EIPEN 2023 Conference
Bochum 6-8 September

Program book

Provisional version

Please do NOT print

The program can change due to circumstances.
The final version will be available by end June.
Welcome

EIPEN welcomes you in Bochum

After the COVID pandemic EIPEN has organized webinars and online meetings, and we will continue with this in the future. But I am happy we can resume our biennial conferences, as they have an important role in opportunities for networking. The EIPEN 2023 Conference in Bochum is the 8th in the row of the European conferences on interprofessional practice and education. It follows the successful conferences held in Krakow (2007), Oulu (2009), Ghent (2011), Ljubljana (2013), Nijmegen (2015), Lausanne (2017), and Antwerp (2019).

We are happy to welcome you in the HS Gesundheit. It is the first time that the EIPEN Conference is organized in Germany. The institution offers a complete portfolio of bachelor's degree programs in healthcare, as well as a master's degree program in Evidence-based Health Care and Physiotherapy Science. Recently two additional Bachelor programs in the field of management in health care and health economics and a Master's degree in the management of nursing and health care professions were established. The HS Gesundheit is institutional EIPEN member for several years and is showing entrepreneurship in meeting the needs of health care.

EIPEN now exists for 15 years. In 2014 we transformed the network into a membership society, with an increasing number of institutional members. EIPEN is flourishing thanks to engagement and collaboration. Enjoy the conference, and use EIPEN as a learning community!

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

Photo credit: Volker Wiciok
Conference Committees

The **Program Committee** supervises the content and structure of the conference, as well as the preparation of the conference. It consists of 3 members of the EIPEN Board (Anne Mairesse, Paul Van Royen, and Andre Vyt) and 3 members of the host institution (Marietta Handgraaf, Andre Posenau, and Eike Quilling).

The **Scientific Advisory Committee** reviewed the submitted proposals. It consists of Michael Ewers, Andrea Glässel, Marietta Handgraaf, Anita Kidritsch, Maja Kuchler, Anne Mairesse, Andre Posenau, Eike Quilling, Valérie Santschi, Paul Van Royen, and Andre Vyt.

The **Local Organizing Committee** is responsible for aspects related to the conference venue: the organization of the welcome, the registration desk, rooms and equipment, the catering, the social event, and the dinners. They monitor the service to participants and the guidance of presenters.

In alphabetical order the members of the Program Committee. On the left the EIPEN Board members: Anne Mairesse, Paul Van Royen, and Andre Vyt. On the right the members of the local organizing committee: Marietta Handgraaf, Andre Posenau, and Eike Quilling.

Conference package

Your conference package includes a badge giving access to all conference activities (including dinners), a writing pad from and an info leaflet about the host institution, and a city map of Bochum. You also receive a free copy of the *Interprofessional Practice and Education Quality Scales (IPEQS)*, which includes assessment of the 5Keys interprofessional competences.

Pictures of the previous conference in Antwerp (2019).
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The venue

The Gesundheitscampus in Bochum

The conference takes place at the Hochschule für Gesundheit, University of Applied Health Sciences, in Bochum. Bochum lies at the centre of Germany’s largest urban area.

The HS Gesundheit focuses on health and is situated on the healthcare campus (Gesundheitscampus) of the state of North Rhine-Westphalia (NRW).

How to get there

The Ruhr Metropolis has a well-functioning public transportation system with bus and train connections. The Hochschule für Gesundheit in Bochum has bus and metro (Campus Line U35) connections close by.

- **By plane**, you can choose airports situated in Düsseldorf, Dortmund, Cologne/Bonn and Münster/Osnabrück. We recommend Düsseldorf International Airport (not “Düsseldorf-Weeze”). You can find your train and bus connections from the International Airport to Bochum Central Railway Station Hbf (Bochum Hauptbahnhof), served 3-4 times every hour (40-minute travel time).
- **By train/metro**: from the Bochum Hbf, the metro (Campus Line U35, Hustadt direction) stops at the Gesundheitscampus station (six stops from the Hbf). The campus is close to the Gesundheitscampus Metro Station (a four-minute walk, see photo below). Note: One stop before “Gesundheitscampus” is the “Marktplatz/Gesundheitscampus”. Please do not get off there!
- **By bus**: You can take Bus 375 from Bochum Central Railway Station to the Gesundheitscampus.
- **By car**: Free parking spaces are available although we recommend public transportation.

Useful links

- How to find the HS Gesundheit: [https://www.hs-gesundheit.de/en/how-to-find-us](https://www.hs-gesundheit.de/en/how-to-find-us)
- For public transportation in the surrounding of Bochum: [https://www.bahn.com/en](https://www.bahn.com/en)
- For public transportation in Bochum: [https://www.bogestra.de/service/fahrplanauskunft](https://www.bogestra.de/service/fahrplanauskunft)
- Information about Bochum: [https://www.bochum-tourismus.de/index.html#c21588](https://www.bochum-tourismus.de/index.html#c21588)
Lodging accommodation

Conference participants arrange their own lodging, directly with a hotel or via a booking website. The following hotels are near to the city or the university. Prices on this page are indicative and can change.

Wald & Golfhotel Lottental
This hotel is near to the University and you can walk there by foot (Grimbergstr. 52a). Single-Bedroom 76€, Double-Bedroom 86€ per night. Breakfast 13,50 €. Phone: +49 (0)23497 96 0, Mail: info@lottental.de

Acora Hotel Bochum
The hotel is near to the train station and the City of Bochum (Nordring 44-50). Single-Bedroom, 84€ per night, Double-Bedroom 88€ per night. Phone: +49 (0)234 68 960, Mail: Bochum@acora.de

Hotel Claudius Bochum
The hotel is near to the City of Bochum (Claudius-Höfe 10). Double-Bedroom 89 € per night without breakfast. Phone: +49 (0)234 52008110, Mail: info@hotel-claudius.de

Ibis Hotel Bochum Zentrum
This hotel is in the Centre of the City (Universitätstr.3). Double-Bedroom, 104€ per night without breakfast, 123€ per night with breakfast. Phone: +49 (0)234 3 33 11, Mail: H1440@accor.com

Ibis styles Hotel Bochum Hbf
This hotel is directly beside the train station (Platz 13-15). Single-Bedroom 73 € per night with breakfast, Double-Bedroom 93 € per night with breakfast. Phone: +49 (0)234 9143 0, Mail: H0970@accor.com

Mercure Hotel Bochum City
The Mercure Hotel is also near to the City of Bochum and the train station (Massenbergstr. 19-21). Double-Bedroom 129 € per night. Phone: +49 (0)234 969 0, Mail: info.bochum@eventhotels.com

Hotel Ostmeier
This hotel (Westring 35) offers you two conditions of rooms: Single-Bedroom 79€ per night, Double-Bedroom 95€ per night. Phone: +49 (0)234 68 78 50, Mail: info@hotel-ostmeier.de

Things to visit

Bochum belongs to the top-20 list of Germany’s largest cities, so there is plenty of sights to see. On Tripadvisor you can find interesting attractions to visit in Bochum. The Deutsches Bergbau-Museum has the largest exhibition on coalmining in the world. Close by the main station is the Moritz Fiege Brewery. The Botanischer Garten is a natural garden with many trees, even good on a hot and sunny day, easy to access by walk from the university.

For other suggestions, see Tripadvisor.
Public transport

The Gesundheitscampus
The surrounding area

The conference venue is at the south of Bochum, at 15 minutes walking from the city centre, where the hotels are. Public transport runs smoothly between the city centre and the campus, but walking is of course good for your health.

On Thursday evening, after a long day of presentations, we have a guided walk starting at 5pm from the campus to the botanic garden. From there we walk to the north, having an overview over the Ruhr hills. In a local kiosk in the inner city we drink a beer or another drink, before going to the Yamas restaurant (Massenbergstrasse). If you go directly to the restaurant, we welcome you there between 6.30 and 7pm.

Map credit: alltrails.com, where you can find interesting walks in the area.
Guidelines for a smooth conference

Registration
The registration desk is open from Wednesday 4pm until 6pm, when the welcome cocktail buffet dinner starts. Persons arriving later than 6pm and still wanting to join this event are kindly requested to inform the conference secretariat on beforehand. Somebody at the walking dinner can then help you. If you are arriving later than 8pm, you can collect your badge and conference bag at the registration desk on Thursday morning from 8am onwards. Please come early, as the sessions begin at 8.30am.

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

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

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

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

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

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

Breaks are very important in a conference as a networking event. The EIPEN conferences are known to be ideal occasions for this, not only because attendees are generally open and friendly but also because we organize the conference in such a way that these occasions can be used effectively. Please make use of it. During breaks, coffee and tea is served with small biscuits. On Thursday afternoon also fruit is served, as we want you to stay healthy. Lunches are served in the restaurant at the campus. For this you use the tickets you find in your conference bag. If you are not attending the welcome dinner or are leaving early on Friday, please indicate this when registering, as we don’t want to waste food.

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

Social events

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

Time-keeping during presentations

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

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

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

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

All computers in presentation rooms will have internet access, but you may not want to take the risk to use this. We advise to take screenshots of websites you want to incorporate in your slides of your presentation. The same applies for using audio or video. If you want to use it, please ask a person available to test this out on beforehand. Finally, keep in mind that there are different screen sizes and screen resolutions for pc-projection.

**Posters and showcases**

The poster display area is in the hall close to the registration desk. At the registration desk pins or stickers will be available to attach your poster. You can choose the format to be A1 in portrait or twice A2 in landscape. We ask poster presenters to attach their poster on Thursday before 9.30am, and remove their poster after 4pm. It’s also good to attach your contact details at the poster board.

**Pictures**

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

**Quality check**

We find it important that a conference not only is well-organized but also that presentations are of high quality. This not only depends on the content, but also on how you communicate it and how you succeed in getting the attention of the participant. For workshops and roundtable discussions the active involvement of participants is of paramount importance. After the conference, participants are invited to evaluate the quality of presentations and the organization of the conference. The results are used for monitoring and improving the quality of our conferences, and for informing presenters so that they can learn from feedback.
In this section you can quickly identify where you want to go to, to participate in a session or see a presentation. To make your selection, you first will have to look through the abstracts in the next section.

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

Each presentation has a code, consisting of:

**The domain:**
EC = education and clinical area
E = mainly for education
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PO = poster presentation
Wednesday morning

09.30 Pre-conference capacity building seminar
José van Oppen & Andre Vyt

**The use of the 5Keys model for interprofessional competences**

The seminar focuses on the flagship of EIPEN: the 5Keys model of interprofessional competences. The aim of this seminar is not only to provide insight into the 5Keys model of interprofessional competences. The aim is also to share tools, and methods to implement these tools sustainably, and discuss with participants how to use them. Participants are invited to bring descriptions of an existing course or course unit (translated in English) related to interprofessional competences, to use these in an exercise.

José van Oppen shows how the 5Keys model has been used to revise the Building Blocks model of competence acquisition in the Faculty of Health Sciences at the Zuyd University of Applied Sciences. The trajectory they have followed over the last 10 years can be considered an example of good practice, integrating the 5Keys model in a consistent way. The steps in this process are shown and discussed, including practical matters related to program composition, planning and assessment. Special focus is on embedding the 5keys model into existing competence models and on calibrating existing competence models with the validated 5Keys model. Participants are challenged to view the theme from different perspectives and to think creatively about implementation, using the Six Thinking Hats (de Bono, 1996).

André Vyt shows how the assessment sheets in the 5Keys model are composed and can be used to profile or validate a study program, a course, a training for continuous professional development, or a dynamic competence chart of a health professional. He shows how to use the assessment sheets in team-based self-assessment, and how to use the 5Keys model to compose, validate, and characterize a set of course units and learning activities in a study program. He links this with instructional alignment issues and quality assurance. He shows how the assessment is used in a post-graduate training program with health professionals. Participants will also execute an assessment based on a simulated case and will participate in a brief demonstration of online validation, using the Interprofessional Practice & Education Quality Scales.

José van Oppen is senior lecturer at Zuyd University of Applied Sciences (Faculty of Health Sciences). She is a physiotherapist and master in educational sciences. She coaches educational policy and innovation projects in the field of health care since more than 20 years. She is a member of the EIPEN expert group that developed the revised version of the 5Keys model.

André Vyt is expert in quality assurance and educational management. He started with the interprofessional competence model 20 years ago and initiated the revision of this model in 2019, with a project group. He is a behavioural and educational scientist, lecturing at Ghent University (Faculty of Medicine and Health Sciences) and Artevelde University of Applied Sciences. He has 25 years of experience in developing, implementing, and assessing interprofessional courses.

References:

Wednesday evening

16.00 Conference registration desk open
18.00 Welcome cocktail dinner
In the campus building (ending at 20.00h)
Thursday morning sessions

**08.30**
A brief word of welcome (Eike Quilling & Sven Dieterich)

**08.45**
Invited plenary presentation

**Jan Jaap Reinders**

**Interprofessional identity – Motivation by membership**

Social hierarchy between professions can impede mutual sharing of information and expertise, can jeopardize patient safety, and hamper productivity. In addition to acquiring knowledge, skills and attitudes related to interprofessional collaboration, motivation towards interprofessional collaboration is just as important. Identity is a social construct that plays a key role in social relationships and motivation. The concept of an interprofessional identity is becoming increasingly popular because of this. Separate theoretical approaches have been developed to overcome hierarchical problems and lack of interprofessional commitment by facilitating interprofessional identity formation. In this plenary presentation interprofessional identity is discussed from a psychological perspective: interprofessional identity according to the extended professional identity theory (EPIT). EPIT is a combination of two psychological identity approaches related to a wider and interprofessional membership.

Dr. Jan-Jaap Reinders is co-founder of the Research Group IPE of the LEARN program, SHARE Research Institute, University Medical Centre Groningen, and he works for the Centre for Dentistry and Oral Hygiene. He is a speaker, author, lecturer, Aletta Jacobs Fellow, senior researcher at the Hanze University of Applied Sciences, member of the FAITH Research Network, and board member of Interprofessional.Global. He developed a theory on interprofessional identity, extended professional identity theory, and the extended professional identity scale (EPIS).

**Oral Presentations - Strand A**

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<tr>
<th>Time</th>
<th>Title</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>09.30</td>
<td>Transferring promising practices to education and vice versa, to move</td>
<td>Sandra Jorna-Lakke &amp; Ingrid Aerts</td>
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<td>interprofessional education and rehabilitation practice forward</td>
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<td>10.00</td>
<td>Improving self-reliance of vulnerable community-dwelling older people</td>
<td>Albine Moser</td>
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<td>11.00</td>
<td>Related factors and their importance in developing an interprofessional</td>
<td>Marietta Handgraaf</td>
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<td>11.30</td>
<td>IPE in an inter-institutional context: Bringing interprofessional</td>
<td>Carla Ribeiro &amp; Liliana Staffoni</td>
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<td>educators to think together</td>
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<td>12.00</td>
<td>Developing a value-based, interprofessional and common perspective</td>
<td>Amélia Didier</td>
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<td>of person-centred care in an undergraduate bachelor program</td>
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**Oral Presentations - Strand B**

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<tr>
<th>Time</th>
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<tr>
<td>09.30</td>
<td>Anticipating better healthcare relationships through interprofessional</td>
<td>Amélia Didier</td>
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<td>education in conflict management in an undergraduate bachelor program</td>
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<td>10.00</td>
<td>Capacity building approach to interprofessional practice: A feasibility</td>
<td>Veronika Schoeb</td>
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<td>11.00</td>
<td>Decoding the disciplines: Creating mutual understanding in</td>
<td>Daniela Schmitz</td>
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<td>multiprofessional education?</td>
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<td>11.30</td>
<td>Digital competence as component of Interprofessional education and</td>
<td>Paul Van Royen</td>
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<td>collaboration</td>
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<td>12.00</td>
<td>Attitudes toward interprofessional learning and collaboration among</td>
<td>Marietta Handgraaf &amp; Sven Dieterich</td>
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<td>health professions students at the beginning and end of their studies</td>
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Thursday afternoon sessions

12.30 Lunch, with opportunity to view and discuss posters

Oral Presentations - Strand A

14.00 14.00 OP-09 EC
Daniela Schmitz & Manfred Fiedler
Municipal heat prevention simulation game

14.30 OP-10 E
Marie Guinat & V Santschi
How to respond to interprofessional education challenges in the Swiss undergraduate teaching context?

15.00 OP-11 E
Faith Nawagi
Interprofessional Education during international electives: Perceptions of health professions students from selected institutions in Africa

Oral Presentations - Strand B

14.00 14.00 OP-12 C
Rudi Steenbruggen
Quality aspects of hospital-based physiotherapy from the perspective of key stakeholders

14.30 OP-13 E
Hester Smeets
The balancing act of assessment validity in Interprofessional Healthcare Education: A qualitative evaluation study

15.00 OP-16 C
Andre Vyt
Team-based improvement in acute geriatric care: A participatory intervention study on sustainable quality of interprofessional collaboration

15.30 Break with coffee/tea, with opportunity to view and discuss posters

16.00 EIPEN Strategy building meeting (with EIPEN member representatives)

17.00 Social event:
guided walk to the Botanic garden and tasting a beer (or another drink) in the city

18.30 Welcome at the restaurant for a cocktail and appetizer

19.00 Evening dinner in Yamas restaurant (ending at 22.00h)
Friday morning sessions

08.45 Invited plenary presentation

Jan Ehlers

Climate change as a challenge for interprofessional health care

Climate change is the greatest challenge of our time. The health system accounts for 5% of CO2 emissions in Germany. Therefore, it is important that students in health sciences learn to operate within planetary boundaries. Since practice takes place in interprofessional teams, education in planetary health should also be developed in an interprofessional and transdisciplinary way. As an example, measures, study programs and a Germany-wide lecture series are discussed.

Prof Jan Ehlers is vice-president of the University of Witten/Herdecke for teaching and learning, and professor in didactics and educational research in health sciences since 2017. Originally he graduated in veterinary sciences at the University of München. He has specialized in e-learning and the use of digital media.

09.30 Roundtable discussion A

09.30 RD-01 EC

Ingrid Aerts & Claudia de Weerdt

The process of implementing the INPRO Competency Framework in institutions: Aligning promising experiences

09.30 RD-02 EC

Jerôme van Dongen & Hester Smeets

What are the outlines of an on-the-job training for developing the interprofessional competencies of community-care professionals?

10.30 Break with coffee/tea

11.00 Workshop A

11.00 WS-01 E

Albine Moser, Anita Stevens & Steffy Stans

Interprofessional bachelor thesis: A magic blend?

11.00 Workshop B

11.00 WS-02 E

Camille Greppin-Bécherraz & Marie Guinat

How do we solve interinstitutional, organizational, and pedagogical challenges to teach interprofessional collaboration optimally?

11.00 Workshop C

11.00 WS-03 E

Marie Guinat & Liliana Staffoni

Development and mobilization of critical reasoning and thinking skills in interprofessional education

12.00 Lunch
Abstracts of presentations

In this section you find the abstracts of the presentations, workshops and roundtable discussions. This enables you to make your selection in attending a session. For workshops you will need to register by Thursday afternoon at the latest. Each presentation has a code, consisting of:

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PO = poster presentation
OP-01 EC

Sandra Jorna-Lakke & Ingrid Aerts
Hanze University of Applied Sciences, Groningen, The Netherlands
AP University of Applied Sciences and Arts, Antwerp, Belgium

Transferring promising practices to education and vice versa, to move interprofessional education and rehabilitation practice forward

Education at higher educational institutes in Belgium, Austria, Finland, and the Netherlands, and regional rehabilitation centres experienced a gap between the education of future professionals and the practical needs in the field of rehabilitation. An Erasmus+ Program funded team of rehabilitation professionals and educators developed and pilot tested in the past 2.5 years materials, informed by the WHO, to bridge the transfer from education to practice. This presentation evaluates the outputs of a strong collaboration between field workers and educators that share promising approaches and are apt for to mutual learning. Conference members are provided with a practical interprofessional framework and learning materials for collaborative health and social care practice and education. Outputs and materials are, firstly, a stepwise interprofessional competence framework implementation that fits for education and practice and stimulates life-long learning. Secondly, directions and examples show how to use the person-centred approach and the International Classification of Functioning, Disability and Health (ICF) as basic understanding. Thirdly, we show a practice-oriented design of regional and international interprofessional education for rehabilitation workers and students. Finally we demonstrate a pilot tested guidebook on how professionals coach students to run an interprofessional learning ward in rehabilitation centres.

Authors: I Aerts, C De Weerdt, C Haumer, J Hurkmans, S Jorna-Lakke, A Kidritsch, L Murtanen, J Paltamaa, INPRO consortium

OP-02 C

Albine Moser
Zuyd University of Applied Sciences, Netherlands

Yes we can! …. but only interprofessionally:
Improving self-reliance of vulnerable community-dwelling older people

Vulnerable older people experience multidimensional health challenges and need continuous health- and social care. Older people and family carers can only exercise their self-reliance when they have good caring relationships with the multiple health- and social care providers they interact with. The aim is to improve the quality of the caring relationship to strengthen the self-reliance of vulnerable community-dwelling elderly people and their family carers. We carried out a participatory community-based action research with an embedded experience-based co-design study. The setting was a village in the south of the Netherlands. Participants were elderly people, their family carers, villagers, and health- and social care providers. We collected data by interviews, focus group discussions, observations, and field notes, and analysed them using interpretive content analysis. Vulnerable older people experienced 11, family carers 10, and health- and social care providers 6 touchpoints for improving the caring relationship. In a joint event, the three groups prioritized two touchpoints: (1) information and respectful communication (family carers – provider relationship); and (2) respecting choices and being in control (older people – provider relationship). Two co-design improvement teams involving older people, family carers, villagers and health- and social care providers met every month over a one-year period, and designed and implemented quality improvements. This interprofessional quality improvement project revealed several successes such as willingness to learn (of all involved) and ‘hands-on’ activities such as information campaigns (in the village) or mirror-reflections. Challenges were: getting grip of the abstract nature of the caring relationships and its translation to quality improvement activities.

Authors: A van Dijk – de Vries, S Cornips, L van Bokhoven, E van Rossum, A Moser
Marietta Handgraaf  
University of Applied Sciences Bochum, Germany

**Related factors and their importance in developing an interprofessional identity: A mixed-methods study**

A strong shared identity is seen as a supporting factor for the success of well-performing interprofessional teams. Three interrelated dimensions jointly make up interprofessional identity. Like any other social identity, interprofessional identity consists of belonging to a group, emotional attachment or commitment to it, and beliefs about group goals. Based on Tajfel and Turner's (1986) social identity theory, a sense of belonging to a group is inherent to identity formation. Commitment to a group can vary and individuals have many social identities. Identity theory explains how individuals deal with their own social identities, and extended professional identity theory (EPIT) combines both identity approaches. EPIT explains why professional identity and interprofessional identity are distinct identities that should be complementary to enable interprofessional identity formation. The extended professional identity scale (EPIS) measures the three interrelated interprofessional identity dimensions as theorized by EPIT. The aim of the study is to elaborate conditions and factors that facilitate interprofessional identity formation in education. Based on the current state of research, the authors explain various approaches to the formation of an interprofessional identity. In the mixed methods study the preliminary results of EPIS as well as the focus group results are presented. The question is: Which related factors have a positive effect in the developing of the interprofessional identity and how should we consider this in teaching?

Authors: M Handgraaf, C Groll, JJ Reinders & A Posenau

Carla Ribeiro & Liliana Staffoni  
HESAV, HES-SO, University of Applied Sciences and Arts Western Switzerland, Lausanne, Switzerland

**IPE in an inter-institutional context: Bringing interprofessional educators to think together**

Interprofessional collaboration (IPC) is essential to provide optimal care to the population. Therefore, Interprofessional education (IPE) is imperative for all health professions. The role of the educator is essential to enhance students’ motivation and involvement in interprofessional learning. Programs’ development is necessary to help an optimal endorsement of the IPE facilitator role, allowing to support reflective learning. However, the coordination of IPE courses may represent a significant challenge, given its compartmentalized nature. A recent study has shown that the integration of tools related to critical reflection, by its transversal character, contributes to the establishment of a common language between disciplines. To create the conditions for the emergence of a strong and cohesive interprofessional and inter-institutional team of facilitators, based on shared theoretical foundations, collaborating institutions created an inter-institutional project to offer an optimal quality training to future professionals. The project aims to lay the foundations for a common language and to develop a common IPE culture within the population of facilitators. Its activities cover two fundamental areas: (1) the training of IPE facilitators on clinical reasoning and thinking skills, and (2) assessing the impact of organizational practices through Outcome Mapping Learning. These activities will bring the partners together in a collaborative process, contributing to the development of coherent, common, and better quality inter-institutional IPE curricula.

Authors: C Ribeiro, L Staffoni, MC Boulet, E Careau, A Camponovo, C Greppin-Bécherraz, M Guinat, MA Pellerin, A. Richard, V Santschi
Developing a value-based, interprofessional and common perspective of person-centred care in an undergraduate bachelor program

Person-centred care is one of the core competencies of interprofessional collaboration and has been identified as one strategy to improve quality of care and patient safety. In the current healthcare system, patients and their families, and the community are claimed to be valuable partners in the healthcare system (WHO, 2017). Nevertheless, numerous barriers such as patients’ and healthcare professionals’ beliefs and values, stereotypical attitudes or power-based relationships may hinder effective person-centred care. In contrast, well-prepared and trained healthcare professionals facilitate the process. The School of Healthcare Sciences and the School of Social Work and Occupational Therapy gather 300 students together to undergo a one-week interprofessional education program to achieve that aim. The pedagogic aims are to adopt a common comprehension of person-centred care, to develop their awareness of patient’s experience, patients’ values and beliefs, as well as the importance of knowing oneself as health care professional; and of knowing one’s own values and beliefs, and their influence on patient care. It offers them the opportunity to anticipate interprofessional person-centred care in their future practice training and professional practice. These aims are achieved through assignments on person-centred care frameworks, reflective practice, videos, scientific articles, and a patient simulation training. A formative and continuous assessment combined with the simulation session allows the evaluation of the acquired competences and the mobilization of the concepts.

Authors: A Didier, M Arminjon, L Franco

Anticipating better healthcare relationships through interprofessional education in conflict management in an undergraduate bachelor program

Healthcare teams can be confronted with conflict situations related to divergent views on patient care, team or power relationships. Conflict can be approached constructively, thereby reducing or avoiding negative effects of conflicts, such as job dissatisfaction and disruptive behaviours between healthcare professionals. Training healthcare professionals in conflict management at an early stage and familiarizing them with tools and theoretical frameworks is essential to reduce these effects. This is the goal of an interprofessional education (IPE) program that brings together students from different health professions. The IPE program takes place over three bachelor programs including students in physiotherapy, nursing, midwifery, and medical radiology. The interprofessional week in the 2nd year of the bachelor program focuses on conflict recognition and conflict management. It includes theoretical and practical teaching methods and uses several teaching strategies, such as video-recordings of real-life situations, analysis of practices and a forum theater. Students analyze interprofessional situations with the help of theoretical frameworks, Teamstepps tools and thinking skills by mobilizing Kolb’s teaching cycle (Kolb, 2013). At the end of the IPE week, students practice conflict management by re-enacting professional situations through forum theater. An evaluation session closes the week and validates the learning outcomes related to conflict resolution.

Authors: O Sautier, M Trovato, M Arminjon & A Didier
Capacity building approach to interprofessional practice: A feasibility study

Two of the challenges facing today's societies is the ageing population and the health system facing mounting cost pressures. The importance of interprofessional collaboration (IPC) has increased over the years due to a coordination of care required for an ageing population with more complex care needs. In practice, IPC is often demanding, and evident factors (e.g. hierarchy between professional groups, breakdown in communication, or prevailing culture of professional separation) make implementation of new care pathways challenging. Using a constructivist approach enabling to bridge the gap between research and practice, we developed an innovative 'Capacity Building to Interprofessional Practice 8-step program (CBIP)'. The program is based on the cyclical process of participatory action research (PAR). By adapting to an institution’s context, our approach provides a sustainable bottom-up framework for healthcare institutions to address their IPC challenges. The aim of our study is to assess the feasibility of the CBIP program among HCPs and the hospital management in a geriatric university hospital using qualitative research methods. The results of this study reveal the limited impact on the structure and organization of interprofessional meetings that lie at the heart of IPC in hospital settings. In Step 5, participants elaborate a framework covering 4 main themes: communication and culture (within participants’ reach) and structure of team meetings and infrastructure (out of participants’ reach). Implementation of established guidelines remain difficult due to multiple constraints, including limited involvement of institutions’ hierarchy and buy-in of the bottom-up approach.

Authors: V Schoeb, M Robert, S Signer, S Albert & O Mauthner

Decoding the disciplines: Creating mutual understanding in multiprofessional education?

The aim of this presentation is to introduce the decoding-the-disciplines method. The method focuses on how to make discipline-specific thinking and acting more accessible to students in order to enhance their learning processes. Starting point is the identification of bottlenecks: difficult aspects of a discipline that experts solve with tacit knowledge. The guiding question is "how do you do that?" to narrow the gap between expert knowledge and students as disciplinary novices. The approach involves seven steps: Identify bottlenecks, decode expertise, show how experts proceed, practice and feedback, motivate and meet resistance, assess success, and communicate results. Implementation takes place either in face-to-face decoding expert interviews or in writing processes using predetermined guiding questions. The method was implemented and explored in a multiprofessional learning group in an online seminar session during the corona pandemic. Our research focused on the usefulness of this method. The goal was to establish a common understanding of cross-disciplinary concepts using the research process as an example. In defining a research question and choosing a theoretical framework, bottlenecks can be identified that have to be passed in an multiprofessional learning group. Sessions were recorded, transcribed, and content analyzed. The presentation focuses on promotional and obstructive aspects for (face-to-face and written) implementation of the method in multiprofessional learning groups. Ideas for transferability to IPE will be developed.

Authors: D Schmitz, S Hatebur, JH Ortloff
**OP-09 EC**

**Daniela Schmitz & Manfred Fiedler**  
University of Witten Herdecke, Germany

**Municipal heat prevention simulation game**

What has IPE to do with heat prevention? Climate change requires a multi-perspective approach, both in terms of strategies combatting it and managing its consequences. The increase in extreme weather events in Europe has led to increasing political initiatives in recent years. Municipalities developed heat action plans to prepare for periods of extreme heat. Especially for people with chronic diseases and the elderly, heat waves in summer months mean an extraordinary health risk. These are usually not adequately addressed in heat action plans, primarily because the hazard situation is multifactorial, which is inadequately reflected in planning. Factors include the underlying disease and its care arrangement, housing situation, supporting networks (neighbourhood, relatives), socioeconomic conditions and resources, as well as the living environment and urban and geographic settings. The goal of discussion is to protect people with chronic illnesses during heat waves, and how to involve different actors beyond health care in a multiprofessional approach, in order to develop and implement appropriate measures. Therefore, creating a common ground on responsibilities, tasks and boundaries of each involved profession is essential. Given the complexity of the requirements for health-related crisis intervention, a multidisciplinary ‘scenario-based-training-and-planning’ approach is suitable as a training concept. We show how participants with their different professional perspectives analyse parameters of the hazard on the basis of a given (or self-developed) scenario, discuss interventions, and develop solutions for implementation on the basis of the assessment of difficulties, obstacles, and opportunities, as well as the necessary human and material resources.

Authors: D. Schmitz, S. Hatebur, M. Fiedler

**OP-10 E**

**Marie Guinat & Valérie Santschi**  
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**How to respond to interprofessional education challenges in the Swiss undergraduate teaching context?**

Despite solid evidence to develop interprofessional education (IPE) within the undergraduate curriculum, implementing IPE faces challenges. Educational leaders should address these systemic and institutional factors to successfully implement IPE and enhance students’ engagement in IPE. Our current IPE program, which brings together almost 750 undergraduate students from 6 different disciplines and 5 health institutions, has been modified in response to these challenges. Particularly, students involved in this course have different levels of training and different fields of study coming from various institutions. According to their institution, they have different exposure to IPE within their own curriculum (one day vs. one week). These factors influence students’ attitudes towards IPE, bringing some redundancy within content and misalignment of our course within each specific curriculum. Moreover, the large number of interprofessional subgroups brings some logistical challenges with the need to mobilize a significant number of facilitators to guide students’ reflection in the subgroup activities. Facing these challenges, our IPE program has been redesigned: 1. the target population of the course has been changed to bring together first-year bachelor and first-year master students. 2. we designed a hybrid teaching model with distance and face-to-face learning activities. 3. we aligned our course objectives and content with other IPE course running in each curriculum. 4. we involved students to embrace the role of facilitators. A strong commitment from different stakeholders involved in IPE redesign can lead to positive and successful change in the IPE program, promoting the development of interprofessional culture.

Authors: M Guinat, C Greppin-Bécherraz, L Staffoni, A Didier, V Santschi
Interprofessional education during international electives: Perceptions of health professions students from selected institutions in Africa

Although international electives provide important opportunities for the development of interprofessional education and collaboration practice skills, there is limited literature that describes students’ perceptions in various training institutions in Africa. This study aimed to address this gap by establishing the student’s perceptions of interprofessional education during international electives from four African health professional training universities. This was a cross-sectional quantitative study. Data were collected online using the Readiness for Inter-Professional Learning Scale from 135 student participants. Linear regression and multilinear regression were used to establish relationships between socio-demographic characteristics and the student’s perception of interprofessional education during international electives. There was a high overall positive perception among the student participants of interprofessional education during international electives. Almost all the students thought interprofessional education during international electives would help them become better team workers during future practice and enhance their communication skills. There were high mean scores regarding positive perceptions of teamwork and collaboration, positive professional identity, and understanding roles and responsibilities. There is a generally positive perception of interprofessional education during international electives among health professions students from various African university institutions.

Authors: F Nawagi, I Guyton Munabi, A Vyt, S Kigulia, A Gonzaga Mubuuke

Quality aspects of hospital-based physiotherapy from the perspective of key stakeholders: A qualitative study

One of the important aspects of working interprofessionally is knowing what your most important stakeholders expect from you. So, for the design of a robust quality system for hospital-based physiotherapy, we explored key stakeholders’ views on quality of hospital-based physiotherapy. We conducted 53 semi-structured interviews with 62 representatives of five key stakeholder groups of hospital-based physiotherapy: medical specialists, hospital managers, boards of directors, multidisciplinary colleagues, and patients. Audio recordings of these interviews were transcribed verbatim and analysed with thematic analysis. According to the interviewees, quality of hospital-based physiotherapy is characterised by: (1) a human approach, (2) context specific and up-to-date applicable knowledge and expertise, (3) providing the right care in the right place at the right time, (4) a proactive departmental policy in which added value for the hospital is transparent, (5) professional development and innovation based on a vision on science and developments in healthcare, (6) easy access and awareness of one’s own and others’ position within the interdisciplinary cooperation, and (7) ensuring a continuum of care with the inclusion of pre- and post-clinical care of patients. Important quality aspects in the perspective of all stakeholders were an expertise that matches the specific pathology of the patient, the hospital-based physiotherapist being a part of the care team, and the support and supervision of all patients concerning physical functioning during the hospitalisation period. The results of this study offer opportunities for hospital-based physiotherapy to improve the quality of their interprofessionally provided care seen from the perspective of key stakeholders.

Authors: RA Steenbruggen, MJM Maas, TJ Hoogeboom, PLP Brand, PJ van der Wees
**OP-13 E**

**Hester Smeets**  
Zuyd University of Applied Sciences & Maastricht University, Netherlands

**The balancing act of assessment validity in Interprofessional Healthcare Education: A qualitative evaluation study**

In order to determine the level of interprofessional (IP) competencies in students, there is a need for IP assessments with a well-considered design. The literature offers few starting points and does not make clear how IP assessment can lead to valid statements about students’ level of IP competence. The aim of our study was to identify evidences and threats to validity for a prototype of an IP assessment, focusing on two aspects of validity, namely authenticity and scoring. We investigated to what extent the assessment prototype is a precursor to practice (i.e., authenticity) and to what extent the assessment provides information to determine the level of IP competence (i.e., scoring). We conducted a qualitative design-based study, in which we evaluated the assessment prototype in group interviews with students, teachers, and IP assessment experts. Although both evidence for and threats to validity were mentioned, the threats refuting the assessment’s validity prevailed. Evidence for authenticity was that the task, conducting a team meeting, is common in practice. However, its validity was questioned because the task was more “ideally” performed. Participants indicated that the assessment criteria were clear and applicable. However, they also indicated that it was not yet clear how the current assessment design and criteria lead to a decision on IP collaboration between students, given the individual nature of the assessment and focus on the end product rather than the process.

Authors: HWH Smeets, LEC Delnoij, DMA Sluijsmans, A Moser, JJJG Van Merrienboer

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**OP-14 E**

**Paul Van Royen**  
University of Antwerp & Antwerp University Association, Belgium

**Digital competence as component of Interprofessional education and collaboration**

Interprofessional collaboration (IPC) is essential for delivering quality patient/client care in today’s complex healthcare and welfare environment. Interprofessional educational (IPE) modules are developed in response to this perceived need to improve IPC. Since 2005 an Interprofessional module is organized in the undergraduate program for future healthcare and wellbeing professionals: physicians, physiotherapists, occupational therapists, nurses, midwives, dieticians, speech therapists, social workers, socio-educational care workers, pharmacists and bachelors in psychology. The program is built on five essential steps to learn to collaborate: (1) knowing each other; (2) developing an interprofessional care plan; (3) working patient-centred and reflection on teamwork; (4) ethical and moral deliberation; (5) communicating: how, why and with who? During the COVID-19 epidemic, the module has completely changed to an online learning module. Also after the epidemic, we kept certain parts of the module online. Blended learning integrated the digital competence in IPE. Different degrees of online/blended learning sessions were tried out from 2020 till 2023. The increasing use of technology in healthcare and welfare has made digital competence an essential component of IPE. Healthcare and welfare professionals need to be proficient in using digital tools and platforms to facilitate communication, collaboration and information sharing among team members. Integration of digital competence in IPC/IPE however brings new challenges: defining which steps of the module are most suitable for online communication and digitalization, the evaluation of digital competences and its impact on patient outcomes.

Authors: P Van Royen, I Aerts, J Sturm, G Tsakitzidis
Attitudes toward interprofessional learning and interprofessional collaboration among health professions students at the beginning and end of their studies

Within the scope of professionalization of the health care professions, innovative teaching concepts are needed to prepare students for the complex care processes within the health care system. Numerous (international) scientific and health policy organizations highlight the importance of promoting interprofessional competencies in order to provide optimal health care. These requirements are implemented through an interprofessionally oriented curriculum. To evaluate how students’ in higher education the interprofessional attitudes and competencies in their bachelor degree programs develop, a longitudinal study are conducted at the beginning and end of the study program. For this, the survey of the University of the West of England Interprofessional Questionnaire (UWE-IP) is implemented. UWE-IP assess on four different scales 1) attitudes toward communication and teamwork, 2) interprofessional learning, 3) interprofessional interactions, and 4) interprofessional relationships. This presentation presents the results of the longitudinal surveys conducted from 2019 to 2022 on student entrance and graduation surveys. The data generated provide an opportunity to evaluate and, if necessary, adjust the interprofessional teaching concepts of the physiotherapy, occupational therapy, speech therapy, nursing, and midwifery programs. The goal should be to optimize the interprofessional competencies of the health professionals and thus to an improvement in the quality of care.

Authors: M Handgraaf, S Dieterich, E Quilling, A Posenau, P Schäfer, M Felchner, R Hoßfeld

Team-based improvement in acute geriatric care: A 2-year participatory intervention study on sustainable quality of interprofessional collaboration

The goal of this study was to monitor an enduring improvement focused on quality of interprofessional teamwork and team meetings in acute geriatric care over a longer time period compared with a control group. During two years, 7 teams of acute geriatric care in hospitals implemented actions optimizing interprofessional collaboration, aimed at improving quality of care. Team-based self-assessments with items from IPEQS subscales were organized as pretest (T0) in year 1, as posttest (T1) one year later, and as follow-up (T2) again one year later. The assessments were focused on quality of teamwork as related to quality of care (IPEQS-S), on quality of team meetings in terms of process (IPEQS-TP) and outcomes (IPEQS-TR) as related to quality of patient-focused analysis and decision-making, and planning. An additional selection was made of items tapping specific aspects of person-oriented care (IPEQS-PE). Indexes were calculated as the summed mean item scores of team members, resulting in a team-based indexes. Following the pretest team leaders engaged in selecting goals of improvement and installing working methods, adapted to their needs and context. Team leaders were coached by participating in two supportive peer sessions and 4 one-to-one interviews, sharing experiences and reporting about progressions or barriers in implementing change. The intervention group experienced significant improvement in IPEQS-S. All teams in the intervention group achieved higher indexes in T2 compared to T0. One team had a backset in T1 but caught up with a higher score in T2. In the control group, results were mixed. Indexes of IPEQS-TP and IPEQS-TR, based on perceptions of the quality of 4 team meetings recently held, were similar to the IPEQS-S index, corroborating the findings. The study points out that quality of team functioning and quality of team meetings, as measured by perception of team members, can be improved or sustained by focusing on implementing working methods and tools supporting the quality of interprofessional collaboration.

Authors: K Versluys, R Piers, N Van den Noortgate, A Vyt
Roundtable discussions

RD-01 EC

Ingrid Aerts & Claudia De Weerdt
AP University of Applied Sciences and Arts Antwerp, Belgium

The process of implementing the INPRO competency framework in institutions: Aligning promising experiences

Interprofessionalism is defined as the development of a cohesive practice between professionals from different disciplines. It is the process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the person and his family. Reflection can be performed by means of a competency framework. A shared basis for such a framework usable at micro, meso and macro levels is preferable for the lifelong learner. The first step to establishing this common ground was to close the gap by developing an INPRO competency framework (INPRO CF) applicable to education and practice. The INPRO workgroup reviewed and discussed the existing interprofessional frameworks. As a result, the WHO rehabilitation competency framework (RCF) is chosen as the master framework. Other frameworks based on some eligibility criteria were integrated. The pilot INPRO CF was tested in different settings and institutions. According to the feedback of the pilot projects adaptations were made. During this round table discussion, the INPRO workgroup discusses the use of the INPRO competency framework in different settings.

Authors: I Aerts, C De Weerdt, C Haumer, J Hurkmans, S Jorna-Lakke, A Kidritsch, L Mutanen, J Paltamaa, INPRO consortium

RD-02 EC

Jerôme van Dongen & Hester Smeets
Zuyd University of Applied Sciences & MIK-PIW group, Heerlen, Netherlands

What are the outlines of an on-the-job training for developing the interprofessional competencies of community-care professionals?

In the context of lifelong learning, there can be assumed that professionals need to pay ongoing attention to their development of expertise and professionalization regarding interprofessional collaboration. Many learning activities regarding interprofessional collaboration are organized in practice in the community, e.g. training sessions, or courses. However, these are often too theoretical and too distinguished from daily practice and challenges professionals face. It appears that a basic, positive, attitude regarding interprofessional collaboration among professionals is not yet achieved. In addition, the context and the system in which professionals work strongly influence the (im)possibilities of their professional and personal development. For example, professionals only have limited time to participate in learning and development activities. The main challenge is to embed learning regarding interprofessional collaboration in day-to-day practice. Workplace learning in living labs seems to be the ideal setting to develop an interprofessional attitude and acquire interprofessional skills, since many professions are represented, and professionals collaborate in a combination of practice, education, and research. We want to develop an on-the-job interprofessional training for professionals, students, and teachers, using a design-based research approach. The training is aimed at developing the competences and basic attitude that are needed to work interprofessionally. The training concerns a hybrid format, using active learning forms, which is appropriate within the care & welfare context. The intended goal and output of this round table discussion is to explore the outlines (both content and form) of this interprofessional on-the-job training.

Authors: J van Dongen, A Rothgangel, L Brauers, S Stans, H Smeets, M Nieuwenhuizen
Workshops

WS-01 E

Albine Moser, Anita Stevens & Steffy Stans
Zuyd University of Applied Sciences, Heerlen, Netherlands

Interprofessional bachelor thesis: A magic blend?

Future healthcare professionals need interprofessional education (IPE) to provide patient-centred care. In Europe, there are many examples of excellent IPE activities, partly grounded in problems of the real world. At our institution, healthcare organizations submit assignments for bachelor theses. These assignments are grounded in an interprofessional problem or require an interprofessional solution, often in the complex context of patient care. However, the bachelor theses are mainly carried out mono-disciplinary. Few thesis supervisors dare to step outside their comfort zone to supervise interprofessional student groups from different educational programs and assess an IP bachelor thesis (IP-BT). Examination- and curriculum boards voice concerns about shared examination rules and a separate IP-BT educational program. Four educational programs (Occupational therapy, Speech and language pathology, Physical therapy, and Nursing) started to design, pilot and evaluate an IP-BT program from 2020 onwards using a design-based approach. The IP-BT program has been piloted with 22 interprofessional student groups from the four participating disciplines. The goal of this workshop is to introduce the program and to reflect on content, organizational and structural challenges. The workshop starts with an interactive ‘brainwave’ about the pros and cons of interprofessional and monodisciplinary bachelor theses and the added value and benefits for students. Then, we introduce the examination and educational program including organizational processes as well as sustainability activities. Subsequently, participants reflect on threats for failure, opportunities for success, and stakeholder involvement. Finally, the workshop draws up lessons learned, presented as design guidelines.

Authors: A Moser, A Stevens, S Stans

WS-02 E

Camille Greppin-Bécherraz & Marie Guinat
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How do we solve interinstitutional, organizational, and pedagogical challenges to teach interprofessional collaboration optimally?

Interprofessional education "occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care". While this principle is seemingly straightforward, bringing together health students from different schools for shared interprofessional learning presents many practical, organizational, and pedagogical challenges. A fragile collaboration between educational institutions, strict academic calendars, and challenges of ensuring the pedagogical coherence of each program are some of these. In addition, the misalignment of teaching skills between educators precludes the development of an interprofessional learning culture. In Switzerland, with the help of the Movetia fund, different health universities along with two Canadian universities have come together around an ambitious interprofessional, interinstitutional and international project to improve the common culture of interprofessional education in their different institutions and develop a uniform training for educators involved in various interprofessional education programs. In this workshop, we explore the interprofessional challenges we should address while constructing an IPE intervention. Two objectives will underlie the discussion; a) factors that support inter-institutional collaboration to implement interprofessional education, and b) innovative solutions to overcome barriers to the creation of inter-institutional, interprofessional courses. This discussion should allow participants from diverse backgrounds to emulate collectively in searching for innovative solutions to be applied in their educational institutions.

Authors: MC Boulet, A Camponovo, E Careau, C Greppin-Bécherraz, M Guinat, MA Pellerin, C Ribeiro, A Richard, L Staffoni, V Santschi
Development and mobilization of critical reasoning and thinking skills in interprofessional education

Bringing students from different professions together is not enough to promote interprofessional learning. Learning with, from, and about each other requires constructive interactions between students to enhance active learning and students’ motivation while fostering collaborative and reflective practice development. Problem-solving and critical thinking become crucial goals to facilitate effective interprofessional reflection and co-construction of a shared understanding of a problem. Facilitation is one of the essential components that support reflective learning within the subgroups of interprofessional students. Facilitators in interprofessional education should develop reflective practice skills to promote a deep level of learning and lifelong learning within interprofessional subgroups of students.

In this workshop, we focus on a theoretical and practical overview of the importance of reflective practice in an interprofessional setting, and the implementation of reflective practice in an IPE setting. We highlight thinking skills facilitators can use to promote critical reflection and facilitate the development of interprofessional competencies within a group of interprofessional students. We will offer the opportunity to work in a subgroup of participants to learn how to apply explicit teaching of reasoning in their daily life practice as facilitator in IPE. Finally, we conclude the session by exploring participants’ perspectives on this reflective approach and how they could transfer it in their own context.

Authors: MC Boulet, A Camponovo, E Careau, C Greppin-Bécherraz, M Guinat, MA Pellerin, C Ribeiro, A Richard, L Staffoni, V Santschi
PO-01 C

Claudia De Weerdt & Sandra Jorna-Lakke
AP University of Applied Sciences and Arts Antwerp, Belgium
Hanze University of Applied Sciences, Groningen, Netherlands

**Student-Run Interprofessional Learning Wards (SR-IPLW)**

A Student-Run Interprofessional Learning Ward (SR-IPLW) is a Community of Practice where patients, students, health care professionals and lecturers from higher education learn and work with and from each other in a real-life clinical rehabilitation setting. Within the INPRO project a guideline was developed in which the working method of the SR-IPLW has been described. Based on this, a model for an interprofessional internship was developed. Subsequently, three rehabilitation centres in Finland, Austria and The Netherlands implemented the SR-IPLW and an interprofessional internship model in both in-patient and out-patient settings with various patient groups. In this poster presentation the learning outcomes are discussed regarding central issues in person-centred practice, such as family care in the use of ICF, interprofessional shared decision making, or ownership and engagement of each stakeholder in the participation of the SR-IPLW.

Authors: I Aerts, C De Weerdt, C Haumer, J Hurkmans, S Jorna-Lakke, A Kidritsch, L Mutanen, J Paltamaa, INPRO consortium

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PO-02 E

Liliana Staffoni
HESAV, HES-SO, University of Applied Sciences and Arts Western Switzerland, Lausanne, Switzerland

**The shared leadership in the Swiss undergraduate health teaching context**

Teaching shared leadership in a pre-graduate health curriculum is a challenge. Future health professionals, in addition to building a strong professional identity, must also learn about personal leadership skills without being taught about shared leadership. Students in their third and final year of a bachelor’s degree in physiotherapy, nursing, medical radiology technology and midwifery learn about shared leadership together. The proposed teaching is in line with the Luc’s (2010) approach which includes the following competencies as a priority: building a sense of self-efficacy, learning from others, defining a common vision, and engaging actively in interactions. To develop these competencies of personal and shared leadership students first work through an evaluation to determine their professional preferences in order to understand how these preferences have implications on team dynamics. Secondly, using interprofessional case studies, students need to work on the interprofessional dynamics in the team and to propose an integrated care pathway by experimenting their skills necessary for shared leadership. To achieve these objectives, different tools are used: TeamSTEPPS, a tool for effective team communication, thinking skills for an understanding of the reasoning of each team member, as well as the person-centred practice model proposed by McCormack & McCance (2016). The exercise of horizontal leadership remains a challenge in undergraduate professional education because students are still constructing their interprofessional identity. Shared leadership is known to require an interprofessional posture that is still in its beginning stages in current professional healthcare practice.

Authors: L Staffoni, A Bruno, M Picavet
Educational need of clinical educators of allied health professions and midwifery practice in East-Austria

In 2017 almost 4000 students in the region of Eastern Austria had to complete compulsory internships in the allied health professions, and the trend is rising. The aim of this study was to find out which competencies, from the point of view of the clinical instructors, are needed for successful clinical instruction. A focus group interview with eight participants from allied health professions and midwifery practice was conducted. The text was analyzed with qualitative content analysis according to Gläser and Laudel (2009). The competencies, skills and qualities already identified in English-language literature are seen as relevant. The clinical instructors expressed their need for competence development regarding organization, communication, feedback and assessment. Long, expensive trainings are rejected; frequent opportunities for exchange in an intra- and interprofessional setting are desired. The clinical instructors consider the universities of applied sciences to be responsible for providing these. Information about the importance of clinical instruction for the professional development of the allied health professions and the midwifery practice, its depiction in the competence profile, and the possibility of depicting clinical instruction in the MTD-CPD certificate must be communicated to clinical instructors. Based on the results of this study, a training for clinical instructors is being developed.

Authors: R Holub

Development and implementation of a course bringing together undergraduates from 6 different disciplines and five educational and health institutions

Increasing evidence on efficient collaboration between practitioners in healthcare fosters greater awareness and development of interprofessional education (IPE). In Lausanne (Switzerland), since 2011, 5 educational and health institutions have implemented a one-day-a-half IP course to bring together almost 700 undergraduates from 6 different disciplines. This IPE course’s learning outcomes fit future healthcare providers’ needs and evidence-based standards established by IPE frameworks. Following constructivist learning theory, these outcomes are aligned with learning activities and assessments seeking to foster deep learning, motivation, and engagement of students, regarding interprofessional collaborative practice. Our course aims at raising students’ awareness of collaborative practice in initial training, specifically focusing on three competencies: interprofessional communication, role clarification, and team functioning. Through teaching and learning activities (i.e., group presentation, group reflection, paper-based cases), students engage actively in team-based experiences in sub-groups of 10 students. Creating a safe community-like environment promotes group reflection and team building through constructive interaction. We promote formative assessment by encouraging guidance from tutors who support students’ learning process. IPE faculty development was progressively integrated to train skilled tutors and support optimal management of interprofessional learning. Each year, the interprofessional working group responsible for the course evaluates the program to identify if learning goals and needs have been achieved. This allows a continuous improvement of the teaching content and management of new educational challenges as they are encountered. A strong commitment between the main stakeholders involved in curriculum change across faculties, schools, and disciplines is needed for successful curriculum development and implementation.

Authors: M Guinat, C Greppin-Bécherraz, L Franco, M Gasser, D Pouliot-Morneau, D Waller, L Staffoni, A Didier, V Santschi
PO-05 EC

Marietta Handgraaf
Hochschule für Gesundheit - University of Applied Sciences, Bochum, Germany

What influence do joint case conferences of midwifery and medicine students have on attitudes towards interprofessional learning and working?

In order to sensitise midwifery and medicine students to interdisciplinary cooperation in health care practice, an interprofessional case conference was held with midwifery students of a post-qualification study program and medical students as part of a cross-university project day. How do students of midwifery and medicine assess their communication and teamwork skills? What do they think about their experiences of interprofessional learning? How do they experience interprofessional interactions and relationship building in practice? The joint case conference aims to promote the students' attitudes towards interprofessional cooperation. Approximately 100 medical and midwifery students will receive an online questionnaire with the German version of the University of the West England Interprofessional Questionnaire (Mahler et al., 2017) immediately before and 14 days after the implementation of the interprofessional case conference. The results of the evaluation will be presented. The data are analysed descriptively on the basis of four thematic blocks. They provide insights into whether attitudes towards interprofessional learning and working change as a result of the joint case conference. The case conference took place in April 2023. In the future, the format of the interprofessional case conference is to be expanded thematically and students from social work are to be integrated into the case conference.

Authors: M Schlüter-Cruse, H Buschmann, A Leven, A Schlicker

PO-06 E

Melanie Schellhoff
Hochschule für Gesundheit - University of Applied Sciences, Bochum, Germany

Basic studies in health sciences

Differentiated and innovative courses contribute to improving healthcare and lay the foundation for training in specialized skills to meet the future requirements of the healthcare system. Individual requirements require students to be able to professionally design and manage complex supply requirements in the context of interdisciplinary and increasingly digital work. The Basic Study Health Sciences project (BASTI) is developing an undergraduate course in health sciences as part of a blended learning concept, with the sub-projects „Fundamentals of Public Health“, „Biomedical Fundamentals“, „Fundamentals of social and behavioral sciences related to health“, „Scientific methods“ and „Fundamentals of communication and Interprofessional collaboration“. The cross-sectional project deals with media didactic implementation and design. The definition of competences to be learned and the selection of content was done through expert interviews, focus group discussions with students, analysis of module handbooks and literature research. Taking future skills into account and accompanied by the cross-sectional project, the blended learning scenarios are developed in the sub-projects and accompanying tools are provided via the learning management system. The testing, evaluation and adaptation takes place in teaching in various study programs at the university. The modules and module components developed in the project context are available as a curricular basis for integration into regular teaching and are thus intended to create the basis for a competence profile that distinguishes graduates.

Authors: M Schellhoff, S Dieterich, S Gallasch
**PO-07 E**

**Ute Lange**
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"But why theory?": Teaching social science theories in health professions studies

How can social science theories be more integrated in the study of health professions? This question is currently being investigated in the project "Basti" (Basic Studies in Health Sciences). At the same time, the question arises how to implement adequate content in suitable blended learning scenarios. For this purpose a multi-stage methodological design was chosen. Using literature review and document analysis of in-house and external module manuals, concepts were identified that were found to be central to academic education in the health professions. In a second step, students and teachers of the health professions were interviewed about their experiences and demands regarding the teaching of social science theory. The aim was to identify indications of successful or unsuccessful conditions. As a result, certain theoretical constructs and models crystallized, which function as different perspective givers and offer multidimensional heuristics. These help the students in their later interdisciplinary work practice to classify socio-social phenomena and act as a guide for action in the context of the professionalization of the health professions. It became clear that the experts describe theory knowledge as the foundation of a professional attitude, but students perceive reading theory as a hurdle. The release of this tension will be central in the further course of the project and in the testing in the seminar setting. In addition to the presentation of theoretical considerations and empirical results, the poster will present and discuss initial implementation ideas.

Authors: P Schäfer, J Josupeit, E Quilling, U Lange

**PO-08 EC**

**Inie Koppes**
VieCuri Medical Centre, Venlo, Netherlands

Interprofessional simulation training in acute settings of birth care: A process evaluation and experienced impact in daily practice

Especially in acute situations, interprofessional collaboration is essential to provide safe care (Donovan, 2018). A study shows that simulation training of teams leads to 33-50% less child mortality within a year, and that this is somewhat stable over a period of 3 years (Andreatta et al., 2011). In a Dutch hospital a 1-day interprofessional training with knowledge workshops and simulated scenarios in acute care around birth started. The aim is to refresh the knowledge and (non-) technical skills of pediatricians, gynaecologists, doctor's assistants, nurses, midwives and ambulance services, and optimize interprofessional collaboration. Objectives were based on the EIPEN key competences. The aim of this research project is to evaluate the process of the new training concept and to describe the perceived impact of the interprofessional training in daily practice. A mixed-methods study takes place with 50 attendees. A guide for developing a process-evaluation plan and an education-evaluation model based on the levels of Kirkpatrick were used to design 2 questionnaires. The first questionnaire will be completed by participants immediately after the training and the second questionnaire 4-6 months after the training. 5 interprofessional focus group discussions will be organized 4-6 months after the training to gain deeper understanding of the interprofessional collaboration experiences in daily practice. Descriptive statistics and thematic analysis of the transcribed interviews are used to analyze the data. The first results are expected by September 2023.

Authors: I Koppes, T Manders
Canan Ziylan & Judith van Zwienen-Pot
Rotterdam University of Applied Sciences

A study on transdisciplinary education on prevention of undernutrition in seniors

As seniors fall deeper into malnutrition, their ability to recover physically, mentally, and socially decreases. The causes and consequences of malnutrition can be intertwined, leading to a negative, multifaceted cycle. The VITALIS project seeks to enhance the prevention of malnutrition in seniors through transdisciplinary education for Bachelor students in Dietetics, Physiotherapy, Social Work, Sports Science, and Nursing, improving their knowledge, skills, and attitudes. In a sub-study, an adapted version of Kogan's Attitudes Toward Old People Scale was used to assess the attitudes of 60 Physiotherapy, Nursing, and Social Work students toward preventing undernutrition in community-dwelling older adults. Moreover, six lecturers from these programs were interviewed to understand the knowledge, skills, and attitude conveyed to students. The students' attitudes towards elderly people with malnutrition were primarily developed through practical settings, with Nursing students scoring the most positively and Social Work students scoring the most negatively. Physiotherapy and Social Work students had limited exposure to this issue due to their optional placements and limited classroom instruction, while Nursing students gained experience through mandatory clinical placements. However, all three programs lacked sufficient knowledge about undernutrition and did not include transdisciplinary collaboration on this topic. Moreover, the study highlighted that lecturers do not have a strong attitude toward this topic when teaching students. While the topic of working with seniors is partly covered in the curricula, the topic of preventing undernutrition is seldom addressed. To address these challenges, the project aims to develop and evaluate transdisciplinary education involving different bachelor programs.

Authors: C Ziylan, MN Wagener, JI van Zwienen-Pot, VITALIS consortium

Andre Vyt
Ghent University & Artevelde University College, Ghent, Belgium

Development of interprofessional competences in a postgraduate program of neurorehabilitation: Opportunities and limitations

An effective acquisition of a range of interprofessional competences requires a re-engineering in the global organization and the content of a study program. In undergraduate programs this range is limited, and consequently also the impact. Postgraduate training programs have the advantage of bringing health workers of different backgrounds together, focused on acquisition of advanced clinical competences, and based on extensive actual clinical experience of the participants. In an innovative two-year interprofessional postgraduate program of neurorehabilitation, health care professionals follow courses that are organized per semester around a specific group of diseases (Acquired Brain Injury, Parkinson's disease & related disorders, Dementia, and Multiple Sclerosis & Neuromuscular disorders) during one day per week. For each group of disorders, students have a topic-specific course, a course on specific profession-specific approaches and treatment methods, and a course in which they practice in interprofessional planning and managing care for these patients. In the middle and at the end of each semester module, students are organized in interprofessional teams for practice training on the basis of simulated cases and real-life patients. As students progress over the 4 semesters, the level of integration of interprofessional competences is expected to be significantly improved by the end of the program. The 5Keys model of interprofessional competences (EIPEN, 2021) is used as the basis. At the start and near the end of the program students use the self-assessment tools provided in the Interprofessional Practice & Education Quality Scales (IPEQS), to evaluate their competences. One questionnaire assesses their performance on two core clinical competences (Consult & Collaborate, and Plan & Manage) while a second questionnaire taps the other 3 competences (Refer & Transfer, Handle issues & opportunities, and Reflect & Evaluate). The progress was remarkable: the 34 students evolved in performing from level “acceptable” or “insufficient” to the levels “good” or “acceptable”. Despite the significant progress, some students still assessed themselves as performing at an insufficient level. The presentation focuses on the specific behavioral indicators that are “prone to progress” or “difficult to improve” in relation to the training but also to the specific working context and expertise of health care professionals.

Authors: A Vyt, M De Letter, M Miatton
Sustainability of interprofessional team meetings for vulnerable elderly people living at home

Older adults experience multiple health difficulties and often require complex care. Several healthcare professionals in primary care such as paramedics and general practitioners are involved in their care. To coordinate complex care, case meetings between these healthcare professionals are held, so-called interprofessional team meetings (ITM). However, it is an challenge to sustainably hold these meetings. This study aims to gain insights into the ‘foundation’ of sustainability of ITM between relevant healthcare professionals to strengthen the perceived health of vulnerable older adults living at home. A participatory action research design is being used. This includes continuous stakeholder participation and co-creation teams in all phases of the study. The project consists of five phases. The first phase contains the inventory of the self-reported health of older adults by doing semi-structured interviews and measuring work pleasure through the Team Climate Inventory. The second phase includes the inventory of the functioning of the ITM, facilitators and barriers and sustainability needs. Data is gathered by observation of the ITM’s, and by focus group interviews. The data will be used in the third phase to develop and prioritize individually tailored sustainable strategies per ITM. In the fourth phase lasting one year, these strategies are implemented. The last phase will be similar to the first one. It includes the follow-up measures which are done in the first phase. In addition, the developed strategies for sustainability are evaluated by focus group interviews.

Authors: JI Slowig, D Ummels, A Moser

Interprofessional collaboration and feeling valued: Healthcare assistants mentoring medical students

The importance of each member of the interprofessional team feeling valued is well recognised. However, not all health workers feel valued nor part of the interprofessional team. Healthcare Assistants (HCAs) play a central part within our healthcare service, often carrying out complex tasks formerly undertaken by nurses. Indeed, the HCA role is poorly understood and undervalued. Often, they are left feeling invisible and unheard. HCAs lack ‘voice’ and hierarchical status within the interprofessional team, resulting in their lack of confidence and low self-esteem. An innovative Healthcare Assistant Project (HCA) has been delivered since 2015 at a UK medical school. Medical students receive training to work as HCAs within hospitals and care homes, whilst being mentored by HCAs. Findings to date reveal that this opportunity for HCAs to train and mentor future doctors allows HCAs to draw on their experience and skillset, increase their confidence and feeling part of the team. It enables them to move from a more homogenous group-based identity of HCAs to a role-based one where they feel part of the wider team. Working as HCAs allow students to practice person-centred care and learn about the HCA role. Many say that this initiative will make them better future doctors, who will recognise and consult HCAs in the care of patients. Such learning within the workplace aids the development of both HCAs and medical students in the cultivation of a future, person-centred and an interprofessional collaborative workforce where everyone feels valued and appreciated for their contribution to patient care.

Authors: E Davison
PO-13 E

Amanda Squire & Joanne Fawcett
Cardiff School of Sport and Health Science, Cardiff Metropolitan University

Preliminary findings of a World Café event exploring interprofessional engagement

The poster presents initial observations from a World Café event as part of an innovative and broad stroke approach to establishing a range of interprofessional learning (IPL) activities across programs. The aim of this was to facilitate discussion across programs, share ideas and explore IPL opportunities. This approach is particularly useful when synthesising new ideas. The event was facilitated by independent individuals who were not involved in IPL teaching. Participants included a mix of academics and placement IPE facilitators. Participants were divided into four groups with 6-8 members per group; each group rotated around four tables every 20 minutes. At each table, the facilitator opened discussions and allowed open and honest dialogue; this information was recorded using paper table clothes and using colour-coded pens and Post It notes which indicated profession. The subjects for discussion were ‘interprofessional (IP) simulation activities on campus’, ‘IP seminars’, ‘IP placement opportunities and ‘outside IP engagement projects’. These titles arose following discussions at IP team meetings and IPE placement meetings. The groups were asked to complete a grid of potential activities between each program as part of summarising discussions. The data were explored using latent thematic analysis and drew some common themes together including commitment and enthusiasm from staff and a willingness to explore new ways of delivering existing health related materials. The project outputs from these discussions will impact on planned teaching activities.

Authors: A Squire, J Fawcett

PO-14 E

Gabriël Cantaert
Department of Public Health and Primary Care, Ghent University, Belgium

The Rubric Interprofessional Identity Development (RIPID): Towards the formative assessment of interprofessional learning

Through interprofessional education, learners are equipped with the competencies needed for collaborative practice. However, education should also foster the development of an interprofessional identity with which learners become motivated for collaboration across traditional disciplinary boundaries. Hence, assessment should not only evaluate if learners are capable but also if they are willing to collaborate. Therefore, the Rubric Interprofessional Identity Development (RIPID) has been constructed and validated following a multi-perspective 8-step co-creation process. The RIPID is an analytic rubric suited for the formative assessment of the metacognitive learning goals in the development of an interprofessional identity by means of eight criteria encompassing the individual, team and contextual processes of interprofessional learning. The criteria permit the assessment of a diversity of learners’ work by assigning one of the three quality levels matched to a performance indicator. The indicators have been formulated to facilitate rubric-referenced multisource feedback and to engage learners in reflection and self-regulated learning. Input from medical students (n=10) has shown a strong preference for an early and gradual implementation across the curriculum as part of a portfolio in which learners can monitor their progress throughout their education and after graduation as lifelong learners. The RIPID can also be used in the meta-assessment of programs to support educators in planning and revising their assessment practices. Nonetheless, extensive psychometric validation and empirical testing in different health and non-health setting is needed in addition to an exploration on how the RIPID may fit within a programmatic assessment approach of interprofessional learning.

Authors: G Cantaert, P. Pype, E Lauwerier
Merethe Hustoft & Ane Johannessen  
Western Norway University of Applied Sciences & University of Bergen, Norway

A centre for interprofessional workplace learning including a student-driven incubator as a catalyst for improving quality and innovation

Two collaborating higher educational institutions from Western Norway established a centre for interprofessional workplace learning together with two surrounding municipalities. The centre provides real-life interprofessional education for approximately 900 students from 17 different education programs, including over a hundred workplaces in primary care, each year. The students’ task is to identify what individual patients need in addition to current care. They tailor interprofessional care plans, and discuss these with the workplace staff, aiming for a mutual learning experience and improved healthcare. In 2022, the centre launched a student-driven incubator which aims at promoting sustainable health services and develop workplace-based interprofessional educational activities. These aim at increasing student leadership skills, and enhancing interprofessional education through student-led projects in collaboration with the centre. Research has shown that student leadership promotes participation and responsibility among students and has the potential to create innovative solutions for higher quality of health care. In 2023, students involved in the incubator planned and led an interprofessional pilot project on health system education among immigrants, in collaboration with a multicultural resource centre. Students participating in the pilot project were responsible for the teaching and learning methods used and the evaluation of these. The student-driven educational activities were evaluated, and students found working on such projects inspiring, challenging, useful and motivating.

Authors: M. Hustoft, E. Tran, A. Oldebråten, T. E. Mork, R.L.S. Kjome, A. Bærheim, A. Johannessen

Ilse Lamers  
Faculty of Rehabilitation sciences, Hasselt University, Belgium

Development and implementation of interprofessional education in a bachelor and master physiotherapy program

Driven by the WHO call for action on Interprofessional Education & Collaborative Practice the faculty of Rehabilitation Sciences decided to design a new curriculum where physiotherapy students are trained to develop the competences needed for interprofessional collaboration. With the CanMEDS model as a fundament and the integration of educational concepts such blended, activating, student-centred and community-services-based learning, different learning paths and courses focused on interprofessional collaboration are developed within the 5-year educational program. In the first bachelor year the content of the course is focused on the knowledge of the different healthcare professions and interprofessional collaboration. In the second year, students develop competences related to positive health, patient communication and participation. To receive a bachelor degree, the students have to prepare and solve different cases in collaboration with students from other healthcare educational programs such as nursing, occupational therapy and social work. During these meetings, students receive feedback on their interprofessional collaboration skills. Furthermore, an interprofessional activity week for persons with disabilities is organised by the third-year bachelor students of different healthcare educational programs. During this week, the students with different backgrounds take care of the participants and organise leisure and sport activities. In the final two master years, students further develop their competences during their internships and courses on their specialisation. By these different learning opportunities, students are prepared for future challenges within the clinical field. Evaluation of the interprofessional education embedded in the 5-year educational program is planned in 2025.

Authors: I Lamers, M Van Erum, K Huts, L Janssens, K Klingels, R Meesen
ORAL PRESENTATIONS

OP-01 EC

Sandra Jorna-Lakke & Ingrid Aerts
Hanze University of Applied Sciences, Groningen, The Netherlands
AP University of Applied Sciences and Arts, Antwerp, Belgium

Transferring promising practices to education and vice versa, to move interprofessional education and rehabilitation practice forward

OP-02 C

Albine Moser
Zuyd University of Applied Sciences, Netherlands

Yes we can! .... but only interprofessionally:
Improving self-reliance of vulnerable community-dwelling older people

OP-03 EC

Marietta Handgraaf
University of Applied Sciences Bochum, Germany

Related factors and their importance in developing an interprofessional identity:
A mixed-methods study

OP-04 E

Carla Ribeiro & Liliana Staffoni
HESAV, HES-SO, University of Applied Sciences and Arts Western Switzerland, Lausanne, Switzerland

IPE in an inter-institutional context:
Bringing interprofessional educators to think together

OP-05 E

Amélia Didier
HESAV, HES-SO, University of Applied Sciences and Arts Western Switzerland, Lausanne, Switzerland

Developing a value-based, interprofessional and common perspective of person-centred care in an undergraduate bachelor program

OP-06 E

Amélia Didier
HESAV, HES-SO, University of Applied Sciences and Arts Western Switzerland, Lausanne, Switzerland

Anticipating better healthcare relationships through interprofessional education in conflict management in an undergraduate bachelor program
Capacity building approach to interprofessional practice: A feasibility study

Decoding the disciplines: Creating mutual understanding in multiprofessional education?

Municipal heat prevention simulation game

How to respond to interprofessional education challenges in the Swiss undergraduate teaching context?

Interprofessional education during international electives: Perceptions of health professions students from selected institutions in Africa

Quality aspects of hospital-based physiotherapy from the perspective of key stakeholders: A qualitative study

The balancing act of assessment validity in Interprofessional Healthcare Education: A qualitative evaluation study

Digital competence as component of Interprofessional education and collaboration
OP-15 E

Marietta Handgraaf & Sven Dieterich
Hochschule für Gesundheit - University of Applied Sciences, Bochum, Germany

Attitudes toward interprofessional learning and interprofessional collaboration among health professions students at the beginning and end of their studies

OP-16 C

Andre Vyt
Ghent University & Artevelde University College, Ghent, Belgium

Team-based improvement in acute geriatric care: A 2-year participatory intervention study on sustainable quality of interprofessional collaboration
WORKSHOPS AND ROUNDTABLE DISCUSSIONS

WS-01 E
**Albine Moser, Anita Stevens & Steffy Stans**
Zuyd University of Applied Sciences, Heerlen, Netherlands

*Interprofessional bachelor thesis: A magic blend?*

WS-02 E
**Camille Greppin-Bécherraz & Marie Guinat**
CHUV & School of Medicine, University of Lausanne
HESAV, HES-SO, University of Applied Sciences and Arts Western Switzerland, Lausanne, Switzerland

*How do we solve interinstitutional, organizational, and pedagogical challenges to teach interprofessional collaboration optimally?*

WS-03 E
**Marie Guinat & Liliana Staffoni**
CHUV & School of Medicine, University of Lausanne
HESAV, HES-SO, University of Applied Sciences and Arts Western Switzerland, Lausanne, Switzerland

*Development and mobilization of critical reasoning and thinking skills in interprofessional education*

RD-01 EC
**Ingrid Aerts & Claudia de Weerdt**
AP University of Applied Sciences and Arts Antwerp, Belgium

*The process of implementing the INPRO Competency Framework in institutions: Aligning promising experiences*

RD-02 EC
**Jerôme van Dongen & Hester Smeets**
Zuyd University of Applied Sciences & MIK-PIW group, Heerlen, Netherlands

*What are the outlines of an on-the-job training for developing the interprofessional competencies of community-care professionals?*
POSTERS

PO-01 C
Claudia de Weerdt & Sandra Jorna-Lakke
AP University of Applied Sciences and Arts Antwerp, Belgium
Hanze University of Applied Sciences, Groningen, Netherlands

Student-Run Interprofessional Learning Wards (SR-IPLW)

PO-02 E
Liliana Staffoni
HESAV, HES-SO, University of Applied Sciences and Arts Western Switzerland, Lausanne, Switzerland

The shared leadership in the Swiss undergraduate health teaching context

PO-03 EC
Renate Holub
University of Applied Sciences, Vienna, Austria

Educational need of clinical educators of allied health professions and midwifery practice in East-Austria

PO-04 E
Marie Guinat
Lausanne University Hospital CHUV & School of Medicine, University of Lausanne
HESAV, HES-SO, University of Applied Sciences and Arts Western Switzerland, Lausanne, Switzerland

Development and implementation of a course bringing together undergraduates from 6 different disciplines and 5 educational and health institutions

PO-05 EC
Marietta Handgraaf
Hochschule für Gesundheit - University of Applied Sciences, Bochum, Germany

What influence do joint case conferences of midwifery and medicine students have on attitudes towards interprofessional learning and working?

PO-06 E
Melanie Schellhoff
Hochschule für Gesundheit - University of Applied Sciences, Bochum, Germany

Basic studies in health sciences

PO-07 E
Ute Lange
Hochschule für Gesundheit - University of Applied Sciences, Bochum, Germany

"But why theory? ": Teaching social science theories in health professions studies
PO-08 EC
Inie Koppes
VieCuri Medical Centre, Venlo, Netherlands

Interprofessional simulation training in acute settings of birth care: A process evaluation and experienced impact in daily practice

PO-09 EC
Canan Ziylan & Judith van Zwienen-Pot
Rotterdam University of Applied Sciences

A study on transdisciplinary education on prevention of undernutrition in seniors

PO-10 E
Andre Vyt
Ghent University & Artevelde University College, Ghent, Belgium

Development of interprofessional competences in a postgraduate program of neurorehabilitation: Opportunities and limitations

PO-11 C
Jelena Ines Slowig
Zuyd University of Applied Sciences, Heerlen, Netherlands

Sustainability of interprofessional team meetings for vulnerable elderly people living at home

PO-12 EC
Elizabeth Davison
University of East Anglia

Interprofessional collaboration and feeling valued: Healthcare assistants mentoring medical students

PO-13 E
Amanda Squire & Joanne Fawcett
Cardiff School of Sport and Health Science, Cardiff Metropolitan University

Preliminary findings of a World Café event exploring interprofessional engagement

PO-14 E
Gabriël Cantaert
Department of Public Health and Primary Care, Ghent University, Belgium

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Western Norway University of Applied Sciences & University of Bergen, Norway

A centre for interprofessional workplace learning including a student-driven incubator as a catalyst for improving quality and innovation
Ilse Lamers
Faculty of Rehabilitation sciences, Hasselt University, Belgium

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