
Interprofessioneel onderwijs en de implementatie in de kliniek:

dromen van een ideale samenwerking

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Interprofessioneel Onderwijs IPO - UAB



Mogen we ons even voorstellen?

Werkgroep IPO Universitaire Associatie Brussel (UAB)

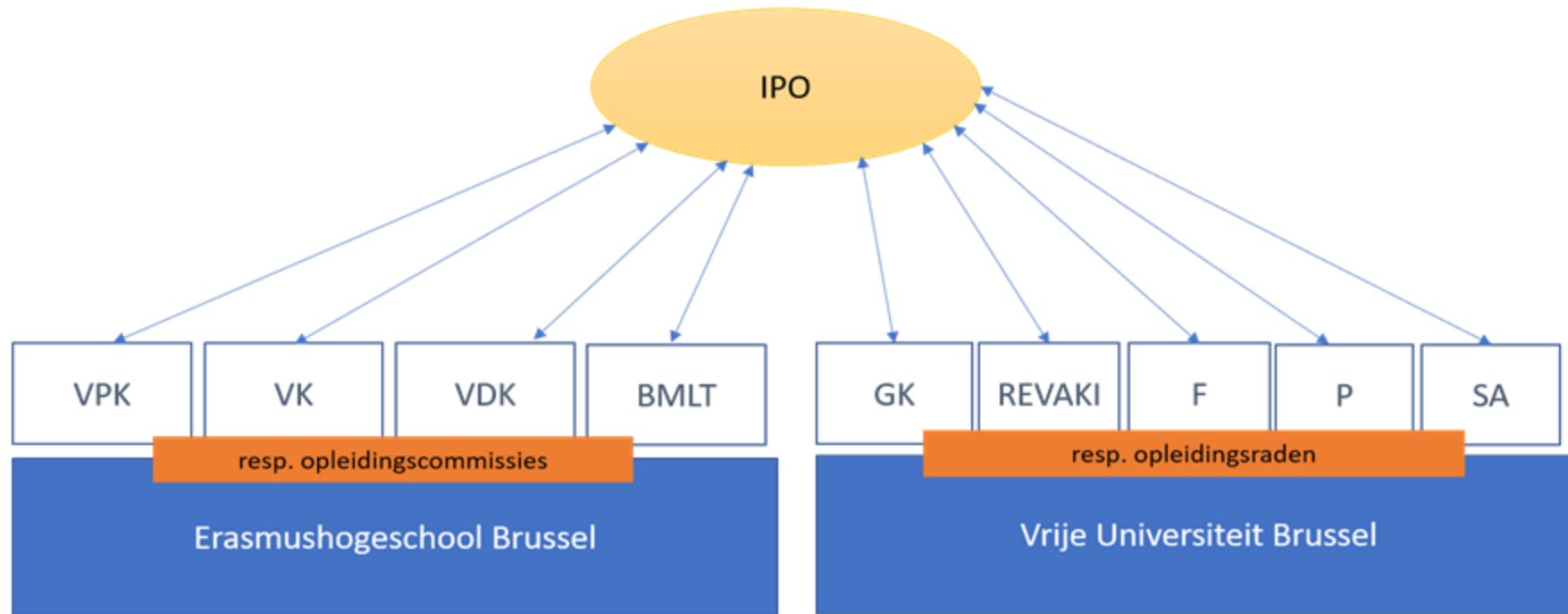
- Sinds 2005 ad hoc samenwerking tussen docenten van verschillende opleidingen.
 - Officiële erkenning als werkgroep => juni 2020
 - Samenwerkingsreglement
 - Project website 2022
- Meerdere opleidingen van de VUB en EhB bekijken samen hoe interprofessioneel onderwijs te integreren in het curriculum en komen 3-4x per jaar samen.
 - Geneeskunde, REVAKI, Farmacie, Psychologie, Sociale agogiek, Verpleegkunde, BMLT, Vroedkunde, VDK.

IPO = InterProfessioneel Onderwijs



Universitaire Associatie Brussel

Case GHZ



VPK = verpleegkunde ; **VK** = vroedkunde ; **VDK** = voedings- en dieetkunde ; **BMLT** = biomedische laboratoriumtechnologie ; **GK** = geneeskunde ;
REVAKI = revalidatiewetenschappen en kinesitherapie ; **F** = farmacie ; **P** = psychologie ; **SA** = sociale agogiek



IPO volgens de WereldGezondheidsOrganisatie

"IPE occurs when students from **two** or more professions learn **about, from, and with** each other. The goal is to **prepare** health profession students to **work together** and to provide **safer** health care in a collaborative **practice-ready** health workforce."

IPE = InterProfessional Education



Wat is interprofessioneel leren?

- Het begrip interprofessioneel verwijst naar de aanwezigheid van **meerdere professionele** groepen die in **interactie samen leren** met de bedoeling om de samenwerking en de **kwaliteit** van de zorgsector te verbeteren (Tsakitzidis G. & Van Royen P. 2015).
- Het proces waarbij een groep studenten uit de **verschillende gezondheidsopleidingen** tijdens bepaalde **periodes** van hun opleiding leren samenwerken in het leveren van gezondheidspromotie, preventieve en curatieve gezondheidszorg, revalidatie en andere gezondheidsgerelateerde diensten." (Tsakitzidis G. & Van Royen P. 2015).

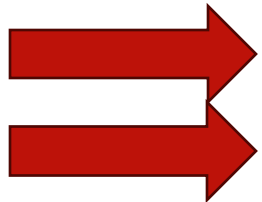


Core business van IPO





Core business van IPO



Structures of Modules	Key areas	Core IPE Contents
Knowledge based	Knowledge on Health	Community based family health, health promotion, disease preventive, , health and society, health care system and health promotion, Physical, psycho social, spiritual and cultural care, Global health, models and determinants of health bio psychosocial aspects of health behavior, Indigenous culture and health, medical error and patient safety, IP collaboration in relation to different health problems, patient safety, prescribing, multi agency care, person centered care
	Professionalism	Professional competency, roles and responsibility, interprofessional health care, collaboration, theoretical background for IPE, barriers to IP collaboration, stereotypes in health professions, sociology of profession, professionalism, collaborative practice, fundamentals of professional collaboration, Professionalism & Professional Identity
	Social environment	Community resources, cultural sensitivity, societal structure, inequalities in health and social care, psycho social aspect of health human interaction
	Research	Foundation of IP practice and research I & II, , IP health outcome research, the role and use of scientific evidence, research methods for IPE, science and research methods, evidence based practice
Value - Based	Law/Human rights/ethics	Professional codes of ethics/conduct, core values, professional practice ethics and law, ethics, professional ethics, professional issues and practice
Skills-based	Communication	Interviewing skills, team communication, instruction and practice in communication skills
	Team Work	Team work skills, team work in the context of home visits, practice collaborative skills in small group, develop collaborative team working, developing collaborative practice, capable collaborative working, work in teams with patients to identify their problems
	Leadership	Leadership for service improvement, participative leadership, conflict Resolution & decision making, conflict in inter-professional life, conflict in inter-professional life, applied decision making in IP Practice
	Other profession specific skills	Sharing and planning for IPE pilot projects, plan joint activities, skills on simulation service improvement, skills for professional learning, preventive services, community resources, self-reflection, patient assessment



Aanbevelingen voor IPO

Practical Recommendations for Future Research and Educational Programs	
Theoretical background	<ul style="list-style-type: none">• Identify and explicitly state the theoretical background of IPE interventions
Methods	<ul style="list-style-type: none">• Include sessions on barriers to international interprofessional collaboration.• Explicitly state information about the IPE training of the educators.• Expand the number of professional program types to provide students with a picture of the complexity of teamwork in healthcare.• Extend educational programs and research studies to the early years of the undergraduate curriculum.• Establish standardized pre- and post-intervention measures and/or include control groups.
Evaluation and effectiveness	<ul style="list-style-type: none">• Compare the efficacy of IPE interventions based on exposure to topics versus interventions based on modeling of interprofessional collaboration.• Include measures of the affective dimension of learning, such as changes of students' achievement emotions and response bias.• Create accreditation standards for international IPE.



Aanbevelingen van (REVAKI) studenten

- Try to work on something as practical as possible;
- Incorporate into the curriculum and encourage collaborative mindset;
- Create an example (small video) that shows how multidisciplinary group discuss a complex case (such as stroke patient). Where professionals decide for a goal, use interprofessional communication and include in the talk family/ friends;
- Include student perspective and make it fun!



Centre for the Advancement of Interprofessional Education - CAIPE

Learning outcomes for IPE

- Modified Kirkpatrick's Outcome Typology

Level 1	Reaction
Level 2a	Modification of attitudes/perceptions
Level 2b	Acquisition of knowledge/skills
Level 3	Behavioural change
Level 4a	Change in organisational practice
Level 4b	Benefits to patients/clients



Interprofessional education: effects on professional practice and health care outcomes

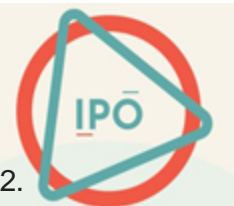
- N = 6
- 4 out of 6:
 - positive outcomes on:
 - emergency department culture and **patient satisfaction**;
 - collaborative team behaviour and **reduction of clinical error rates (30,9% to 4.4%)** for emergency department teams;
 - **management of care delivered** to domestic violence victims;
 - mental health practitioner **competencies** related to the delivery of patient care.



Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes

- **practice-based IPC interventions can improve healthcare processes and outcomes, BUT**
 - limitations in terms of the small number of studies,
 - sample sizes,
 - problems with conceptualising and measuring collaboration,
 - heterogeneity of interventions and settings

- ❓ **difficult to draw generalizable conclusions** about the key elements of IPC and its effectiveness.



Perceptions of residents, medical and nursing students about Interprofessional education: a systematic review of the quantitative and qualitative literature

- Readiness for IPE
- Facilitators for IPE
- Barriers for IPE on cultural/organizational, process/curricular and individual level.



Table 2 Categories and findings - **At Cultural / organizational level**



Category	Papers	Subcategories	Findings
Readiness for IPE	1 paper [16]	- <i>Lack of interactions</i>	- When medical students and nurses do not interact well with the other group, IPC is jeopardized by the associated interpersonal sensitivity score of medical students and hostility score of nurses.
 Facilitators	2 papers [17, 19] 1 paper [18]	- <i>Getting acquainted</i>	- Time to socialize and experience IPC improved perceptions of IPE. - Students perceived more comfort with approaching non-physicians about patient care issues and understanding of the common challenges non-physicians face.
	1 paper [21]	- <i>Work experience in health care</i>	- Positive attitudes towards IPC and perceptions of IPC were maintained and even strengthened once students practiced as qualified professionals.
 Barriers	6 papers [16, 22–25, 64]	- <i>Belonging to social group</i>	- Medical students perceived nurses to have a less positive status in society, associated some tasks with nurses' work and refused to do them in the ITU.
	2 papers [17, 19]		- Not knowing students from the other professions meant that time was needed to familiarize.
	1 paper [26]	- <i>IPC importance stated, not experienced</i>	- Dissonance between what faculty stated and educational practice
	1 paper [27]	- <i>Mis-communication</i>	- Nurses perceived that residents didn't want to share decision making and vice versa.
	1 paper [28]	- <i>Work experience in healthcare practice</i>	- Attitude towards healthcare teams was significantly poorer in students around one year after graduation, in comparison with 3rd year students after the same IPE training.
	1 paper [70]	- <i>Gaps in role-perception</i>	- Gaps in perception of the others' roles was negatively related to attitudes toward collaborative patient care decision making.

Table 3 Categories and findings - At Process / curricular level

Category	Papers	Subcategories	Findings	
Readiness for IPE	6 papers [29–32, 62, 63]	- <i>Readiness fluctuates</i>	- Readiness for IPE and professional identity were highest at entry, higher in students with prior IPE experience and declined significantly over time.	
Facilitators	4 papers – workplace setting [35]; practice immersion [34]; 1 day workshop [73]; simulation [33]	- <i>Immersion in collaboration</i>	- Diverse IPE forms, all authentic patient settings, improved the perceptions about interpersonal skills, professional competence, leadership, academic ability, being a team player or independent worker, confidence, decision-making and practical skills of the other health professions.	
			- Understanding of team roles and team interdependence scored high. In one study perception of team efficacy decreased after graduation.	
		- <i>Exposure to IP teams</i>	- Students ask for longitudinal integrated IPE and longitudinal clerkships	
			- IPE as a training in comparison with lectures resulted in significantly higher mean scores on the subscales 'quality of care' and 'patient-centered care'.	
		- <i>Stimulating teamwork training</i>	- Training of team communication skills enhances motivation and positive attitudes toward IPC. Students had learned about their performance and lack of professional skills alongside team skills.	
		- <i>Teacher facilitating reflection</i>	- A teacher helping students think, plan, do and check their work, thus stimulating teamwork rather than teaching knowledge.	
		- <i>Shared learning</i>	- Value in learning about professional differences and identity. Students saw the benefits of shared learning, medical students saw the advantages only early in their training.	
		- <i>Learning in authentic context</i>	- Clinical realism, like simulation or interprofessional training unit, offered students an opportunity to identify other professionals' functions in relation to patient care and to clearly assess and describe patients' problems and needs.	
			- Readiness for IPE and attitude towards health care teams improved after IPE involving teaching through practice and decreased after IPE involving teaching only through lectures.	
			- <i>Integrating IPE & specific learning goals</i>	- Combination of professional specific and IPE learning goals was achieved by students in advanced years (8th semester)
			- <i>Follow up training</i>	- A Team communication training was followed by regular IP team meetings.
		Barriers	8 papers [17, 22–24, 30, 60, 75, 78]	- <i>Combining IPE & profess. Specific learning objectives</i>
- <i>Teacher who just transmits knowledge</i>	- Teacher who just transmits knowledge rather than stimulating students to think, plan, do and reflect.			
- <i>Lack of assessment</i>	- IPE loses importance when not assessed, especially for medical students, who are concerned about learning inappropriate skills.			
- <i>Being present in the ward all day</i>	- Medical students were not used to the requirement to be present in the ward all day.			



Table 4 Categories and findings- **At Individual level**

Category	Papers	Subcategories	Findings
Readiness for IPE	4 papers [30, 59, 62, 63]	- <i>Gender</i>	- Females had more readiness for IPE than males.
	2 papers [61, 64]	- <i>Stereotyped views</i>	- Increased understanding of others' role and of the students' own competence in IPC led to lesser stereotyping and more readiness for IPC.
	1 paper [55]		- First year students with a parent working in healthcare started with lower readiness.
	2 papers [30, 63]	- <i>Earlier healthcare experience</i>	- Earlier work experience in health care did not influence attitudes toward collaboration but it did result in higher readiness for IPE.
	1 paper [65]	- <i>Profession and phase of study</i>	- Younger students achieved more learning outcomes than students who had graduated in some professions.
Facilitators	1 paper [66]	- <i>Being available and receptive</i>	- Working together required physical proximity (place), time to interact and intellectual availability, with knowledge about the work they are doing and about each other's' roles as care providers. Being receptive is conveying respect, trust and interest in collaboration.
	2 papers [16, 67]	- <i>Relatedness within/outside group</i>	- Professionals interact the best in their group, this was overcome when situations created a feeling of urgency and demanded collaboration.
	4 papers [33, 68, 69, 76]	- <i>Having own role clarity</i>	- All students groups reported a gain in understanding of the importance of communication and teamwork in patient care; medical students reporting the greatest gain and they also gained most in clarity of own professional role.
Barriers	2 papers [66, 78]	- <i>Unprofessional behavior</i>	- Arrogance or disinterest, aggressive behavior, nurses delaying acting on orders or going to other doctors, the need to "sell oneself" to other professions.
	2 papers [40, 53]	- <i>Emphasizing professional knowledge at the cost of teamwork skills</i>	- When medical students focus on professional knowledge rather than on teamwork skills, and when nurses feel intimidated.



Onderzoek EhB – VUB – UZ Brussel

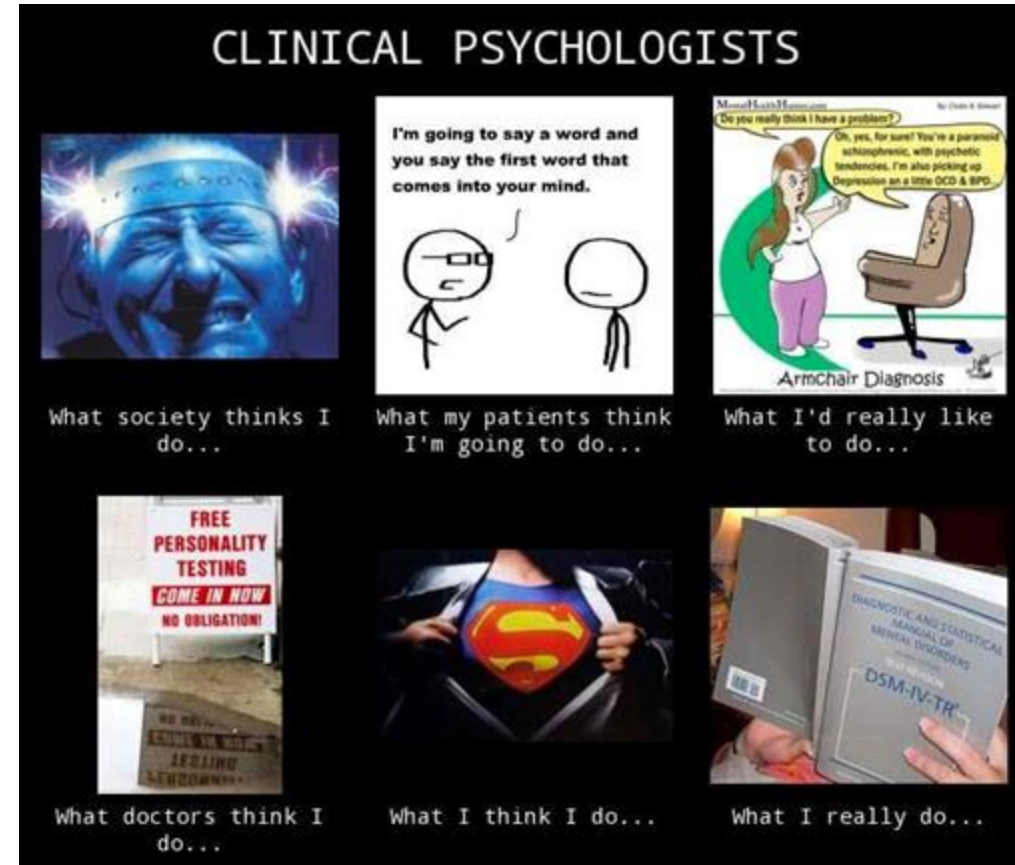
Swinnen E, Fobelets M, **Adriaenssens N**, Vandyck E, Goelen G, **Moortgat E**, Laforge D, Peersman W.

Effectiveness of an Interprofessional Education Model to Influence Students' Perceptions on Interdisciplinary Work.

J Nurs Educ. 2021 Sep;60(9):494-499.

doi: 10.3928/01484834-20210708-02.

Epub 2021 Sep 1. PMID: 34467810.



Referentiemodel Zuyd Hogeschool (NL)

Levels of competence ranged from low to high in terms of complexity, transferability and responsibility



1	2	3	4	5
Collaborate and understand Consult and collaborate effectively in IP teams on the basis of knowledge of competence of professionals	Work out IP care plans Work out clientcentered shared care plans on the basis of information and interaction with other professionals	Deal with problems Anticipate, participate and remediate problems in IP teamwork and shared care planning	Make appropriate referrals Make appropriate referrals to other professionals based on the knowledge of competence of professionals	Evaluate Evaluate IP communication, decision making and care planning in terms of efficiency



Referentiemodel Zuyd Hogeschool (NL)

1 Collaborate and understand		Fulfil a role in IP teams as perceived satisfactory by IP team members 1.11	2 Work out IP care plans			
	Describe responsibilities and competences of other professionals and acknowledge professional boundaries 1.5	Apply information of other professionals in profession-specific interventions 1.10				
	Describe individual and professional expertise 1.4	Know when, how and why other health-care workers with different backgrounds need to be involved in IP care 1.9				Collaborate with clients/family members and other professionals to implement an IP care plan 2.8
	Describe distinct roles and responsibilities in IP teams 1.3	Understand how to cope with differences, misunderstandings, opposite positions and shortcomings of IP team members 1.8				Make sure that clients/family members understand and agree on the IP care plan 2.7
	Sustain working relationships in IP teams 1.2	Facilitate other professionals in the IP team to provide care so that individual clients benefit by maximal health gains 1.7		Provide complete client information from a professional-specific perspective 2.2	Formulate, together with clients/family members and other professionals, care and treatment goals 2.4	Deliberate together over and make decisions with clients/family members and other professionals about the client-centred care and treatment plan and confirm it 2.6
	Initiate mutual working relationships and take responsibility to act supportively and assist IP team members 1.1	Show insights, understanding and respect for the roles, responsibilities and competences of other professionals in relation to the own expertise/profession 1.6		Make client information and/or other relevant documents accessible to other professionals to optimize care 2.1	Participate in a shared problem analysis with relevant professionals involved whereby the client's individual perspective is central 2.3	Make decisions on client-centred care and treatment goals together with clients/family members and other professionals 2.5

Referentiemodel Zuyd Hogeschool (NL)

3 Deal with problems				4 Make appropriate referrals		
			Discuss and solve individually perceived problems in the context of IP teamwork 3.8			Apply accessible tools for the documentation in client records and referrals. 4.5
			Anticipate individually perceived problems in IP teams 3.7			Provide relevant and necessary information during hand-overs and referrals 4.4
	Provide constructive and appropriate feed-back to IP team members 3.2	Identify individually perceived problems and dilemmas and discuss them in the IP team 3.4	Participate in the solving of IP team problems 3.6			Use a language level and style that is understandable to clients/family members and other professionals when referring (written, verbal, digital, by phone etc.) 4.3
	Reflect on one's own behaviour in the context of the IP team 3.1	Reflect on IP teamwork 3.3	Identify and articulate problems within IP teams 3.5		Describe the network of social and health services in certain geographical areas and interact with them 4.1	Make appropriate referrals to different professionals within the IP team and within relevant other professionals, external to the IP team 4.2

Referentiemodel Zuyd Hogeschool (NL)

5 Evalueer			Contribute actively and professionally to IP case meetings, team appointments, team collaboration and networking 5.6
			Adjust the care provided by an IP team based on the evaluation with clients/family members, professionals in <u>integrated care pathways</u> and advocacy groups (public and healthcare) 5.5
			Evaluate the efficiency of IP care with clients/family members, professionals in <u>integrated care pathways</u> and advocacy groups (public and healthcare) 5.4
			Evaluate the IP decision making with clients/family members, professionals in <u>integrated care pathways</u> and advocacy groups (public and healthcare) 5.3
			Evaluate the communication with clients/family members, professionals in <u>integrated care pathways</u> and advocacy groups (public and healthcare) 5.2
			Evaluate client-centred care with clients/family members in the role of individual healthcare workers in the context of an IP team and with <u>integrated care pathways</u> 5.1

Competenties die **ontbreken**:

- Studenten respecteren het beroepsgeheim.
- Studenten tonen een professionele en respectvolle houding tegenover alle stakeholders van de organisatie.

CRITICAL



Werkgroep IPO Universitaire Associatie Brussel (UAB)

- Doel: **IPO-leerlijn** ontwikkelen UAB voor gebied gezondheidszorg.
 - Leerlijn in 3 fasen + implementatie spiraalcurriculum:

Interprofessionele
kennismaking
& basisvaardigheden

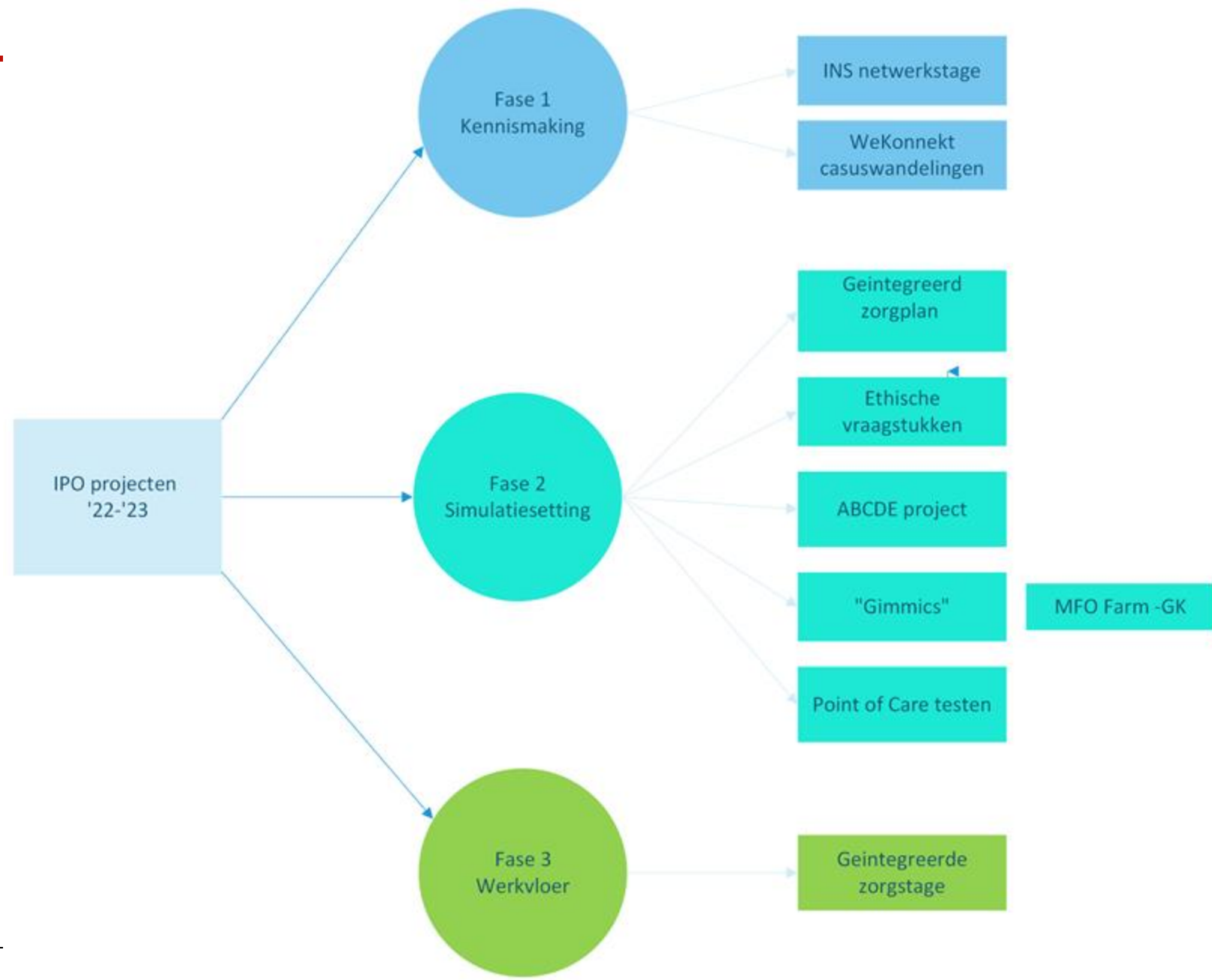
Interprofessionele
zorgtaken
in simulatiesetting

Interprofessionele
zorg
op de werkvloer





Best Practices (UAB)



Best Practices (UAB)

Fase 1

Interprofessionele kennismaking & Basisvaardigheden



Interdisciplinaire Netwerk Stage: introductie

Dr Lieve Goeman, vakgroep huisartsgeneeskunde VUB
Mevr. Elke Moortgat, stagecoördinator verpleegkunde EhB
Lynn Leemans / Ruben Debeuf, OO Integratieve Kinesitherapie, VUB

Casus 1

Yeyel
Bijna 12
Gaat naar het middelbaar
Slaapt niet goed...



Hôpital Universitaire des Enfants Reine Fabiola
Universitair Kinderziekenhuis Koningin Fabiola



Fase 2

Interprofessionele zorgtaken in simulatiesetting

PLENAIRE INSTRUCTIE – INTERPROFESSIEEL PROJECT 2023 EHB&VUB

GEÏNTEGREERDE ANAMNESE – ZORGOVERLEG/ZORGPLAN



CANVASCURSUS



MODULES

- Introductie
- Online voorbereiding
 - Leerdoelstellingen deel 1
 - Geïntegreerde anamnese (voormiddag)
 - Leerdoelstellingen deel 2
 - Zorgplan (namiddag)
- Opdrachten
 - Geïntegreerde anamnese
 - Zorgplan

• <https://ehb.instructure.com/courses/31093/modules>



Fase 3

Interprofessionele zorg op de werkvloer

INTEGRATED CARE STAGECONCEPT



IC CONCEPT

- We streven naar:
 - Een optimale leeromgeving.
 - Maximaliseren van de leerresultaten.
- => Dit door de gezamenlijke inspanningen van de verpleegkundigen, het ziekenhuismanagement en de hogeschool.

De integrated care stage daagt een student verpleegkunde uit om de totaalzorg te **organiseren**, te **coördineren** en uit te voeren op intramuraal niveau. Deze stage gebeurt steeds onder supervisie van een stagementor (coach) verbonden aan de afdeling.



STAGE INTEGRATED CARE



STAGEPLAATSEN (2024)

- UZ Brussel (A660 diabetologie en endocrinologie)
- AZ St-Maria Halle (Geriatric 2)
- St-Alexius Grimbergen (Avicenna)



Opportunities fase 3: stage Integrated Care

- Versterking over de verschillende opleidingen heen!
- Team-based Learning
 - Zelforganiserende teams (aanwezigheid van alle disciplines?)
 - Bevorderen implementatie van innovatie
- Gedeelde opdrachten
 - Gemeenschappelijke Lean opdracht (onderzoekend leren als onderdeel van teamleren & reflectie van eigen handelen en eigen organisatie)
 - MDO
 - Zaaltoer
 - ...

"Dromen van een ideale samenwerking"

=> belang klinische setting!



IPO projecten



IPO werking – projecten @UAB

Sterktes => do's & dont's

- **Gedragen project** door een gedreven docententeam uit 9 verschillende zorgopleidingen
- Per project worden er **draaiboeken** gemaakt met takenverdeling en tijdslijn.
 - Heldere taakverdeling
 - Continuïteit en zichtbaarheid van IPO-lijn voor studenten.
- **Sub-werkgroepen**
- Nieuwe projecten: focus op **levensechte zorgtaken**:
 - relevant
 - toepasbaar zijn in alle opleidingen
- **Spiraelvormig curriculum**
- Toegankelijk voor veel studenten
- We blijven bouwen aan een **'State of the art' IPO curriculum**



IPO werking – projecten @UAB

Zwaktes => do's & don'ts

- Niet altijd evident om studenten van relevante studieniveaus samen te brengen
- Uurroosters = 'bottle neck' -> aanpassing curriculum -> vraagt tijd
 - > **wacht niet tot 'iedereen' klaar is**
- Opstart van een nieuwe leeractiviteit vraagt veel tijdsinvestering (zowel inhoudelijk als organisatorisch) -> **nood aan coördinatie**
- IPO op de werkvloer (fase 3) -> hoe?
 - > **enthousiasmeren stakeholders (ZH, opleidingen, studenten)**
 - > **start met haalbaar project & beperkte opleidingen**
 - > **think 'out of the box'**



Bedenkingen bij IPO door de klinische psychologie

- Voor sommige opleidingen is dit **verplicht** voor andere niet, wat een onevenwicht geeft in wie dan in zo'n groep zit.
- Sommige opleidingen brengen studenten aan van het laatste jaar, andere van eerdere jaren; ook dit geeft een **onevenwicht** in wie **iets wezenlijk** kan **bijdragen** aan een casusoverleg.
- De bedoeling is (o.a.) om **stereotypen** over elkaars beroep te laten afnemen, maar regelmatig nemen ze alleen maar toe. Hoe wordt zo iets dan **actief aangepakt**?
- Over het algemeen staan de studenten wel achter het **idee** van **multidisciplinaire samengestelde onderwijsmomenten!**



Workshop SUN-meeting: best practices & clichés



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Interprofessioneel Onderwijs Vives – Kulak – az groeninge



LiveLab

Leerlijn LiveLab

LiveLab 1 (OLF 1)

- Kennismaking disciplines gezondheidszorg
- Gemeenschappelijke taal spreken (ICF)
- Casus = film
- 2 dagen

LiveLab 2 (OLF 2)

- Interprofessioneel teamoverleg voeren
- Share decision
- Methodisch handelen
- Dag 1: aan de slag met casus
- Dag 2: aan de slag met Ervaringsdeskundigen
- 2 dagen

LiveLab 3 (OLF 3)

- In het werkveld (stad/gemeente)
- Met een inwoner
- Internationaal met studenten van over heel de wereld
- Casus = levensechte situatie
- 5 encounters (= huisbezoeken)

Ergotherapie * logopedie * verpleegkunde *
voedings- en dieetkunde * vroedkunde

+ zorgtechnologie *
sociaal-agogisch
werk * audiologie



SimLab

OLA Integrerende casuïstiek en simulatie 1 (OLF1)

- Kennismaking disciplines via LiveLab1
- Kennismaking disciplines via stageopdrachten
- Simulatie met HFPS binnen eigen discipline (inclusief overdracht ISBAR naar arts)

OLA Integrerende casuïstiek en simulatie 2 (OLF2)

- LiveLab 2 + bezoeken binnen OLA organisatie van de gezondheidszorg
- Toepassing in OLA integrerende casuïstiek adhv casussen
- Simulatie met HFPS binnen eigen discipline (inclusief overdracht ISBAR naar arts). Alsook cross-level.
- Simulatie in-situ afdeling geriatrie AZ-Groeninge
- Simulatie SP

OLA Integrerende casuïstiek en simulatie 3 (OLF3)

- LiveLab 3
- Toepassing in OLA integrerende casuïstiek adhv casussen
- Simulatie met HFPS binnen eigen discipline (inclusief overdracht ISBAR naar arts). Samenwerking met HBO5 opleiding verpleegkunde
- Simulatie SP

OLA Integrerende casuïstiek en simulatie 4 (OLF4)

- Toepassing in OLA integrerende casuïstiek adhv casussen: theoretische zorgplanning
- Simulatie met HFPS samen met opleiding vroedkunde, SAW, bachelor geneeskunde (kulak)
- Simulatie SP
- Project intern noodplan in-situ AZ-Groeninge (verpleegkunde, geneeskunde, logistiek team, ...)
- Project extern noodplan in samenwerking met PG spoed en intensieve

Post Graduaat spoed en intensieve

- Project extern noodplan (medisch interventieplan) in samenwerking met politie, brandweer, MUG teams AZ-Groeninge, AZ Delta, AZ Jan Yperman en het Rode Kruis. (toekomst: opleiding maatschappelijke veiligheid en toegepaste psychologie)
- Continu samenwerking partners

Samenwerking □ Opleidingen: geneeskunde, vroedkunde, verpleegkunde, SAW. Werkveld: ziekenhuizen, brandweer, politie, Rode Kruis

DO'S	DONT'S
Zorg dat alle docenten het project dragen. Ook de docenten uit de verschillende domeinen/opleidingen actief betrekken	
Per project worden er draaiboeken gemaakt met takenverdeling en tijdslijn.	
SAMEN aan 1 scenario/situatie schrijven	Elk afzonderlijk een luikje binnen je professie toevoegen aan een scenario
Een authentieke rol geven aan de student binnen hun studiegebied en leerfase	Student in een andere professie of niveau plaatsen plaatsen
Zorg voor een kennismakingsronde met eventueel een voorbereidende taak	Ga er niet van uit dat studenten inzicht hebben in de andere hun professie
Ken ook je eigen professie	
Niet alle professie moeten specifiek aan het bed van de zorgontvanger staan (vb telefoon).	Kunstmatig gevoel van 4 verschillende professie aan 1 bed – benader de realiteit
Voorzie indien mogelijk verschillende professionals ifv debriefing /nabespreking	
Spiraalvormig curriculum	



Let op voor Clichés:

'De module geïntegreerd zorgplan is niet relevant voor onze studenten. Zij weten veel meer dan de andere studenten, daarom kunnen ze niets bijleren'. (docent)

'Waarom ik als BMLT student moest deelnemen aan deze wandeling? Ik vraag me al de hele tijd af waarom dit relevant zou kunnen zijn voor de job die ik later zal doen.' (student)

'Gezien onze studenten deelgenomen hebben aan de IPO modules, kunnen we er van uitgaan dat ze prima zullen kunnen samenwerken op de werkvloer'. (IPO werkgroeplid)



Maar vergeet niet...

'Het zorgt voor een goede basis om later in het werkveld met deze studenten samen te werken. Het opent perspectieven die er vroeger tijdens de opleidingen niet waren.' (Arts)

'Ik leerde meer over wat een sociaal werker allemaal doet, maar ik leerde ook wat zij denkt dat mijn job/studie omvat.' (student)

'Het zal mij minder afschrikken om op stage of later in het werkveld een andere zorgverlener aan te spreken of op te bellen om hulp en advies in te winnen.' (student)

'Je ziet studenten bij de start van een project toekomen elk op hun "eilandje". Het is mooi om bij het afronden ze als één team te zien werken rond de zorgontvanger'. (docent)



Dromen van een ideale samenwerking?
Neen, gewoon doen!

