

COHEHRE CONFERENCE 2015

Health and Social Care Perspectives
for a Sustainable Future

Budapest 22-24 April 2015

Semmelweis University
Faculty of Health Sciences





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Welcome



Dear Guests of the Conference,

It is a special privilege to greet you in our home town and to introduce you Budapest, and share a little bit of its history, architecture, culture with you on this page. The Romans were who built two amphitheaters and a large number of spas on the territory of the actual Budapest and they founded the traditions of Balneo-therapy and Balneo-culture here. These traditions were developed by the Turks between 1541 and 1686. Even today we have operating hammams built in 1566. Our city has the fame of being the city of spas; there are over a hundred of active wells of thermal water used in more than a dozen of spas.

Buda, the Western side of the city is considered the capital city of the country since the mid of the 13th century. Although we have some architectural monuments from that period the nicest building of Budapest were built in the 18th –19th centuries. Around the millennium festivities in 1896 within a wide scale urban development campaign the most famous buildings were built. Among them you can visit the Museum of Fine Art, the Art Exhibition Hall, the Parliament and a large number of palaces and residences built in the city center along the Andrásy Avenue and Rákóczi Avenue. The 8th district where our conference takes place originally was called the Palace District due to the outstanding number of palaces built by the Hungarian aristocracy in the 19th century. In our district you can find the campuses of three famous universities and the National Museum of History as well. I also recommend you to take a walk in the Municipal Park or as we call it the Városliget. I'm sure you'll remember its romantic atmosphere for a long time!

The cultural Budapest is a place where throughout the year you can find cultural events, festivals, performances, street events, concerts for all age groups! This time you can attend some programs of the Spring Festival. Of course, I recommend you to visit the Opera, one of the nicest buildings on the Andrásy Avenue where such famous foreign singers performed the roles as Beniamino Gigli, Mario Del Monaco, Elisabeth Schwarzkopf, Tito Gobbi, Luciano Pavarotti, José Carreras, Plácido Domingo and many others.

Last but not least I would suggest you to meet the gastronomic Budapest tasting the typical Hungarian dishes, beginning from the genuine Goulash soup (gulyásleves), the stuffed cabbage (töltött káposzta), Fishermen' soup (halászlé) and some desserts as the Dobosh cake (Dobos torta) or the strudel (rétes) with apple, cherry, poppy seed, etc. ... I must warn you: Budapest is not a place for observing a diet!

Dear Guests and Colleagues,

I hope your participation in the conference and the opportunity to have the first impressions about us, the Hungarians and our city is only the beginning of more frequent visits and a more vivid exchange of experience between us. I do hope after your visit you will smile and have positive emotions when you remember these days.

Welcome, and feel yourself home!

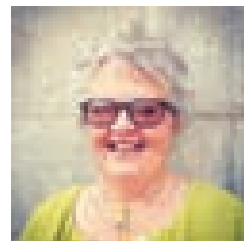
Semmelweis organization committee



Welcome to the 2015 Annual Conference of COHEHRE

The theme of the Conference this year has been developed from the focus of the 2015 European Year for Development which incorporates the three sub-themes of Our World, Our Dignity and Our Future.

Europe is one of the greatest benefactors of global overseas aid and it will be interesting to learn how European Educational Institutions address global environmental awareness, human rights and sustainability in their education programmes for Health and Social Care professionals of the future.



The conference theme will be Health and Social Care Perspectives for a Sustainable Future and will include the sub themes of

- Innovative and sustainable teaching for health and social care education
- Global partnership for health and social care education
- New challenges in health and social care services
- Equity in health and social care

Keynote speakers from Hungary and a range of other European countries will address the conference themes and issues with all participants. The conference will also provide valuable opportunities for students of member Higher Education Institutions across Europe to learn together and indulge in cross-cultural exchanges. There will also be opportunities for senior managers of member Higher Education Institutions to join together to consider issues which are of particular importance to them at this time including a critical review of the Erasmus + funding mechanisms.

Specialist sessions on internationalization and academic developments will be facilitated by an experienced team of experts from within the COHEHRE network and especially the COHEHRE Academy. An exciting programme of workshops, paper and poster presentations will complete the rich menu of opportunities available for your delectation!

Come and join us for this wonderful opportunity to share our experiences and learn from experts in Budapest, a hub of European ideas where east meets west.

Jennifer Lewis Smith
President – COHEHRE

Welcome to Semmelweis University Faculty of Health Sciences

On behalf of Semmelweis University Faculty of Health Sciences, I am honoured and delighted to welcome you all to the COHEHRE Annual Conference of 2015. It is a great pleasure for us to be your host.

Our Faculty was founded in 1975 with the mission of training highly accomplished, skilled, committed and open minded health care professionals. This was the first school in Hungary that trained dietitians, health visitors, physiotherapists, public health and epidemiology inspectors, vocational teachers and paramedics.

Upon entering our faculty building, a Latin proverb greets you: “Sol omnibus lucet” – The Sun Shines on Everyone. It is meant to characterise the foundation of both our personal and professional approach to the work we do.

We intend to reflect on the new challenges of health and social systems in globalised societies through the main topic of the conference ‘Health and Social Care Perspectives for a Sustainable Future’. The development of health sciences and changes in societal needs have demonstrated that a sustainable health care system must be a public responsibility in which several participants play pivotal roles from the economic operators to the education system within health care and beyond. In order to achieve this, effective communication and competent professionals are needed, whose training is our duty. The topics and your contribution to the upcoming conference may help to come up with new, effective ways to accomplish this task.

2015 is the year of celebration at the Faculty: COHEHRE celebrates its 15th, while our Faculty celebrates its 40th anniversary. In the history of our institution, the first international conference was the COHEHRE conference that we organised 10 years ago with great success. I hope that this conference will also be successful, and you will return home with good memories, new ideas and extended knowledge.



Prof. Zoltán Zsolt Nagy
Dean

Semmelweis University Faculty of Health Sciences

COHEHRE Council

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Semmelweis organisation committee

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Sándor Hollós *Professor, Department of Oxyology and Emergency Care*

Tamás Jakkel *Head of Department, Department of International Relations*

Attila Dobos *Senior Lecturer, Department of Social Sciences*

Ágnes Szabó *Marketing Assistant*

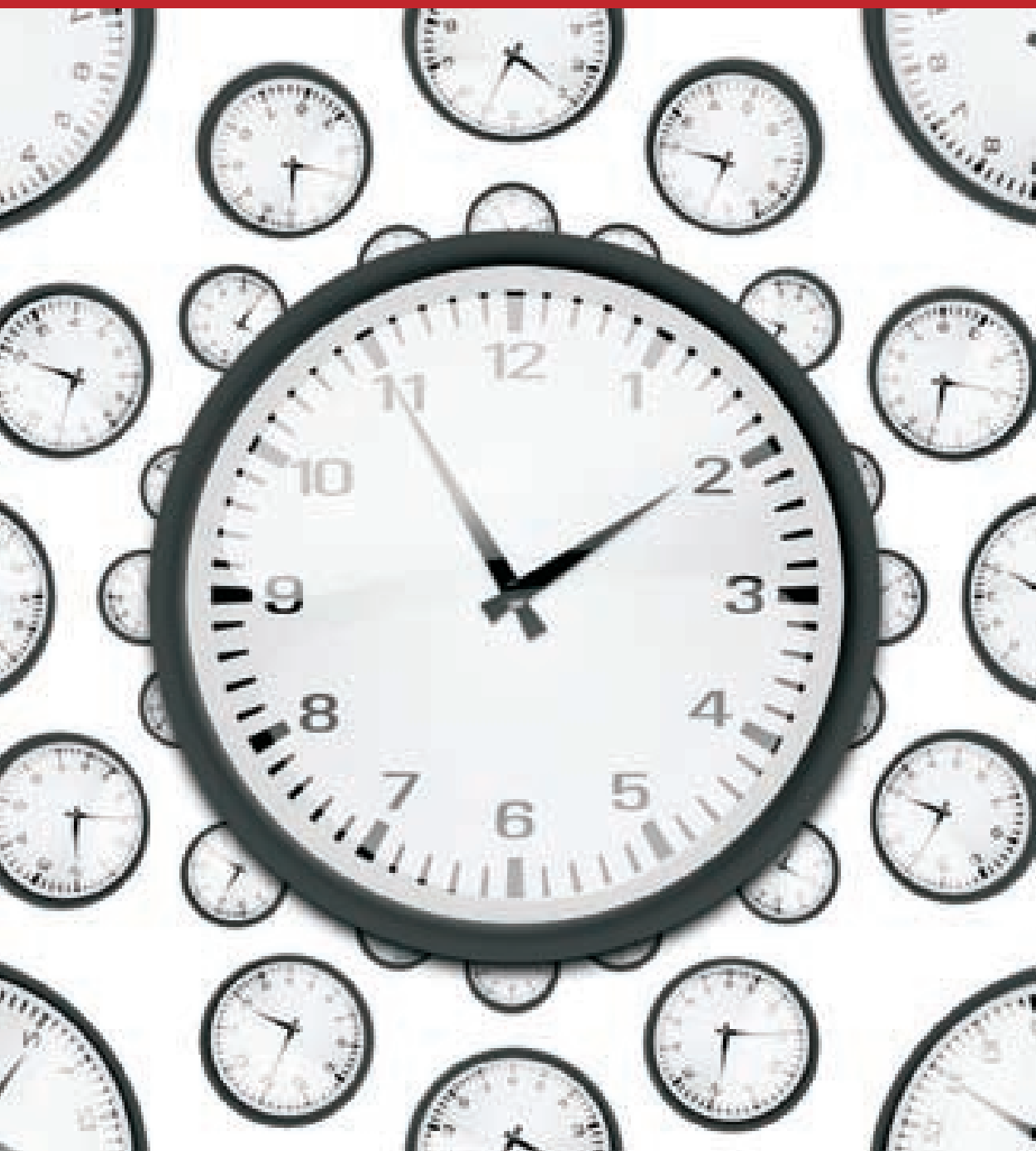
Student Conference organisers

Ulla-Maija Seppänen

Filip Dejonckheere

Attila Dobos

Programmes



Conference theme

The European Commission nominated the year 2015 as the “European Year for Development”.

Two of the most pressing challenges facing the world are eradicating poverty and ensuring that prosperity and well-being are sustainable. These challenges are universal and inter-related and need to be addressed together by all countries.

The plan of the European Union in this respect consists of 3 main initiatives, one of them is: “A Decent Life for All: Ending poverty and giving the world a sustainable future”.

These served as the main inspiration for COHEHRE to adopt the topic “**Health and Social Care Perspectives of Sustainable Future**” for its annual conference in 2015.

Global partnership for health and social care education

“Indeed, a long time ago, the university was a tight-knit community of its professors and students; today, however, a university cannot stand alone. The future belongs to collaboration and to sharing knowledge, ideas and know-how with each other...”

(From the speech of Prof. Ágoston Szél, Rector of Semmelweis University at the closing conference of the Transatlantic Curriculum in Nursing EU – US project, September 16, 2012, at Semmelweis University Faculty of Health Sciences).

By its very definition, internationalization is typically composed of more than a single element. Those elements include the following: the flow of students and scholars; international experience of faculty; internationalised curriculum; college leadership; internationalised co-curricular units and activities; global institutional linkages, offshore delivery of education; international delivery of education; international technical training, and the borderless flow of knowledge and ideas. (Deardorff D.K. The Identification and Assessment of Intercultural Competence as a Student Outcome of Internationalization at Institutions of Higher Education in the United States)

The reason behind internationalization is not only the European Higher Education Area, but the globalised economy generated labour market needs, according to which the employee must have relevant intercultural skills, global competencies and mobility skills as well.

Among other things, we would like to address the following issues on this subject:

- Global development
- Work of international organisations
- How to facilitate the exchange and development of good practices and create knowledge

Innovative and sustainable teaching for health and social care education

To answer the challenges of globalization and internationalization the need for a European Higher Education Association (EHEA) is clearly established. The free flow of workforce in the EU necessitates the establishment of compatible, comparable and competitive educational principles and it is essential for the employers to be aware of the value and utility of a diploma, or vocational training.

The extremely rapid technical development sheds light on the need to reassess the quality of the acquired knowledge since the acquired expertise is fading with new inventions and methods. It is imperative to train professionals who meet the challenges of rapidly changing times. Our expectation is to comply with topics that are comprehensive and relevant. Suggestions for discussion:

- The problems and challenges we face in health and social care education.
- Competences of the future for teachers and students. Teaching students in a way that they do not think about this moment only but about the future as well. What are the competences needed to develop into the future.
- Innovative and sustainable, we should come up with developments that could be used by everyone and not just by the ones who can afford to have them. Equality in access to these methods.
- Concept of gamification, development of apps, etc.
- Giving adequate answers to social questions.
- Personalised learning. Different solutions for different kind of learners.

New challenges in health and social care services

Accelerated globalization affects health care and social systems not only directly but also by altering cultural, religious and civilizational interactions. These changes naturally affect health care systems and generate new needs at the level of individuals and also that of the society. New challenges emerged regarding the curricula of health care training. There is a change in the nature of diseases, the instrumentation, the structure of procedures and most importantly in the expectations of the society towards health care systems.

The essence of dynamically developing health care systems is to comply with the new expectations of the society and the individual. The quality of health care system is in direct proportion to the general health of the society not only in the developing countries but also in those with reliable health care systems. The five highlighted factors affecting health and health care systems according to Callista Roy are: demographic changes, changes in the health care structure, “information boom”, rapid technological development and mobility of clients. The relevant questions to be answered by the politics, the decision makers and the higher education are:

- How a care system reflects to different expectations?
- How are the changes affecting the paradigms of the system?
- Is the development heading to the right direction?
- Could changes of the sectoral professional competencies affect the real changes of roles?
- How has the interrelationship in health care workers been affected in the paramount of expectations, needs and chances?
- How have the interrelationships of social sciences and other associated professions changed in the last decades?
- How can education be renewed? By teaching social, communicational, cultural, linguistic competencies how can education meet the requirements and capabilities of intercultural competences in order to add value to traditional virtues?

Considering the above remarks, literature reviews, own research results and good practical examples are expected in the topics below:

- Bridging health and social domain
- Developing answers to new challenges in community
- Health awareness
- Community development
- E-patient. Telecare. Business orientation/health effects

Equity in health and social care

According to the report of the Commission on Health Professionals in the 21st Century (CHPC 2011), the trust, which links together health professionals and potential patient groups is governed by ethical commitment and social accountability. New patterns of health issues (such as growing life expectancy rates, changing demographic and epidemiological structure, democratization of health knowledge, greater emphasis on prevention and rehabilitation, the importance of health as a capital, etc.) lead to the fact that „good health is at least partly knowledge based and socially driven” and health professionals „have mediating role of applying knowledge to improve health...”. Additionally, wide array of new social problems arise from globalization consequences. The topic of intensification of cultural diversity, the fragmentation of individual life style patterns, and new forms of inequality dominate the relating debates. Moreover, adverse or hostile attitudes, intolerance, and refusal of culturally different groups (xenophobia, racism, extreme nationalism) show strengthening tendency (FRA 2007). All these have brought the problem of equity into central position; therefore we also would like to give place for discussions by the help of the following suggested topics:

- Mapping of the invisible groups
- How to identify the groups that are invisible to the health care system
- Biopolitics = the power-related control of the body
- Entitlement and access to health and social care system for migrants and minorities
- Cross-sectorial approach

Staff programme

Wednesday 22nd April

**Venue: 1088 Budapest, Vas utca 17. Semmelweis University
Faculty of Health Sciences**

8.30–14.30	Registration	Hall
Pre-conference activity for networking (open for all attending participants)		
9.00 – 10.00	How to make best of YOUR COHEHRE	Room 30
10.00 – 12.00	Developing internationalization <i>Ildikó Lázár</i>	Room 30
12.00 – 13.00	Lunch (at own expense)	
13.00 – 15.30	Introduction to the academy activities	Room 30, Hall

Venue: 1088 Budapest, Szentkirályi utca 47. Faculty of Dentistry

15.30 – 18.30	Registration	Hall
16.00 – 16.30	Opening ceremony	Árkövi József Room
16.30 – 17.10	Keynote	Árkövi József Room
	New challenges of health and social care at European and national levels <i>Karoly Czibere</i>	
	Semmelweis University Faculty of Health Sciences' 40 th Anniversary <i>Zoltan Zsolt Nagy</i>	
17.10 – 17.50	Keynote	Árkövi József Room
	Innovative and multi-disciplinary teaching for prototype design <i>Blair Stevenson</i>	
18.30	Reception	Hall

Thursday 23rd April

**Venue: 1088 Budapest, Vas utca 17. Semmelweis University
Faculty of Health Sciences**

08.30 – 17.00	Registration	Hall
09.00 – 10.00	General Assembly	Room 504
10.00 – 10.15	Petcha kutchá on YOUR COHEHRE conference experience <i>Ulla-Maija Seppänen, Filip Dejonckheere</i>	Room 504
10.15 – 10.45	Keynote Challenges of the Erasmus+ <i>Annemie van den Dries</i>	Room 504
10.45 – 11.15	Refreshment and poster viewing	Hall
11.15 – 12.45	Parallel workshops <ul style="list-style-type: none">• The Oulu LAB model: multi-disciplinary teaching for industry-specific prototype design <i>Blair Stevenson</i>• Global partnership for health and social care education <i>Mary Gobbi</i>• New challenges in health and social services (from the point of view of social work) <i>Katrien Roels</i>• Equity in health and social care <i>Jozsef Bonifac Szolymosy</i>	Room 233 Room 335 Room 331 Room 428
12.45 – 13.45	Lunch	Canteen
13.45 – 14.45	Oral presentation of posters	Hall

14.45 – 16.15	Parallel workshops	
	<ul style="list-style-type: none"> • The Oulu LAB model: multi-disciplinary teaching for industry-specific prototype design <i>Blair Stevenson</i> Room 233 • Global partnership for health and social care education <i>Mary Gobbi</i> Room 335 • New challenges in health and social services from the point of view of social work) <i>Katrien Roels</i> Room 331 • Equity in health and social care <i>Jozsef Bonifacsz Solymosy</i> Room 428 	
16.15 – 16.45	Refreshment	Hall
17.00 –	Social programmes according to registration (tours commence from Vas utca)	

Friday 24th April

**Venue: 1088 Budapest, Vas utca 17. Semmelweis University
Faculty of Health Sciences**

09.00 – 09.45	Keynote Global partnership for health and social care education <i>Mary Gobbi</i>	Room 504
10.00 – 11.20	Parallel sessions	
	Session 1	Room F5
	Session 2	Room F7
	Session 3	Room 26
	Session 4	Room 233
	Session 5	Room 225
	Session 6	Room 134
11.20 – 11.45	Refreshment and poster viewing	Hall

11.45 – 13.05	Parallel sessions	
	Session 7	Room F5
	Session 8	Room 26
	Session 9	Room F7
	Session 10	Room 225
	Session 11	Room 134
13.05 – 14.00	Lunch	Canteen
14.00 – 15.00	Students' news room	Room 504
15.00 – 15.45	Keynote Equity in health and social care Péter Balázs	Room 504
15.45 – 16.15	Closing ceremony	Room 504
18.30 – 23.00	Dinner & Dance on the River Danube Budapest, Jászai Mari tér, Pier No. 7	

International Coordinators' Programme

Wednesday 22nd April 2015 10.00–12.00

Venue: 1088 Budapest, Vas utca 17. Faculty of Health Sciences

Ildikó Lázár, PhD

Ildikó Lázár is a lecturer and teacher educator at the Department of English Language Pedagogy of Eötvös Loránd University in Budapest, Hungary, offering courses in language teaching methodology and intercultural communication for pre- and in-service English teachers. She obtained an MA degree in English and French Language and Literature and a PhD in Language Pedagogy. She wrote her doctoral thesis on the role and status of intercultural communication training in teacher education in Hungary. For the last ten years she has also been coordinating international research and training projects for the Council of Europe at the ECML in Graz and in the Pestalozzi Programme in Strasbourg. She has published articles and co-authored and edited books on the methodology of developing and assessing intercultural communicative competence. Her interests also include planning and running professional development courses for teachers to use ICT tools for intercultural web collaboration projects and to benefit from linguistic and socio-cultural diversity in the classroom.

What to develop and how for successful intercultural communication

Presentation and interactive workshop

Room 30

This interactive presentation aims to familiarize participants with the components of intercultural competence and ways of developing these components for successful intercultural communication. A short presentation based on recent publications and research results will be complemented by activities and discussions in an interactive session. Concepts and theories of intercultural competence will be introduced and exemplified in learning activities. A recently developed intercultural assessment tool (ICC Tool) will be tried out and analyzed, helping participants to learn how to recognize and keep track of their development. In addition, possible uses of the ICC Tool and other resources related to intercultural learning activities inside and outside the classroom will be introduced and discussed. Finally, participants will be invited to reflect on ways to incorporate the development of intercultural competence in their own educational practice.

COEHRE Academy

Wednesday 22nd April 2015 13.00–15.30

Venue: 1088 Budapest, Vas utca 17. Faculty of Health Sciences

Active learning platform for students and staff – meeting open to all members!

There is a tradition to present COEHRE Academy activities of the previous year and to share the possibilities for the next year at the Annual COEHRE Conference. In 2015 all members are invited to present their courses in COEHRE Conference on Wednesday 22nd April as part of Academy activity. This possibility is offered for those courses, which are open to participate for students from other HEI's joined via COEHRE network. Also COEHRE capacity building workshops for staff members will be presented.

13.00–13.30	Welcome What has been done in the Academy last year Introducing capacity building activities for 2015-2016 <i>Ulla-Maija Seppänen, Filip Dejonckheere</i>	Room 30
13.40–14.30	Market Courses and workshops will be presented in the form of a market place, where 6 projects will be introduced simultaneously. Every course and workshop will have the opportunity to give the 15-minute long presentation twice. <i>All project coordinators</i>	Room 30, Hall
14.45-15.30	Discussion, sharing ideas, closing We will ask people in the end to discuss ideas for the future, and then share one idea from their group with the others. <i>Ulla-Maija Seppänen, Filip Dejonckheere + All project coordinators</i>	Room 30

Deans' Programme

Thursday 23rd April 2015

Venue: 1088 Budapest, Vas utca 17. Faculty of Health Sciences

Registration

09.00 – 10.00	General Assembly	Room 504
10.00 – 10.15	Your COHEHRE Conference – Petcha Kutcha Presentation	Room 504
10.15 – 10.45	Keynote – Challenges of Erasmus + <i>Annemie van den Dries</i>	Room 504
10.45 – 12.45	Refreshments and Deans' Meeting Part 1 Interactive Workshop – <i>Annemie van den Dries</i> <ul style="list-style-type: none"> • Introductions and agreement of session aims and objectives • Reflections and guidance on the Erasmus + (Action 2) Application Process and evaluation • Implications and opportunities for creative ways of future working with this funding • Deans to reflect on what that could mean for their home institutions and future ways of working 	Room 138
12.45 – 13.45	Lunch	Canteen
14.00 – 16.00	Deans' Meeting Part 2 Interactive Workshop – <i>Kim Bisschop</i> and <i>Tiina Niemi</i> International Benchmarking and Globalisation <ul style="list-style-type: none"> • Anticipation of globalization in both healthcare and higher education • Potential for open access programmes and all other forms of exchanging students, teachers and researchers • Internationalization in health care education on a management level: what could be the benchmark for that and how can we probably further investigate this topic within the COHEHRE network? • <i>Kim Bisschop</i> sharing thoughts on the 'dutch approach' in triple helix working (co-creation) within international networks with healthcare and business partners 	Room 138
16.00 – 16.30	Reflections of the Day's Deans' Programme Plans for the future and ideas for future events	Room 138
17.00	Social Programme begins – Tours commence from main Hall	

Student programme

From 20th till 24th of April 2015, the COHEHRE Student Conference will be organised next to the Annual Conference of the consortium at Semmelweis University Faculty of Health Sciences, Budapest, Hungary.

The student conference attached to the Annual Conference of COHEHRE focuses on 'Diversity and social exclusion' as a central theme. The programme aims at enhancing awareness of different kinds of social inequalities in society and particular in the health care and social field. Students will work in multi-professional groups in a week-long programme to explore and analyse the topic. Subjects focusing on strategies to counter inequalities in society will be studied and adapted both from European perspectives and the related context of the host country.

Goals & learning outcomes

After completing the course:

- The student defines the central concepts of social inclusion, diversity, equality, freedom and responsibility.
- The student is able to give examples of different kinds of social inequalities in key areas of social life: home life, work/school/studying and when having free time.
- The student describes and is aware of the importance of cultural sensitivity, intercultural communication and cooperation skills as core competences for future professionals.
- The student is able to apply the knowledge by doing case based interdisciplinary grounded problem solving.

Methodology

During the programme we use 'city exploration' as a central method to put theory into practice. The urban environment provides a learning context for this assignment.

The city exploration starts with introducing the city and its different neighbourhoods by means of a lecture and a city walk. Students are divided in small groups with respect to mixed professional and cultural background. They receive more detailed information on one specific neighbourhood of the

city. This information contains a 'survival kit', e.g. a map of the neighbourhood, contact information for places of interest, articles and figures on the area and contact information of a 'tutor'. A privileged contact or study visit is the starting point. They have to confront their new experiences with the experiences in their home country.

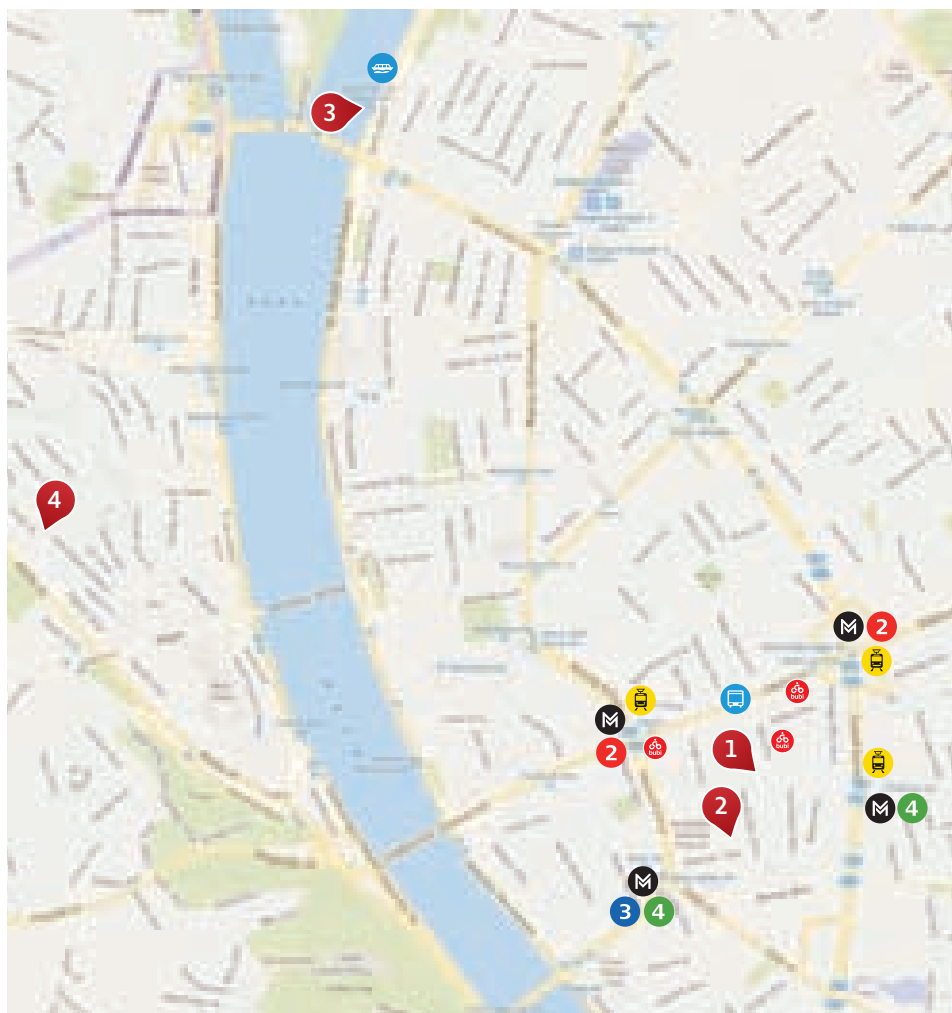
Exchange of products and peer assessment

At the end of the two days, the different groups exchange their products. The experience of a different area confronts them with the disparities between the different areas and as such the diversity that may exist within one city. After the visit, a peer evaluation session is organised based on the experience of the neighbourhood walks.

Plenary debate during the Annual COHEHRE Conference

The final part of the student conference is a presentation and a debate on the learning outcomes with the participants of the annual conference. It allows the participants to share and discuss what they have learned during this 5 day-programme.

MAP



- 1 Faculty building of Semmelweis University Faculty of Health Sciences
Address: 1088 Budapest, Vas utca 17.
- 2 Education Centre of Semmelweis University Faculty of Dentistry
Address: 1088 Budapest, Szentkirályi utca 47.
- 3 Sirona boat – Jászai Mari tér
Address: 1137 Budapest, Jászai Mari tér
- 4 Sziklakórház (Hospital in the Rock)
Address: 1012 Budapest, Lovas út 4/c.

 Metro station
  Tram stop
  Bus stop
  Boat
  Budapest Bicycles docking stations

General and practical information



Venues of the conference

The conference will be organised in two different venues. Participants attending the pre-conference activities will have to consider a 10-minute walk while moving to the second venue for the Opening Ceremony.

1. Faculty building of Semmelweis University Faculty of Health Sciences
Address: 1088 Budapest, Vas utca 17.
Events organised here: pre-conference on Wednesday, all scientific programme on Thursday and Friday, lunches and coffee breaks, poster session.
2. Education Centre of Semmelweis University Faculty of Dentistry
Address: 1088 Budapest, Szentkirályi utca 47.
Events organised here: Opening Ceremony, Keynote Lectures and Reception on Wednesday, 22nd April.

Website of Semmelweis University Faculty of Health Sciences: etk.semmelweis.hu/english

Website of Semmelweis University: semmelweis.hu/english

Registration

Registration desk is located at Semmelweis University Faculty of Health Sciences in Vas utca, main Hall.

Opening hours:

Monday, 20 th April	08.00–10.00 for students
Tuesday, 21 st April	08.30–17.30
Wednesday, 22 nd April	08.30–14.30
Thursday, 23 rd April	08.30–17.00
Friday, 24 th April	08.30–16.30

Registration desk located at Education Centre of Semmelweis University Faculty of Dentistry in Szentkirályi utca, main Hall.

Opening hours:

Wednesday, 22 nd April	15.00–18.30
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Students and staff of Semmelweis University will be available at the registration desk and around the building at your assistance.

Badges

Upon registration a badge together with the conference material will be provided. For security and regulation reasons we advise you to wear your badge at all times.

Certificate

Certificate of attendance will be provided at the registration desk.

Language

The official language of the conference is English.

Poster session

The participants presenting a poster are requested to exhibit their paper on the poster holders located in the main Hall at Vas utca Faculty Building on Thursday 08.30–09.00.

Technical support will be provided at the registration desk.

Oral presentation of posters will take place on Thursday, 23rd April 13.45–14.45.

This year, the best poster will be chosen by a scientific committee. Announcement of the results will take place at the Closing ceremony.

Social events

Wednesday 22nd April 18.30–20.30

Welcome reception will take place in the Education Centre of Semmelweis University Faculty of Dentistry, 1088 Budapest, Szentkirályi utca 47. Welcome drink and sandwiches are offered.

Thursday 23rd April from 17.00

Guided tour in the 8th district with Budapest Beyond Sightseeing

OR

Guided tour to the Hospital in the Rock

Both tours commence from the Conference venue (Vas utca)

Friday 24th April 18.30–23.00

Boat Cruise and Dinner&Dance on the River Danube

The boat named Sirona can be found at Budapest 13th district, Jászai Mari tér, Pier No. 7

GPS coordinates: 47°30'56.00" North, 19°02'50.75" East

Catering

On Wednesday, during pre-conference activities lunch is at your own expense. Lunch on Thursday and Friday will be served in the restaurant for participants of the Conference. Refreshments will be provided in the main Hall of the Faculty Building.

The restaurant in the Vas utca Faculty Building sells hot and cold food and beverages. Opening hours: 7.00–16.00.

Smoking Policy

Smoking is prohibited in any indoor area, however you can find a smoking area in the garden adjacent to the canteen in the Vas utca Faculty Building.

Internet

WiFi connection is available in the central part of the building. There are computers on the basement floor that you can use during the conference. Please ask for more information about internet access at the registration desk.

Safety

Calling the ambulance (104), the police (107), the fire service (105) and the general emergency number (112) is free of charge in Hungary. The Hungarian police also have a number for foreigners to call in emergency (Tourist Police: +36-1-438-8080).

Currency

The official national currency is Hungarian Forint (HUF). The exchange rates in different banks of Budapest, exchange offices and hotels may vary. All the major credit cards (VISA, EC/MC, American Express, Diners) are accepted in Hungary but you can find the symbol of the credit cards that you can use at the entrance of the given shop/restaurant/etc. The current exchange rate changes on daily basis.

ATMs

ATMs dispense Hungarian currency at your bank's daily exchange rate, however, you may be charged a foreign fee on top of the service fees. An ATM is located in the basement of the Faculty Building.

Currency exchange offices

The nearest exchange offices to the Faculty Building are City Change in József körút 2. and also Exclusive Extreme Change in Rákóczi út 38.

Public transport

Budapest has an excellent public transportation system. You can use the metro line, trams or buses to reach the conference venues, depending on your location.

Stops near the Faculty Building:

- Blaha Lujza tér (Metro line 2, Tram no. 4-6)
- Astoria (Metro line 2)
- Rákóczi tér (Metro line 4, Tram no. 4-6)
- Uránia Movie Theatre, Rákóczi út (Buses no. 5, 7, 8, 110, 112, 178, 239)
- Kőfaragó utca (BuBi /Budapest Bike/ terminal)

You can easily plan your route and check timetables by using Google Maps or by visiting the Budapest Transport Centre's website: futar.bkk.hu.

BuBi

Budapest Bicycles are short-term rental bikes that can be picked up at dozens of docking stations around the city with the proper ticket or pass, providing users with 30 minutes free ride to reach their inner-city destinations before re-docking the bike.

Tickets can be purchased online or at the main docking stations. molbubi.bkk.hu

Budapest Taxis

According to a new taxi regulation all licensed taxi drivers in Budapest must adhere to a new fare structure and charge the same price.

Base fare: HUF 450

Price per minute: HUF 70

Price per kilometer: HUF 280

The following companies offer reliable taxi service charging fair rates (operators are English-speaking):

Citytaxi: (+36-1) 211-1111

Főtaxi: (+36-1) 222-2222 – the officially appointed taxi company to the airport

Tele5 taxi: (+36-1) 355-5555

Rádiótaxi: (+36-1) 377-7777

Shopping

University Gift shops: 1094 Budapest, Tűzoltó utca 37-47. and 1089 Budapest, Nagyvárad tér 4.

Opening hours of most shops in Budapest are generally between 10 am and 6 pm on workdays, and until 1 pm on Saturdays. The shopping malls are different, as their opening times are uniform for all shops in a given location, and are longer than usual.

The Great Market Hall (largest and oldest indoor food market in Budapest) in Fővám tér is open Tue-Fri: 6 am to 6 pm.

Keynote speakers



Károly CZIBERE

Minister of State for Social Affairs and Social Inclusion



Károly Czibere is Minister of State responsible for Social Affairs and Social Inclusion at the Ministry of Human Capacities. Mr Czibere is an economist with expertise in social planning and social policy planning. He has been active in social affairs, social administration and strategic management since 1994. He has been an active member of national social policy organisations and has been holding courses and lectures at several universities in the last 20 years. He was recently appointed to be honorary professor at Károli Gáspár Reformed University. Before holding his current position as Minister of State, he acted as Head of Office at the Diaconal Office of the Hungarian Reformed Church (2005-2014) and previously served as Director General National at the Institute for Family and Social Affairs (2001-2005).

New challenges of health and social care at European and national levels

Wednesday 22nd April 16.30–16.50

Faculty of Dentistry, Szentkirályi str. 47. Árkövy József room

The keynote highlights the challenges of the Hungarian social welfare system and describes those possible solutions that – despite of the relatively limited resources characterizing EU member states – support a sustainable system also focusing more on necessities. It presents proven solutions, currently existing gaps and proposed measures focusing on services provided for the elderly, people with disability, homeless and addicts.

Prof. Zoltan Zsolt NAGY

Dean

Semmelweis University Faculty of Health Sciences



Prof. Zoltán Zsolt Nagy serves as the Dean of Semmelweis University Faculty of Health Sciences where he directs the Department of Clinical Ophthalmology, too. He has been working in the field of ophthalmology since 1986 and has been practicing refractive surgery in Hungary since 1992. He is an active member of international professional organisations, contributes to various ophthalmic journals and he won numerous awards for his pioneering achievements in ophthalmology and femtolaser-assisted cataract surgery. Prof. Nagy, in the hope of finding perspectives for improving the European health and social care system and education, gladly joined COHEHRE in 2014 as an active contributor to the Conference of 2015.

Semmelweis University Faculty of Health Sciences' 40th Anniversary

Wednesday 22nd April 16.50–17.10

Faculty of Dentistry, Szentkirályi utca 47. Árkövy József Room

Semmelweis University Faculty of Health Sciences was founded 40 years ago. Its establishment created the opportunity to obtain health professional college degree education along with vocational training for the first time in Hungary. The keynote lecture focuses on the outstanding national and international achievements of the last 40 years, and also on the strategies targeting social changes. It also attempts to analyze the horizontal and longitudinal development of training programs, the impact of internationalization in higher education and the effects of formation of the European Higher Education Area along with the increasing role of the Faculty. It also targets the future institutional development plans, cooperation within COHEHRE and other international organizations.

Blair STEVENSON PhD

School of Media and Performing Arts
Oulu University of Applied Sciences, Finland



Blair Stevenson (PhD) is a lecturer and strategic adviser at the School of Vocational Teacher Education at the Oulu University of Applied Sciences (OUAS) in Finland. His current role includes work as a teacher trainer for topics such as educational psychology, global education and pedagogical use of technology. He also works as the Lab Master for the Edu Lab Oulu: a university-level training program focusing on educational product design. His research work and publications focus on multidisciplinary approaches to the interface between teaching, culture and technology. Since 2005, Blair has also been Managing Director of an international education consulting firm based in Canada focusing on topics such as program evaluation and medical education.

Innovative and multi-disciplinary teaching for prototype design

Wednesday 22nd April 17.10–17.50

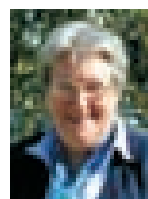
Faculty of Dentistry, Szentkirályi utca 47. Árkövy József Room

This keynote will be presented in two parts. The first part will describe a series of key innovative teaching methods and argue that many current practices which are considered innovative in fact draw upon a rich conceptual history of teaching development. Looking back provides keys to understanding which direction education and training will continue to evolve into the future, not only in health and social care education, but in post-secondary education in general. Approaches such as multi-professionalism, problem-based learning, visual methods and entrepreneurship education will be discussed in connection with other well-established processes in the health and social care field such as simulation, applied research and student practice. This discussion will further outline key factors that point to how teaching can support high levels of motivation and strong connections to working life.

The second part of the keynote will focus on summarizing the LAB model, as developed at the Oulu University of Applied Sciences in Finland, as an example of a recently established training program using innovative methods such as prototype development, concept design and business-university connections. Two of the key distinguishing features of this permanent post-secondary program, in contrast to other programs using similar approaches, are: 1. LAB studies bring together fully integrated multi-professional groups of students from diverse fields to work on prototype product design in a range of fields; and 2. LAB studies offer the opportunity for students to work on new product design that can lead directly to their ownership over the ideas and to the possible establishment of viable start-up businesses. Specific examples and outcomes from this program will be covered and applied to the health and social care context. Furthermore, the methods and approaches used in this program will be defined and connected to the conceptual discussion outlined in the first part of this keynote.

Annemie VAN DEN DRIES

Erasmus+ expert



Annemie Van den Dries – MA Applied Economics and Consular Sciences. She has been involved in many European educational projects as initiator, coordinator, and partner since 1987, moreover, nowadays as assessor and coach. She was Head of the International Office of VIVES (formerly KATHO University College South-West-Flanders, Kortrijk, BE) for many years and was on the Advisory Board for Internationalisation of VLHORA Council of Flemish University Colleges and of the Association of KULeuven. Annemie travelled extensively and gained teaching experiences in the EU countries as well as in RU, TR, SG, USA, IN, CN, KG, UZ. She is the workshop leader of “How to write an EU educational project” for COHEHRE and SPACE.

Challenges of the Erasmus+

Thursday 23rd April 10.15–10.45

Faculty of Health Sciences, Vas utca 17. Room 504

Since 1987, the European Union, and especially DG Education and Culture, has busied itself with organising mobility for students, pupils, staff, teachers, trainers, etc. The target of 3 million students on the move was reached already in 2012. Erasmus+ builds on this legacy by offering to 4 million people to study, train, teach or volunteer abroad by 2020. An increase of 40% of the budget is foreseen. But Erasmus+ has to cope with the consequences of the economic and financial crisis which has had a profound impact on society. Unemployment has reached unacceptably high levels in many parts of the EU, particularly among Europe's youth. This is certainly the number one concern of the new Commission under its President Juncker and especially for the new Commissioner for Education, Culture, Youth, Sport, Tibor Navracsics. He is also involved with Jobs, Growth, Investment and Competitiveness and the Digital Single Market. Inevitably these aspects are already reflected in the priorities of the Call and will be reinforced in the Call 2016! There is a strong economic and social case for investing in education. Education contributes to productivity, competitiveness and innovation, while levelling the playing field and breaking cycles of disadvantage. But Education is facing its own structural challenges. Population ageing means that Member States will have to exploit fully the pool of talent amongst the school-age population. Productivity, competitiveness and innovation will have to grow, with relatively fewer people to rely on. Education in many Member States is, at the same time, out of touch, as systems are still struggling to meet 21st century expectations. These challenges pre-date the crisis, but are now aggravated by a consolidation of public finance. The deadlines for the Call 2015 are behind us, the new applications will have tried to do better than in 2014, knowing what worked and what did not work. Erasmus+ will continue to support transnational partnerships among Education, Training, and Youth institutions and

organisations to foster cooperation and bridge the worlds of Education and work in order to tackle the skills gaps we are facing in Europe. It is also the precondition to stay competitive in the global arena with its knowledge-based economy. In reviewing the Europe 2020 strategy and following the results of the European Semester, the new call will probably put emphasis through its priorities on how our education systems can grasp the huge opportunities of digitisation for better and more accessible teaching and learning, and how digital tools can increase youth participation, helping this way European universities to be among the best in the world.

Mary GOBBI

PhD, MA Ed, Dip N, Dip N Ed, RGN

Senior Lecturer in Nursing, University of Southampton



Mary Gobbi is a Senior Lecturer in Nursing at the Faculty of Health Sciences at the University of Southampton, UK. Mary holds a PhD in adult education having studied intuition and reflection in action in nurses. She also holds MA in Adult Education, Diplomas in Nursing and Nursing Education and is registered nurse and nurse teacher. She has published in the fields of simulation, reflection and thinking in nursing, communities of practice and professional capital. Mary consults and has worked with other health care disciplines including medicine, midwifery, occupational therapy and physiotherapy to develop national and transnational competence based frameworks. She has been involved in a range of high impact European Union funded competence related projects with regulators and accreditation agencies and acts as an expert advisor on matters relating to professional regulation, competence frameworks, the Bologna Process and Higher Education especially the Tuning Process and nurse education. She is frequently consulted by non EU countries on matters related to competence frameworks, curriculum development and pedagogy. Mary has a deep appreciation of the importance of cultural and political issues in development.

Global partnership for health and social care education

Friday, 24th April 09.00–09.45

Faculty of Health Sciences, Vas utca 17. Room 504

With the increasing internationalisation of curricula and the evolving nature of institutional partnerships, both formally and informally, it is timely to review the implications of global partnerships within the context of health and social care education. It is important to consider the nature of the partnerships themselves; the role they play in broader economic policies; their importance to higher education goals associated with different criteria of esteem; their effect upon students and academic staff as well as the local client groups. At the heart of such discussions are issues associated with accreditation, regulation, mobility barriers, and professional differences due to national traditions and standards. This paper seeks to raise debate on the extent to which we need to manage such trends in order to ensure that (1) health and social care education remain responsive to local and national needs, while absorbing best practises from the international environment; and (2) public safety (health, well being and social need) is not jeopardised through the pursuit of inappropriate political or economic goals.

Dr. Péter BALÁZS

Vice Director

Institute of Public Health, Semmelweis University



Dr. Péter Balázs is the Vice Director of the Public Health Institute at Semmelweis University Budapest, Hungary. The Institute belongs to the Faculty of Medicine but has commitments also in the dental and pharmaceutical trainings. The author started his career as a general surgeon in 1970 and has been working for 23 years in this specialization. Thus he gained considerable knowledge about the day-to-day practice of out- and in-patient care. He started to research health care systems in the mid 1980's but changed for academic career only in 1994. Professionalism and medical business was the topic of his PhD thesis. In 2006-2007 he headed a research team set up by the Hungarian Ministry of Health that reported to the WHO European Regional Bureau: Evidence generated about equity in access to health care and developing policy options for reducing inequalities. Main current areas of research: human resources of health care - especially workforce migration, historic roots and present state of medical professionalism, history of public health administration and of health care business, social health insurance, health policy and system research.

Equity in health and social care

Friday, 24th April 15.00–15.45

Faculty of Health Sciences, Vas utca 17. Room 504

Introduction: In a day-to-day reality of all societies, there are many different individuals and communities with diverse socio-economic and cultural backgrounds who need social and/or health care. According to the historic experiences of the past several centuries (at least in the European culture), these caring activities cannot be separated in a theoretical manner. Social needs if unmet end up in ill health and ill health terminates in social misery. In high and middle income countries (HMICs), social and health services are financed either publicly or privately and they are provided by public institutions or private business corporations. Cross-financing occurs in all HMICs primarily in the health care, thus private business corporations may receive public financing or they may operate entirely on a not-for-profit principle. The way around, public facilities may serve people also on private financing.

Equity does not mean equality nevertheless it is based on equality. Namely, equity is prevailing only if the population concerned has for equal needs equal options in accessing and utilising the equally affordable services.

Objectives: The general approach of equity may be thoroughly subjective but for evaluation of any specific circumstances and for temporal and spatial comparison we need measurable factors 1) in access to services, 2) for utilisation, and 3) in quality outcomes. The access may be determined by time and space related indicators of attending. Utilisation is simply characterised by services consumed. The real health outcomes at the population level indicate exactly also the level of affordability. Unfortunately, similar and relatively simple methods are not available in measuring the social care but social and health status are

strongly interrelated thus ill health at the population level is generally a warning about the worsening social circumstances and vice versa.

Indicators: of accessibility, utilisation and quality care:

Accessibility in spatial terms depends 1) on professional type of service, 2) geographical circumstances and 3) travelling options. In Primary Care it means immediate access in rural or urban regions by walking or travelling locally. In Secondary Care out and in-patient services are available within a circle of 50 Km (30 M) diameter in urban or rural regions by travelling individually or public transportation (railways, bus)

In temporal terms the accessibility depends on the grade of urgency and site of services needed by the patients. The Ambulance Service is urgent on site professional care in emergency situation outside of health care facilities with rapid transportation of patients (delay max. 15 minutes in Hungary) if needed to the Emergency Units of in-patient facilities. Otherwise, patients with injuries or acute conditions are seeking help by themselves in the Primary or Secondary Care.

General utilisation is measured by medical documents of patients who attended the providers in a given period divided by the total number of persons eligible for the same service. Specific utilisation is reduced to a special group or a special kind of services eligible for all or only for a special group of the population.

Quality of care may be assessed in technical terms as 1) it is performed by the provider or 2) by its outcome as the health status of the population. Technical performance is less important because even the most perfect operation may end up by the death of the patient. The health outcome is measured by morbidity and mortality rate of the population. The most reliable indicator is the death rate of specific age groups (e.g. infant mortality) optionally under specific circumstances.

Results: Provided that options for access, utilization, affordability and technical performance of the medical staff are the same for the whole population only the human factor namely health behaviour determines the health status of the population.

By turning around the statement above, if the population's health behaviour were uniform in a specific health system, differences of general or specific health status should be traced back only to the uneven distribution of human and material resources of the health service.

Discussion: Theoretical approach of equity is discussed by the real propagative health status of pregnant women in Hungary's North-eastern counties while testing the equity on the non-Roma majority and Roma minority sample in 2009-2012. Related to the target population (N=22,235) the response rate of our questionnaire based data collecting was 73.47%. With no significant differences of availability and affordability of out and in-patient services, obstetrical outcomes were influenced by a number of biological (as life years, BMI-values) cultural and socioeconomic factors (as cultural traditions of Roma communities, education, income, settlement type, tobacco smoking).

Conclusion: While maintaining equal preconditions of equity in healthcare programmes and investments, comprehensive and specifically tailored socioeconomic and cultural improvements of minority populations must also be concerned in the health policy planning.

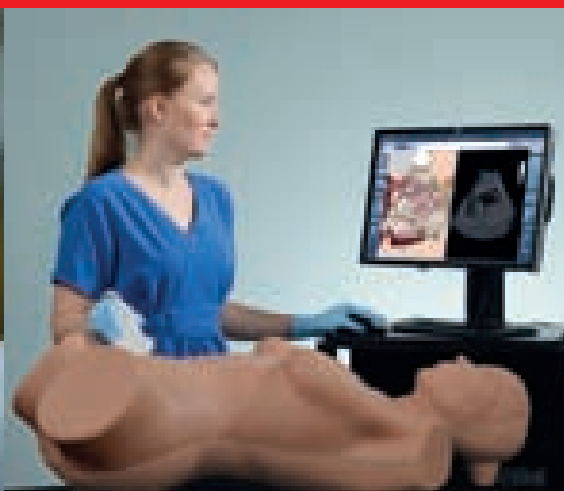
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Workshops



Workshop for the Deans' programme

Thursday 23rd April 10.45–12.45

Faculty of Health Sciences, Vas utca 17. Room 138

Annemie VAN DEN DRIES

Erasmus+ expert

Internationalisation of your institution is a priority, either because your institution has always been involved with international research or because your institution wants/has to follow the trend. Does this mean you achieve your objectives by appointing a vice-dean for international affairs? Who in turn wants to appoint an office with secretaries who are fluent in many European languages and have digital skills? No, of course not! Internationalisation (or Europeanisation) has to permeate the whole building and you have to define the vision and the strategy for it. Your students and your staff want to go abroad. You have to host incoming students and staff. And the curriculum has to be international and you want to play the game of internationalisation@home. This all costs money, loads of money. Where to locate it? Partially in Erasmus+ with its Key Actions 1 and 2, as long as your project writers abide by the rules of the programme and get the approval of the assessors. But investing will be necessary: internationalisation of the curriculum with EN (lingua franca?) courses also for your own students. An interesting concept is organising mobility windows for outgoing and incoming students. Let's discuss the various possibilities during this workshop and exchange good practices, taking into account that Health and Social Care studies focus on real people and not on account sheets or profit graphics!

Workshop for the Deans' programme

Thursday 23rd April 14.00–16.00

Faculty of Health Sciences, Vas utca 17. Room 138

Tiina NIEMI

Research and PR pioneer at
StudyPortals
(www.studyportals.eu/)

Kim BISSCHOP

Manager External Relations at
Rotterdam University AS
(www.rotterdamuas.com)

One of the strategic summits for the EU is to improve smart economic growth through efficient investments in education, research and innovation. Higher Education Institutes are asked to help decreasing the gap between knowledge and innovation, known as the knowledge paradox, by including applied sciences within all bachelor programmes. International orientation and cultural awareness are important competences for higher educated personnel. Strategic decision making within universities is complicated, because of opposite interests of internal and external stakeholders and because of legal restrictions. Higher education institutes need to envision their international public value when deciding about internationalisation in study programmes.

During this workshop we would like to raise strategic discussions about international benchmarking and globalization by highlighting different perspectives:

1. Starting with the students perspective as Tiina Niemi will present the outcomes of research among outgoing and incoming international students. During the workshop we hope to engage all deans in explaining the low percentages of healthcare students searching for international experiences.
2. Second some practical questions will be raised to benchmark the managerial approaches between the European Higher Education Institutes for Healthcare. For example: the policy, coordination and organisational support at university and faculty level, human resource management to engage teachers and staff, etc.
3. Finally all deans can share ideas from a governance perspective. Kim Bisschop will shortly present her paper about the applicability of the triple helix approach for healthcare innovation within strategic international alliances. Based on the input of both morning and afternoon session we hope to share our thoughts and discuss the governance models we all use or would like to use in the future to implement internationalization in higher education and research for the healthcare sector.

The Oulu LAB model: multi-disciplinary teaching for industry-specific prototype design

Thursday 23rd April 11.15 – 12.45 and 14.45 – 16.15
Faculty of Health Sciences, Vas utca 17. Room 233

Blair STEVENSON PhD

*School of Media and Performing Arts
Oulu University of Applied Sciences, Finland*

This workshop will cover an innovative training model (LAB studies) rapidly expanding at the Oulu University of Applied Sciences in Finland. The LAB model of training will be described in detail while participants will take part in activities that will practically demonstrate the key components of this model: concept design, prototype development, pitching and business planning. More specifically, participants will be taken through a hands-on exercise that focuses on the principal approaches used in this model including multi-disciplinary and multi-professional team work, entrepreneurship and studio design. Examples of project outcomes from the LAB model experience in Oulu will also be discussed.

Global partnership for health and social care education: issues of recognition and mobility

Thursday 23rd April 11.15 – 12.45 and 14.45 – 16.15
Faculty of Health Sciences, Vas utca 17. Room 335

Mary GOBBI

PhD, MA Ed, Dip N, Dip N Ed, RGN
Senior Lecturer in Nursing, University of Southampton

In this workshop, I shall be encouraging participants to look at the issues of recognition and student mobility. How does one recognise the work students undertake in another education institution? How can we prepare students for different styles of learning? In setting up a partnership what questions should we think about with respect to the academic and professional (clinical) practice?

In this workshop, I will pay particular attention to learning in practice and what similarities and differences mean for students, staff and patients.

Learning outcomes for this workshop, participants should be better

- Able to plan for a partnership attending to governance and regulation/ accreditation
- Able to support students and staff when they mobilise thinking of differences in scope of practice, competence and pedagogies.
- Able to take sound risk assessments.



József Bonifác SOLYMOSY

*Head of Department
National Institute for Health Development*

József Bonifác Solymosy is the head of Health Promotion Department at the National Institute for Health Development. He is responsible for research, methodological conduct and elaboration of model programs, planning and managing projects together with international relations in his role focusing on reducing the health inequities. Mr Solymosy graduated from the Bárczy Gusztáv Faculty of Humanities at the Eötvös Lorant University as a teacher of special pedagogy and he received a Bachelor of Arts Degree in 1988 and a Master of Arts Degree in 1998. He acquired a Master's Degree in Health Promotion Studies from the Institute of Public Health of the University of Debrecen in 2004.

The author is one of the founding members of the Autism Research Team, and between the period of 1994 and 2000 he worked as a special pedagogue and he also became the deputy head of the first school specialized on Autism in Hungary. Later on he worked as a staff member at the Belvárosi Tanoda Foundation, with “drop-out” preadolescences. Mr Solymosy was the content advisor of the Health Development Periodical, and also the editor of the ‘Anno’ column.

His interests also include, as the head of research:

- ‘The Health Condition in the Hungarian Roma Communities’ in 2000–2002,
- The model experiment aiming at the opportunist screening of oral cancer in 2007-2008,
- The impact assessment of the introduction of the food tax of public health in Hungary in 2013.

He is the author of the methodological introduction and guidelines of the health impact assessment reports supporting the decision preparing processes of Ministries, and the co-author of the latest publication of the first Hungarian language course book of Health Diplomacy, writing: ‘The Roma’s condition, like a challenge of the health diplomacy’ chapter. Mr Solymosy was given the honourable Semmelweis Memorial Award in 2008 by the National Public Health Chief Medical Officer.

Equity in health and social care

Thursday 23rd April 11.15–12.45 and 14.45–16.15
Faculty of Health Sciences, Vas utca 17. Room 428

Provisions for health and social care are laid down in two different laws in Hungary.

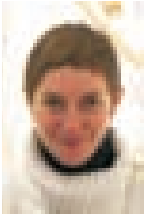
Institutional care consists of primary care and outpatient care and from an administrative point of view it is operated by two different state secretariats in one ministry. Coverage of institutional care is unequal in the country which results in territorial inequalities.

Every citizen is entitled to use health and social services according to his/her social contribution paid. Laws regulating access to services include the definition of services provided on grounds of equity, as well, supporting those who would not be entitled to services because of unpaid contribution.

Firstly, inequity in service provision is manifested in access to existing services among different vulnerable groups. Secondly, inequities exist in the interaction between service providers and clients. Mostly, this conveys the suggestion that intercultural communication training might be necessary.

Considering challenges arising from the situation, the necessity of explaining definitions and the danger of homogenisation as regards vulnerable groups and the Hungarian Roma community will be presented.

At last, an intervention-planning template will be presented which promotes the elimination of inequities even in the phase of service planning.



Katrien ROELS

Department of Social Work
Artevelde University College, Ghent

Katrien Roels is Learning and Internship Coach and responsible for student admissions of Artevelde University College Ghent for the department of Social Work. Currently she is working on the project 'Buddy near the Crib'. Previously, she worked as a social worker for an organization supporting people living in poverty. That explains her involvement in the project 'Buddy near the Crib'. Her experience entails coaching students in their role as social worker. Her knowledge of the social card in Belgium forms a good basis for 'Buddy by the Crib'. Both Katrien and a colleague of the department of Midwifery are supporting students in their work with young families confronted with pregnancy or birth. Her main focus lies on the social dimension of this work.

New challenges in health and social services (from the point of view of social work)

Thursday 23rd April 11.15–12.45 and 14.45–16.15
Faculty of Health Sciences, Vas utca 17. Room 331

Through service and applied research, the Department Bachelor of Midwifery Arteveldehogeschool University College Ghent intends to improve access to care and participation in society for pregnant families who live in deprivation. An adequate pregnancy trajectory improves outcome for mother and child. Becoming parents is also an opportunity of change for families living in poverty and an opportunity for society to fight child poverty.

A buddy near the crib: Implementation of a Network for perinatal coaching for underprivileged families in Ghent

In Flanders, more than one child in ten is born into a family living below the poverty line. Deprivation, high barriers to medical and social care and lack of knowledge have a detrimental effect on pregnancy outcome for mother and child. An adequate prenatal care trajectory and continuity of care through birth and childhood are major factors in reducing these risks. Fighting child poverty should start in or before pregnancy to give children the best opportunities to develop. Both the government and non-profit organizations realize this and therefore support this project.

In this service project, students Midwifery and Social Work accompany disadvantaged families during pregnancy, birth and young childhood. The student takes the role of a coach during an 18 month-ongoing trajectory.

Parallel sessions



Friday 24th April

Session 1 Room F5

Innovative and sustainable teaching for health and social care education

- 10.00–10.20 A Winter School in Switzerland – a promising cooperation of Health Professions and Social Work to enhance incoming student and staff mobility
- 10.20–10.40 Optimax 2014 Summerschool – Optimisation of image quality and radiation dose in medical imaging
- 10.40–11.00 Blended learning design for health students from University College of Northern Denmark in international internships
- 11.00–11.20 Fit Light Trainer in rehabilitation for children with cerebral palsy in Northern Denmark

Session 2 Room F7

Innovative and sustainable teaching for health and social care education

- 10.00–10.20 Tripartite model in master's degree programmes at Turku University of Applied Sciences – “Teachers at master's level as bridge builders between education and working life”
- 10.20–10.40 Developing working life – case nursing students
- 10.40–11.00 The development of nurses' and nursing students' competences to use clinical guidelines in the clinical decision making
- 11.00–11.20 Peer group mentoring – learning together and developing profession

Session 3 Room 26

Innovative and sustainable teaching for health and social care education

- 10.00–10.20 Active Life Events and www.seniori.365.fi – creating wellbeing for different target groups with students
- 10.20–10.40 Motivating Health and Social Care students to choose a career in Gerontology through innovative education
- 10.40–11.00 Genetics and life style: the EDUVITAL concept

Session 4 Room 233

Global partnerships for health and social care education
New challenges in health and social care services

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|-------------|---|
| 10.00–10.20 | The Beginning of a Journey for Physiotherapists to become Global Intrapreneurs |
| 10.20–10.40 | Outcome from a global partnership in health care education with a focus on inter-professional exchange and internationalization |
| 10.40–11.00 | Expertise on in motion – Workers' views on mobile health services |
| 11.00–11.20 | Mobile healthcare service for the customer in North Savo, Finland – customer's point of view |

Session 5 Room 225

Innovative and sustainable teaching for health and social care education
Workshop

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|-------------|--|
| 10.00–11.20 | An 8-week interdisciplinary learning module which focuses on innovation and entrepreneurship |
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Session 6 Room 134

New challenges in health and social care services
Workshop

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|-------------|---|
| 10.00–11.20 | Preliminary results of the European Urban Health Centre project |
|-------------|---|

Session 7 Room F5

Innovative and sustainable teaching for health and social care education

- | | |
|-------------|--|
| 11.45–12.05 | The 4-Set model of Supervision – a new model for use within the field of
Addiction Counselling |
| 12.05–12.25 | The factors involved in shaping the attitudes of health and social care students toward illicit drug use: A mixed method study |
| 12.25–12.45 | Development of competencies in the home care in Hungary |
| 12.45–13.05 | Teaching integrated care: an interdisciplinary approach |

Session 8 Room 26

Innovative and sustainable teaching for health and social care education

- 11.45–12.05 Toolbox used in international fieldwork to make students catch new Insights
- 12.05–12.25 Equipping Proactive Practitioners – Using simulation towards meeting European Union Directive 2005/36/EC within pre-registration nurse education
- 12.25–12.45 Students' as Partners in Teaching & Learning: The Introduction of Student Simulation Champions

Session 9 Room F7

New challenges in health and social care services

- 11.45–12.05 A demand for new nurse competences: are nurses prepared for self-management support?
- 12.05–12.25 Employment status and working conditions of nurses in general practices and occupational health settings in Hungary
- 12.25–12.45 Learning needs of migrant caregivers – new challenges for European countries
- 12.45–13.05 Designer drug use among opioid dependent patients: an analysis of the psychiatric profile

Session 10 Room 225

Innovative and sustainable teaching for health and social care education
Workshop

- 11.45–13.05 Core competences for working with older people

Session 11 Room 134

Innovative and sustainable teaching for health and social care education
Workshop

- 11.45–13.05 Supervision: A means of building sustainable practice?

Parallel Session 1

Friday 24th April 10.00–10.20 • Room F5

Innovative and sustainable teaching for health and social care education

A Winter School in Switzerland – a promising cooperation of Health Professions and Social Work to enhance incoming student and staff mobility

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BACKGROUND To create more opportunities for incoming non-German speaking students and staff, in 2014 the ZHAW Schools of Health Professions (SoHP) and Social Work (SoSW) have developed an international Winter School.

RELEVANCE The Winter School could serve as model for cooperation between Health and Social Care and for short-term mobility of students without external funding.

AIM To offer an international experience for non-mobile local students; to intensify the exchange with partners; to use the experience of the first Winter School in January 2015 to develop further study possibilities for incoming students and staff

PARTICIPANTS The Winter School is part of the 5th semester Bachelor curriculum of the SoHP (interprofessional modules) and relevant to Bachelor students of the SoSW. In total, 360 Bachelor students of the SoHP attend courses of the Winter School and all courses are open to SoSW and international students. In 2015, 59 international students as well as 18 international lecturers from 10 countries participated, mostly for one of the four-week program.

METHODS The four-week Winter School program comprises six different one-week courses on the overarching topic “Challenges in Interprofessional Health and Social Care and Cooperation”. Three of the six courses are in German, three are in English.

EVALUATION Evaluation of students takes place by means of a questionnaire about: website, study guide, accommodation, welcome and social program, course experience, interprofessional competence. A qualitative evaluation will take place with SoHP and international students (statements) and more comprehensively with international and local staff (staff meetings).

RESULTS We will present quantitative ratings from the questionnaire as well as a summary of the qualitative evaluation of students and staff.

CONCLUSIONS First conclusions about the set-up of the Winter School can already be drawn: Using courses that are part of existing curricula and opening these courses for international students poses several advantages, namely sustainability (financially and guaranteed realization), strong involvement and commitment of local lecturers (those who teach in the Winter School courses), internationalization at home for non-mobile students and staff. Moreover, the Winter School has shown the strengths of cooperation between the SoHP and SoSW.

KEYWORDS Winter School, interprofessional modules, internationalization@home

Parallel Session 1

Friday 24th April 10.20–10.40 • Room F5

Innovative and sustainable teaching for health and social care education

Optimax 2014 Summerschool – Optimisation of image quality and radiation dose in medical imaging

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BACKGROUND/RELEVANCE In August 2014, the second edition of European summer school OPTIMAX took place in Lisbon, Portugal, where students from England, Portugal, the Netherlands, Switzerland and Norway gathered for three weeks. Organization and administration was the responsibility of the steering board, consisting of one member from each participating university. Financial support was provided by the EU in the form of an Erasmus+ grant.

AIM OPTIMAX is a joint initiative of the participating universities to further develop research skills in dose and image quality optimization for EU students in the field of radiography.

PARTICIPANTS Forty seven students participated; under- and post-graduate students of radiography, nuclear medicine, physics, and psychology. Students were divided into 5 multicultural and multidisciplinary groups.

METHODS Each group was assigned a research question, and supervised by 1 or 2 tutors during the course of OPTIMAX. Necessary imaging data was collected by the host university during the preparations for the summer school. Pre-course reading was provided to introduce students to this year's topics. During the first week, a series of lectures provided information on experiment design and data analysis. Student groups conducted controlled laboratory experiments and gathered scientific articles for the background of their experiment. Tutors assisted the groups in their experiment design and article writing, and facilitated smooth collaboration among the students. Inter-group collaboration was encouraged - whenever subjects were needed, students participated in other groups' experiments. OPTIMAX contained an important

socio-cultural component: in the evenings and weekends, the local university organized activities to involve students in the local culture of the host country.

EVALUATION During the final week, a research conference was held in which each group presented their results. Each group also delivered a written report in the form of two draft journal articles: a review article outlining the current research in the field of their experiment and a research article with their experimental findings.

RESULTS/CONCLUSIONS OPTIMAX resulted in 10 articles, some of these will be submitted for scientific publication. Student and tutor feedback was very positive overall. A new Erasmus+ application is being written; OPTIMAX 2015 will take place in the Netherlands.

KEYWORDS summer school, optimization of radiation dose and image quality, international collaboration

Parallel Session 1

Friday 24th April 10.40–11.00 • Room F5

Innovative and sustainable teaching for health and social care education

Blended learning design for health students from University College of Northern Denmark in international internships

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BACKGROUND Physiotherapy students having their internships abroad are concerned whether they can reach the learning outcome and if they get the necessary counseling. By creating a digital learning environment, we want to support their clinical training. Practice communities in digital habitats by Wenger and Boud's research on peer learning are the basic.

RELEVANCE Society calls for interactive and reflective health professionals and the subtheme 'Innovative and sustainable teaching' is relevant and by using blended learning health students can develop skills that enable them to take action upon new services in health organizations.

AIM To develop a digital counseling programme to support student's learning in international internships and to improve the quality being in regular contact with local lecturer.

PARTICIPANTS 18 students were invited and have completed the digital counseling programme during four clinical training periods in the autumn 2013 and 2014. 12 students were in their 6th semester and 6 students were at their 5th semester.

METHODS Students were introduced to the programme before leaving and divided in groups. Based on the student's portfolio on clinical reasoning the counseling and peer learning were conducted. The Design-Based Research-model has an interactive approach, which allows testing and improving designs in practice during the process. Starting platform was IT'S-LEARNING. Evaluations showed needs for notifications and easier availability and the platform was changed to FACEBOOK.

EVALUATION Four digital learning processes were evaluated online after each process. Experience was furthermore explored through a focus group interview. The aim was to gain insight in what, how and in which way students perceived the learning processes as meaningful.

RESULTS Students benefit greatly from the lecturer's counseling regarding written portfolios and by reading each other's portfolio in order to contribute as peers. Peer learning processes during the internships was experienced as difficult. Students liked participating in the digital sessions, but preferred questions initiated by the lecturer.

CONCLUSIONS The result comprises important issues of interest to the future didactic development in health education. Learning processes based on an interactive approach combined with a clinical reasoning seems relevant.

KEYWORDS blended learning, digital learning platform, clinical reasoning

Parallel Session 1

Friday 24th April 11.00–11.20 • Room F5

Innovative and sustainable teaching for health and social care education

Fit Light Trainer in rehabilitation for children with cerebral palsy in Northern Denmark

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BACKGROUND The FitLightTrainer system is used worldwide. It is a concrete, innovative, dynamic and a visual learning framework with new learning opportunities strengthening motivation, physical/mental functioning and social interaction. The implementation in rehabilitation is investigated in cooperation between education, private company and practice with support from the Danish Ministry of Research and Education.

RELEVANCE Society calls for creative and innovative health professionals and the subtheme 'Innovative and sustainable teaching' is relevant. By use of FitLightTrainer health professionals can develop skills that enable them to create playful games/exercises as a new service in rehabilitation.

AIM To develop methods for using FitLightTrainer in rehabilitation and to document this. Second, to involve physiotherapy students and implement the tool in the curriculum and practice. Basic training, especially postural control has been the focus.

PARTICIPANTS 8 students have developed videos using FitLightTrainer for basic training. Four physiotherapists have tested FitLightTrainer on 9 children with cerebral palsy, age 6- 12.

METHODS The students worked in supervised groups creating videos. The physiotherapists in practice were introduced to the tool and took part in development of the training protocol before the intervention started. Documentation methods were videos, photos and written descriptions.

EVALUATION Experience was explored by systematizing all data and a focus group interview of three physiotherapists were conducted. The aim was to gain insight in what, how and in which way FitLightTrainer was effective and meaningful.

RESULTS The students developed skills in exercise therapy and dissemination. The children benefit greatly from using FitLightTrainer. They were able to concentrate for longer periods and had fun. Physiotherapists experience the tool as a significant complement to physical therapy for children/adolescents with CP. The self-energizing and motivating element were highlighted as key factors for further effects of the training.

CONCLUSIONS The result comprises important issues of interest to the future development of training games in rehabilitation. Playful training and exercises based on a creative approach combined with the light stimuli seems relevant for the target groups. This cooperation has contributed to knowledge development, student activities and increased cooperation with practice. Data and experiences gathered will be used disseminating FitLightTrainer in rehabilitation.

KEYWORDS FitLightTrainer, playful training, rehabilitation

Parallel Session 2

Friday 24th April 10.00–10.20 • Room F7

Innovative and sustainable teaching for health and social care education

Tripartite model in master's degree programmes at Turku University of Applied Sciences - "Teachers at master's level as bridge builders between education and working life"

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BACKGROUND/RELEVANCE Creating a strong RDI profile for Master's degree programmes is a national network project in 2013-2015 in Finland. The project aims for reforming activities related to Master's degree programmes, raising the RDI profile. The project has been divided into four Workpackages (WP). In WP 4 "Teachers at master's level as bridge builders between education and working life", a tripartite model operates as a framework for all research and development. A tripartite model forms from cooperation of student, mentor and teacher tutor. In WP4 the task of a Master's programme teacher is to build bridges by sharing the role of the teacher with workplace experts and students.

AIM To clarify what is a tripartite model and how it is used in master's degree programmes; to describe WP4 and to clarify the data collection during the project in WP4 and to tell the first results.

PARTICIPANTS Five universities of Applied Sciences in Finland in WP4. The number of participants in different study methods and development methods varies.

METHOD Several development methods and research methods are being used to evaluate the use of a tripartite model. The research methods are e.g.: tool to assess development of competences (Rubric Proactive Competences), focus group interviews, and futures research methods.

EVALUATION In WP4 a tripartite model will be evaluated from autumn 2014 to autumn 2015. During the process data will be collected from several informants such as teachers in master's degree programmes, master students, stakeholders, representatives from working life such as project partners and steering group members etc.

CONCLUSIONS The results of the first data will be presented at the conference. The results will show what are the competences, knowledge and know-how of a master's programme teacher to act as a teacher as bridge builder connecting teaching and RDI. The aim of WP4 is experimenting to develop new roles together with the actors, a team teaching model and a tripartite model.

KEYWORDS RDI-project, tripartite model

Parallel Session 2

Friday 24th April 10.20–10.40 • Room F7

Innovative and sustainable teaching for health and social care education

Developing working life – case nursing students

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BACKGROUND Pedagogical model Learning by Developing (LbD) is developed and used in Laurea University of Applied Sciences. This model is based on a development project, genuinely rooted in the world of work and aims to produce new practices and competences and requires collaboration between lecturers, students and practical experts.

RELEVANCE In LbD students learn by exploring new research-based knowledge and practical know-how; using their own initiative to learn more and develop the working life together. In this project cooperation was between nursing students, lecturers and local health entrepreneurs.

AIM The aim of this learning project was to develop working life and nursing students' skills concerning clinical issues and medical care.

PARTICIPANTS Nursing students (foundation N = 45, advanced N = 2), staff (N = 50) of four private Nursing homes (NH) and lecturers (N = 4) were involved in two years period.

METHODS Nursing students found out how NH operates and their expectations of topics of snapshots and simulation cases. After developing presentations, students presented them to the staff in NH and implemented simulation cases.

EVALUATION The project was evaluated by questionnaire (N =50) after events and it showed that participants thought the presentations and simulations were important to learn nursing skills and were focused on the specific needs of their units. The students gave their feedback in reflections and evaluated the study module by e-questionnaire (N= 47). The aim of the project was evaluated by discussions with teachers and the managers of NHs.

RESULTS The students and staff reported learning a lot; e.g. decision-making, teamwork and nursing skills. The project showed that it is important to find out the expectations of working life before planning learning sessions in the area. The main result was that this kind of interventions is needed.

CONCLUSIONS This project is one example of successful local development work, which needs open-minded and competent lecturers. This kind of projects will continue in study modules and in future there are needs to commercialize education like this to appraise the nursing skills on NHs staff.

KEYWORDS nursing education, learning by developing

Parallel Session 2

Friday 24th April 10.40–11.00 • Room F7

Innovative and sustainable teaching for health and social care education

The development of nurses' and nursing students' competences to use clinical guidelines in the clinical decision-making

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BACKGROUND The implementation of clinical guidelines is complex and a challenge for nurses. Research does not provide any clear answers to how implementation can succeed. Studies show that the nurses' development of competencies is significant to the implementation of clinical guidelines. We have examined how the practice of Appreciative Inquiry including the nurses competences, contributes to the use of clinical guidelines.

RELEVANCE Health care will increasingly be based on evidence. Therefore, it is essential that nurses develop competencies in using clinical guidelines.

AIM Our research aim is to explore how the practice of Appreciative Inquiry improves nurses' and nursing students' learning progress and competencies in using the clinical guideline about delirium.

PARTICIPANTS In total, 15 nurses with 0-10 years of experience in cardiology, two clinical nurse specialists, three nursing students from The Heart Center, Copenhagen University Hospital, and three senior lecturers from the Institute of Nursing, University College Metropol, Denmark.

METHOD Eighteen nursing meetings, each lasting 20-90 minutes, were held with 3-12 nurses and students from the cardiology unit. A clinical nurse specialist facilitated the meetings, all concerning the implementation of the clinical guideline. In each meeting, a senior lecturer participated as a co-facilitator. After meetings, the senior lecturer gave a feedback about the facilitator role to the clinical nurse specialist. Each feedback session lasted 15-45 minutes. Field notes were recorded immediately afterwards.

ANALYSIS The analysis is structured according to the principles of Grounded Theory. Field notes are analysed by open-, axial- and selective coding. Research triangulation is used in the process of coding.

RESULTS The nurses' learning progress and competencies in implementing the clinical guideline improve when it become meaningful for the nurses. The core category meaningfulness is shown by: The use of authentic patient data; community learning; and the patient responsible nurse leads the meetings that deal with her own patient.

CONCLUSIONS During the nurse meetings based on Appreciative Inquiry, it becomes meaningful to the nurses and nursing students to include clinical guidelines as part of the clinical decision making process.

KEYWORDS implementation, clinical guidelines, appreciative inquiry

Parallel Session 2

Friday 24th April 11.00–11.20 • Room F7

Innovative and sustainable teaching for health and social care education

Peer group mentoring – learning together and developing profession

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BACKGROUND Nurse-to-nurse peer-mentoring is commonly used in health care organizations to support a new employee's professional skills and commitment to work. However, the characters of peer group mentoring are not always known and used in empowering professionals' development. "Tools for Mentorship in Health Care" project was performed in collaboration with Savonia University of Applied Sciences (Savonia UAS), Kuopio University Hospital (KUH) and Health Center of the City of Kuopio in the years 2013-2014. The aim of the project was to develop procedures to strengthen peer group mentoring and learning in cross-organizational collaboration within health care and educational institutions. The target was to support professionals working with cancer patients to share their experiences and knowledge. It is implicit in the concept of peer group mentoring that professionals as experts are willing to share their nursing experiences, and to mentor each others without an external facilitator.

RELEVANCE Mentoring is one tool to support social and health care professionals in professional development and thus for sustainable future.

AIM The purpose of the study was to describe health care professionals' experiences about cross-organizational peer group mentoring. The study aimed

to find out significant learning experiences of professionals during the peer group mentoring process.

METHOD AND PARTICIPANTS The data were collected by a focus group interview from eight health care professionals; four of them worked at KUH, three at Kuopio Health Center and one at Savonia UAS. The participants described their experiences about peer group mentoring as well as their own learning process.

ANALYSIS The data were analyzed by using the qualitative content analysis.

RESULTS The main categories aroused from the data and thus describing the professionals' experiences about peer group mentoring and their learning experiences were: reflectivity in discussion; professional dialogue; in-depth understanding of significance of collaboration in patient care; familiarity with each other's work; and in-depth understanding of the care path of the cancer patient.

CONCLUSIONS The reflective discussion in peer group mentoring was significant and developed expertise of professionals. Peer group mentoring provides professionals an opportunity to share experiences and knowledge with colleagues enabling professional development.

KEYWORDS mentoring, peer group mentoring, professional development

Parallel Session 3

Friday 24th April 10.00–10.20 • Room 26

Innovative and sustainable teaching for health and social care education

Active Life Events and www.seniori.365.fi- creating wellbeing for different target groups with students

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BACKGROUND During 2012-2014 Laurea University of Applied Sciences organized 46 wellbeing events for different target groups, 1100 students from different study programs were involved. Wellbeing students took care of planning and implementing wellbeing activities for the visitors and Business Management students for project management.

RELEVANCE All studies in Laurea are based on Learning by Developing (LbD) pedagogical strategy. The basis for LbD is integration of teaching, research and development (R&D) and regional development. It combines students' working life development-centered learning with R&D activities.

AIMS In both concepts the students could come out of classrooms to create and test their learned competencies in real life situations and customers. They also learned team and project work; to create wellbeing experiences to the target groups on events and the senior website; and to support the small and medium sized enterprisers' (SME) by introducing their products and services.

METHODS The method of Service Design was used during the event developing process. Events were planned, tested and evaluated among students, partners, users, lectures and experts. Co-creation process was the main issue of the learning process. A multidisciplinary group of students at InnoEspoo-project created a senior wellbeing internet service by using Moritz Service Design and Wulfen Forth models during 2014. The knowledge of seniors' needs and daily worries

gathered in previous projects and events was utilized. www.seniori365.fi contains wellbeing services, products, information, activities and entertainments for seniors.

EVALUATION After every event the feedback was collected from visitors, students and partners. Feedback was evaluated and event process was redesigned and improved. It was an ongoing co-creation process with above-mentioned actors. The same process was used in www.seniori365.fi development and implementation phases.

RESULTS/CONCLUSIONS Laurea have designed a concept for creating wellbeing events and will continue organizing events and develop further senior website with students. 1100 students got 5000 study points and new competencies and could use their earlier learned skills in real life situations. A valuable wellbeing network was formed and a useful www.seniori365.fi -service was created.

KEYWORDS wellbeing services, learning by developing, living lab

Parallel Session 3

Friday 24th April 10.20–10.40 • Room 26

Innovative and sustainable teaching for health and social care education

Motivating Health and Social Care students to choose a career in Gerontology through innovative education

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BACKGROUND/RELEVANCE Throughout Europe populations are ageing rapidly. This demographic trend presents society with enormous challenges including a growing demand for care and caregivers with specific competencies in caring for older adults. Therefore developing an integrated view on care is advisable, placing the older person on the centre stage. The European Later Life Active Network (ELLAN) is an EU-funded project that includes such integrated view in developing a European Core Competencies Framework for working with older people (ECCF) in the horizon of positive ageing and social cohesion. Attention should be paid to motivating students to choose a career in gerontology. Research suggests that students' attitudes towards older people are shaped during their education. That implies that learning experiences might contribute to their willingness to choose a professional career within Gerontology.

AIM To identify innovative good practices in education for gerontology in Belgium, Ireland, Austria, Greece and Croatia, which could positively contribute to choose for a career in gerontology.

METHOD A template was developed, based on criteria for innovation and the Senses Framework. This is an analytic instrument to interpret students' learning experiences. The framework allowed the collection and assessment of teaching and learning methods in order to detect best practices for educating future health care professionals. The template was distributed to Belgium, Ireland, Greece, Croatia and Austria. Each country distributed the template to higher educational institutions that provided gerontological education to health and social care students.

ANALYSIS Twenty-three templates were completed and analysed using Nvivo software, the Senses Framework and the criteria for innovation.

RESULTS Innovative teaching methods that take into account the needs of students, according to the Senses model were found and structured by the educational model of Miller. Art, sports and integrating the community in the process of learning are few examples found. The selected best practices will be disseminated throughout Europe through publication.

CONCLUSIONS This research, designed to share good practices and innovative approaches for learning, envisaged that the educational practices identified could positively influence students' attitudes and decisions about working with older people.

KEYWORDS gerontology, innovative teaching, senses framework

Parallel Session 3

Friday 24th April 10.40–11.00 • Room 26

Innovative and sustainable teaching for health and social care education

Genetics and life style: the EDUVITAL concept

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BACKGROUND/RELEVANCE Health awareness largely depends on the availability of modern biomedical and psychosocial knowledge, as well as on the personal motivation. It is clear that a widely accessible, innovative and sustainable teaching concept is indispensable in order to enhance prevention and facilitate healthy lifestyle.

AIM Our mission is to enhance the preventive and health educational significance of those involved in primary care and to introduce a preventive and predictive approach in child, family, occupational and environmental health care.

PARTICIPANTS Experts from the fields of medicine, biology, psychology, sociology and pedagogy support the ever-growing activity of EDUVITAL. The strategic goal of our expert team is to reach those contacting broad sections of young people in the society, i.e. medical experts, teachers, and also pastors, journalists, minority groups. Final target group is young people.

METHODS We founded EDUVITAL, a non-profit health education society three years ago, which provides complex and reliable information on genetics, epigenetics, environmental awareness, nutrition, physical training, mental health, sociology and bioethics. We use multiple channels such as oral presentations, written materials, media broadcasts and the Internet.

EVALUATION Measurable indicators include the number of students, teachers whom we reach countrywide, besides the number of our disseminated materials that can also serve as indicator, like a book that we are going to publish this year, our printed articles published on a weekly basis, the popularity and reach of our radio program, number of participants at our programs, lectures, etc.

RESULTS/CONCLUSIONS The growing demand to extend our activities and the positive feedbacks received during the last three years firmly reconfirmed the relevance and significance of the EDUVITAL concept and calls for further expanding our program. Reaching out to ever broader sections of society that not only knows about our program, but get motivated and show active participation proves to be true to our motto, which is Understand it, Like it, Do it!

KEYWORDS epigenetics, teaching concept, health education/awareness

Parallel Session 4

Friday 24th April 10.00–10.20 • Room 233

Global partnerships for health and social care education
New challenges in health and social care services

The Beginning of a Journey for Physiotherapists to become Global Intrapreneurs

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BACKGROUND Health care students are part of a world society and therefore must be able to think and act flexibly, creatively, and globally. An elective course was developed to support and challenge physiotherapy students to develop intrapreneurial skills within an international setting. Non-traditional learning opportunities are necessary to help today's students develop into tomorrow's global intrapreneurs.

RELEVANCE Innovative learning spaces must be explored to open up and challenge students' understanding of health and future competencies needed in a global world.

AIM To create a platform for students to take professional relevant actions from an intrapreneurial perspective; to bring students' own professionalism into value-creating initiatives in existing organizations; to challenge students to find alternative solutions; to analyze and reflect on cultural issues of importance in an international context regarding health solutions and decisions.

PARTICIPANTS Seven, 7th semester physiotherapy students participated in the elective four-week course of 6 2/3 ECTS-points.

METHODS The first week took place in Denmark and was focused around intrapreneurship, personal profiles, effectuation, intercultural understanding

and approaches to intrapreneurial practice. Second and third week was hands-on fieldwork in private companies in Portugal. The fourth week took place in Denmark and was focused around idea-pitching, dream-boards, professional development, future actions and presentation of fieldwork. A formative evaluation was carried out.

EVALUATION Individual blogging during the course were done by all students to stimulate reflective practice learning. Furthermore students did a pre and post self-evaluation of competencies regarding intrapreneurship and an open-ended online questionnaire was conducted.

RESULTS Blogging showed to be a very powerful tool for students to express their learning in a personal and creative way and share their reflections with peers, teachers, friends and family. Students' self-evaluation showed an overall increase in competencies connected to action-taking, environmental understanding, believing in own abilities and transforming ideas into value for others. Questionnaire data proved the course to be a potent platform for making students' think of themselves as possible future intrapreneurs.

CONCLUSIONS Well-designed international academically relevant health challenges support students to get out of their comfort zone in order to develop intrapreneurial mindset and competencies.

KEYWORDS global learning, intrapreneurship

Parallel Session 4

Friday 24th April 10.20–10.40 • Room 233

Global partnerships for health and social care education
New challenges in health and social care services

Outcome from a global partnership in health care education with a focus on inter-professional exchange and internationalization

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BACKGROUND In 2010, Metropolitan University College created a course, 'Innovation and Entrepreneurship: Change Agents in Healthcare'. In order to address the globalization of the professions, Metropolitan sought out international partners MGH Institute of Health Professions (USA), Seton Hall University (USA), and Metropolia University of Applied Sciences (FI) in 2011.

RELEVANCE A strong international and inter-professional collaboration between the partner institutions grounds this course. This relationship has facilitated shared practice, created new knowledge, and promoted international networking opportunities between students and lecturers. Furthermore, this is a unique collaboration between coordinators representing each institution who have developed and conducted the course each year.

AIM In addition to learning objectives associated with innovation theory, the course includes learning objectives related to: Working in interdisciplinary and international teams to produce value-added outcomes; inter-professional and international networks on a global basis; cultures and health care in the partnership countries.

PARTICIPANTS 103 students accepted into the course 2011-2014 at entry-level, healthcare, professional education programs from the four institutions.

METHODS Students learn about and complete the innovation process in small, interprofessionally and internationally diverse teams. A crucial component is pairing with a working-life partner who identifies an issue for students to address, which allows them to work with user-involvement.

EVALUATION Weekly formative and a summative assessment surveys were collected from the students to assess the perceived quality of the course experience. A summative faculty survey was collected yearly. Annually, coordinators from partner institutions meet to discuss outcomes from the surveys and modify the course for the upcoming year.

RESULTS The survey responses in 2011-2014 were similar and saw improvements in the students' perceptions on the constructs measuring collaboration, project management, multidisciplinary teamwork, professional growth, innovative thinking, research and development, and willingness to work on an international project. Three additional themes noted in open-ended questions were: Feedback delivery varies across cultures, language challenges and no professional divisions existed.

CONCLUSIONS The course improved participants understanding of innovation, health care systems abroad, language skills, respect for diverse opinions, methods for problem solving, and promoted international networking and collaboration. Additionally, the students often express personal growth.

KEYWORDS international & inter-professional collaboration, innovation, cultural exchange

Parallel Session 4

Friday 24th April 10.40–11.00 • Room 233

Global partnerships for health and social care education
New challenges in health and social care services

Expertise on in motion – Workers' views on mobile health services

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BACKGROUND/RELEVANCE The aging population and long distances, the main problems in Eastern Finland, pose challenges to the health care activities in Northern Savo. In recent years, local economic pressures have led to closing health services in rural areas. One alternative to offer services is mobile service model in which the health services are exported to the communities. Mobile clinics take care of the population by improving and supporting the prevention and care of chronic diseases. Mobile services will reduce population disparities, improve health and reduce costs.

AIM The aim of this study is to describe healthcare workers' views of mobile services in Northern Savo: What kind of healthcare services the mobile model could provide? What are the contributing factors and the factors that hamper the development of mobile services?

PARTICIPANTS Data were collected from healthcare workers (eg. nurse, public health nurse, physiotherapist, dental hygienist, doctor, dentist).

METHODS Four focus group interviews (4-8 health workers at each group) were carried out. Participants worked in small, medium or large health care organizations.

ANALYSIS Data were analyzed using inductive content analysis.

RESULTS Preliminary findings show that health care workers have a positive attitude towards the development of mobile services in their own field of expertise. They felt that: the employee must be a motivated, brave and open-

mindful and must have extensive knowledge to be able to operate mobile services; the organization needs to enable multi-professional co-operation to encourage development. Mobile services should be developed taking account of the population age structure and services should be tailored to community needs in co-operation with entrepreneurs. The development of services is constrained by the economic situation, and the political decision-makers have no courage to invest in the operation, and both, the management and employees, prejudices and resistance to change make it difficult to develop new.

CONCLUSIONS Preliminary results suggest that the most important factor of developing mobile health services is the organizations and the employee's commitment and open-minded attitude to new service models. In the future, it is important to develop customer orientation and flexibility of mobile health care services.

KEYWORDS mobile health services, healthcare worker

Parallel Session 4

Friday 24th April 11.00–11.20 • Room 233

Global partnerships for health and social care education
New challenges in health and social care services

Mobile healthcare service for the customer in North Savo, Finland – customer's point of view

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BACKGROUND/RELEVANCE Healthcare services will change rapidly in Finland. In recent years, economic situation have put municipalities to analyse their service structure more deeply. Part of the existing services has start to develop and others shut down. The purpose of this project was to develop mobile services for customers living in North Savo area. The mobile services can offer different kind of customer-oriented services near to people.

AIM The purpose of this study was to investigate opinions of customers related to mobile healthcare services.

PARTICIPANTS/METHODS The data was collected from 76 participants using structured interview and online survey including three themes: experiences, key opportunities and challenges in the mobile healthcare services. Participants were recruited from health care centres, health kiosk and rural communities. Most of the participants were women, married, and senior citizen lived in urban zone.

ANALYSIS All analyses were conducted using SPSS software.

RESULTS The preliminary results showed that some participants know their own area existing mobile healthcare services, and have used them. Participants want to use mobile health care services, which provide wide range of services, for example medical doctor, dentist, and nursing care services. Mostly the flexible services access, without medical doctor's referral, will contribute to the use of mobile services. However, participants feared that the mobile services will put an end to fixed services near customer.

CONCLUSIONS Customer will use flexible mobile healthcare services near their own homes and living areas but they also like to keep their current fixed services. Mobile health care services could offer equal opportunities to customers to use health care services, for example in the rural area. This development work should plan and put in action locally with the customers.

KEYWORDS mobile healthcare services, community, customer

Parallel Session 5

Friday 24th April 10.00–11.20 • Room 225

Innovative and sustainable teaching for health and social care education
Workshop

An 8-week interdisciplinary learning module which focuses on innovation and entrepreneurship

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BACKGROUND In Denmark all Professional Bachelor Degrees have a common interdisciplinary module. University College Nordjylland has five different Bachelor Degrees in Health. Students from these five programmes spend 8 weeks together, learning about interdisciplinary and health. A team with members from these five educational programmes coordinates the learning modules and has developed an 8 -week learning module, which focuses on innovation and entrepreneurship. The interdisciplinary module has an innovative didactic design using blended learning as the overarching principle.

RELEVANCE This workshop contributes to the topic Innovative and sustainable teaching for health and social care education. The interdisciplinary learning module contributes at several levels to match future challenges in health services for students and teachers. The different innovative learning methods also contribute to students' development of individual competencies in relation to communication, technological capabilities and complexity in interdisciplinary

cooperation and collaboration in general. The innovative learning methods are extended use of blended learning, fewer lectures and more student activity through virtual discussions and e-learning. A central part of the evaluating test of the module is an innovative camp. During 24 hours, 250 students are guided through an innovative process to form a concept about the health system in the future.

AIM The workshop's aim is activity participation where we want to share our knowledge about the learning method and to discuss the academic content and the teaching method.

PARTICIPANTS The target audience is anyone interested in the development of teaching methods and interdisciplinary collaboration in health care.

METHOD The workshop consists of three elements: Theoretical presentations, innovative methods, knowledge sharing. For theoretical presentations a screen is needed for the audience; for the methodological part of the workshop participants are moved into smaller groups. During the workshop participants will be actively involved in practical learning methods.

EXPECTED OUTCOMES The outcomes expected are increased knowledge about innovative teaching methods and forms of cooperation in relation to health services.

KEYWORDS blended learning, innovation, interdisciplinary collaboration

Parallel Session 6

Friday 24th April 10.00–11.20 • Room 134

New challenges in health and social care services
Workshop

Preliminary results of the European Urban Health Centre project

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BACKGROUND By 2050, the number of Europeans over 65 will double, and over 75 will almost triple. This is associated with a steep increase in demand for care. In order to contribute to active and healthy ageing, a general template for an Urban Health Centre Europe (UHCE) that combines a population-oriented strategy, integration between medical, social and informal services is developed, and will be implemented and evaluated in five European cities among older citizens. The European cities, namely Valencia, Rijeka, Pallini, Manchester, and Rotterdam, are executing the general template of the UHCE at the moment.

RELEVANCE The workshop is part of new challenges in health and social services.

AIM The aim of the workshop is to share the preliminary results of the UHCE project and to let participants experience a new international focus group method with the use of photos.

PARTICIPANTS The target population is teachers, researchers and health and welfare professionals. Preliminary results of this project contain valuable knowledge and experience about health and social interventions for the elderly (75+) in Europe.

METHODS The workshop will start with a presentation about the UHCE project by researchers and local project leader(s) in UHCE. The development of the general template, based on an international literature search on effective interventions regarding to fall prevention, polypharmacy and frailty and the results of the focus group interviews with elderly and informal and formal caregivers will be presented, followed by a local translation of the general template in Rijeka and Rotterdam.

During the second part of the workshop, a focus group interview will be performed with participants following the new developed method of an international focus group interview used within the UHCE project. At the end, the method and results of this focus group interview will be discussed in relation to the UHCE project.

EXPECTED OUTCOMES Participants will learn about the developing results of an European template for integrated care for elderly regarding to fall prevention, polypharmacy and frailty and experience a new international focus group method.

KEYWORDS health and welfare professions, integrated care in UHCE, international focus group interview method

Parallel Session 7

Friday 24th April 11.45–12.05 • Room F5

Innovative and sustainable teaching for health and social care education

The 4-Set model of Supervision – a new model for use within the field of Addiction Counselling

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BACKGROUND The overall project involves the design, development and testing of a new model and method of delivering effective supervision within the specialist field of addictions counselling. An experiential participatory epistemology forms the main theoretical approach.

RELEVANCE Addictions Counselling falls under the broader scope of Health and Social Care practice, and this project aims to improve counselling supervisory practice, thus ultimately improving counselling and therefore client outcomes.

AIMS To design, develop and test a model of supervision for use with addiction counsellors, and then to train other supervisors in the model so that they can utilise it within their own supervisory practice.

PARTICIPANTS In the first pilot project there were 34 participants (as supervisees) in 3 separate cohorts. Some were selected by advertising for research participants for one cohort (n=5) and the rest were all working for 2 different organisations where a senior manager within each agreed for the team to take part in the research (n₁ = 13; n₂ = 16). All participants were working within the field of addictions treatment although not all were specifically working as counsellors. In the second pilot there were 2 participants who already offer supervision to addiction counsellors who underwent a training programme in the model and offered feedback about the course and the model itself.

METHODS A qualitative research methodology was utilised. Semi-structured questionnaires were used to gather data regarding the supervisees' experiences of the supervision, and also for the trainees' experience of the training in part 2. A thematic analysis of the transcribed interviews was utilised to extrapolate the various themes.

EVALUATION As an experiential participatory epistemology was utilised in all parts of the project, the 2 thematic analyses provided the bulk of the data regarding the effectiveness of both the model and the method of delivering supervision whilst utilising it.

RESULTS The main themes that emerged highlighted the effectiveness of both the model and the method of delivery, and also the training that the participants underwent.

CONCLUSIONS Early indications suggest that the model is effective; future work will involve training a larger cohort of supervisors in the use of the model, and evaluating their outcomes.

KEYWORDS addictions, counselling, supervision

Parallel Session 7

Friday 24th April 12.05–12.25 • Room F5

Innovative and sustainable teaching for health and social care education

The factors involved in shaping the attitudes of health and social care students toward illicit drug use: A mixed method study

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BACKGROUND Reports in existing literature have consistently indicated that health and social care professionals may hold moralistic or stereotypical views of illicit drug users. Differences in attitudes have been identified when considering personal attributes, such as the individual's highest level of qualification, or when comparing different groups of professionals, such as nurses and social workers.

RELEVANCE Clearly professional education has a role in addressing negative attitudes toward illicit drug users as such attitudes may influence the care provided to potentially large numbers of service users.

AIM The study outlined in this abstract aimed to identify the factors influencing the pre-existing attitudes of clinical psychology trainees, health and social care, social work, midwifery and nursing students toward illicit drug use.

PARTICIPANTS/METHODS A mixed-method design was adopted with students completing an anonymous questionnaire at the start of their course (N=311) and at the end of their first year (N=267). This questionnaire measured the students' attitudes and collected data on a range of variables identified in existing literature as significant in terms of attitudes to illicit drugs. Semi-structured interviews were also conducted with volunteers, who had completed the questionnaires (n=25).

ANALYSIS Data from the questionnaires were analysed by comparing group means and key themes were identified and explored in the qualitative data.

Comparisons were made between groups of students and attitudes were measured over the students' first year of education.

RESULTS Results found that students who self-reported personal use of illicit drugs or were aware of use by family/friends expressed more positive attitudes. Clear differences were found between the students grouped by chosen profession and minimal changes in attitudes were detected over the first year of training for all student groups.

CONCLUSIONS The study highlights the need for a specific educational focus on illicit drug use within curricula, as simply entering professional education appears insufficient in addressing negative attitudes. However, any approach aimed at improving attitudes needs to acknowledge the students' current knowledge and previous experiences linked to illicit drug use. Differences between professional groups, identified in this study, support the view that interprofessional education may also have the potential to improve attitudes toward this marginalised group of service users.

KEYWORDS attitudes, drug misuse

Parallel Session 7

Friday 24th April 12.25–12.45 • Room F5

Innovative and sustainable teaching for health and social care education

Development of competencies in the home care in Hungary

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BACKGROUND The attitude of nurses manifested in the inner motivation of the self-education. In the Guidelines of the European Pressure Ulcer Advisory Panel and the European Wound Management Association emphasis is placed on education of the prevention and treatment of chronic wounds.

RELEVANCE Most of the discharged patients are sent to a nursing home or to their homes. In this latest case, the professional healing process is continued by the general practitioner or by a professional home care service.

AIM To investigate whether nurses judge their knowledge regarding to the prevention and treatment of pressure ulcer correctly, besides taking advantage of the current educational and training opportunities. To present the home care and the importance of continuing education in chronic wound care and to draw attention to the development of home care competencies.

PARTICIPANTS Random, non-proportional stage sampling among nurses (N=414, in home care: n=31), who work on different health care services, and took part in pressure ulcer treatment.

METHODS This current investigation was carried out in 2009 and 2011. In relation to the stages of health care, the quantitative deducing and descriptive method was applied, which was completed with questionnaires.

ANALYSIS The effects of the different scales were investigated with the help of one and multiple analysis of variance, META tag distribution, bilateral Z-transform, Chi distribution and Pearson correlation was calculated.

RESULTS Participation in a training course that has a bearing on the knowledge in relation to prevention is significant. From the point of view of cooperation with home nursing, more nurses placed the healing of wounds that are especially difficult to treat. In case of home care, regarding prevention and treatment, significant and medium relation could be observed between the judgement of own knowledge and of other home nursing services

CONCLUSIONS The importance and adequacy of professional training courses and the continuous training and the achievement of higher qualifications improve nurses' knowledge, skills and their professional self-esteem.

KEYWORDS chronic wound, home care, training course

Parallel Session 7

Friday 24th April 12.45–13.05 • Room F5

Innovative and sustainable teaching for health and social care education

Teaching Integrated Care: an interdisciplinary approach

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BACKGROUND AND RELEVANCE This paper will present an interdisciplinary discussion about an innovative teaching practice for health and social care education. We address the conference theme Innovative and sustainable teaching for health and social care education.

AIM The aim of this discussion is to improve further our teaching practice in order to achieve a comprehensive and case-based approach in our Integrated Care subject. This subject has been developed in the Faculty of Health and Welfare at the University of Vic.

PARTICIPANTS Integrated Care is taught across several degrees by a team of professionals, which includes a nurse, a physiotherapist, a social worker and an occupational therapist. Since 2012 we have been working together as a close-knit team in order to promote an interdisciplinary approach among our students, both in clinical and community settings.

METHODS We combine integrated care and integrality approaches to embrace a wide understanding of all the dimensions related to health and social care: government policies, organisation of services, professional practices and people's personal experience. Working on real cases, we explore and discuss different topics: Person-Centered Care approach, continuity of care, interdisciplinary perspective, coordination between both social and health institutions and care levels. Our teaching methodology is based on collaborative learning, and interdisciplinary work among the students is encouraged.

EVALUATION The teaching team carried out a reflexive process to evaluate the subject's development and implementation. Using SWOT analysis (Strengths, Weaknesses, Opportunities & Threats), we explored issues and keys for further quality improvement in order to achieve better learning outcomes.

RESULTS The diversity of points of view is our most relevant strength and the closeness to local health and social services is seen as an opportunity to exploit. Our weaknesses are related to coordination of strategies and using a common language.

CONCLUSIONS The partnership between University and Health and Social Services is relevant to engage students in meaningful learning. Interdisciplinary case discussion with the participation of professionals, who are working in the services, is vital to ensure the quality of the education process.

KEYWORDS interdisciplinary, integrated care, teaching methodologies

Parallel Session 8

Friday 24th April 11.45–12.05 • Room 26

Innovative and sustainable teaching for health and social care education

Toolbox used in international fieldwork to make students catch new Insights

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BACKGROUND In trying to support a new set of sights as part of an elective course for physiotherapy students called ‘The Physiotherapy Student as Global Intrapreneur’ – a toolbox was created. The course overall aimed to make students develop intrapreneurial physiotherapeutic skills within an international setting.

RELEVANCE Innovative learning tasks are needed to open up and challenge students’ understanding of health and future competencies needed in a global world.

AIM To create a toolbox with tasks that challenge students individually and in groups to focus their professional pre-understanding in new ways – to make students see cultural issues of importance in an international context regarding health solutions and decisions.

PARTICIPANTS Seven 7th semester physiotherapy students participated in the elective four-week course of 6 2/3 ECTS-points.

METHODS Seven tasks were presented to students during a four-week course. Each task was to be carried out, reflected upon and documented on an individual blog. Tasks were created on the basis of dimensions in the progression model: Action, creativity, environment and attitude. Tasks were: 1. Make a Skype call with a Portuguese physiotherapist to exchange knowledge (Environment),

2. Prepare and carry out a workshop on creativity for a team of international students (Action), 3. Become familiar with Porto (Environment/action), 4. I wonder why – explore Porto with your wondering 'physio-glasses' (Creativity, environment), 5. Share your Insights Personal Profile (Attitude), 6. Relate and analyze your Portuguese fieldwork-company to the principles of effectuation (Linking theory and clinical practice) and 7. Involve the group in an idea-generation mini-workshop (Creativity, action, attitude).

EVALUATION Students documented reflections on their individual blog. All blogs were read by two lecturers and a content analysis was carried out.

RESULTS Tasks forced students to work with all dimensions of the progression model and to reflect upon their actions. Students also gained new personal insights through the action-oriented tasks and became aware of unarticulated personal competencies.

CONCLUSION Meaningful tasks related to a specific health profession can help students catch new insights and get out of their comfort zone in order to develop intra/entrepreneurial mindset and skills.

KEYWORDS toolbox, intra/entrepreneurial thinking

Parallel Session 8

Friday 24th April 12.05–12.25 • Room 26

Innovative and sustainable teaching for health and social care education

Equipping Proactive Practitioners - Using simulation towards meeting European Union Directive 2005/36/EC within pre-registration nurse education

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BACKGROUND An innovative approach towards meeting aspects of the clinical and theoretical requirements of the EU Directive 2005/36/EC. The Directive outlines the professional requirements for recognition of professional qualifications for nurses across Europe.

RELEVANCE Innovative and sustainable teaching for health and social care education – the application of simulated practice in order to develop applicable competencies.

AIM To develop students' knowledge, skills and competence in relation to patient groups (aligned to EU Directive 2005/36/EC) that may be hard to access via clinical placements alone.

PARTICIPANTS All Stage 2 students undertaking the BSc (Hons) Nursing (Adult Field) are required to undertake this simulated practice experience at the University of Derby – completion leading to the award of 75 hours towards the professional registration requirements with the United Kingdom Nursing & Midwifery Council.

METHODS This specific simulated practice experience is delivered over four weeks. Students undertake speciality days: Maternal Health; Child Health; Mental Health; and Learning Disabilities. The students rotate through a series of workshops inclusive of: simulated skills experiences; real service user stories; patient complaint letters. The culmination leads to a simulated

Boardroom in the final week, here students are required to present the outcomes of their investigation into one of the complaint letters, a proposed response and suggestions for an enhancement of practice.

EVALUATION Student evaluations are conducted via anonymous online survey. These have elucidated students' recognition of both the needs of these diverse patient groups, and the value of the simulation environment, as it enables safe exploration, rehearsal of skills and competency development.

RESULTS Outcomes in the form of feedback from students and from practice partners have demonstrated the approach is supporting achievement of EU Directive 2005/36/EC. Students are exploring aspects of patient care that they would not normally have guaranteed access to, developing a range of competencies within a safe supportive environment, potentially making mistakes without directly leading to any patient harm.

CONCLUSIONS Effective simulation is labour intensive and time consuming to facilitate, however, the investment in resources and staffing can lead to a quality student experience and safer patient outcomes.

KEYWORDS simulated practice; pre-registration nursing; EU Directive 2005/36/EC

Parallel Session 8

Friday 24th April 12.25–12.45 • Room 26

Innovative and sustainable teaching for health and social care education

Students' as Partners in Teaching & Learning: The Introduction of Student Simulation Champions

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BACKGROUND An inclusive approach to teaching and learning by listening to the needs of students whilst providing a peer led supportive environment to develop and explore individual learning requirements – in the form of Student Simulation Champions.

RELEVANCE Innovative and sustainable teaching for health and social care education – Student Simulation Champions have insight into learning requirements and student need as they acknowledge the gaps in learning through individual experience and peer evaluation.

AIM To provide learning experiences which are meaningful to students meeting both the United Kingdom Nursing and Midwifery Council Standards and the requirements of students in a supported simulation environment.

PARTICIPANTS Students volunteer to be simulation champions and are prepared to provide the optimum learning and supportive simulation experience to their peers and assisting lecturers.

METHODS Student Simulation Champions assist with a series of simulated practice experiences. The Student Simulation Champions lead certain simulations but also co-facilitate with lecturers in different simulation experiences. They act as a conduit for questions, which students may feel they cannot ask and these are addressed during debriefing sessions. During this debrief the Students Simulation Champions offer insight in to how they have

utilised and built upon the knowledge acquired since completing this simulated practice, providing examples. This emphasises the validity of the experience but from the students' perspective.

EVALUATION Student self and peer evaluations have been conducted in order to provide feedback of the value for all in student partnership in simulation delivery.

RESULTS The involvement of Student Simulation Champions has enhanced the construction and delivery of the simulation experience by offering an alternative viewpoint, aiding curriculum development, engagement and student ownership. Students are keen to volunteer to assist with the next cohort as a consequence of this.

CONCLUSIONS Student Simulation Champions offer a different dynamic to teaching and learning. Partnership with students enhances the learning experience, providing a platform to address gaps in learning, whilst developing the students own facilitation skills.

KEYWORDS student simulation champions; simulated practice; pre-registration nursing

Parallel Session 9

Friday 24th April 11.45–12.05 • Room F7

New challenges in health and social care services

A demand for new nurse competences: are nurses prepared for self-management support?

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BACKGROUND Self-management support (SMS) is an important task of nurse professionals in chronic care. Previous research paid attention to processes of self-management. However, competences for self-management support are too general described to be helpful in nurse education and nurse practice. It is also unknown to what extent nurse professionals master the required competences.

RELEVANCE SMS requires a new approach towards patients. Nurse education should prepare nurse professionals for this.

AIM This study aims to develop a set of critical competences for SMS and to explore the self-efficacy of nurses with regard to these competences.

PARTICIPANTS All nurse professionals of a Dutch academic hospital were invited (n=2160). Initial response rate was 29.11% (n=598). 17% were outpatient nurses, 83% worked at nursing wards. The sample included 89.1% female and 10.9% male respondents.

METHODS A questionnaire was developed, with a 5 point Likert-scale to assess self-efficacy of nurses with regard to SMS. Also, we inquired how often they demonstrated this competence in practice, the barriers they experienced and the education they needed.

ANALYSIS First analyses encompassed frequencies and sum scores of the (sub)items of the questionnaire. Differences between self-efficacy and self-

reported behaviour were calculated. A more thorough analysis will be executed next.

RESULTS First results show that 69.3% of the respondents highly value SMS. Respondents report to have a sufficient level of self-efficacy with regard to SMS. Remarkably, scores on behaviour were lower. Barriers for actual SMS were 'lack of time', 'patients has insufficient knowledge to make choices', and 'patients inability to make choices'. 46.5 % of the respondents think they do not require additional training with regard to SMS. Nurses who do like to be trained, mostly mentioned goal setting as an aspect of self-management they would like to be trained in.

CONCLUSIONS This study shows that although nurses report to have sufficient self-efficacy with regard to self-management support, in practice they encounter several barriers, which hampers them to do so. These barriers are, according to the nurses, external to themselves. Almost half of the nurses are in the opinion they do not require additional training.

KEYWORDS professional competences, self-management, changing role

Parallel Session 9

Friday 24th April 12.05–12.25 • Room F7

New challenges in health and social care services

Employment status and working conditions of nurses in general practices and occupational health settings in Hungary

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BACKGROUND Community health has a long lasting tradition in Hungary. The purpose of this presentation is to describe the demographics, education and employment characteristics of nurses.

RELEVANCE The survey of employment status and working conditions of nurses provide new challenges in the Primary Health and Community Care to improve the quality of their professional lives.

AIM The authors' objective was to reveal the working conditions and the education level of nurses in community health units, in addition to investigate relationship between the nurses' qualification and nursing activities.

PARTICIPANTS The survey was completed by 1156 nurses. The respondents were between the ages of 23-66 years. The clear majority of respondents were women, with average age of 45 years. Nurses work mainly in full-time, with more than 13 years of nursing experience in the field of community health.

METHOD The cross-sectional survey was conducted among nurses working in general, child, and family practices or in occupational health units, selected using a random, sampling method. The data gathering took place using a web-based, anonymous, self-completion questionnaire.

ANALYSIS The authors analysed the gathered data with Microsoft Excel and SPSS 20.0 softwares, using a descriptive statistical method and chi-square tests. They regarded the value of $p < 0.05$ as significant.

RESULTS Significant relation could be observed between the type of the qualification and 14 different types of nursing activities. The nurses are generally satisfied with their physical working conditions, their job security, their work schedule and their co-workers, but they expressed the least satisfaction with their financial compensation.

CONCLUSIONS This study gives an overview of the situation regarding occupational health nurses' employment status and education level in Hungary, and highlights the impact that the different types of qualification has on nursing activities. The authors suggest future research to focus on nurses with these characteristics and jobs, to understand, what the relationship is between employment status and access to training and skills development.

KEYWORDS nurse, community health, working conditions

Parallel Session 9

Friday 24th April 12.25–12.45 • Room F7

New challenges in health and social care services

Learning needs of migrant caregivers - new challenges for European countries

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BACKGROUND/RELEVANCE In Europe elderly people (60–80 years old) are a rising part of the population. The need for healthcare is therefore growing constantly, especially in the domiciliary-care sector. Within the EU and Swiss healthcare systems migrant caregivers are increasingly considered as important within this care sector, but jobs are often of precarious nature and put them in a vulnerable position.

AIM The European project LENEMI—Learning needs for migrant caregivers (LLP-partnership), aimed at reconsidering training for migrants working as caregivers by questioning them on their perceptions of the professional needs.

PARTICIPANTS/METHOD The approach takes root in the life experiences of those involved in caring for the elderly and their family members. In a convenience sample partners in four countries observed training needs of the target group through 50 individual semi-structured interviews, in Switzerland (n=10), Italy (n=15), Scotland (n=10) and Bulgaria (n=15). The wording was specified in the schedule, but each interviewer was free to reword the text if

necessary. The schedule was written in English and then translated into Italian and Bulgarian. Each interview was headed by an introduction, which included the estimated duration, the research framework, the demand for consent and the researchers' commitment to confidentiality.

EVALUATION Interviewers applied coding tags to the transcribed passages in accordance with the themes that had been identified by the researchers. Analyses were provided by integrating the marked passages and applying code tags using TAMS-Analyser. Tables with occurrences were then produced in which information from each country could be compared.

RESULTS/CONCLUSIONS Important learning needs were identified in the domain “improving life/work conditions” and “professional-skills” (e.g. “technical aids” and “knowledge regarding pathologies”). Most relevant themes did also emerge in the area of job and social security. Conflict management including handling the relationship with critically ill patients emerged in Switzerland. This did not emerge in the other regions. The analysis of the data provided for directions to rethink carer's training. At present work-related and psychosocially-related barriers seem to hinder care assistants to improve professional performance.

KEYWORDS migrant caregivers, learning needs, healthcare challenges

Parallel Session 9

Friday 24th April 12.45–13.05 • Room F7

New challenges in health and social care services

Designer drug use among opioid dependent patients: an analysis of the psychiatric profile

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BACKGROUND/RELEVANCE In recent years, drug market has markedly changed. With the absence of heroin, opioid dependent patients started to substitute heroin and other opioids with designer drugs – and mainly with cathinone-derivatives. Patients of opioid substitution therapy (Methadone/Suboxone) who concomitantly abuse designer drugs show higher rates of comorbid psychiatric disorders and impaired therapeutic cooperation. Therefore treatment outcomes of these patients are significantly worse.

AIM Our study aimed to assess the frequency of designer drug use among opioid dependent, treatment seeking patients as well as to explore their psychiatric symptom profile.

PARTICIPANTS Our sample consisted of 185 opioid dependent patients, receiving opioid substitution therapy in the Drug Outpatient and Prevention Center of Nyíró Gyula Hospital- National Institute of Psychiatry and Addictions. 70.8% were males, the mean age was 39.6 (SD=6.8).

METHODS Patients filled out a questionnaire that covered the following areas: demographics, treatment parameters, characteristics and potential reasons of designer drug use. Psychiatric symptoms were assessed using BSI (Brief Symptom Inventory).

RESULTS 33% of the sample used any designer drugs, most frequently pentadrone. Injecting designer drug use occurred in 63.9% of designer drug using patients. Most frequently reported reason of designer drug use was curiosity, replacing heroin and availability of the drug. We found significant differences between patients who used designer drugs and who did not in age and the following scales of BSI: Interpersonal Sensitivity, Obsession-Compulsion, Anxiety, Depression, Phobic Anxiety, Paranoid Ideation, Psychoticism. Predictive value of the grouping variable of being a designer drug user or not remained significant on the variance of psychiatric symptom scales when age as a covariate was entered in the model (ANCOVA). Elevated psychiatric symptom profile of designer drug using opioid dependent patients indicates the relevance of careful screening and psychoeducation as well as their potential psychiatric treatment.

CONCLUSIONS Our results indicate that the use of designer drugs among the patients of opioid substitution therapy can be linked to an overall state of more severe psychiatric symptoms instead of distinct mental disorders. Further predictors of designer drug use – such as the impact of negative life events – will also be discussed during the presentation.

KEYWORDS opioid, designer, psychiatry

Parallel Session 10

Friday 24th April 11.45–13.05 • Room 225

Innovative and sustainable teaching for health and social care education
Workshop

Core competences for working with older people

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BACKGROUND This workshop focuses on ELLAN (European Later Life Active Network) project, which is funded by the European Commission's Lifelong Learning Programme and includes partners from 26 higher education institutes across Europe. The main aim of ELLAN is to develop an agreed European Core

Competences Framework (ECCF) for health and social care professions working with older people. The topics in this workshop will emphasize ELLAN's research outcomes and experiences.

RELEVANCE Workshop is strongly related to the sub-theme Innovative and sustainable teaching for health and social care education. ELLAN aims at promoting European cooperation and exchange of innovation and good practice related to education of those who will work with older people. Thus, the desired outcome is to reach better quality of higher education related to older people's care.

AIM In this workshop research outcomes and experiences are shared in a dialogue in order to gain versatile knowledge about the competences that are needed for working with older people. At the same time, this workshop functions as part of the quality assurance of the knowledge gained so far in ELLAN, as the participants will be end users and experts on this area.

PARTICIPANTS Target group is teachers, social and health professionals and any stakeholders with interests within older people's care. They are at key position when utilizing and benefitting of the ECCF.

METHODS Workshop starts with short presentations of research results accomplished so far in ELLAN's work packages (15mins). This leads participants to understand the protocol used to form the ECCF.

Workshop continues with active group working of themes: how to understand competences; defining the ECCF – the fundamentals, the ones which are less-domineering but worth to notice; utilization of the ECCF in higher education institutions and with associate partners. (60mins)

In the end of the workshop, final note regarding the use of competences is gathered. (5mins)

EXPECTED OUTCOMES Participants will share and receive knowledge related to the improvement of quality and use of competences in social and health care education; and develop a wider picture of essential competences for working with older people.

KEYWORDS competences, older people's care, innovative teaching

Parallel Session 11

Friday 24th April 11.45–13.05 • Room 134

Innovative and sustainable teaching for health and social care education
Workshop

Supervision: A means of building sustainable practice?

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BACKGROUND Professional bodies may require that health care professionals are supervised in order to show ‘fitness to practise’ and as such it may become a practice driven by fear, rules and procedures; on how things ‘should’ be done. The workshop explores a contrasting notion of supervision as a joint endeavour between supervisor and supervisee, a reflective, creative process where a variety of perspectives are considered and where there may be few answers. ‘Supervision’ may be supportive, build upon what is working well in someone’s practice as an ‘appreciative enquiry’ and in turn contribute to their developing autonomy and growth.

RELEVANCE Within the context of an ever changing and complex world it is important that we find ways to prevent burn-out, and promote resilience and adaptability within the healthcare practitioner. Supervision may be one way to promote such sustainable practice which offers a foundation for lifelong learning.

AIM To introduce and encourage reflection upon approaches to supervision with a particular emphasis on Shohet and Hawkin’s 7 eyed model, appreciative enquiry and the use of creativity and metaphor in the supervision process.

PARTICIPANTS Those who are curious about different frames and methods of supervision and who wish to reflect on their own practice. It would be helpful if each participant considered an aspect of their practice in advance of the workshop, which they could share. To respect confidentiality workshop participants are asked to ensure that no identifying details are given.

METHOD The ‘7 eyes’ model of supervision will be introduced through the use of chairs and props. Participants will also be invited to reflect on an aspect of

their professional practice with peer participants through the use of small objects or metaphor. There will also be a discussion about the nature of supervision at the end.

EXPECTED OUTCOMES At the end of the workshop participants will have knowledge of supervision as: Shohet and Hawkin's '7 eyed model'; and reflective, creative and developmental process of 'appreciative enquiry' which aims to build sustainable and professional practice.

KEYWORDS supervision, transformation, sustainability

Posters



Demystifying intervention: enabling consistent treatment choices for people with Personality Disorder

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BACKGROUND There are significant ongoing changes in mental health care delivery and expectations concerning worker productivity in the UK. The government introduced austerity measures regarding existing resources, one particular area affected concerned the allocation of treatments for people with Personality Disorders.

RELEVANCE Practice reformation and refinement affects mental health and social care provision internationally. Specialist Psychotherapy services are providing increased group-based intervention, training, consultation, and supervision, to other (non-specialist) team members, aimed at cost-effective treatment delivery. This research examines one such practice change, aimed at developing equitable and sustainable practice initiatives.

AIM The research aims to explore service user, clinician, and supervisor opinions concerning treatment selection, alongside evaluation of a newly-devised 'Treatment Choices Grid', aimed at enabling increased consistency in treatment selection with service users.

PARTICIPANTS The first part of the research concerned delivery of a psychotherapeutic training program to non-psychotherapists (n=179), enabling basic therapeutic interventions to be delivered to increased numbers of service users. The second part consisted of 12 semi-structured interviews with clinicians and supervisors, and questionnaire feedback from service users.

METHODS An Action Research study conducted over 4 years, using qualitative methodology.

EVALUATION The training programme was evaluated by mixed-method questionnaires, completed by attendees. The second part of the study focuses upon how clinical decisions are made regarding treatment following service realignment, evaluating the introduction of the grid tool. Interviews were evaluated using Interpretative Phenomenological Analysis, exploring variables affecting treatment choices, clinical decision-making, and resource allocation, for service users accessing specialist mental health services.

RESULTS AND CONCLUSIONS This teaching project was successful, and released specialist psychotherapy time to target group therapy and 1:1 provision to service users with the most complex needs. Initial results demonstrate that: providing consistent treatment choices for people with Personality Disorder is challenging, due to: service user expectations being inconsistent with currently commissioned services; diagnostic stigma affecting engagement; unique relational dynamics affecting consultations; and finally, the paucity of research concerning clinical decision-making regarding treatment decisions for Personality Disorders.

KEYWORDS personality disorder, qualitative research, equitable treatment choices.

Special personal needs in higher education

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BACKGROUND Dyslexia is a greater detriment to the student in the university of applied sciences when compared to vocational school, because the mainly theoretical studies. The pedagogic principles of the education aim towards the students' independent information gathering, research, the development of their reflective expertise and personalized learning.

RELEVANCE This qualitative research raised awareness and understanding towards dyslexia and created new knowledge about how dyslexic students were supported in their studies in one university of applied sciences. This topic supports the development of personalized education in higher education institutes.

AIM The aim of the research was to find out the hardships that dyslexic students faced in their studies. The research also explored the learning strategies deployed by the dyslexic students themselves.

PARTICIPANTS Thirteen students of Laurea University of Applied Sciences participated. The students were social, health care and business students.

METHODS The research was a qualitative research, in which the data was collected by interviewing the students. The transcribed text was analyzed by using inductive content analysis.

PRELIMINARY RESULTS/CONCLUSIONS The students reported widely their experiences, difficulties and also their solutions to manage their studies. The difficulties the students experienced became apparent in their academic skills. They had mostly difficulties with their language studies, literature for exams and creating written assignments. They revealed that the use of cognitive strategies, metacognitive strategies and affective strategies activated their languages learning. The students used primarily the browse, immerse, recall and rehearse-strategies when studying for exams. Social strategies such as group work helped the dyslexic students in written assignments.

KEYWORDS special needs, dyslexia, higher education

New challenges... Patients' rights – related difficulties in Hungary

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BACKGROUND The most important patients' rights are declared in 1997 but the number of patients' complaints still has been very high. In 2012 a special and complex EU and Hungary financed project (TÁMOP) was started in Hungarian hospitals.

RELEVANCE The number of patients' complaints has increased for the last decades worldwide, so it is a huge challenge for the health care system, because of the financial consequences and the other negative effects (uncooperative patient behaviours, psychological distress, negative patient judgement of hospitals, etc.).

AIM The most important aim was to raise the legal awareness and knowledge of patient safety of Hungarian health workers to implement them in practice.

PARTICIPANTS Health workers participated in this project from 2013 to 2015 (n = 574). There were 11 hospitals (with 41 courses) and they were selected by the TÁMOP tender.

METHODS After deciding on the course structure, selecting the teaching strategy (37,5% theoretical lessons, 50,0% legal case analysis, 12,5% mini project in group work), practice-oriented education was carried out in small groups (16 or 8 lessons/group). The maximum number of group members was 15.

EVALUATION Each teaching programme was evaluated on the basis of anonymous responses of the participants (questionnaire with 22 open-ended and 3 closed questions on the course and the lecturer).

RESULTS Initially the participants were apprehensive of the course because of the "boring" legal subject and the lack of time. But after 1-2 lessons they could realize the weak points of their knowledge and the usefulness of the information they got. In the programme they could share their experiences and test their knowledge by solving legal cases in the final stage of the course.

CONCLUSIONS The most important result of the project was that the health worker participants have become able to recognize the potential legal risk of their work and they can provide proper solutions. Some of the hospitals initiate further courses on the legal aspects of the everyday work in the health care.

KEYWORDS legal awareness of health workers, patients' rights, educational programme

Linking health and social care in a minor Community Care

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BACKGROUND/RELEVANCE Changes in health care – and social care policies require professionals in these fields to be innovative. In our view, to aid this it is important to bridge the gap between health – and social domains. To this end, our university has developed a minor program called ‘Community Care’. This poster explains our experiences with this program.

AIM The aim of our six months program Community Care is to teach students about socialization, social inclusion, participation and social cohesion. Specifically, the focus is on the partnership between formal - and informal care to support clients to participate in society. The program is interdisciplinary designed, aimed to broaden student’s perspectives. Lecturers, students and teaching materials are from both the health – and social domains.

PARTICIPANTS Each year, students from both the social and health domain are encouraged to enrol in this program to aid interdisciplinary discussion. A maximum of 26 students is allowed. The program has been attended mainly by students from the social domain (80%).

METHODS A specific aspect of this minor is the applied research project, using topics derived from community practice. In groups of four students, research projects are conducted. The projects are guided by different professionals. This years’ subjects included informal care and living arrangements, involving the informal care network of clients in debt counselling, and performing a community analysis in a village.

EVALUATION Student evaluation was done by an online questionnaire.

RESULTS In an online evaluation of the program, students graded the minor a 6,7 out of 10 (February 2015). 82% of the students were satisfied or very satisfied with the applied research project. Students highlighted that it was especially useful to collaborate with students from other studies. Also, students stated that conducting research for an actual client added a different, more realistic, pressure to the assignment. This was perceived as a surplus. However, some students struggled with the downside of this aspect when their client set high demands.

CONCLUSIONS In the future we aim to increase the number of students in order to provide an interdisciplinary curriculum that meets today’s demands of health and social professions.

KEYWORDS minor, bridging, community

Evaluative research of a professionalization programme for educators on students' career development

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BACKGROUND Health care and society developments shift attention from information-based learning towards career-based learning. Health care students should be prepared to their future career being a reflective professional. This implies a broader perspective on students' career development, involving personal talents and ambitions of the student towards his future profession.

RELEVANCE Educators should be prepared to their changing role as a facilitator of students' learning during their career development. A professionalization programme was designed to prepare educators for this new role.

AIM This research aims to provide insight into the aspects of a professionalization programme providing guidance to educators to prepare students for their future career. The following research question was central: 'In which way can a specific professionalization programme for educators support educators in guiding students in their career development?'

PARTICIPANTS Seventeen educators from the physiotherapy education participated in this study: ten women and seven men with a mean age of 47 years and an average of eight years of experience as an educator.

METHODS This study used a pretest-intervention-posttest design. Before and after the intervention, questionnaires were completed on the assessment of the educators about their competence. Next, in-depth focus group interviews were used to ask teachers what they noticed about change in their abilities when guiding students in their career development.

RESULTS First analyses showed that educators estimated their abilities for student guidance as quite sufficient. After the professionalization programme scores on the scale 'reflection' were significantly increased. Positive reactions in the interviews referred to gaining insight into career-based learning and the reflection process of the student.

CONCLUSIONS Educators developed a common frame of reference from which they can now work more evidence-informed from a shared knowledgebase. Especially, the framework for conducting career dialogues supported the educators. Based on this research the programme of student guidance can be improved towards career-based learning.

KEYWORDS personalised learning, professionalization for teachers, competence based learning

Environmental and Social Privacy and Intimacy During Childbirth

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BACKGROUND The environment has always had a great influence on women during childbirth. During the last century in many countries birth has moved from home environment to medical institutions. This has slowly led to the medicalisation of childbirth putting the naturalness of this event to the background. The application of interventions such as artificial induction, augmentation of labour and analgesia through specific medications is rising.

RELEVANCE Birth with interventions costs about 30 to 80 percent more than natural birth. Dozens of studies state that although relieving pain by medication and various interventions are increasing, women are not necessarily more satisfied with their birth experience.

AIM The aim of this study was to explore what role privacy and intimacy play during labour and delivery and whether perceived stress is related to these measures.

PARTICIPANTS 130 mothers from two hospitals in Budapest were approached by midwives or midwifery students to take part in the study. Finally 89 questionnaires were completed.

METHODS Mothers filled out two self-report scales: the short version of the Perceived Stress Scale (PSS), the self-developed Childbirth Intimacy and Privacy Scale (CIPS) and some demographic questions.

ANALYSIS Cronbach's alfa values were calculated, and the scores were correlated. Examining sociodemographics, the mean values of the total scores were tested by ANOVA.

RESULTS Mothers indicated high levels of privacy in features regarding no photos being taken, continuity of care throughout labour and delivery, patience and security provided by birth attendants and a lack of embarrassment in their presence. When privacy was rated high mothers perceived less stress and when rated low they experienced higher levels of stress.

CONCLUSIONS If mother-focused care is the goal, caregivers should create and foster an atmosphere where intimacy and privacy are present, making a more satisfying birth possible with less interventions and save financial sources for the health care system for a sustainable development. Consequently, we emphasise the necessity of making privacy and intimacy during childbirth important elements of the university curriculums in obstetrics, midwifery and nursing. Besides teaching explicitly about their relevance, students shall have the opportunity to gain personal experience in games of empathy and various trust-building activities.

KEYWORDS privacy, intimacy, physiological birth

“Geraware”, a digital awareness tool for teachers in nursing education

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BACKGROUND One of the challenges faced in nursing education is generating students' interest for working with frail elderly. Positive teacher communication may have a positive effect on students' attitude towards the care for older adults.

RELEVANCE However, based on low attendance numbers at training initiatives, nursing teachers seem to have little interest in geriatric care.

AIM With the digital reflection game Geraware we want teachers to discover the challenges of this nursing field and hereby increase awareness of their own attitude with regard to geriatric care.

PARTICIPANTS For the creation of the game, working field experts and teachers of all four university colleges of the Association KULeuven Belgium act as a sounding board for two project staff members who are in charge of the practical elaboration since September 2014. Once the game is completed, all nursing teachers of the Association KULeuven will be invited to use Geraware. They will be able to use fragments as motivating didactic material for their students.

METHODS An older woman falling at home triggers the participant to have a closer look at her situation. Film fragments of interviews with this person express her wishes. Relatives and the general practitioner share their opinion. By means of questions throughout the story, the participant is invited to reflect on the provided care and alternative solutions and to take position. Comments can be shared with fellow users via built-in social media. The choice for a real person, the use of film fragments and learning by reflecting individually and from other users' reactions are evidence-based principles integrated in the tool.

EVALUATION In May 2015 fifty nursing teachers will test the tool and evaluate its user experience and usability by means of an online questionnaire. Based on this feedback, the tool will be adjusted and completed. A re-evaluation with all nursing teachers of the Association KULeuven is planned for early 2016.

CONCLUSION Through the empathy-based approach of Geraware, nursing teachers will be faced with the challenges of elderly care. We believe this experience will contribute to enhancing the image of geriatric care.

KEYWORDS geriatric nursing education, digital reflection game, awareness

The University of Derby, School of Health and Social Care, Doctorate in Health and Social Care Practice: Making an original contribution to professional practice by engaging in a doctoral study

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BACKGROUND/RELEVANCE The University of Derby offers professionals working in health and social care the option to study at doctorate level. The Doctorate is currently offered in the following fields: art psychotherapy, cognitive behavioural psychotherapy, drama psychotherapy, health sciences, integrative counselling and psychotherapy, nursing, occupational therapy, psychodynamic psychotherapy, radiography, applied psychology and ergonomics. Students tailor their study to their interests, helping them to develop as a clinical and professional leader in their field.

AIM The aim of the doctorate is to prepare professional leaders, educationalists and clinicians with research and research project management skills to take a leading role with the development of practice or services within their defined professional areas.

METHODS Teaching and learning is facilitated by leading academics and professionals using a variety of flexible learning strategies to help students to attain their full potential. Students learn in small seminar groups, supported by individual tutorials, which enhances their learning experience as they learn with and from their peers as well as from academic staff. Students are considered to be the expert in their particular field, but are supported to achieve the demands of a doctoral level qualification.

EVALUATION Assessment is through staged coursework, project and research reports, formal dissemination of work, a final thesis and a viva voce examination. Students receive regular support and feedback throughout the programme, leading toward their final doctoral project, thus gaining regular updates on their progress.

RESULTS Students are encouraged to engage with research active academics by joining one of the established research groups in the University of Derby. This helps them to develop their research interests and skills, and provides an opportunity to network and share interests with other researchers working in a similar field of expertise. Thus all students are encouraged to engage with established research communities within the University.

CONCLUSIONS The proposed poster will highlight the advantages of study at doctorate level for Health and Social Care professionals and notes the possibility afforded by doctoral level enquiry in improving clinical and service delivery. The poster will use accounts, linked to the work of current students, to illustrate the perceived impact of undertaking the doctorate on professional practice.

KEYWORDS professional practice, doctorate

Inter-professional courses to produce practitioners with competencies to meet the new challenges and complexity in health and social services

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BACKGROUND/RELEVANCE Professionals are meeting more complex and demanding tasks: The number of people living with cronic diseases increases, the health care system offers more specialised treatments, schools are demanded to integrate children with special needs.

To meet these increasing complexities, the Danish Government and a broad variety of stakeholders calls for professional groups with interprofessional competencies.

From the fall of 2015, Metropolitan University College (MUC) aims to meet these demands, through 13 inter-professional 15 ECTS courses, across 12 different study programs. Three courses will be given in English. The goal is to bring vocational meaning for the students across more study programs. To learn about, from and with each other.

PARTICIPANTS Twice a year, these mandatory courses will be offered to 1100-1350 students. Each student can choose between at least two courses making sense in relation to their profession and at least two professions participate in each course.

METHODS The didactic approach has its point of departure with the needs of the citizen, which makes evident the need of inter-professional work. The methods used will be a mixture of different methods: Presentations given by teachers from more than one profession; Case based group-work to facilitate the students inter-professional competencies; E-learning; Study visits and guest-teachers from practice or NGO's to assure a close relation to practice; Situated learning to let the students train themselves in natural working partnerships. The learning objectives are such as: Planning and coordinating processes/initiatives across sectors and professions; Being part of inter-professional teams, with respect and recognition of one's own and others' professional responsibilities; Reflecting on conditions, opportunities and barriers in the inter-professional collaboration.

EVALUATION To assess whether the students achieve the learning objectives, the evaluation will be based on videotaping situated learning as a base for reflection and discussion.

RESULTS/CONCLUSIONS The expected results from this project are: practitioners with competencies to coordinate and collaborate across profession and across sectorial and organizational boundaries. Furthermore that MUC ongoing and based on current challenges will develop new courses.

KEYWORDS competencies, new challenges, inter-professional education

Analysis of application of live human simulation in paramedic training

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BACKGROUND Simulation technique is a well accepted teaching method in training specialities requiring sudden and accurate decisions. One of the possibilities is application of role plays in live situations (standardized patient). We have no knowledge about this method being previously used in higher education in Hungary. This method is extremely important in the training of full-time paramedic students.

RELEVANCE Improving the quality of training, introducing new methods in paramedic training.

AIMS To analyze the application of live human simulation in classes dealing with acute emergent situations. Wide exploration of this teaching method in theoretical and practical training, adoption to our capabilities and possibilities. Standardization of preparation of this simulation technique and evaluation of the whole training procedure. Offering general recommendations via our own capabilities.

PARTICIPANTS AND METHODS Subject of „Care of severely injured patient” in paramedic training helps to record the required knowledge. We prepared situations for the practices, displayed on a combined questionnaire sheet. We searched for volunteers for the practices who learnt the essence of knowledge required for this kind of simulation during preparation courses.

EVALUATION Recordings were used at the end for evaluation and debriefing of the tasks. Visual evaluation recorded as per chart and important elements were evaluated. Students’ satisfaction and results of practices were also examined.

RESULTS Seventy-one simulations were recorded during the practices. The majority (81.7%) was carried out with full-time students. Professional knowledge of students increased significantly during the semester. Full-time and part-time students evaluated the severity of injuries in a different way. Recording individual knowledge was found better by means of this form of simulation. Students placed their individual evaluation around three, previously undetermined concept: high fidelity, help in the scene of injury and development of stable, self-confident readiness.

CONCLUSIONS Live human simulation is an efficient way to achieve practical knowledge. A good example of this is the training of paramedics in evaluation of severely injured patients. Efficiency of this new teaching method needs further evaluation.

KEYWORDS live simulation, role play, paramedic training

International Intensive programmes as a strategy for developing key attributes for health professionals

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BACKGROUND AND RELEVANCE Excellency in health professionals requires a strong scientific and clinical education, specifically involving the development of a set of attributes. Short-term Intensive international programmes may be an innovative and sustainable strategy for such development, particularly for those students for whom, long term Erasmus exchange mobility, is not financially accessible.

AIM To characterize students' perception of the development of the following attributes: international, inter professional and inter cultural communication skills & awareness; team work and use of English as a working language, after participation in an intensive international programme.

PARTICIPANTS Participants were 127 students, from 10 different European higher education institutions (7 different countries), who have participated between 2012 and 2014, in the 10-day intensive programme "Enabling Client Responsibility in Health Care" (funded by the Erasmus Life Long Programme).

METHODS This was a transversal study (survey). A questionnaire with 5 closed questions (4 point likert scale) and 6 open questions was used. The students filled it in independently, on the last day of the intensive programme.

ANALYSIS The results of the 5 closed questions were analysed through descriptive statistics and the results from the 6 open ended questions were subjected to content analysis (categories defined *à posteriori*)

RESULTS Between 60 and 74% of the students' perceive "full achievement" of the attributes mentioned. The most significant themes identified as perceived gains contributing to the attributes defined were "better knowledge of oneself"; "development of tolerance and flexibility"; "increased awareness of cultural differences between disciplines and countries"; "speaking English in public" and "understanding the importance of interdisciplinary work for the patient sake".

CONCLUSIONS The results suggest that short term international and inter-professional experiences may be an innovative strategy to explicitly develop some attributes considered essential for health and social care professionals in an ever-growing global Europe. The continuation of this and/or other courses should be considered for future international work, involving the COHEHRE Academy and the consortium. However, within the new ERASMUS PLUS programme, ways to guarantee the financial sustainability of such courses need to be explored and tested in the future.

KEYWORDS inter-professional, intercultural, awareness

Professional challenges in prevention of falsification of medicinal products from a pharmacist perspective

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BACKGROUND According to the World Health Organization (WHO) estimate, 10% of all products on the pharmaceutical market of the world are counterfeit, in developed countries 2-3%, in developing countries 20-30%. It is alarming that 50% of medicinal products purchased over the Internet could be counterfeit.

RELEVANCE Counterfeit drugs involve both lifesaving (e.g. antibiotics, anti-HIV drugs, drugs and vaccines for malaria) and lifestyle drugs (e.g. potency-enhancing drugs, weight-loss drugs). Today there is not a single country that hadn't had to face counterfeit products, and therefore an international cooperation was implemented.

AIM Ensure to the greatest extent possible that only medicinal products of good quality can be sold on the market within the legal supply chain. Current deficiencies in legislation must be solved immediately; authorities need to be provided with adequate power and executive capability in order to successfully combat criminals. Pharmaceutical firms have to develop and apply technological solutions that aggravate the falsification of medicinal products.

PARTICIPANTS International organizations participating in the international cooperation: IMPACT, EDQM, and Hungarian organizations: VPOP (Customs and Finance Guard), ORFK (Police Headquarters), NAV (National Tax and Customs Office), OGYI (National Institute of Pharmacy), NFH (Authority for Consumer Protection), ÁNTSZ (National Public Health and Medical Officer Service), HENT (National Board Against Counterfeiting)

METHODS Tablets containing testosterone were examined which were purchased from Internet after consulting on the phone. After organoleptic tests the FT-IR spectra of these tablets were compared with those of the marketing authorized reference tablets purchased from the public pharmacy. The characteristic peaks of the active drug and excipients enabled the comparison of the two samples.

EVALUATION AND RESULTS Although there was no visually observable difference between the two kinds of tablets, the results of the FT-IR spectroscopy indicated that those tablets which were purchased from outside the pharmacy were counterfeited.

CONCLUSIONS Unauthorized preparations should not be purchased on the street, markets and over the Internet. Fighting against counterfeit medicinal products cannot be truly effective without public engagement. The job of pharmacists is to raise awareness that medicine should only be purchased at verified places, which means pharmacies.

KEYWORDS counterfeit medicine, consumer protection, pharmaceutical supervision

Childhood and teenage obesity screening program in Budapest

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BACKGROUND Obesity is one of the most common problems occurring in the developed countries. The numbers are increasing both among the adult and child society. In Hungary the prevalence among the child society is between 9-10% (National Institute of Child Health, 2013).

RELEVANCE We are continuously building the results of the cardiovascular screening into the curriculum of the Faculty of Health Sciences for the health visitor students, the Development of Children and their nursing and the Public nursing post graduate subjects as well.

AIM In Budapest, between April 2010 and May 2011 we carried out a screening program by the competition of the Capital Council along with the medical and professional supervising of the “Heim Pál” Hospital on 2467 students between the age of 15 and 18 (1509 girls and 958 boys). Looking at their health behaviour they belong to the risk group, as they do not care enough about themselves or not in the right way. The cardiovascular screening was one detail of these programs.

PARTICIPANTS 2467 students between the age of 15 and 18 (1509 girls and 958 boys), they were from 19 different type of secondary grammar schools. The participation was voluntary and permitted by parents.

METHODS The cardiovascular screening of pre-recorded professional medical protocol, blood pressure, heart rate, body composition determination, BMI, cholesterol, blood glucose was present. Body Mass Index (weight/height²) value was calculated.

ANALYSIS Processing the details was done by Microsoft Office Excel.

RESULTS The tests showed that there were 231 cases of high body fat percentage, 671 cases of high blood pressure, changes in lipid values in 64 cases, high in fasting blood glucose in 37 cases.

CONCLUSIONS The results of the cardiovascular tests confirm that obesity among youngsters is increasing. Family paediatricians, school doctors and health visitors working in primary care it is very important to influence and stimulate youngsters towards a healthy way of life and to prevent sickness. The prevention requests a coordinated and complex work from the institution of health, the institution of education, the media, the food industry and the parents as well.

KEYWORDS childhood obesity, screening program, body fat

The Afrikaander Cooperative: the art of stimulating resilience

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BACKGROUND The creative city thesis resulted in a variety of urban policy measures aimed at stimulating creative entrepreneurship. However, because of the economic crisis recent policies aim at diminishing government involvement and increasing the resilience of local communities. Since 2008, the Freehouse foundation stimulates creative entrepreneurship in the Rotterdam Afrikaanderwijk. Freehouse founded the Neighbourhood Studio and the Neighbourhood Kitchen, and recently also the Afrikaander Cooperative. This network organisation for residents, entrepreneurs and institutions aims at stimulating local production and cultural development, in order to facilitate access to education, paid work or entrepreneurship.

RELEVANCE Health and social care professionals face the challenge to increase the resilience of people, to enable them as much as possible to take care of themselves using their social networks. In doing so, cooperation with other professionals and (self)organisations like a neighbourhood cooperative is indispensable. This study provides a number of examples of cooperation that can serve as sources of inspiration for these (future) professionals.

AIM The study aims at exploring which initiatives the Afrikaander Cooperative takes to increase the resilience of neighbourhood residents.

PARTICIPANTS The sample consists of 3 co-workers of Freehouse, 7 members of the Cooperative (5 residents and 2 entrepreneurs) and 8 representatives of organisations cooperating with Freehouse. Participants have been selected by means of snowball sampling.

METHODS 18 semi-structured in-depth interviews were conducted from February until October 2014.

ANALYSIS All interviews were recorded and fully transcribed. All transcriptions were analysed by open coding.

RESULTS Various initiatives have been identified, including: Training volunteers to cook for fragile people at their own homes (in cooperation with the Neighbourhood Kitchen and a welfare organisation); establishing a cleaning service providing a paid job to youngsters (pilot in cooperation with a housing association); enabling local entrepreneurs to collectively purchase energy; and social-cultural activities (e.g. spoken-word performances).

CONCLUSIONS The Cooperative takes various initiatives aimed at increasing resilience. A major challenge is to make sufficient residents feel responsible and do their best for the Cooperative. This is an interesting subject for future research.

KEYWORDS community, social care, challenge

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On behalf of the organizing committee

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