education

WS-203 E
Matthijs Bosveld
How do real patients experience participation in interprofessional education: A patient narrative on patient-related outcomes

WS-204 E
Hester Smeets & Nynke Scherpier-de Haan
Designing a programme of assessment for interprofessional education

WS-205 CE
Loes van Bokhoven
Interprofessional collaboration competency profile for general practitioners within primary care

WS-206 CE
Vicky Erasmus
Becoming a teamplayer: A blended approach to interprofessional teamwork education

WS-207 E
Giannoula Tsakitzidis & Nadine Callewaert
Learning to collaborate interprofessionally in healthcare

WS-208 C
Marietta Handgraaf & André Posenau
Development of a framework for interprofessional case conferences to improve team-based care in different health contexts
PO-01 C

Miet De Letter & Andre Vyt
Multidisciplinary and interprofessional information-and-experience-sharing sessions for Parkinson’s Disease patients, partners and health care professionals

PO-02 E

Tiina Tervaskanto-Mäentausta
Training together to tackle tomorrow’s health challenges in project HARKKA

PO-03 E

Margit Eidenberger
Implementation process of an interdisciplinary journal club at a University of Applied Sciences

PO-04 E

Bianka Vandaele & Andre Vyt
Quality assurance of an interprofessional learning trajectory: The role of coaches and tools

PO-05 EC

Andre Vyt & Bianka Vandaele
Readiness to work interprofessionally and collaboratively

PO-06 E

Matic Kavčič
Interprofessional collaboration course impact on health and social care students: Results of a panel study

PO-07 E

Edson Arpini Miguel
Interprofessional Education: Five years of experience in undergraduate education.
Oral Presentations

OP-01 E

Hester Smeets
Zuyd University of Applied Sciences & Maastricht University

The state of the art of interprofessional assessment in undergraduate health and social care education

There is agreement on the need for interprofessional education of future health professionals. Interprofessional education requires the formulation of interprofessional competencies, the specification of interprofessional tasks, and an interprofessional assessment model. When assessment is implemented, there should be constructive alignment between what is assessed (competencies), how is assessed (tasks, assessment tools) and who assesses (pool of assessors). However, not all interprofessional education programmes involve the assessment of interprofessional competencies and when an assessment programme is implemented, researchers express the lack of a constructively aligned interprofessional assessment programme. In this study, a scoping review was conducted to examine scientific (grey) literature on interprofessional assessment. The aim of this scoping review is to gain insights in aligned interprofessional assessment used in undergraduate health and social education regarding what to assess, who assesses, how to assess, and underlying assessment theories. The majority of the articles contained information regarding what is assessed and how it is assessed. Concerning how it is assessed, next to articles, a lot is published in the grey literature, showing a rich use of assessment tools such as portfolio assessment, peer-assessment and performance assessment. Less is published about who assesses and underlying assessment theories. High-quality Interprofessional assessment should align what is assessed, how it is assessed, and who assesses. It seems that little is known about an aligned interprofessional assessment programme. More research is needed into the development of an aligned assessment program for assessing interprofessional competencies in undergraduate health care education.

Authors: H Smeets, A Moser, D Sluijsmans, X Janssen-Brandt & J van Merriënboer

OP-02 EC

Natasja Looman
Radboud University Medical Center

Learning to collaborate between primary and secondary care trainees: How to benefit more from hospital placements

Collaboration between doctors in primary and secondary care is becoming more and more important. However, this collaboration is not always effective, leading to a risk of mistakes. Primary-secondary care collaboration (intraPC) could be enhanced by intraprofessional education, but educating trainees from different disciplines together is often a logistic hurdle. In the Netherlands, GP-trainees have a six-month hospital placement in their second year. In this setting primary and secondary care trainees work together in the same department. This placement could form a promising workplace setting for trainees from different medical specialities to learn primary-secondary care collaboration through intraprofessional education. It is yet unknown whether and how learning of intraPC informally takes place during these placements. We performed an ethnographic non-participatory observational study in the hospital during placements, followed by in-depth interviews with the observed primary care trainees, secondary care trainees and supervisors. The interviews focused on how trainees learn IntraPC, what helps, what hinders and where they see chances to learn more about IntraPC. The results: Trainees and supervisors indicate that intraprofessional education is essential and requires more formal attention. But even in a promising setting where primary and secondary care trainees work together in the same department, IntraPC receives only limited attention as a competency to be learnt. GP-trainees often adjust to the role of Hospital Specialist-trainee and they hardly tend to share their primary care knowledge. Hierarchy at the hospital department negatively influences the learning of intraprofessional collaboration. We conclude that in order to actually benefit from the opportunities that are available during hospital placements, adjustments in the set up of these placements is necessary. Engagement is promoted when there is a collaborative culture in the workplace, not too much hierarchy with power imbalances; dedicated time for intraPC and support from the supervisor.

Authors: N Looman, N Scherpbier-de Haan, E de Groot, M van Wijngaarden, J de Graaf & L Fluit
Interprofessional Community of Practice: A learning process in a ‘real life’ setting

In the faculty of healthcare, teachers and students 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 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 students learn to collaborate in real life situations. The aim is to evaluate experiences and perceived learning gains of an IPCoP in a community healthcare practice. A process evaluation was conducted by means of interviews of students, teachers and healthcare professionals, about lessons learned and possible points for improvement. IPCoP proved to be an added value for practice learning and quality of healthcare deliverance. Students learned to get to know each other’s disciplines and to collaborate. They would like more similar projects during their program. All participants offered useful tips for the improvement, which we want to share with the rest of the interprofessional world. IPCoP is a promising way to create an interprofessional learning space and empower students, teachers and professionals. Preconditions are an open mind and learning attitude, and the ability to critically reflect upon existing working methods.

Authors: J van Oppen, A Moser & A Stevens

Interprofessional education overcoming budgetary and cultural difficulties: An experience in gerontology

Building a health workforce able to face the severe social inequalities in Brazil is challenging and therefore requires an interprofessional education. However, in Brazilian state-led Universities, this is considered a real challenge, given the continuous federal budget constraints and a rigid culture of uniprofessional education. Brazilian universities must guarantee the inseparability between teaching, research and extension in order to produce knowledge and bring about social transformation. Considering that, a group of professors from the courses of Physiotherapy, Medicine, Speech Therapy, Dentistry, Nutrition, Physical Education and Nursing have been working for three years on an extension project to instigate interprofessional education. Even without budget for new activities, once a week, professors and students have been getting together to focus on Gerontology. The mission for all of the involved is to assess the clinical-function health status of the elderly in a multidimensional way and, thus, help them to have an active ageing. In order to build the skills of collaborative practices, new work scenarios have been chosen, as well as new assessment instruments, according to the action scenario. Every end of the year, all of the involved evaluate the experience and realize that developing collaborative competence requires the will to work together. Each year there are new students in the project and the results are similar regarding the importance of having practical and theoretical classes together along the undergraduate process. Both, the sense of social contribution to the clinical and social vulnerability of elderly and the perception of improvement with joined efforts has encouraged the participants to continue the project. That can be a beginning to a culture change, despite the budgetary issue. The next challenge is to conquer similar experience in the teaching field for a larger number of students to develop a culture of interprofessional education.

Authors: A Ghisleni, R Mello, R Corte & M Olchik
Designing web-based modules for a transnational public health course: Comparing health profiles of different countries and planning health promotion projects

In a joint project, project partners from Germany and Finland design and implement various innovative educational contents in nursing and health care. Joint web-based course modules in public health and health promotion have already been integrated into local Bachelor programs in nursing, midwifery and public health. The web-based course modules are grounded in the notion of the “flipped classroom” and comprise in-class and out-of-class sessions at both universities. During in-class sessions at the beginning of the course, students research country-specific information and statistics in common health databases such as WHO, OECD, IARC, and identify and compare dominant public health risks and individual strengths of the countries’ health care systems. Based on their results, student groups prepare smaller intervention projects in health promotion or disease prevention. In the next part of the interactive web-based course, students have the opportunity to learn from and with each other using the world café method in a shared virtual space. By then, the elaboration of the individual projects has turned into a transnational peer collaboration. At the end of the course, students present and discuss their projects in a virtual public health symposium. The pilot class started in the fall of 2017, followed by another class in 2018. Students described their learning experience as very inspiring, which became evident in evaluations such as “very interesting to learn about other health systems” or “constructive discussion platform”. In addition, e-learning technology enhances students’ digital competencies. Students appreciated the opportunity to learn about different health care systems and enjoyed the collaborative learning experience of discussing and evolving their projects together. Particularly the discussion forums and communication formats (online platform, world café method, e-symposium) helped students a) identify transnational differences in health care, b) develop joint ideas and c) understand prevention as a major national and global challenge.

Authors: M Ebinger, B Flaiz, R Seifert, T Tervaskanto-Mäentausta & M Kinisjärvi

The experiences of patients, students and teachers on the involvement of real patients in interprofessional education: An exploratory study

Whilst integrated care has received substantial coverage in academic literature starting from the late nineties, clinical guidelines and practices did not adapt accordingly. As a result, care is often delivered following a monodisciplinary approach, without prioritization of recommendations guided by patients’ preferences. It is essential to foster competencies required for the delivery of person-centred, integrated care in health- and social care professionals. Advancing students’ role awareness and their professional and collaborative communication skills can be achieved via Interprofessional Education (IPE) modules. It seems natural to actively involve the intended recipient of integrated care in IPE: the patient. The ‘Patient as a Person (PAP)’ educational module focuses on fostering interprofessional, generic competencies revolving around patients. In 2018, the programme was piloted with 222 students across 5 educational institutes in The Netherlands, actively involving around 100 patients. A qualitative study, including five focus group meetings and two in-depth interviews, was conducted. Both individual and focus groups interviews, aim to explore the experiences of patients, students and facilitators regarding the involvement of real patients in IPE. The findings of the focus group meetings and interviews for the mentioned stakeholder groups will be presented.

Authors: SWA Romme, MH Bosveld & JJJ van Dongen
Interprofessional teamwork, quality of care and turnover intention in geriatric care: A cross-sectional study in 55 acute geriatric units

The complex health problems of older persons require that health professionals closely work together, in particular when an acute decline necessitates admission at an acute geriatric unit. These working conditions may cause additional stress in staff. This study aims to identify the relation between interprofessional teamwork, the quality of care and turnover intention in acute geriatric units. Perceptions of interprofessional teamwork, quality of care and turnover intention among team members of 55 acute geriatric units were measured using validated questionnaires. A multilevel linear regression model was built for quality of care and logistic regression for turnover intention, with random intercept for acute geriatric unit. The overall response rate was 60%. Of the 890 respondents, 71% were nursing professionals, 20% allied health professionals, 5% physicians, and 4% administrative staff. Twenty-three percent reported poor to fair quality of care in their unit; 19% was not sure that patients or families had been given enough means to organise care after discharge. Fifteen percent reported turnover intention (18%, 8%, 9% and 11% among nursing professionals, allied health professionals, physicians and administrative workers respectively). Higher perceived interprofessional teamwork was related to higher quality of care and lower turnover intention in nursing professionals only. Creating a care environment of good interprofessional teamwork can help acute geriatric units to retain nursing professionals in the job and achieve higher quality of care.

Authors: K Versluys, A Vyt, A Velghe, N Van Den Noortgate & R Piers

A non-randomised controlled study to evaluate a coaching program for improving interprofessional team meetings in acute geriatric units

Team meetings where each patient case is discussed by members of the interprofessional team is one of the key elements in acute geriatric care planning. The study was set up as controlled non-randomised intervention study in Flanders. Based on geographic location 8 acute geriatric units were chosen as intervention group. The control group consisted of 7 acute geriatric units. The coaching program consisted of 3 face-to-face workshops, 2 individual coaching sessions by phone, and observations of team meetings. The research questions are: can a coaching program contribute to a better interprofessional culture, can it improve the quality of interprofessional team meetings, and to what extent the coaching aspects are implemented in the intervention teams? Before and after intervention period, team members of control and intervention group filled out a self-assessment questionnaire on interprofessional teamwork and interprofessional team meetings. Three dimensions of interprofessional teamwork were assessed using the Interprofessional Practice and Education Quality Scales (IPEQS). For interprofessional teamwork concerning difficult patient cases, a six-item ethical climate questionnaire was used, and items concerning incident reporting in the team were based on three items of the Patient Safety Questionnaire. Before and after the intervention period, the quality of interprofessional team meetings was observed in teams by a tool based on IPEQS of interdisciplinary meetings. To assess the quality of implementation we used a questionnaire based on the RE-AIM QuEST framework. The coaching program ran in 2018. Data-collection of the post-intervention was done in 2019.

Authors: K Versluys, A Vyt, A Velghe, N Van Den Noortgate & R Piers
Interprofessional pilot course for patient-centered healthy lifestyle coaching in primary care

Health and wellbeing needs are changing when people are getting older and lifestyle related health issues are increasing. Two universities continued educational collaboration with a Health Clinic. The newest edition of IP courses is currently being piloted for 27 undergraduate medical, nurse, and public health nurse and midwifery students. The planning team consisted of teachers, doctors and nurses from different disciplines. The contents of the course include health promotion in disease prevention, motivational interviewing, evidence-based health coaching, and group and personal coaching for healthy lifestyle. Learning outcomes of the course are to assess patient’s situation, health habits and functional ability, perform healthy life style coaching and define patient’s agency toward her/his health habits and utilize evidence-based interviewing and coaching methods. The course started with a kick off seminar and continued with face-to-face lectures and workshops, and working on an e-learning platform. IP student groups plan and organize group coaching for patients with various health and wellbeing concerns. After the group coaching they continue with personal coaching, and make a follow-up visit. The teachers facilitate the students during this process. Finally, the students write a final report, including assessment of effectiveness of their health promotion interventions. The pilot course will be carefully evaluated by an external observer. In addition, the data will be collected from all stakeholders; students, teachers, patients and primary care personnel. The results of the pilot course will be presented. Next autumn the course will be integrated in the curricula of both universities.

Authors: E Varkki, T Raiskila, L Mikkilä, S Sandström, O Ukkola, J Hukkanen, J Juntunen & T Tervaskanto-Mäentausta

An interprofessional online course: Violence against women and domestic violence

An interprofessional online course was created to increase students’ awareness and skills to prevent violence against women and domestic violence. The action plan includes measures relating to prevention, including healthcare education and training of professionals. A course has been added into the CampusOnline portal, which provides online courses by more than 20 Universities of Applied Sciences in Finland. CampusOnline enables open, year-round studying and cross-studying opportunities between the educational institutions. The aims of the course are that students can become aware of one's own attitudes and values with violence. They become familiar with the phenomenon and can use correct terminology. Students are prepared to recognize and prevent violence against women and domestic violence. They have skills how to bring up the topic and provide interprofessional help for women who are victims of violence. The course was planned and implemented with interprofessional team-teaching group of lecturers. Collaboration with interprofessional teams from working life throughout the whole process existed. CAMPUSOnline has quality criteria for online courses which was used. The requirements for the course were 60 CR of higher-education studies or minimum of one-year work experience in the field of social- or healthcare. The participants of the course are from several study programs from several universities in Finland. The implementation included online-studying, assignments in small groups, peer evaluations and personal reflection. Online Adobe Connect webinars took place and participation was required. Due to the sensitive topic it is important to give possibility for students to process their emotions. Teachers are involved in reflection of emotional load caused by content of the course themes. Discussion about pros and cons of online course vs. F2F-course took place during planning and implementation. Feedback of the course was collected also online.

Authors: J Alakulppi, M Kinisjärvi, M Manninen, M Perälä, S Rainto, P Rautio, J Savilampi & P Tervasoff
**Organising interprofessional learning at work: How to improve simulation exercises for interprofessional teams to improve clinical outcomes of maternity care**

The pedagogical practice and clinical outcomes of a ten-year competence development activity in maternity care aiming at improving skills and team collaboration, with the aim to reduce injuries of the mother and the infant due to complicated deliveries was studied. In 2008 a simulation-based team-training program, Practical obstetric team training (PROBE), was introduced in a delivery ward. PROBE was organized as mandatory for obstetricians, midwives, and nurse assistants, and were scheduled during working hours at an interval of 1.5 years. The simulation exercise focused on preventing complications due to shoulder dystocia using the algorithm HELPERR, offering procedures to manipulate the baby's position in the birth canal. Evaluations of the babies' medical records demonstrated how the incidence of injuries on the newborns have decreased since the start of PROBE, which is an important clinical outcome. We also studied the simulation activity as a pedagogical practice. Analyses of video-recordings demonstrated how the instructors facilitated individual professional reflections to be relational to the work of the whole team during the simulation. This way, the debriefing sessions addressed the professional's experiences from every day practice, which further strengthened the importance and sense of team work. The model of facilitating relational reflection seemed to provide ways of keeping the collaboration and learning in the interprofessional team clearly focused and might be one of the factors leading to a successful outcome of simulation as a competence development activity over time.

Authors: J Dahlberg, M Nelson, M Blomberg & M Abrandt Dahlgren

**Finding a hobby and getting physically active with the help of a Personal Adapted Physical Activity Instructor (PAPAI) and an IP group**

PAPAI is a person who works as a Personal Adapted Physical Activity Instructor. The PAPAI-model was developed and executed in Finland as a part of an EU-funded project. The goals of the project were to find a physical hobby for children and young people with disabilities with the help of a PAPAI, to increase physical activity and to promote inclusion. PAPAI-s were students of physio, occupational therapy, and social service degree programmes. IP student groups, facilitated with the teachers worked together with local sport clubs. The project activities were documented with photographs and hobby-try-out-diaries in co-operation with the PAPAI and the participant. The feedback was collected from families, PAPAI-s, teachers and municipality representatives by structured electronic questionnaire. The results of the project in 2016 were promising. The PAPAI-model is a win-win-situation for the family, the student and the sport providers. It respects the individual needs and situation of the family and the voice of the children and youth. Altogether 155 of the applicants informed that they had completed the program, 54% of them found a hobby, and 61% reported increase in physical activity level. Most of the PAPAI-s (87%) evaluated the experience useful for their future career. The participated children evaluated most important factors were that they had joy, they had an opportunity to do sports immediately after the school days and they influenced on the hobby-try-outs. Individual barriers were lack of motivation and the negative conception of one's own skills. Suitable groups, sufficient number of skilled instructors and finding a friend in the group were the positive environmental factors. The application to PAPAI project for Participants in 2019 is going on. The PAPAI programme is exactly what the vocational training providers of today are looking for. At the same time, students get an important work contact with local networks, experience of adapted physical activities and a change to operate within interprofessional networks.

Authors: P Orell
Care for Stroke: Development of an interdisciplinary master course and Stroke Network for primary care providers

In a region in the Netherlands, organisations and professionals providing stroke care in hospitals, rehabilitation centre and nursing homes, collaborate in a stroke network, which is however not connected to primary care. In order to deliver continuity and quality of care it is important to create this connection and develop integrated care in the care chain. The Department Health of the university developed an interdisciplinary master course (MC) for primary care providers. The department also facilitates these care providers to develop an interdisciplinary primary care stroke network to provide seamless care once patients are discharged and expect to rehabilitate at home. The MC is developed through project driven creation in which realisation of commitment of all participants is a crucial factor for success. Support and commitment for both the MC and the network was realized through conversations with different stakeholders. This enabled the creation of an interdisciplinary development team consisting of stroke patients, relatives, teachers, students and external experts to develop the MC. The main objective of the MC is to develop the expertise of interprofessional collaboration in the care chain and within primary care. The development process resulted in a six day course (5 credits) for primary care nurses, physiotherapists, occupational and speech therapists. Two days will be organised at the university and four days will take place at different locations (hospital, rehabilitation centre, nursing home, primary care centre). The blue print and testing plan of the MC (among others) are available. The course will start in September 2019 and the Stroke Network will kick-off in February 2020. We present the blueprint including a competence card and a test plan. Also the proposed Research Program connected to the Master Course and Network is presented.

Authors: AS Olde Wolsink - van Harlingen & SAM Galgenbeld

Interprofessional practice works so why is it not happening? A case study

We report on a single case study of the community-based treatment for people with long term conditions by a health entity in New Zealand. We frame a large part of the study through Donabedian's lens - structure, process, and outcome to guide our assessment of the current approach to the treatment of long-term conditions in community-based care. Although there is general agreement that changes in process are likely to improve outcomes, structural barriers are preventing this from occurring. In 2001 CM Health in New Zealand introduced a Chronic Care Management (CCM) payment scheme to incentivise GP’s to provide care that was 'proactive and based on best evidence in order to get the best clinical outcomes for patients with chronic conditions'. Unfortunately, CCM achieved minimal change in GP practice. Chronic care continues to focus on a 15-minute GP appointment. CM Health has both a shortage of GPs and an aging GP workforce with high demands on them, which leads them to seek fewer work hours. Further, they appear to expect change to increase rather than reduce their workload. Many GPs are unable to release their practice nurses for the training needed to implement the change because there was also a shortage of qualified primary care nurses. Further, the shortage of qualified interprofessional staff results in a risk for the GP in that if they reorganise their practice and staff members resign, they may not be able to replace them. Concerns over the GP’s medico-legal responsibilities and the mix of patients using GP services is also supporting the status quo. A 15-minute GP appointment accommodates the needs of most patients. Notwithstanding the move to partial capitation funding in 2001, most GPs regard their remuneration as a fee for service and therefore does not reward improvements to outcomes.

Authors: L Murphy & W Maguire
Collaborative Practice in community based health care: Crafting a resource tool for use by community rehabilitation health workers in South Africa.

The purpose of the study is to contribute to the development of a resource tool that can support the rehabilitation care worker implement collaborative practice in the intervention planning and the monitoring of their clients. In August 2012 the Disability Studies programme started training community care workers in rehabilitation care and support skills thereafter to be known as rehabilitation care workers. The rehabilitation care worker has been introduced as a member of the rehabilitation team. They are trained with interprofessional knowledge and skills and are equipped to work intersectorally. These interdisciplinary skills help this worker to promote the equalisation of opportunities for persons with disabilities through rehabilitation and social inclusion. Although the Rehabilitation care worker is trained in an interdisciplinary manner, the health system in which they work still operates in professional silos. The aim of the study was to develop a contextually relevant resource tool that would support the rehabilitation care worker to practice collaboratively. The purpose of the tool was to understand and document how the rehabilitation and related health needs of persons with disabilities are met in home- and community-based settings. Three specific objectives were defined: i) to develop the content and domains of the rehabilitation and health information tool; ii) to establish the validity (face and content) of the rehabilitation and health information tool; and, iii) to test the application of the rehabilitation and health information tool on a sample of persons with disabilities. Phase 1 involved qualitative research methods in the crafting of the rehabilitation and health information tool through the use of document analysis and a focus group discussion with experts. The document analysis highlighted a range of domains to be included in the resource tool. The ICF framework provided domains that could comprehensively document the multidimensional needs of persons with disabilities. Experts which included the end user crafted a draft resource tool which was deemed to be a comprehensive, contextually relevant tool with face and content validity and could be easily administered by the rehabilitation care worker. The result was a draft rehabilitation and health information tool with 17 questions ranging across the domains of activities of daily living, sexual health, health behaviors, barriers and facilitators to good health, finance and understanding of disability. The inclusion of the end users as experts in the development resulted in a richer understanding needed for the shaping of this tool.

Authors: A Hansen, H Kathard & T Cloete

Nursing and pharmacy students' reaction, attitudes, and perceptions towards interprofessional collaboration.

The present study is part of an ongoing longitudinal study investigating students' reaction, attitudes, and perceptions (RAP) towards interprofessional collaboration at multiple timepoints. In particular, the present study examines nursing and pharmacy students' RAP at baseline (beginning of year 1; before IPE exposure) and the first follow-up (year 2; after some IPE exposure). The study has a pretest-posttest design. Sixty-two nursing and 62 pharmacy students from the 2016/2017 cohort (response rates 40% and 32%) completed a 47-item assessment tool at baseline and the first follow-up. The tool, developed and validated in the pilot study, has five subscales, each assessing RAP towards one interprofessional collaboration domain (teamwork, communication, patient family and community focus, ethical practice, roles and responsibilities). Paired sample t-tests were used to compare students' subscale scores at baseline and across timepoints. At baseline, teamwork scores were the highest among both nursing and pharmacy students. In contrast, communication scores were the lowest among nursing students; communication and patient family community focus scores were the lowest among pharmacy students. At follow-up, nursing students' communication scores remained the same, but their other four subscale scores decreased relative to baseline. In contrast, all five of pharmacy students' subscale scores remained the same relative to baseline. Before exposure to IPE, students' RAP towards different interprofessional collaboration domains may vary. Nursing students' subscale scores decreased to a greater extent over time compared to pharmacy students' scores. The difference could be a result of nursing students having in-course clinical attachments, thus learning the need for self-improvement. Further investigation is needed to determine whether students' RAP could improve at subsequent timepoints. We also use focus group interviews in a long-term evaluation.

Authors: S Siew Lin Koh, R Chai Yun Ang, Chi Bu, S Ying Liaw, H Ting Chng & WK Chui
Learning to collaborate interprofessionally

Interprofessional collaboration (IPC) is considered a key-factor to deliver the highest quality of care. Interprofessional educational (IPE) modules are developed in response to a perceived need to improve IPC for the benefit of patient care. Up until 2005 no explicit module on interprofessional collaboration existed. An Interprofessional Collaboration in Healthcare module was developed in the undergraduate program for future health care professionals: physicians, physiotherapists, occupational therapists, nurses, midwives, dieticians, speech therapists, social workers, socio-educational care workers, pharmacists and bachelors in psychology. The curriculum was competency oriented and contained colleges, workshops coached by one teacher and practical sessions for case studies and creation of care plans. The program was built on five essential steps to learn to collaborate: (1) knowing each other: who is the other and who am I? (2) developing an interprofessional care plan; (3) working patient-centered and reflection on teamworking; (4) ethical and moral deliberation; (5) communicating: how, why and with who? A one group, post-test design was used to gather data from the participating students using a structured questionnaire. 8616 (78% overall response) students evaluated the module from 2005 up to 2019. Over 80% of the participants were convinced the module increased their knowledge and changed their understanding that it will impact their future professional relationships, and felt a greater understanding about problem-solving in healthcare teams. Even though the results indicate that the goals of the module were achieved, around 60% of the participants experienced a change in attitude towards other professional groups. The challenge remains to keep on educating future healthcare providers in IPC in order to achieve an increased interprofessional behavior towards other professional groups.

Authors: P Van Royen & G Tsakitzidis

Learning to collaborate interprofessionally in nursing homes

With the aging in society, more and more interprofessional collaboration is necessary to meet the needs rising from the increasing complexity of care. Despite the reported positive effects of interprofessional collaboration on key indicators, it appears that the existing interprofessional care is insufficiently described in literature. How interprofessional is the usual care in a nursing home setting? In order to explore this topic firstly a qualitative research study was set up in nursing homes. Data have been collected through focus groups and individual interviews with all professionals working in nursing homes (physicians, nurses, caregivers, physiotherapists, occupational therapists and board members) to gain an insight into the interprofessionality of usual care. The results also showed that multidisciplinary task organization is confused with interprofessional collaboration. There is a need for a paradigm shift from monodisciplinary work to more integrated multi- and interprofessional collaboration. Secondly an interprofessional education module has been adapted and offered as an intervention in a cluster randomized controlled pilot trial in a nursing home in order to measure what influence learning to collaborate can have for nursing home teams. So the aim was to investigate the influence of an educational module offered as workplace learning for the intervention group. We measured intensity of collaboration and knowledge of IPC using questionnaires completed by the participating staff in nursing homes at four time points and compared with a control group. In total eleven different disciplines were represented. Scores on knowledge of IPC and intensity of collaboration increased over time in both study groups, with the control group having higher scores than the intervention group at any time point. From the results it seemed that more research is needed to explore if an educational intervention can influence the perception of intensity of IPC and result in more strict evaluation of it.

Authors: G Tsakitzidis & P Van Royen
Self-assessment of interprofessional collaboration in graduates and professionals

A tool for self-assessment has been developed for health care professionals: the Clinical Practice Quality Scales (CLINIPRAQS). This tool consists of a set of questionnaires focusing on 7 essential quality aspects for clinical practice. Each questionnaire contains 20 items. The scales have been validated by 12 experienced health care professionals of 6 different health care professions working frequently in an independent practice: physicians, dentists, oral hygienists, physiotherapists, speech therapists, and audiologists. Secondly they have been rated on practical relevance and clarity by 45 graduating (final-year) students in oral hygiene, based on their experience in clinical placements. Finally, all students performed a self-assessment. Several items in this set are tapping aspects of interprofessional collaboration related to their own behavior but also to the context of the practice setting.

A second self-assessment was done with a complementary questionnaire. The EIPEN key competences have been operationalized by an expert group into 30 behavioural performance indicators. These indicators have been used for self-assessment in a group of more than 100 master students in rehabilitation sciences. The presentation focuses on the results of the validation of CLINIPRAQS, the self-assessment of the key competences, and the way these tools can best be used by health care professionals to evaluate and improve their collaborative practice.

Author: A Vyt
Improving interprofessional collaboration in the community at the interface of health and social care

Interprofessional collaboration in primary health and social care is becoming increasingly important in order to adequately support older people living at home. As the prevalence of chronic conditions and disability increase with age, older people often face limitations in several life domains. This results in complex health and social care needs that require support from multiple professionals from different disciplines and sectors. These professionals usually work at different organisations, and collaboration and alignment is often insufficient or even lacking. As a consequence, care and support is highly fragmented and lacking continuity and coordination. Multiple interventions have been implemented over the years to stimulate better collaboration and communication between professionals from different settings. During this roundtable discussion, we will share our valuable hands-on experiences and knowledge from research as well as practice, to support knowledge exchange between attending professionals, policy-makers, teachers and researchers about interventions for improving interprofessional collaboration and communication in the area of health and social care. First, we will briefly introduce three successful innovative approaches in the Netherlands, which were developed and implemented to improve local collaboration between different disciplines. This included primary health and social care professionals, but also citizens, clients, informal carers, students, and researchers. Experiences with both development and actual implementation in daily clinical setting, as well as results from evaluation research studies with impact on organisational, professional and client level, will be shared with the attendees. Then, attendees will be invited to discuss the applicability and transferability of the presented programs within their own context and share their experiences with programs for improving interprofessional collaboration.

Authors: JJJ van Dongen, A Stoop, M Lette & MA van der Mack
Workshops

WS-01 E
Albine Moser & Marjon Breteler
Zuyd University of Applied Sciences & Radboud Medical Centre

Interprofessional education and collaboration: Faculty members make the difference

In daily practice, most health professionals work in interprofessional collaboration (IPC) with other professionals. Interprofessional education (IPE) is effective in the delivery of a collaboration-ready workforce. Consequently, many higher education institutes as well as post-graduate training programmes provide IPE/IPC. To do this, faculty members require competencies in designing and teaching IPE in theory and practice settings. Faculty members are required to cross boundaries between education and practice settings: surmounting challenges whilst building constructive collaborative relationships with colleagues. In many instances those conducting IPE are confronted with situations which challenge them to identify partners, find common ground and develop IPE tutor skills? How do they stimulate IPE faculty development? In this workshop we focus on boundary crossing and the impact on IPE faculty development, evidence and experience-based faculty development, and faculty development activities and challenges of the IPE network. Participants will work interactively on recent developments concerning IP faculty development. The World-café method will be used. In a final wrap-up the content of all World-café table sheets will be shared. The learning outcomes are: Knowledge of relevant theories on Boundary Crossing in IPE, Knowledge of best practice example of IPE faculty development, Insights into current issues of IPE faculty development in Europe, Taking home new ideas about IPE faculty development activities.

Authors: A Moser, H Smeets, M Breteler, W Kuijer, M Barry, N Looman & M Schokking

WS-02 E
Albine Moser & Anita Stevens
Zuyd University of Applied Sciences

#We2: Patient and public engagement in interprofessional education

Literature demonstrates the benefits and need for patient and public engagement in health and social care and research, leading to improved collaborative care. Patient and public engagement in interprofessional education is a challenging next step and has immense potential to promote the learning of patient-centred practice care. In interprofessional education patients are usually involved to illustrate interesting cases and experiential learning in simulation settings. We consider this as a rather passive role of patient and public engagement. However, patients and the public can be more actively involved in interprofessional education in different roles, from consultant, storyteller and advisor, to a role as co-educator/facilitator. Through this, patient and the public can engage the patient's perspective in different phases of the development of the curriculum from analysis, development, design, implementation to evaluation. The workshop will commence with a general introduction about patient and public engagement in interprofessional education: What is it and why is it important? Next, the interactive 'participation game' is played in small groups, in which the workshop-participants discuss the engagement of patients and the public in their own interprofessional educational programs. The interactive part continues with a plenary summary where the groups share their learning insights. The workshop concludes with the presentation of two examples of successful patient and public engagement in interprofessional education from the Netherlands and the United Kingdom. Objectives: Participants on completion of the workshop will be aware of the potential of patient participation in interprofessional education, gain insight into the different roles of patient participation and engagement, and take home some inspiring examples of patient and public involvement in interprofessional education.

Authors: A Moser, A Stevens, R Pitt, E Smith
How do real patients experience participation in interprofessional education: A patient narrative on patient-related outcomes

Health professions education are a powerful tool in strengthening health systems. Education of future health professionals and social care is advised to include interprofessional education (IPE). IPE aims to break down professional silos that enhances cross-cutting generic competencies such as communication and non-hierarchical relationships in effective teams. The ‘Patient as a Person (PAP)’ is currently executed cross-institutionally in The Netherlands and runs for 800 students from two vocational institutes, one university of applied sciences and one university. It aims to improve these competencies, while revolving its interprofessional educational goals around the focal point of care: patients. Through the active participation of patients, the PAP-module aims to respond to the increasing demand for patient-centred care and growing desire to make health services more responsive to the needs of populations. However, little is known about active participation of patients in health professions education, let alone in interprofessional education. This workshop aims to introduce participants with active patient involvement in IPE and the experiences of students, facilitators, institutions and patients. The latter will be most thoroughly examined through a patient-narrative and the evidence base for patient-related outcomes through their active participation in health professions education. Participants of the workshop will have the chance to actively ask questions to a patient who takes part in the PAP module, and will learn more about the benefits and disadvantages of active patient involvement in IPE, as well as the institutional impact of actively involving patients in education.

Authors: MH Bosveld, SWA Romme & JJJ van Dongen

Designing a programme of assessment for interprofessional education

The need for interprofessional education of future health professionals is clear. Interprofessional education requires the formulation of interprofessional competencies, the specification of interprofessional tasks, and an interprofessional assessment model. However, little is still known about assessment of interprofessional education. Based on the consensus statement from Rogers et al. (2016), major questions remain regarding interprofessional assessment, for example: “which tasks should students perform to demonstrate interprofessional competence?” “which tools should be used to assess student’s interprofessional products?” and “how much assessment of interprofessional education is sufficient to make a valid decision about a learner?” “how to distinguish individual and group performance”. In this workshop we focus on: What are the difficulties in interprofessional assessment? How is interprofessional assessment implemented within our and participant's institutions? What are requirements for the assessment, regarding four topics: competencies, tasks, assessors and assessment tools. We start by providing a short overview of the state of the art of interprofessional assessment as known in the literature. Participants will be engaged in an interactive brainstorm session in which they are asked to create mindmaps in subgroups about the four topics regarding interprofessional assessment (competencies, tasks, assessors and assessment tools). The groups switch topics to complement the mindmaps of the other groups. At the end, the groups share their ideas and we will present what is known about these topics in the literature and compare the mindmaps with the current literature in order to identify the future challenges in IP assessment.

Authors: H Smeets, N Scherpier-de Haan, R de Vos, S Ramaekers, T Westerveld & N Christoph
Loes van Bokhoven  
Maastricht University

**Interprofessional collaboration competency profile for general practitioners within primary care**

There is a call from Dutch general practice (GP) trainees and trainees from other specialties for better interprofessional education to improve interprofessional collaboration. Collaboration in primary care is especially important due to its longitudinal and generalist nature. Improvement of collaborative competencies requires special attention within GP specialty training. So far, it is not clear which competencies should be trained by GP trainees to improve interprofessional collaboration in primary care. The aim of this study is to compose a primary care interprofessional collaboration competency profile for GPs. Research question: "Which interprofessional collaborative competencies are the most vital to general practitioners for collaboration within the primary care field?" Interprofessional collaborative competencies will be identified and prioritized by means of the nominal group technique. Three separate regional meetings with 7 to 11 primary health care professionals with expertise in interprofessional collaboration within patient care, education, research and/or policymaking will be organized. In the meetings, the participants will generate a list of competencies and rank their personal top 5 of the most vital interprofessional collaborative competencies. The ranked lists will be weighted and the result will be the group consensus. After the three meetings, all participants receive a combined list of competencies by email, and will be asked to prioritize the 5 most vital competencies. This results in an overarching consensus that will form the basis of a competency profile. The meetings were scheduled in March and April 2019. Results of the meetings will be presented. This study offers a consensus on the interprofessional collaborative competencies for GPs within primary care. This consensus is translated into a competency profile, which will be the starting point for the development of educational support for GP trainees. The workshop will consist of a presentation of the interprofessional collaboration competency profile and a world café. We will encourage the participants to have a conversation about the next step of our project. Two questions will be addressed, one question per table: What kind of tasks will support the development of interprofessional competencies of GP trainees in a workplace learning setting, and What could be the contribution of allied health professionals in the learning process of GP trainees in becoming competent interprofessional collaborators in primary care at the workplace? The world café will be wrapped up with a short presentation about what is discussed at the tables.

Authors: S Duijn, AN van Dijk, MA van Bokhoven, ND Scherpbier-de Haan, DHJM Dolmans & JWM Muris

Vicky Erasmus  
Erasmus Medical Center Rotterdam

**Becoming a teamplayer: A blended approach to interprofessional teamwork education**

Training teamwork skills leads to better care and is an essential element of (under)graduate medical and paramedical curricula. Teamwork skills training focusses on among others training leadership skills, team communications skills (e.g. SBAR, closed loop), information management and how to recognize loss of and create situational awareness. Over the past 5 years a blended undergraduate and graduate teamwork curriculum has been developed and implemented in which doctors and nurses are trained in interprofessional courses. As well as using interactive simulation training we have also developed a serious game (TEAM UP!) to enable students to practice teamwork in virtual patient scenarios. The multiplayer-game TEAM UP! contains three virtual scenarios. The team consists of 4 students, each with a different role (junior doctor, medical intern, registered nurse and nurse student) and matching job tasks to choose from. Students communicate through 1 on 1 chat, or in a group chat with all 4 members. The game goals are to diagnose and treat the patient as quickly as possible, while recognizing and using teamwork principles. When suboptimal actions are taken, patient health deteriorates, shown in a vitality meter. Not all team members have the same information, and sharing of information and prioritizing action is essential to save the patient. At the end of the game, students perform their own group debriefing within the game (driven by statements) and formulate personal learning goals for their next teamwork class. In this workshop an overview of the teamwork curriculum will be presented after which participants will become part of a team themselves as they play the TEAM UP! game. In a concluding discussion we will address the value of virtual simulation in a blended curriculum when and how to implement such a game in order to yield the best learning results.

Authors: V Erasmus, M Dankbaar, C van der Starre, A van den Bos, C Deelstra & J Geuze
Learning to collaborate interprofessionally in healthcare

Aim: To provide teachers with tools to organize interprofessional workshops to learn from, with and about each other. Target group: Teachers who are willing to collaborate and who want to help students with this during their education program. Participants receive a brief explanation of how an interprofessional module is structured in 5 steps during the learning process of interprofessional collaboration: getting to know each other; developing a care plan; working patient-centered and as a team; working ethically; communicating how, why and with whom. You will experience through practical exercise how you can start an interprofessional learning group in order to achieve interprofessional learning. We conclude by discussing the didactic approach to this and, based on 15 years of experience, we provide tips and tricks to tackle the launch of such forms of education within an interprofessional module. The session consists of a personal presentation round, an interprofessional presentation round, a discussion about the didactic approach (on a meta-level), and tips and tricks to facilitate such an approach. During the theoretical explanation, the competence of interprofessional collaborator is described and explained, as well as the 5 steps to come to learning interprofessional collaboration. From the interactive workshop, you can experience what the results are for you personally from a student perspective.

Authors: G Tsakitzidis, N Calewaert, P Van Royen, L Botteldooren, I Aerts & J Sturm

Development of a framework for interprofessional case conferences to improve team-based care in different health contexts

The transition to interprofessional team-based care requires new training approaches. Interprofessional case conferences can be a method to train different health professionals to increase awareness of other professions' roles in patient care and to facilitate interprofessional collaboration. In interprofessional case conferences multiple health professions identify the health condition of a patient and their needs. Therefore different tasks have to be managed. The health professionals have to negotiate leadership, shared goalsetting and shared decision making and they have to develop an interprofessional care plan. Based on a literature study a framework has been developed to train the students regarding the case conference. The framework for the interprofessional case conferences contains three different perspectives. It includes an ICF approach, an empirically-based interaction frame, and common tasks that must be handled to manage interprofessional case conferences. Different communication levels require various demands. In this way the relevant tasks be trained. A structured feedback tool has been integrated to provide feedback on interprofessional behaviour.

Authors: M Handgraaf & A Posenau
Poster Presentations

PO-01 C
Miet De Letter & Andre Vyt
Ghent University

Multidisciplinary and interprofessional information-and-experience-sharing sessions for Parkinson’s Disease patients, partners and health care professionals

In Parkinson’s Disease (PD), motor and non-motor symptoms occur in a progressive way. With the evolution of the disease, patients, partners, and informal caregivers expect effective support and information from healthcare professionals. However, they miss the tools to find professionals with PD expertise and effective interprofessional rehabilitation is frequently lacking. Using appropriate information sources is essential for health literacy in PD-caregivers. We organize a series of regional information-and-experience-sharing sessions for persons with PD, their caregivers, and health care professionals. These sessions aim to empower all participants: patients and their partners and caregivers in using resources, but also health care professionals in using available expertise and in enhancing collaboration. The project is supported by the PD patient association and an organization for continuous professional development of PD health care workers. An underpinning research project is submitted for financial support, to inspect an impact in quality of care, quality of collaboration, and quality of life. We aim to measure the existing level of coping with PD symptoms in patients and partners, and the experienced level of quality of care and collaboration by all participants. Validated instruments are used to measure the effectiveness of needs-based and low-threshold support sessions in substantially improving the quality of care and the quality of collaboration.

Authors: M De Letter, W De Wilde, W Peersman, T Steelandt & A Vyt

PO-02 E
Tiina Tervaskanto-Mäentausta
Oulu University of Applied Sciences

Training together to tackle tomorrow’s health challenges in project HARKKA

Finland among many other countries is currently facing major changes in the health and wellbeing service system, and this will necessitate novel forms of education and training. At the same time, rapidly developing science and technology provide new and exciting possibilities and knowledge for health promotion and service development. Collaboration between the higher education institutes and rapidly changing service system is vitally important. Primary services and digital environments will take a bigger role in people's care in the near future. On the other hand, patients' own responsibility of their health and lifestyle is increasing and simultaneously health and wellbeing needs are changing when people are getting older. The common challenge to the universities and the service system is to provide quality education and to ensure adequate learning and training possibilities. The purpose of the project HARKKA is to ensure students’ fluent pathway to the working life by developing training practices and future oriented learning environments. The professional and interprofessional competencies are needed in order to ensure patient oriented, safe and qualitative health care services, and the project will pilot new models of implementing interprofessional learning opportunities to the curricula. The aim of the project is to develop nationwide action model for training clinical and interprofessional competencies in authentic, simulated and digital training environments. This national project includes eight university partners and is funded by European Social Fund. Higher education institutes will benefit the results of the project nationally and internationally.

Authors: T Tervaskanto-Mäentausta, O Lastumäki, P Suua, J Juntunen, S Pinola & E Varkki
Implementation process of an interdisciplinary journal club

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. The new interdisciplinary concept was indispensable for the implementation of the JC and was developed by a staff core group. 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. Voice data were recorded; 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. 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 university’s 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. The JC will be installed four times a year rotating at the university’s five locations. We strive for maximum active staff 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.

Authors: M Eidenberger, S Öhlinger & R Ruckser-Scherb

Quality assurance of an IP learning trajectory: The role of coaches and tools

Interprofessional course units in which staff members of different study programs are involved as coaches of IP groups or teams of students provide rich learning context for students. As teaching and assessment becomes more complex, it is necessary to assure that students from different study programs and in specific IP simulation teams have similar learning opportunities, and are assessed in a solid way, based on sound criteria. Also, IP competences are not easy to assess. The competence of coaches in this is a crucial factor, and so training of tutors should be a focus in each IP course. For almost 20 years, the IP trajectory was a compulsory course unit for more than 500 students (yearly) of more than 5 study programs in health care. Each year, about 25 lecturers are involved as a teamcoach. As part of a quality assurance procedure, students were questioned about quality aspects in their own team, related to information provision, preparatory activities, coaching, assignments etc. 20 items had to be answered on a 5-point scale; on the basis of the summation of scores a quality index was calculated. Also coaches were questioned about their self-perceived competence. About 50% of the students filled in the (anonymous) questionnaire. Results revealed a similar perceived quality in groups coached by a junior coach (who had no previous experience but received a training) as compared to groups coached by a senior coach (who has at least 2 of experience in interprofessional coaching). Coaches reported a sufficient to complete self-perceived competence. These results corroborate the quality of the learning trajectory and also provide an example how IP courses can or should monitor and assure the quality of teaching, coaching, and assessment.

Authors: B Vandaele & A Vyt
Readiness to work interprofessionally and collaboratively

Most studies on the attitude of students regarding interprofessional collaboration are focused on their attitude regarding other professions and their own professionality. They focus on the learning situation, and mostly use questionnaires tapping some kind of readiness for interprofessional learning or progress in this learning. We wanted to tap the attitude of third- and fourth-year students (near to graduation) regarding their own preference for professional setting and also their view on the occurrence and necessity of interprofessional consultation and collaboration in practice. The attitude of graduating students is important as they are the future health care professionals, and they are actors in transforming the health care system. In Flanders, interprofessional collaboration and transformation of health care in the direction of interprofessional collaboration is promoted formally by the government since 2016. Students indicate to which degree they would like to work as an independent solo health care practitioner, or in a team of colleagues of the same profession, or in an organization where several professionals from different disciplines collaborate. Also they estimate the necessity of interprofessional consultation in their own future practice and how much time they want to spend in this kind of collaboration. For almost 20 years, the interprofessional trajectory was a compulsory course unit for more than 500 students (yearly) of more than 5 study programs in health care. Results of data-collecting of this year (2018-2019) are compared with results as measured more than 10 years ago, to identify significant changes.

Authors: A Vyt & B Vandaele

Interprofessional collaboration course impact on health and social care students: Results of a panel study

While the positive effects of interprofessional collaboration on quality of care are widely accepted and scientifically corroborated, less is known about the effectiveness of various modes of interprofessional education. Since 2011 an elective inter-faculty course called Interprofessional collaboration in health care teams has been carried out for students of medicine, midwifery, nursing, occupational therapy, physiotherapy, psychology, radiography, sanitary engineering and social work. In total more than 450 students participated over eight years. A panel study was designed to evaluate the short-term and long-term impact of the IP course on students’ opinions about different aspects of interprofessional education and practice. This poster reports on the results of the analyzed data gathered by the adapted UWE Bristol questionnaire which allows for the comparisons between pre-course and post-course opinions and comparisons between more than 300 alumni students who had taken the course in the past and those who had not. Results suggest several differences in opinion. Further research is needed in order to fully understand the extent of IPE impact.

Authors: M Kavčič, N Berzelak, B Domajnko
Interprofessional Education: five years of experience in undergraduate education.

In Interprofessional Education (IPE) two or more health professions learn about each other, improving attitudes, knowledge, skills and behaviors for collaborative practice. At our university the health courses present curricula with disciplines, hierarchical and teacher-centered. The changes in the age profile of the population and the diagnoses of chronic cumulative diseases, require care, establishing demands in relation to teaching in the health professions seeking the integrality of care. The reorientation of vocational training through public policies offered the opportunity for the creation of curricular components, to train students who exercise interprofessional practices. This paper makes an analysis of the context and implications for the implementation of an interprofessional discipline in health courses in a public university during the first five years of activity, courses in biomedicine, physical education, medicine, nursing, pharmacy, dentistry and psychology. This study had an exploratory profile of a qualitative approach using focus groups made up of tutors, preceptors and students. It is worth emphasizing the resignification of the teaching role, the students' perception of the challenges of interprofessional teaching and the approach to the health service. We discuss in the general discussion of this text lines of discussion together with assistance to the person, sociology and pedagogy. The innovation proposed by the interprofessional discipline of Attention in Health followed the idea of an international agenda. The reports of tutors, preceptors and students were a decisive stimulus to continue advancing in the other series of courses, in collaborative activities and interprofessional practices.

Authors: E Arpini Miguel, RZ Esteves & AM Albiero