

The slide features a yellow background with a photograph of healthcare professionals in a meeting. A large orange box in the center contains the title. The top right corner includes the European Commission logo and text. The bottom of the slide displays several logos: InterDis, artevelde hogeschool, UNIVERSITEIT GENT, EIPEN, and AQARTO PROSE.be.

EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY  
Health systems and products  
Healthcare systems

Workshop Feb 11, 2016

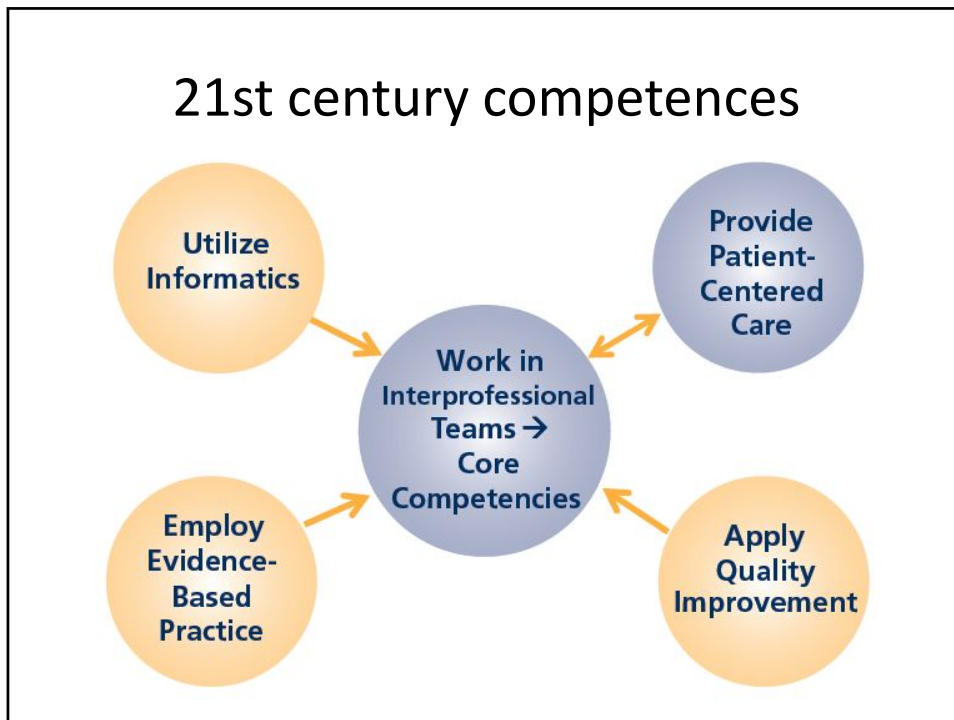
**Interprofessional education  
to improve patient outcomes**

*Andre Vyt*

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### % of focused interprofessional training in study programmes

- 0,1%
- 0,5%
- 1%
- 5%
- 10%
- 15%

?



European Commission

PUBLIC HEALTH CPD definition

European Commission > DG Health and Food Safety > Public health > Health workforce > Policy

HEALTH WORKFORCE

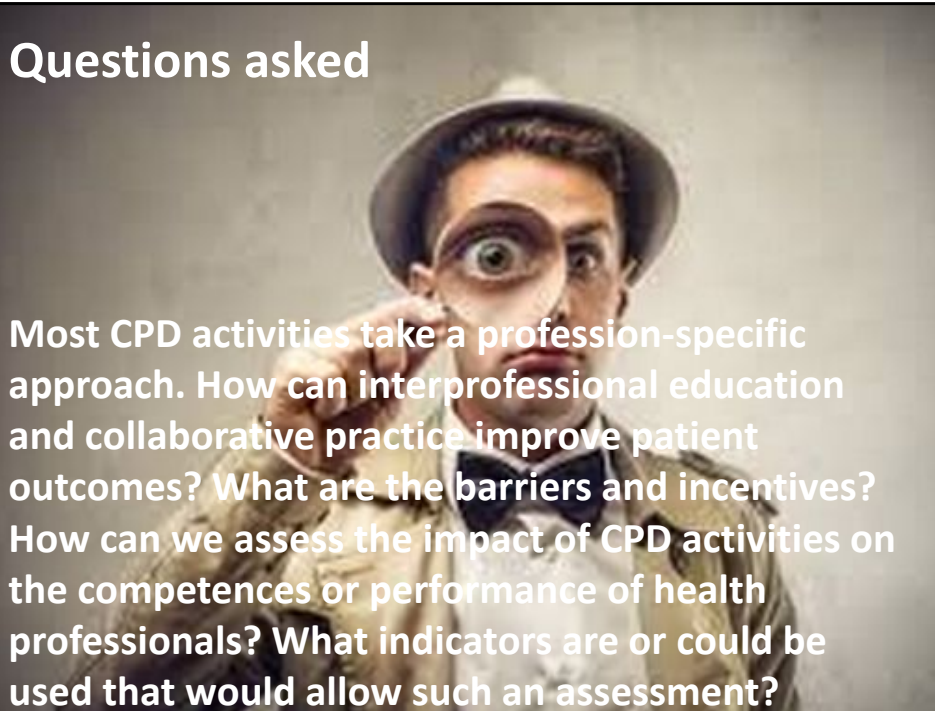
All topics Policy Mobility Indicators Projects Portal

*“The systematic maintenance, improvement and continuous acquisition and/or reinforcement of the lifelong knowledge, skills and competences of health professionals. It is pivotal to meeting patient, health service delivery and individual professional learning needs.*

*The term acknowledges not only the wide ranging competences needed to practise high quality care delivery but also the **multi-disciplinary context** of patient care.”*

EU CPD Report

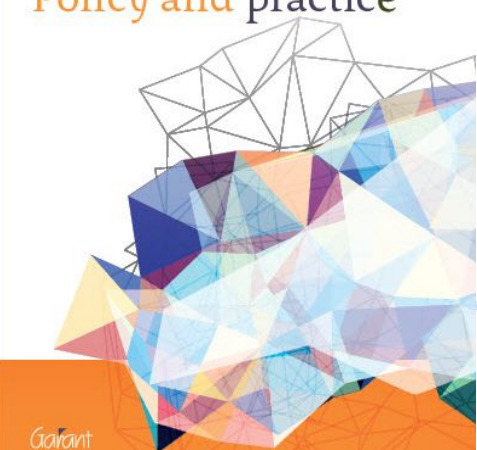
## Questions asked



Most CPD activities take a profession-specific approach. How can interprofessional education and collaborative practice improve patient outcomes? What are the barriers and incentives? How can we assess the impact of CPD activities on the competences or performance of health professionals? What indicators are or could be used that would allow such an assessment?

Andre Vyt, Majda Pahor &  
Tiina Tervaskanto-Maentausta (eds.)

## Interprofessional education in Europe: Policy and practice



### A new book on IPE

Interprofessional education (IPE) is acknowledged as a need in higher education based on societal demands. The impact of interprofessional collaboration on the quality of care and on the quality of human health is substantial. A continuous effort is needed to underpin interprofessional learning and teaching with evidence and to support it with tools created by research and development.


This book is written by scholars from various European countries, all members of the European Interprofessional Practice & Education Network (EIPEN). It contains two chapters on policy issues and six chapters with concrete examples of programme reforms or successful interprofessional courses in health and social care. The examples of good practice show elements which have to be taken into account when developing and implementing interprofessional courses, course units, or study programmes.

This book may contribute to the development of IPE in higher education institutions where IPE is not yet deployed, but also in institutions where IPE is present but not fully developed. It may encourage other people, professionals as well as academics and policymakers, to engage themselves in fostering the further development of this domain.

**Andre Vyt** (Artevelde University College and University of Ghent, Belgium), **Majda Pahor** (University of Ljubljana, Slovenia), and **Tiina Tervaskanto-Maentausta** (Oulu University of Applied Sciences and University of Oulu, Finland) are Executive Office Members of the European Interprofessional Practice & Education Network (EIPEN). They have chaired and hosted the European Conferences on IPE.

## Core chapters

Strengthening the links between practice and education in the development of collaborative competence frameworks	9
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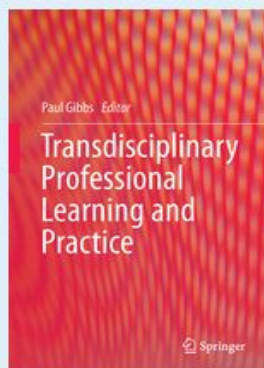


## Related publications

### **Exploring quality assurance in interprofessional education (Vyt, 2009).**

Only 10€ for EIPEN Members (instead of 16,90€), 20€ for 3 copies, 30€ for 5 copies.

This book contributes to the development of Interprofessional Education (IPE) in health and social care programmes in higher education institutions where IPE is not yet deployed, and in institutions where IPE is present but where it is not underpinned by mechanisms of quality assurance (QA). It depicts relevant policy issues and QA mechanisms, but also existing initiatives, tools and resources. It points out possible pitfalls and informs the reader about directions to be taken for effective quality assurance in IPE. Non-members can order the book for 20,00€ incl. handling and postage.



## Related publications

### **Transdisciplinary professional learning and practice (Gibbs, Ed., 2015).**

This book presents thinking about and through transdisciplinary and professional development as an educative process. Rather than focusing on the delineation of the approaches offered, an analysis of these contributions points to commonality in those problems that benefit from a transdisciplinary perspective. The book brings together the constituting views of transdisciplinarity, and focus them on current professional practice. The first part deals with key issues in Transdisciplinarity; its actuality and how it creates knowledge. Part two is directly focused on professionals and their education. The third section considers research pedagogy and graduate education for the professional. This is followed in section 4 which offers a discussion on team work. In the final section six chapters present the transdisciplinary practitioner in different contexts. The book is published by Springer.

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# www.eipen.eu

## EIPEN

*Learn together to work together*

<ul style="list-style-type: none"> <li>About us</li> <li>Our history</li> <li>Membership</li> <li>Conferences</li> <li>News and calls</li> <li>Publications</li> <li>Members</li> <li>Board</li> <li>Biographies</li> <li>Related sites</li> <li>Newsletter*</li> <li>Documents*</li> <li>Services*</li> </ul>	<p><b>Latest news</b></p> <p>The <b>EIPEN Capacity Building Seminar</b> is held in Ghent 16-18 March 2016. See the Training page or the <a href="#">leaflet</a>.</p> <p>The <b>Call for hosting the EIPEN 2017 Conference</b> is launched. Proposals need to be submitted before March 15th. See the <a href="#">call</a>.</p> <p>The upcoming <b>ATBH 2016 Conference</b> takes place in Oxford 6-9 September 2016. See the <a href="#">Related sites page</a>.</p> <p>Did you read our latest <b>Newsletter of January 2016</b>? See the <a href="#">Newsletter section</a>.</p> <p><b>About EIPEN</b></p> <p>The European Interprofessional Practice and Education Network (EIPEN) aims to develop and share effective interprofessional training programmes, methods and materials for improving collaborative practice in health and social care in Europe. EIPEN has been established as membership organization of educational and clinical institutions and of individual professionals. We organize biannual conferences and seminars. We also support collaborative projects of members.</p> <p>EIPEN is member of the World Coordinating Committee supervising the biannual All Together Better Health Conferences (see <a href="http://www.atbh.org">www.atbh.org</a>).</p>
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### Charter for Interprofessional Practice & Education in Europe

Interprofessional collaboration in practice not only requires competency-based training and education in shared care planning and patient-centered care, but also necessitates a continuous attention to the contextual conditions to effectuate this care. As promoted by the European Interprofessional Practice & Education Network, and by the knowledge that interprofessional education can only be fruitful if the necessary changes are implemented in practice, I ask specifically that

**Professional bodies of health and social care professions** explicitly formulate the necessity of competences in interprofessional collaboration being present in graduating students in health and social care professions.

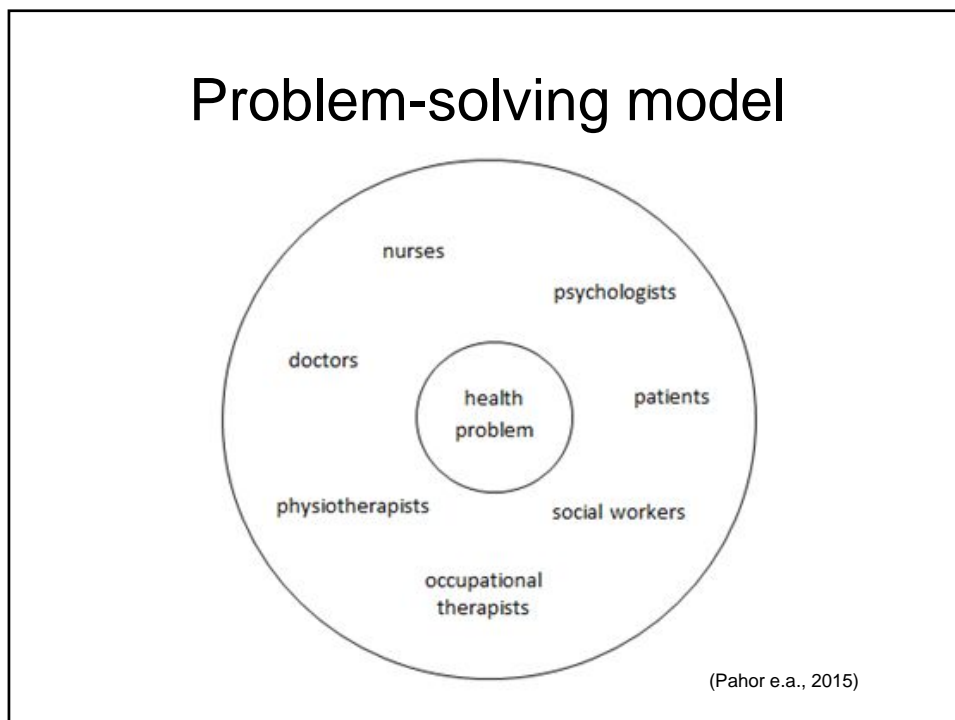
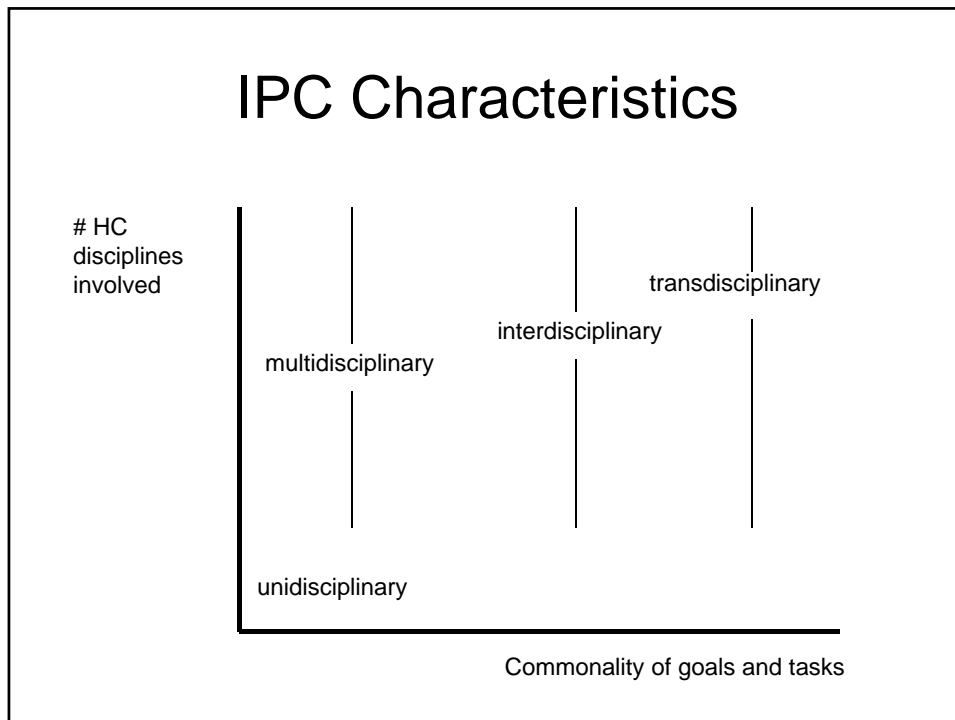
**Educational and clinical institutions** formulate interprofessional collaborative work as one of the main values in their mission and in their quality management policy, and support and adhere to bodies and networks that promote and/or supervise interprofessional health and social care.

**Educational institutions** comply with this need by ensuring that graduates are competent in interprofessional health and social care and by ensuring that professional body representatives ratify the competence chart of their educational programmes based on the presence of interprofessional competences

**Clinical institutions** comply with this need by ensuring that staff is competent in interprofessional health and social care, by providing continuous training in this, and by allowing patient representatives and/or representatives from patient organizations to take part in the institutional policy

**Governmental agencies** focus on the compliance of clinical and educational institutions with regulations promoting and necessitating interprofessional practice and education, and support the institutions by implementing accreditation and financial mechanisms that foster this practice and education.

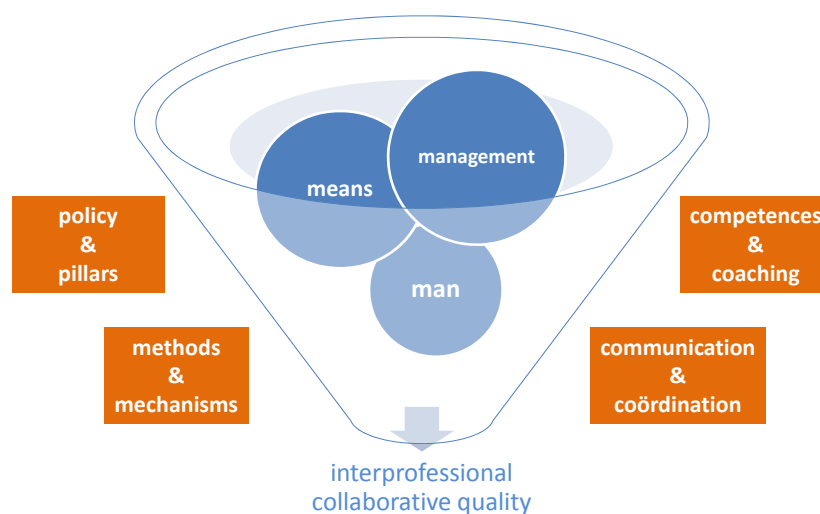
**Health insurance bodies, patient organizations, and supportive networks** explicitly formulate the need for interprofessional practice and education towards the clinical and educational institutions, as well as towards the governmental agencies.



## Needs and stimuli

- Growing complexity and multidimensionality of health problems
- Increasing specialization of health care workers
- Growing focus on prevention, coherence and continuity of care
- Growing attention to multidimensionality of wellbeing
- Need for efficient communication, consultancy, referral, and information management

## Conditions and elements

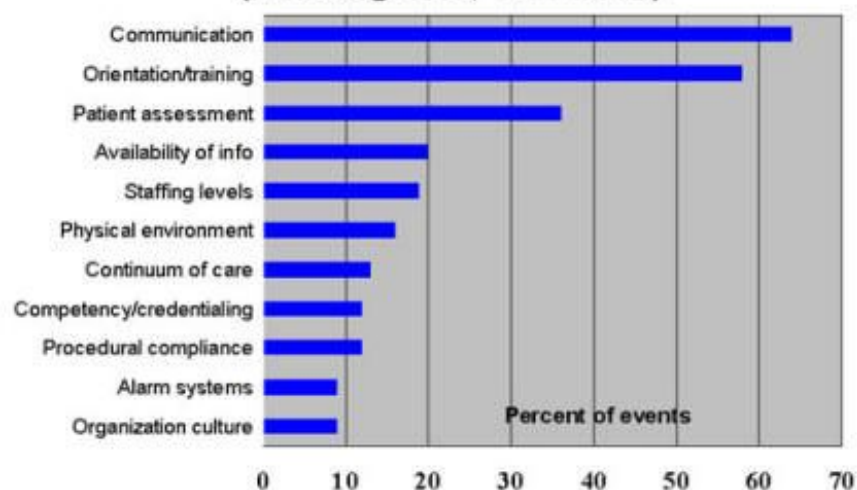




## Impact of communication errors

- Communication failures underlie the majority of errors in hospitals  
(U.S. hospitals Joint Commission's accreditor database).
- We have learned that many of these failures owe to **dysfunctional relationships** between doctors and nurses, between trainees and their supervisors, or between patients and their providers. Unlike medicine, "safe industries" (such as aviation and nuclear power) have learned to "flatten hierarchies" – to create environments and cultures in which it is not only acceptable for someone lower on the organizational totem pole to raise a concern, it is seen as essential  
(Robert M. Wachter, Professor and Chief of the Division of Hospital Medicine, University of California, San Francisco)

### Root Causes of Sentinel Events (All categories; 1995-2002)



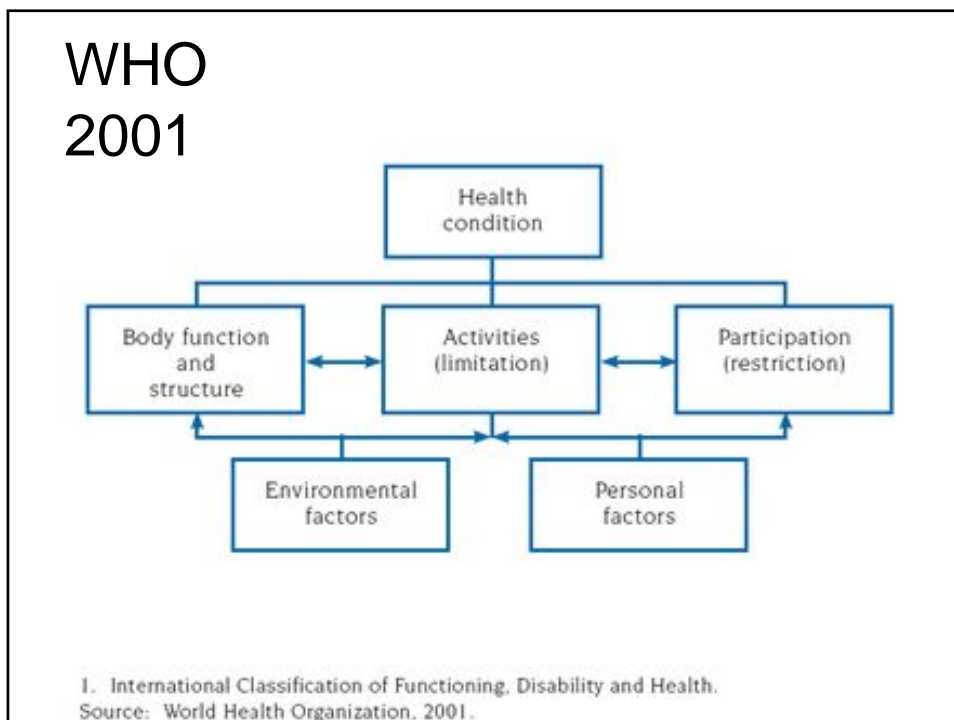
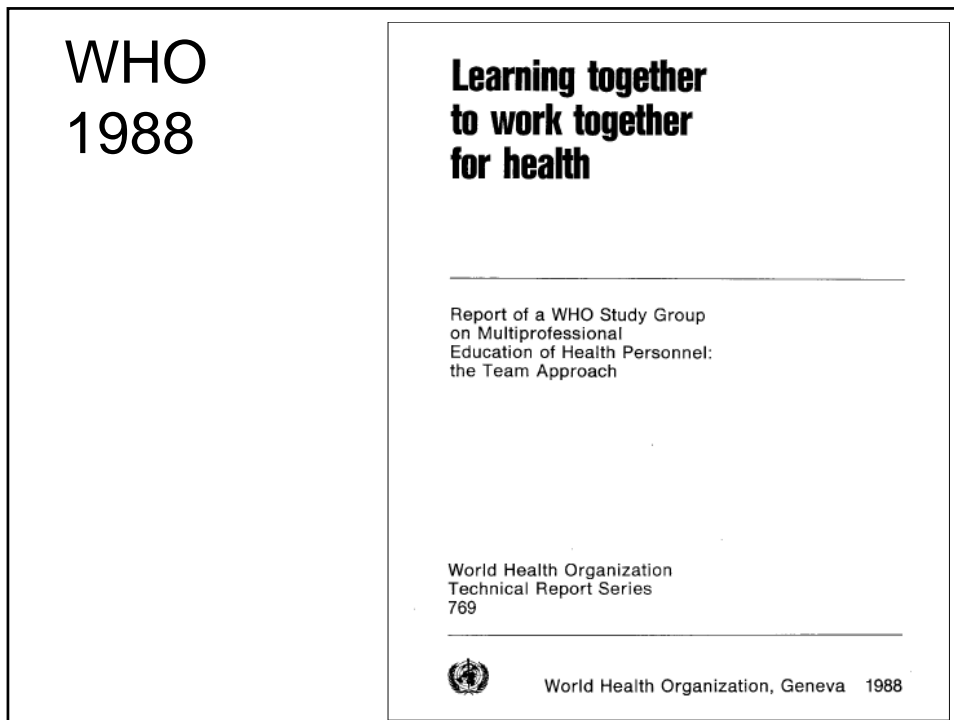
## Barriers and resistances

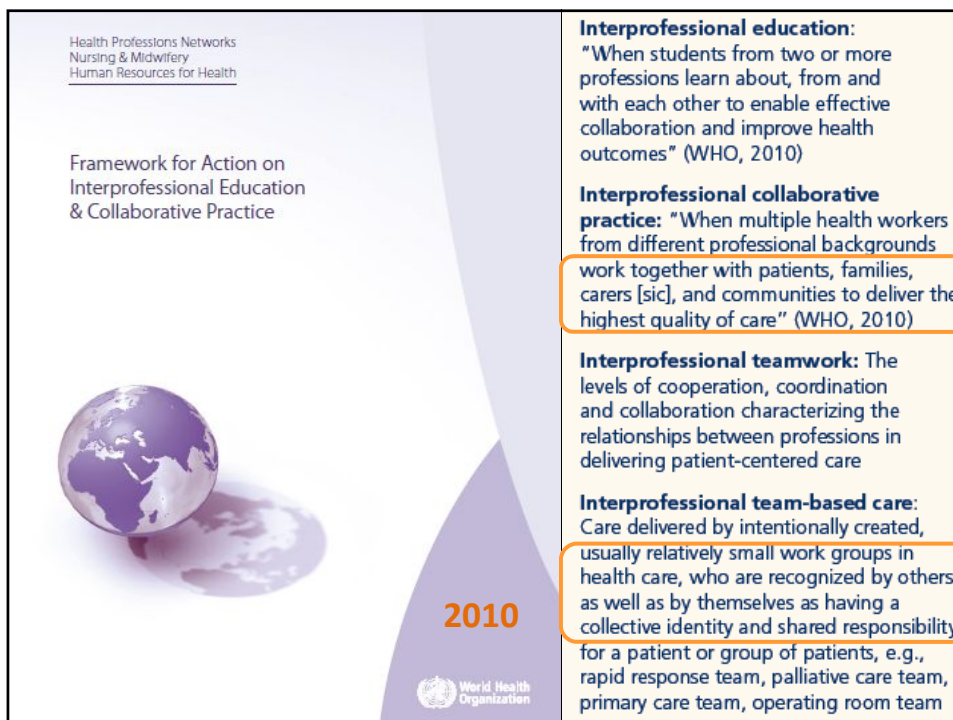
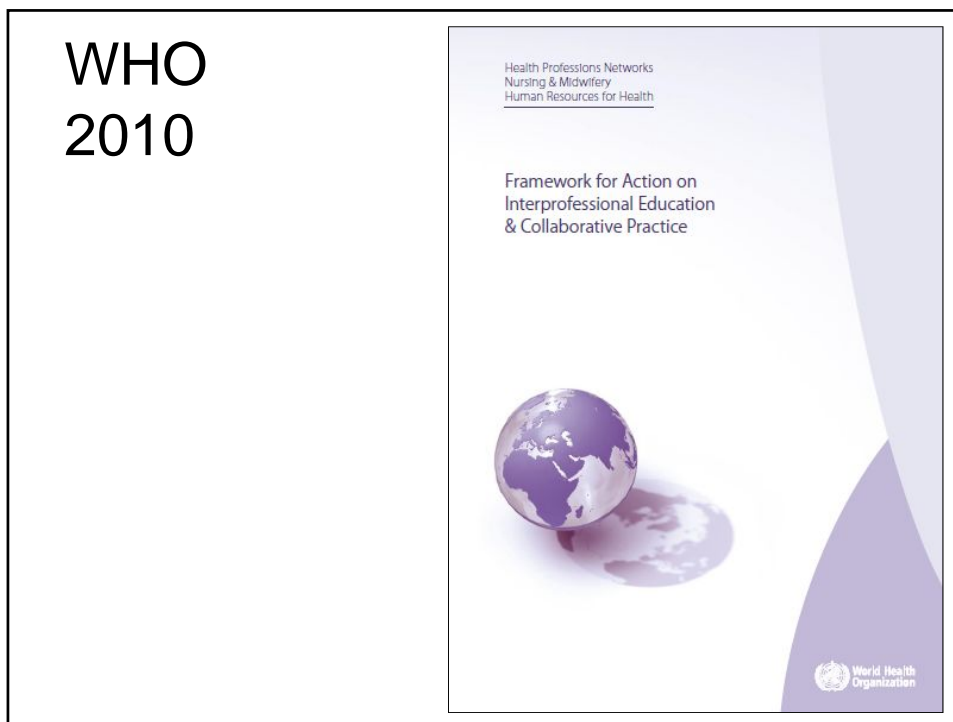
- Siloing of health care study programmes and identity profiling of professional bodies
- Increasing specialization of health care professionals may impede openness towards and knowledge of other disciplines
- Health care professionals are not always in the same location
- Stereotyped and biased opinions
- Policy and mechanisms



## For IP teamwork we need...

- A collective code of ethics
- Shared vision
- Complementary responsibility of members
- Teamcoaching
- Instruments that scaffold IP teamwork, such as shared patient files
- Coordination of care planning





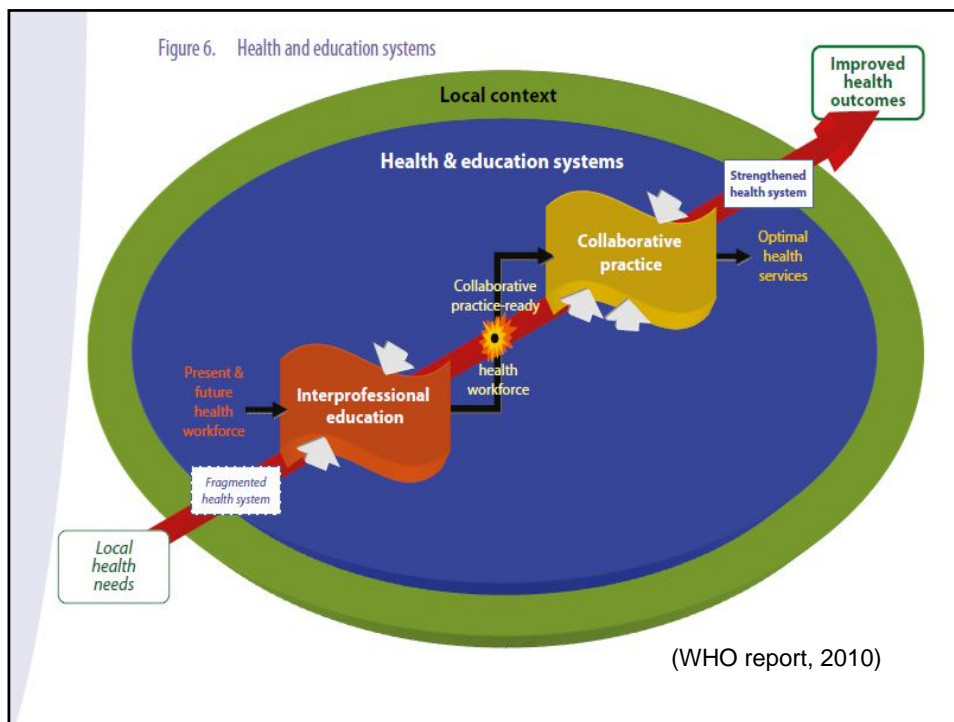


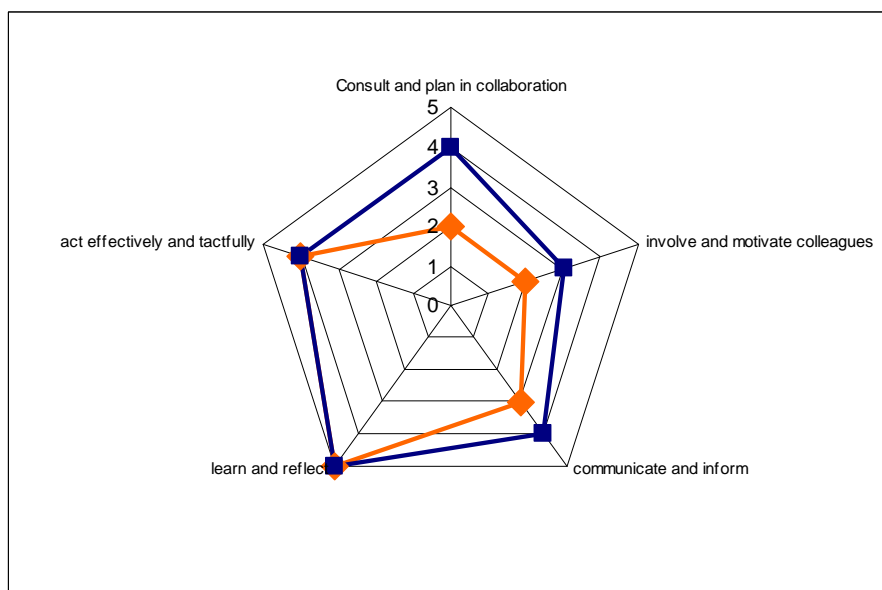
Table 2. Modified version of Kirkpatrick's (1967) outcomes model by Barr et al. (2000, see also Hammick et al., 2007). Additionally the level of behavioural change could be divided in a level comprising the acquisition of a competence in simulated conditions (3a) and in real practice (3b).

1. Reaction	Learners' views on the learning experience and its interprofessional nature
2a. Modification of perceptions and attitudes	Changes in reciprocal attitudes or perceptions between participant groups; changes in perception or attitudes towards the value and/or use of team approaches to caring for a specific client group
2b. Acquisition of knowledge and skills	Including knowledge and skills linked to interprofessional collaboration
3. Behavioural change	Identifies individuals' transfer of interprofessional learning to their practice setting and their changed professional practice
4a. Change in organisational practice	Wider changes in the organization and delivery of care
4b. Benefits to patients/clients	Improvements in health or well being of patients/clients

## Performance criteria for IPC

- Ways of perceiving/assessing contexts
- Ways of talking to and about colleagues
- Fine-tuning ideas and working methods
- Planning and evaluating shared care
- Avoiding conflicts and misunderstandings
- Having an eye for cost-effectiveness
- Having an eye for less salient professionals (e.g. in prevention of falling, depression, obesity)

## Behavioural dimensions in IPC



## Knowledge about...

- The competences, target groups, and working methods of the different health care professions
- The structure of health care facilities and organizations in society on macro- and mesolevel
- The processes and goals of interdisciplinary meetings
- Models of cooperation
- Styles and methods in managing meetings with small groups
- ...

## Skills to...

- Present and defend his own vision in a small groep, verbally and nonverbally
- Analyse complex patient situations
- Draw up a plan of care and intervention
- Give feedback on the opinion and the behavior of others
- Manage conflicts and differences in opinion
- Plan activities in accordance with those of others
- ...

## Attitudes

- Have eye for the possible role and information of other disciplines
- Show respect for the opinion and role of others
- Focus on efficiency in group meetings
- Be careful not to draw conclusions too soon on the basis of partial data
- ...

## Learning outcomes (competences)

- Consult and collaborate effectively in IP teams, on the basis of knowledge of competences of health care workers
- Work out patient-centred shared care plans on the basis of information and interaction with other health care workers
- Anticipate, identify, and remediate problems in interprofessional teamwork and shared care planning
- Make appropriate referrals to other health care workers based on the knowledge of competences of health care workers
- Evaluate interprofessional communication, decision making and care planning in terms of efficiency



## Performance indicators that qualify competent professionals

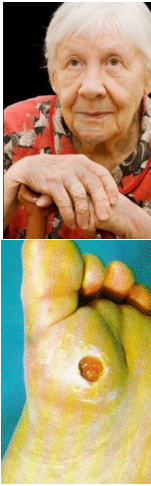
- Consult spontaneously relevant colleagues of other disciplines, as needed/required by the situation
- Clearly formulate own ideas and clinical reasoning toward other professions, and check for adequate understanding
- Assess which targeted function a colleague from another discipline can assume in an intervention
- Work constructively with other professions on drawing up a shared treatment & care plan
- Spontaneously mention and talk positively, toward patients, about (possible) intervention of other professions
- Make observations on patient problems, and report these to the relevant team member (health care professional)

Table 7. Benchmarking statements of the UK Quality Assurance Agency with IP implications (QAA, 2001; see also appendix in Barr, 2002).

Statements for health care referring to collaboration between professions in health care say that each award holder should:

- Participate effectively in interprofessional and multi-agency approaches to health and social care where appropriate
- Recognize professional scope of practice and make referrals where appropriate
- Work, where appropriate, with other health and social care professionals and support staff and patients/clients/carers to maximize healthy outcomes
- Draw upon appropriate knowledge and skills in order to make professional judgements, recognizing the limits of his/her practice
- Communicate effectively with patients/clients/carers and other relevant parties when providing care
- Assist other health care professionals in maximizing health outcomes
- Recognize the place and contribution of his/her assessment within the total health care profile/package, through effective communication with other members of the health and social care team
- Work with the client/patient (and his/her relatives/carers), group/community/population, to consider the range of activities that are appropriate/feasible/acceptable, including the possibility of referral to other members of the health and social care team and agencies
- Plan care within the context of holistic health management and the contribution of others
- Have effective skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, their relatives and carers; and, where necessary, to groups of colleagues or clients

## A case



Martha, a 67-years-old widow, living alone in a rental house. Since 14 years of age she worked in a textile factory. She has one daughter. She has diabetes (type II) since 10 years now, and suffers from arthrosis deformans in both knees and a neuropathic ulcer on her right foot. She has trouble with adhering to her prescribed diet and medication. The neighbor told that, when knocking on her door to visit her, she frequently does not open although she is at home. Since her husband died two years ago from cancer, she lives quite isolated. When the nurse, who comes now once a week for the ulcer, proposes her to visit her regularly and to get help for cooking and household, Martha considers it as unnecessary.

## A second case

A man, 86 years of age, was brought to the hospital by his son after he had fallen in his house and couldn't get up by himself. Luckily, he had been able to drag himself to his telephone and call his son. There is a bleeding wound at his forehead. The patient's wife died two years ago. Since then he lived alone in his house. His son came to visit him regularly. Although the son interpreted the back pain as a sign of normal ageing, the aggravating back pain withheld the patient to go outside for shopping or visiting friends. Three years ago treatment was started for mild prostate cancer. This seemed to be well in control until some months ago he started to suffer severe back pain. The blood test showed a high increase in markers indicative of prostate cancer, and bone imaging showed multiple lumbar fractures based on bone metastases.

## Some outputs from students

### Goals

#### Goals:

- Nurse: treatment of the ulcus problem (might make her more mobile etc.)
  - *Physiotherapist*: increase her social capacity (help her to get social contacts)
  - *Physiotherapist*: open up for the possibility for her to go to a centre and eat with other people, so she is not that isolated at her meals.
  - *Physiotherapist*: Exercises so it will be motivated to be more physically active.
  - *Nurse*: have a dietist in the intervention. Maybe create a foodplan together with her.
- More activity
  - Healthy food
  - Someone has to
  - Get her out in her garden
  - Daycare center / social life
  - Check her ulcus every day
  - Motivate her
- We have to educate her in:**
- Nutrition (NU)
  - Using hearing aid (NU/OT/PT)
  - Personal hygiene (NU/OT)
  - More activity (knitting, daycare center, gardening, rearing)
  - Routines on waking up in the morning, medication, (caring)
  - Mobility (PT)
  - Mobility tools/home modifications (OT)
  - Importance of getting more help in general (NU/OT/PT)
1. Ulcus
    - o Prevention!!
    - o education
    - o Mobility → physiotherapy
    - o Diet → bloodcirculation
    - o Special shoe
    - o Assessment: sensibility in her foot
  2. Motivation – depression
    - o Psychologist → transport for elderly/patients
    - o Education: why does she need to clean, follow her doctor
  3. Contact with social worker
    - o Insurance
    - o Financial situation
    - o Contact with family
  4. Social problems
    - o Motivation to go to the healthcare center
    - o Contact with family and neighbors

### Wrong method: starting from your own professional actions

	acties		A	V	K	E	S	P
1	Organiseren van mantelzorg en thuiszorg						X	
2	Optimaliseren diabetesregulatie		X					
3	Depressie behandelen		X					
4	Wondverzorging en wondcontrole			X				
5	Stimuleren van sociale contacten						X	

A= arts, V= verpleegkundige, K= kinesitherapeut, E= ergotherapeut, S= sociaal werker, P=psycholoog

### Good method: starting from the goals you want to reach

	doelen		A	V	K	E	S	P
1	Adequate mobiliteit binnenhuis ifv ADL	3 md	X		X	X		
2	Zelfstandige insulinetoediening	1 wk	X	X				
3	Beheersing van depressieve neiging	6 md	X	X			X	X
4	Zelfstandige wondverzorging	3 wk		X				
5	Onderhouden van sociale contacten	3 wk		X			X	

A= arts, V= verpleegkundige, K= kinesitherapeut, E= ergotherapeut, S= sociaal werker, P=psycholoog

**A. A classical multidisciplinary care plan with action points**

	Physician	Nurse	PT/OT	Social worker	Psychologist
<b>ACTIONS</b>					
Treat prostate cancer / cancer pain	✘				
Treat depressive mood	✘				✘
Reduce falls / install a mobility-aid			✘		
Wound care		✘			

**B. An interprofessional shared care plan focusing on joint/shared/common goals of care**

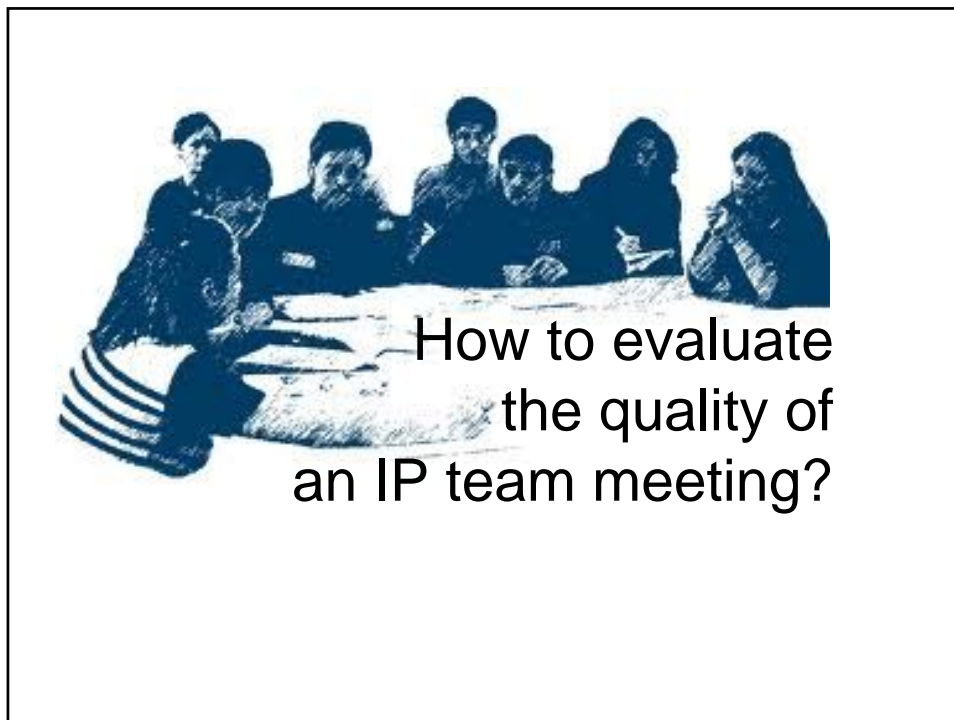
	Physician	Nurse	PT/OT	Social worker	Psychologist
<b>GOALS OF CARE</b>					
Patient does not suffer severe pain, by installing adequate (holistic) pain treatment	☒	✘	✘	✘	✘
Patient regains psychosocial well-being, by health care workers treating depression and breaking social isolation	✘	☒		✘	✘
Patient is more active at home and has a reduced fear of falling, by health care workers promoting and sustaining his mobility	✘	✘	☒	✘	

## Quality criteria of an IP care plan

1. It contains the perspective on **well-being and autonomy** of P, also in the long-term
2. The **opinion and motivation** of P and the context is actively used and put alongside the opinion of professionals
3. It is **easy to read and understandable** for the different professions involved
4. The **intervention goals** are clearly defined in relation to the involvement of professions:
  1. The goals are **concrete** in terms of actions that are to be derived
  2. The **involvement** of the different health care workers is identified
5. The main **responsibility** for each goal is identified

## Steps to take in setting up the plan

1. What are the problems and underlying factors?  
(**problem definition and analysis**)
2. What are the strengths, limitations and expectancies?  
(**patient involvement**)
3. What extra information do we need?  
(**information gathering**)
4. What are the realistic goals to be set?  
(**goal setting**)
5. Who can help in achieving those goals?  
(**task setting**)
6. What can we do to use strengths and improve autonomy?  
(**long-term empowerment**)

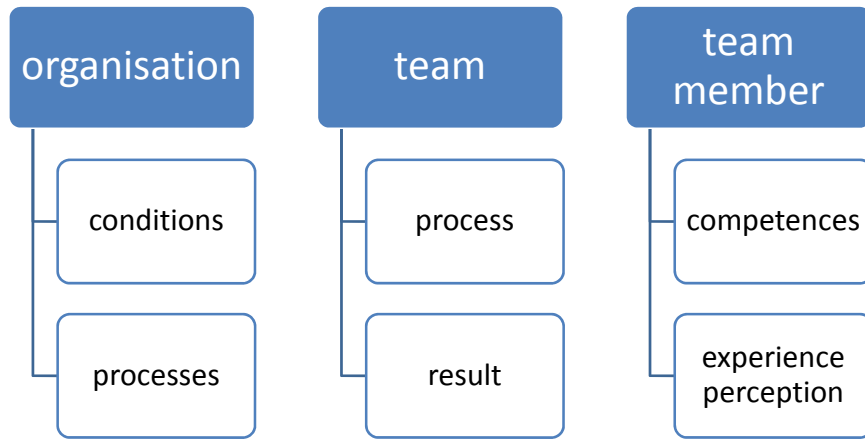


## Interprofessional Practice and Education Quality Scales (IPEQS)

A tool for self-assessment using the **PROSE** Online Diagnostics & Documenting System

A magnifying glass is positioned over a bar chart. The chart has several bars in green and orange. The PROSE logo is visible in the background, partially obscured by the magnifying glass. The text "A tool for self-assessment using the PROSE Online Diagnostics & Documenting System" is overlaid on the image.

## IPEQS subscales



e.g. "Are there regular opportunities for open and informal discussion between staff members?"

e.g. "Do I formulate my own ideas clearly to colleagues, and ask them to clarify their ideas if necessary?"

**SEL** Kwaliteit van interdisciplinair overleg

Zorgvergi's Groot-Ardit & Waaialand

Code: \_\_\_\_\_

Deze vragenlijst is een onderdeel van IPEQS (Interprofessional Practice & Education Quality Scales). Met deze lijst meten we de kwaliteit van het overleg in een bespreking door de personen die aan het overleg hebben deelgenomen. Deze zelfvulbare wordt normaal afgevoerd via het PROGE Online Diagnostic & Documentation System (PDCDS). Resultaten of patiënt-vertegenwoordigers kunnen hierop worden overgenomen. In digitaal en/of papieren format kan worden afgevoerd aan de zorgvergi of de persoon die door de instelling is aangesteld als kwaliteitsmedewerker. Deze persoon brengt de op papier verkregen antwoorden in het online systeem volgens een procedure die de vertrouwelijkheid van de gegevens bewaakt. De overlegcoördinator bevestigde de resultaten in een online verbaaloverleg in de werking te identificeren.

**1 Het verloop van het overleg**

	Helemaal niet akkoord	Grotendeels niet akkoord	Beide niet akkoord	In grote mate akkoord	Helemaal akkoord
De aanwezigen wisten op voorhand wat de doelen zijn van het overleg.					
Alle aanwezigen waren voorbereid (bijv. door de geresegene info door te nemen of door informatie op te schrijven te hebben).					
De aanwezigen beschikten over alle nodige informatie om een doelgericht overleg te hebben.					
Tijdens het overleg werd voldoende aandacht besteed aan de analyse van het probleem (v. de situatie, de hulpvraag en de mogelijkheden).					
Bij de analyse en de opmaak van het zorgplan werden verschillende aspecten en mogelijke oplossingen op een evenwichtige en realistische manier afgevoerd.					
Tegengestelde informatie en/of conflicterende visies werden op een aanvaardbare en effectieve manier opgelost tijdens het overleg.					
De verschillen de hulp- of zorgverleners hadden een actieve rol bij de analyse van het probleem en/of de hulpvraag.					
De sociale situatie van de patiënt werd meegenomen in de bespreking.					
De aanwezigen luisterden naar elkaar.					
De aanwezige hulp- of zorgverleners gingen in op elkaars ideeën, opmerkingen en argumenten.					
Personeel met andere, afwijkende visies of standpunten kwamen voldoende aan bod.					
De hulp- en zorgverleners stimuleerden elkaar om hun visie te uiten.					
De aanwezige personen vroegen waar nodig verduidelijking.					
Tijdens het overleg gingen de hulp- of zorgverleners doelgericht met de beschikbare tijd om.					
De vergoeding verliep gestructureerd/ordelijk.					
De timing van het overleg werd gerespecteerd.					

Eventuele opmerkingen: \_\_\_\_\_

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**SEL** Kwaliteit van interdisciplinair overleg

Zorgvergi's Groot-Ardit & Waaialand

Code: \_\_\_\_\_

Deze vragenlijst is een onderdeel van IPEQS (Interprofessional Practice & Education Quality Scales). Met deze lijst meten we de kwaliteit van het overleg in een bespreking door de personen die aan het overleg hebben deelgenomen. Deze zelfvulbare wordt normaal afgevoerd via het PROGE Online Diagnostic & Documentation System (PDCDS). Resultaten of patiënt-vertegenwoordigers kunnen hierop worden overgenomen. In digitaal en/of papieren format kan worden afgevoerd aan de zorgvergi of de persoon die door de instelling is aangesteld als kwaliteitsmedewerker. Deze persoon brengt de op papier verkregen antwoorden in het online systeem volgens een procedure die de vertrouwelijkheid van de gegevens bewaakt. De overlegcoördinator bevestigde de resultaten in een online verbaaloverleg in de werking te identificeren.

**2 Het resultaat van het overleg**

	Helemaal niet akkoord	Grotendeels niet akkoord	Beide niet akkoord	In grote mate akkoord	Helemaal akkoord
De beoogde doelen van het overleg werden op een effectieve manier bereikt.					
De verschillende hulp- en zorgverleners hadden een actieve rol bij de besluitvorming.					
Het probleem en de hulpvraag werd duidelijk in kaart gebracht en zo goed mogelijk op een effectieve manier.					
Een planning van de zorg met zorgdoelen werd opgemaakt.					
De zorgdoelen werden samen interdisciplinair geformuleerd, waarbij de betrokken hulp- en zorgverleners hun concrete rol en verantwoordelijkheden zelf kunnen afleiden.					
Bij de zorgplanning werden goede en haalbare oplossingen (en) in voordeel van de patiënt gekozen.					
De zorgdoelen zijn patiëntgericht opgesteld, op basis van de mogelijkheden, behoeften en wensen van de patiënt.					
Bij de vastlegging van zorgdoelen werden de ertig betrokken hulp- en zorgverleners betrokken.					
Bij iedere zorgdoel werd een eenduidige oordelinge aangewezen.					
De besluiten van het overleg werden door alle aanwezigen goed bevonden.					
De afspraken werden duidelijk geformuleerd voor iedereen.					
De gemaakte afspraken zijn opvolgbaar en evalueerbaar.					
Een haalbare termijn voor het bereiken van het resultaat werd per zorgdoel afgesproken.					
Een termijn voor een algemene opvolgingsevaluatie werd vastgelegd.					
Een zorgbeoordelaar werd benoemd.					
Het volledige team van hulp- en zorgverleners werd vastgelegd.					

Eventuele opmerkingen: \_\_\_\_\_

IPEQS © A. Vyt 2015

## Process of the team meeting

- The persons present knew in advance what the aims of the consultation were.
- All those present were prepared (e.g. by taking through the information obtained or by having asked/retrieved information).
- The participants had all the information necessary to have a targeted consultation meeting.
- During the consultation meeting sufficient attention was paid to the analysis of the problem in function of the situation, the need/demand for assistance/intervention, and the possibilities.
- During the analysis and the preparation/design of the care plan various aspects and possible solutions were considered/weighed in a balanced and realistic way.
- Conflicting information and/or conflicting visions were cleared up in an acceptable and effective way during the consultation meeting.

(first 6 items of the subscale)

## Result of the team meeting

- The persons present knew in advance what the aims of the consultation were.
- All those present were prepared (e.g. by taking through the information obtained or by having asked/retrieved information).
- The participants had all the information necessary to have a targeted consultation meeting.
- During the consultation meeting sufficient attention was paid to the analysis of the problem in function of the situation, the need/demand for assistance/intervention, and the possibilities.
- During the analysis and the preparation/design of the care plan various aspects and possible solutions were considered/weighed in a balanced and realistic way.
- Conflicting information and/or conflicting visions were cleared up in an acceptable and effective way during the consultation meeting.

(first 6 items of the subscale)





## Assessment of a team member

Student	Beoordelaar	Datum
<b>Gedragindicatoren</b>		
		1 2 3 4 5
1	onduidelijkheden of informatiekorten (bijv. bij een dossier, patiënt of werkwijze) identificeren, signaleren of bevragen	○ ○ ○ ○ ○
2	correct en doelgericht collega's en andere betrokkenen informeren (tijdens een overleg of via rapportage)	○ ○ ○ ○ ○
3	op een heldere manier eigen analyses en voorstellen verwoorden aan collega's en verheldering vragen wanneer nodig	○ ○ ○ ○ ○
4	essentiële/relevante onderzoeks- en klinische gegevens* selecteren, ordenen en op elkaar betrekken	○ ○ ○ ○ ○
5	essentiële/relevante onderzoeks- en klinische gegevens* op een duidelijke en correcte manier gebruiken in een rapportage of tijdens een overleg	○ ○ ○ ○ ○
6	goed inschatten welke andere gezondheidswerker(s) dienen betrokken te worden en de kennis over hun competenties benutten bij overleg	○ ○ ○ ○ ○
7	op een constructieve manier samenwerken met collega's aan het opstellen van zorgdoelen en afspraken voor opvolging	○ ○ ○ ○ ○
8	verantwoorde zorgdoelen formuleren in een interdisciplinair zorgplan volgens de shared care principes en het redeneren vanuit IC <sup>†</sup>	○ ○ ○ ○ ○
9	meningen en beweringen van zichzelf of van anderen (bijv. inzake een onderzoek, een patiënt of een werkwijze) op een passende wijze kritisch beoordelen	○ ○ ○ ○ ○
10	relevante gegevens inzake interdisciplinaire zorg gestructureerd en correct rapporteren <small>*[bijv. uit een dossier, van eigen onderzoek of interventie of van andere gezondheidswerkers]</small>	○ ○ ○ ○ ○
<b>Competenties</b>		
		1 2 3 4 5
1	efficiënt samenwerken en correct verwijzen via inzicht in de competenties, bevoegdheden, doelgroepen en werkmethoden van gezondheidswerkers	○ ○ ○ ○ ○
2	goed communiceren en overleggen in een interdisciplinair team, met oog voor inbreng van anderen en gericht op groepsrendement	○ ○ ○ ○ ○
3	een interdisciplinair zorgplan opstellen en hierover goed communiceren met collega's en andere gezondheidswerkers	○ ○ ○ ○ ○
4	interdisciplinaire communicatie, besluitvorming en zorgplanning evalueren op doelmatigheid	○ ○ ○ ○ ○
5	problemen bij interdisciplinair werken anticiperen, identificeren en remediëren	○ ○ ○ ○ ○

# IPEQS in PODS 2.0

General website
Users site
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of the organization: **Marquant Centre**  
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## Available consultations/evaluations

**System management**

**Diagnostics**

**Consultation**

Available consultations/evaluations

Activate a consultation/evaluation

Modify a consultation/evaluation

Delete a consultation/evaluation

**Anonymous survey**

Priorities

**Planning and follow-up**

Results

Communication

**Available consultations/evaluations**

Below you have a list of available consultations/evaluations, each consisting of one or more questionnaires. You can activate, modify or delete a consultation/evaluation. The type of questionnaire(s) is also indicated (SC = scan, SP = specific theme, SA = satisfaction poll), together with the consultation/evaluation, you can view the items in the questionnaires.

→ **Search consultation/evaluation**

Name:  Type:

**SEARCH**

→ **Title**

→ **Input factors**

This scan contains a set of 5 questionnaires with each 20 items, focusing on (1) leadership and management, (2) infrastructure, and (5) communication and information handling. This set is ideal to use in central services and administrative departments. It is advisable to clearly define which persons are labeled as managers in the organization. When using this set, it is recommended to define priorities for improvement.

→ **Interprofessional teamwork (IPEQS)**

3 questionnaires of the IPEQS (Vyt, 2014) on (1) the conditions and context for interprofessional collaboration in a ward, (2) the individual's competence and opinion on interprofessional teamwork. This set can be used in a ward, a department or a hospital.

→ **Quality of a consultation meeting (IPEQS)**

A set of two brief questionnaires with each 16 items, focused on process and result of a consultation meeting of the type of a meeting formulated in such a way that all participants of a meeting can respond, including the client/patient and other persons.

The respondent starts with answering the questions. He/she can provide additional comments on any item.

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## Interprofessional teamwork

### Interprofessional conditions and context

Answer the items below. If you leave too much items unanswered, you receive a notification. If you want to write a spontaneous remark or suggestion for an item, select the marker to the right. At the end you will receive a list of the selected items with open fields to write down your suggestions.

■ Not agree at all
 ■ Rather not agree
 ■ Rather agree
 ■ Largely agree
 ■ Completely agree

item	answer
1. The department has specific job profiles for each health professional with clear indication of roles and responsibilities.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="checkbox"/>
2. In our department, the teams are well coordinated/managed.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="checkbox"/>
3. Each team member updates his/her own professional knowledge/skills to effectively contribute to the team skills.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="checkbox"/>
4. Teamwork is encouraged/supported by the management as an essential element in the department.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="checkbox"/>
5. Employees have a say in the composition and method of working groups in which they are involved.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="checkbox"/>
6. There are regular opportunities for open and informal discussion/dialogue between employees in the department.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="checkbox"/>
7. In our department there is an open and constructive culture in which criticism can be well expressed and well heard/accepted.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="checkbox"/>
8. All members of the team are themselves largely focused on teamwork.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="checkbox"/>

The respondent can be asked also to indicate priorities for improvement, selecting 5 items to improve.

General website | Users site | **Online diagnostics** | You are logged in as: **Gerd Orebro** from the organization: **ZXX4 Institute 4** [Log out]

### Interprofessional teamwork

#### Interprofessional conditions and context

#### Priorities

The list below contains only items that have been evaluated by you as insufficient or just sufficient. Here you indicate the priorities for improvement. You can select 5 items which are important to you for improvement (5= highest priority, 1= lowest priority).

item	answer
1. The department has specific job profiles for each health professional with clear indication of roles and responsibilities.	2/5 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
2. In our department, the teams are well coordinated/managed.	3/5 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
3. Each team member updates his/her own professional knowledge/skills to effectively contribute to the team skills.	3/5 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
4. Teamwork is encouraged/supported by the management as an essential element in the department.	2/5 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
5. Employees have a say in the composition and method of working groups in which they are involved.	3/5 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
7. In our department there is an open and constructive culture in which criticism can be well expressed and well heard/accepted.	3/5 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
8. All members of the team are themselves largely focused on teamwork.	2/5 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
9. Our team members have the necessary skills to work well in team.	2/5 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
10. We work as a team in a work context that allows/supports us to collaborate effectively in team.	3/5 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
12. The composition of our team is always efficient in terms of the problems and the needs of the patient.	3/5 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

The manager automatically gets the results of the team self-assessment, without knowing individual answers.

### Results of an evaluation

→ Realisation scores per questionnaire

	Number	Sum of scale scores (/100)			Sum of positive items (%)		
		Mean	Lowest -1	Highest -1	Mean	Lowest -1	Highest -1
1. <a href="#">Interprofessional conditions and context</a>	5	69.8	67	74	86	85	100
2. <a href="#">Interprofessional work in team</a>	5	63.2	60	70	78	65	100
3. <a href="#">Interprofessional competence and opinion</a>	5	80.2	77	86	95	90	100

→ Prioritized items for improvement

	Sum of scale scores	Number of respondents

→ Items being judged as positive

Item	# positive scores	Sort of evidence			
		document	experience	data	no idea

→ Remarks/suggestions

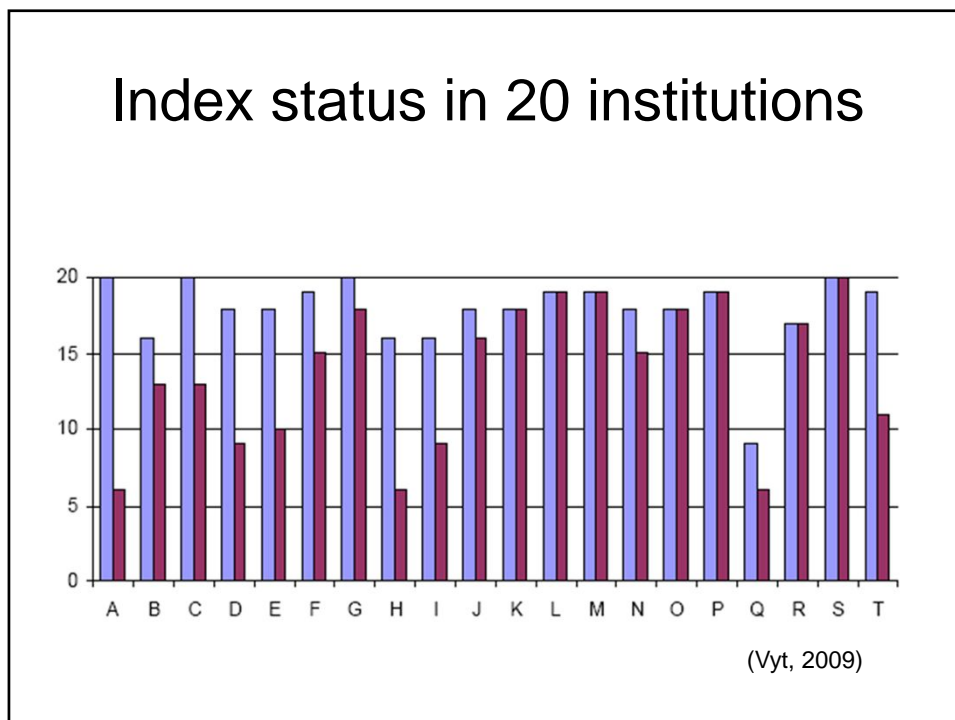
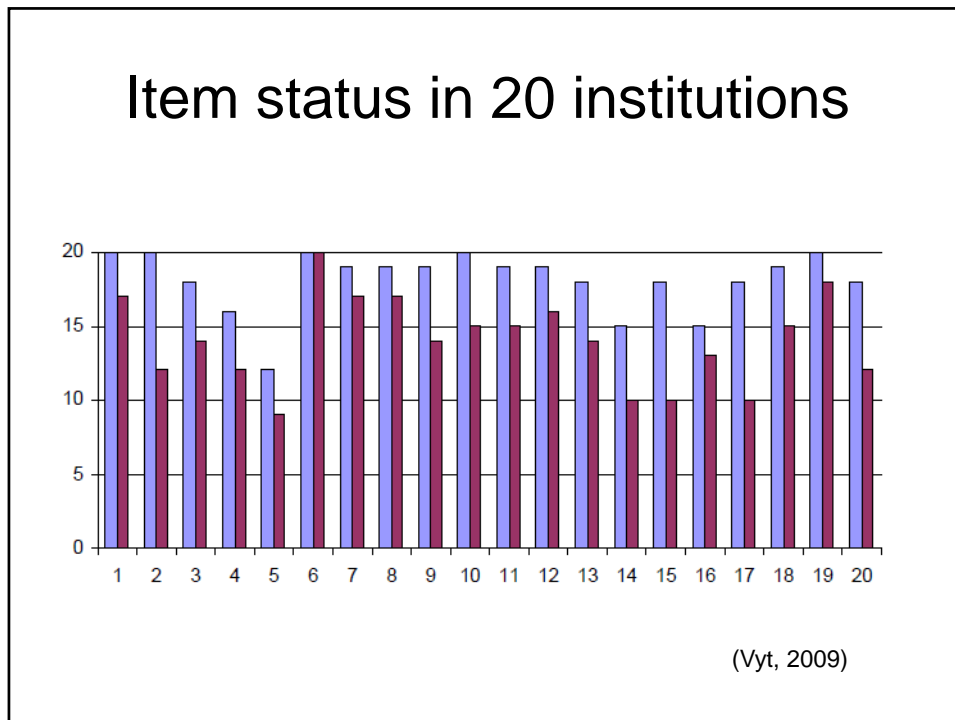
Teamwork is encouraged/supported by the management as an essential element in the department. (Interprofessional conditions and context)	
All members of the team are themselves largely focused on teamwork. (Interprofessional conditions and context)	

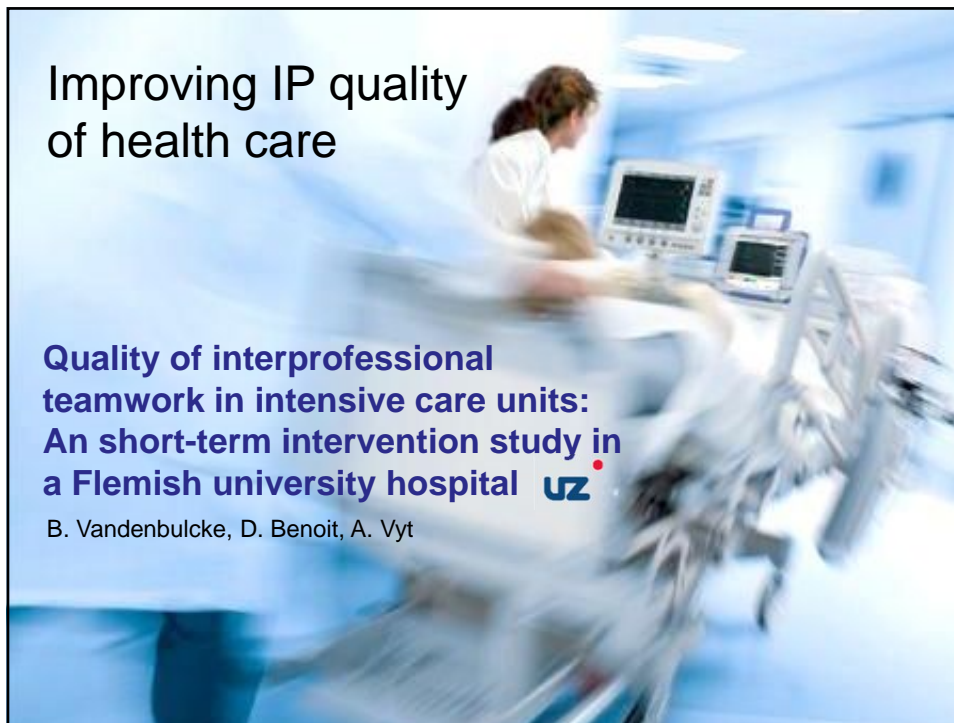
## IPEQS – Education & Training

1. For the IP programme or course, clear learning objectives have been defined for the students, and students are informed about these fully at the beginning of their learning trajectory
2. The learning objectives are defined in terms of competences, in which students integrate knowledge, skills, and attitudes in their professional behaviour, and for students it is clear by what kind of behaviours they can show they have acquired the competences
3. The learning objectives have been established in consensus by a team of staff members, and are regularly checked or revised on their validity or attainability by consensus meetings on the basis of experience, information and data gathered
4. In defining learning objectives, reference is made explicitly to a framework defining levels of qualification and to competences and competence levels of the study programme(s)
5. The IP course has clearly defined the workload of students, on the basis of an assessment of the expected and the real workload, and this workload is clearly explained to students

## IPEQS – Education & Training

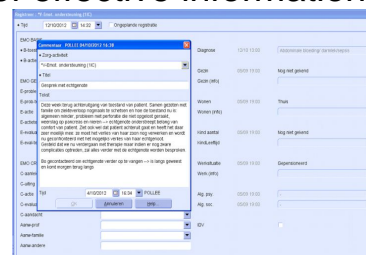
6. The learning objectives of the IP programme have a clear focus on interactively learning together with, from and about each other to improve collaboration and the quality of care, and small group learning takes a substantial part of the working method
7. A well-balanced and fair number of students from different professions are involved, and/or are distributed in such a way that real IP collaborative learning can take place
8. A well-balanced and fair number of different professions is represented in teaching staff to ensure different views, and these different views are used actively in discussions and reflections to define priorities and improvement objectives
9. In defining and revising concrete learning objectives and working methods, external inspiring sources of information are used which are themselves the result of evidence based practice, research or consensus
10. The working method in the IP course is clearly based on patient-centred health care, and the perspective of service users is actively involved in the working method

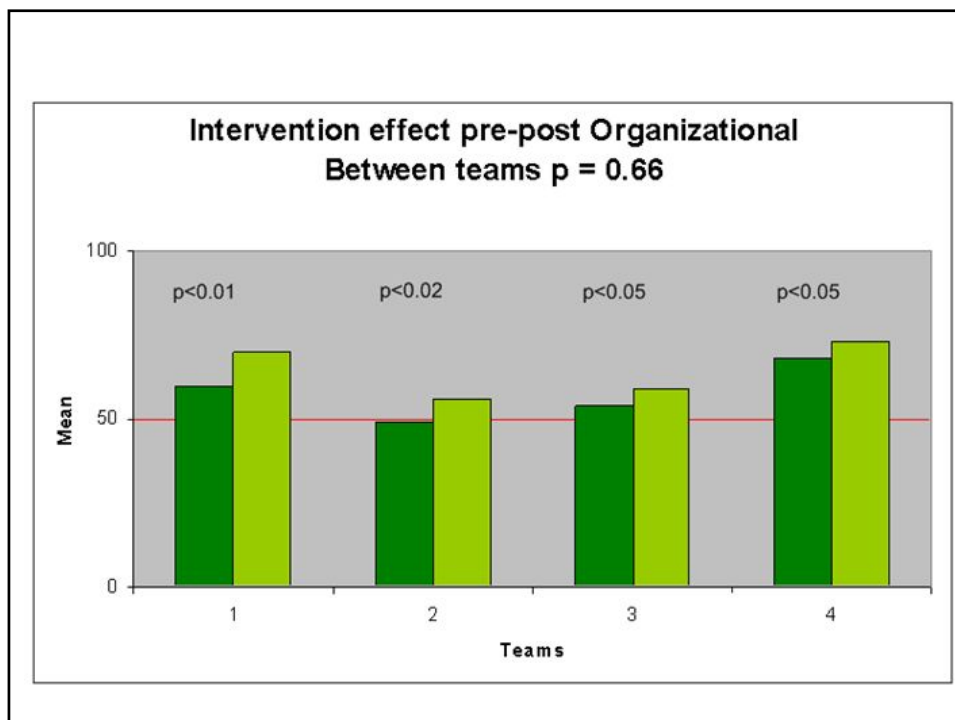
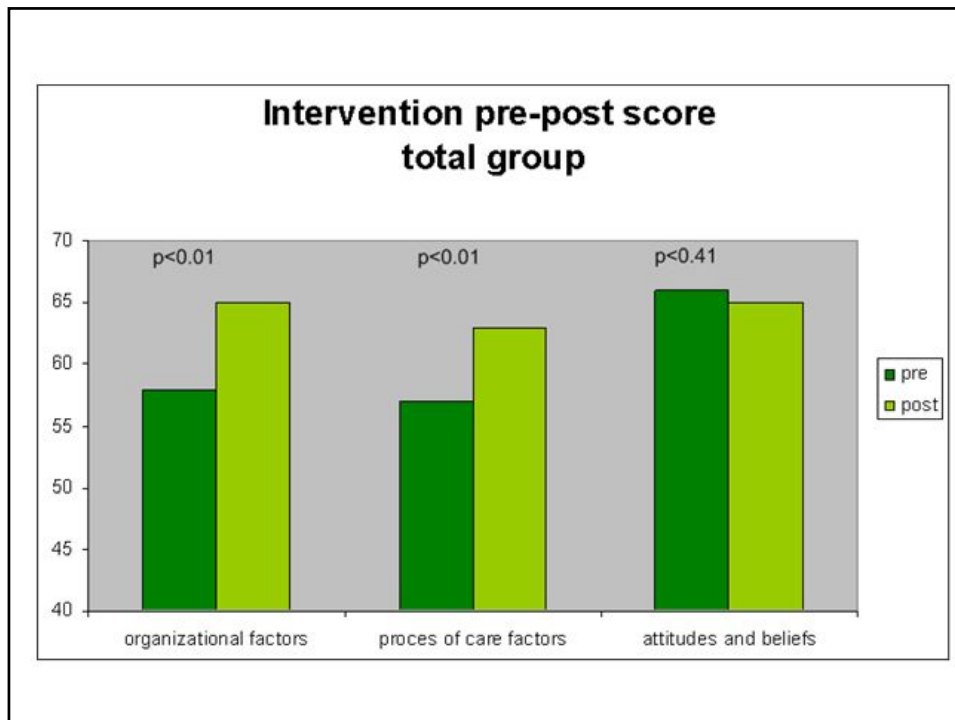


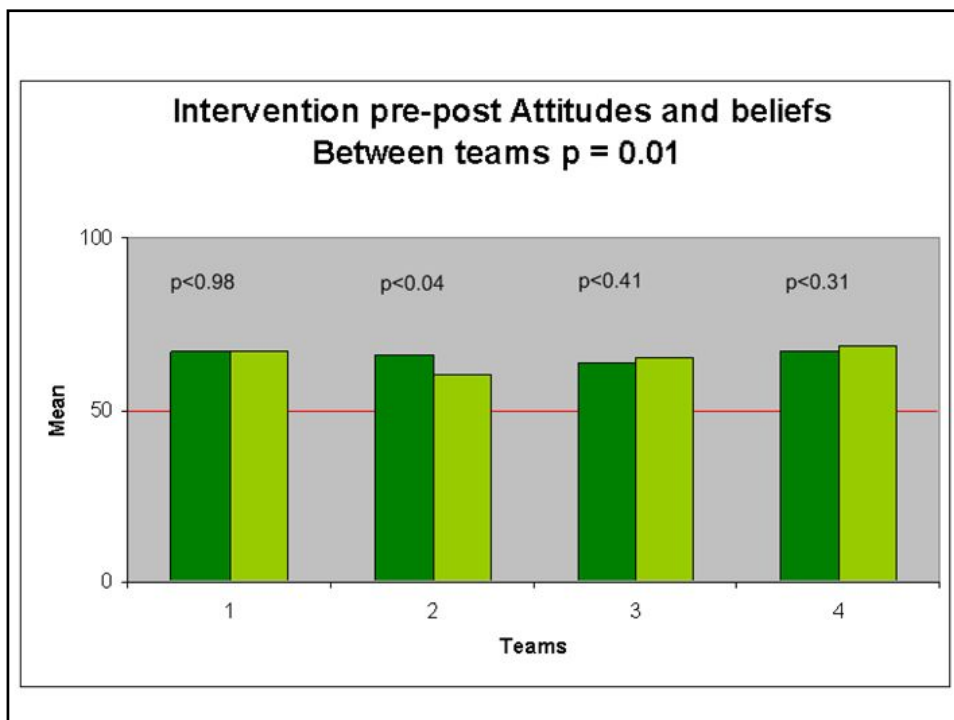
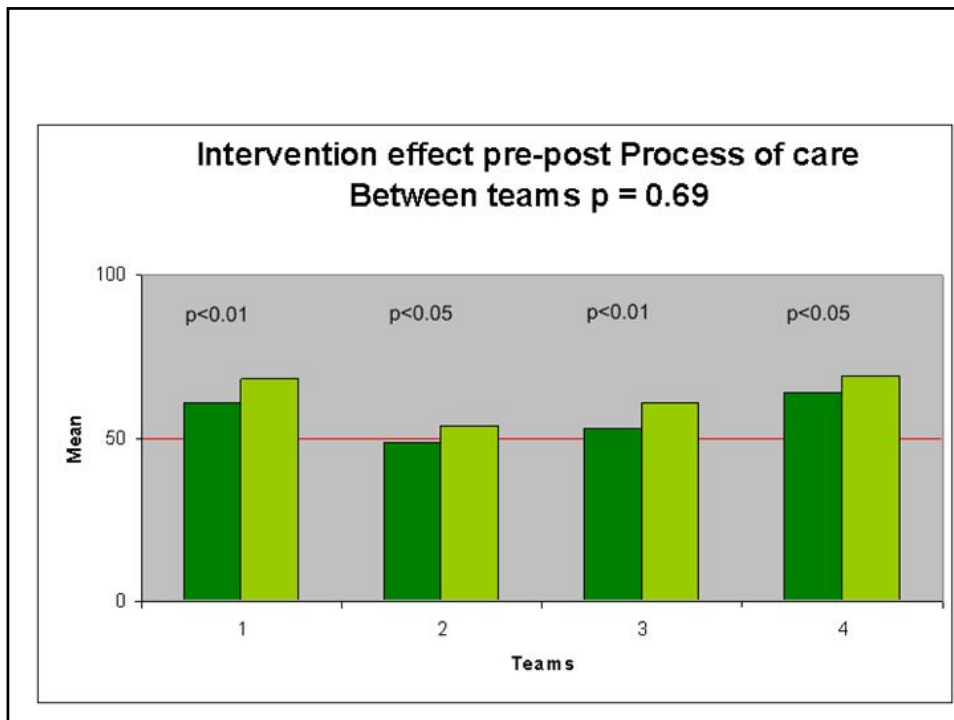


## A short-term (12w) intervention

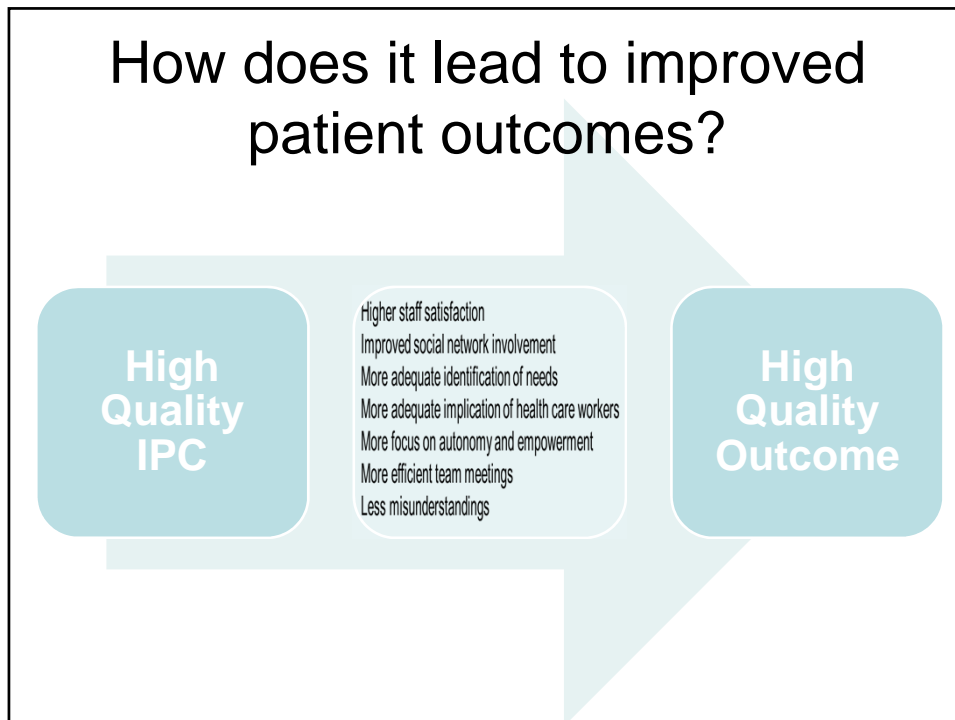
- optimizing, structuring and extending the existing weekly **interprofessional rounds and team meetings** with collaborative decision-making and clear communication of goal-directed actions, including the psychosocial aspects of care
- organizing the maintenance of effective information exchange over time between all professions involved by a **digital follow-up patient record information tool**.











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