

# ***Interdisciplinary Programme on Palliative and End-of-Life Care***

## ***Study Guide***

***21 January till 31 February 2025***

**The programme consists of 3 parts:**

Part 1: Blended introduction part - Preparatory assignments online: January 2025

Part 2: Pre-programme with study visits (USA-Belgium)

Part 3: Intensive Programme

## Preface

*We are glad to welcome you to the new International Programme on Palliative and End-of-life care. The opportunity of benefiting from the expertise of different European universities and university colleges and of the University of Connecticut, United States, is definitely an unique opportunity to broaden your professional perspective and will be an eye-opener in the work with other cultures. We are convinced that the possibility of meeting and studying with different international students will be an experience never to be forgotten.*

*The module has been developed around the expertise of the partner institutions and with the help of palliative organisations, service centres for elderly, hospitals, home care and other health organisation in Flanders.*

*During this programme Healthcare workers can meet each other to discuss different issues. This reflects our aim to offer higher education from an **international, intercultural, interdisciplinary and innovative** point of view.*

***Participation in this course will turn out to be an exciting learning experience and a challenge for further professional and personal development.***

*With kind regards*

*For the IPPE-team,  
Christine De Bosschere & Filip Dejonckheere*

*Coordination intensive programme IPPE: Christine De Bosschere*

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## GUIDE – CONTENT

1. Introduction to the international programme
2. Aims and assumptions of the project
3. Participants
4. Key areas of study / content
5. Description of the expertise in the partnership
6. Outline
7. Assignments
8. Accreditation



## 1. Introduction to the international programme

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

*(Pallion, 2010)*

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

Pain relief and palliative care cannot take away all suffering.

Some ill people explicitly express the wish to terminate their life (RDD: the right to die with dignity).

The starting point is caring and the utmost respect for the value of life and the individual.

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

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

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

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

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

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

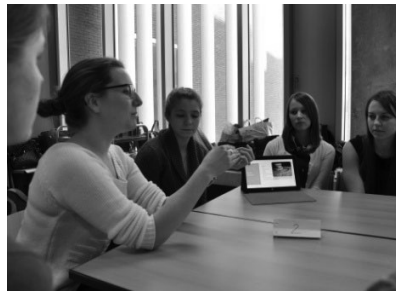
- an **interdisciplinary approach**: cooperation between different caregivers and professionals
- a **client-centred approach**: starting from a holistic approach towards the needs of the client
- an **intercultural approach**: enhancing a greater awareness and understanding between people with different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

## 2. Aims and assumptions of the programme

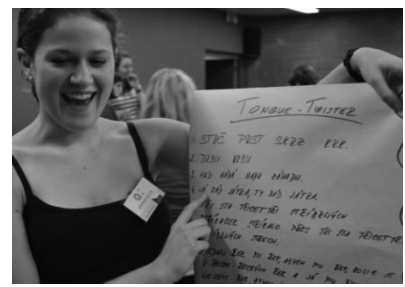
The Intensive Programme **Interdisciplinary Programme on Palliative and End-of-Life Care (IPPE)** aims on the professional and personal development of students in healthcare and rehabilitation in order to give more comfort to people in their last phase of their life.

In order to approve the competences of the care-givers and providers of healthcare services, we felt the need to develop a dedicated module with an interdisciplinary and holistic approach. It is becoming clear that 'cure' and 'care' do not exclude one another, but are complementary. Also medicine and nursing are not competitive, but rather complementary. The challenge faced by healthcare is aspiring to a balance and equilibrium, towards interdisciplinary cooperation, towards breaking through boundaries between various disciplines.

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



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



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



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

### 3. Participants

- The course focuses on students in their last year of different Bachelor programmes in healthcare and rehabilitation: speech therapists, audiologists, occupational therapists, physiotherapists, nurses, podiatrists, midwives, ... .
- Some of the lecturers are open to colleagues from the different departments and to professionals and care-givers from the clinical field. This aims to stimulate the discussion and exchange of experience between care-givers and students.
- Selection of the students will be based on student-motivated applications. Every institute has its own responsibility in this selection.

### 4. Key areas of study / content

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

#### **Theme 1: Communication with Palliative clients, family and surroundings**

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

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

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

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

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

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

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

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

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

### **Theme 4: Spiritual and existential pain**

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

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

### **Theme 5: Interdisciplinary work**

If we want to solve the many problems that the chronic disease brings along, it is important that the care of the patient is coordinated and carried out by professionals who can work together with the mutual goal of the good life of the patient. Collaborative management is the treatment strategy that operates within this framework and requires patients and care providers to have shared goals: a sustained working relationship, mutual understanding of roles and responsibilities and requisite skills for carrying out their jobs. Key elements of the collaborative practice are: collaborative definition of problems, joint goal setting and planning, provision of self-management and support services, active and sustained follow up.

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

### **Theme 6: Ethical issues related to terminal care**

Within 'End-of-life' care, ethical considerations about human occupation in the perspective of human dignity are most important. A professional approach in end-of-life support is of major importance in supervising and supporting essential decisions. In the course different topics will be considered from an ethical point of view: euthanasia and clients with dementia, mental healthcare, other diseases than cancer... . The switch from curative to palliative care is often a very difficult decision.

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

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

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

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



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

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

## **5. Description of the expertise in the partnership**

During the Intensive Programme international partners contribute in the programme by sending teachers with expertise in a particular area in palliative and end-of-life care. All participating teachers will be involved as a tutor or mentor during the group work and the supervision of the assignments of students.

### **PARTICIPATING UNIVERSITIES**

- Artevelde University of Applied Sciences Ghent, Belgium - [www.arteveldehs.be](http://www.arteveldehs.be)
- Escola Universitària d'Infermeria i Teràpia Ocupacional (EUIT) – [www.euit.fdsll.cat](http://www.euit.fdsll.cat)
- University College PXL, Occupational Therapy department, Hasselt, Belgium - [www.pxl.be](http://www.pxl.be)
- Polytechnic Institute of Setúbal (IPS), Sétubal, Portugal - [www.ips.pt](http://www.ips.pt)
- Charles University, Third Faculty of Medicine - Nursing department, Prague, Czech Republic - [www.lf3.cuni.cz](http://www.lf3.cuni.cz)
- Tallinn Health Care College, Tallinn, Estonia - [www.ttk.ee](http://www.ttk.ee)
- University of Connecticut, School of Nursing, Connecticut, US – [www.uconn.edu](http://www.uconn.edu)
- Vilniaus kolegija / Higher Education Institution, Vilnius, Lithuania - [www.viko.lt](http://www.viko.lt)
- Riga Stradins University (RSU), Riga, Latvia – [www.rsu.lv](http://www.rsu.lv) [www.rsu.lv](http://www.rsu.lv)
- University of Gjakova "FEHMI AGANI" ( UGJFA), Kosovo – [www.uni-gjk.org](http://www.uni-gjk.org)
- University of Alma Mater Europaea Rezonanca, Kosovo – [www.rezonanca-rks.com](http://www.rezonanca-rks.com)
- University of Shizuoka, Oshika, Suruga-Ku, Shizuoka, Japan – [www.eng.u-shizuoka-ken.ac.jp](http://www.eng.u-shizuoka-ken.ac.jp)
- University of Derby, Nursing, College of Health, Psychology and Social Care, UK – [www.derby.ac.uk](http://www.derby.ac.uk)

### **PARTICIPATING STAFF MEMBERS**

#### **Artevelde University of Applied Sciences Ghent, Belgium**

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

Coordinator postgraduate palliative care, Artevelde Academy, Belgium

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

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

Former council member of Coehre (Consortium of Higher Education within Health care and Rehabilitation), portfolio in the development of the Coehre Academy. The Academy is aiming on the development of exchange projects, mobility of teachers and students, curriculum development and capacity building of teachers and management.

**Vilniaus kolegija / Higher Education Institution, Vilnius, Lithuania**

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

**PXL-University College, Hasselt, Belgium**

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

**Bert Nijssen**, practice educator social work and remedial teachers at university-college PXL Hasselt. Also works in own private practice as a therapist. Fields of interest: human behavior, thinking out of the box, here and now, music, martial arts, ...

**Setubal Polytechnic Institution, Setubal, Portugal**

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

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

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

Lecturer of palliative and chronic care, expert in nursing ethics, oncology, geriatrics.

Keynote on end-of-life decisions, nutritional needs, interdisciplinary casework with students.

Tutor student assignments.

**Tallinn Health Care College, Tallinn, Estonia.**

**Jane Kaju**, RN, MSc in mental health nursing

Lecturer of Primary Healthcare, Palliative Care. Expertise in: holistic EoL care, death literacy, mental health.

**Kurt Cassar**, MSc in General Nursing, PhD student; Lecturer of Palliative Care and Mental Health Nursing.

**Riga Stradins University (RSU), Riga, Latvia**

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

**University of Connecticut, School of Nursing**

**Amisha Parekh de Campos**, PhD, MPH, RN, CHPN Assistant Clinical Professor, University of Connecticut & Nurse Manager, Middlesex Health Hospice

Subject Matter Expert: Advance care planning communication, palliative care, hospice care, and end-of-life care among vulnerable populations.

**Escola Universitària d'Infermeria i Teràpia Ocupacional (EUIT)**

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

Tutorship of the BSc theses and international student projects.

**University of Derby, Nursing, College of Health, Psychology and Social Care**

**Brenda Caldwell Phillips, PhD, Chartered Psychologist (BPS), Buddhist Chaplain.** Director and Senior Lecturer, MSc Health Psychology Programme, University of Derby, United Kingdom. Subject Matter Expertise: Mindfulness-based interventions for individuals living with cancer and chronic illness; assessment/treatment of psychospiritual distress in patients and healthcare providers; end-of-life care.

**University of Shizuoka, Oshika, Suruga-Ku, Shizuoka, Japan**

**Asako Takekuma Katsumata,** Global Health Nursing, Nursing Leadership

**EXTERNAL ORGANISATION/EXPERT:**

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

These palliative networks are officially recognized and receive funding by the government in a region of 300.000 to 1.000.000 inhabitants. These networks are also called ‘partnerships’ and the funds partially come from the federal government and partially from the community.

The mission of a network is to coordinate palliative care from various assistance organisations. It coordinates, supports and stimulates persons providing care, organisations and initiatives in developing a culture of palliative care. The network aims at working in an integrated way, with the palliative home care teams. It stimulates an interdisciplinary approach, in which everyone pays attention to total care and offers interdisciplinary education and training to develop further expertise. The network aims at informing the population about the possibilities of palliative care and the reasons for establishing a culture of palliative care and recognises the importance of care for the bereaved.

The external organisations ensure the link with the practice and give an input on recent developments in the clinical field. Site visits by students and staff are included in the programme, during which students and staff discuss with different interdisciplinary teams.

**STUDY VISITS**

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

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

- *Marianne Martens, nurs palliative supportteam, UZ Gent*
- *Alexander Verstaen, psychologist, psychotherapist, PERENNIS - Centre for Growth in Living and Dying*
- *Dr. Martine De Laat, Palliative care doctor University Hospital Ghent*
- *Hilde Van den Hooff, teacher Artevelde University of Applied Sciences, yoga teacher-‘De Wending’*
- *Karl Devreese, WZC De Vliedberg, Brugge*
- *Franky De Vos, nurse, Reiki master/Chakra healing*
- *Anneloor Meersman*
- *Dr. Peter Pype, family doctor, professor UGent*
- *Barbara Ceuleers*
- *Francine Craeghs, Artevelde University College of Applied Sciences*
- *Leen Bouckaert, Artevelde University College of Applied Sciences*

- *Evelien Maerten, Mieke De Schryver & Elke Van De Walle, Demi-clowns Belgium*
- *VZW Al Muntaha, Habiba Laouadi & Asma Koutou, Gent*
- *Team Creative Therapy, PXL Hasselt, Belgium*



## 7. Outline

The course is delivered as a BIP course: **Blended Intensive Programme** under the ERASMUS+ programme.

### The programme consists of 3 parts:

Part 1: Preparatory assignments: 3 assignments

Part 2: Blended introduction part: Kick-off + 1 introduction keynote recorded + Starting up the assignment online + one keynote online live.

This will all be organized on TEAMS.

Part 3: Intensive Programme

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

#### Preparatory assignment 1 – Creating IPPE-community on platform



The kick-off of IPPE is the creation of a Community. For this we use MIRO or MURAL. By the beginning of January 2025, you will be invited to join the platform of IPPE 2025.

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

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

##### Aim

During the weeks before the intensive programme, we expect all the students to collect some information and data on their home country about 'Palliative care' and 'End-of-life'. The research on these aspects of the health care situation in your home country has to take into account the historical perspective as well as political, socio-economical and other features.

The final aim of this assignment is to enable students to share the gathered information of the different countries, to compare, contrast and evaluate the situation on quality of life and end-of-life care in the different countries. It must give the audience an idea on current issues in ageing in your country.

##### Expected outcome

We expect you to bring the results of your research by means of a Pecha Kucha presentation during the Programme, on **Sunday 26<sup>th</sup> of January 2025, 18-19.30.**

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

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

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

**How?**

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

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



On **Sunday 26<sup>th</sup> of January 2025**, we will organize an **Intercultural Event**. It will be an event when we can have fun together while discovering things about each other's countries.

We invite you to use your imagination. We will need pictures of your country and your city.

You will receive a special announcement for this evening.



## Online part

### **KICK-OFF - Online Café & Language twister**

**9 January from 18.00 till 19.30 CET**

Introduction of the participants.

Meet the Staff and IPPE participants in break-out rooms.

Bring one object that represents your 'life' or 'life style'.

At the end of the online café, we can have a chat, coffee, tea or a glass of beer.



### **BASECAMP MEETING – Online starting up case-study**

**16 January from 18.00 till 19.30 CET**

In the evening, we invite you all to meet in this online session and start the assignment 'case-study' in your basecamp. The list of basecamp groups will be available in MS TEAMS.

### **ANYTIME & ANYWHERE**

#### **Webinar 1: Introduction on Palliative Care and complementary care**

**Christine De Bosschere, palliative nurse**

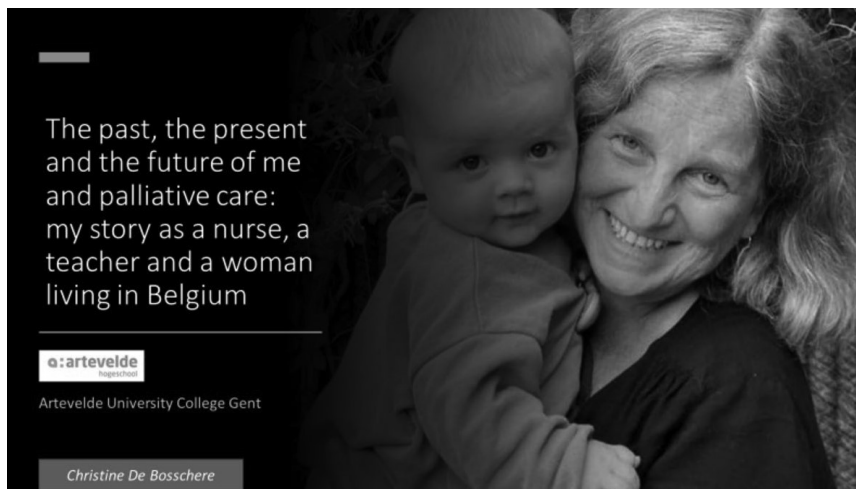
**When: Available between 9<sup>th</sup> of January and 22<sup>th</sup> January 2025 on MS TEAMS**

**Go to A-FORUM. You find the record under files on preparatory webinar**

**Goal:** Introduction to the key concepts of palliative care

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

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



## ONLINE LIVE

### Webinar 2: Spiritual and existential care at the end-of-life

Alexander Verstaen, psychotherapist, PERENNIS – centre for Growth in Living and Dying.

**When:** 23 January 2025, 18.00 till 19.30 CET Session will be recorded!

**Goal:** Preparatory keynote on the importance of spiritual issues related to end-of-life care

**Keywords:** Spiritual care, existential care, client-centred communication, family-oriented care






**Part 2: Preparatory part: face-to-face TO BE CONFIRMED**  
**Thematic days with study visits from Tuesday 21<sup>th</sup> till Friday 24<sup>rd</sup> of January 2025**



DAY 1 : INTRODUCTION AND PAEDIATRIC PALLIATIVE CARE CHAIR OF THE DAY: FILIP DEJONCKHEERE & CHRISTINE DE BOSSCHERE		
<b>Tuesday 21/01</b>		
<b>T.08.01</b>	11.00- 12.30	<b>Welcome in Ghent - Campus Kantienberg</b> <b>Introduction of the buddies</b> (You can ask directions at the reception desk)
	12.30- 13.30	<b>Lunch @ De Kantiene (cafeteria)</b>
	14.30- 16.30	<b>Study Visit: Children Hospital St.Elisabeth : Oncology – KOESTER</b> <b>University hospital Ghent</b> C. Heymanslaan 10 9000 Gent
		  <p><i>Nathalie Van Hoorebeke</i></p>
		<b>Free evening in Ghent</b>
	18.00- 19.30	<b>Webinar 2: Spiritual and existential care at the end-of-life</b> <b>Alexander Verstaen, psychotherapist, PERENNIS – centre for Growth in Living and Dying.</b>

**DAY 2 : MENTAL HEALTH CARE**  
**CHAIR OF THE DAY: CHRISTINE DE BOSSCHERE**

<b>Wednesday 22/01</b>	9.00- 10.30	<b>Optional in Gent: MUSEUM Dr. Guislain</b> Dr. Guislain museum – history of the psychiatry in Belgium
	12.30	Lunch @ Bistro ‘Ripozo’ in OLV Bruges
	13.30- 16.00	<b>Study visit: PZ OLV Brugge</b> <b>Afdeling 52</b> (tel. 0032 50 30 17 52) <b>Koning Albert I-laan 8</b> (backside of the railwaystation) <b>8200 Brugge</b>
		<b>‘Crustative’ care: palliative care for chronic psychiatric patients</b> <b>Loïc Moureau – Bart Devlieghere &amp; team</b>
		
		 <b>ONZELIEVEVROUW</b> <small>PSYCHIATRISCH ZIEKENHUIS BRUGGE MENSEN.ANDERS BEKEKEN</small>
		<b>Free evening in Bruges</b>






**DAY 3: COMMUNITY AND PRIMARY CARE / HEALTH PROMOTION**

**CHAIR OF THE DAY: CHRISTINE DE BOSSCHERE**




<b>Thursday 23/01</b>	10.00	<p>Community health care centre (WGC) 'De Brugse Poort'  <i>Maike Taelman &amp; colleagues, health promotion</i>                  Emile Seghersplein 16, 9000 Gent  <a href="http://www.wgcbrugsepoort.be">www.wgcbrugsepoort.be</a></p>
		
	12.30	<b>Lunch</b>
		
	13.30	<b>Walk to in the old district of Ghent: Begijnhof Ghent</b>
	14.00	<p><b>Service centre for seniors: 'Ten Hove'</b>  <b>Active ageing and Health promotion</b>                  OCMW Gent - Local Service center DC Ten Hove                  Begijnhofdries 15, 9000 Gent</p>
		
	Free evening	<p><b>Social programme students Artevelde University of Applied Sciences</b>  <b>Optional dinner @ Turkish restaurant</b>                  Gök 2, Sleepstraat 65                  9000 Gent</p>


DAY 4: ONCOLOGY CHAIR OF THE DAY: CHRISTINE DE BOSSCHERE		
<b>Friday 24/01</b>	09.00- 11.00	<p><b>Study visit: AZ Jan-Palfijn Mortuary</b> Henri Dunantlaan 5, 9000 Gent Watersportlaan 5, 9000 Gent</p> 
	11.30	<p>Train to Oostende from St.Pieters railwaystation</p> 
	12.00-13.00	<p><b>Free lunch and walk in Ostend@seaside</b></p>
	13.30-16.00	<p><b>Study visit:</b> <b>AZ Oostende, Oncological unit, palliative care unit</b> <i>Christine Paridaens, head nurse &amp; consultant on breast cancer</i> <i>Frederik Desender, Subcutane en oral chemotherapy - supervision and education of oncology clients</i> <i>(nurse, oncology educator)</i></p>  <p>Oncological Unit – Zorg-eenheid (care unit) ZE 235 Palliative Unit Gouwelozestraat 100 - 8400 Oostende Tel.: 00 32 59 41 63 22</p> <p>Film: Pharmacy with advanced robot technology /clean room</p> <p>Meeting with Zora: play robot for children in paediatric unit</p>

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

<p><b>Sunday</b> 26th of January</p> <p>Introduction participants and framework of the course</p>	<p><b>Monday</b> 27th of January</p>  <p>Workshop 'affective touching' Workshop on communication &amp; self-awareness</p>	<p><b>Tuesday</b> 28th of January</p> <p>Keynote on medical decisions in end-of-life care in Belgium Preparing panel discussion</p>	<p><b>Wednesday</b> 29th of January</p> <p>Parallel Workshops Complementary Care &amp; Group workshop</p> 	<p><b>Thursday</b> 30th of January</p> <p>Keynote on interprofessional work &amp; Parallel workshops # topics</p>	<p><b>Friday</b> 31th of January</p> <p>Preparatory work presentations <i>Personal &amp; Professional learning</i></p>
<p>Cultural diversity/ cultural game</p>	<p><b>Study visit</b> 10 project groups Visit to palliative care initiative &amp; Orientation for project work</p>	<p>Panel discussion on End-of-life decisions and the place of Euthanasia in End-of-life care <b>Debriefing &amp; Reflections</b></p>	<p>Palliative care and children &amp; Case study &amp; Interdisciplinary approach <i>Learning community</i></p>	<p>Palliative care and children &amp; Case study &amp; Interdisciplinary approach <i>Learning community</i></p>	<p>Platform of student group work – case study</p>
<p>Introduction palliative care complementary care interdisciplinary collaboration Information visits</p>	<p><b>Free time in Ghent</b></p>	<p><b>Dinner@Toreken</b></p>	<p><b>Free evening</b></p> 	<p><b>Project work</b></p>	<p>Evaluation of the course / Debriefing personal learning</p>
<p><b>Pecha Kucha Market</b> Cultural evening</p>	<p><b>Free time</b></p>	<p><b>Closing</b> Event with Workshop Making Belgium Waffles</p> 	<p><b>Free time</b></p>	<p><b>Free time</b></p>	<p><b>Closing</b> Event with Workshop Making Belgium Waffles</p> 

ARRIVAL DAY: FILIP DEJONCKHEERE & CHRISTINE DE BOSSCHERE		
<b>Saturday 25/01</b>	18.00	Arrival of the participants (students and teachers) in Ghent
	20.00	<b>Opening meeting at the center of Ghent –</b> <i>Meeting place: Stadshal or City Hall - Schaapsstal</i>  <i>Filip Dejonckheere, Christine De Bosschere &amp; IPPE-team</i>

DAY 1 CHAIR OF THE DAY: FILIP DEJONCKHEERE		
<b>Sunday 26/01</b>	10.00- 11.00	<b>Introduction participants – activity</b> <b>Framework of the course • Pecha Kucha presentation</b> <i>Filip Dejonckheere, Artevelde University of Applied Sciences Ghent, Belgium</i> <b>Information on the visits</b> <i>Christine De Bosschere, Artevelde University of Applied Sciences Ghent</i>
	11.00- 12.45	<b>PARALLEL GROUPS</b> <b>Intercultural framework &amp; intercultural game (project group 1-5)</b> <i>Filip Dejonckheere, Artevelde University of Applied Sciences Ghent, Belgium</i>  <b>Introduction on palliative care, complementary care and interdisciplinary collaboration and cultural diversity (project group 6-10)</b> <i>Christine De Bosschere, Artevelde University of Applied Sciences Ghent, Belgium</i> <i>Hugo Franco, Setubal Polytechnic Institution, Setubal, Portugal</i>
<b>Rooms</b> <b>AHS</b> <b>Social Work</b> <b>Department</b> <b>Sint</b> <b>Annapplein</b>  <b>C0.06</b>  	12.45	<b>Lunch</b>  <b>PARALLEL GROUPS</b>
	13.30- 15.30	<b>Break: Cultural context and short tour in Ghent</b> Preparation Pecha Kucha market & cultural evening
	18.00	<b>Pecha Kucha Market</b> 
	19.00- 21.00	<b>Cultural evening</b>




<b>DAY 2</b>		
<b>CHAIR OF THE DAY: JANA HERMANOVA</b>		
<b>Monday 27/01</b>	09.00- 10.30	<b>Project group 1-5</b> <b>The role of the physiotherapist in end-of-life care</b> <b>Workshop: The importance of affective touch in palliative care</b> <i>Karl Devreese, PT, WZC De Vliedberg Brugge, Belgium</i>
<b>Room T.02.01</b>		
<b>Room L.02.14</b>	11.00- 12.00	<b>Project group 1-5</b> <b>Workshop on communication &amp; selfcare/self-awareness</b> <i>Brenda Caldwell, University of Derby, UK</i> <i>Bert Nijssen, PXL, Hasselt, Belgium</i>
<b>Room L.02.14</b>	9.00- 10.00	<b>Project group 6-10</b> <b>Workshop on communication &amp; selfcare/self-awareness</b> <i>Brenda Caldwell, University of Derby, UK</i> <i>Bert Nijssen, PXL, Hasselt, Belgium</i>
<b>Room T.02.01</b>	10.30- 12.00	<b>Project group 6-10</b> <b>The role of the physiotherapist in end-of-life care</b> <b>Workshop: The importance of affective touch in palliative care</b> <i>Karl Devreese, PT, WZC De Vliedberg Brugge, Belgium</i>
	12.00	<b>Lunch</b>
		<b>Study visits in basecamp groups</b> <b>Project group 1 &amp; 2 – 14u.</b> Palliative care unit (Street 84) & Palliative Support Team A.Z. Sint Lucas, Groenebriel 1, 9000 Gent tel.: 09/2245194 <i>Nancy Criel &amp; Palliative Support Team</i>  <b>Project group 3 &amp; 4 – 14u.</b> Palliative care unit & Palliative Support Team UZ Gent, C. Heymanslaan 10, 9000 Gent tel.: 09/3322878 <i>Hilde Ongenaet &amp; Palliative Support Team</i>  <b>Project group 5 &amp; 6 – 14u.</b> Palliative care unit (Street 173) & Palliative Support Team A.Z. Jan-Palfijn, Watersportbaan 5, 9000 Gent tel.: 09/2248173 <i>Mathijs Vandamme &amp; Palliative Support Team</i>  <b>Project group 7 &amp; 8 – 14.30u.</b> Palliative care unit ‘De Haven’ & Palliative Support Team A.Z. Sint-Blasius, Kroonveldlaan 50, 9200 Dendermonde tel.: 052/252337 <i>Jeannine Van de Vreken &amp; Palliative Support Team</i>


		<b>Project group 9 &amp; 10 – 14.30u.</b> Palliative care unit ‘De Rank’ OLV Ziekenhuis Campus Asse, Bloklaan 5, 1730 Asse tel.: 02/3006093 <i>Petra Vandenabeele, Marleen Van Cutsem &amp; Magda Thyssen</i>
		<b>Free time in Gent – Free evening</b>
	18.00	<b>Staff meeting</b> <i>IPPE-team: Preparing Panel discussion</i> + Welcome participants IPPE+






		<b>DAY 3</b> <b>CHAIR OF THE DAY: Daiva Trezneviute</b>
<b>Tuesday 28/01</b> <b>Room T.02.01</b>	09.00-10.15	<b>Keynote on medical decisions in end-of-life care &amp; Introduction of the experts in the panel</b> <i>Christine De Bosschere, Artevelde University of Applied Sciences Ghent</i>
<b>Room T02.01 + L02.14</b>	10.30-12.00	<b>Pre-panel discussion</b> Explanation of the process & Preparation of panel discussion in 'debate- groups' <i>IPPE-team</i>
	12.00-12.30	<b>Meeting of student delegates with the moderator</b> <i>Jane Kaju, Tallinn Health Care College, Tallinn, Estonia</i>
	12.15-13.15	<b>Lunch</b>
<b>Room T02.01</b>	13.30-15.00	<b>Panel discussion on 'Medical decision making in the end-of-life and the place of euthanasia in end-of-life care'</b> <i>Moderator: Jane Kaju, Tallinn Health Care College, Tallinn, Estonia</i>  ✓ <b>Hilde Van den Hooff</b> <i>Lecturer ethics, Artevelde University of Applied Sciences Gent, Belgium</i> ✓ <b>Marianne Martens</b> <i>Palliative care nurse,-Palliative Support Team, University Hospital Gent, Belgium</i> ✓ <b>Dr. Martine De Laat</b> <i>Palliative care doctor, University Hospital Gent, Belgium</i> ✓ <b>Barbara Ceuleers</b> <i>Family member, Belgium</i> ✓ <b>Dr. Martin Havrda</b> <i>Physician nefrology, Charles University hospital Prague, Czech Republic</i>
<b>T02.01 + L02.01</b>	15.15-16.15	<b>Post-panel discussion part I</b> Debriefing & reflections in 'debate- groups' with the experts <i>IPPE-team</i>
<b>T02.01 + L02.01</b>	16.30-17.00	<b>Post-panel discussion part II</b> Debriefing & reflections in 'country - groups' <i>Local teacher</i>
	19.00-22.00	<b>Diner &amp; Cultural event @ Toreken</b> 

<b>DAY 4</b>		
<b>CHAIR OF THE DAY: BERT NIJSSEN</b>		
<b>Wednesday 29/01</b>		<b>Workshops on Quality of life and well-being: complementary care relating palliative and end-of-life care (different therapeutic approaches)</b>
	09.30- 11.00	<b><u>Option 1 &amp; 2 &amp; 3 &amp; 4 &amp; 5</u></b>
<b>Room T08.05</b>		Workshop 1: <b>Creative therapy</b> <i>Team Creative Therapy, PXL, Hasselt, Belgium</i> <i>Marketa Havrdova, Occupational therapist, Czech Republic</i>
<b>Room T08.06</b>		Workshop 2: <b>Aromatherapy</b> <i>Christine De Bosschere, nurse, teacher palliative care, Belgium</i>
<b>Room T08.03</b>		Workshop 3: <b>Sing!</b> <i>Anneloor Meersman, Belgium</i>
<b>Room T08.02</b>		Workshop 4: <b>VR it yourself</b> <i>developing VR activities in end-of-life care</i> <i>Leen Bouckaert, Artevelde University of Applied Sciences, Belgium</i>
<b>Room T08.01</b>		Workshop 5: <b>Exploring the demiclown method in dementia care</b> <i>Evelien Maerten, Mieke De Schryver &amp; Elke Van De Walle, Belgium</i>
	11.00- 11.30	<b>Break</b>
	11.30- 13.00	<b><u>Option 1 &amp; 2 &amp; 3 &amp; 4 &amp; 5</u></b>
<b>Room T08.05</b>		Workshop 1: <b>Creative therapy</b> <i>Team Creative Therapy, PXL, Hasselt, Belgium</i> <i>Marketa Havrdova, Occupational therapist, Czech Republic</i>
<b>Room T08.06</b>		Workshop 2: <b>Aromatherapy</b> <i>Christine De Bosschere, nurse, teacher palliative care, Belgium</i>
<b>Room T09.01</b>		Workshop 3: <b>Reiki – Chakra healing</b> <i>Franky De Vos, Reiki master, nurse, Belgium</i>
<b>Room T08.02</b>		Workshop 4: <b>Soul language</b> <i>Bert Nijssen, social worker, teacher, Belgium (Hasselt)</i>
<b>Room T08.01</b>		Workshop 5: <b>Exploring the demiclown method in dementia care</b> <i>Evelien Maerten, Mieke De Schryver &amp; Elke Van De Walle, Belgium</i>
	13.00- 14.00	<b>Lunch</b>

<p><b>Room</b> <b>T08.01</b></p> <p><b>Room</b> <b>T08.05</b></p> <p><b>Room</b> <b>T09.01</b></p> <p><b>Room</b> <b>T08.02</b></p> <p><b>Room</b> <b>T08.03</b></p>	<p>14.00- 15.30</p>	<p><b><u>Option 1 &amp; 2 &amp; 3 &amp; 4 &amp; 5</u></b></p> <p>Workshop 1: <b>Breath to heal</b> <i>Hilde Van den Hooff, teacher yoga, Belgium</i></p> <p>Workshop 2: <b>Creative therapy</b> <i>Team Creative Therapy, PXL, Hasselt, Belgium</i></p> <p>Workshop 3: <b>Reiki – Chakra healing</b> <i>Franky De Vos, Reiki master, nurse, Belgium</i></p> <p>Workshop 4: <b>Soul language</b> <i>Bert Nijssen, social worker, teacher, Belgium (Hasselt)</i></p> <p>Workshop 5: <b>Sing!</b> <i>Anneloor Meersman, Belgium</i></p> <div style="display: flex; justify-content: space-around;">   </div>
<p><b>Room</b> <b>T02.01</b></p>	<p>15.45- 16.30</p>	<p><b>Mindfulness</b> Francine Craeghs, Artevelde University of Applied Sciences</p>
<p style="text-align: center;"><b>Free evening for students</b></p> <p style="text-align: center;"><b>Event in Torhout for teachers – departure: 15.30</b></p> <div style="text-align: center;">  </div>		

DAY 5		
CHAIR OF THE DAY: Zane Liepina		
<b>Thursday 30/01</b> <b>Room T.02.01</b>	09.00- 10.30	<b>Keynote: Interprofessional collaboration in the field of palliative care</b> <i>Prof. Dr. Peter Pype, University Ghent, home care doctor, professor University Gent</i>
	10.30- 10.45	<b>Break</b>
<b>Room T.02.01</b>  <b>Room L.02.02</b>  <b>Room L.02.03</b>	10.45- 12.00	<b><u>Parallel sessions</u></b>  <b>Option 1: Palliative care in Muslim culture in Ghent</b> <i>VZW Al Muntaha, Habiba Laouadi &amp; Asma Koutou, Gent</i> <b>Option 2: Workshop on environment</b> <i>Kurt Cassar, occupational therapist &amp; teacher, Tallinn Health Care College</i> <b>Option 3: Workshop on coping with uncertainty</b> <i>Brenda Caldwell, psychologist &amp; teacher, University of Derby, College of Health, Psychology and Social Care</i>
	09.30- 12.00	<b>Staff meeting</b> <b>Ongoing process and group assignments</b>
<b>Room T.02.01</b>	12.00- 13.30	<b>Lunch (for teachers @ 10<sup>th</sup> floor T10.02)</b>
<b>Room T.02.01</b>	13.30- 15.00	<b>Palliative care for children &amp; Mourning and bereavement support for children in Belgium &amp; testimonial</b> <i>Christine De Bosschere, Artevelde University of Applied Sciences Ghent, Belgium</i> <i>NN, Ghent</i>
<b>Room T.02.01</b> <b>+ L02.02 +</b> <b>L02.03</b>	15.15- 16.30	<b>CASE – study</b> <b>Round table discussion on interdisciplinary approach in a learning community</b> <i>IPPE team</i>
<b>Room T.02.01</b>	16.30- 17.00	<b>Project work &amp; consultations with teachers/experts</b>
		<b>Free evening for students</b>  

**DAY 6**  
**CHAIR OF THE DAY: Sarah Janquart**

<p><b>Friday</b> <b>31/01</b> <b>Room</b> <b>T.02.01 +</b> <b>L.02.02</b></p>	<p>09.00-11.30</p> <p>11.30-12.30</p> <p>12.30-13.30</p> <p>13.30-15.00</p> <p>15.00</p> <p>15.15-15.45</p> <p>15.45-16.00</p> <p>16.00-17.00</p> <p>19.00-22.00</p>	<p><b>Preparatory work in projectgroups</b></p> <p><b>Basecamp: Pitch professional learning in your case-study!</b></p>  <p><b>Lunch</b></p> <p><b>Workshop: Personal learning in project groups</b> <i>Filip Dejonckheere, Artevelde University of Applied Sciences Ghent, Belgium</i> <i>IPPE-team</i></p> <p><b>Break</b></p> <p><b>Plenary debriefing/ Evaluation of the course</b></p> <p><b>Online evaluation</b></p> <p><b>Staff meeting: final ECTS grading</b> <i>Christine De Bosschere, Artevelde University of Applied Sciences Ghent</i> <i>Filip Dejonckheere, Artevelde University of Applied Sciences Ghent</i></p> <p><b>Closing event &amp; Certificates</b></p>  
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**DEPARTURE DAY**

<p><b>Saturday</b> <b>01/02</b></p>	<p><b>Departure</b></p>
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## **7. Assignments Work in progress!**

### **ASSIGNMENT 1**

#### **Pecha Kucha presentation - Preparatory assignment Research on Palliative and end-of-life care**

##### **Aim**

During the weeks before the intensive programme, we expect all students to collect some information and data on 'palliative and end-of-life care' in their home country. The research on these aspects of the healthcare situation in the home country has to take into account the historical perspective as well as political, socio-economical and other features.

The final aim of this assignment is to share the gathered information of the different countries, enabling students to compare, contrast and evaluate the situation on quality of life and end-of-life in the different countries. It must give the audience an idea on current issues in ageing in the different countries.

##### **Expected outcome**

We expect you to present the results of the research by means of a Pecha Kucha presentation during the programme.

### **ASSIGNMENT 2 SARA MAAKT BESCHRIJVING VOOR HIER IN DE GIDS /STUDENTEN KRIJGEN CASES**

**Students will work on a presentation: Interdisciplinary group presentation on a palliative client.**

## 8. Accreditation

The **accreditation** of the course is based on the principles of the European Credit Transfer System (ECTS), which has become the standard in European student exchange. It allows the home institution to incorporate the credits and grades of the students in their curriculum.

At the end of the course the students get a proof of attendance and a transcript of records signed by the course coordinators.

### The ECTS-grading scale

Examination and assessment results are usually expressed in grades. There are many different grading systems in Europe. To help institutions interpret the grades awarded to exchange students, the ECTS grading scale has been developed by a number of European universities participating in a pilot scheme and is now largely adopted in Europe.

The ECTS grade provides information on the student's performance in addition to that provided by the institution's grade.

Please be advised that the ECTS grade does not replace the local grade.

The following chart describes the dual use of the ECTS grading system.

For example, grade A means that the student's performance was excellent, and that he/she was among the top ten percent of students.

ECTS Grade		Definition	Percentage of Students
A	Excellent	Outstanding performance with only minor errors	10%
B	Very good	Above the average standard with some errors	40%
C	Good	Generally sound work with a number of notable errors	30%
D	Satisfactory	Fair but with significant shortcomings	10%
E	Sufficient	Performance meets minimum criteria	10%
FX	Fail	Some more work required before credit can be awarded	
F	Fail	Considerable further work is required	