



State of the Art Report:

*General aspects, ideas, approaches
and expectations*

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1. Introduction

This report was produced in the very starting phase of the *Learning Hospitals* Learning Partnership and it was finalised right before the kick-off meeting in Bruck/Mur (5-7/11/2008). Its outcomes and results can be seen as the commonly developed starting point for our project work. In fact, this report fulfils a various number of aims and objectives on different levels.

Firstly, it gives the whole project group an overview concerning the various attitudes, approaches and perspectives of other partners in connection with this project. The application of this project leaves a lot of space for interpretation of the general aims and objectives of the project, therefore it was important to get an overview whether or not partners understood basically the same from the application.

Secondly, this report gives already a first impression whether or not there are any kind of standards or regulations existing in the individual partner countries, or if any features of best practise exist in partner organisation.

Thirdly, it is highly important to narrow and define the concrete objectives and aims of the project as soon as possible. Informal and non-formal learning in hospitals is a huge topic and affects many different target groups. Therefore, it will be crucially important for the success of the project to agree on certain areas and target groups, on which the project group will focus during the next two years.

Fourthly, this report is a perfect *warm-up* for the kick-off meeting in Bruck/Mur (AT). There, the above mentioned issues will be discussed and clarified in work-shops. By this report all partners have a perfect source of getting into the project and for *feeling* its spirit. By doing this beforehand, we are able to save a lot of time for meeting itself, which we can already use for in-depth discussions.

Last, but not least, this report gives fifthly evidence that our project group follows the work plan strictly set by the application. It is a proof that we are able to organise our project work on high level, in detailed structure and by appropriate contributions in quantity and quality from all partners.

2. Areas, objectives and issues of interests

Comments P1/AT: Regional Hospital of Bruck/Mur (LKH Bruck/Mur)

- How to give information to the patient concerning:
 - present hospital stay
 - what to do after release
 - which preoperative diagnostics
- Making the hospital a place where people can learn (mainly about health items such as healthy food, non-smoker-programs, first aid courses, sports, diabetes, hypertonia etc.)
- Learning about which instruments we should use (TV, folders, workshops, lectures etc.)
- What are the costs of such a programme, where could we get money from
- How many persons and for how long must they work for such a programme
- Are there already programmes like this in other countries and could we learn from them
- Bringing information to different ethnical groups
- Learning from other institutions in other countries how to bring information to the patient in general

Comments P2/DE: INIT Developments

- I think the basic framework for the main objectives and issues is settled by the application, however at the same time there is space enough for individual interpretation and for very special interests, target areas and target groups.
- One of the most important things will be that the project group does not overestimate the potential of learning partnership in terms of conventional “products” or “outcomes”. Neither time nor money is foreseen to produce core materials, strategies or concepts (however these could be the objectives of a follow-up project). A “learning partnership” lives - as its name says - from the *partnership* and the *learning* from each other (e.g. by discussion and exchange of experiences, know-how and best practise examples). Mainly this will happen in in-formal/non formal settings during the project meetings or the transnational mobility phases).
- One must also not underestimate the added value in terms of learning about different cultural approaches towards health and medical care systems, structure and organisation of hospitals, doctor-patient relationships, in-formal/non formal learning etc.

Comments P3/FI: Karier Oy

- Learning process as part of rehabilitation process. This is something what I am professionally very interested for being physiotherapist myself.
- The other thing which is interesting in this field is learning and communicating between professionals working at hospitals such as nurses, doctors, physiotherapist etc.

It is real target of interest for me and also I am eager to see how things are dealt in other countries.

- Pedagogy as tool for staff working at hospitals: This is something that is also called customer care but I see that there is always need for this. Especially to make professionals to see and understand their behaviour and action. To give them tools to estimate their own behaviour and action. How can they work better in a way that patient/customer is the one that gets benefit on that.
- Main idea of surgeries is usually to get health again, that means, important thing in rehabilitating process is to understand what, why and when. So we should put some interest in patients and how they see learning from their point of view.
- We should have a look on every point view: social, physical, mental point of view on learning and rehabilitation.

Comments P4/GR: National School of Public Health (NSPH)

- As Greece is a new migrants' destination there is limited expertise among health professionals on issues relating to the communication with this social group especially in the sensitive surgery sector. The main problems arise in relation to well established attitudes towards the Western health system and the expectations of the patient. Additionally difficulty in communication creates many problems in order to reach the consensus necessary for the operation.
- Topics relating to communication, obtaining medical record of migrants, presentation of treatment options and the possibility of operation, transplant etc. are important for the health professionals who have problem to deal with.

Comments P5/HU: Institute for Basic and Continuing Education of Health Workers (ETI)

- Pedagogical approaches which may increase the efficiency of hospital based learning situations, because our institute is an educational institute and we are interested in development of learning materials.
- Also the content of learning situations.

Comments P6/IT: University Hospital of Ancona (AOR)

- The main objective of AOR is to enter in an international partnership related to vocational and educational training in health sector creating basis for future collaboration.
- Specific objectives of the project are:
 - to individuate best practice for the diffusion of informal training addressed to hospitals patients
 - to verify the opportunity to implement this/these practice/practices and at the same time giving added value to the huge know how available among the numerous and high qualified human resources of the hospital.

Comments P7/IT: Zona Territoriale 5 ASUR Marche (ASUR)

- The main objective of ASUR is to enter in an international partnership related to vocational and educational training in health sector creating basis for future collaboration.
- In particular we are interested in the following issues:
 - to individuate best practice for the diffusion of informal training addressed to hospital patients and their relatives;
 - to verify the opportunity to implement in our health company the best practices realized by the other partners and at the same time giving added value to the already huge know how available among the numerous and high qualified human resources of the hospital

Comments P8/PL: University of Bialystok

- process of communication
- encoding
- decoding
- interpersonal relation
- to be in role

Comments P9/SE: School of Education and Communication (ENCELL)

- Learning and its relations to power is my main interest and it's not connected to any specific area of surgery (sorry), at least not yet.
- First and foremost I'm a pedagogue visiting the medical paradigm so learning aspects is the centre of my attention. In my dissertation I will focus on intersectionality and learning in health care and therefore power structures and discriminatory mechanisms is also of great interest to me. The health care's Microsystems will be the point of departure in my study and when adding the former perspectives to this, questions like how certain presumptions exists within these Microsystems and how these influence the treatment of patient and their relatives and also the relationships between different health care staff groups, would be valuable to discuss. I'm also interested in looking at how the cooperation and communication within the different categories of staff works and how certain assumptions are ruling. Who have the preferential rights and how is this maintained and reproduced?
- That was my specific interests. Regarding the more broaden ones', learning in general within this medicine/health care context is an important issue to me. I have decided to collect data at a hospital and not in the primary care as I first planed for so being the outsider that I am, I'll be happy to get an insight in for example how learning opportunities are created within hospitals and also why and by whom this learning process is organized (for instance top-down/paternalism or bottom-up perspectives). Due to the fact that I'm studying Microsystems, my interest is, if possible, all the different situations that the patient is faced with, whether it's a meeting with an orthopaedist, an assistant nurse or undergoing a surgery.
- WHO definition of health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Healthcare organizations

and healthcare professionals must have a developed structure and opportunities to give a comprehensive service to the patients.

- We must focus on to develop:
 - Learning structure
 - Health education (in hospital and throughout to country, if possible)
 - Healthcare professional's personal skills (Communication skills, languages etc.)
 - Education conditions for patient's families (healthcare services, personal etc.)
 - Patient education (about health protection, smoke, alcohol, cancer etc.)

Comments P10/TR: Ankara Provincial Health Directorate (ASM)

- This project must focus on not only to patients but also to health professionals and their families.
- Patients are the most important part of healthcare services. Hospitals serve to patients to help them to get their health. This is the main subject of hospitals and health professionals. While we serve them health care services we have to get good connection with them. Because they bring their problems to hospital right along with illnesses and diseases. To solve these problems patients, their families and healthcare professionals get across with each other. Cultural factors, personal factors and hospital's structure are important subjects for communication.
- All parts of services have to have basic facilities to transfer their knowledge to each other.
- To achieve these aims, we must think the patients completely with families and staffs.

3. Main target groups of interest

Comments P1/AT: LKH Bruck/Mur

- Our patients of course
- Doctors (they are the ones who bring the information to the patients)
- Nurses (they also bring information)
- Public health institutions (they can install such programmes and maybe say how to handle the financial side)

Comments P2/DE: INIT Developments

- Patients with a hospital stay of at least 3 days
- All kind of medical staff at hospitals patients have directly or indirectly contact
- Management of hospitals
- Any kind of bodies financing hospitals (public and private bodies, insurance companies etc.)
- Any kind of bodies and stakeholder engaged in the health care system (political decision makers, insurance companies, pharmacy industry etc)
- Any kind of experts dealing with the pedagogic side of this issue (scientists, trainers, psychologist etc.)
- The project group (participants and organisations behind)

Comments P3/FI: Karier Oy

- Most challenging group, if we are thinking customers, are elder people, how to rehabilitate themselves, and also how to motivate them when thinking point of view of staff. What are the aims of surgeries (usually to manage at home and to handle daily living), how the rehabilitation is handled, not just physical recovering from the surgery but social and mental also. “Active Ageing”!
- People at working age have totally different aims and possibilities to rehabilitate themselves; point of view is work and there comes totally different challenges.
- Surgery and rehabilitation of athletes; usually the motivation is in good way, but what are the challenges and how to handle them.

Comments P4/GR: National School of Public Health (NSPH)

- Migrant populations, both male and female of all age groups. Given that our project intends to study and analyse learning in hospitals, migrants are the typical example of limited health literacy in marginal conditions such as a surgery or even a simple treatment case. The migrant’s issues and their access in health services are of major importance in EU.

Comments P5/HU: Institute for Basic and Continuing Education of Health Workers (ETI)

- At the moment it depends on what is the aim of the hospital which is going to be involved in the project (We didn't manage to get information from the hospital).

Comments P6/IT: University Hospital of Ancona (AOR)

- According to the “physical condition” of the patients and the time spending in the hospital target groups could be:
 - people in a good physical condition staying few time (e.g. companions of patients, patients waiting for initial/routine visits)
 - people in a good physical condition staying more time (e.g. patients during long therapy in hospital etc.)
 - people in a sufficient physical condition (patients)
- Firstly could be easily and then more interesting to focus the attention to the people in a good physical condition staying few time in the hospital.

Comments P7/IT: Zona Territoriale 5 ASUR Marche (ASUR)

- According to the health condition of the patients and to the time spending in the hospital target group could be:
 - people staying in hospital for a short time in good health condition (e.g. escort of patients, outpatients waiting for initial or routine visits)
 - people staying more time in good health condition (e.g. escort of patients, patients admit in hospital for a day hospital)
 - people in a sufficient health condition (patients)
- Firstly it could be easily and then more interesting to focus the attention to the people staying in hospital for a short time in good health condition

Comments P8/PL: University of Bialystok

- students of medicine
- patients

Comments P9/SE: School of Education and Communication (ENCELL)

- As you might have figured out by now I don't have any specific groups as my target of interest. When it's time to collect data I will probably narrow down my objectives to a certain group of patients but the important thing is that the “condition” that brings the patients together as a group is a widespread condition that can enable me to look at intersectionality. Thus representatives from as many different social groups as possible in the specific patient group are essential. Therefore my guess is that my group will consists of patients with some of the diseases that in our industrialized countries in common or even very common like cardiac arrest or cancer patients.
- So in other words I'm quite open to any specific patient group. Regardless of what group or which condition my believe is that one can see this from a intersectionalistic

point of view, but of course the patient groups mentioned before will probably make this task easier and perhaps even more powerful.

Comments P10/TR: Ankara Provincial Health Directorate (ASM)

- This project must focus on not only to patients but also to health professionals and their families.
- Patients are the most important part of healthcare services. Hospitals serve to patients to help them to get their health. This is the main subject of hospitals and health professionals. While we serve them health care services we have to get good connection with them. Because they bring their problems to hospital right along with illnesses and diseases. To solve these problems patients, their families and health-care professionals get across with each other. Cultural factors, personal factors and hospital's structure are important subjects for communication.
- All parts of services have to have basic facilities to transfer their knowledge to each other.
- To achieve these aims, we must think the patients completely with families and staff.

4. Existing examples of best practise features

Comments P1/AT: LKH Bruck/Mur

- There is a programme for patients with diabetes at our hospital, in which they learn what to eat, how to control diabetes, what else is important etc.

Comments P3/FI: Karier Oy

- Rehabilitation process is learning process, things that will proceed rehabilitation
- Rehabilitation plan, some info is also given with CD ROMs concerning the surgeries, hospital TV, magazines etc.

Comments P4/GR: National School of Public Health (NSPH)

- Unfortunately there are no such examples in the Greek context.

Comments P5/HU: Institute for Basic and Continuing Education of Health Workers (ETI)

- We have some experiences in field of health education of patients:
 - It is part of educational programme of nurses
 - In fields of diabetology, cardiology (How to cope with the disease, about the diet, prevention of side effects etc.)

Comments P6/IT: University Hospital of Ancona (AOR)

- There are some educational posters produced by internal personnel or by hospitals suppliers showing:
 - the administrative procedure for obtain exemption from the payment of a visit
 - the hygienic procedure for “clean the hand” before to deal wit a patient
 - the result of a clinic study
- There is a kind of school service (for children staying in long therapy areas).
- Some other practices connected with e-learning methodology are studying at present and they probably will be implemented

Comments P7/IT: Zona Territoriale 5 ASUR Marche (ASUR)

- There are some poster produced by internal personnel or by hospital providers explaining:
 - the results of clinical studies
 - how to follow the rules of a correct behaviour for the safety of the people in hospital
 - the hygienic procedure to clean the hand before to deal with a patient
 - the administrative procedures to obtain exemption from the payment of a visit

Comments P8/PL: University of Bialystok

- There was the library in some hospitals and a person, who was a manager of adult education some years ago.

Comments P9/SE: School of Education and Communication (ENCELL)

- The county council of Jönköping is, with the research program “Bridging the Gaps” making a large venture regarding learning and developing work in health care. There are 14 doctoral students engaged in this multidisciplinary project and they’re studying for example coaching rounds, registers, electronic systems, students’ socialization into the medical field and empowerment of patients with kidney failure. I haven’t had the time yet to get any good insights in these subprojects and they’re all just in the beginning phase. Nevertheless I will try to give a brief summary of one of the subprojects that I have heard a little bit more about than the others.
- The project I have some insight in concerns rounds. Two PhDs is going to study this element but I have only heard stories from one of them. In this case a physician will study rounds at his own hospital and focus on the patients’ experience of it. The interesting aspect of it is that they’re going to introduce a new method for doing the rounds. This method means to put it in simple words that the patients go to see the physicians rather than the opposite. Thus the patient will meet the involved staff in a closed environment that can offer surroundings that hopefully is more respectful regarding the integrity of the patients. Creating a milieu that the patients feel safe in can also, if things go well, lead to that they become braver and dare to ask questions that they “normally” wouldn’t do.

Comments P10/TR: Ankara Provincial Health Directorate (ASM)

- We do not have completely good examples in our organization. There are some works in hospitals. But there is not a formal standard or procedure.

5. Motives and expectations for project participation

Comments P1/AT: LKH Bruck/Mur

- First of all I think, that there are patients who could use their time during the hospital stay to make something like a “learning programme”, especially when they haven’t a severe illness of course. You can always see patients sitting around and just watching TV or reading newspapers. They have enough time to get some information, especially about themes that have to do with health.
- The other thing is that we had some interviews with patients about their hospital stay and many of them said that they did not get enough information about their hospital stay, their operation and so on. So I want to know if there are possibilities to get the information better to the patients and if I could learn from other institutions how to do this.
- During these interviews some patients also said by themselves that they would appreciate some learning projects, such as training in first aid for example.
- As there are many different nations in our project I hope to learn how to bring information to patients from different ethnical groups.
- We want to show our patients, our colleagues outside the hospital and the population in our district that we are a hospital that works together with institutions around the EU.
- I expect to get in contact with interesting people that work in public health institutions and to learn from them how to bring information to the patient.
- I expect maybe to make a learning programme in our hospital for the patients
- What I want to achieve:
 - good contacts with experts from other countries in Europe
 - get information if there exist already learning programmes in other countries
 - learn how they work and maybe which pitfalls we could avoid when we begin
 - learn to bring information to people from different ethnical groups
 - show our patients and the population what good opportunities for cooperation the EU provides for us.

Comments P2/DE: INIT Developments

- I am very interested to learn about different cultural approaches and standards concerning the project’s aims and objects
- Of course, I am very interested in the process and the work flow of this project. For me it is a crucial result of this project to see whether or not this very kind of transnational cooperation programme - a *Grundtvig Learning Partnership* - is an appropriate method to deal with the challenges of our aims, objectives and the structure of our partnership.
- For me, it is a huge challenge, too, to coordinate and manage this high quality level partnership and to bring to project to an end satisfying to all parties and stakeholders involved (project partners and their organisations, National Agencies, target groups of project etc.)
- Generally, I expect a very fruitful partnership because of its quality, potential and motivation. Rarely, partnerships seem to be competent and authentic on such a high

level. I think we all will learn a lot and finally, this partnership might be the starting point of a long lasting cooperation between these partners.

- Last but not all, I think there is a work-intensive but an also very interesting and “entertaining” project period in front of us - we should enjoy this experience right from the beginning.

Comments P3/FI: Karier Oy

- This project is for me personally great opportunity to handle important things which I have been already been involved. My biggest aim in this project is to have overview on European level in this subject. To compare differences and to change good practises with other professionals from all over Europe. Europe is nicely represented in this project so that will also give us more to see but also more challenges as heterogeneity is so wide.
- Social and healthcare is already nowadays meeting many problems in European Level. There is lack of professional staff existing, for example. Public Health is already facing these problems in Finland at least. To have some benefit and somehow to find something more (added value) at hospitals they are going to need something else. Pressure for cost-effective working will go even worse in the future. From that point of view I see that there is still lot to do at hospitals in subjects of learning. First steps would be to recognise at least some of those targets where learning can take place.
- These targets are something I am waiting for this project. Where can learning take place and how can those be possibly answered?
- Best practises and some innovations that is also something I expect. From the project group I expect some eager and willing mind to work together as a team. I am already satisfied coordinating and I know that is one thing that will lead us towards fruitful project!

Comments P4/GR: National School of Public Health (NSPH)

- The lack of good practices in hospitals relating to learning and the needs that have arisen with the arrival of a large number of migrants in recent years. It will be very beneficial if participating hospitals in our country receive competences in their communication with migrants. The way to overcome obstacles in order to reach consensus in the surgery department will be a benefit from this project. It may also conclude to some important tools which could possibly be disseminated to policy makers and lead to adaptation of new initiatives in order to improve the conditions of communication in the hospital environment.

Comments P5/HU: Institute for Basic and Continuing Education of Health Workers (ETI)

- To gain experiences, good practices from other countries in field of surgery and we would like to introduce/ implement the results of it in Hungarian hospitals
- To give real help for patients/ relatives and also hospitals staff to be more efficient during their teaching activities
- We would like to develop continuing educational programme for nurses using the experiences and results of this project.

Comments P6/IT: University Hospital of Ancona (AOR)

- As already indicated the main motive of this Azienda is to enter in an international partnership related to vocational and educational training in health sector creating basis for future collaboration.
- AOR expects:
 - to reach all Learning Hospital objectives;
 - to achieve practical results that can easily implemented;
 - to attribute growing value to the so-called informal training (that is now and will be in the future a key factor for the development of human resources).
- International mobility of personnel and exchange of practise already tested abroad is the easily way to get innovation.

Comments P7/IT: Zona Territoriale 5 ASUR Marche (ASUR)

- As already indicated the main motive of Zona territoriale 5 ASUR Marche is to enter in an international partnership related to vocational and educational training in health sector creating basis for future collaboration.
- I think that's very important for health manager, physicians and nurses to know the best practises in informal educational training in hospital.
- Another motive is possibly to reach all Learning Hospital objectives.
- Finally I'd like to reach practical results that can easily implement in our hospital

Comments P8/PL: University of Bialystok

- The main motive why we have joined this project is that we are interested in cultural differences in process of communication, indication of professional role, age, origin, cultural membership.
- We expect from this project to get same information, to broaden our experiences of other points and aspects that we might not consider.

Comments P9/SE: School of Education and Communication (ENCELL)

- My main motive to why I'm in this project was that my supervisors made me responsible for the project. Due to my research they thought that I was, and hopefully still is, a suitable representative for this task.
- As I hinted before almost every opportunity I get to become more aware of the different discourses surrounding hospitals is of great value to me. So if I get the chance to get some insight from when representatives from different countries put forward learning processes connected to their specific country that will probably make me better prepared when undertaking my research. To me it's also interesting to notice how people talk about these things, not only the content of it but the way certain aspects or concepts are described. Since I'm not a practitioner I believe that I'm pretty much starting from scratch so therefore my expectations is a bit low perhaps
- Regarding my own contribution I hope that I will get the opportunity to create some interest concerning the research program "Bridging the Gaps" for example putting forward different subproject dependent on what the other participants wants to hear more about.

Comments P10/TR: Ankara Provincial Health Directorate (ASM)

- As a provincial organization that responsible of health in province, our motivation:
 - To have International experience
 - To see different implementation in Europe
 - To develop healthcare services in our area of responsibility
 - To have new connection with other professional colleague

- At the end of the project; we hope to have experience and new knowledge about learning opportunities in hospitals for professionals and patients to improve our services.

6. Concluding remarks

This first report of the *Learning Hospitals* project gives a very fine overview concerning the approaches, objectives, expectations and motives of the involved partners. Although they all are based on one and the same proposal it gets obvious how many different aspects, perspectives and approaches this project has.

The advantage of this situation is that all partners can easily identify with the project and everybody can find areas and aspect, he/she is interested in. However, at the same time there is also a minor threat to get lost in the enormous potential of this project concerning aspects and levels.

Due to the outstanding amount of comments and feedback, one must remember not to overestimate the possibilities this project is able to provide and that it might not lead to finally satisfying answers and results. Being a *learning partnership* the cooperation between the partners and the learning from each other (mainly under informal/non-formal settings) stands in the centre of this project. It is more a *process* and less a *product* oriented approach! Therefore, it will not be possible to answer all open questions in connection with learning in hospitals to the satisfaction of everybody.

But this project gives all partners involved the possibility to discuss and to observe many of the above indicated issues and open questions for the first time in a transnational partnership, and for the next two years all partners will be given opportunity to experience and to learn about new aspects, standards and already approved methods/instruments in connection with the projects topic.

After going through the above listed comments and feedback of all partners one gets the impression that this partnership is very much aware about what it wants and what it will get. Quantity and quality of the partners' comments prove of a high level of expertise in various fields as well as of a sufficient motivation to contribute to this project adequately. During the kick-off meeting in Austria the partnership will continue to sharpen content and target groups of this project on basis of the result of this first study. Therefore, it might make sense to install small work shop groups of *power teams* focusing on different aspects of the project (e.g. team of medical staff, team of pedagogic experts, team of medical care system representatives etc.).

6. Results from kick-off meeting workshop

On basis of the above presented state of the art situation and after their presentation and discussion during the kick-off meeting in Bruck/Mur, the partnership was divided in five workshop groups. Each group had to systemize processes, key factors and stake holders of learning and information transfer occasions and activities in hospitals. For each of the workshop groups a different topic of settings/frameworks was selected, to avoid double working on the one hand side and to assure the consideration of as many settings and occasions on the other. These topics were pre-selected and defined by P1 (LKH Bruck/AT) and P2 (INIT/DE) on basis of the state of the art reports as well as a wide variety of desk research activities.

The workshop groups and the topics were structured as follows:

Workshop Group 1:

Learning/Information transfer occasions/activities in hospitals between medical staff, patient and social environment of patient in direct connection with the reason for the hospital stay: from first contact to surgery!

Team: Elisabeth Repolust, Roberto Penna, Stefania Mancinelli

Workshop Group 2:

Learning/Information transfer occasions/activities in hospitals between medical staff, patient and social environment of patient in direct connection with the reason for the hospital stay: from surgery to last contact!

Team: Şemsi Mustafa Aksoy; Sedat Gülay; Ali Ünal; Claudio Martini

Workshop Group 3:

Learning/Information transfer occasions/activities for patients and their social environment during a hospital stay concerning health and safety issues but not directly connected with reason for hospital stay!

Team: Annamária Bölcsházyné György; Rudolf Schrittwieser; Gianluca Serafini, Zsuzsanna Beltheni

Workshop Group 4:

Learning possibilities and challenges in the daily work and interaction of different members of staff in a hospital (medical staff, management, administration, trainee students etc.)!

Team: Charalampos Magoulas, Kari Löytökorpi

Workshop Group 5:

Pedagogic approach and considerations towards the topic of learning in hospitals in general!

Team: Beata Bocwinska-Kiluk; Joel Hedegaard; Dorota Misiejuk

Their findings were summarized during and after the kick-off meeting in Bruck/Mur and they can be seen as the main basis of the European Key Factor Catalogue.

WORKSHOP 1: Learning/Information transfer: Medical staff - patient - social environment of patient (family, friends etc.) from 1st contact to surgery

Occasion/activity of learning/information transfer	Parties/Stakeholders usually involved	Main outputs/results expected in ideal case	Problems which usually occur (also consider patients of higher age, with different cultural background and with low education!)	Activities/Approaches/Instruments/Methods etc. reasonable/promising for problem solving
<ul style="list-style-type: none"> Welcome to the hospital 	<ul style="list-style-type: none"> All hospital staff Patient and family 	<ul style="list-style-type: none"> Understanding of processes and regulations at hospital Understanding and acceptance of basic rights and duties by patient Patients satisfaction 	<ul style="list-style-type: none"> Lack of time Human resources Patient does not understand the language Patient has cultural or religious background which forces in special treatment (e.g. special diet, possibilities to pray, ethical influence to medical treatment) Lack of awareness of importance of topic Interferences caused by different ages Interferences caused by low education and/or self-confidence of patient 	<ul style="list-style-type: none"> Manual of services (departments, doctors etc.) Posters, leaf lets, brochures Appropriate orientation systems Sensitive and empathic welcome by persons with first contact with patience (receptionist etc.) Guideline for cultural and/or religious codes and regulations Contact list of internal and external experts covering different languages and/or cultural/religious codes
<ul style="list-style-type: none"> After doctor specialist visit and examination 	<ul style="list-style-type: none"> Doctor Patient Family Nurse Administration staff 	<ul style="list-style-type: none"> Good communication Patient has to understand what will be done 	<ul style="list-style-type: none"> Lack of time of medical staff/administration Misunderstandings and information flow errors caused by cultural and/or language interferences (lack of competence on both sides involved) Lack of awareness of importance of topic Interferences caused by different ages Interferences caused by low education and/or self-confidence of patient 	<ul style="list-style-type: none"> Communication and consulting training for doctors, nurses and administration staff to empower them to deal with such situations professionally and empathically Check list for patients concerning next steps/processes as well as duties, rights, regulations, house order etc. (what to do, what not to do, where to go, whom to ask, when to be where etc.) Agreement on a set of “good partnership regulations” which will be introduced to the patient, his/her family as well as to all staff Development/implementation of a user-friendly orientation system in hospital, with a special focus on needs of elderly and/or low educated patients (based on colours, sound, orientation marks etc.)

Occasion/activity of learning/information transfer	Parties/Stakeholders usually involved	Main outputs/results expected in ideal case	Problems which usually occur (also consider patients of higher age, with different cultural background and with low education!)	Activities/Approaches/Instruments/Methods etc. reasonable/promising for problem solving
<ul style="list-style-type: none"> Patients agreement (juristic not ethic agreement) 	<ul style="list-style-type: none"> Doctor Patient or legal representative Administrative expert (occasionally) Family or other persons of trust for the patient (occasionally) Juristic consultants on patient's as well as hospital's side (occasionally, however recommended if differences between medical staff and patient can not be solved by themselves) 	<ul style="list-style-type: none"> Quick, efficient and legal agreement between patient and doctor how to proceed with the medical treatment 	<ul style="list-style-type: none"> Lack of time Language and cultural problems Low level education Mistrust of patient in competences of medical and/or effectiveness of treatment General mistrust in institutions, authorities, "white colour workers" etc. Negative attitudes caused by poor pre-information by media (yellow press) Confusion and misleading caused by internet-based self-information activities 	<ul style="list-style-type: none"> A guideline to standardize the process at least at local level Professional consultancy for both sides (patients and the hospital) List with juristic experts and consultants published at the "back board" of the hospital or directly given to the patient Free of charge hot-line on local/regional level for patients with professional support and additional explanations form experts side
<ul style="list-style-type: none"> From op-room to recovery room 	<ul style="list-style-type: none"> Anaesthesiologist Surgeon Nurse patient 	<ul style="list-style-type: none"> Level of pain should be as low as possible No post-operative complications (such as infections, bleedings, disorientation etc.) Quickest possible transfer from recovery to patient room 	<ul style="list-style-type: none"> Communication Language Disoriented patient Anxiety and panic Medicamentation 	<ul style="list-style-type: none"> Simple and easy understandable communication Awareness of effectiveness of calming talks with patient Adequate communication between surgeon and anaesthesiologist

WORKSHOP 2: Learning/Information transfer: Medical staff - patient - social environment of patient (family, friends etc.) from surgery to last contact

Occasion/activity of learning/information transfer	Parties/Stakeholders usually involved	Main outputs/results expected in ideal case	Problems which usually occur (also consider patients of higher age, with different cultural background and with low education!)	Activities/Approaches/Instruments/Methods etc. reasonable/promising for problem solving
<ul style="list-style-type: none"> • Recovery room or ICU 	<ul style="list-style-type: none"> • Surgeon • Nurse • Anaesthesiologist • Patient 	<ul style="list-style-type: none"> • All vital functions and stabilisation should be guaranteed • Pain reduction as much as possible • Quickest possible transfer from ICU to patient room 	<ul style="list-style-type: none"> • Anxiety and panic for patient's side • Anxiety and panic for patient's family side • Underestimated post-operative problems (by medical staff) 	<ul style="list-style-type: none"> • Information about operation and physical and psychological impact • Wound care • Pharmacotherapy support • High-level information flow to patient's family (psychological treatment in extreme cases)
<ul style="list-style-type: none"> • Patient room 	<ul style="list-style-type: none"> • Doctors • Nurses • physiotherapist • patient • other patients • family and social environment • psychologists 	<ul style="list-style-type: none"> • quick recovery • low level of pain • quick mobilisation • adequate nutrition • motivation of patient to support recovery exercises and programmes • positive attitudes of patient towards healing process • learning of appropriate exercises and motivation to exercise them • adequate pharmacotherapy • early involvement of patient's family and social environment in recovery process 	<ul style="list-style-type: none"> • Fear of bad recovery, complications, pain and sustainable suffer • Ignorance of situation's relevance for patient's recovery • Lack of awareness of own responsibility and influence • Wrong information from other patients or other sources (internet, media, patient's family etc.) • Too short or wrong information from medical staff • Lack of motivation for quick recovery • Post-operative depression 	<ul style="list-style-type: none"> • Physiotherapy • Exercises and physical treatments, mobilisation programmes • Control check-list • Videos • CD/DVD • TV info channel • Brochures • Psychological support and consultancy • books • Early involvement of patient's family and social environment • Motivation of patient to take responsibility and "Ownership" of recovery process

WORKSHOP 3: Learning/Information transfer about medical issues but not directly linked to reason of surgery stay

Occasion/activity of learning/information transfer	Parties/Stakeholders usually involved	Main outputs/results expected in ideal case	Problems which usually occur (also consider patients of higher age, with different cultural background and with low education!)	Activities/Approaches/Instruments/Methods etc. reasonable/promising for problem solving
<ul style="list-style-type: none"> Learning about diabetes 	<ul style="list-style-type: none"> Patient Family and social environment Doctor Dietitian Nurse General doctor at home 	<ul style="list-style-type: none"> Knowledge, awareness and acceptance of risks (Partly) Change of lifestyle Knowledge of first symptoms Knowledge of complications Knowledge about correct therapy 	<ul style="list-style-type: none"> Language problems Lack of time from medical staff No follow-up assurance concepts are existing or outside hospitals responsibilities 	<ul style="list-style-type: none"> Posters Folders Videos shown at TV Focus group “Green number” (expert you can call; hotline for everybody; system in IT) Regular “round tables” with focus groups and external experts coming to the hospital and speak with Control call and visits after release from hospital
<ul style="list-style-type: none"> Learning about Hygienic issues 	<ul style="list-style-type: none"> Patient Family Doctor Nurse and care staff 	<ul style="list-style-type: none"> Knowledge, awareness and acceptance of issue Full competence of patient to act according to agreed standards (hand disinfection, wound disinfection etc.) 	<ul style="list-style-type: none"> Language problems Intercultural and intracultural interferences and different standards Intergenerational interferences Lack of time to transfer information and control information transfer 	<ul style="list-style-type: none"> Posters Folders Videos shown at TV Focus group Personal talks and consultancy
<ul style="list-style-type: none"> First Aid 	<ul style="list-style-type: none"> Patient Doctor Nurse 	<ul style="list-style-type: none"> Good knowledge and competence about first aid Good knowledge of own abilities and responsibilities No fear of doing the wrong thing but being aware of own limits 	<ul style="list-style-type: none"> Language problems Time Costs Lack of awareness of importance Overestimation of own competences, knowledge and abilities 	<ul style="list-style-type: none"> Courses implemented by experts on low costs/for free Training course done by internal experts Usage of puppets Videos on hospital TV Folders Posters Quiz/competition between patients

WORKSHOP 4:

Learning/Information transfer/communication activities between different members of hospital staff (medical staff, management, administration, trainee students etc.)

Occasion/activity of learning/information transfer	Parties/Stakeholders usually involved	Main outputs/results expected in ideal case	Problems which usually occur (also consider patients of higher age, with different cultural background and with low education!)	Activities/Approaches/Instruments/Methods etc. reasonable/promising for problem solving
<ul style="list-style-type: none"> • Hip-surgery of a 75 years-old male 	<ul style="list-style-type: none"> • BEFORE SURGERY • Diagnosis Doctor • Surgeon • AFTER SURGERY • Treatment doctor • Physiotherapist • Nurse(s) • Cook • Cleaning Stuff • Psychologist, Social Worker 	<ul style="list-style-type: none"> • BEFORE SURGERY • Correct diagnosis • Cooperation between doctor and surgeon • AFTER SURGERY • Cooperation between surgeon and a. Treatment doctor, b. Physiotherapist and c. Nurse(s) • Cooperation between Physiotherapist and nurses and the other stuff and the other way around (downwards and upwards) 	<ul style="list-style-type: none"> • BEFORE SURGERY • Bureaucratic transmission of papers describing the case • No in vivo communication between the doctors • Long time between the diagnosis and the surgery • AFTER SURGERY • Gap of communication because of misconception of hierarchy (e.g. Nurses refuse / ignore doctor's advice and proposed treatment) • Cook and cleaning stuff do not get informed directly by the doctor • Lack of time for reporting correctly the case: More time for reporting, less time for treatment 	<ul style="list-style-type: none"> • BEFORE SURGERY • Consultation (obligatory) between the doctors • In the hospital: meeting of the specialised team • Rehabilitation plan • AFTER SURGERY • Institutionalised list of duties describing the relations between the different teams: <ul style="list-style-type: none"> • a. Between the doctors: minimum acceptance of surgeon's opinion • b. between the doctors and the physiotherapists and the nurses: Dos and Don'ts • c. Between the physiotherapists, the nurses and the other stuff: instructions • d. Rehabilitation plan

Occasion/activity of learning/information transfer	Parties/Stakeholders usually involved	Main outputs/results expected in ideal case	Problems which usually occur (also consider patients of higher age, with different cultural background and with low education!)	Activities/Approaches/Instruments/Methods etc. reasonable/promising for problem solving
<ul style="list-style-type: none"> Mistaken treatment and responsibilities during hip-surgery of a 75 years-old male 	<ul style="list-style-type: none"> Doctor-surgeon Insurance company Administration of the hospital Patient's advocate inside the hospital 	<ul style="list-style-type: none"> Patient's advocate applies to the administration The administration investigates the case, asks the doctor, organises a settlement Evaluation of the case by externals, neutral observers, evaluators Acceptance of the mistake: compensation and insurance 	<ul style="list-style-type: none"> Different opinions: patient's advocate and administration of the hospital Administration tries to cover the mistake No neutral observation and judgement 	<ul style="list-style-type: none"> External judgement commission, neutral, under oath Publication of the case / case management Communication of the hospital with the media and the public
<ul style="list-style-type: none"> Implementing of new technology of cardiogram / electrocardiogram: a doctor attended some seminars abroad on the use of the new equipment 	<ul style="list-style-type: none"> Doctors Technical Staff Nurses Administration 	<ul style="list-style-type: none"> Everybody knows about the implementation of the new technology The administration organises seminars on the use of the equipment Wide participation of doctors, nurses and technical stuff Full use of the new equipment, replacement of the old one in everyday practice 	<ul style="list-style-type: none"> Lack of hours to organise seminars Expensive equipment / no users Low participation of the scientific and technical stuff Technical problems in everyday use of the equipment 	<ul style="list-style-type: none"> Financing the buy of the adequate equipment Organising and financing the seminars / lectures Providing of specified know-how (doctors, nurses, technical-stuff) Familiarisation through broad experimentation / demonstrations

WORKSHOP 5: Pedagogic approaches and considerations towards the issue of learning in hospitals in general

Occasion/activity of learning/information transfer	Parties/Stakeholders usually involved	Main outputs/results expected in ideal case	Problems which usually occur (also consider patients of higher age, with different cultural background and with low education!)	Activities/Approaches/Instruments/Methods etc. reasonable/promising for problem solving
<ul style="list-style-type: none"> Communication 	<ul style="list-style-type: none"> Patient defined by key factors such as age, ethnical/cultural background, Students/staff with positive attitude towards the patient 	<ul style="list-style-type: none"> patient is feeling safe, calm and motivated (code and decode) 	<ul style="list-style-type: none"> Lack of awareness concerning interferences determined by culture, ethnic, age, religion, gender etc. Lack of awareness of communication and information flow key factors (codes, body language, own assumption and pre-expectations etc.) Lack of appropriate education at the patients side Lack of ability to transfer information from professional language to “common” language 	<ul style="list-style-type: none"> The lower the general education is the higher is the risk of failure of communication and information The lower the general education of a patient is the higher the effort has to be to make communication and information successful (especially on face to face level) The higher the education of the patient is the easier it is to assure communication and information flow (including the usage of instruments, materials, self-studying etc.)