



Interdisciplinary Programme on Palliative and End-of-Life Care

Study Guide

24 January till 4 February 2023

This international programme is organised with the support of the COHEHRE Academy



The programme consists of 3 parts:

Part 1: Blended introduction part - Preparatory assignments online: 3 assignments: January 2023 Part 2: Pre-programme with study visits (USA-Belgium) Part 3: Intensive Programme including a webinar

Preface

We are glad to welcome you to the new International Programme on Palliative and End-of-life care. The opportunity of benefiting from the expertise of different European universities and university colleges and of the University of Connecticut, United States, is definitely an unique opportunity 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 module has been developed 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.

During this programme Healthcare workers can meet each other to discuss different issues. This 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 IPPE-team, Christine De Bosschere & Filip Dejonckheere

Coordination intensive programme IPPE: Christine De Bosschere <u>Christine.debosschere@arteveldehs.be</u> Coordination international modules healthcare professions: Filip Dejonckheere <u>filip.dejonckheere@arteveldehs.be</u>

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IPPE 2022-2023 - Interdisciplinary Programme on Palliative and End-of-Life Care 2

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1. Introduction to the international programme

"Working with dying people is certainly not easy, but it also helps you to see a lot of things in your life in perspective. It might sound odd, but by working with death I feel like living my life to the fullest and I live a lot more intense."

(Pallion, 2010)

Dying is as much a part of life as being born. In our society death is hidden and conversations about end-oflife are avoided. However, sooner or later, everybody is confronted with the fact that life is definite. The confrontation with a terminally ill family member leads to non-evident and often heart-breaking questions: should the disease be fought with all possible means or should therapeutic treatments be ceased and should priority be given to palliative care, to enable the ill person to terminate his life in a quiet, well-prepared and especially dignified way?

Pain relief and palliative care cannot take away all suffering.

Some ill people explicitly express the wish to terminate their life (RDD: the right to die with dignity). The starting point is caring and the utmost respect for the value of life and the individual.

This programme focuses on End-of-life issues and wants to meet the physical, psychological, social, spiritual, and practical needs of patients and caregivers.

Western culture has a hard time to deal with dying as a part of life. The fundamental meaning of palliative care is more than a structure of facilities. Professionals providing care also feel the need to help people in a meaningful way, even though the curative means are no longer of use.

Palliative home care is, in many cases, a possibility and has to be presented to the patient and family.

The use of clinical paths for pain and symptom control has to be stimulated. The combination of pharmacological, supporting, physical and mental means for approaching pain relief and other symptoms has to be encouraged. Professional assistants have to receive proper education and training, during their basic training as well as during continuous training. There is a need for more intense training for a smaller group of experts, on whom the further development of palliative care can be entrusted to.

Evidence-based palliative care should be given priority. Evaluation of the effectiveness of various palliative services is important and should receive more attention. There is need for a coordinated and global policy plan for the organisation and implementation of structures and means. Palliative care has to be an integral part of health provision in our country. The means also have to be equally spread. More attention has to be paid to sensitising the broad audience.

In order to meet these objectives, it is important to train students in a 'team approach':

- an interdisciplinary approach: cooperation between different caregivers and professionals
- a client-centred approach: starting from a holistic approach towards the needs of the client
- an **intercultural approach**: enhancing a greater awareness and understanding between people with different cultural backgrounds and the way they deal with bereavement and mourning.

2. Aims and assumptions of the programme

The Intensive Programme Interdisciplinary Programme on Palliative and End-of-Life Care (IPPE)" aims on the professional and personal development of students in healthcare and rehabilitation in order to give more comfort to people in their last phase of their life.

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 to a balance and equilibrium, towards interdisciplinary cooperation, towards breaking through boundaries between various disciplines.

- The course emphases a **professional and interdisciplinary** perspective on the care of people in their 'endof-life' phase.
 - The students learn to provide care by means of processes and making priorities in care.
 - The students learn to cooperate in an intra- and interdisciplinary way in end-of-life care.
 - The students learn to deal with developments and diversities in society, in healthcare.
 - The students will foster a mutual respect on the views of others, through the questioning of stereotypes and simplification of issues and make sound judgements based on reliable information.



- The course allows students to gain an **international** and an **intercultural perspective** on Palliative and End-of-life care.
 - The students will explore end-of-life issues from an international and interdisciplinary perspective based on the knowledge of their own country.
 - During the IP the students will analyse and compare public health systems on the issue of endof-life care and contrast the origins, policies and delivery of care in partner countries.



- The course focuses on a **holistic** (client centred) approach.
 - The concept of 'client-centred care': care centred on the needs of the client first and foremost, using a holistic vision of man and total care.
 - The students learn to support the person requiring care, concerning choices on healthcare, autonomy and quality of life and the consequences; guiding the person requiring care and referring him if needed.
 - Using one's own, other people's and society's values and standards in a well-balanced way.
- The course contributes in the capacity building of students and staff
 - It offers students the possibility to meet other students from different countries and to exchange ideas in different professional fields in healthcare. It allows staff members to exchange views on teaching, new curricula approaches and to try out teaching methods in an international classroom environment.
 - As some partner institutes have extended experience in international work, other new institutes can learn from this experience and expertise. 'Faculty development' is an important part of the team work between teachers.



- New content:
 - **Evidence-based palliative care** has priority in the training of future care-givers. Recent studies on effectiveness of various palliative services show the importance of this topic.
 - A fundamental shift in the view and attitude on 'end-of-life'
 - Ethical reflections and considerations on medical decisions concerning end-of-life
 - Community based approach and the promotion of home care: special attention goes to public health promotion, such as sensitising society, promoting home care. This aspect is a new and very important evolution in palliative care.
 - Support of the government on palliative support of clients and their family
- **Competence based:** as participating institutions and professions have different traditions, the requirements for the programme will be competence based. It, mainly, focuses on interdisciplinary and intercultural competences.

3. Participants

- The course focuses on students in their last year of different Bachelor programmes in healthcare and rehabilitation: speech therapists, audiologists, occupational therapists, physiotherapists, nurses, podiatrists, midwifes,
- 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 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

In the international programme focusing on **'Palliative and end-of-life Care'**, the central aim is to give students, participants from the clinical field and staff the possibility to cooperate in international, intercultural and interdisciplinary teams on the care for clients in the last part of their lives (palliative care). The course outline consists of different basic topics: communication, pain and symptom control, complementary care, spiritual and existential pain, ethical aspects and Medical Decisions on End-of-Life (MDEL), bereavement and mourning. These last few years a lot of legal changes have been accomplished regarding euthanasia, palliative care and patients' rights.

Theme 1: Communication with Palliative clients, family and surroundings

Communication with palliative clients, family and surroundings is most important. To be able to be close to someone in distress, we have to understand what makes someone suffer. The task is to detect the disease as good as possible but also to describe it accurately. In assistance, it is most important to approach a person as a whole and to link everything evoking the disease to the actions.

This means that the transfer of information during communication between the person requiring care and the person providing care is as clear as possible, in both directions. The focus lays on the experiences of the ill person (the subjective) and these experiences are used to support. Dealing with this includes seeing reaction patterns to bad news, allowing them and familiarising with them. The diagnosis predicting a fatal ending, although some treatments slow down the course of the disease, - the bad news conversation - can be extremely difficult.

Theme 2: Pain and symptom control in palliative stage (e-platform)

The palliative movement (Cicely Saunders) tries to map factors determining pain, to make these usable for patients, their loved ones and persons providing care. There is for instance physical pain, mental pain, social pain and spiritual pain; the four pillars of palliative care.

A multidisciplinary approach in a team is necessary to cope with the experience of total pain. It is, however, also necessary that the individual members of the team, with their own points of view, know about the 'other kinds' of pain and their approach in order to be able to help in time, actually anticipate. Pain is one of the most challenging phenomena in healthcare. Relieving pain is essential to be able to cure better, or in this situation: to be able to die better! A good pharmacological pain control is indispensable! Also not pharmacological pain control as support is highly important.

Theme 3: Complementary care as a support in 'end-of-life' care

In the ordinary medical world people sometimes feel like they are a collection of parts that function separately, of which some are defective; they are not regarded as a whole or as a person.

Complementary medicine however follows a holistic approach. Man is seen as a whole, in which all kinds of aspects influence each other. The treatment is specifically aimed at the individual: massage, aromatherapy, foot reflexology, Tibetan singing balls, self-control techniques...

Besides regular care, palliative care also often uses additional or complementary care. Adding 'extra care' is experienced as a positive thing by the patient as well as by the person providing care.

Theme 4: Spiritual and existential pain

Existential pain is to be considered as the 'pain' people experience, when life lost its meaning. At this stage in the process, people lose their motivation and drive. It goes back to the experience of bereavement at the end of life.

Coping with questions at the end of life is very difficult but essential in the support of the clients. It is the basic to give comfort and to create a certain feeling of wellbeing in this last stage.

Theme 5: Interdisciplinary work

If we want to solve the many problems that the chronic disease brings along, it is important that the care of the patient is coordinated and carried out 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 carrying out their jobs. Key elements of the collaborative practice are: collaborative definition of problems, joint goal setting and planning, provision of self-management and support services, active and sustained follow up.

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

Theme 6: Ethical issues related to terminal care

Theme 7: Medical Decisions related to 'End-of-Life'

In care, various concepts and definitions regarding end-of-life are being used.

The law on euthanasia has provided more clear definitions on euthanasia. This legal clarification also has concrete consequences for the care practice. It is an incontestable fact that this has lead to a legalisation of care practice (and care ethics).

Despite of the clarification of the concepts by the law, the translation to care practice of assistants is an important challenge in every facility for health and wellbeing.

Theme 8: Bereavement and mourning from an intercultural point of view

The experience and the way how people express emotions of bereavement and mourning are intercultural very different. Every culture has its own rituals and processes to cope with the process of bereavement. These processes get a different focus within the different life cycles of clients: children, adults, elderly, ...

5. Description of the expertise in the partnership

During the Intensive Programme international partners contribute in the programme by sending teachers with expertise in a particular area in palliative 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.

PARTICIPATING UNIVERSITIES

- Artevelde University of Applied Sciences Ghent, Belgium <u>www.arteveldehs.be</u>
- Escola Universitària d'Infermeria I Teràpia Ocupational (EUIT) www.euit.fdsll.cat
- University College PXL, Occupational Therapy department, Hasselt, Belgium <u>www.pxl.be</u>
- Polytechnic Institute of Setúbal (IPS), Sétubal, Portugal <u>www.ips.pt</u>
- Charles University, Third Faculty of Medicine Nursing department, Prague, Czech Republic www.lf3.cuni.cz
- Tallinn Health Care College, Tallinn, Estonia <u>www.ttk.ee</u>
- University of Connecticut, School of Nursing, Connecticut, US <u>www.uconn.edu</u>
- Vilniaus kolegija / Higher Education Institution, Vilnius, Lithuania <u>www.viko.lt</u>
- Riga Stradins University (RSU), Riga, Latvia <u>www.rsu.lv</u> www.rsu.lv
- University of Gjakova "FEHMI AGANI" (UGJFA), Kosovo www.uni-gjk.org
- University of Alma Mater Europaea Rezonanca, Kosovo <u>www.rezonanca-rks.com</u>
- Medfachschule Johannes Bad Akademie GmbH, Germany www.medfachschule.de

PARTICIPATING STAFF MEMBERS

Artevelde University of Applied Sciences Ghent, Belgium

Christine De Bosschere, nurse: expert in chronic and end-of-life care. 20 years of experience in the field of chronic and end-of-life care and psycho geriatric care in Psychiatric Centre Caritas, Melle. Founding member of palliative care Flanders. Teacher: palliative care. Coach of starting up palliative care support teams in different hospitals in Europe.

Coordinator postgraduate palliative care, Artevelde Academy, Belgium

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

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

Former council member of Cohehre (Consortium of Higher Education within Health care and Rehabilitation), portfolio in the development of the Cohehre 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.

Vilniaus kolegija / Higher Education Institution, Vilnius, Lithuania

Daiva Trezneviciute, Lecturer of professional ethics / bioethics in study programs at Health Care Faculty: nursing, physiotherapy, occupational therapy, dietetics, biomedical diagnostics, radiology, hygienic and decorative cosmetology. Sphere of interest: ethical questions in the use of biotechnologies, patient rights.

PXL-University College, Hasselt, Belgium

Sara Janquart, Master of Science in Occupational Therapy, lecturer and researcher at university-college PXL Hasselt. She worked as an occupational therapist with people with neurological disorders and disorders of consciousness.

Setubal Polytechnic Institution, Setubal, Portugal

Hugo Franco, PhD student in nursing sciences, area of learning advanced nursing, MSc in nursing sciences, RN (medical surgical nursing specialist); Fields of interest: Health and disease processes by adults and elderly; oncology & hematology; palliative care; nursing education.

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

Jana Hermanova, MSc in nursing education, PhD in bioethics; 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.

Tallinn Health Care College, Tallinn, Estonia.

Marianne Annion Janika Mavor Kurt Cassar, MSc.in General Nursing Lecturer of Palliative Care and Mental Health Nursing

Riga Stradins University (RSU), Riga, Latvia

Zane Liepina, Head of Study Programme, Occupational Therapy Academic Staff, Department of Rehabilitation. Expertise in: Rehabilitation Medicine, Public Health and Oncology.

University of Connecticut, School of Nursing

Marianne Snyder PhD, MSN, RN, Assistant Professor Director, Prelicensure Program Director of Clinical Partnerships" at the University of Connecticut School of Nursing

Escola Universitària d'Infermeria I Teràpia Ocupational (EUIT)

Maria Kapanadze, BSc in Occupational Therapy, MSc in Psychology and Education, PhD in Psychology. Research professor. Topics: ethical aspects of occupation, social determinants of health, occupational science, moral identity, and healthcare workforce policies.

Tutorship of the BSc theses and international student projects.

EXTERNAL ORGANISATION/EXPERT:

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

These palliative networks are officially recognized and receive funding by the government in a region of 300.000 to 1.000.000 inhabitants. These networks are also called 'partnerships' 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 develop further 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 VISITS

- Palliatieve eenheid & PST UZ Gent
- Palliatieve eenheid & PST A.Z. Jan-Pafijn Gent
- Palliatieve eenheid & PST A.Z. St.Lucas Gent
- Palliatieve eenheid & PST AZ St. Blasius Dendermonde
- Palliatieve eenheid & PST 'De Rank' OLV Aalst campus Asse



For the lectures and workshops, the following non-IPPE **STAFFMEMBERS FROM BELGIUM** are involved:

- Nancy Criel, head nurse palliative care unit and coordinator palliative support team, AZ St. Lucas, Gent
- Marjon Vandaele, Occupational Therapists, AZ Jan-Palfijn, Gent
- Alexander Verstaen, psychologist, psychotherapist, PERENNIS Centre for Growth in Living and Dying
- Dr. Martine De Laat, Palliative Care Unit, University Hospital Gent
- *Hilde Van den Hooff*, teacher Artevelde University of Applied Sciences, yoga teacher-'De Wending'
- Karl Devreese, WZC De Vliedberg, Brugge
- Franky De Vos, nurse, Reiki master/Chakra healing
- Hilde Ingels & Michèle Morel, vzw Amfora
- Anneloor Meersman
- Ellen Boussery, homecare nurse WGK Gent
- Dr. Peter Pype, family doctor, professor UGent

- Diane Huygen, PXL Hasselt
- Barbara Ceuleers
- Francine Craeghs, Artevelde University College of Applied Sciences



6. Cohehre Academy - Consortium of Higher Education with Health Care and Rehabilitation



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

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

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

The Cohehre 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 Cohehre members; developing other initiatives as a spin-off of the intensive programme; organising annual project-meeting linked to the other courses; systematic quantitative and quantitative result analyses of the students' evaluations or conclusions of a focus group.

Part 1: Blended part & Preparatory assignments for the Intensive Programme

Preparatory assignment 1 – Creating IPPE-community on platform



The kick-off of IPPE is the creation of a Community. For this we use a closed Facebook group. By the beginning of January 2023, you will be invited to join a Facebook group of IPPE 2023.

We would like you to introduce yourself by means of a picture of your childhood and a recent picture, a short story about your person, background, and interests. ⁽ⁱ⁾

Preparatory assignment 2 – Research on the Palliative and End-of-life care in your country

<u>Aim</u>

During the weeks before the intensive programme, we expect all the students to collect some information and data on their home country about 'Palliative care' and 'End-of-life'. The research on these aspects of the health care situation in your 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 enable students to to share the gathered information of the different countries, to compare, contrast and evaluate the situation on quality of life and end-of-life care in the different countries. It must give the audience an idea on current issues in ageing in your country.

Expected outcome

We expect you to bring the results of your research by means of a Pecha Kucha presentation during the Programme, on Sunday 29th of January 2023, 18-19.30.

Your tutor can inform you if you need any help to prepare the Pecha Kucha presentation.

Google: 'Pecha Kucha' and you can find many examples on the internet!!

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

How?

You can meet with your country group on MS TEAMS to prepare this assignment.

Preparatory assignment 3 – Preparation for the Multi-sensorial & Intercultural Evening



On **Sunday 29th of January 2023**, we will organize an **Intercultural Event**. It will be an event when we can have fun together while discovering things about each other's countries.

We invite you to use your imagination.

We will need pictures of your country and your city.

You will receive a special announcement for this evening.



Webinar 1: introduction on Palliative Care and complementary care Christine De Bosschere, palliative nurse

When: Tuesday 17th of January 2023: 18.00-19.00 CET via TEAMS

(Please check TEAMS on beforehand. There is technical check-up from 17.00 till 18.00.)

Goal: Introduction to the key concepts of palliative care

Description: The webinar will based on a narrative from a client and the family and makes the link to palliative and end-of-life care

Keywords: Palliative care, euthanasia, advanced care planning, family-centred care, holistic approach

Webinar 2: ethical issues on palliative and end-of-life care (IPPE) Alexander Verstaen, psychologist

Who: Alexander Verstaen,

Alexander Verstaen, psychologist, psychotherapist, PERENNIS - Centre for Growth in Living and Dying

When: Tuesday 24th of January: 18.00-20.00 CET via MS TEAMS

(Please check TEAMS on beforehand. There is technical check-up from 17.00 till 18.00)

Goal: Understand spiritual issues on palliative and end-of-life care.

Description:

Interactive presentation and workshop about communication with clients in end-of-life care. We make the link with spirituality to identify potential spiritual issues, related with dignity, autonomy, communication, decision-making.

Keywords: Spirituality, communication, End-of-Life, Palliative care

Online Café

At the end of the webinars, we can have a chat, coffee, tea or a glass of beer



Part 2: **Preparatory part: face-to-face** Thematic days with study visits from Tuesday 24th till Friday 27rd of January 2023

	Day 1 : INTRODUCTION AND PAEDIATRIC PALLIATIVE CARE				
	CHAIR OF THE DAY: FILIP DEJONCKHEERE & CHRISTINE DE BOSSCHERE				
Tuesday 24/01					
T.08.01	11.00- 13.00 13.00- 14.00 14.30- 16.30	Welcome in Ghent - Campus Kantienberg Introduction of the buddies (You can ask directions at the reception desk) Lunch @ De Kantiene (cafeteria) Study Visit: Children Hospital St.Elisabeth : Oncology – KOESTER University hospital Ghent C. Heymanslaan 10			
		<image/>			

L.01.04	18.00- 20.00	Webinar: (Students are invited on the campus to join the online webinar)
		Keynote and workshop: Existential and spiritual care at the end-of-life Alexander Verstaen, psychologist, psychotherapist, PERNENNIS – centre for Growth in Living and Dying

Day 2 : Mental Health Care						
	CHAIR OF THE DAY: CHRISTINE DE BOSSCHERE					
Wednesday	Wednesday 9.00- Optional in Gent: MUSEUM Dr. Guislain					
25/01						
	12.30	Lunch @ Bistro 'Ripozo' in OLV Bruges				
	13.30-	Study visit: PZ OLV Brugge				
	16.00	Afdeling 52 (tel. 0032 50 30 17 52)				
		Koning Albert I-laan 8 (backside of the railwaystation)				
		8200 Brugge				
		'Crustative' care: palliative care for chronic psychiatric patients				
		Loïc Moureau – Bart Devlieghere & team				
		DNZELIEVEVROUW PSYCHIATRISCH ZIEKENHUIS BRUGGE MENSEN.ANDERS BEKEKEN				
		Free evening in Bruges				

Day 3: COMMUNITY AND PRIMARY CARE / HEALTH PROMOTION			
		CHAIR OF THE DAY: CHRISTINE DE BOSSCHERE	
Thursday	10.00	Community health care centre (WGC) 'De Brugse Poort'	
26/01		Maaike Taelman & colleagues, health promotion	
		Emile Seghersplein 16, 9000 Gent	
		www.wgcbrugsepoort.be	
	12.30	Lunch @ VZW Trafiek (Brugse poort Pierkespark)	
	13.30	Walk to in the old district of Ghent: Begijnhof Ghent	
	14.00	Service centre for seniors: 'Ten Hove' Active ageing and Health promotion OCMW Gent - Local Sevice center DC Ten Hove Begijnhofdries 15, 9000 Gent	
	Free evening	Social programme students Artevelde University of Applied Sciences Optional dinner @ Turkish restaurant Gök 2, Sleepstraat 65 9000 Gent	

	DAY 4: ONCOLOGY					
	CHAIR OF THE DAY: CHRISTINE DE BOSSCHERE					
Friday	riday 09.00- Study visit: AZ Jan-Palfijn Mortuary					
, 27/01	11.00	Henri Dunantlaan 5, 9000 Gent				
-		Watersportlaan 5, 9000 Gent				
	11.30	Train to Oostende from St.Pieters railwaystation				
		DISTENDE IN CONTRACTOR OF CONT				
	12.00-13.00	Free lunch and walk in Ostend@seaside				
	13.30-16.00	Study visit: General hospital Damiaan, Oncological unit, palliative care unit Christine Paridaens, head nurse & consultant on breast cancer Frederik Desender, Subcutane en oral chemotherapy - supervision and education of oncology clients (nurse, oncology educator)				
		Oncological Unit – Zorg-eenheid (care unit) ZE 235 Palliative Unit Gouwelozestraat 100 - 8400 Oostende Tel.: 00 32 59 41 63 22 Film: Pharmacy with advanced robot technology /clean room Meeting with Zora: play robot for children in paediatric unit				

Part 3: Intensive Programme Interdisciplinary Programme on Palliative and End-of-Life care

Sunday 29th of January	Monday 30th of January	Tuesday 31th of January	Wednesday 1th of February	Thursday 2th of February	Friday 3th of February
Introduction participants and framework of the course	Workshop 'affective touching'	Framework End-of-Life decisions Preparing debate World café	Group workshops & Parallel Workshops Complementary Care	Primary care family support from an interdisciplinary view Keynote on interprofessional work	Preparatory work presentations
Cultural diversity/ cultural game	Study visit 6 project groups Visit to palliative care	WEBINAR Panel discussion on End-of-life decisions and the place of Euthanasia in		Parallel workshops # topics PC & children, O.T.	Platform of student group work
Introduction palliative care complementary care	initiative & Orientation for	End- of-life care			Evaluation of the course
interdisciplinary collaboration Information visits & projects	project work	Free evening	T T		Closing Event with Workshop Making
			m	Project work Free time	Belgium Waffles
Pecha Kucha Market Cultural evening	Free time in Ghent		Dinner@Toreken		ta 1 watels

	ARRIVAL DAY: FILIP DEJONCKHEERE & CHRISTINE DEBOSSCHERE				
Saturday 28/01	18.00	Arrival of the participants (students and teachers) in Ghent			
	20.00	Opening meeting at the center of Ghent – Meeting place: Stadshal or City Hall - Schaapsstal			

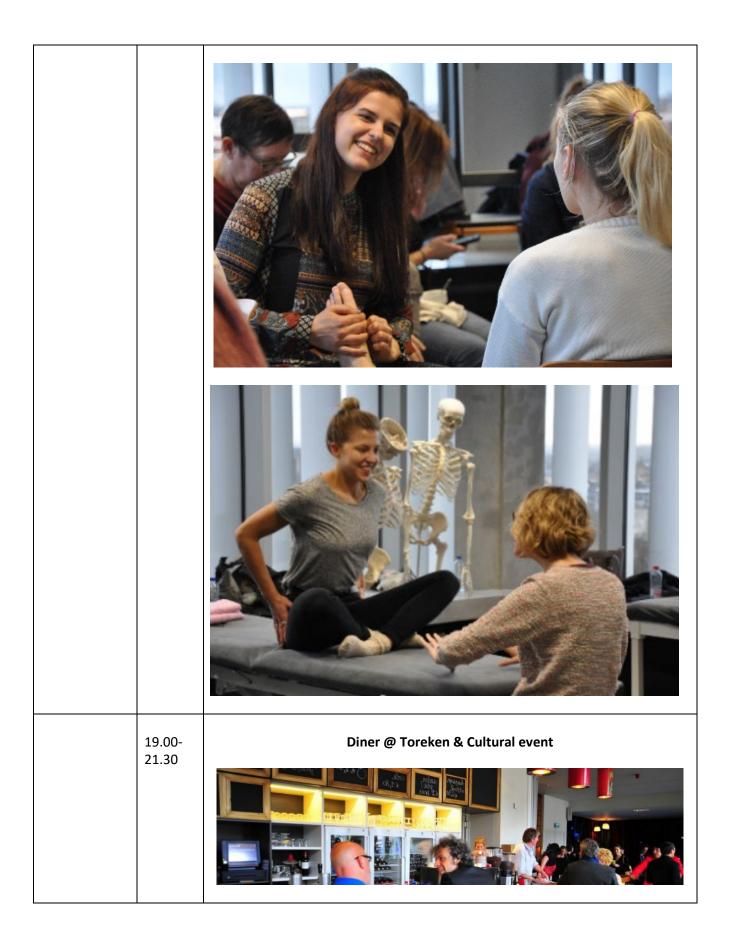
DAY 1					
	CHAIR OF THE DAY: FILIP DEJONCKHEERE				
Sunday	10.00-	Introduction participants – activity			
29/01	10.45	Framework of the course • Pecha Kucha presentation			
		Filip Dejonckheere, Artevelde University of Applied Sciences Ghent, Belgium			
Rooms					
AHS	11.00-	Intercultural framework & intercultural game			
Social Work Department Sint	12.30	Filip Dejonckheere, Artevelde University of Applied Sciences Ghent, Belgium			
Annaplein	12.30	Lunch			
C0.06	13.30- 15.30	JIGSAW			
		Introduction on palliative care, complementary care and interdisciplinary collaboration and cultural diversity			
		Filip Dejonckheere, Artevelde University of Applied Sciences Ghent			
		Christine De Bosschere, Artevelde University of Applied Sciences Ghent			
	15.30	Break: Cultural context and short tour in Ghent			
		Preparation Pecha Kucha market & cultural evening			
	18.00	Pecha Kucha Market			
		ペチャクチャ			
	19.00	Cultural evening			

	Day 2 Chair of the day: Jana Hermanova				
Monday		CHAIR OF THE DAY. JANA HERMANOVA			
30/01	09.00-	Group 1 (project groups 1-2-3)			
Room	10.30	The role of the physiotherapist in end-of-life care			
T.02.01	10.50	Workshop: The importance of affective touch in palliative care			
1.02.01		Karl Devreese, PT, WZC Westervier Brugge, Belgium			
		Kull Devicese, F1, W2C Westervier Blugge, Bergium			
	11.00-	Group 1: (project groups 1-2-3)			
Room	12.00-	Discussion on the visits / Starting up the assignment			
L.02.03	12.00	Discussion on the visits / starting up the assignment			
L.02.03	9.00-	$Group 2: (project groups A \in G)$			
	9.00- 10.00	Group 2: (project groups 4-5-6)			
Room	10.00	Discussion on the visits / Starting up the assignment			
L.02.03	10.30-	Group 2 (project groups 4 E 6)			
L.02.03	10.30-	Group 2 (project groups 4-5-6) The role of the physiotherapist in end-of-life care			
	12.00				
Deem		Workshop: The importance of affective touch in palliative care			
Room T.02.01		Karl Devreese, PT, WZC Westervier Brugge, Belgium			
1.02.01		Lunch @ De Kantiene (cafeteria)			
		Study visits in project groups			
		Group 1 – 14u.			
		Palliative care unit (Street 84) & Palliative Support Team			
		A.Z. Sint Lucas, Groenebriel 1, 9000 Gent			
•		tel.: 09/2245194			
		Nancy Criel & Palliative Support Team			
		Group 2 – 14u.			
		Palliative care unit & Palliative Support Team			
		UZ Gent, C. Heymanslaan 10, 9000 Gent			
		tel.: 09/3322878			
		Hilde Ongenaet & Palliative Support Team			
		Thite ongenaet & Famative support ream			
		Group 3 – 14u.			
		Palliative care unit (Street 173) & Palliative Support Team			
		A.Z. Jan-Palfijn, Watersportbaan 5, 9000 Gent			
		tel.: 09/2248173			
		Adrien Roberti & Palliative Support Team			
		Group 4 – 14.30u.			
		Palliative care unit 'De Haven' & Palliative Support Team			
		A.Z. Sint-Blasius, Kroonveldlaan 50, 9200 Dendermonde			
		tel.: 052/252337			
		Jeannine Van de Vreken & Palliative Support Team			
		Group 5 – 14.30u.			
		Palliative care unit 'De Rank'			
		OLV Ziekenhuis Campus Asse, Bloklaan 5, 1730 Asse			
		tel.: 02/3006093			
		Petra Vandenabeele & Magda Thyssen			

		Free time in Gent – Free evening
B.02.08	18.00	Staff meeting
		IPPE-team + Welcome participants IPPE+

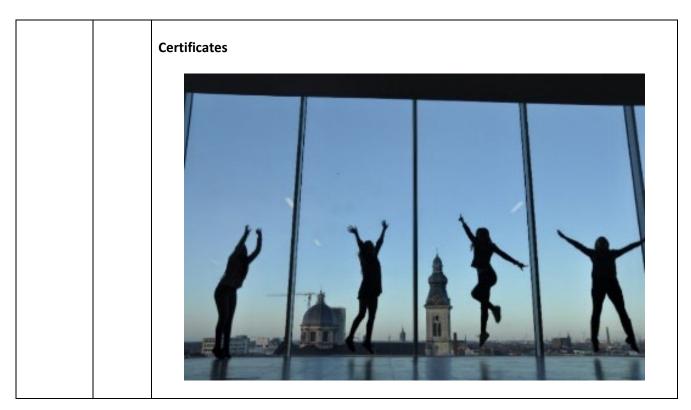
		DAY 3		
		CHAIR OF THE DAY: SARA JANQUART		
Tuesday 31/01	09.00- 09.30	Warming-up – language twister		
Room T.02.01	10.00- 11.15	Keynote: 'End-of-life care'-'Medical decisions' in Belgium Christine De Bosschere, Artevelde University of Applied Sciences Ghent, Belgium		
	11.15	Break		
	11.30	World café: preparation debate		
	12.30	LUNCH @ De Kantiene (cafeteria)		
Room T.10.02	14.00- 15.30	WEBINAR – HYBRID (life and via MS TEAMS)		
		Panel discussion on 'Medical decision making in the end-of-life and the place of euthanasia in end-of-life care'		
		Chair: Sara Janquart, PXL, Hasselt, Belgium Jana Hermanova, Charles University Prague, Czech Republic		
		 ✓ Hilde Van den Hooff 		
		Lecturer ethics, Artevelde University of Applied Sciences Gent, Belgium ✓ Nancy Criel		
		Head nurse Palliative care Unit & Palliative Support Team, A.Z. St. Lucas Gent, Belgium		
		 ✓ Dr. Martine De Laat Palliative care doctor U.Z Gent, Belgium 		
		 ✓ Barbara Ceuleers Family member, Belgium 		
		 Dr. Martin Havrda Physician nefrology, Charles University hospital Prague, Czech Republic 		
	15.30- 16.30	Debriefing/ Reflections / discussion (1° country groups – 2° project groups)		
		Christine De Bosschere, Artevelde University of Applied Sciences Ghent, Belgium & IPPE-team		
Evening		Free time		

Day 4 Chair of the day: Janika Mavor & Kurt Cassar						
Wednesday	Workshops on Quality of life and well-being: complementary care relating					
01/02		palliative and end-of-life care (different therapeutic approaches)				
Room T.02.01	09.30-	Mindfulness				
1.02.01	10.15	Francine Craeghs, Artevelde University of Applied Sciences				
	10.15	Franchie Craegris, Artevence Oniversity of Applied Sciences				
	10.00	Ontion 1 8 2 8 2				
	10.30-	<u>Option 1 & 2 & 3</u>				
Room T.08.06	12.00	Workshop 1: Aromatherapy				
		Christine De Bosschere, palliative care nurse, Belgium				
Room T.08.05		Workshop 2: Art therapy				
		Sara Janquart, Occupational therapist, teachers, Belgium				
Room T.02.01		Workshop 3: Role-play and end-of-life interview				
		NGO, Amphora – Michèle Morel & Hilde Ingels				
		······································				
	12.00-	Lunch @ De Kantiene				
	13.00					
	15.00					
	10.15					
	13.15-	Option 1 & 2 & 3				
Room T.02.01	14.45	Workshop 1: Role-play and end-of-life interview				
		NGO, Amphora – Michèle Morel & Hilde Ingels				
Room T.09.01		Workshop 2: Reiki – Chakra healing				
		Franky De Vos, Reiki master, nurse, Belgium				
Room T.08.06		Workshop 3: Aromatherapy				
		Christine De Bosschere, nurse, teacher palliative care, Belgium				
Room L02.03		Workshop 4: Sing!				
		Anneloor Meersman, Belgium				
		Anneloor Weelsman, Deigian				
	14.45	Break				
	14.45					
	15.15-	Option 1 & 2 & 3 & 4				
Room T.08.01	16.45					
R00m 1.08.01	10.45	Workshop 1: Breath to heal				
		Hilde Van den Hooff, teacher yoga, Belgium				
Room T.08.05		Workshop 2: Art therapy				
		Sara Janquart, Occupational therapist, teacher, Belgium (Hasselt)				
Room T.09.01		Workshop 3: Reiki – Chakra healing				
		Franky De Vos, Reiki master, nurse, Belgium				
Room L02.03		Workshop 4: Sing!				
		Anneloor Meersman, Belgium				



DAY 5 CHAIR OF THE DAY: Zane Liepina				
Thursday 02/02		·		
Room T.02.01	09.00- 10.30	Primary care' – family support from an interdisciplinary view Filip Dejonckheere & Ellen Boussery, homecare nurse WGK Gent		
	10.45- 12.00	Keynote : Interprofessional collaboration in the field of palliative care <i>Prof. Dr. Peter Pype, University Gent, home care doctor, chair Palliative Care</i> <i>Flanders Organisation</i>		
B.02.08	09.30- 12.00	Staff meeting 4: Virtual reality project: VIcoSim Ongoing process and group assignments		
	12.00- 13.00	Lunch @ De Kantiene (cafeteria)		
	13.00- 14.30	Round table discussion (Parallel sessions)		
Room T.02.01		Option 1: Palliative care for children & Mourning and bereavement support for children in Belgium <i>Christine De Bosschere, Artevelde University of Applied Sciences Ghent,</i> <i>Belgium</i> <i>Diane Huygen, PXL, Hasselt</i>		
Room L.02.15		Option 2: Palliative care and Occupational Therapy Marjon Vandaele, Occupational therapist, A.Z. Jan-Palfijn, Gent Maria Kapanadze, Occupational therapist, Spain		
	14.30- 14.45	Break		
Room T.02.01	14.45- 17.00	Project work - short meeting with tutor for brainstorm preparing assignment		
		Free evening for students		

DAY 6 CHAIR OF THE DAY: Daiva Trezneviciute				
Friday	09.00-	Preparatory work & Chat session		
03/02 Room T.02.01 & L.02.15	12.00			
	12.00 13.00	Lunch		
T.02.01	13.00- 15.00	<image/>		
	15.00- 16.45	Plenary debriefing/ Evaluation of the course: graffiti wall Writing a letter		
	16.45- 17.00	Online evaluation - Cohehre Academy		
B.02.08	.02.08 17.00- 18.00 Staff meeting 5: final ECTS grading Christine De Bosschere, Artevelde University of Applied Sciences Ghert Filip Dejonckheere, Artevelde University of Applied Sciences Ghert			
	19.00- 22.00	Closing event		



DEPARTURE DAY			
Saturday		Departure	
04/02			

8. Assignments

ASSIGNMENT 1 Pecha Kucha presentation - Preparatory assignment Research on Palliative and end-of-life care

Aim

During the weeks before the intensive programme, we expect all students to collect some information and data on 'palliative and end-of-life care' 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 end-of-life 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 programme.

ASSIGNMENT 2

Students will work on a presentation: Interdisciplinairy group presentation on a palliative client

Aim

Students submerge themselves in the topics of elderly care and end of life care in and around Belgium. By submerging themselves they will be able to gain knowledge and orientation within these topics.

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:

This assignment has three parts:

Part 1: Students create a client with a specific medical background

During the programme you will have more information on how to create the client and how to describe the end-of-life process. We propose to you 6 different clients and your project group will be assigned to one of them. The goal is to create a profile about your client on Facebook. Different clients:

- Older person with dementia
- Older person with COPD
- ✓ Child in a hospital
- ✓ Child with mental disability @home
- ✓ Young adult with an oncological diagnosis
- ✓ Patient with a diagnosis of Covid on an Intensive Care Unit (ICU)

What do we expect from the Facebook profile:

- We expect you to give an update on your client <u>everyday</u>
- Pictures lifelines life events...

- Hobbies, interests, family, activities...
- Evidence-based signs that the situation becomes worse (e.g. scientific article about the diagnosis)

Part 2: Students get to know a client from a different group and ask questions about her/his life

During the programme you will get assigned to one client form another group. We expect you to get to know this client by checking and reacting on Facebook posts and also asking them questions. Reactions can be emoticons, but use also words to express yourself in the comments. On Thursday there will be the possibility to chat with your client for one hour.

To give you an idea about possible questions you can ask, here are some examples:

- What are the main concerns of the client?
- What about participation in daily life of the client?
- What about physical comfort?
- What makes your life now difficult?
- ...

Part 3: Students have to plan an interdisciplinary team meeting

Finally we expect a simulation of a interprofessional team meeting about the client you interacted with on Facebook (not the client you created).

We expect a short overview on who the client is and what you found out about them (max. 5min), so we all get a view upon who the client is before you start the interprofessional team meeting about palliative and end of life care.

We also expect the team to reflect on the learning process. 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.

After your interdisciplinary team meeting the actual client-group will give feedback upon your proposals for interdisciplinary palliative and end of life care.

Requirements on the presentation/team meeting:

- 1. The presentation/team meeting **must report about the client**.
- 2. It has to reflect the **professional** point of view of the group members.
- 3. It should include an interdisciplinary approach of care.
- 4. It should refer to multicultural aspects.

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 and disciplines (assessed in tutorial moments).

5. The group involves all the elements in the activities planned to take 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 shows 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 Letter

Students can 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.

- Students should maintain the dairy 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.

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	
А	Excellent	Outstanding performance with only minor errors	10%	
В	Very good	Above the average standard with some errors	40%	
С	Good	Generally sound work with a number of notable errors	30%	
D	Satisfactory	Fair but with significant shortcomings	10%	
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		