INPRO
INTERPROFESSIONALISM IN ACTION

ALIGNING INTERPROFESSIONAL EDUCATION AND COLLABORATION IN PRACTICE

using promising regional experiences for international exchange

,

INPRO INTERNATIONAL ONLINE LEARNING

reactions of the participants

This report summarises the reflections from educators and learners who were involved in the INPRO international online learning intervention (which is described at www.inproproject.eu)
This intervention was conducted the first time in 2021 with 50 students and 14 educators.
It was repeated in 2022 with 125 students and 24 educators and implemented improvements.
Further details are provided in a short overview, guide and detailed description of the materials.

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- Hanze University of Applied Sciences, Groningen, The Netherlands
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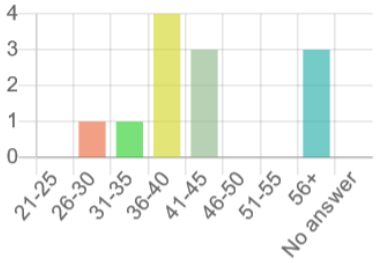
1. Educator' perspective

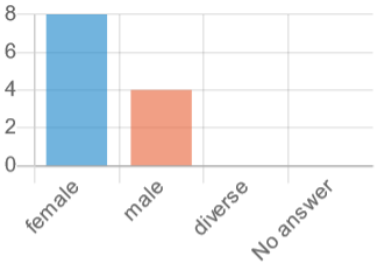
1.1. Findings from the survey 2022

1.1.1. Demographics

1.1.1.1. What is your age?

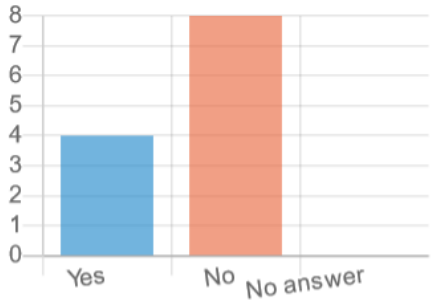


1.1.1.2. What is your gender?



1.1.1.3. Are you currently working as a lecturer?

1.1.1.4. Are you currently working as a professional?



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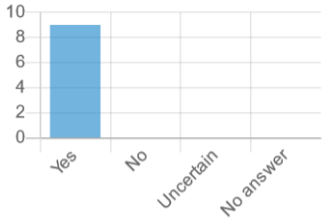
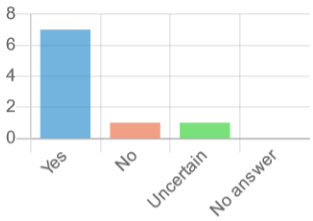
1.1.2. Collaboration

1.1.2.1. Did you bring experience… (yes / uncertain / no)

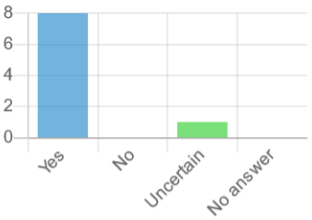
- As health or social care professional



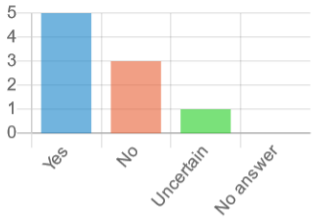
- In clinical reasoning / identification



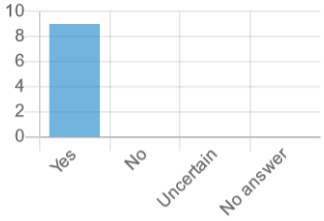
- In goal-setting / decision-making



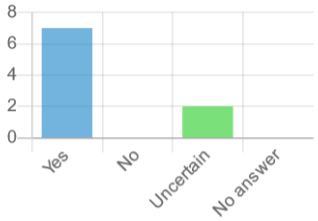
- In ICF



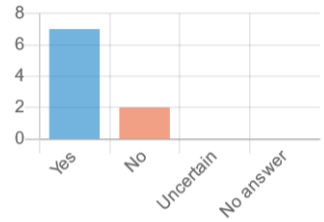
- In interprofessional competence



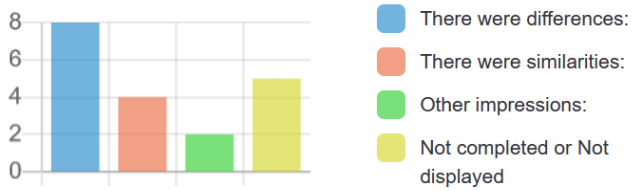
- By having interprofessional competence



- In mentoring interprofessional learners



1.1.2.2. How was your impression of the collaboration with other educators?



- **There were differences:**
  different goals
  different priorities of the aim
  different knowledge
  different expectations

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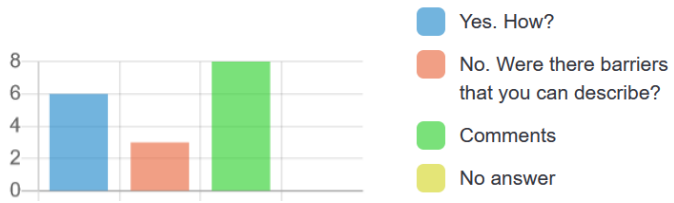
different experience
different ways of dealing with technologies
different ways of preparing for the task/role
different ways of dealing with / guiding the students
➔ some of the educators were very pedantic - maybe they didn't give enough room for the students
differences in countries
➔ partially some kind of "looking down" on study programmes from other countries

- **There were similarities:**
similar tools and questions to the group
similar perception of cooperation
➔ process-oriented coaching for the whole week
Similarities because we were two physiotherapy coaches
➔ two different discipline would have been helpful

- **Other impressions:**
All coaches were well prepared!
One of the most rewarding experiences about interprofessional education is the co-teching and learning form other lecturers. In a large online setting this experience is a bit limited because there is not enough time and room for this exchange.

1.1.2.3. Did you feel facilitated in your collaboration (with educators or students) by using digital tools?



- **Yes. How:**
We used Google Docs, Chat, E-Campus and Padlet.
➔ The Padlet was clear and prepared.
➔ Getting to know and collecting the results has been made easier.
➔ We got fast and easy written answers of all if asked for.
➔ It was easy to find similar opinions / points of view.
➔ It was helpful to see on my screen what others think.

- **No. Were there barriers that you can describe:**
We used Google Docs, Chat, E-Campus and Padlet.
➔ This were too many different tools.
➔ It was a bit difficult that the chat didn't work.
➔ The moodle platform was seemingly a bit overwhelming for some.

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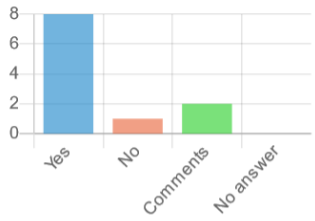
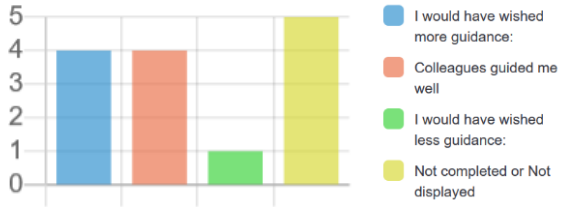
- ➔ The digital tools suggested for use should have been explained a bit more in detail.
- ➔ Questions were not on individual opinions but much more on general standpoints.
- ➔ To talk in front of a group is not so easy in an online setting.

1.1.2.4. Did you provide feedback to students DURING the learning intervention about the progress regarding performance outcomes?



- **Comments:**
  - ➔ A time slot to do so would help, because reflection is key in learning from their experience.
  - ➔ We had a feedback round in the last session before the students started finalising their presentation. Each students should state what they think they have learned.

1.1.2.5. How did you perceive the guidance by colleagues who prepared this course?



- **I would have wished more guidance:**
  more preperation about ICF
  structure for all tasks
  what exactly should be the learning outcome for the students
  more focus on desired progress AND process
  lecturers would have needed more guidance
  The only solution I can think of is to have more meetings with the involved lecturers

- **I would have wished less guidance:**
  There was too long and pedantic sessions about INPRO: Less is more! We all are professionals in lecturing. The information on methodological background of INPRO project was overwhelming.

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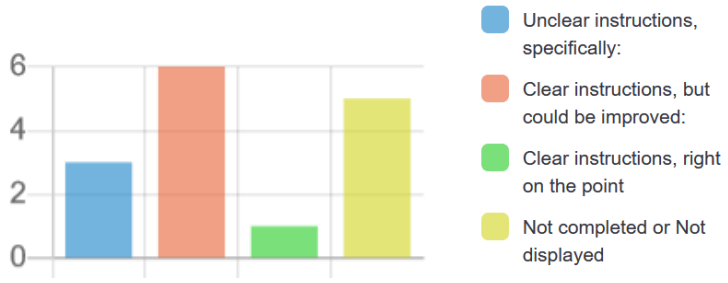
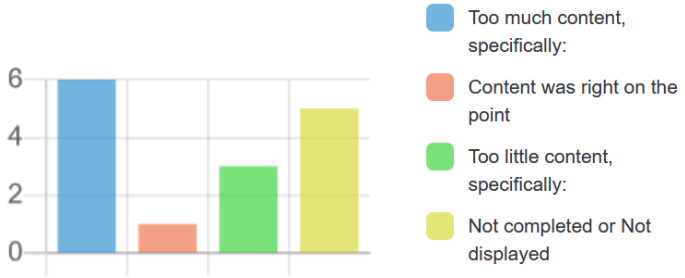
1.1.2.6. What is your opinion about the given verbal instructions (e.g. in meetings or recordings)?



- **Unclear instructions, specifically:**
  work assignments could be more specific
  how to tailor the guiding process towards the intended goals

- **Clear instructions, but could be improved:**
  Sometimes it was just too much for me: Less is more! The sessions wäre too lang. Too detailed instructions. Less words – come to the point! Adress the most important points (for me what to do / where to find) first.
  Which tools to be used / which optional tools available beyond that: Was tackled later on, but could be provided from the beginning.
  More meetings are needed.

1.1.2.7. What is your opinion about the written content, that was provided to you as educators (e.g. files in the educators section on moodle)?



- **Too much content, specifically:**
  We were offered a lot of content to help, but we didn't need the things. E.g. the completed ICF form for our case - why was that important?
  Too many different files and partially too hard to find on the eCampus. I am still not sure if the lectuerers really used the e-campus or the detailed programm.
  Too much infos, that we can use - maybe too many tools.
  A lot of text on how to prepare for the shared-decision encounter.
  → Less is more!

- **Too little content, specifically:**
  Maybe some background would have been nice for the students.
  How to fill in the observation sheet was not self-explanatory from the slide.

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1.1.2.8. What information would you not want to miss, when you prepared for educating in this course?

- how to use the ICF form
- specific learning outcome for the students
- demands for final presentation
- provide .ppt-presentations beforehand – they could serve as preparational material for us educators
- What is interprofessional care. What should this look like?
- Exact schedule with times, groups, links and tasks in a small overview (eCampus was bloated!).
- Differentiate the aims between collaborating / communicating / person-centred approach / applying ICF / clinical reasoning / shared-decision-making / forming identity / awareness on similarities/differences/strengths / forming roles in the team based on the strengths. Examples how I can facilitate students in reaching that aim.
- Exchanging with my co-coach (if I have one) on who is present and is doing what when.

1.1.3. Organisation

1.1.3.1. How did you feel about the mix of…

- **Countries in your monoprofessional group:**
  It was great. It was a very good mix.
  The monoprofessional session are really important for the international exchange of students.
  It was interesting to get known of other countries and their way to find solutions.
  There were only 2 countries in our monoprofessional group: “This was easier and thus enough!”
  There were only 2 countries in our monoprofessional group: “More would have been easier.”

- **Countries in your interprofessional group:**
  It was great. It was a nice mix.
  It was interesting to get known of other countries and their way to find solutions.
  It was not important or raised between students as a topic. There were no complaints and no questions on their country differences.

- **Professions in your interprofessional group:**
  It was very good. We had a nice mix.
  Interesting to hear the different role definitions.
  The mix was not optimal, there were too many physiotherapists.
  I missed some (key) professions: more nurses, social workers from more than one nation
  Any who was there was useful. Some who were not were considered by the students (medicine, psychology).

1.1.3.2. What do you think would be a suitable size of students in…

- A monoprofessional group

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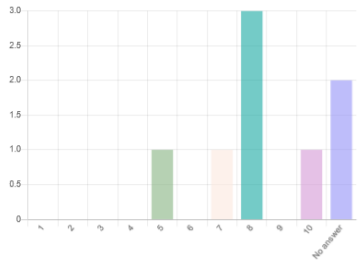
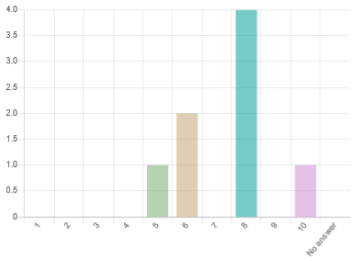
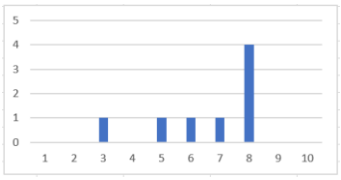


- An interprofessional group



- A shared-decision session with a client



1.1.3.3. How did you feel about…

- **The ICF sheet / bio-psycho-social approach?**

  Fine, (very) useful tool.
  bloated/overwhelming → not good for online collaboration but okay for preparation
  not familiar to all of the students → difficult for them → they felt overwhelmed → a resume could have helped
  we still did not manage to use ICF material that really facilitate the interprofessional work of the students

- **The case(s) / patient encounter(s)?**

  very nice, very useful, very professional, very helpful
  good actors/actresses!
  essential, real life story
  It would be good to talk more about the cases in the team including the persons that are going to act as patients to work more in line with each other.

- **The presentations / learning outcomes?**

  Students did very well, I was impressed.
  It ives a good feeling after accompany the students.
  Could have been better if intended end result would have been communicated clearer to students AND educators.
  We have too many specific learning outcomes and should have more overall learning outcomes.

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Too much but in the end it was helpful.

- **Working with students from other professions?**
  A good insight in the various professions was provided.
  I liked it and learned something new. It was a really great and enriching experience.

- **Working with international students?**
  I like it, it was a really great experience. It was interesting, fun and even educational.
  It might feel intimidating if you are not used to it.

- **Collaborating in English language?**
  It seemed very easy. All students were sufficiently fluent. I received positive feedback from the students.
  It was a good practice to improve the English skills.
  I did not mind, but I heard from students that they found it difficult especially in the beginning.

- **Working in an online setting?**
  Very familiar and comfortable.
  Proved to be a challenge sometimes, but was okay altogether.
  It was tiring, exhausting and difficult to focus at the end. I did not like it to not be able to have more direct exchange. I felt isolated.

1.1.4. Open Feedback

1.1.4.1. What are in your opinion criteria for having done a „good job“ the last days?

- Providing guidance to the group without influencing them too much on their course.
  Preventing negative stress by moderating when needed.
  Allowing them to make their own mistakes and face their challenges (within a certain range).
- When the students have a satisfied smile in their face during their presentation.
  When the students show engagement and I have the feeling of being proud of them.
  When I get positive feedback from the students.
- Students recognize the competencies required for IP.
  Students can name specific LOs that have been achieved.
  Students would want to participate again.
- Having learnt something myself.

1.1.4.2. What benefit had you from this course?

- more coaching experience: learning about how to engage students (one said, I created a "vacuum" pulling them to engage by telling "I would like to hear/see from you"), learning from the students, awareness on usage of technology in collaboration
- improving my English skills (especially technical/medical terms)
- networking: meeting other lectuers, exchange with students

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- got to know the perspectives of other professions and nations: developing an understanding for different professions and the problems they might encounter with patients, seeing differnet approaches

1.1.4.3. What should be improved?

- Too much information and too pedantic way to introduce all the assignments. Sometimes, the entirety of information was overwhelming. Some information was not necessary for us educators in order to provide good guidance throughout the process. → Bringing only relevant information, that on the point in short! Rather focus on important information that is absolutely necessary. Maybe provide additional insights for coaches that are interested in it - but should not be part of "mandatory" preparational meetings.
- time table: There should be more time to work on the cases and easy to read overviews.
- Ensuring eAccessibility for students and lecturers to improve communication process between project team and other coaches/educators.

1.1.4.4. Anything else you would like to tell us?

It was a very interesting experience.

Thank you I liked it a lot, an unforgetable, not to miss experience!

1.2. Findings from the reflection diaries in 2021

1.2.1. Interprofessional collaboration

1.2.1.1. How did you feel about coaching the students instead of teaching them?

- It didn't feel out of the ordinary as we already do a lot of coaching during our lessons
- Very inspiring. I am familiar with coaching and I like it more than teaching. I need skills to give space and time for the students. I also need to clarify my role to the students. The students need confirmation from the coach whether they are talking about right topics and guidance if they are talking about totally wrong topics.

Which skills are needed for this?

- Active listening
- Asking reflective questions
- Be patient
- Give students the time to think about the assignment/questions
- have a good knowledge of the subject matter

Which instructions are needed for this?

- Not give the solution too quickly
- First give time to the students to think about it. Let them answer first the questions and then the lecturers
- It felt relaxing that I needed to bring only once “content” and full presence in front of the whole group on the first day on my assigned content. Of course I also needed presence and

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especially attention to the group, the most on the first day when they formed. Sometimes I had the feeling I wanted to entertain them or make them interact when they all sat and worked silently on a collaborative tool, but I had the impression that I rather disturbed them.
- I think as instructions are given well in the plenary session, groups were working from the second day independently with their own moderation and solutions. Providing them a collaborative tool / shared folder would have helped me to follow them in their work, because so they were working somewhere I couldn't follow them / needed to ask for extra permission.
- I needed the ability to wait for others to speak, taking back myself. Taking back possible solutions coming in my thoughts as well as taking back my ideas how learning "should look like" according to my point of view and how task could be conducted from my experience. I learned that my advice even if asked for rather disturbed the students than helping them, as they rather ignored them and sticked to the given instructions given. Comforting them that they work was well enough was the most beneficial I could do.
- Being not a teacher in real life makes it easier to coach in stead of teaching them.
- I think a skill that is required is to listen and accept if they don't find it immediately. You need to give the students the confidence to cooperate with each other and in a foreign language. As a coach, you are supposed to intervene only when the question is asked or when you notice that they are no longer on the path to their goal.
- For the aim of these sessions very good. Listening skills are needed and sensitivity to get aware of students needs. At the Hanze it is called tutorial lessons of 12 students in which we apply coaching. Because I am unaware of students didactics till now, it is hard for me to get a grip on how to start coaching. I mean going from teacher pace to student pace or directly starting student pace. Therefor I would need a kind of basic information.

Need to have a deeper understanding and if possible practice in what it feels like to coach instead of teach students. Requires appropriate distance from students to let them "find the right path" on their own, but enough engagement to "step in" at the right time. Challenging especially online and with students from other professions and countries. It definitely needs more instruction on definition of coaching and techniques to facilitate the process. Most important: good questions to be asked to the students to facilitate their reflective/learning process. This helps to stay objective and have orientation instead of relying on own intuition. (to rely on intuition can foster insecurities). Co teaching with another coach definitely helps to feel less insecure about coaching and finally assessing the work.

1.2.1.2. How did you feel about coaching students from other professions than yours?

- The students were very well-behaved, they listened very well and they took away the feedback.
- At the beginning it was a bit of a search because you know how to deal with your own students but there is a different educational culture between the different countries.

- I am familiar with this, because in my university we had (for 6 years time) interprofessional team teaching/learning pedagogy for the first year students. I loved it.

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- Like “being back into my first lecture” setting, feeling insecure about understanding them and meeting their needs. This feeling was only present if being part of a whole group from another profession (all were nursing students in the needs assessment on the 25th). As soon as the group was interprofessionally, this feeling was not there anymore. It seemed as if the professional identities and their difference were less important, instead the common solutions were aimed / asked for. An open attitude of all participants was present from the beginning.
- It was no problem. Coaching isn’t about knowing the content of other professions so there was no difference for me. In normal life I am a physiotherapist and I coach dietitians and interprofessional groups.
- I am familiar with this. I see teacher struggle with based on unawareness of their own clinical reasoning (professional paradigm). Therefore good to give teachers insight in the clinical reasoning of other professions.

1.2.1.3. How did you feel about the use of the Bio-Psycho-Social Model for the collaboration of the interprofessional students?

- Very good, it was useful to give them a structure for the interprofessional conversation.
- It was a suitable for interprofessional collaboration.
- I felt that the ICF template gave them a useful structure for their thoughts and for “doing” something focused at the same time preventing them from discussing unstructured/openly about anything that might come into their mind = the template enabled resource-efficient work but prevented them finding their own solutions (which I feel prevented us from talking about “anything” and save the limited, precious time for the goal-specific task).
- The use was okay but I noticed a big difference in knowledge of the students. I had a separate meeting with the Belgium physiotherapist students (I know that they have a good knowledge of the ICF) and they found the explanation of the ICF not necessary. Also when they started to make it I think the ones with knowledge took over for the ones who didn’t knew the model. I like ICF a lot and in this case it was used for its purpose but I am not sure that the students understand the purpose of it.
- Good, although this dualistic thinking might hinder students of social work?
- I think the BPS model is easy to understand and appealing to the students bit the way the assignment was formulated it did not help the students to get into a collaborative mode. They did not have goals to work on. I do not think that it is the most important part of the use of ICF to fill in information in the correct compartment of the model but when it’s utilized for a learning process this sometimes happens. Students more familiar with the model tend to dominate in the collaborative process and that is something that should be avoided.

1.2.1.4. How did you feel about coaching interprofessional collaboration? Do you have practical experience in interprofessional collaboration?

- I have practical experience in coaching but not in collaboration in a clinical workfield setting except within the lecturers corps of the education programme.
- It was easy and familiar and important. I have experience both in education and in practice.

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- I have practice from coaching internship students, technicians and pt students in interprofessional collaboration but not in coaching a group of mixed professions for the only aim of improving interprofessional collaboration. I always had had a specific person involved.
- Therefore I felt like dealing with something "abstract" missing the feeling of the person that was talked and interacted WITH, missing experiencing feedback of that person to the learners. The video and case description helped me to at least understand possible needs and the general aim of the task, still I would have appreciated if the student group could have discussed once in between with the person for providing the students feedback on their thoughts helping them out of "theoretisizing" of what could or could not be an expectation of that person. Besides this I felt in general confident in asking the students to work themselves.
- I found it very interesting because as a coach you have also the possibility to learn from other disciplines and to see things from a different point of view. In practical field in the hospital we have multidisciplinary consultation but the organisation isn't so good to call and see it as interprofessional collaboration.
- I have experience and felt comfortable with it. (students need coaching in this of us to value the interprofessional collaboration)
- Yes, I have experience in depending on the collaboration with other health professions but I never experienced it in the way we are trying to teach it. I have the feeling that what we are teaching, can mainly (or only) be found in rehabilitation and less in a clinical setting.

1.2.2. International collaboration

1.2.2.1. How did you feel about coaching international students in a foreign language? What skills are needed for this?

- I have no problem with that and I'm not ashamed to look something up. I think you need to know that you can make mistakes and that doesn't matter, there were no native speakers and also the students were not used to it, so that makes us all at the same level.
- no problems
- Also in this I felt confident, as I myself do feel confident in speaking English. Although I made a certificate in teaching in English academical settings interestingly I never thought of this within this course. It came rather intuitive how I welcomed and moderated the group. So I never had the feeling of needing to coach the students in using English, they had to do it anyway in written as well as in spoken form. I assume that those speaking a lot they were aware of and interested in this when signing up for the workshop and that those who did not talk that much were assigned to the course (the two nursing students) or had no options for choosing a national language course (the ot student). This leads me to the opinion that also in the future students should be given a choice for international or national learning if possible. I assume this would facilitate having most students per group ready to use English. As a coach you don't really need to say so much so it was no problem. The skills that you need is understanding the English language and being open minded that somethings can be different in other countries.
- no problems, used to it.
- English, openness to try out new teaching methods and interact closely with each other and the students

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1.2.3. International + Interprofessional Collaboration

1.2.3.1. In your opinion: What is the benefit for the students working interpofessionally in an international setting compared to a national setting?

- They also learn the difference from their own profession between the countries
- it is demanding to use English for 3 days, try to understand and make your own opinions
- however it gives global understanding about similarities and differences
- Meeting more diverse opinions, background experience and knowledge, facilitating thinking out of the box as well as open-mindsets in general. It would be interesting if this also facilitates person-centred thinking and eye-to-eye level = less hierarchical conversations.
- That is a really good question. It is interesting for the monodisciplinary session to see how your profession is in other countries. For international interprofessional I am not quite sure what the benefits are.
- Students are all in the same difficult international environment situation in which they have to solve problems. In my opinion, this difficult situation is challenging to the students that register voluntary for this training. It might be a hurdle for upcoming students of which this training is into their fixed programme (for the more insecure student)
- Comparison of different cultural health care systems and treatment approaches. I don't know if the way our intervention was designed offered enough space for this though and I had the feeling some students were not really prepared to reflect on these aspects (not enough understanding of health care systems and policies yet)

1.2.3.2. How did it challenge you to work with international and interprofessional students?

- The language issue, the time issue (I wanted to have much more time to go in more details)
- no special challenges, I am used to it
- I was challenged by facilitating online collaboration in general because I had not prepared instructions nor tools myself. This might also have been challenging in working with unknown mononational and -professional students. Usually I plan and provide online tools to students.
- No special challenges.
- It is always challenging/interesting to open myself for other cultures thoughts
- I felt comfortable

1.2.3.3. How did you feel about cooperating with lecturers form different countries?

- That was very inspiring. I learned a lot about the grading systems in other countries, about coaching groups, inspiring questions
- very interesting
- we have different pedagogical trends, but if we are flexible and willing to try something new we can co-operate and find new ideas for own teaching

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- I realized that every person has different experiences and knowledge as well as different viewpoints and expectations. The first two are instantly facilitators, the second need to be asked for in order to avoid realizing last-minute that adaptations are needed to meet these.
- It was a very good group of lectures. A nice mix of professions and countries with a shared goal. Hope to see them all next year again!
- Interesting to experience the same as student experience the differences in approach (students and content of the programm)
- This is the aspect that I like most about interprofessional teaching, because it gives so much learning opportunity to lecturers who usually work on their own. I think, especially for the coaching it is very important to exchange with all the other participating lecturers, because other perspectives are very rewarding for it. I t is necessary to align in the coaching approaches with the other lecturers as the coaching strategy should not differ too much between the groups and yet every lecturer should have the chance to act flexible and authentic.

1.2.4. Preparing content for the lecture

1.2.4.1. How did you feel about choosing the patients for the learning intervention? What was important for you when choosing/developing/preparing the cases?

- It went very easy, I looked for a case where as much as possible different disciplines plays a role but also a case were disciplines could play a role but it's not the most important thing because they first have to work on the trust the person lost in healthcare for example.
- it is important to have cases that could be clients of every profession
- I was not asked to choose a patient and prepare a case and was trustfully content in using the provided case (in my opinion any case is a good case, although I prefer real persons).
- The patient and the case was difficult for me because the content was something I would do differently. I think that a discussion and interprofessional collaboration will come up when you make treatment goals. Also patient centeredness will be more focus on when making treatment goals. Off course you need to do this with master students or last year students of bachelor degree.
- Preparing took some time but that is also because it is the first time that we did it. Next year if there is a reminder day for the lectures together and go through the programme with the coaches then it would be less preparation.
- It is important that the case is challenging, matches students experience, and must be cultural diverse.
- The case should be workable (enough problems for all professions- complex indications), should include aspects that can be identified for setting therapy goals (not to difficult identify), equality in gender and age

1.2.5. Online collaboration

1.2.5.1. In your opinion: What digital tools/learning platforms are required for international interprofessional learning interventions?

- Not too many, this was fine: teams for the collaboration meetings and a learning platform for the assignments and the uploads etc…
- everything was good

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- A shared file for all, which has subfiles per collaborating interprofessional group where they can develop their word template and presentation. (Further the visualising padlets as used.)
- The padlet was a good idea for the thinking of each discipline, you can also use a jamboard for it but padlet was the same!
- Teams for the communication. Students know how to work with teams.
- The e-campus was very clear to give the overview and for finding the documents.
- Presentation tools to make it interactive: the students did it very well because they are know with the situation and different tools.
- No commend
- I think 1. A well working online meeting too like MS teams, Zoom or WebEx is necessary. 2. A moodle platform to provide all participating persons with the content and materials of the lecture is necessary and 3. for the collaboration of students, an online collaboration tool like google docs or mural is helpful, depending on the assignment.

1.2.5.2. In your opinion: what is different in an online teaching intervention compared to a face-to-face teaching intervention?

- On line: you can't follow all the time, the socialisation effect is much less like for instance, they could go and have an informal drink together. Then they can also get to know each other on an informal way and the group dynamics will be positive influenced by the socialisation.
- a lot of differences, e.g. it is easy to loose concentration in online learning and this demands a lot of procedures from the teacher to keep the concentration of the students and check whether the students are still awake.
- No intuitive small-talk as it happens in real-life situations. Instead small-talk needs to be moderated as check-in and check-out (which even the social work student who volunteered the interprofessional group) identified but not always moderated.
- Much more efficient side-by-side working as soon as a collaborative tool was defined and installed. This led to silent working besides each other but efficient results. In face-to-face teaching students would have to discuss their thoughts instead of writing them synchronously with each other. This could lead to more discussion about one thought, whereas in an online collaborative tool thoughts of others might be accepted/overread undiscussed.
- Further, recording and exchanging files, as well as "saving" for the later is much easier.
- Also, "beaming out" in general presentations may happen much more unseen or uncommented if people just turn off their camera, therefore interactions like polls are needed and presentations as well as discussions held short to keep the attention, instead enough breaks moderated to allow "official beaming out" often enough.
- Finally, all participants shall always have their camera on and ensure working microphones.
- Positive point is that if somebody is speaking everybody is listening. In a face-to-face you can speak with your neighbour instead of listening.
- Positive: in online collaboration they work together as a group. Face to face they can make groups and divide the tasks, in an online room it is more difficult.
- Teaching online: negative: you can't see the students and difficult to interact. Are they still listening? Do they know it already?... You have no feeling with the audience

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- To take time to connect to students. Perhaps level to their feelings and context (sitting at home). Being more informal.

1.2.5.3. What needs to be prepared/considered?

- I would foreseen more time to reflect
- One extra day to work in the interprofessional group would be fine.
- A team building exercise on the first day with the group for example:
    - make a movie were you pass by a flower or another subject that everybody has nearby.
    - Make a background that says something about your profession.
    - Form the word interprofessional on the screen and take a picture

- long list of things to be considered…..
- Check-in & check-out moderator instructions, definition of moderators and protocol persons.
- Preparing a file with subfiles accessible to all participants. Also the assessment files could be added there / doubled with moodle. One structure of the course should be stringent between workbook, moodle, presentatios and that file. All held presentations should be provided to all.
- More and longer breaks, maybe stretching the program on four days instead.
- Instructing beforehand, reminding in the beginning and general asking for general communication culture like always having the camera on, ensuring working microphones, checking if functions like chat can be seen and work for everyone, exploring together the functions of all collaborative tools (including the moodle platform e.g. by providing FAQ or support links as well as one introductory overview as presentation or video).
- I found it a good prepared intervention. Everything was clear for the students and for the lectures for my point of view. The guidebook was clear and the groups were well mentioned.
- To build online connection: starting game
- To persevere: have a fixed time schedule that students can follow
- To persevere: walk&talk (meet with 2 or 3 during a walk to discuss things)

A lot of options for the students to interact and contribute to the discussion are necessary. Frontal presentations are usually difficult to follow and it is hard to concentrate on the content. The more a person can add him/herself to the content (like discussion/experiences/opinions) the less difficult it becomes to participate in an online lecture, form my point of view. The smaller the group, the less barriers are given for the students to participate actively in a discussion. Therefore, less plenary sessions are better. Of course, students have to be reminded to switch on their camera all the time.

1.2.6. Organisational issues

1.2.6.1. What did you (have to) consider finding/choosing students and lecturers for the learning intervention?

- That was fine, maybe if it's possible to have at least 2 different countries per discipline and a limitation to other professionals

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- When we organize this nationally, this needs to be mandatory.
  It is difficult to try to find voluntary students. The topic is so important for everyone.
- Having the intervention embedded in an existing course instead of looking for voluntary students made recruiting (of much more people) much easier.
- a. Providing them enough but clear information about the content (and of other content if choices are provided). b. Providing a meeting where students can ask questions on the offered intervention (and choices if applicable).
- a. Defining one date when choices / group allocations have to be made and b. sending a reminder / checking with students who did not participate in choosing a group/intervention.
- Having the intervention scheduled in their calendars either by institutional but better by Office/Teams invitations to avoid confusions about the final schedule (workbook and calendar entries should be synchronous).
- Being open for last minute joiners and leavers! If yes, flexible way to adapt grouping needed!
- A lot of time to give students and teachers time to put it into our yearly schedule.
- The curriculum of the study programmes for the different health care professions; the numbers of students in each study programme to form groups in appropriate size, the availability of lecturers, because of course this type of lecture needs a lot of staff compared to other lectures. Additionally not all lectures feel confident to participate in a learning intervention like this.

1.2.6.2. How much time does it need to plan/implement an international, interprofessional learning intervention? (Please state how much time it needs approximately to find students and lecturers in your HEI)

- I started to find some students in October and that was fine.
- To implement it in an educational program: at least 1 year before the intervention if you want the students to be free at that time the first week of December was a very good week to have the intervention.
- I do not know? A lot of time.
- For finding not much, as the students participate via an existing course, therefore the number is defined per inscribed students and lecturers are defined for this course by the programme leader = two hours for describing the course and offering a question-answer / organising an informative session (ideally for all potential participants) and two hours for organising and instructing / exchanging with the responsible lecturers and programme leader.
- Yet, if choices of interventions are provided they might be defined with a maximum first come first serve option available for a defined time frame – if small enough the risk of having too little students is less than if a specific amount of students is needed, then no / not too many other choice options should be provided.
- Planning needs to be differentiated: is that lecture done the first time AND Is the planning lecturer new or experienced? How many parties are involved -> meetings and asynchronous
- Eh, this is difficult. At the moment where it is new: 10 hours to convince the curriculum committee, organizers etc. of physical therapy (the study that I am in); then 10 hours to talk to teachers and managers of other study directions. And it takes a few hours for the other

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studies to implement it into their schedule (ask students, ask teachers, ask curriculae commitees, etc)

1.2.7. Additional points

1.2.7.1. Feedback from a monodisciplinary session

- ICF is know by the students, the found it tool to much time to explain. (it depends for each discipline I think).
- They wanted to spend more time in the interdisciplinary groups.
- They found we were with too much in the monodisciplinary groups so they couldn't interact enough with each other.
- They found it very intense to sit 2.5 days behind a screen. (I think we all have that but we can't change anything about it.) Maybe we can recommend them to walk outside during the break or something?

1.2.7.2. Open feedback from one of the educators

- The monodisciplinary session on the second day was exhausting for me. My co-coach and I we really did everything and it was very difficult to get the interaction with the students. Is it because they don't know each other? Is it because they can't really help with the case that they talked about? Is it because in each group there were 2 or more physiotherapist presents that they didn't need an extra discussion? I don't know but maybe we need to think about changing content or shortening the time and more time for the making the presentation because I think no group had enough time for that.
- We all had a different method for the coaching. Maybe it could be useful to ask it at everybody how they did it. We asked it at the physiotherapist and for each method there were pro's and contra's. I personally stayed in the room the whole time just like Ingrid did. I mentioned that if they needed me they need to really mention my name very clearly because I was doing other things on the moment. So they didn't know if I was really listening all the time with the purpose that they forget that I was in the room. Other coaches came in every hour for 15 min, when they came in the discussion stopped and with one coach they started to ask questions that they had of the passed 45 minutes. And some people started to talk if the coaches were there and if they weren't there they stopped with things… That are the stories that I heard. I don't know what is good and what isn't good.

For the first Pilot, you did a great job!!

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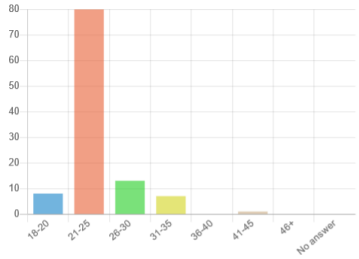
2. Student's perspective

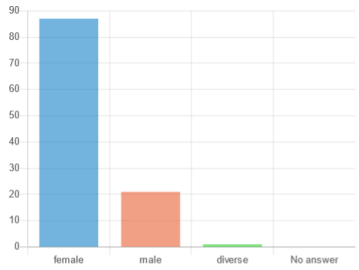
2.1. Findings from the survey 2022

2.1.1. Demographics

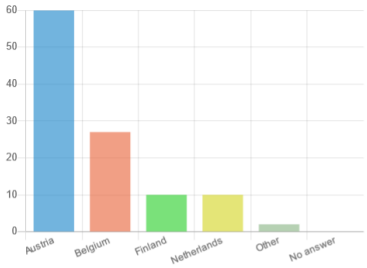
2.1.1.1. What is your age?



2.1.1.2. What is your gender?

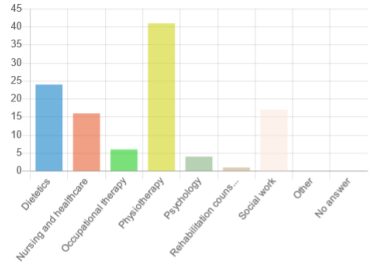


2.1.1.3. What is your country?



- other: Turkey, Belgian exchange in Finland

2.1.1.4. What study programme do you belong to?



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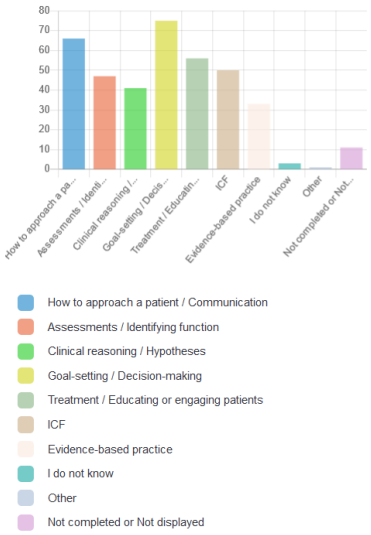
2.1.2. Collaboration

2.1.2.1. What professional knowledge did you bring in the interprofessional discussion? Knowledge about…



- **How to approach a patient / Communication:**
  Knowledge comes from:
  1. experience from previous internships (especially working with difficult patients)
  2. communication-courses (courses about having motivational conversations and interactions with clients)
  3. own experiences as a patient

  Comments:
  -) listen carefully, summarize what the patient said (so you don't miss anything and the patient feels heard)
  -) give the patient the feeling that we take him serious
  -) give the patient a safe feeling (introduce your own profession, explain possible treatments, ask the patient what he wants to do or focus on)
  -) follow the pace of the patient (think about the stages of behavior change)
  -) motivational speaking (start the conversation with a positive input and not "so tell me about your pain", work ressources-oriented)
  -) support and empower the patient
  -) think about how to ask questions: just ask one question at a time, ask open questions as "How…, Why…, What does your normal day look like?" → you get more open answers
  -) think about how to react on answers, feel into the patient
  -) be personal and build a connection to the person
  -) don't overwhelm the patient (communicate in an easy and friendly way, use easy medical terms and explainations)

  "The patient is the expert of his own life."
  → Decisions have to be made together with the patient!

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- **Assessments / Identifying function:**

  Knowledge comes from:
  1. ICF basic course
  2. ICF advanced course
  3. Internships (different assessment tools)
  4. University

  Comments:
  -) fill in the ICF model and think about additional information you would need, it helps a lot to understand more the overall picture of the patient
  -) ask anamneutic questions that are relient to the diagnosis and to look deeper on clients life, ask about aims and goals and disabilites, try to look beyond the problem and to focus more on the person
  -) body structures and functions, movement (musculosekeletel) apparatus
  -) nutritional assesments
  -) different assesment tools to identify the severity of the patients problems and to indicate patients needs
  -) it is important to do assessments before starting treatment
  -) assessing mobility and pain
  -) MORSE FALL SCALE: very usefull for nurses to identify the risk of a fall
  -) HOME ACCESSABILITY ASSESSMENT (housing enabler)
  -) COPM interview

- **Clinical reasoning / Hypothesis:**

  Knowledge comes from:
  1. Experience from previous internships
  2. University / lessions at FH

  Comments:
  -) finding (main) problems and how they connect to other aspects: pain in feet and eye sight problems being connected to diabetes, connection between abdominal pain and no gastric protection
  -) find out why the situation of the patient is as it is and which consequences result
  -) it was good to have different perspectives on a common patient
  -) balancing our interprofessional goal with the patient's goal to find the best treatment option
  -) it is important to reason clinically before treatment to avoid misdiagnoses and mistreatments
  -) It is important to explain why you decide to do some kind of treatment / recommend something. Clinical reasoning influences the chosen therapy / interventions. Why could intervention X be better for the patient than intervention Y?

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- **Goal-setting / Decision-making:**

  Knowledge comes from:

  1. Experience from previous internships
  2. From the lessons
  3. frameworks and tools for setting goals from books and courses

  Comments:

  -) formulate all possible goals WITH the patient and other professions → priorise them → choose the most important one(s) → devide it in smaller goals (steps) for the patient, so that its realistic and specific

  -) It can be difficult if different professions have different priorities and different aspects on a case. → A very open conversation is needed to learn from the other professions and come to a consensus. → What does the patient want to focus on? (=patient centred hollistic approach) The decision always has to be okay for the patient.

  -) all professions: only a problem well formulated and set can be solved adequately → work ressource and goal oriented, the goals have to suit the patients needs and possibilities

  -) SMART goals (specific, measurable, achievable, realistic, timely)

- **Treatment / Educating or engaging patients:**

  Knowledge comes from:

  1. Experience from previous internships
  2. From school classes / lessons / FH
  3. Guidelines

  Comments:

  -) Exampled for educating patients: explain anatomy / physiology, benefits of physical activity, good advices concerning daily activities, information and advices about movement, medication, diagnosis, different diets in different situations, educating how to walk with the rollator,…

  -) Examples for engagement: communicate which treatments result in the best possible outcome, explain the treatment plan and planned interventions, involve the environment (family,…) in the treatment plan

  → Evidence based patient education and information is an important tool in patient centered treatment to reach the defined goals.

  → Through knowing about the other professions expertise, it's easier to formulate a suitable treatment plan.

- **ICF:**

  Knowledge comes from:

  1. University / school / FH (mostly the less detailed model, some learned about it for 4 years and could guide their group through it)
  2. ICF basic course

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3. ICF advanced course
4. Internships

Not everyone was used to ICF, some had never worked with it.

Comments:
-) negative: takes time, very difficult to use
-) positive: ICF is a great tool to collect all the information about the case, very complete overview, helps to form goals and solve the case, helpful in a discussion, working together, person-centered, makes sharing of patient information easier

- **Evidence-based practice:**

Knowledge comes from:
1. Experience from previous internships
2. From the lessons
3. From reading papers /guidelines

Choose (obviously) evidence-based therapy options. Guidelines are the basis for treatment.

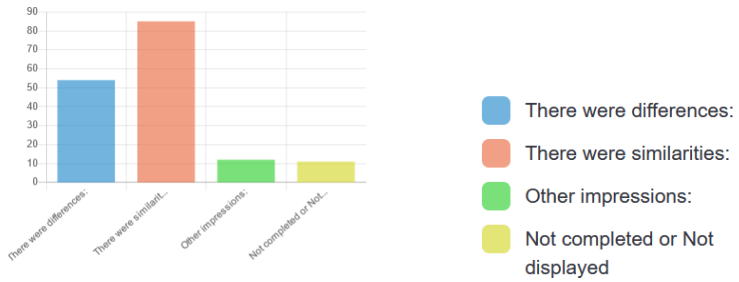
- **I do not know:**

I don't know if I brought any specific knowledge. This study program was new for all.

- **Other comments:**

Everyone in the group shared their knowledge on their own area of expertise.
We briefly explained to each other what we do.
Everyone contributed to the case study from their own profession.

2.1.2.2. How was your impression of the collaboration with others?



- **There were differences:**

-) healthcare
There are different health (insurance) systems in the countries included. So the healthcare ist practiced different, there are different treatment options, different cultural aspects and different approaches to the patient.
Same professions have different types of studying in the different countries.

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Only in Finland exists Rehabilitation counseling as a study programme. It overlaps somehow with a lot of professions but it's very good that it is an own profession.
In the Netherlands you do not need to see a doctor before you go to a physio, in Belgium you do.

-) communication
Because of our skills as different human beings we have differences in styles of communication.
Some people / professions were very engaged and were trying to make the interprofessional communication work, while others were more on the background and only spoke up when you mentioned their name. One person didn't contribute at all.

-) expertise
Not all of us already worked interprofessional.
Everyone knows other tools to use and explain things.
Sometimes it's hard to follow someone's opnion because it's so different.
Between the countries there were some differences in possible treatment options and assessments.
Every profession had their own expertise, which makes it interesting to learn from each other.
In Sweden they use the anti-inflamatory dieet, in Belgium we did not learn this. I could talk about it for hours with the other student but unfortunatly we didn't have enough time.

-) different professions have:
… different priorities
… different workstyles ands methods
… different views on a situation
… different opinions
… different goals
… different starting points
… different approaches
… different inputs
– even in the same profession in different countries

➔ There were both, similarities but also differences,
which is a good thing and made collaboration interesting.

- **There were similarities:**

Professions complemented each other well, despite different backgrounds.
Shared goal of finding the best treatment for the patient.
Overlaps and similarities in approaches and knowledge among professions.
Person-centered work, prioritizing the patient's needs and emotions.
Focus on holistic approaches, work-life balance, nutrition, and exercise.

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Agreement on the importance of professions and their contributions.
Patient-centered decision-making and goal-setting.
Similar mindset, motivation, and character traits among group members.
Emphasis on understanding patient emotions and feelings.
Knowledge and use of the International Classification of Functioning, Disability, and Health (ICF).
Agreement on patient happiness, putting the patient at the center.
Alignment in patient-oriented thinking and approaches.
Respecting each other's opinions and working together effectively.
Agreement on the importance of communication and client/patient goals.
Overlapping treatment approaches and client-centeredness.
Recognition of the patient as the expert.
Respect, mutual understanding, and openness within the team.
Focus on working towards the best solution for the patient.
Similarities in goal-setting and patient-centeredness.
Alignment in prioritizing patient well-being and improvement.
Agreement on the importance of a person-centered approach.
Similar ideas and building upon each other's thoughts.
Common understanding and dynamics established quickly.
Similar thinking among occupational students.
Shared recognition of the importance of the ICF framework.
Collective desire to help the client and improve their well-being.

- **Other impressions:**

Education was a significant focus for all professions involved.
The group was hardworking, focused, and motivated to learn from one another.
There was a strong sense of respect and teamwork among the group members.
Problem-solving approaches were used to guide patients through their own ideas.
Each profession aimed to select the best practices for themselves while considering the patients' needs.
Mutual respect and effective communication were observed, despite limitations within each profession.
Collaboration was highly valued, as everyone recognized the importance of working together.
Similarities and differences between the professions provided valuable insights.
The overall collaboration met expectations, but at times, there was a perceived lack of action based on shared information from different professions.
Overall, the impressions highlight a dedicated and cooperative approach toward patient-centered care, with an emphasis on continuous learning and effective communication among the interprofessional team.

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2.1.2.3. In which role(s) did you contribute how to the interprofessional group?

- **Directive / leader / moderator / first client contact / decision-coach:**
  Assumed leadership roles and responsibilities.
  Acted as the first point of contact with the client.
  Served as moderators and decision-coaches.
  Took on the role of presenter during the final presentation.
  Shared opinions, initiated discussions, and facilitated group conversations.
  Showed willingness to take the lead and delegate tasks.
  Rotated roles among group members.
  Initiated work processes and summarized viewpoints.
  Actively engaged in interactions with the client.
  Assumed the role of a talker and facilitator within the group.
  Proactively encouraged participation and initiated discussions in the absence of coaches.
  Balanced speaking and listening, seeking input from others.

- **Integrative / team player / contributor / task-solver:**
  Active participant and contributor in group discussions.
  Collaborative team player, emphasizing integration and common solutions.
  Engaged in problem-solving and offering valuable input.
  Adaptable to different roles and responsibilities within the team.
  Respectful listener and sharer of knowledge.
  Contributed profession-specific perspectives and suggestions.
  Supported and encouraged team members.
  Actively worked towards improving the patient's quality of life.
  Valued teamwork and respected all team members' opinions.
  Provided assistance, note-taking, and contributed actively to discussions.

- **Consultant / attentive listener / particular knowledge:**
  Attentive listening and specific knowledge were important.
  Some preferred to listen and take notes.
  Active listening and subsequent discussion were valued.
  Knowledge about exercise effects was shared.

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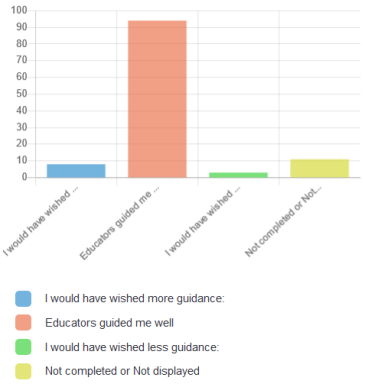
Involvement varied based on comfort and language skills.
The role of an attentive listener was prominent.
Note-taking and sharing personal knowledge occurred.
Roles were flexible and changed as needed.
Some preferred a background role, contributing when necessary.
Listening to all professions was emphasized.
Contributions included listening, note-taking, knowledge sharing, and feedback.
Assistance was given to groupmates in various situations.
All professions had opportunities to speak and share.
Smaller groups were preferred for comfort and participation.
Active listening and involvement occurred as needed.
Participants listened to opinions and shared their own.
Relevant profession-specific knowledge was shared.
A moderator facilitated client communication and summaries.
Active listening was coupled with input and filling gaps.
Feedback and additions were provided to group members.
Some participants aimed to be present for relevant topics.
Active listening and offering opinions were common.
Understanding other professions helped determine common goals.

2.1.3. Guidance

2.1.3.1. How did you perceive the mentoring by your educator(s)?



- **I would have wished more guidance:**

  Tasks or instructions were not always clear.
  More guidance regarding the ICF form and the expectations for the final conclusion of the client's treatment plan would have been helpful.
  A clearer structure outlining what to do in each session within the interprofessional groups would have been beneficial.
  Some students desired more guidance in focusing on the goals and getting to the core of the case, especially considering language barriers.

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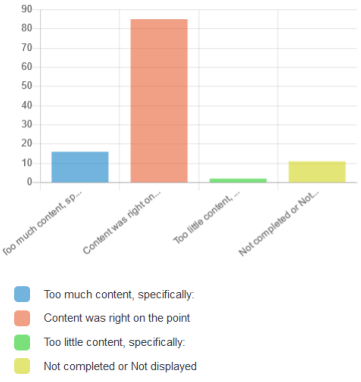
- **Educators guided me well:**
  Excellent guidance and educators.
  Clear instructions and explanations.
  Supportive coaches who provided advice when needed.
  Maintained a good balance between guidance and allowing independent work.
  Helped to clarify unclear concepts and gave enough freedom to the group.
  Gave feedback at appropriate times and encouraged reflection.
  Educators stayed in the background but were available when necessary.
  Good moderation and leadership within the group.
  Effective communication and assistance in navigating the process.
  Well-moderated plenary sessions.
  Overall, a very positive and satisfactory experience with the coaches.

- **I would have wished less guidance:**
  On one occasion the educator concentrated intensely on something I thought was irrelevant
  would have preferred more time just with "students"
  beginning not so good - last days got better
  without educator you talk more freely and don't feel shadowed all the time
  I think we managed our group very well without a special manager role

2.1.3.2. What is your opinion about the provided content on moodle?



- **Too much content, specifically:**
  Chaotic experience overall.
  Confusion due to excessive videos.
  Preparation was not helpful.
  Difficulties in navigating and finding the right links.
  Significant amount of content to prepare, but it helped understand the patient.
  Insufficient breaks according to personal opinion.
  Good preparation, but overwhelming amount of content.
  Plenary sessions were overwhelming, this improved with additional instructions from the coach.
  Instructor day had excessive and less important content, suggesting a more focused approach.
  Too much content given the limited time.

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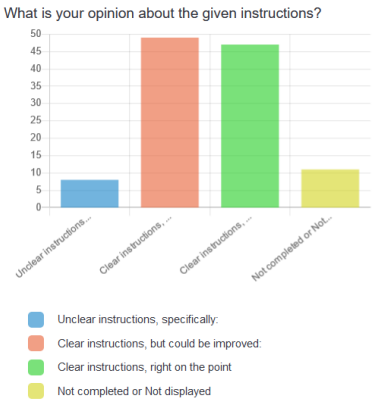
- **Content was right on the point**

  Content was sufficient, concise, clear and not overwhleming.
  Some challenges finding content, but overall adequate.
  Initial confusion but well-organized once understood.
  Appreciation for the project execution.
  Difficulty understanding Moodle, but eCampus information was clear and sufficient and nothing was missing.
  Timetable was clear.
  Familiarity with the platform.
  Positive feedback on clarity and structure.
  Insightful information for case relevance.
  Learning experience despite occasional overwhelm.
  Overall satisfaction, no major issues.
  Initial misunderstanding about the assignment, clarification later received.
  Overall positive experience with minor stress.
  Well-executed project.

- **Too little content, specifically:**

  I would have like more specific information on the patient, especially with the diabetes, if she has exercised in the past and if it had a positive or negative effect on her.
  More content about how to work with the ICF form. Theoretic background needs an explanation by one of the coaches maybe?

2.1.3.3. What is your opinion about the given instructions?



- **Unclear instructions, specifically:**

  Confusion about how to work with the shared-decision making document,
  finding it too long and not useful.
  In the beginning, some students didn't understand the assignment,
  but it became clearer after discussing in their groups.
  Some found it difficult to know how to use the ICF and what to fill out.
  The instructions were sometimes unclear due to the amount of information provided.

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Some participants felt that there was too much talking around the project instead of clear practical information on how to achieve the goal of interprofessional collaboration and patient-centered care.

- **Clear instructions, but could be improved:**

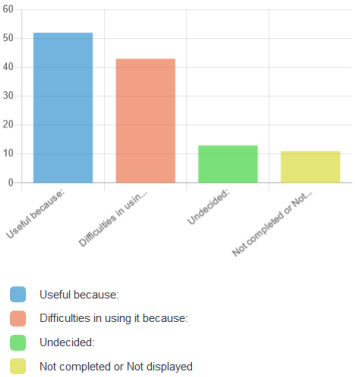
  Participants generally understood the instructions and found them clear, but there were some areas that could be improved
  The shared decision-making form and ICF document could have been explained more clearly
  Some participants found the different group settings and tasks overwhelming or confusing
  The plenary sessions sometimes repeated what was already in the schedule
  Some participants suggested repeating links or providing more preparation time for tasks
  There were communication and coordination challenges in such a large group, and some participants suggested more active coaching in interprofessional groups
  Some participants felt that not everyone understood the instructions or had different ideas about how to proceed, and suggested more specific instructions.

- **Clear instructions, right on the point:**

  The instructions and schedule were clear and well-organized.
  Coaches were available to answer questions and clarify instructions.
  Some felt that not everyone followed the instructions the same way.
  Some appreciated that instructions were given one day at a time.
  Overall, everything was understandable and easy to follow.

2.1.4. Assignments

2.1.4.1. How did you feel using ICF to apply the bio-psycho-social model?



- **Useful because:**

  Interprofessional collaboration was made easier with the use of the ICF.
  The ICF provides a common language and interesting framework for structuring knowledge.
  It helps to take a broader, holistic perspective of a person and gives a good overview of the patient.
  It is useful for identifying the challenges faced by the client and for setting goals, as well as for better communication with the patient.

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It is a structured and helpful tool for working together, with everyone having the same form yet different outcomes, providing new perspectives.
It is a good tool for starting communication with different professions and for shared decision making.
It is person-centered and helps to make the person central and use other perspectives of professions.
It provides clear domains for each profession to write down their findings and gives a good structure for considering all aspects of patient care.
It is useful for different areas,
such as rehabilitation counseling, dietetics, physiotherapy, and social work.
Some professionals prefer a less detailed version of the ICF or alternate form

- **Difficulties in using it because:**

Difficulty in understanding where to write different information and what to fill in where.
Some members lacked knowledge or experience with medical terminology.
The form provided was confusing and overloaded with information, making it difficult to understand.
Some found it challenging to decide where to put the information as it could be added to multiple categories.
The ICF form is lengthy and not suitable for social workers, and there were overlaps in the information.
Some found it overwhelming and needed more guidance in using it practically.
The document was too detailed and not suitable for quick patient overviews.

- **Undecided:**

We didn t apply the ICF form.
I don't know it good enough, to use it easily. Maybe to much extra expense to get to know it.
It is a lot of work to fill in.
Never have used it before, but in an interprofessional team it works out really well.
I understand the purpose for it and it played a role in the beginning but lost its purpose towards the end where the clients own views became more important.
Good to get a grasp of the bigger picture. But I guess you could do that with any tool, if one understands the bio-psycho-social-model.

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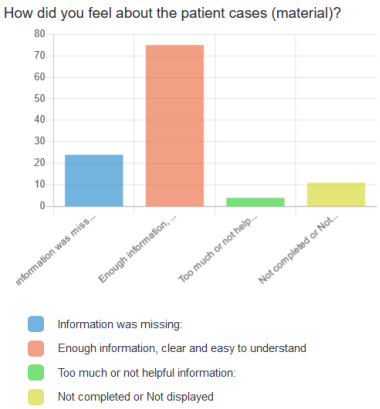
2.1.4.2. How did you feel about the patient cases (material)?



- **Information was missing:**

  Actor was out of character and difficult to follow
  Not enough information for a social worker to work with
  Some information was missing in the videos, but the interviews were very helpful
  Eating habits and nutrition information were lacking
  Andy wasn't very responsive when we asked him questions but we understand this was part of his role
  Family background, communication with family, hobbies, and social contact information was missing
  The patient sometimes got confused with the information we had and the information the actor thought up about the patient
  Clinical documents like diagnosis and laboratory values, as well as information about the patient's living environment were missing
  There was not enough time in the meetings with the patient
  The online-setting was a hindrance, especially for exercise and physiotherapy assessment
  More meetings with the patient were missed
  There could be more information on every profession to be more specific in what to ask due to the limited time

- **Enough information, clear and easy to understand**

  The case was interesting, well-made, clear, understandable and challenging, providing a good learning experience
  Papers and videos provided helpful information about the patient
  There was enough information to start discussion, but we also had the chance to ask more questions to the client
  The client played their role well and was nice to talk to
  Overall, there was enough information accessible, and the opportunity to ask questions during the interview was valuable.

- **Too much or not helpful information:**

  It was only medical, so as a psychologist I had nothing to do.
  The video's were a bit too much
  Andy was really a heavy case.

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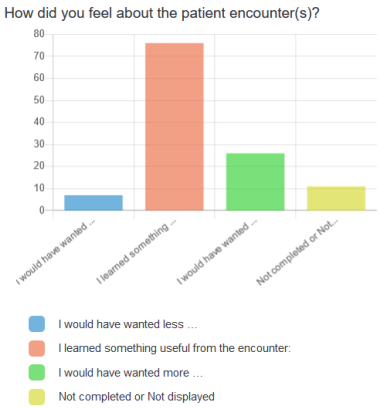
2.1.4.3. How did you feel about the patient encounter(s)?



- **I would have wanted less…**

  …unnecessary interventions:
  The encounter was unnecessary, because the information that we got out of the patient in the encounter was not even more than we had read in the paper. It would have been helpful if the patient could have answered our questions a bit better (because in real life the patient INDEED has an opinion about e.g. what they want to do again, what their expectations are, but in our case the actor stepped out of his role because he didn't know what to answer).

  ...unuseful talking:
  The second meeting with the patient seemed a lot since there were so many ideas that were presented. In a clinical setting this would be counter productive. However, I understand that this is a limitation when working with so many people.

  … overacting (a bit too much) and grumpyness. It was really hard to find out information from the “patient” because he said no to everything.

- **I learned something useful from the encounter:**

- Work patient-centered and listen attentively
- Focus on the positive aspects
- Learn to ask deeper questions
- Only one person should talk to the patient
- Patients can be difficult, but it is important to help them in the best way possible
- It was useful to meet the patient "in real life"
- Open questions are important but don't give an overload
- The patient's feedback was useful
- The encounter was important for further decision making
- The patient became another person through the interviews
- The patient's opinion should be included in treatment planning
- It is important to focus on what the patient CAN do, not just their problems
- Cost is an important factor in choosing the right therapy

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- Every client is different, so you need to be flexible
- The encounter was more difficult online
- It is important to reflect on the patient's needs and not just express your profession
- The encounter was a good practice for reacting and interacting with less cooperative patients
- The encounter was a realistic experience that motivated caregivers to make specific treatment plans.

- **I would have wanted more…**

… instructions and interaction with the patient

- Would have wanted more instructions for the actors
- Felt like the actor was overstrained with what was expected from them
- Interaction with the client is needed
- Wanted to ask more questions to help the client better
- More time with the client is needed
- More time for the first meeting with the client
- Meeting the patient more often would be nicer and allow for learning more about them

… time for assessment and detailed questions

- More time to ask more detailed questions, specifically profession-specific
- Wish they had more time and could ask more questions
- Found it a bit short, would have liked to have had more time for in-depth questions
- More time in the first meeting with the patient
- More time with the anamnesis - interview
- Direct contact with the patient is needed
- Maybe a little bit more time to ask questions to the patient
- First meeting was really short, so there was not much that each profession could ask
- More time with the patient would have been great, it was a bit hectic
- Wanted more time to assess

… cohesive information and planning

- Found the second meeting less instructive because the group was too large to approach the patient
- Too little time to prepare with the two groups together
- Goals and proposals of their own group were not really shared
- Hard time getting to talk as a group
- Would have made more sense to have a conversation with the two groups to share views on the case study
- Would have allowed adjustments in their interprofessional group as needed
- Disappointed that they didn't have a real patient
- Needed more time to come up with a plan together in a very short time
- Would have been nice to have a little bit more time at the first interview
- Didn't know if everybody was "allowed" to interrupt or just be in the background

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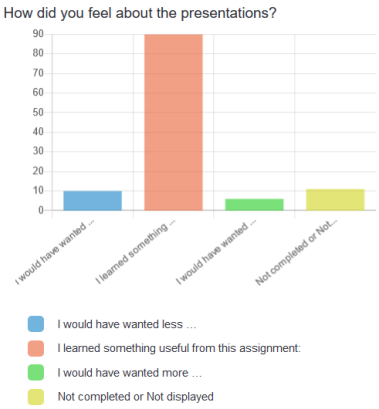
2.1.4.4. How did you feel about the presentations?



- **I would have wanted less…**

  … repetition - not every group should have the exact same questions (maybe only one for comparison)
  … informative stuff about the patient, because that didn't really match my interest.
  … reflection. Reflection in one group would be enough, especially on Friday.
  … information in the power points. I didn't read everything, just if I was looking up something
  … self-indulging. The last presentation about interprofessional work seemed a bit much to drive the point home that interprofesssional work is useful.

- **I learned something useful from this assignment:**

  Learned how to set up a treatment plan and take up the patient's preferences
  Learned from other groups' experiences and problem-solving strategies
  Summarized own thoughts on interprofessional experience to work on in the future
  Inspired and interesting to learn from others
  Learned how to present well and narrow down important information
  Saw how different groups came to similar conclusions
  Educational and informative experience
  Learned about the importance of discussing patients between different professions for a holistic view
  Learned how different teams approach tasks differently
  Learned about the meaning of interprofessional teamwork
  Statements were interesting and helpful for interaction
  Good experience planning a presentation with other group members
  Interprofessional decision-making is important
  Reflecting on work and summarizing the case was helpful
  Learned about other professions and what's important in interprofessional teamwork
  Different perspectives and ways of thinking were informative
  Learned about the importance of an interdisciplinary team
  Repeating interprofessional courses is always helpful.

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- **I would have wanted more …**
  … information about the process of the other group, how they solved problems that both groups had.
  … feedback
  … interaction about the statements
  … challenge - the presentation was pretty simple.
  … breaks in between the sessions because English is not our mother tongue and after some hours it's quite a challenge to follow.

2.1.5. Open Feedback

2.1.5.1. How would you describe your main learning outcome?

- Learning to use the knowledge of other professions and complement each other's skills
- Knowing which professions are available and when to seek professional help
- Getting to know the other professions and their fields
- Improving knowledge and skills within one's own profession
- Learning how to work better together in a group with different approaches but with a common patient goal
- Understanding the limitations and strengths of other professions
- Learning how interprofessional work could be done in real life
- Knowing about the competencies of different involved professions
- Understanding one's own roles, responsibilities, and expertise, and those of other health workers
- Giving presentations and doing video work
- Communicating smoothly in a group setting online
- Learning the strengths and weaknesses of one's own profession and the importance of group dynamics
- Working towards a patient-centered approach and goal
- Recognizing the contributions of each profession to a case
- Learning to express opinions and interventions in English, improving language skills
- Using ICF-form as a structure for interprofessional teamwork
- Recognizing the importance of interprofessional work and the need to discuss patients with different professions
- Learning to communicate effectively and respectfully with other professions
- Developing skills in going from a broad view to a narrow, concrete, agreed-upon plan with a team and a patient
- Learning the importance of teamwork, respect, and listening to other professions
- Learning about the different professions and finding interventions together
- Being more open, telling thoughts, seeing things from new perspectives
- Knowing how interprofessional work works
- Learning how each discipline takes into consideration the issues with the body and social surroundings

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- Recognizing the importance of communication between professions for the best treatment of the patient.

2.1.5.2. What would have been different if you met face-to-face?

- Better anticipation of facial expressions and non-verbal cues.
- Easier communication and understanding, especially in the initial phase.
- More active participation and involvement from team members.
- More personal and informal communication, leading to better bonding.
- The ability to showcase and explain exercises or activities more easily.
- Increased use of native languages among team members, which might facilitate conversations.
- More direct and smoother communication, fewer technical glitches.
- Easier access and outreach to other team members, especially for collaborations and consultations.
- Better reading of social cues, leading to more natural and nuanced conversations.
- More opportunities for self-regulated breaks, and less distraction from external factors.
- Better understanding of other cultures, study plans, and professions.
- Improved teamwork and quicker working.
- Better team-building opportunities.
- Increased informal communication and small talk, making collaboration easier.
- More detailed discussions, leading to better patient outcomes.
- More active interactions, without the need for hand-raising.
- More active participation from members who are shy or hesitant to speak online.
- More active bonding and friendship, leading to a better understanding of other professions and countries.

It's important to note that some participants were satisfied with the online mode of interaction, and some felt that it was not practically possible to meet in person due to the diversity of countries represented in the team. Additionally, some participants felt that there may have been more time wasted on transportation if the team had met face-to-face.

2.1.5.3. What should be improved?

- Missed classes due to program participation could be avoided with better arrangements.
- Insufficient time for information collection and presentation, especially with multiple interprofessional groups.
- More time with patients, specific goals, and inclusion of psychology profession suggested.
- Long and tiring days, shorter days or more divided sessions suggested.
- Confusing schedule, need for clearer instructions and organization.
- More social workers and psychologists, better time management recommended.
- More breaks and improved communication between professions suggested.

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- Emphasis on importance of interprofessional collaboration needed in program.
- Unclear survey and presentation question wording noted.
- Need for better division of professions and countries in program.
- Difficulty concentrating for long periods on computer screens.
- Second patient consultation handling should be improved with more preparation and interprofessional sharing.

2.1.5.4. Anything else you would like to tell us?

The majority of the students seemed to have had a positive experience with the program. They appreciated the opportunity to interact with professionals from different countries and learn about other professions. Many students found the program to be well-organized, and the guidance and support provided were helpful in reducing stress. Some students were initially hesitant about participating due to language barriers but found the experience to be beneficial in improving their confidence in speaking English. The interdisciplinary aspect of the program was also well-received, although some students expressed concerns about feeling misunderstood by their supervisors at the beginning. However, this improved over time as they began to appreciate each other's expertise. Some students suggested including German students or having separate groups for different health professions to further enhance the interdisciplinary aspect of the program. Overall, the students seemed grateful for the opportunity and enjoyed the experience.

2.2. Findings from the reflection diaries in 2021

2.2.1. Applying Knowledge in an international and interprofessional setting

2.2.1.1. What professional knowledge did you bring in the interprofessional discussion?

- Gave their knowledge about specific therapeutical treatments (31): in occupational therapy and the need of their assessments in interprofessional work (9), nursing (9), dietetic (7), physiotherapy (11)
- Knowledge about ICF (2)
- Knowledge about how to activate patients in daily life (5)
- Study searching for IBE (1)
- Knowledge about importance of a diagnosis and how to approach a patient (1)
- Not very much (1)

2.2.1.2. If applicable, how did you feel about discussing your professional approaches with students and coaches from the same profession but from a different country (helpful/confusing…)?

- A lot of similarities with other physios in interprofessional session (7)
- Less opportunity to exchange with other countries (12): Just one other occupational therapist from another country, helpful informations (1), Just two countries, would

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be interesting if there would be more different countries involved (1), no possibility to exchange with professions from other countries (10)
- There were lots of differences in how the same professions work in different countries (4)
- It was helpful and inspiring to discus with different professions and countries (14)
- At first very nervous about unknown people, different language (1)
- Gave a good feeling that other professions are interested in others profession work, this built bridges (3)

2.2.2. Patient videos

2.2.2.1. How did you feel about the patients presented in videos? Was all the information need, available?

- Informations were missing (22)
- Videos were very clear and easy to understand, subtitle was helpful for understanding (3)
- Enough informations (13)- but more time for watching helpful (2), but more possibility for in depth questions (4)
- Video was too long (1)

2.2.2.2. Would you prefer a real patient coming to the class or online?

- Yes (22)- for more in depth conversations, adds more reality to the person(21), but online (1)
- A real patient would be good, but at this state of learning the videos were enough (3)
- No (8)

2.2.3. Coaching

2.2.3.1. How did you perceive the coaching of the lecturers? Would you have needed more/less guidance?

- Lectures did a good job (28)
- Good setting that lectures were not present all time, but always available for questions (9) easier conditions for speaking (1)
- More sessions in a mono-professional team needed (1)
- Less guidance was wished (1)

2.2.4. Hierarchy

2.2.4.1. Did you experience any hierarchical differences in your interprofessional group? Did some professions/students dominate? If yes, why?

- No hierarchical differences (31)
- Yes, but a character question, not profession (7)

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2.2.5. Learning Content

2.2.5.1. What is your opinion about the learning content of the learning intervention: Was it too much? Too little?

- Right on the point, not too much (26)
- Structure and extent (13): It was too little (1), It was too slow (3), It was too fast (3)Too much content, in 3 days (6)

2.2.5.2. How would you describe your main learning outcome from this intervention?

- Improve cooperation and communication (39): Communicating online with other people with different views and ideas (11), Working together in a respectfully conversation (3), A good networking over different countries is possible through using English as a common language (3), How to work together with different professions and/or cultures (20), Learning how to make discussions in a team (2)
- To be more aware of the patients nedds (3)
- Exchange broadens one´s own horizon (1)

2.2.5.3. Was this what you expected?

- No(10): too much theory and listening(6) hard for introverted people (2),foreign language brought difficulties (1), because the differences in e.g. law is too different in other countries (1)
- Had no expectations (2)
- Yes (26): Lot more fun than expected (9)

2.2.5.4. What could be improved in order to have more/better learning outcomes?

- Structure of lessions (35): doing shorter assignments in different interprofessional groups (4),checkpoints in student´s own language (1), more time for mono- and interprofessional groups to get to know each other better (9), Less theory, more time for exchange (9) Smaller groups for more discussion were preferred (10), More people and students from the same profession but different countries (2)
- More focusing on the case and the treatment of the patient, and less on interprofessional (2)
- First day was too long (1)
- Better presentation of learning outcomes (1)
- More learning outcome if the project take place in a national level (1)
- Start earlier with education in IPE during the studies(1)

2.2.6. International Collaboration

2.2.6.1. Which international cultural differences did you experience?

- Belgians were a bit more stressed by the time constraints for the presentation (1)
- no differences (7): No difference was shown between Netherlands and Belgiums (1)
- Differences (38): in working methods and using assessments between different countries (1), in definitions of what a certain profession is and is allowed to do (1), in health care systems

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(21) and experiences and education (9), in using and interpretation of ICF Model in different countries (6), in documentation system (1)
- Finland explained a good interprofessional working situation (1)

2.2.7. Bio-Psycho-Social Model and ICF

2.2.7.1. How did you feel about using the Bio-Psycho-Social Model for your interprofessional group assignment?

- Good tool (30): it works very easily to use interprofessi onally (on a patients case)(14), Gives a good overview of all necessary informations (11), a good help (5)
- differences in using it (12) and less of knowledge about it (4)
- did not know it (1)

2.2.7.2. Did it help you to understand and focus on the person's needs from an interprofessional perspective?

- Yes (32): gives a clear overview (5)
- No (3): make the most important problems disappear a bit into the big picture (2)

2.2.7.3. Did it help you to use the components of the Bio-Psycho-Social model?

- Yes (35): good guidance to filter these things out of the case study (3) helpful for categorize the client´s elements, better over view (3)
- No (1)

2.2.8. Is there anything else you would like to tell us?

- Pleasing comments (23): Well done, good job (1) Big thank you (19) Great experience (3)
- Usefully critics/ideas (5): The first day was too much explaining about INPRO, it would be useful if there would be more time instead for getting to know each other (1), The written part is too long, more time in teams would be fine (1), Too much prework (ICF and BPS Modell) (1), International exchange was great, but for the rest no big learning outcome because of different health care systems (1), Invite also other professions like psychology and medicine students (1)

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