

Interdisciplinary Programme on Living Ageing

***Better Living: Quality of life facing degenerative
diseases and end-of-life***

Study Guide

19 January till 1 February 2014

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Lifelong Learning Programme of the European Union



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COEHRE Academy



Part 1: 19 till 24 January 2014, Dworp (*Residential setting in Dworp, Belgium*)
Part 2: 24 January till 1 February 2014, Gent (*Campus studies at Artevelde University College Ghent*)

Preface

*We would like to welcome you to the **Interdisciplinary Programme on Living ageing**. The opportunity of benefiting from the expertise of 8 European universities and university colleges and of the University of Connecticut, United States is definitely a unique chance to broaden your professional perspective and will be an eye-opener in the work with other cultures. We are convinced that the possibility of meeting and studying with different international students will be an experience never to be forgotten.*

The delivery of the module has been set up around the expertise of the partner institutions and with the help of palliative organisations, service centres for elderly, hospitals, home care and other health organisation in Flanders.

*Health care workers can meet each other during this programme to discuss different issues. It reflects our aim to offer higher education from an **international, intercultural, interdisciplinary and innovative** point of view.*

Participation in this course will turn out to be an exciting learning experience and a challenge for further professional and personal development.

With kind regards

*For the IPLA-team,
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1. Introduction to the international programme

As societies worldwide are aging and medical knowledge is advancing, chronic diseases are becoming a fundamental issue within the global community. The chronically ill patients are a diverse population: some live with cardiovascular disease, other with cancer, blindness, congenital diseases, etc. However, all share common characteristics: none can be healed, all depend on life-long treatment and need to develop their self-management skills in order to improve their health outcomes and avoid acute exacerbation of their illnesses. (WHO, 2002, 'Innovative care for chronic conditions: building blocks for action', Geneva, Switzerland).

Improving the quality of life for Europe's increasingly elderly population is one of the most pressing challenges facing society today. It is a reality that we need to learn the best ways to actively ageing and live with the circumstances driven by ageing.

The focus of this programme is on the developmental transition from adulthood to mature adulthood, a time accompanied by gerontological challenges relating to identity, retirement, and chronic illness. Living aging means articulating transitions that incorporate anticipatory guidance and bio-psycho-socio-cultural variables in order to enhance the individuals' welfare.

There is a need to develop a specialised course with an interdisciplinary and holistic approach in order to improve the competences of the formal and informal care-givers.

The pillars of this training course are:

- an **interdisciplinary approach**: cooperation between different care-givers and professionals
- a **client-centred approach**: starting from a holistic approach to the needs of the client
- an **intercultural approach**: enhancing a greater awareness and understanding between people of different cultural backgrounds and how they deal with transitions in life, ageing, bereavement and mourning.

2. Aims and assumptions of the programme

The intensive programme “**Interdisciplinary Programme on Living Ageing**” (IPLA) aims on the professional and personal development of students within healthcare and rehabilitation in order to give more comfort to people in the phase of aging.

In order to approve the competences of the care-givers and providers of healthcare services, we felt the need to develop a dedicated module with an interdisciplinary and holistic approach. It is becoming clear that ‘cure’ and ‘care’ do not exclude one another, but are complementary. Also medicine and nursing are not competitive, but rather complementary. The challenge faced by healthcare is aspiring after a balance and equilibrium, toward interdisciplinary cooperation, towards breaking through boundaries between various disciplines.

Learning outcomes for students are to build a conceptual framework surrounding active or living ageing central to the programme, to enhance their understanding of concepts such as advanced care planning, life-transitions and losses, reminiscence, bereavement and mourning, end-of-life care, self-support for caregivers, get acquainted with chronic diseases as mental deterioration, dementia, chronic disease management and other central concepts. A special focus goes to ethical dilemmas related to degenerative diseases and end-of-life.

In addition students get familiar with the different paradigms and approaches of the respective disciplines and professions towards living ageing through interdisciplinary cooperation and communication. Participants gain an international and intercultural perspective on quality of life in ageing, develop competences to analyze and compare the approach of the healthcare systems and cultures and identify the similarities and differences related to policies and legal norms.

The intensive programme focuses on the exchange of expertise but also wants to enhance the professional and personal development of participants in the role of care-givers on ethical issues related to quality of life in ageing and end-of-life care. Therefore it is important during the course to meet representatives and experienced practitioners, nurses and other non-medical healthcare professionals as well as medical doctors from the clinical practice.

LEARNING OUTCOMES FOR STUDENTS

Participating students:

- learn about the conceptual framework surrounding active or living ageing central to the programme
- get familiar with the different paradigms and approaches of the different disciplines and professions towards living ageing through interdisciplinary cooperation and communication
- reflect on lifestyle and quality of life
- enhance their understanding of concepts such as advanced care-planning, life-transitions and losses, reminiscence, self-support for caregivers, end-of-life care
- get acquainted with chronic diseases as mental deterioration, dementia, chronic disease management and other central concepts
- experience selected complementary therapies that may enhance the treatment and help increase the life quality of the patients

- develop competences to analyse and compare the approach of the health care systems in the partner countries and different cultures and identify the similarities and differences related to policies and legal norms
- develop different communication competences and learn to express themselves and use professional English
- become motivated for further international cooperation and student exchange

In addition to learning outcomes we would like to emphasize specific objectives in terms of *learning experiences* by the participants in the IP.

We aim to:

- provide a unique occasion for experiencing internationalisation and contact with other cultures and countries during the learning process
- challenge students with the density of the ethical approach to the subject, especially regarding the involvement of other cultures
- combine different educational methods, some highly innovative, to train students to meet future professional demands in the field of end-of-life care

LEARNING OUTCOMES FOR STAFF AND PARTICIPATING INSTITUTIONS

The IP:

- fosters enhancement of involved teachers', researchers' and administrative staffs' expertise by allowing them to spend a period in a European context researching, teaching and training
- promotes European cooperation with the possibility to develop comparable criteria and methodologies especially in the field of healthcare and rehabilitation
- disseminates knowledge and expertise between partner institutions
- promotes the necessary European dimensions in higher education, particularly with regards to curricular development, inter-institutional cooperation, mobility schemes and integrated programmes of study, training and research.
- Fosters the enhancement of linguistic competences, as the common language is English, thus increasing the international competitiveness of the European system of higher education.

The course contributes to the professional development of the staff by facilitating opportunities to meet students and colleagues from different countries and to exchange ideas in different professional fields.

Participants:

- develop competences in international and multi-professional cooperation and teamwork
- enhance the skills in tutoring student groups in an international project learning environment
- develop educational competences in teaching methods, new curricula content, validating existing approaches and testing various ideas in an international classroom environment.

3. Participants

- The course focuses on students in their last year of different “Bachelor’s programmes” in health care and rehabilitation: speech therapists, audiologists, occupational therapists, physiotherapists, nurses, podiatrists, midwives,
- Some of the lecturers are open to colleagues from the different departments and to professionals and care-givers from the clinical field. This aims to stimulate the discussion and exchange of experience between care-givers in this field and students.
- Selection of the students will be based on student-motivated applications. Every institute has its own responsibility in this selection.

4. Key areas of study/content

The processes of transitions in life are central in this international programme focusing on 'Living aging'. The course outline consists of different basic topics: communication, psychological changes, quality of life in ageing, advance care-planning, communication, ageing and cognitive deterioration, ethical aspects and interdisciplinary cooperation.

Pillar 1: Transitions in life

Kathryn Stewart Hegedus, DNSc, RN, NAP, The University of Connecticut, School of Nursing - Hartford, United States

Transitions imply a change in role relationships, health status, expectations, or abilities. Transition necessitates the person to blend new knowledge, to modify behavior, and therefore to change the definition of self in social context. Transitions are developmental (becoming a mother), situational (moving to assisted living), or health/illness (diabetes). (Meleis, 2010).

Questions/Guidelines/Reflections for site visits or whatever – these are suggestions (?)

1. How is the resident (client) coping with the transition to aging?
2. How does the environment affect that coping?
3. What factors contribute to optimal levels of health, function, comfort and self-fulfillment?
4. What insights have you gained about living aging?

Find colleagues who think differently about the (Roma culture? or whatever) and debate your positions. Identify and discuss metaphors about aging. A metaphor uses figurative language to suggest a likeness or visual analogy. For example, “I am up to my ears in work”. In what ways do the metaphors that you identified stereotype or enhance aging?

Reference:

Meleis, A.I. (2010). Transitions Theory. New York: Springer Publishing Company.

Pillar 2: Quality of life in ageing

Mariana Pereira, Setubal Polytechnic Institution, Nursing department - Setubal, Portugal

The Quality of Life (QoL) of the person, families, communities, populations is an important issue with an economic impact and on development of countries.

QoL is a subjective concept that each person may value different aspects of their life, like meaning of life, happiness and well-being. It is directly related to the perception everyone has of themselves, others and the world around them. QoL is not easy to define, since it is a complex concept, ambiguous, differs from culture to culture, from person to person and for the person over time. It's a multidimensional concept that considers the biological, cultural, economics and psychological perspectives.

The WHO QoL considers the following domains of QoL in their studies: physical health, psychological health, social relationships, and environment. QoL is a subject of particular interest to health professionals, as mono and interdisciplinary group, because intervention on different domains is needed considering the person on holistic way.

With the current global population aging, chronic degenerative diseases are a reality with particular impact on the QoL of people.

Reference:

UNITED NATIONS ECONOMIC COMMISSION FOR EUROPE (2012). Active Ageing and Quality of Life in Old Age. Clemens Tesch-Roemer, German Centre of Gerontology. New York & Geneva: United Nations Publication. In http://www.dza.de/fileadmin/dza/pdf/2012_Active_Ageing_UNECE.pdf

Pillar 3: Advance care planning

Jana Hermanova, Charles University, Prague, 3rd Faculty of Medicine - Prague, Czech Republic

As the world population is aging the need for careful assessment and planning for EOL care arises not only for the patients with malignant diseases but also for patients with chronic somatic and mental health disorders, including dementia. Advance care planning is a necessary intervention for the transition during the final stages of life to be uneventful.

Advance care planning is a process of discussion between the patient and the health care professional including important values or goals for care, understanding about illness and prognosis, and preferences for the types of care or treatment that may be beneficial in the future.¹ ACP may be performed with the patients or clients who are still competent to discuss the EOL issues. In case of their incapacity the family caregivers should get the opportunity to express their opinions and formulate the advance care plan based on the previously known patients' preferences and wishes. Although not all patients or caregivers are willing to fulfill advance directives and formulate the advance care plan the research shows that they value the information that is provided to them and the possibility to express their concerns during the ACP process.²

It is important that students of healthcare professions learn about the origins and recent development of advance care planning. This includes the documents involved, as well as the role of the patients, their families and healthcare professionals in the ACP process.

Reference:

¹ Elizabeth L Sampson, Louise Jones, Ingela CV Thune'-Boyle, Riitta Kukkastenvehmas, Michael King, Baptiste Leurent, Adrian Tookman, Martin R Blanchard, *Palliative assessment and advance care planning in severe dementia: An exploratory randomized controlled trial of a complex intervention*, *Palliative Medicine* 25(3) 197–209, sagepub.co.uk/journalsPermissions.nav DOI: 10.1177/0269216310391691

¹ *ibid*

Pillar 4: Psychological changes: losses

Daiva Trezneviciute, MD in philosophy, University of Applied Sciences - Vilnius, Lithuania

Ageing brings not only experience and wisdom, but also inescapable losses. First of all it is physical loss, related to the worse sensorial, motor and organs' functions. But there are also psychological, sociological and spiritual losses, that can be even more important than physical one. Physical weakness brings the loss of autonomy and can cause the feeling of being "burden" to the relatives. Elderly people can feel negative attitude of contemporary society, in which the cult of young, beautiful and strong person dominates. In addition, personal social relations become less wide and strong: friends, neighbors and partner can be dead or too sick to keep active relation, children often live separately and have their own families, the values and interests of grandchildren are very much different. Because of these reasons elderly person can feel alone and cannot see the sense of his/her life anymore, the questions of the meaning of suffering and death arise. So, elderly people need good psychological, spiritual and social support given by their relatives and health care specialists, as well as friendly and helpful attitude of society.

Pillar 5: Relation between aging and cognitive deterioration

Addie van Rossum-Lefeber, Hanzehogeschool Groningen - School of Health Care Studies - Groningen, The Netherlands

In Western society, we see a growth of older elderly. Many elderly like to retain their physical and mental condition. But it is believed that aging shows a mental decline or it is believed that every old person is or becomes dement. Is that true? Many older people sometimes have cognitive failures. Is it necessary for us to worry about these failures? The causes can be stress, a lack of self-esteem, disease, lack of sensory stimuli etc. On preventive health care field may seek to reduce harmful effects on elderly. For the elderly itself it is important to remain active in many areas. There are many movement programs for elderly. One of an important preventive way of live is: "use it or lose it".

But sometimes they have a kind of dementia. There are many different types of dementia. Dementia can be reversible or irreversible. The most common irreversible dementia is Alzheimer disease. Currently has 20% of the 85 years and older dementia. In the future we expect a growth of older elderly and thus an increase in the number of dementia. Therefore it is important for caregivers to cope with elderly and with demented elderly.

Pillar 6: Ethical reflections : Dementia and ethical dilemmas

Lucilia Nunes, Setubal Polytechnic Institution, Nursing department - Setubal, Portugal

It is a long-established bioethical principle that adults who are capable of doing so are entitled to make their own decisions about their health care. In particular, they are entitled to refuse any medical investigation or treatment, even life-saving treatment, and to make choices between different treatment options where these are available. This principle applies equally to older people and, for example, to people with dementia, as long as they retain the capacity to make the decision - but, as all principles, is

not absolute: have limitations and difficulties. Autonomy and human dignity are related to freedom of choosing and to take responsibility - therefore, ageing process and connected diseases may represent a serious source for ethical dilemmas. Different ethical values may point to different courses of action, and deciding on which course to take involves judgment in deciding how much weight to give to each value.

Improving the quality of life for Europe's increasingly elderly population is one of the most pressing challenges facing our society today. It is a reality that we need to learn the best ways to actively ageing and live with the circumstances drive by ageing. In an ethical point of view, some special concerns arise - such as dementia and the capacity to choose or express will. Ethical issues arise, however, for all of us - because we all face the possibility of dementia ourselves, and because as members of society we are involved in questions about attitudes towards dementia and about how best those with dementia and their careers should be supported. That why ethical issues, whether faced by careers, care workers, professionals or society, arise in specific situations, and the relevant ethical judgments must be made in the light of each particular situation. They are complex and may gain some structure with ethical framework. We will discuss, in particular, the dementia case, in a larger scope and structure.

There are several reports, such as the one by Nuffield Council, with Ethical framework specifically in dementia

<http://www.nuffieldbioethics.org/dementia>

ethical framework on chapter 2

<http://www.nuffieldbioethics.org/sites/default/files/files/Chapter2020Anethicalframework.pdf>

or take a look at

<http://www.nuffieldbioethics.org/news/who-dementia-report-draws-councilE28099s-ethics-framework>

Pillar 7: End-of-Life care

Christine De Bosschere, Artevelde University College Ghent , Nursing department - Gent, Belgium

Dying is as much a part of life as being born. And our Western culture has a hard time dealing with it. In our society death is hidden and conversations about the end of life are much rather avoided. However, every person comes into contact with this problem. Sooner or later everyone is confronted with the fact that life is finite.

The confrontation with a terminally ill family member leads to not evident, often heartbreaking questions: should the disease be fought with all possible means or should therapeutic treatments be ceased and priority given to palliative care to enable the sick person to terminate his life in a quiet, well-prepared and especially dignified way. These last few years a lot of legal changes have been accomplished regarding euthanasia, palliative care and patients' rights.

Sometimes pain relief and palliative care cannot take away all suffering. Some sick people explicitly express the wish to terminate their life (RDD : the right to die with dignity) People advocate the preservation of the law on euthanasia and its improvement and addition.

The starting point is caring and the utmost respect for the value of life and of the individual.

As many chronic diseases eventually progress to the end stage consideration should be given to, palliative and end-of-life care. The goal of the care will change from preventing disability to helping the patient cope with the signs and symptoms of an advanced disease. It is therefore necessary to include in the programme pharmacological, psychosocial and behavioural approaches, including complementary therapies. With regard to the lifelong span of the disease trajectory it is important that the patient participates in the management of the disease through such activities as self-monitoring skills, self

administration of the medication, adaptation of life style, exercise and the use of supporting equipment. Teaching the patients and their families is a highly specialised skill that requires skills in communication and patient education, which can be acquired by e.g. workshops.

Pillar 8: Support for Caregivers: Self-management skills

Marie Zvonickova, Charles University Prague, 3rd Faculty of Medicine - Prague, Czech Republic

Jana Hermanova, Charles University Prague, 3rd Faculty of Medicine - Prague, Czech Republic

Self-management of physical health conditions is an important aspect of today's health care system. Many patients nowadays expect to play an active role in managing their own health. A growing body of evidence shows that people who are actively involved in protecting their health and managing their health care have better health outcomes. In order to be fully engaged, patients require help from clinicians who recognize and actively support their contribution and are willing to work with them as health care partners. Clinicians may need to develop new skills and competences, including knowing how to guide patients to appropriate sources of information on health and health care, how to educate patients about protecting their health and preventing occurrence and reoccurrence of illness, how to elicit and understand patient's preferences, how to communicate information on risk and probability, how to share treatment decisions, and how to provide support for self-care and self-management. (Newman et al., 2009).

Self-management refers to the individual's ability to manage the symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent in living with a chronic conditions. Efficacious self-management encompasses ability to monitor one's condition and to effect the cognitive, behavioural and emotional responses necessary to maintain a satisfactory quality of life (Barlow et al., 2002).

Helping patients to participate actively on their health care requires strategies to improve health literacy, to engage patients in decision-making, and to strengthen their capacity to undertake effective health promotion and self-management of long-term conditions. The goal of self-management support is to enable patients to perform three sets of tasks: medical management of their illness (e.g. taking medication, adhering to a special diet), coping with the effects of their illness or impairment and carrying out normal roles and activities, and managing the emotional impact (Lorig and Holman 1993). Although the original self-management courses were disease specific (focused on coping with arthritis), they are now mainly designed for any patient with a long-term condition. Many courses have been established with the active involvement from patient organizations, however, in practice, group leaders have often come from the ranks of health professionals.

To the management of chronic conditions, the effective clinician-patient communication is critical (Hasman et al., 2006). Patients who are well informed about prognosis and treatment options, including benefits, harms and side-effects, are more likely to adhere to treatments, leading to better health outcomes.

References:

Barlow, J.H., Wright, C.C., Sheasby, J., Turner, A. and Hainsworth, J. (2002) : Self-management approaches for people with chronic conditions: a review. Patient Education and Counseling, 48:177-187.

Hasman, A., Coulter, A. and Askham, J. (2006) Education for Partnership: Developments in Medical Education. Oxford: Picker Institute Europe.

Lorig, K. and Holman, H. (1993) Arthritis self-management studies: a twelve-year review, Health Education

Quarterly, 20(1):17-28.

Newman, S., Steed, L. and Mulligan, K. Chronic physical illness: self-management and behavioural interventions. Open University Press 2009. ISBN-10:0-335-21786-9 (pb) 0-335-21787-7 (hb)

Pillar 9: Interdisciplinary work

Marie Zvonickova, Charles University Prague, 3rd Faculty of Medicine - Prague, Czech Republic

Jana Hermanova, Charles University Prague, 3rd Faculty of Medicine - Prague, Czech Republic

If the many problems that the chronic disease brings are to be solved it is important that the care of the patient is coordinated and taken by professionals who can work together with the mutual goal of the good life of the patient. Collaborative management is the treatment strategy that operates within this framework and requires patients and care providers to have shared goals: a sustained working relationship, mutual understanding of roles and responsibilities and requisite skills for caring out their jobs. Key elements of the collaborative practice are: collaborative definition of problems, joint goal setting and planning, provision of continuum of self-management and support services, active and sustained follow up.

The patient must be engaged in self-management task, so he/she becomes the member of the team.

5. Description of the expertise in the partnership

During the Intensive Programme all partners contribute in the programme by sending teachers with expertise in a particular area within ageing, chronic and end-of-life care. All participating teachers will be involved as a tutor or mentor during the group work and the supervision of the assignments of students. Every day of the programme, there is a colleague from one of the partners responsible for practical organisation, introduction of the lecturers, conclusions, (chair of the day).

PARTICIPATING STAFF MEMBERS

Artevelde University College Ghent, Belgium

Christine De Bosschere, nurse: expert in chronic and en-of-life care. 20 years of experience in the field of chronic care and psycho geriatric care within Psychiatric Centre Caritas, Melle. Founding member of palliative care in the hospital. Teacher : palliative care.

Filip Dejonckheere, MSc in pedagogical and psychological sciences. Special expertise in curriculum development and interdisciplinary programmes in an international context.

Responsible for the development of international and interdisciplinary programmes and intensive programmes in the Artevelde University College Ghent, healthcare departments.

Council member of Coehre (Consortium of Higher Education within Health care and Rehabilitation), portfolio in the development of the Coehre Academy. The Academy is aiming on the development of exchange projects, mobility of teachers and students, curriculum development and capacity building of teachers and management.

Hanzehogeschool Groningen - School of Health Care Studies

Addie van Rossum-Lefebber

Nurse: cardiac, neuro-surgery, burn-injuries, chronic diseases, internal diseases, artificial ventilation, nursery home.

Msc Medical social science;

Teacher: communication, coaching, counselling, psychology and student career guidance development

Coordinator: minor Health and Technology.

Tallinn Health Care College – Tallinn, Estonia:

Karin Lilienberg, M.D, MSc in public health, occupational therapist, head of the department, lecturer. Developing occupational therapy curriculum in Estonia, new trends on social inclusion.

Participating, teaching and tutoring at the IPPE-courses, developing curriculum of IPLA.

Teaching focus: knowledge on disability, occupational therapy on elderly, social inclusion; keynote and workshop on complementary care, social inclusion, tutor student assignments.

Oslo University College – Oslo, Norway

Riccarda Pfeiffer, RG Nurse, MD in Philosophy, studies in nursing education (2 years) and psychology (1 year).

Teaching focus: nursing of elderly patients, end-of-life care, psychiatric nursing, ethics, nursing management, philosophy of science, science ethics. Teaching on the following levels: bachelor studies, post-graduation studies and master studies in nursing. Participating, teaching and tutoring at the IPPE-courses.

Clinical experience: intensive care, nursing homes for elderly patients, psychiatric care.

Research: studying for the PhD with focus on ethics and metaphysics in the nursing discipline.

Publications: Books on Nursing History and Nursing Management and several articles.

Participating in the development of the curriculum of the new course 'IPLA', with special responsibility for the theme "research, philosophy of science and science ethics connected to chronically ill patients and end-of-life care". Using different educational methods in order to stimulate learning and critical thinking in students.

University of Applied Sciences – Vilnius, Lithuania

Daiva Treznevičute, MD in philosophy. Field of interests: bioethics, contemporary philosophy (especially ethics). From 2000 to 2004 and 2007 till now working as a lector in the Health Care Faculty of the Vilnius College of Higher Education (from 2004 to 2007 worked as a specialist in the Lithuanian Bioethics Committee).

Teaching philosophy and professional (medical) ethics to the nurses, physiotherapists, occupational therapists, dieticians, technologists of biomedical diagnostics, cosmetologists. Participating in the preparation and development of the new curriculum to these programs, trying to integrate new actual topics and new facts of medical ethics, bioethics and to connect the topics of philosophy with the reality of the health care in Lithuania, Europe and over the World in these curriculum. Teaching in the post-graduation studies and different courses for the working health care specialists. Making presentations on the conferences and writing articles related to the medical ethics and bioethics. Using different educational methods to stimulate students to express their own position, based on the arguments pro and contra, to show changes and new challenges in the contemporary medicine, to make debates about moral conflicts and contradictions arising from the use of the new biotechnologies in medicine, to help students to develop critical thinking and to understand their professional and human duties to the clients/patients, the society and the humanity.

Lecturer ethical issues, participation in the panel discussion with representatives of the clinical practice, tutor student assignments.

Setubal Polytechnic Institution - Setubal, Portugal

Lucilia Nunes, PhD Philosophy, MSc in Nursing Science & MSc in History, RN (Mental Health Specialist). Head of Nursing Department. Fields of interest: Ethics & Bioethics. Partner in the development of the curriculum of the new course ILPA.

Mariana Pereira, PhD Student in Nursing Sciences, MSc in Education Sciences, area of learning assessment, RN (medical surgical nursing specialist); Nursing Teacher. Fields of interest: Health and disease processes in adults and elderly; Oncology; Chronic disease; Nursing Education. Partner in the development of the curriculum of the new course ILPA.

Alice Ruivo, PhD & MSc Psychology Science; RN (medical surgical nursing specialist); Coordinator of MSc in Nursing Sciences; Nursing Teacher. Fields of interest: Stress Management & Quality of Life; Urgency & Emergency Care; Chronic disease.

Marina Jesus, PhD Student in Educational Sciences. Speech Therapy Teacher. Fields of interest: Communication & Language Disorders; Community Projects with people with neurological disorders.

Charles University, Prague, 3rd Faculty of Medicine, Prague, Czech Republic

Marie Zvonickova, lecturer of nursing: expert nursing theory, communication, interdisciplinary work within healthcare, keynote and workshop on patient education and interdisciplinary work.

Casework with students on interdisciplinary work.

Responsible for the development of interdisciplinary cases.

Tutor student assignments.

Jana Hermanova, lecturer of palliative and chronic care:

Expert in nursing ethics, oncology, geriatrics.

Keynote on end-of-life decisions, nutritional needs, interdisciplinary casework with students.

Tutor student assignments.

University of Connecticut, School of Nursing

Kathryn Stewart Hegedus, DNSc, RN, NAP, Storrs, CT.

Associate Professor, International Coordinator.

Nursing Knowledge Development, End-of-Life Care.

EXTERNAL ORGANISATION/EXPERT:

During the programme two external organisations are involved, **Palliative Network Gent, East-Flanders, and Palliative Network Brugge, North West Flanders.**

Palliative Network Gent, East-Flanders

Palliative Network Brugge, North West Flanders

These palliative networks are officially recognized and receives funding by the government in a region of 300.000 to 1.000.000 inhabitants. This network are also called 'partnerships' by the federal government and the funds partially come from the federal government and partially from the community.

The mission of a network is to coordinate palliative care from various assistance organisations. It coordinates, supports and stimulates persons providing care, organisations and initiatives in developing a culture of palliative care. The network aims at working in an integrated way, with the palliative home care teams. It stimulates an interdisciplinary approach, in which everyone pays attention to total care and offers interdisciplinary education and training to further develop expertise. The network aims at informing the population about the possibilities of palliative care and the reasons for establishing a culture of palliative care and recognises the importance of care for the bereaved.

The external organisations ensure the link with the practice and give an input on recent developments in the clinical field. Site visits by students and staff are included in the programme, during which students and staff discuss with different interdisciplinary teams.

STUDY & PROJECT VISITS

- WZC De Vliedberg, Ruddershove 1, 8000 Brugge - *Karl Devreese*
- Daycare Heidehuis, Fasantendreef 11, 8200 St. Michiels-Brugge - *Alexander Verstaen*
- Palliatieve éénheid A.Z. Jan-Pafijn Site 2, Koningin Fabiolalaan 57, 9000 Gent - *Christel Bekaert*
- De Kedron, Psychiatrisch Centrum Guislain, Fr.Ferrerlaan 88^a, 9000 Gent - *Ann Temmerman*

- Palliatieve éénheid A.Z. St.Lucas Campus Volkskliniek, Tichelrei 1, 9000 Gent - *Nancy Criel*
- Woonzorgcentrum de Refuge vzw , Coupure Links 275, 9000 Gent - *Gino Welvaert*
- Palliatieve éénheid UZ Gent, De Pintelaan185, 9000 Gent - *Dr. Martine De Laat*
- Huize Arion, Begoniastraat 79, 9052 Zwijnaarde - *Verena Steurbaut*
- WZC Avondsterre, Kortrijkse Steenweg 775,9000 Gent - *Yvonne Israël*
- Vonkel, Luisterend Huis, Zwijnaardse Steenweg 26^a, 9000 Gent - *Tony Van Loon*
- WZC Weverbos, Jan Van Aelbreoeklaan 64, 9050 Gentbrugge - *Conny Van Audenaerde*
- Palliatieve Thuiszorg/Netwerk Gent-Eeklo, Bilksken 36, 9920 Lovendegem - *Vic Vanderhoeven*

For the visits, lectures and workshops, the following **STAFF MEMBERS FROM BELGIUM** are involved:

- Franky De Vos, nurse, Reiki master/Chakra healing
- Nancy Criel, head nurse palliative care unit and coordinator palliative support team AZ St. Lucas Gent
- Gino Welvaert, head nurse WZC Toevlucht van Maria Gent
- Christel Bekaert , Palliatieve éénheid Jan Palfijn Gent
- Ann Temmerman, De Kedron, Psychiatrisch Centrum Guislain
- Martine De Laat, Palliatieve éénheid UZ Gent
- Verena Steurbaut, Huize Arion, Zwijnaarde
- Tony Van Loon, Luisterend huis 'Vonkel', Zwijnaardse Steenweg Gent
- Yvonne Israël, WZC Avondsterre Kortrijkse Steenweg Gent
- Conny Van Audenaerde, WZC Weverbos, Gentbrugge
- Karl Devreese, WZC Westervier, Brugge
- Alexander Verstaen, Heidehuis – palliatief dagcentrum St. Andries Brugge, Psychologist, Head Network Palliative Care Brugge
- Tine Pelleriaux, occupational therapist, Psychiatric Centre, Eeklo
- Anneloor Meersman, music therapist
- Lore Dhaenens, occupational therapist, Demiclowns Stoetel en Fizzie Lizzie
- Lara Debeuf, occupational therapist, Demiclowns Stoetel en Fizzie Lizzie
- Stefanie Nosek, occupational therapist and creative therapist
- Klaas De Roo, dance therapist
- Arne Verduyn, occupational therapist
- Jolien Cosaert, occupational therapist
- Vic Vanderhoeven, verpleegkundige palliatieve thuiszorg
- Heidi De Clercq, Policy Coördinator 'Pastoral and ethics' VZW Zorgsaam
- Dr Marc Cosyns, General practioner, staff member University of Ghent

6. Coehre Academy

The development of this international module is embedded in the activities of the **Coehre Academy**.

The aim of the Academy is enhancing international, interdisciplinary, interprofessional cooperation and capacity building within health education among the member-institutions.

The brand 'Coehre Academy' is a guarantee for monitoring the programme, quality assurance, external evaluation of the programme and dissemination of the results.

The Coehre Academy cooperates in developing and executing the programme: ensuring the expertise and the link with the interdisciplinary practice; reporting during the Annual meeting; disseminating the results of the programme to other Coehre members; developing other initiative as a spin-off of the intensive programme; annual project-meeting linked with the other courses; systematic quantitative and quantitative result analyses of the students' evaluations or conclusions of a focus group.



7. Outline 2014: DAY-TO-DAY PROGRAMME

ARRIVAL DAY		
Sunday 19/01	19.00	Arrival of the participants in Dworp Getting acquainted & opening of the course <i>Christine De Bosschere, Artevelde University College Ghent, Belgium</i> <i>Filip Dejonckheere, Artevelde University College Ghent, Belgium</i>
	20.00	Opening activity <i>Filip Dejonckheere</i>
	21.00	Staff meeting 1: introduction to the programme <i>Christine De Bosschere, Artevelde University College Ghent, Belgium</i> <i>Filip Dejonckheere, Artevelde University College Ghent, Belgium</i>
DAY 1		
CHAIR OF THE DAY: FILIP DEJONCKHEERE		
Monday 20/01	09.00-10.30	Introduction on the course • Pecha Kucha presentation Intercultural game <i>Filip Dejonckheere, Artevelde University College Ghent, Belgium</i>
	10.30	Break
	11.00-12.00	Opening keynote : Pillar 1: Transitions in life <i>Kathryn Stewart Hegedus, DNSc, RN, NAP, The University of Connecticut, School of Nursing</i>
	12.15-13.15	Lunch
	13.30-15.30	Workshop : 'Nonviolent communication' • part 1 <i>Alexander Verstaen, Psychologist, Head Network Palliative Care Brugge</i>
	15.30-16.00	Coffee break
	16.00-17.00	Workshop : 'Nonviolent communication' • part 2 <i>Alexander Verstaen, Psychologist, Head Network Palliative Care Brugge</i>
	17.00-18.00	Exploration of the theme in different groups: mindmaps <i>The whole team</i>
	18.00	Dinner
	19.00-21.00	Staff meeting 2: organisation of the study visits <i>Christine De Bosschere, Artevelde University College Ghent, Belgium</i>
	21.00	Sound massage - The whole team

DAY 2		
CHAIR OF THE DAY: DAIVA TREZNEVICIUTE		
Tuesday 21/01	09.00- 09.45	Opening: Socrates discussion <i>Moderator: Jana Hermanova, Charles University Prague, Czech Republic & Filip Dejonckheere, Artevelde University College Ghent, Belgium</i>
	10.00- 12.00	Keynote and reflection : Pillar 2: Quality of Life in ageing <i>Mariana Pereira, Setubal Polytechnic, Portugal</i>
	12.00- 12.15	Introduction on the workshops <i>Christine De Bosschere, Artevelde University College Ghent, Belgium</i>
	12.15	Lunch
		Workshops on Quality of life in ageing. Well-being/Complementary care (different therapeutic approaches)
	13.30- 15.30	Option 1 <ul style="list-style-type: none"> ▪ Workshop 1 : Aromatherapy <i>Christine De Bosschere, Artevelde University College Ghent, Belgium</i> ▪ Workshop 2 : Reiki-Aura-Chakrahealing <i>Franky De Vos, Reiki-Master, Gent, Belgium</i> ▪ Workshop3 : Art therapy <i>Tine Pelleriaux,OT, Belgium</i> ▪ Workshop 4 : Stressmanagement - massage <i>Alice Ruivo & Mariana Pereira, Setubal Polytechnic, Portugal</i>
	15.30- 16.00	Coffee break
	16.00- 18.00	Option 2 (workshops 1,2,3 & 4 as above)
	18.00	Dinner
	19.00	Preparation of the cultural evening
20.00	Cultural evening (presentation of the culture of the participating countries)	

		DAY 3 CHAIR OF THE DAY: KARIN LILIENBERG
Wednesday 22/01	09.00-09.15	Voting Filmevening <i>Christine De Bosschere, Artevelde University College Ghent, Belgium</i>
	09.15-09.45	Warming-up <i>Addie Van Rossum-Lefeber, Hanze Hogeschool Groningen, The Netherlands</i> <i>Mariana Pereira, Setubal Polytechnic, Portugal</i>
	10.00-12.15	Keynote and workshop: Pillar 5: Relation between aging and cognitive deterioration <i>Addie Van Rossum-Lefeber, Hanze Hogeschool Groningen, The Netherlands (+team)</i>
	12.15	Lunch
		Workshops on Quality of life in ageing. Well-being/complementary care relating ageing and dementia (different therapeutic approaches)
	13.30-15.30	<u>Option 1</u> <ul style="list-style-type: none"> ▪ Workshop 1 : Haptonomy /Relaxation (Kitwood) <i>Karl Devreese, PT, WZC Westervier Brugge-Belgium</i> ▪ Workshop 2 : Music and movement <i>Anneloor Meersman, Belgium</i> ▪ Workshop 3 : Drama-creative therapy <i>Stoetel en Fizzie Lizzie (Lore Dhaenens and Lara Debeuf)</i>
	15.30-16.00	Coffee break
	16.00-18.00	<u>Option 2</u> (workshops 1,2,3 & 4 as above)
	18.00	Dinner
	19.00-21.00	Staff meeting 3: Ongoing process and group assignments <i>Christine De Bosschere, Artevelde University college Ghent, Belgium</i> <i>Filip Dejonckheere, Artevelde University College Ghent, Belgium</i> Planning of the inclusive workshops <i>Filip Dejonckheere, Artevelde University College Ghent, Belgium</i>
21.00	Film evening	

DAY 4		
CHAIR OF THE DAY: RICCARDA PFEIFFER		
Thursday 23/01	09.00-09.45	Warming-up <i>Filip Dejonckheere, Artevelde University College Ghent, Belgium</i>
	10.00-11.00	Keynote Pillar 3: 'Advanced Care Planning' <i>Jana Hermanova, Charles University Prague, Czech Republic</i>
	11.15-12.15	Keynote Pillar 7: 'End-of-life care'-'Medical decisions' in Belgium <i>Christine Debosschere, Artevelde University College Ghent, Belgium</i>
	12.15	Lunch
	13.30	Report on assignment on distance learning : Pecha Kucha method <i>Filip Dejonckheere, Artevelde University College Ghent, Belgium</i> Preparation of the inclusive workshops : making 3 groups and preparing questions about quality of life in ageing <i>Filip Dejonckheere, Artevelde University College Ghent, Belgium</i> Preparing visits & defining the assignments <i>Christine De Bosschere, Artevelde University College Ghent, Belgium</i> <i>Filip Dejonckheere, Artevelde University College Ghent, Belgium</i> Students - Working on Pecha Kucha
		Staff meeting 4: working on next year's programme <i>Christine De Bosschere, Artevelde University College Ghent, Belgium</i>
	15.30-16.00	Coffee break
	16.00-17.00	Keynote Pillar 4: Losses in ageing <i>Daiva Trezneviciute, Vilnius Health College, Lithuania</i>
	17.00-18.00	Small group discussion on 'coping with losses' <i>Daiva Trezneviciute, Vilnius Health College, Lithuania (+team)</i>
	18.00	Dinner
	19.00-20.15	Pecha Kucha 'night', "Ageing in different countries"
	20.30	Surprise activity – Circus!

DAY 5		
CHAIR OF THE DAY: KOBE DEJONCKHEERE & JANA HERMANOVA		
Friday 24/01	09.00	After breakfast : by bus from Dworp to Gent – 9.00 sharp!
	10.30	Inclusive workshops: Living aging • study visits in 2 places <i>Filip Dejonckheere, Artevelde University college Ghent, Belgium</i>
		<p>Servic Centre Ten Hove, Begijnhofdries 33, 9000 Gent <i>Arne Verduyn, Occupational Therapist</i></p> <p>De Regenboog, Lucas De Heerestraat 83,9000 Gent <i>Jolien Cosaert, Occupational therapist</i></p>
	11.00- 12.00	Discussion groups with elderly about topics of the course (small groups): Living ageing, gerontological process of ageing, losses, end-of-life discussions
	12.00- 12.15	Wrapping up: plenary debate
	12.15	Lunch @ the different service centers
	13.30	Workshops: Movement and sport activities with elderly of the Service Centre Ghent (art, ballroom dance, KUBB and petanque, Indian dance, classic dance ..)
	13.30- 15.00	Session 1
	15.00	Coffee break
	15.30 17.00	Session 2
20.00	Dinner @ Turkish restaurant Gök 2, Sleepstraat 65, 9000 Gent	
FREE WEEKEND		
Saturday 25/01		Free
Sunday 26/01	20.00	Free
		Evening Meeting in Hostel 47 Blekerijstraat 47, 9000 Gent

DAY 6		
CHAIR OF THE DAY: CHRISTINE DE BOSSCHERE		
Monday 27/01	08.45	Opening of part 2 of the IP Campus Kantienberg, Voetweg 66, 9000 Gent
Room T02.01	09.00- 09.45	Warming-up Drawings in national groups <i>Riccarda Pfeiffer, Oslo and Ackerhus University College, Norway</i>
	10.00- 11.00	Keynote/ Ethical challenges connected to research • part 1 <i>Riccarda Pfeiffer, Oslo and Ackerhus University College, Norway</i>
	11.00- 11.15	Break
	11.15- 12.15	Keynote/ Ethical challenges connected to research • part 2 <i>Riccarda Pfeiffer, Oslo and Ackerhus University College, Norway</i>
	12.15- 12.30	Information on the 6 project groups <i>Christine De Bosschere, Artevelde University College Ghent, Belgium</i>
	12.30- 13.30	Lunch @ Kantiene
	13.00- 18.00	Study & Project visits
	14.00- 16.00	<ul style="list-style-type: none"> ▪ Project group 1 : <ul style="list-style-type: none"> ✓ <u>Project visit :</u> WZC De Vliedberg, Ruddershove 1, 8000 Brugge <i>Karl Devreese</i> ✓ <u>Study visit:</u> Daycare Heidehuis, Fazantendreef 11, 8200 St.Michiels-Brugge <i>Alexander Verstaen</i>
	16.30	
	13.30- 14.00	<ul style="list-style-type: none"> ▪ Project group 2 : <ul style="list-style-type: none"> ✓ <u>Study visit:</u> Palliatieve éénheid A.Z. Jan-Pafijn Site 2, Koningin Fabiolalaan 57, 9000 Gent <i>Christel Bekaert</i> ✓ <u>Project visit:</u> De Kedron, Psychiatrisch Centrum Guislain, Fr.Ferrerlaan 88^a, 9000 Gent <i>Ann Temmerman</i>
	15.00- 16.30	

	13.30-14.30	<ul style="list-style-type: none"> ▪ Project group 3 : ✓ <u>Study visit:</u> Palliatieve éénheid A.Z. St.Lucas Campus Volkskliniek, Tichelrei 1, 9000 Gent <i>Nancy Criel</i>
	15.00-17.00	<ul style="list-style-type: none"> ✓ <u>Project visit:</u> Woonzorgcentrum de Refuge vzw , Coupure Links 275, 9000 Gent <i>Gino Welvaert</i>
	13.30-14.30	<ul style="list-style-type: none"> ▪ Project group 4 : ✓ <u>Study visit:</u> Palliatieve éénheid UZ Gent, De Pintelaan185, 9000 Gent <i>Dr. Martine De Laat</i>
	15.00-17.00	<ul style="list-style-type: none"> ✓ <u>Project visit:</u> Huize Arion, Begoniastraat 79, 9052 Zwijnaarde <i>Verena Steurbaut</i>
	14.00-16.00	<ul style="list-style-type: none"> ▪ Project group 5 : ✓ <u>Project visit:</u> WZC Avondsterre, Kortrijkse Steenweg 775,9000 Gent <i>Yvonne Israël</i>
	16.30-17.30	<ul style="list-style-type: none"> ✓ <u>Study visit:</u> Vonkel, Luisterend Huis, Zwijnaardse Steenweg 26^a, 9000 Gent <i>Tony Van Loon</i>
	13.30-15.30	<p>Projectgroup 6 :</p> <ul style="list-style-type: none"> ✓ <u>Projectvisit :</u> WZC Weverbos, Jan Van Aelbreoecklaan 64, 9050 Gentbrugge <i>Conny Van Audenaerde</i>
	16.00-17.00	<ul style="list-style-type: none"> ✓ <u>Studyvisit :</u> Palliatieve Thuiszorg/Netwerk Gent-Eeklo, Bilksken 36, 9920 Lovendegem <i>Vic Vanderhoeven</i>
		<p>Students Free evening</p>
Christine's Home	20.00-21.30	<p>Staff meeting 5 <i>Christine De Bosschere, Artevelde University college Ghent, Belgium</i> <i>Filip Dejonckheere, Artevelde University college Ghent, Belgium</i></p>

DAY 7		
CHAIR OF THE DAY: MARIE ZVONICKOVA		
Tuesday 28/01		
Room T02.01	09.00- 10.00	Warming-up Preparing panel discussion
10th floor	10.30- 12.30	Panel discussion on 'Euthanasia' with professionals from the workfield <i>Moderator: Jana Hermanova, Charles University Prague, Czech republic</i> ✓ Heidi De Clercq <i>Policy Coördinator 'Pastoral and ethics' VZW Zorgsaam</i> ✓ Nancy Criel <i>Head nurse Palliative Unit A.Z. St. Lucas Campus Volkskliniek</i> ✓ Marc Cosyns <i>General practioner, staff member Ugent</i>
Room T02.01 + L02.02	12.30- 13.30	Lunch @ Kantiene
	13.30- 17.00	Keynote and workshop: Pillar 6: Spirituality <i>Alexander Verstaen, Psychologist, Head Network Palliative Care Brugge Perennis, Center for psychospiritual care</i>
	17.15	Group work: meeting students - tutor
	18.30	Sandwiches @ Kantiene

DAY 8		
CHAIR OF THE DAY: ADDIE ROSSUM-LEFEBER		
Wednesday 29/01 Room T02.01 	09.00-09.30	Warming-up • film <i>Lucilia Nunes, Setubal Polytechnic, Portugal</i>
	09.30-12.00 (with break)	Keynote and workshop: Pillar 6: Bio-ethics issues Dementia and ethical dilemmas/Intercultural humility <i>Lucilia Nunes, Setubal Polytechnic, Portugal</i>
	09.00-12.00	Staff meeting 6 : Working on new programme <i>Christine De Bosschere, Artevelde University College Ghent, Belgium</i> <i>Filip Dejonckheere, Artevelde University College Ghent, Belgium</i>
	12.30-13.30	Lunch @ Kantiene
	13.30-15.30	Project work @ the campus (library...)
	15.30-16.00	Break
	16.00-17.00	Closing activity • Reflection on the drawings <i>Riccarda Pfeiffer, Oslo and Akerhus University College, Norway</i>
	19.00	Dinner De Brug, Sint-Pietersnieuwstraat 45, 9000 Gent

DAY 9		
CHAIR OF THE DAY: THE WHOLE TEAM		
Thursday 30/01 Room T02.01	Morning 12.30- 13.30	Preparing project workshop Lunch @ Kantiene
On location	Afternoon	Workshops on Quality of life with clients/patients <ul style="list-style-type: none"> ▪ Project group 1 : WZC De Vliedberg, Ruddershove 1, 8000 Brugge ▪ Project group 2 : De Kedron, Psychiatrisch Centrum Guislain, Fr.Ferrerlaan 88^a , 9000 Gent ▪ Project group 3 : Woonzorgcentrum de Refuge vzw , Coupure Links 275, 9000 Gent ▪ Project group 4 : Huize Arion, Begoniastraat 79, 9052 Zwijnaarde ▪ Project group 5 : WZC Avondsterre, Kortrijkse Steenweg 775,9000 Gent ▪ Projectgroup 6 : WZC Weverbos, Jan Van Aelbreoecklaan 64, 9050 Gentbrugge
To be announced	18.30- 20.00	Staff meeting 7 : Planning of the group presentations <i>Christine De Bosschere, Artevelde University College Ghent, Belgium</i> <i>Filip Dejonckheere, Artevelde University College Ghent, Belgium</i>
		Free evening

DAY 10		
CHAIR OF THE DAY: MARIANA PEREIRA		
Friday 31/01	09.00- 09.30	<p>Warming-up</p> <p>Parallel sessions</p> <p>Keynote and workshop Pillar 8: ‘Social aspects related to ageing’ and ‘Selfmanagement skills’ <i>Karin Lillienberg, Tallin Health College, Estonia</i> <i>Marie Zvonickova, Charles University Prague, Czech Republic</i></p> <p>Room T02.01</p> <p>Room L02.02</p> <p>Keynote and workshop Pillar 8: ‘Social aspects related to ageing’ and ‘Selfmanagement skills’ <i>Karin Lillienberg, Tallin Health College, Estonia</i> <i>Marie Zvonickova, Charles University Prague, Czech Republic</i></p>
	09.30- 10.45	Session 1
	11.00- 12.15	Session 2
	12.30	Lunch @ Kantiene
Room T02.01	13.30	<p>Presentations/platform of student group work</p> <p>Debriefing/ Evaluation of the course in different groups with tutors</p> <p>Online evaluation - Coehre Academy</p>
	18.00- 19.00	<p>Staff meeting 8: final ECTS grading & planning <i>Christine De Bosschere, Artevelde University College Ghent, Belgium</i> <i>Filip Dejonckheere, Artevelde University College Ghent, Belgium</i></p>
	20.00	<p>Closing evening with dinner @ Kantiene</p>
DEPARTURE DAY		
Saturday 01/2		Departure

8. Assignments

ASSIGNMENT 1

Pecha Kucha presentation - Preparatory assignment Research on the Ageing and End-of-life care in your country

Aim

During the weeks before the intensive programme, we expect all students to collect some information and data on 'Ageing', 'Quality of Life' and 'End-of-life' in their home country. The research on these aspects of the healthcare situation in the home country has to take into account the historical perspective as well as political, socio-economical and other features.

The final aim of this assignment is to share the gathered information of the different countries, enabling students to compare, contrast and evaluate the situation on quality of life and ageing in the different countries. It must give the audience an idea on current issues in ageing in the different countries.

Expected outcome

We expect you to present the results of the research by means of a Pecha Kucha presentation during the Intensive Programme, on **Thursday evening 23th of January 2014**.

During the second day of the course, you will get more guidelines on how to prepare a Pecha Kucha presentation.

At the same time you will have the possibility to work in 'country-groups' to share and summarize the gathered information and prepare the presentation.

You have, of course, also the possibility to contact your 'colleague-students' already at your home institution to divide the research.

ASSIGNMENT 2

Students will work on a group presentation

Aim

At the start of week 2, students have a project visit and a study visit.

The study visit is meant to gain an orientation on elderly care and end-of-life care in Belgium. The aim of the project visit is to develop an activity for the clients and to organise the activity at the end of the 2nd week.

Professional, interdisciplinary and intercultural competences are central in this assessment of the students. As the topic has a variety of personal angles, personal reflections of both students and staff on the topic are very important.

Expected outcome

- **Part 1 (Monday):** visit and observation of the client group.
The students have to prepare an activity for the clients in an interdisciplinary and an international group. A tutor is joining the visit. After the visit you have the opportunity to discuss the visit with the tutor and choose an activity to be organised in the centre.
The final aim is bring the activity for the client group in practise.
- **Part 2 (Thursday):** organisation of the activity with the client group.
During the Intensive Programme you will have more information on how to develop and how to

prepare the activity.

- **Part 3 (Friday):** presentation of reflections to the other groups of participants.
Each group has to give a short presentation on the activity to the other students. The aim is to share the experience, to summarise what you have learned as an inter-professional team and to present your reflections on the process and the product.

Requirements on the presentation:

1. **The presentation must give a report of the activity.**
2. It has to reflect the **professional** point of view of the group members.
3. It should include a **interdisciplinary approach of care.**
4. It should refer to **multicultural aspects.**
5. The presentation has to be illustrated by slides and photos.
6. Each presentation-group provides a **digital version** of the presentation with keywords (on file).

Criteria for assessment:

The activities and the presentations are assessed by a jury or team of lecturers, using standardized assessment forms.

1. The group chooses a common topic of interdisciplinary approach.
2. The group shows creativity in approaching the theme
3. The group implements the agreed strategies taking into account an interdisciplinary perspective.
4. The group listens and respects the views of the different elements (assessed in tutorial moments).
5. The group involves all the elements in the activities planned taking into account the potential of each element.
6. The group cooperates in strategies to approach the topic.
7. The group executes suitable activities / directed to addressees.
8. The group involves addressees in planned activities.
9. The group selects the best means for carrying out the activity.
10. The group uses a suitable duration – adequate time.

Tool for assessment:

CRITERIA	A (Excellent)	B (Very Good)	C (Good)	D (Satisfactory)	E (Sufficient)
The group chooses a common topic of interdisciplinary approach					
The group show creativity in approaching the theme					
The group implements the agreed strategies taking into account an interdisciplinary perspective					
The group listens and respects the views of the different elements (assessed in tutorial moments)					
The group involves all the elements in the activities planned, taking into account the potential of each element					
The group cooperates in strategies to approach the topic					
The group executes suitable activities/directed to addressees					

The group involves addressees in planned activities					
The group selects the best means for carrying out the activity					
The group uses a suitable duration – adequate time					

ASSIGNMENT 3

Individual work

Reflective Diary and Final Report

Students keep a '**reflective diary**'.

This means that students can record thoughts, feelings and reactions during the different subjects of the course. The diary should include both positive and negative experiences, expectations and the unexpected experiences that students have been confronted with.

- You should maintain the diary by writing a short report after each lecture or workshop. In the programme different 'moments of reflection' allow students to take time to write down ideas, experiences and expectations.
- Peer discussions enrich the reflections and help to focus from different points of view.
- The reflections should include and emphasise learning moments and benefits from the course, related to your personal and professional development.
- The diary is personal. You can use it to write your final report.

Students write a '**final report**'.

- The **final report** can be written in the local language and is addressed to the local tutor.
- It is not a chronological overview of the different parts and subjects.
- It has to be related to the aims of the intensive programme.
- It must emphasise the benefits for your personal and professional development.
- It has to highlight the subjects, ideas and thoughts that enriched your personal and professional identity.

9. Accreditation

The **accreditation** of the course is based on the principles of the European Credit Transfer System (ECTS), which has become the standard in European student exchange. It allows the home institution to incorporate the credits and grades of the students in their curriculum.

At the end of the course the students get a proof of attendance and a transcript of records signed by the course coordinators.

The ECTS-grading scale

Examination and assessment results are usually expressed in grades. There are many different grading systems in Europe. To help institutions interpret the grades awarded to exchange students, the ECTS grading scale has been developed by a number of European universities participating in a pilot scheme and is now largely adopted in Europe.

The ECTS grade provides information on the student's performance in addition to that provided by the institution's grade.

Please be advised that the ECTS grade does not replace the local grade.

The following chart describes the dual use of the ECTS grading system.

For example, grade A means that the student's performance was excellent, and that he/she was among the top ten percent of students.

ECTS Grade		Definition	Percentage of Students
A	Excellent	Outstanding performance with only minor errors	10%
B	Very good	Above the average standard with some errors	25%
C	Good	Generally sound work with a number of notable errors	30%
D	Satisfactory	Fair but with significant shortcomings	25%
E	Sufficient	Performance meets minimum criteria	10%
FX	Fail	Some more work required before credit can be awarded	
F	Fail	Considerable further work is required	

10. List of participating students

First name	Name	E-mail address	Home Institution	Country
Dirk	Hellemans	dirk.hellemans3@telenet.be	Artevelde University College Ghent	Belgium
Inneke	Bovens	inneke_b@live.be	Artevelde University College Ghent	Belgium
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