

EIPEN 2025 Conference



Programme book

Final version

This version includes updated info on the venue and the rooms.

www.eipen.eu

Welcome

The EIPEN 2025 Conference is the 9th 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), Antwerp (2019), and Bochum (2023).

We are happy to welcome you on the campus of Universiteit Hasselt. UHasselt is one of the youngest universities in Belgium, with a diversity of research and training programmes in medicine and health sciences. The conference venue is in the main building of the campus. Hasselt is located close to the border of Germany and The Netherlands, and is known as “the city of taste” and a “smart city”, embracing culture, nature, art, and technology.

EIPEN exists for almost 20 years. In 2014 we transformed the network into a membership society, with a network of committed institutional members over several countries in Europe. We support European projects and initiatives of partners. We are reaching out to European associations to collaborate in strengthening and securing interprofessional practice and education. 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



Conference Committees

The **Programme 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 (Jos Verweij, Paul Van Royen, and Andre Vyt) and 3 members of the host institution (Ilse Lamers, Karen Willems, and Anouk Tuinstra).

The **Scientific Advisory Committee** reviewed the submitted proposals. It consists of Ilse Lamers, Karen Willems, Anouk Tuinstra, Valérie Santschi, Paul Van Royen, Jos Verweij, Andre Vyt, Tim Németh, and Mathias Duckaerts.

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.

Anouk Tuinstra, Ilse Lamers, and Karen Willems as the local organizing committee.



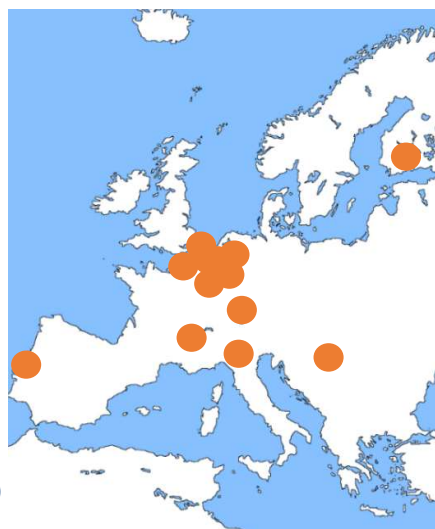
EIPEN Board of directors



In alphabetical order: Matic Kavcic, Valérie Santschi, Minna Manninen, Paul Van Royen, Jos Verweij, and Andre Vyt.

EIPEN institutional members

Faculty of Health - University of Ljubljana (Slovenia)
Zuyd University Heerlen (Netherlands)
Oulu University of Applied Sciences (Finland)
AQARTO Agency (Belgium & France)
Dept of Health - PXL University College (Belgium)
HESAV Haute Ecole de Santé Vaud (Switzerland)
Institut et Haute Ecole de la Santé La Source (Switzerland)
Windesheim University of Applied Sciences (Netherlands)
Radboud UMC Health Academy (Netherlands)
Antwerp University & University Colleges Association (Belgium)
Rotterdam University of Applied Sciences (Netherlands)
Hochschule für Gesundheit Bochum (Germany)
Maastricht University, Dept. of Family Medicine (Netherlands)
UCLL University of Applied Sciences, Faculty of Health (Belgium)
ESEL, University of Applied Sciences for Nursing, Lisbon (Portugal)
Department of Rehabilitation Sciences, University of Hasselt (Belgium)
Dental School - University of Brescia (Italy)



Our goals and activities

EIPEN is a membership society. Our aim is to stimulate and share effective interprofessional training in European higher education, and to improve collaborative practice in health and social care in Europe, in order to help optimize the quality of care and the quality of life of clients/patients. As a network we want to influence educational and health care policy in the EU and its member states. We produce tools and publications that underpin interprofessional practice and education. We organize conferences, seminars, and expert meetings. We also support collaborative projects of members.

Content

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The conference venue

A

UHasselt University Campus Diepenbeek



The conference takes place at Campus Diepenbeek, which is 15 minutes by bus from Hasselt city centre. On Wednesday, the Pre-Conference and Opening Reception take place in **RWS-building**, Wetenschapspark 7, 3590 Diepenbeek. On Thursday 4th and Friday 5th: Conference in **Building D**, Agoralaan.

How to get there



By public transport: Take a train to Diepenbeek, Hasselt, or Genk, then connect via bus to the campus. Multiple bus lines (44, 45, 36a, 20a, 20b, 363, 364, 207, 209) stop at the campus. Due to construction works, the central bus square (halteplein) is closed to traffic. A temporary bus stop is set up along the parking area, with a one-way loop for buses. Check the latest routes and schedules via the De Lijn route planner (www.delijn.be/routeplanner)

By bike: Campus Diepenbeek is bike-friendly, with green cycling paths and covered parking near Buildings D and E. Due to construction, the cycling path near the Science Park will be closed due to construction traffic. Cyclists should use the southern Demer bridge as a detour between Hasselt and the campus. Bike rental is available: <https://www.visithasselt.be/en/bike-rental>

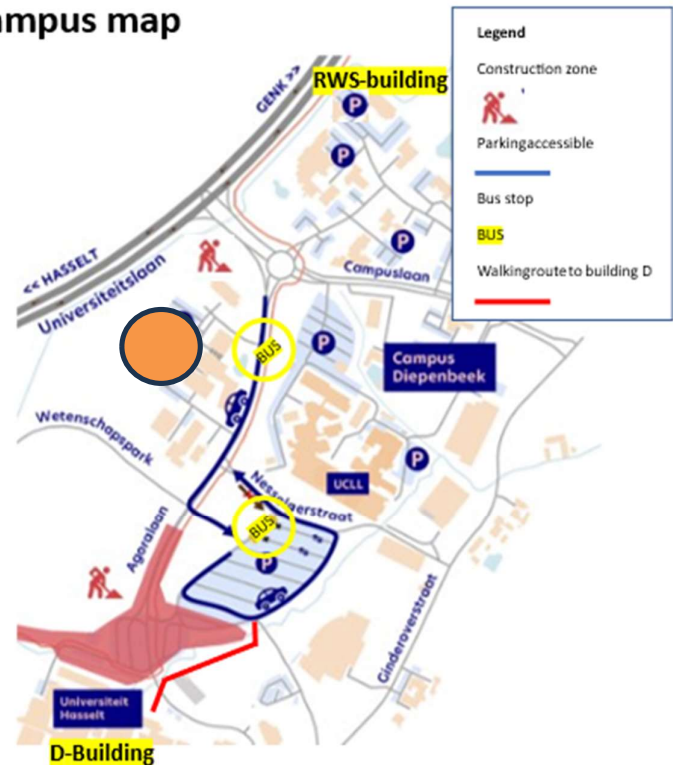
By car: Campus Diepenbeek is accessible via the N702 (from Hasselt or Genk) or Ginderoverstraat. Construction works affect the main parking lot, which may cause some disruption. Parking spaces and assistance for people with reduced mobility remain available. All changes are clearly indicated on-site with signs and construction boards.

The campus

Buildings on the campus are easily accessible for wheelchair users, with ramps, lifts, and adapted facilities. Additional information via <https://www.uhasselt.be/en/about-hasselt-university/contact/campus-diepenbeek>



Diepenbeek Campus map



Wednesday, 3th of September 2025

- RWS-Building (Faculty of Rehabilitation Sciences)
Wetenschapspark 5, 3590 Diepenbeek
- Parking available in front of RWS-building
- Bus stop: Diepenbeek, Agoralaan

Thursday 4th & Friday 5th of September 2025

- D-Building, Agoralaan, 3590 Diepenbeek
- Parking space P
- Bus stop: temporary bus at parking area Agoralaan, Universiteit

Rooms on campus: Where to find the activities?

Building D – floor plan Thursday 4th & Friday 5th

EIPEN Registration desk: Desk
Coffee breaks & lunches: AG01
Invited plenary presentations: H3
Oral Presentations: H2 & H3
Poster presentations: AG01
Workshops & Roundtables: C6, C20, C21, Think¹



Accommodation for lodging

Several hotels in Hasselt offer convenient access to Campus Diepenbeek. Here are a few options:

- Holiday Inn IHG Hasselt www.hihasselt.com
- Holiday Inn Express IHG Hasselt www.ihg.com
- Radisson Blu Hotel Hasselt www.radissonhotels.com
- Park Inn by Radisson Hasselt www.radissonhotels.com

Additional accomodations via <https://www.visithasselt.be/en/overnight-accomodations>

Social activity



On 4 September, conference participants can meet each other in an informal setting during a leisurely city walk (approximately 45 minutes) through Hasselt. This walk offers the opportunity to explore the city while engaging in conversations with fellow attendees, enjoying the sights and atmosphere. The walk will conclude at *Het Smaaksalon* (www.smaaksalon.be) where a group dinner will take place. It's a relaxed opportunity to explore the city, enjoy local cuisine, and network.

Explore Flanders and cities nearby



Flanders has a lot to offer for tourists. The province of Limburg is well known for leisure activities and biking in open natural spaces, while the cities of Ghent, Bruges and Antwerp offer a rich heritage of historical buildings and art.

From Hasselt you can easily reach Brussels, and from there take intercity trains to Antwerp, Ghent or Bruges, or high-speed trains to Amsterdam, Paris, and London. All these cities are only a couple of hours distance from Brussels.

Useful links

- Tourism in Hasselt: www.visithasselt.be/en
- Tourism in the province Limburg: www.visitlimburg.be/en
- Tourism in Flanders: www.visitflanders.com

Guidelines for a smooth conference

Registration desk

The registration desk is open from Wednesday 2pm until 6pm. Otherwise, you can collect your badge at the registration desk on Thursday morning from 8am onwards. The opening hours of the registration desk will be indicated.

Badges

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 Programme 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.

Internet access and printing

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. EIPEN 2025 is a conference without printed documents. Also the programme is only available in digital form. Only posters will be on display in paper. If you need to have something printed, please ask the persons at the registration desk to help you.

Exhibition stands and posters

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. We organise the conference in such a way that these occasions can be used effectively. Please make use of it. If you are not attending the dinner or are leaving early on Friday and if you have not signaled this on beforehand, please indicate this when registering, as we don't want to waste food.

Participants have had the opportunity to indicate special diet requirements for lunches and dinners. We pay attention to this. Part 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. For oral presentations max. 20 minutes are foreseen, including Q&A. We ask presenters to formulate clear conclusions or clear messages after 15 minutes. Additionally max. 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. We strongly advise to keep the presentation time at 15 minutes if you can.

For **workshops and roundtable discussions** 50 minutes are foreseen as a maximum. 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 to use self-regulation. Participants can move between rooms to attend a presentation in another strand. In this case, we ask to move swiftly and silently between presentations.

Settings of your presentation

Normally you will be able to use your own laptop for presenting, but 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. You may eventually want to use your own laptop. A room- and time-keeper will be available to assist you when necessary.

All computers in presentation rooms will have internet access. In order to minimize the risk of encountering difficulties, we advise to take screenshots of internet content you want to incorporate in your slides of your presentation. If you want to use audio or video, please ask a person available to test this out on beforehand.

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 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.

Programme overview

C

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.

The format:

OP = oral presentation (max 15-20 minutes presenting, including max 5 minutes Q&A)

WS = workshop (max 50 minutes, aimed at skills and interaction)

RD = roundtable discussion (max 45 minutes, aimed at debate and discussion)

PO = poster presentation



Wednesday morning seminar

09.30 Pre-conference capacity building seminar - Room 0.36

Separate registration necessary

ends at
14.30 **José van Oppen & Hester Smeets**

Redesigning Interprofessional Education: towards real-world collaboration and competency. Creating authentic interprofessional education beyond modules

With the increasing complexity of healthcare needs, effective collaboration between professionals from diverse backgrounds is critical to providing safe, high-quality care. However, many current interprofessional education (IPE) approaches, based on isolated modules, fail to reflect the authenticity and integration required in real-world practice. This preconference seminar aims to spark a shift towards integrated, authentic IPE that better mirrors the collaborative dynamics of healthcare environments.

This preconference seminar will explore how to design authentic IPE using an educational theory, the 4C/ID (four-component instructional design) framework, focusing on tasks directly drawn from practice. Participants will be guided through a process of identifying authentic interprofessional tasks, translating them into clear performance objectives, and designing assessment and educational tasks that build students' competency in these tasks over time.

The seminar will emphasize a progressive increase in complexity across years of study, tailored to various professions, rather than relying on separate, often fragmented IPE modules. In addition to hands-on design work, the seminar will provide essential background information on the growing need for interprofessional collaboration in healthcare and the role of IPE in preparing future professionals for effective teamwork. During the session, links are made with the 5Keys framework for interprofessional competences.

By the end of the session, participants will have a deeper understanding of the 4C/ID framework, practical insights for designing IPE tasks, and strategies to implement IPE curricula that prepare students for collaborative, patient-centered practice. It includes:

- Presentation on the need for authentic IPE, including educational theory, and illustrative examples from practice.
- Identifying Authentic Interprofessional Tasks. Participants brainstorm and share real-life interprofessional scenarios from their own contexts, and select one task to develop into an educational and assessment activity.
- Designing Performance Objectives and Criteria. Participants work individually to analyze the selected task and define related performance objectives and success criteria. Then, they collaborate to compare, refine, and reflect.
- Group Feedback: Briefly sharing developed tasks, objectives & criteria, providing peer feedback and insights.
- Curriculum Integration: From Year 1 to 'Collaboration-Ready'. Participants design a progressive pathway for integrating the developed IPE tasks into the curriculum. Emphasis is placed on using whole tasks, increasing complexity over time, and embedding IPE into existing curriculum components rather than isolated modules.



José van Oppen is senior lecturer at Zuyd University of Applied Sciences, within the Domain of Healthcare & Social Work. She holds a Master's degree in Educational Sciences and has a professional background in healthcare as a physiotherapist. She brings extensive experience in initiating and guiding educational policy and innovation projects, particularly in the area of interprofessional education in healthcare. She developed and coordinates Interprofessional Communities of Practice (IPCoPs) within interprofessional internship settings, as well as an interprofessional minor program titled Health International. She is also a member of the EIPEN expert group involved in the revised version of the 5Keys model.



Hester Smeets is lecturer and researcher at Zuyd University of Applied Sciences within the domain of Healthcare & Social Work. She works as a project leader in the innovation of interprofessional education and teaches in both the Nursing program and the Master's program in Health Innovation. She earned her PhD with a focus on the assessment of interprofessional competence in higher healthcare education. In addition to her academic role, she works at the MIK & PIW group, an organization dedicated to childcare and social work. There, she coordinates a regional network that supports older adults living at home and leads a project aimed at developing dementia-friendly communities.

The seminar includes a lunch and catering during the meeting. The number of participants is limited. Registration fee: 120€ for EIPEN members, 180€ for non-members.

Wednesday afternoon

14.30

Interactive sessions

MoveLab - MoveLab Room

Yvette Kerkum

Within the MOVElab project, the Rehabilitation Research Center (REVAL) is installing a high-tech motion capture lab with a VR dome. This advanced environment offers extensive possibilities for R&D and for services in rehabilitation and healthcare. This unique lab is the only one of its kind on the European mainland and one of only nine worldwide. With the support of the European Regional Development Fund, UHasselt and its partners are positioning Flanders as the European innovative hub for motion and experience capture and training.



Think3 - Skyroom 2.02

Alexandra Cloostermans

The THINK³ Simulation & Innovation Lab promotes education, research and services in the healthcare sector. It offers an interactive and innovative learning environment for students, lecturers and actors in the field, with a focus on transdisciplinary research and learning in healthcare. The aim of the THINK³ Lab is to support healthcare organisations in integrating innovations into daily practice, by actively working on training skills, developing innovative ideas and implementing these in a sustainable way.



16.30

Plenary presentations - Skyroom

Health Campus

Roeland Buckinx

Health Campus Limburg is a magnet for companies, healthcare and welfare providers, researchers and educational institutions. The campus focuses on community building, strengthening the ties between the business community, local and regional governments, educational and healthcare institutions, healthcare and welfare providers, and citizens. Here, work is being done on the future of healthcare by promoting collaborations, entrepreneurship, innovation and the implementation of scientific knowledge in practice. In this way, Health Campus Limburg is a developing place to do business, innovate and study.

CELL

Anouk Tuinstra

CELL was established in 2022 in collaboration with the eight zones for primary care, three knowledge institutions, hospital networks, and networks for mental health, palliative care and prevention. The initiative was created at the request of the sector and reflects the trend towards more integrated care systems that put the care and well-being needs of the local population at the centre. This is achieved by introducing transformation partnerships that bring together care and well-being at a regional level, with population management at the core of the approach.

INTERPRO Academy

Ilse Lamers & Karen Willems

INTERPRO Academy is a learning environment that focuses on interprofessional education and collaboration, building bridges between healthcare education and the health and social care practice. It focuses on 3 pillars: (1) *Meeting*: getting to know each other's disciplines, roles and perspectives better; (2) *Collaboration*: strengthening skills to share knowledge in an interprofessional team and to work together on planning and evaluating care; and (3) *Reflection*: reflecting together on interprofessional collaboration and debating how to embed this sustainably in the healthcare system of the future.

17.30

Inspiration market - Reception Room



A variety of good practices in the form of showcases, to be visited in the format of a market place. Participants get to know 3 institutional members of EIPEN (UHasselt, PXL, and UCLL).

18.30

Welcome address and walking dinner - Reception Room

The program committee warmly welcomes attendees. The dinner ends at 20.00h.

Thursday morning sessions

08.45 Invited plenary presentation - Room H3

Walter Sermeus

**Interprofessional teamwork for patients:
Working in networks and across boundaries**

Healthcare faces significant challenges in addressing workforce shortages, high demands from an aging population, rising patient expectations, and severe financial constraints. This will lead to various organizational models of care. We will examine the strengths and weaknesses of these models as well as their strategies for implementation.

Walter Sermeus is emeritus professor at the KU Leuven Institute for Healthcare Policy and Head of the KU Leuven WHO CC on Human Resources for Health Research & Policy. He is President of the Plexus Hospital Network, Belgium.



Oral Presentations - Strand A – Room H3

Oral Presentations - Strand B – Room H2

09.30

OP 1

Matic Kavčič

Integrating high-fidelity simulation into an interprofessional collaboration course: Experiences, challenges and outcomes

OP 3

Marie Guinat, Valérie Santschi & Olivia Sautier

Use of the ADDIE model to design an interinstitutional and interprofessional course on interprofessional conflicts

OP 2

Perrine Thiry & Katja Swinnen

Enhancing care continuity for vulnerable CKD care recipients in collaboration with patient experts

OP4

Sam Pless & Tine Vynckier

Towards a typology of actions to stimulate interprofessional collaboration in local primary care regions

10.15

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

10.45

OP 5

Ellen Westhof

An educational escape room on evidence-based practice in healthcare

OP 7

Carla Ribeiro

Swiss transitional care: Multilevel governance and interprofessional collaboration

OP 9

Marie Guinat & Camille Greppin-Bécherraz

From peers to leaders in interprofessional education: Midwifery students' involvement in facilitation

OP 6

Lisa Rogers

How are interprofessional competencies developed? A qualitative study exploring health and social care students' perceptions

OP 8

Danielle Dobbe-Kalkman

How collective learning emerges in interprofessional team meetings in a transition towards integrated care

OP 10

Lourens van der Weerd

Facilitators and barriers to interprofessional learning, collaboration, and identity development during interprofessional internship in rehabilitation

12.00

Lunch, with opportunity to view and discuss posters

Thursday afternoon sessions

Workshop - Strand A – Room C21

- 13.10** WS 1
Loes van Bokhoven
InterCompetent: future-proof competencies for general practitioners in primary care

Workshop - Strand B – Room Think3

- WS 2
Judith van Zwienen, Eva Creutzberg & Jellie Zuidema
Addressing malnutrition in older adults through interprofessional education

- 14.00** Break with coffee/tea, with opportunity to view and discuss posters

Roundtable discussion A – Room C21

- 14.30** Katrien Colman & Annemieke Smale
Characteristics of interprofessional learning, supervision and collaboration in rehabilitation care in the Netherlands

Roundtable discussion B – Room Think3

- Stella van Daal & Jos Verweij
Influence of professional identities on interprofessional education: The role of the teacher

- 15.15** Break with coffee/tea, with opportunity to view and discuss posters

Oral Presentations - Strand A – Room C21

- 15.45** OP 11
Femke van Lambaart
Exploring collaborative learning in a community-based interprofessional network
- OP 13
Jelena Ines Slowig
#Tomorrows care: Sustainability of interprofessional team meetings in primary care

Oral Presentations - Strand B – Room Think3

- OP 12
Kristel Meijers
Supporting primary healthcare professionals in eHealth measurement
- OP 14
Amelia Didier
The challenges of caring for patients with chronic diseases during transition: Perception of patients, families and healthcare professionals
- OP 16
Mathias Duckaert
Quality indicators for interprofessional rehabilitation care: A scoping review

- 16.30** **EIPEN Members meeting** (only with EIPEN member representatives) – Room C6

- 18.15** **Social event:**
guided walk through the city,
ending at the restaurant
Start: Bus Stop Dusartplein, Hasselt

- 19.00** Evening dinner in *Smaaksalon*
restaurant (ending at 22.00h)
Location: Maastrichterstraat 61, Hasselt



Posters presented on Thursday

Posters are displayed in Room AG01 (Reception area). You can find the abstracts of the presentations on the next pages.

PO 1

Mathias Duckaert

Whose voice counts? Stakeholder participation in developing quality indicators for interprofessional rehabilitation

PO 2

Olivia Sautier

Building interprofessional competencies: A structured curriculum approach for six undergraduate healthcare professions

PO 3

Zari Mousapour

Cognitive mechanisms of interprofessional education in health and social care

PO 4

Eva Creutzberg

Attitude and knowledge of Social Work and Sports Science students towards prevention of malnutrition in community

PO 5

Femke van Lambaart

Bridging healthcare and social work professionals to enhance integrated care for community-dwelling elderly individuals.

PO 6

Tuan Anh Phan

Know your team - Know your treatment: A pilot study of interprofessional pharmacotherapy education in 4 centers

PO 7

Jellie Zuidema-Cazemier

Improving malnutrition care by home care teams using participatory action research

PO 8

Loes van Bokhoven

The needs and wishes of older people and their family caregivers in advanced care planning

PO 9

Camille Greppin-Bécherraz & Marie Guinat

French translation, cultural adaptation, and validation of the Interprofessional Learning Scale and the Relationship Scale

PO 10

Nancy Cannaerts

Breaking silos: The role of interprofessional education in modern healthcare

PO 11

Ellen Giesen & Hester Smeets

Innovating towards authentic interprofessional education using interprofessional projects

PO 12

Marloes de Lange & Wietske Kuijer-Siebelink

Shaping interprofessional collaboration between childcare, education and healthcare

PO 13

Marieke C de Ruiter

Dialectical inquiry is underused in training students for interprofessional collaborative practice

PO 14

Ricardo Ferreira

Public and Patient Involvement in IPE: European stakeholder's experiences and perspectives

PO 15

Ricardo Ferreira

Public and Patient Involvement in IPE: International survey to students and educators

Friday morning sessions

08.45 Invited plenary presentation – Room H3

Caroline Verlinde

Challenges and opportunities for interprofessional collaboration from a networking perspective

In complex systems such as healthcare, effective integration of services across all stakeholders is essential to deliver seamless, patient-centered care. While structural tools—such as interprofessional electronic health records and supportive regulatory frameworks—are critical, they are not sufficient on their own. Achieving true integration also requires a fundamental mindshift among both the healthcare workforce and governing bodies. Network organizations play a pivotal role in facilitating this transformation. By bringing together the diverse expertise of all stakeholders within the system, they ensure that each contributor's knowledge is recognized and leveraged. Network organizations serve as vital connectors between frontline professionals and policymakers, helping translate vision into coordinated action.

Caroline Verlinde is a general practitioner with extensive expertise in primary care delivery. She brings a unique combination of hands-on field experience, in-depth knowledge of policy and innovation, and a broad professional network. Since 2019, she has served as the Chief Executive Officer of the Flemish Institute for Primary Care VIVEL, the network and knowledge center for primary care in Flanders and Brussels.



Workshop Strand A – Room C21

Workshop Strand B – Room Think3

09.30 WS 3
Hester Smeets & Steffy Stans
Exploring integration of interprofessional education in healthcare curricula

WS 4
Giannoula Tsakitzidis
The board game: Impact of serious games on teaching interprofessional competences

10.20 Short break with coffee/tea

Workshop A – Room C21

Workshop B – Room Think3

10.40 WS 5
Ellen Hagedoorn & Cathy Woldring
Designing 'open' interprofessional education within academic standards

WS 6 part 1
Karen Willems, Anouk Tuinstra, G Tsakitzidis & I Lamers
The INTERPRO Academy as a catalyst for sustainable interprofessional learning

Workshop A – Room C21

Workshop B – Room Think3

11.30 WS 7
Carla Ribeiro & Camille Greppin-Bécherraz
Supporting meaningful involvement of patients and citizens in research

WS 6 part 2
Karen Willems, Anouk Tuinstra, G Tsakitzidis & I Lamers
The INTERPRO Academy as a catalyst for sustainable interprofessional learning

12.20 Lunch



Abstracts of presentations

D

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.

The format:

OP = oral presentation (max 15-20 minutes presenting, including max 5 minutes Q&A)

WS = workshop (max 50 minutes, aimed at skills and interaction)

RD = roundtable discussion (max 45 minutes, aimed at debate and discussion)

PO = poster presentation



Oral Presentations

OP 1

Matic Kavčič

University of Ljubljana, Faculty of Health Sciences, Ljubljana, Slovenia

Integrating high-fidelity simulation into an interprofessional collaboration course: Experiences, challenges and outcomes

The positive effects of interprofessional collaboration on the quality of patient care are generally recognised. However, there is still a gap in understanding the challenges and effectiveness of different simulation-based training modalities within IPE. Since 2011, our Faculty of Health Sciences has been offering an inter-faculty elective course Interprofessional Collaboration in Health Care Teams to students of various health-related disciplines. In 2024, we added simulation-based training to the course to further enhance students' interprofessional collaboration competences through experiential learning. Using the UWE Bristol Questionnaire pre- and post-course students' attitudes on communication and teamwork, interprofessional learning, and interprofessional interaction were collected between 2013 and 2019 (n = 324). Our aim is to compare previous results to those of current 2024/2025 academic year (n = 24). Results from previous years showed an improvement in students' attitudes before and after completing the course in the areas of communication and teamwork and interprofessional learning. However, attitudes toward interprofessional interaction did not change significantly following the course. Similar pre-course results were observed in the 2024/2025 academic year. Upcoming post-course data collection will enable us to present the comparison of effectiveness between IPE course with and without simulation-based training. The presentation will provide an overview of our experience with the integration of high-fidelity simulations and explain the pedagogical rationale, the structure and design of the simulation scenarios, and the challenges of implementation. By sharing our findings, we aim to contribute to the ongoing discourse on best practice in IPE and stimulate discussion on optimising simulation-based training for interprofessional learning.

Authors: M Kavčič, Š Orehek & B Domajnko

OP 2

Perrine Thiry & Katja Swinnen

University College Leuven Limburg, Research & Expertise Unit, Leuven, Belgium

Enhancing care continuity for vulnerable CKD care recipients in collaboration with patient experts

Interprofessional communication is essential to ensure care continuity for vulnerable care recipients with chronic kidney disease (CKD), especially during transitions from specialized hospital care to primary care. Insufficient communication, patient education, and information exchange between healthcare settings frequently result in rehospitalizations and fragmented care. This study aimed to enhance care transitions for CKD patients by developing interprofessional collaboration workshops to improve communication and discharge interventions. Using a mixed-method design, we engaged healthcare providers, patients, and patient experts to identify needs and optimize discharge management within the nephrology department. Through interviews and questionnaires, healthcare providers emphasized the importance of clear communication, structured consultations, task distribution, and effective information exchange. In 2024 we conducted three interprofessional workshops which addressed these aspects and led to improved role clarity, enhanced interprofessional communication, and better comprehension of the discharge process. The workshops encouraged knowledge sharing and collaborative problem-solving, fostering a culture of teamwork and mutual understanding. Patient experts contributed significantly by ensuring attention to patient vulnerability and empowerment, offering valuable insights to enhance patient-centered care. Pre- and post-assessments showed positive trends in participants' understanding of discharge management and confidence in implementing the checklist. A practical checklist derived from the workshop insights was integrated into nephrology practice, streamlining the discharge process and promoting consistency in care delivery. This approach highlights the critical role of interprofessional collaboration in improving care continuity for CKD patients and underscores the value of actively involving healthcare providers and patients in enhancing discharge interventions effectively.

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OP 3

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Use of the ADDIE model to design an interinstitutional and interprofessional course on interprofessional conflicts

Interprofessional conflict is among the most important barriers to effective collaboration in clinical settings, as well as in acute and primary care. For healthcare students, conflict is a common part of their clinical experience, often related to hierarchy and power issues. Undergraduates may have different views and conflict management approaches based on their professions, backgrounds, or gender, so IPE should foster interprofessional conflicts management teaching to equip students with adequate skills. In an undergraduate context, a new interinstitutional and interprofessional course was designed to teach interprofessional conflict management competencies to students from six professions (medical, nursing, radiologic technology, physiotherapy, occupational therapy, midwifery). A blended learning approach was implemented to overcome the logistical and scheduling challenges of a large-scale, interinstitutional innovation. This new course was the second stage of an IPE curriculum ensuring continuity and progressive competency development. Using the co-creation principles, students, teachers, clinicians, and facilitators collaborated to design concrete and authentic clinical cases, fostering experiential learning. In 2024, 31 facilitators supervised 621 students during this new training. The satisfaction rate was 51%, and 81% of respondents found the supervision by facilitators adequate. Qualitative feedback highlighted key areas for improvement of the new course. Healthcare students, whatever their professions, must actively and constructively engage in interprofessional conflict management to enhance team performance, patient safety, and quality of care. Future efforts should map existing curricula across professions to ensure coherence, progression, and integration of IPE competencies with the pre-existing courses.

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OP 4

Sam Pless & Tine Vynckier

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Towards a typology of actions to stimulate interprofessional collaboration in local primary care regions

In 2018, 60 local primary care zones were established in Flanders and Brussels, Belgium, aligning with the global trend of health system reforms aimed at reducing fragmentation. A key objective of these zones is to promote interprofessional collaboration. This study provides an overview and typology of actions taken to achieve this goal, based on document analysis and an online questionnaire. We first examined the websites and policy plans of all zones to identify actions that encourage interprofessional collaboration. Subsequently, we collected additional data through a questionnaire, focusing on the goals, drivers, participants, methodologies, and potential impacts of these actions. The data were thematically analyzed to develop a typology of actions. The findings reveal a wide variety of actions across the zones. Many zones promote information sharing, informal networking, training, individual case discussions, formal governance networking, and goal-oriented collaboration. However, the approaches to achieving these goals vary significantly in terms of their direct contribution to interprofessional collaboration, the involvement of informal caregivers, and the participation of professionals from different disciplines and sectors. Notably, some actions may inadvertently reinforce the current fragmentation of the health system, such as the establishment of governance networks by sector or discipline. Conversely, other actions aim to transform the system towards greater integration, such as the creation of goal-oriented primary care networks. In a forthcoming research project, we will evaluate the facilitators, barriers, and impacts of different actions to identify best practices for fostering interprofessional collaboration.

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OP 5

Ellen Westhof

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An educational escape room on evidence-based practice in healthcare

Evidence-Based Practice (EBP) is crucial for delivering high-quality patient care. It is often perceived as complex and time-consuming by students and professionals, leading to negative attitudes and low engagement. Using an escape room as a gamification strategy can enhance EBP attitudes and skills. The objective is to develop an escape room for training of EBP skills and attitudes among healthcare students and professionals. An educational escape room encompassing EBP essentials was created. A pilot test was conducted to evaluate the flow and potential impact of the escape room. Twenty-nine multidisciplinary teams, comprising future healthcare professionals, EBP experts, and escape room experts (N=143), were observed while playing the escape room. The observations mainly focused on the flow and playability of the game. Participants engaged in a group discussion about their experience of playing the escape game and afterwards they completed a non-validated questionnaire on the fun elements of the game, difficulties while playing, impact on teamwork and knowledge improvement of EBP. All participants agreed that the escape room was an enjoyable and effective method for training EBP application in a clinical setting. The flow was well-structured, although participants found it challenging to escape within the allocated time. Most participants reported enhanced knowledge of EBP after playing the escape room. The EBP escape room is an innovative and engaging method for encouraging the use of EBP within a team. An Erasmus+ project is running with the corporation of five partners, to develop an online version of the EBP escape room.

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OP 6

Lisa Rogers

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How are interprofessional competencies developed across the island of Ireland? A qualitative study exploring health and social care students' perceptions

Understanding and leveraging the knowledge and skills of diverse disciplines improves patient and health system outcomes. Despite the importance of interprofessional collaboration, healthcare professionals are primarily trained in discipline specific silos. Regulatory bodies across health and social care require evidence of dedicated interprofessional curricula, yet, it remains unclear whether students are successfully gaining these essential competencies. This research explores health and social care students' perceptions of interprofessional education (IPE) across the island of Ireland. Students from seven universities participated in an intervarsity IPE challenge and this research evaluated how and why this activity impacted interprofessional competency development. Using a qualitative approach, 42 students were invited to participate in two open-ended questionnaires between January and March 2025 (T1:N=17(40%); T2: N=30(71%). Informed by the Canadian Interprofessional Health Collaborative domains, the surveys explored how interprofessional competencies were attained and identified curricular gaps requiring further consideration. The results highlight varied IPE experiences across universities. Curricula opportunities included interprofessional case-based learning, however, many reported a lack of "hands-on" collaboration across professions. Regarding the intervarsity challenge, students valued the opportunity to collaborate over time on a shared goal (i.e., optimise care for a complex patient case). The activity created time and space for students to actively listen to different professional perspectives. The experience enabled students to better understand, respect, and appreciate others' roles within the team. While many students reported enhanced comfort in "speaking up" following the activity, for a few the opportunity also helped strengthen their professional voice: "I learnt my voice matters". This research supports the improved curricula design of IPE by exploring the key mechanisms that support the development of interprofessional competencies.

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OP 7

Carla Ribeiro

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Swiss transitional care: Multilevel governance and interprofessional collaboration

Chronic diseases pose major challenges to healthcare systems, with population aging contributing to higher hospitalization rates and rising costs. Effective transitional care is essential to ensure continuity between hospital and home, requiring close interprofessional collaboration. The Swiss healthcare system operates within a multilevel governance structure (federal, cantonal, and communal), a characteristic that may shape how transitional care is implemented and coordinated. This presentation explores the link between transitional care and interprofessional collaboration from the perspective of cantonal health authorities and directors of healthcare institutions. It draws on a four-year research project funded by the Swiss National Science Foundation aiming at understanding transitional care at the macro (analysis of federal and cantonal health policy), meso (organisational level), and micro levels (experiences of healthcare professionals, patients, and informal caregivers). This presentation focuses on the first phase, which involves health policy analysis. It included document analysis (laws, policies, reports, guidelines) and interviews (N=43) with representatives from cantonal health departments, directors of healthcare institutions, and committee members of professional associations. Preliminary findings suggest a growing political interest in improving coordination and interprofessional collaboration, particularly at the cantonal level. These efforts include the development of coordination programs and initiatives to address workforce shortages, along with investments in simulation centers, new interprofessional training programs, and digital communication tools. However, persistent structural and organizational challenges hinder the development of integrated transitional care. These challenges underscore the need to legitimize and structurally support (interprofessional) coordination efforts within the healthcare system.

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OP 8

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How collective learning emerges in interprofessional team meetings in a transition towards integrated care

To ensure the growing number of patients with multimorbidity will receive the best care possible, healthcare professionals need to find new ways of working together, breaking out of a fragmented system. For this, an interprofessional team in a university hospital is taking their first steps towards providing integrated care. In this study, the way healthcare professionals learn during interprofessional team meetings (ITMs) was investigated, to better understand the processes involved in informal workplace learning within a newly formed team and how new ways of working in this context are dealt with. This study focuses on the question: "How does collective learning emerge during ITMs of healthcare teams delivering person-centered integrated care?". To answer this question, a qualitative, phenomenology-based focused ethnography was conducted. For this, five ITMs were observed, and the participants completed a learning log after each meeting. The results were discussed in a focus group meeting. Data were analyzed using a template analysis. Results show that collective learning emerged when certain conditions were met, like focus on meeting procedures, and transmutal collaboration. Shaped by these factors learning processes for integrated care could emerge from sharing knowledge, co-creation, and constructive conflict. Reflexivity did not arise spontaneously but yielded many insights regarding how to improve the ITMs when room was created for this during the focus group.

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OP 9

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From peers to leaders in interprofessional education: Midwifery students' involvement in facilitation

Healthcare policy supports the design and implementation of interprofessional education (IPE) across various healthcare education curricula. Yet, organizational challenges, particularly high human resources demand for facilitation, remain significant barriers educators should address. Since 2011, five educational and healthcare institutions have implemented a short IPE course to bring together undergraduates from five disciplines. To meet the logistical challenges of IPE implementation, in 2023 and 2024, thirty and thirty-one first-year midwifery students (with prior Bachelor's degrees in nursing) were engaged as peer facilitators. This pre-post study explored the impact of peer versus professional facilitation on changes in students' attitudes toward IPE following participation in an IPE program, using a French translation of two subscales of the validated questionnaire, the "University West of England Interprofessional Questionnaire". A total of 256 and 198 students answered the survey in 2023 and 2024, respectively, before and after the course. In 2023, students' attitudes toward interprofessional (IP) relationships significantly improved after the course, regardless of facilitator type. This improvement was also significant within subgroups led by professional facilitators, peer facilitators, or a combination of both. In 2024, no significant changes in attitudes toward IP relationships were observed across all students and facilitator types. Additionally, regardless of facilitator type, no significant changes were found for the IP learning scale in either year. Peer facilitation appears as effective as professional facilitation. These findings highlight the potential of peer-led IPE to address implementation challenges while fostering student leadership and sustainability in IPE programs.

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OP 10

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Facilitators and barriers to interprofessional learning, collaboration, and identity development during interprofessional internship in rehabilitation care: A qualitative study

The increasing complexity of care and healthcare workforce shortages in the Netherlands underscore the need to explore interprofessional collaboration (IPC). However, the traditional focus on single-professional education may foster the development of a professional identity (PI) among healthcare students that may not be conducive to successful IPC. Internships in student-run interprofessional learning wards (SR-IPLW) could foster interprofessional identity (IPI) development. There is a need for a better understanding of the intricacies involved in learning to work collaboratively, particularly when undergraduates are still shaping their professional identities. The aim of our study, therefore, was to identify facilitators and barriers for interprofessional education (IPE), IPC, and identity development among 21 healthcare students from nine different professions during a 20-week clinical placement on a SR-IPLW in rehabilitation medicine. A qualitative study, spanning one-and-a-half years, was conducted through focus groups across three semesters, with data analyzed using grounded theory methodology. Seventeen theoretical codes were identified. A comprehensive theoretical framework, defining PI, IPI, and related constructs, and utilizing the Extended Professional Identity Theory guided both data collection and analysis. The identified codes were synthesized in a conceptual model highlighting facilitators and barriers for IPC and identity development, emphasizing the importance of fostering feelings of relatedness, competence, and autonomy. Findings suggest that both professional and interprofessional identities evolved during the internship. Implications for preceptors are discussed, highlighting the importance of personal relationships with students and key aspects of a positive learning climate fostering the development of these identities.

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Do we learn together? Exploring collaborative learning in a community-based interprofessional network

Promoting collaborative learning in interprofessional settings holds significant promise for advancing integrated care, particularly for community-dwelling elderly individuals. This study explores how collaborative learning manifests within a local interprofessional network in the Netherlands, and what professionals in this setting need to support learning within and from interprofessional collaboration. Drawing on a design-based research approach, this qualitative case-informed study forms the foundation for a larger intervention development project. Data were collected through six non-participant observations of Interprofessional team meetings and semi-structured interviews with participants (N=12). Drawing on the Total Process Coaching of Groups (TPCG) model for observational analysis and thematic analysis of interviews. The study shows that professionals appreciate the network's relational and informational value, while collaborative learning tends to remain implicit and loosely structured. Participants often described learning in terms of collaboration itself, blurring the distinction between the two. Professionals highlighted the importance of psychological safety, consistent facilitation, and mutual awareness of each other's expertise. Barriers such as irregular attendance, the absence of explicit moments for reflection and lack of structured feedback hinder deeper learning—yet the network is seen as a promising setting, especially when discussions center on shared challenges. This oral presentation will present findings and conceptual insights from this initial study phase, inviting dialogue about how to transform such interprofessional settings into intentional learning environments. The results will directly inform the next stage of the project, in which an integrated intervention will be co-designed with stakeholders to promote collaborative learning.

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Supporting primary healthcare professionals in eHealth measurement: An interprofessional approach

eHealth measurement holds great potential to address challenges in primary healthcare. However, the rapid expansion of eHealth measurement tools - often designed from the perspective of a specific discipline - has left many professionals feeling overwhelmed. Should eHealth measurement remain a monodisciplinary endeavor, or can interprofessional exchange enhance its implementation in both practice and education? An inventory conducted across multiple primary healthcare disciplines revealed that professionals face similar barriers to implementing eHealth measurement, regardless of the specific tool or their profession. This underscores the need for interprofessional support strategies to promote sustainable, meaningful use of eHealth measurement in daily practice. Using a participatory action research approach and user-centered design principles, 19 professionals from four primary healthcare disciplines - physical therapy, occupational therapy, speech-language therapy, and general practice assistance - co-developed a support strategy through three iterative stages: concept, design, and testing. In the concept stage, professionals expressed support needs spanning the entire clinical decision-making process for eHealth measurement and matched these with preferred content categories. This informed the design stage, during which prototypes were iteratively refined. During testing, professionals used the prototype to define eHealth measurement goals, select appropriate measurement tools, and implement them within their specific contexts. Interprofessional exchange played a pivotal role, providing both practical and educational benefits. The study shows that support strategies for eHealth measurement can be broadly applicable across healthcare disciplines and technology-user personas, though success requires careful balancing of design and content.

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OP 13

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#Tomorrows care: Sustainability of interprofessional team meetings in primary care

Older adults living at home often require complex care provided by primary care professionals from different backgrounds. Interprofessional team meetings are regularly held to discuss patient-cases and coordinate care. However, sustaining these meetings is challenging due to changes in team composition, time constraints, and differing professional expectations. This study explored interventions developed by professionals to support the sustainability of their team meetings. We conducted a participatory action research study involving professionals from seven interprofessional teams. First, we identified facilitators, barriers, and sustainability needs, followed by a prioritization of these needs. Subsequently, we co-designed sustainability interventions with seven action-groups, which met 43 times in total. Data were collected through observations, fieldnotes, and minutes of all meetings and analyzed using content analysis. The results focus on the sustainability plans developed. Each action-group designed a plan containing suitable interventions. Overall, the plans included two categories of interventions: (i) to secure optimal preconditions and (ii) to actual sustain interprofessional team meetings. Interventions to secure preconditions included allocating sufficient time, setting-up digital infrastructures, defining clear task responsibilities, and clarifying role divisions. Interventions to sustain the team meetings included creating network maps, expanding team composition, establishing working agreements, and implementing periodic evaluations. We conclude that sustaining interprofessional team meetings requires an adaptive and iterative process. The seven sustainability plans varied, shaped by context-specific needs, available resources, and local dynamics—for example, rural settings or limited professional availability—combined with professionals' preferences. Further research is needed to shed light on the implementation process of these sustainability interventions.

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OP 14

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The challenges of caring for patients with chronic diseases during transition: Perception of patients, families and healthcare professionals

Chronic diseases in the ageing population represent a global challenge for healthcare systems. The care trajectory of people with chronic diseases is non-linear and implies frequent use of multiple care services and care providers due to the rise of an overspecialized and fragmented care system. A Person-centered primary care, valuing patient engagement, the role of informal caregivers, the use of multidisciplinary healthcare teams and alignment with national guidelines have a positive influence. The chronic care model encourages such an approach but despite its recommendation since 2002 by the WHO there is still room for improvement in the care of people with chronic diseases. A study carried out in two different countries, Switzerland and Chile, compared their different systems using the chronic care model to elucidate the process involved in the transition of care for patients with chronic illnesses, and the extent to which such a model can be useful in supporting both care teams and individuals and their families during the management of the transition. The study explored how healthcare professionals within interprofessional healthcare teams, people with chronic diseases and their families or informal caregivers perceive the transition of care in the system. A total of 38 patients were interviewed, with a follow-up interview more than three weeks after discharge with 13 patients from acute geriatric units and a rehabilitation center. Five focus groups were held with interprofessional teams and liaison nurses. Patients and healthcare professionals addressed a range of challenges to full collaborative practices.

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Mathias Duckaert

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Quality indicators for interprofessional rehabilitation care: A scoping review

Strengthening rehabilitation within health systems requires the delivery of high-quality rehabilitation to meet increasing rehabilitation needs. Interprofessional collaboration is a key prerequisite to achieve successful rehabilitation. Identifying opportunities for quality improvement is a crucial first step toward enhancing interprofessional rehabilitation care. This scoping review aimed to identify quality indicators specific to interprofessional rehabilitation. The review was conducted in accordance with the PRISMA-ScR guideline, with systematic searches performed in PubMed and Web of Science; Articles were included if they met the following criteria: (1) alignment with Cochrane's definition of rehabilitation for research purposes, (2) focus on quality indicators related to rehabilitation, (3) inclusion of an interprofessional rehabilitation context and setting, and (4) operationalization of indicators before 2014. Two independent reviewers extracted and categorized data using the structure–process–outcome model, relevant quality domains, and measurement concepts, including data collection methods. Methodological practices were aligned using a five-step framework. Of the 3,836 articles screened, 513 were reviewed in full text, and 72 were included for data extraction. Among these, 46 articles reported on 635 quality indicators to monitor rehabilitation care, all of which were developed within disease-specific contexts but may be applicable across patient populations and rehabilitation settings. None of the identified indicators were explicitly linked to interprofessional collaboration. However, interprofessional collaboration is strongly implied in indicators related to patient participation, continuity of care or process standardization. Future quality measurement initiatives should prioritize interprofessional collaboration to provide critical information on this foundational aspect of rehabilitation.

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Workshops

WS 1

Loes van Bokhoven

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InterCompetent: future-proof competencies for general practitioners in primary care

Providing complex primary care requires interprofessional collaboration between general practitioners (GP) and other health and social care professionals. GP trainees can acquire these interprofessional collaboration skills during workplace learning, in which both the supervisor and allied health professionals play a role in the supervision and the provision of feedback. To facilitate the learning process of the GP trainee, we have developed a toolbox, available via a website to all general practitioner training programs in the Netherlands. During our workshop we will first give an impression of the tools we offer in the toolbox. Then we use the thinking hats of De Bono to gain insight into the participants' perspectives: what are opportunities, obstacles and what steps are needed to successfully integrate the toolbox in workplace learning? Participants are thus introduced to the toolbox and how it can be integrated into their own practice. We will also use the insights gained to improve the toolbox and its integration in the GP training programs in the Netherlands.

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WS 2

Judith van Zwienen, Eva Creutzberg & Jellie Zuidema

Rotterdam University of Applied Sciences; Hogeschool Inholland Haarlem, The Netherlands

Addressing malnutrition in older adults through interprofessional education

Malnutrition in older adults is multifactorial and therefore requires an interprofessional approach for prevention and care. This calls for improved competencies among students from diverse health and social care programs. But how can we truly embed interprofessional education on malnutrition into curricula and into daily practice? In this interactive workshop, we share insights from several Dutch initiatives that aim to strengthen interprofessional learning and collaboration around the prevention and management of malnutrition in older adults. Among them are a transdisciplinary education project focused on nutrition, physical activity, and wellbeing in older adults, and a regional learning and innovation network where students, professionals, and educators collaborate on malnutrition care in community settings. Participants will engage with hands-on tools developed in these projects, including an activity which helps explore personal views on ageing and care. We also reflect on lessons learned throughout the development and implementation of these materials. How important is optimism when working across disciplines? And what do you do when the reality of siloed systems sets in? Expect open dialogue about the barriers we faced and how we navigated them. Alongside practical examples, the session invites participants to share their own experiences. How do you address these challenges in your educational or professional context? This workshop offers not only inspiration and tools, but also space for reflection and international exchange, working together towards better interprofessional education and improved malnutrition care for older adults.

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WS 3

Hester Smeets & Steffy Stans

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Exploring integration of interprofessional education in healthcare curricula

This workshop aims to collaboratively develop approaches for integrating interprofessional education (IPE) into healthcare curricula, moving beyond isolated modules to create a more cohesive, collaborative learning environment. As healthcare becomes increasingly complex, interprofessional collaboration is essential for providing high-quality, patient-centered care. However, many IPE initiatives still rely on separate, often artificial modules that lack authenticity and fail to mirror the realities of professional practice. Participants will engage in a dynamic process where they work in groups to generate ideas for integrated IPE methods, such as joint learning activities, shared case discussions, or collaborative assessments. Once each group presents their idea, other groups will "knock down" the concept by identifying potential challenges or reasons it may not work. Participants will then refine the initial idea, incorporating feedback to improve feasibility, design, and assessment strategies. This iterative process will help participants develop practical, innovative approaches to IPE that are grounded in real-world practice. By fostering open dialogue and critical reflection, the session aims to create actionable strategies for embedding IPE into curricula in a way that prepares future healthcare professionals to work together effectively in interprofessional teams. The workshop encourages creativity, collaboration, and critical thinking, with the goal of advancing IPE practices that enhance teamwork and contribute to high-quality care.

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WS 4

Giannoula Tsakitzidis

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Together Works! - The board game: Impact of serious games on teaching interprofessional competences to health care and wellbeing students

Effective interprofessional collaboration is essential for quality and integrated care. To achieve this, interprofessional learning is necessary, in which students from various health care and wellbeing disciplines learn from, with and about each other. Literature shows that traditional forms of education are insufficiently stimulating to learn these competences. Serious games and gamification are gaining popularity as innovative learning tools that can increase motivation and engagement. An educational board game is developed to address this. The game aims to introduce the theory of the five building blocks of interprofessional collaboration in an innovative and attractive learning method. Students as well as professionals in health care and wellbeing can gain insights and tips on those five building blocks to achieve more interprofessional collaboration. During this workshop, we will share the results of the research in which we tested the board game among 885 students participating in the interprofessional module for health care and wellbeing training in Belgium and the Netherlands. Participants will also get the opportunity to play the board game, give feedback and ask concrete questions to the developers about possible implementation.

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WS 5

Ellen Hagedoorn & Cathy Woldring

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Designing 'open' interprofessional education within academic standards

Current challenges in health care like staff shortage and affordable health care, demand innovative and flexible professionals to ensure the quality of care. Interprofessional collaboration leads to more effective and efficient healthcare. Therefore, it is crucial that students learn to collaborate with healthcare professionals from other disciplines during their studies. Students at our university participated in an open educational concept called the Student-Run Clinic for the last three years. In this interprofessional concept, healthcare professionals and care recipients are brought into the classroom, providing students, teachers, and healthcare professionals the opportunity to learn with and from each other in a collaborative setting. According to these students, it is essential that the format of interprofessional education remains 'open', allowing students the freedom to experience and organize collaboration around the care recipient. This open format encourages them to step out of their comfort zone and gain deeper insights into themselves and other professions. The challenge, however, is determining how this 'open' education aligns with accreditation requirements and the academic standards of various disciplines? In this workshop the goal is to formulate best practices and innovate ideas. We will begin with a brief presentation of key outcomes of this educational concept. Following that, we will use the World Café method. Participants will discuss key topics in small groups at different tables, rotating between them to build on each other's ideas. At the end, we will come together to exchange insights, highlight key themes, and ensure that everyone walks away with valuable takeaways.

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WS 6

Karen Willems, Anouk Tuinstra, Giannoula Tsakitzidis & Ilse Lamers

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Bridging Education and Practice: The INTERPRO Academy as a catalyst for sustainable interprofessional learning

Interprofessional education (IPE) is essential to prepare professionals for collaboration in today's complex care and welfare settings. However, many IPE initiatives remain isolated from real-world practice. The INTERPRO Academy, a new initiative in Limburg (Belgium), aims to bridge this gap. Uniting 10 educational programs with the professional field, it offers a blended learning experience that fosters learning with, from, and about each other through authentic encounters, collaboration and reflection. This interactive workshop introduces the INTERPRO Academy and invites participants to explore key challenges in embedding sustainable IPE through a dynamic World Café format. After a short introduction, participants engage in three rotating discussion rounds on critical topics: (1) Learning from practice: the involvement of field professionals in IPE, (2) The voice of the end-user: the role of service users in IPE, and (3) From classroom to collaborative practice: how to generate impact with IPE in daily practice. Each table is hosted by a facilitator who guides the dialogue and visually captures insights, culminating in a collective mindmap. The session concludes with a brief group reflection, highlighting actionable ideas. Designed for educators, practitioners and curriculum developers, this workshop fosters knowledge exchange and peer-driven inspiration. Participants will leave with concrete strategies to strengthen collaboration between education and practice in their own contexts.

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Carla Ribeiro & Camille Greppin-Bécherraz

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Supporting meaningful involvement of patients and citizens in research: A reflective workshop

Involving patients and citizens meaningfully in health research raises important methodological, ethical, and interactional questions. While many frameworks exist to guide participation, real-life implementation often reveals tensions between ideals and actual practice. This workshop explores how meaningful involvement can support interprofessional practice and education by enhancing competencies such as communication, shared decision-making, and collective problem-solving. Drawing on a pilot initiative embedded within a four-year research project on transitional care in Switzerland, funded by the Swiss National Science Foundation (SNSF), this workshop provides a real-world case study where a patient and a citizen are involved in the research team. Their involvement illustrates how patient and citizen can enrich interprofessional learning by challenging assumptions and fostering collaborative reflexivity among healthcare professionals and researchers. Rather than presenting finalized results, the session focuses on shared experiences and practical strategies to support meaningful engagement as a vehicle for interprofessional learning and practice. It includes an overview of theoretical aspects of Patients and Public Involvement, followed by a mapping activity encouraging participants to reflect on their roles, expectations, and contextual factors influencing interprofessionalism.

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Roundtable discussions

RD 1

Katrien Colman & Annemieke Smale

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Characteristics of interprofessional learning, supervision and collaboration in rehabilitation care in the Netherlands

In response to the growing need for collaboration in complex care contexts as well as the increasing shortage of healthcare professionals, interprofessional collaboration in healthcare is gaining importance. This makes it interesting for healthcare students, as well as clinical practitioners and teachers, to gain experience in interprofessional collaboration. In response to these developments, a few rehabilitation centers in the North of the Netherlands together with educational partners have initiated student run clinics in which students are given responsibility to take care of patients by collaborating in an interprofessional team. The students are supervised by practitioners from different backgrounds as well as by teachers. We would like to explore which characteristics and mechanisms support or hinder the learning process of these students as well as other participants. In the roundtable session, we will first present the results obtained in a qualitative study. In this study, data was collected by interviewing students and health care professionals from two different student run clinics. The findings are enriched with statements from teachers from four different interprofessional rehabilitation contexts collected in a panel discussion. Grounded analyses were performed in Atlas-ti and overarching concepts, categories and themes were determined. After presenting the findings, we would like to discuss with the participants how these characteristics and mechanisms can be used to strengthen interprofessional learning, how these insights may transfer to other contexts, how such insights may impact curriculum development and to explore possible further possibilities for triggering interprofessional learning experiences.

RD 2

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Influence of professional identities on interprofessional education: The role of the teacher

Higher education institutions in healthcare and welfare play a crucial role in preparing students for a sustainable future. This requires increased collaboration across organizational and education boundaries, especially when addressing complex societal challenges. A (trans-)interprofessional approach is essential, and students must be equipped with interprofessional competencies to work effectively in such environments. This requires a change in organization and learning culture. To support this, teachers themselves must possess these competencies and foster a learning culture that embraces interprofessional education (IPE). However, a key question arises: is it enough for teachers to simply adopt these competencies, or must they also develop a new, interprofessional, identity? Can they step beyond their original professional perspectives to truly embody and teach interprofessionalism? In other words: are teachers able to adopt a different framework than that of their own initial professional identity? Does an interprofessional professional identity exist, and what does it look like? How and what can teachers still contribute from themselves (agency) when facilitating interprofessional education? This roundtable discussion explores these questions through a World Café format. After a brief introduction to the concept of interprofessional identity and its implications for teachers, participants will engage in three rounds of small-group discussions. Each table will focus on one of the following questions: (1) How does your professional identity shape your view of IPE, (2) What might an interprofessional identity look like, and (3) What do you need as a teacher to effectively facilitate IPE? Participants rotate tables between rounds, while one "table host" remains to summarize previous discussions. The session concludes with reflections from each table host. The goal is to gain insights into how teachers' professional identity influence their ability to support IPE. This finding can be used in future research and the professional development of teachers in interprofessional context.

Poster Presentations

PO 1

Mathias Duckaert

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Whose voice counts? Stakeholder participation in developing quality indicators for interprofessional rehabilitation

The development of quality indicators for interprofessional rehabilitation care requires the involvement of diverse interprofessional stakeholders. Their perspectives enhance the indicators' meaningfulness, feasibility, and acceptability for implementation in daily practice. This scoping review aimed to identify quality indicators for interprofessional rehabilitation care and to examine the extent and nature of stakeholder involvement in their development. The review was conducted in accordance with the PRISMA-ScR guideline, with systematic searches performed in PubMed and Web of Science; Articles were included if they met the following criteria: (1) alignment with Cochrane's definition of rehabilitation for research purposes, (2) focus on quality indicators related to rehabilitation, (3) inclusion of an interprofessional rehabilitation context and setting, and (4) operationalization of indicators before 2014. Two independent reviewers extracted and categorized data using the structure–process–outcome model, relevant quality domains, and measurement concepts, including data collection methods. Methodological practices were aligned using a five-step framework. Of the 3,836 articles screened, 513 were reviewed in full text, and 72 were included for data extraction. Among these, 46 articles reported on 635 quality measures to monitor rehabilitation care, all of which were developed within disease-specific contexts but may be applicable across patient populations and rehabilitation settings. Twenty-six studies described their development process; 14 involved the patient's voice, with only seven reporting involvement prior to field testing. We recommend conducting a comprehensive stakeholder analysis as part of the development process, with emphasis on integrating the patient voice during conceptualization and consensus-building phases.

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PO 2

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Building interprofessional competencies: A structured curriculum approach for six different undergraduate healthcare professions

Interprofessional education is essential for addressing the growing complexity of patient care and the increasing strain on healthcare systems. Workforce shortages further highlight the need to strengthen interprofessional skills among future healthcare professionals. Since 2011, six educational and health institutions have implemented a one-day-and-half interprofessional training, bringing together almost 700 undergraduates from 5 different disciplines. This training fosters patient-centered care, teamwork dynamics, role clarification, and communication. Facilitators from various institutions guide students throughout the course. As an innovative response to the high need for human resources in facilitation, student midwife facilitators with prior nursing training were involved in the facilitation process. This approach promotes student leadership in interprofessional collaboration and sustainability in facilitators' engagement. In alignment with the Canadian Interprofessional Health Collaborative framework, a new training was implemented in 2024 as a new stage through a curriculum design. This training focused on interprofessional conflict management through immersive simulations based on real clinical cases. Co-creation principles were applied in the new curriculum design to ensure a higher quality of educational design and expose students to authentic conflict management situations. A flipped classroom approach was used to transfer skills in real-life practice. Currently, the third phase of this curriculum is under development, aiming to equip students with collaborative leadership skills. By integrating conflict resolution and leadership training, this structured curriculum enhances students' preparedness for real-world interprofessional challenges, ultimately improving patient outcomes and teamwork efficiency.

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PO 3

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Cognitive mechanisms of interprofessional education in health and social care

Our project aims to explore cognitive mechanisms in interprofessional learning (IPE), where two or more professional groups learn with, from, and about each other. Background information about a group before collaborating can influence how individuals engage. Positive information can foster trust and cooperation, whereas negative information may lead to scepticism and guarded interactions. Such preconceptions can set the tone for group dynamics. We investigated whether participants' expectations of a target group (medical students) could be shaped by positive, negative, or neutral prior information. The study involved undergraduate psychology students, randomly assigned to these conditions. Participants engaged in a simulated IPE environment featuring fictitious groups in dementia care. Attention was measured using eye-tracking, attitudes through questionnaires, and memory via recall tests. Results indicated that positive prior information significantly improved attitudes toward the target group, suggesting that preconceived notions influenced perceptions of peers. However, attention levels and knowledge recall remained unaffected by prior information. This highlights that attitudes are more sensitive to contextual factors than cognitive processes like focus or memory. Our findings suggest that prior knowledge about others can shape attitudes, potentially influencing group dynamics and fostering harmony. Understanding how initial impressions impact collaboration could inform IPE designs to promote effective intergroup interaction.

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PO 4

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Attitude and knowledge of Social Work and Sports Science students towards prevention of malnutrition in community-dwelling older adults in an interprofessional collaboration project.

Since malnutrition arises from multiple factors, it requires a transdisciplinary approach to prevention. Our project aims to improve the attitude, knowledge, and skills of community-dwelling older adults regarding the integral prevention of malnutrition through transdisciplinary education. BSc Sports Science (3rd year) and Social Work (2nd year) students were offered a four-hour interactive education session with the participation of older adults. Before and after, students completed a questionnaire built on the Extended Professional Identity Scale and Attitude towards working with older adults. Specific questions were added about malnutrition. Answer possibilities ranged from 1 to 5 (strongly disagree to agree strongly). The paired data were analyzed using the Wilcoxon signed rank test and presented as means. 65 students followed the education session, of whom 37 completed the questionnaire before and after the course. No changes in the students' attitudes towards working with older adults were seen. In contrast, students improved their knowledge of how to detect malnutrition in older adults (before 3.4 vs after 3.9; $p=0.006$) as well as what would be their role in the team to prevent malnutrition (before 3.1 vs after 3.7; $p=0.001$). Also, their general knowledge about interprofessional working improved from 3.1 to 4.0, $p<0.001$ and they scored higher on the statement: "I see myself preferably working in an interprofessional team in the future". In conclusion, interactive education for BSc students improved their attitude and knowledge regarding the prevention of malnutrition in older adults as well as regarding interprofessional working.

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PO 5

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Promoting collaborative learning in interprofessional teams: Bridging healthcare and social work professionals to enhance integrated care for community-dwelling elderly individuals.

As the aging population in the Netherlands grows, healthcare and social care systems face increasing pressure to provide integrated, person-centered support for community-dwelling elderly individuals. While national policy frameworks encourage interprofessional collaboration (IPC), care delivery remains fragmented due to systemic and professional barriers. Although IPC is widely endorsed, we lack practical strategies to support how professionals actually learn and adapt together in practice. Collaborative learning—understood here as an umbrella term for how professionals from different backgrounds learn with and from each other in real-world settings—holds promise for strengthening IPC and improving integrated care. Yet, how such learning emerges, and how it can be promoted among interprofessional teams in practice, remains poorly understood. This project addresses that gap through a two-phase, design-based research approach. Phase 1 focuses on developing a conceptual framework by exploring collaborative learning through a qualitative case study, expert interviews, and analysis of eleven Dutch living lab projects connecting healthcare and social care. In Phase 2, this framework will inform the co-design and evaluation of an integrated intervention to promote collaborative learning in community-based IPC. This poster presents the rationale, conceptual foundation, and methodological design of the project, highlighting its potential contribution to improving interprofessional teamwork and integrated care for the elderly. Preliminary insights suggest that professionals often perceive collaboration and learning as intertwined, with collaborative learning remaining largely implicit and unstructured. Attendees are invited to reflect on the role of collaborative learning in navigating the complexity of community-based interprofessional collaboration.

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PO 6

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Know your team - Know your treatment: A pilot study of interprofessional pharmacotherapy education in 4 European centers

Medication errors are common in healthcare, highlighting the need for improved interprofessional collaboration to prevent them. Interprofessional education (IPE) enables students to learn about each other's roles in the medication process, enhancing patient care. Through an Erasmus+ project, a consortium has developed innovative education for students of pharmacy, nursing, and medicine students, focused on collaboration in the medication process. In this study, the authors sought to optimize the education innovation by gathering students' feedback about perceived learning outcomes and didactic barriers and facilitators. Eight focus group interviews were conducted with participants of a pilot of the developed education. Participants also filled in questionnaires with open ended questions. Reflexive thematic analysis was used with an inductive approach. Findings were adapted to the 3P's model, which served as the guideline for the development of the final codebook. Sixty-three students participated in the pilots across four sites. Sixty-two students participated in the focus group interviews and 48 students filled in the questionnaire. Students valued the IPE as an addition to their current education for providing insights into other professions and different tasks in the medication process. They also mentioned valuing the ability to practice skills and use their expertise in an interprofessional setting. However, one IPE session was insufficient for students to notice a distinct development in their interprofessional communication and collaboration skills. Furthermore, participants believe to benefit from implementing the IPE earlier in their curriculum, as senior students tend to be already acquainted with interprofessional collaboration.

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PO 7

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Improving malnutrition care by home care teams using participatory action research

In older people malnutrition mostly arises from a multitude of different factors. Therefore, to address malnutrition adequately, interdisciplinary collaboration is needed. Home care teams, consisting of different disciplines, face numerous challenges that prevent them to effectively prevent malnutrition and to implement malnutrition care for their older clients. Previous research analyzed facilitating and hindering factors for improvement and identified wished and needs of home care teams. A part of these findings concerned interprofessional cooperation, within and outside the teams. Training and scientific knowledge development on education are needed focusing on transferring adequate malnutrition care into the nursing and care process, both in undergraduate as in on-the-job training of nursing and nursing assistant professionals. This study aimed to explore the use of participatory action research (PAR) as a way to collectively learn and change the way of working on improving malnutrition care of all participating disciplines. The study was conducted in three Learning and Innovation Networks (LIN's) with participants from all disciplines of seven home care teams, students, lecturer practitioners, the researcher and others. In PAR cycles they learned and worked together to improve their malnutrition care according to their own established priorities. Collected data will be fully analyzed at the time of the conference. Preliminary findings suggest multiple opportunities to strengthen interprofessional competences regarding malnutrition care. For instance in two LIN's a local dietician was invited to participate, to share expertise, roles and responsibilities and to initiate working arrangements.

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PO 8

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The needs and wishes of older people and their family caregivers in advanced care planning: An exploratory interview study

Advanced care planning is essential to ensure quality of life in palliative community care for older people. It requires interprofessional collaboration, preferably with a central contact person, to address the social, physical, psychological and spiritual needs of patients. However, this is currently lacking, especially the collaboration with informal caregivers. Therefore, more insight is needed into the needs and wishes of older people and their family caregivers. The aim of this study is to gain understanding of these needs and wishes to design an integrated and interprofessional advanced care approach. The setting is a small village in the south of the Netherlands. Participants are people who receive palliative care and family members. We collected data by conducting semi structured in-depth interviews. Thus far, we have conducted 10 interviews, 5 with older people and 5 with their family caregivers. We analyzed the data using an inductive thematic analysis approach. Preliminary findings show a need for improved communication with care providers and a more person-centered approach. Family caregivers expressed their need for support from professional caregivers in navigating the healthcare system. Moreover, initial interviews highlighted the added value of conducting interviews separately, as this allows for open expression and brings out different perspectives. For future research, it is recommended to bring formal and informal caregivers together in focus groups to further explore their experiences with advanced care planning. This approach not only deepens our understanding of these experiences but also serves as an opportunity to initiate and strengthen interprofessional collaboration in palliative care.

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French translation, cultural adaptation, and validation of the Interprofessional Learning Scale and the Relationship Scale

Interprofessional collaboration is widely recognized, making interprofessional education (IPE) essential. However, assessing its impact on learners' knowledge, skills, and attitudes remains challenging, particularly in selecting appropriate assessment tools. In 2011, an IPE course involving up to 700 undergraduate students from six health professions was implemented across five training institutions. In 2016, due to the absence of a validated French instrument to assess students' perceptions of IPE, we translated and culturally adapted two subscales from the four of the University of the West of England Interprofessional Questionnaire (UWEIPQ) with the author's approval: the Interprofessional Learning Scale (ILS) and the Interprofessional Relationship Scale (IRS). They were selected for their direct relevance to the course objectives. The WHO translation protocol was followed to ensure cultural relevance. A Content Validity Index (CVI) analysis by twelve IPE experts showed that 70.5% of the 17 items had a CVI $\geq .83$, with 23% scoring 1. The overall scale-level CVI was .86, indicating strong content validity. Exploratory factor analysis was conducted for each subscale separately showing a high items correlation for both ($p < 0.001$). Internal consistency was acceptable (Cronbach's $\alpha = .724$), with good reliability for the Learning Scale ($\alpha = .829$), but lower reliability for the Relationship Scale ($\alpha = .67$). Test-retest reliability (ICC = .652) indicated good stability. These findings support the psychometric robustness of these French-adapted UWEIPQ subscales, providing a reliable tool for assessing IPE in French-speaking settings and contributing to the ongoing development of validated instruments for evaluating IPE.

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Breaking silos: The role of interprofessional education in modern healthcare

An elective teaching class, inspired by the Meta model of Interprofessional Development¹ aims to develop interprofessional competencies. Over 10 years, this elective evolved from 10 students from 2 professions to more than 150 students from 8 professions. Currently, students from the medical, physical therapy, psychology, nursing, oral health, pharmaceutical, dietetics and social work programs participate during 8 evening sessions from February until May. The first session focusses on challenging stereotypes, comparing roles, and exploring perspectives of good care. Subsequent sessions involve (1) discussions on real-life cases – from pediatric to geriatric care, end of life care, high tech health care, primary care, hospital care...- guided by work field partners (2) discussions on current topics, including ethical and legal subjects in interprofessional practice (3) creating and presenting a care plan using the ICF model to a panel of professionals. The course also includes testimonials from patients, family members, and interprofessional teams. Learning is reinforced through peer assessment and reflective writing. Multiyear measurements probing for qualitative and quantitative feedback from students, using focus groups and questionnaires distributed to all participating students ($n = 146$; response rate 97%), indicate increased knowledge sharing, improved quality of care, a greater belief in their professional future together (breaking silos) and patient-centeredness. Valuing each other's contributions, treating peers as equals, fostering trust, being challenged to explicit their own professional role responsibilities and knowledge, and being a true spokesman for their own profession, contribute to these outcomes.

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PO 11

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Innovating towards authentic interprofessional education using interprofessional projects

Interprofessional education is essential in preparing students to thrive in collaborative, patient-centered environments. As healthcare and other professional fields become increasingly interconnected, fostering an understanding of and respect for the roles of diverse professionals is crucial. This showcase will demonstrate an initiative at a University of Applied Sciences, called an Interprofessional Project, focusing on the need for more authentic educational experiences. Our innovative interprofessional project offers a model where students work on authentic, real-world projects in practice, collaborating with others in their fields to solve complex, interprofessional challenges. Through this project, students earn one educational credit per year, providing them with an opportunity to apply their academic learning in meaningful ways while fostering collaboration, communication, and problem-solving skills across professions. By sharing this project, we aim to inspire further adoption of authentic, practice-based interprofessional education models that bridge the gap between theory and real-world application.

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PO 12

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Shaping interprofessional collaboration between childcare, education and healthcare: The bridging role of the Pedagogical Educational Professional

In the Netherlands, the urgency to create inclusive pedagogical learning environments for children aged 0 to 12 years is growing, aimed to ensure that every child can grow up healthy and safe. Interprofessional collaboration between childcare, education, and healthcare in achieving this goal is important. To support these efforts, a new professional—the Pedagogical Educational Professional (PEP)—has been introduced. The PEP acts as a broker between childcare, education, and healthcare, while supporting staff such as childcare workers and teachers in their practices. Since 2020, universities of applied sciences in the Netherlands offer an associate degree program to prepare students for this role. Despite its increasing popularity, the deployment of PEPs faces challenges, primarily due to unfamiliarity in the field and a lack of clarity regarding their added value in collaboration with other professionals. Research confirms this picture and describes how Pedagogical Educational Professionals are often still searching for ways to shape interprofessional collaboration in their practice. To address these issues, this practice-oriented research poses the following research question: How can the added value of the PEP, in comparison to other professionals, be better utilized to support an inclusive pedagogical learning environment for children aged 0 to 12 years? A vignette study illustrates the tasks, responsibilities, and collaborative opportunities for PEPs. Subsequently, five design teams of professionals at primary schools and childcare centers develop, test, and evaluate interventions to improve interprofessional collaboration between childcare, education, and healthcare. Knowledge from these activities will be translated into a practical guideline for all professionals included in these domains to encourage and support interprofessional collaboration, with the aim of moving towards more inclusive and robust pedagogical learning environments for children.

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Dialectical inquiry is underused in training students for interprofessional collaborative practice

Higher education must train future health and social care professionals for interprofessional collaborative practice. In such dynamic settings, professionals constitute an interdependent network that involves many uncertainties. Dialectical praxis provides the capacity to successfully navigate these complex situations through adaptation and metastable attunement. Based on dialogue, dialectic captures reality as an integrated system of interrelated elements in a state of continuous change. Full comprehension of the context, process and interrelationships in a dynamic setting allows professionals to act transformatively. Dialectical inquiry is the pedagogical approach to facilitate the development of this long-term learning process. Through reflection on the various viewpoints, positions and interests of all individuals involved, as well as their behavioural patterns and mutual relationships, students may become aware of the complex situation and their position in it. To enhance transformative leadership, the integration of dialectical inquiry from the start of the curriculum, both in school training and placements, is essential. Our research, based on sixteen observations, showed that educators made limited use of dialectical inquiry while guiding undergraduate students in interprofessional collaborative training. It was mainly focused on the context and process without consideration of interrelationships. The exploration of dialectical inquiry in other settings and the effect of this pedagogical approach on the students' functioning in practice and development over time can provide valuable insights for faculty development programmes. By training educators, dialectical inquiry can contribute to the collaborative competence of future health and social care professionals.

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Public and Patient Involvement in Interprofessional Education of undergraduate healthcare students: European stakeholder's experiences and perspectives

Combining Patient and Public Involvement (PPI) with Interprofessional Education (IPE) is promising and has the potential of enhancing collaborative and person-centred healthcare. Although, the perspectives on how key stakeholders – students, academic staff, and patient representatives – perceive this combination remain insufficient, leaving gaps in effective educational implementation. This study explores the perspectives and experiences of key stakeholders on PPI in IPE in undergraduate healthcare education. A total of 15 focus groups were conducted across four European countries, involving 27 academic staff members, 27 students and 24 patient representatives. An inductive approach to thematic analysis was used to analyse the data. Participants emphasized strategic, tactical, and operational dimensions. Institutional support and resources were identified as necessary prerequisites. The combination of PPI in IPE helps students bridge theory and practice, and it enhances personal and interpersonal skills. Patients experience their contributions as valuable and greater understanding of professionals's roles. Participants highlighted the importance of preparing both patients and students, reinforcing that integrating PPI into IPE offers mutual benefits by enhancing student learning and empowering patient voices. Participants acknowledged the numerous benefits of patient involvement in interprofessional education, but this implementation depends on successfully and sustainably organizing this type of education. Further research should focus on the long-term effects of PPI in IPE and identify best practices to transform these principles from theory to practice.

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Public and Patient Involvement in Interprofessional Education of undergraduate healthcare students: International survey to students and educators

Interprofessional Education (IPE) is the cornerstone of modern healthcare education. When combined with Public and Patient Involvement (PPI), they become essential foundations for preparing healthcare professionals to collaborate across areas, while fostering person-centred care skills and professionals' capacity to answer to patient's needs. However, the implementation of PPI in IPE in undergraduate healthcare education remains inconsistently applied and poorly understood across many education systems. This survey aims to map current practices, identify implementation gaps and explore attitudes towards PPI in IPE. A cross-sectional design using an anonymous online survey was distributed across multiple countries to undergraduate students and academic staff in healthcare. The questionnaire addressed the nature of PPI in IPE, curricular integration, preparedness of students and faculty, perceived educational benefits and institutional strategies for implementation, collecting qualitative and quantitative data. A total of 810 responses (630 students, 180 educators), namely from Portugal, Canada, Slovenia, the Netherlands and Belgium were collected. While most of them reported some form of PPI in their healthcare education, nearly half indicated no participation in IPE, underscoring its limited implementation. IPE was perceived with a positive impact on teamwork and collaboration, communication and professional identity, however, integration of PPI in IPE remains scarce. There were some differences between countries, particularly in Portugal and Slovenia, where IPE and PPI practices were less implemented and experienced. These findings reveal how PPI in IPE is currently viewed, highlighting the persistent implementation gaps and several critical barriers. Institutions must move beyond isolated examples and implement PPI in IPE structurally within healthcare curricula.

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