

# **ANNUAL THEME**

## **European Forum for Primary Care**



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## **1. CONTENT OF THE ANNUAL THEME FOR 2015**

### **1.1. Problem analysis and evidence base for the activities proposed in 2015**

Europe is an excellent laboratory to observe and assess different primary health care systems which are located geographically close together. However, this variety does not make primary care research an easy task because the systems differ not only from a structural or organizational aspect but also related to terminology meaning that the same word can have different meanings translated into different languages. For example in relation to primary care professionals a person with the same-sounding profession name could have had a completely different education and training. This is a major challenge, especially, for large and comprehensive international comparison-studies. Despite very profound and comprehensive questionnaire development process, some terminology obstacles may stay in place; for example what to do with questions that cannot be translated properly because the word or even the whole profession is not existing in the respective country? Normally, these questions have to stay in the questionnaire to guarantee the structure of the questionnaire for international comparison reason and, therefore, the translation leads sometimes to curtailments and creation of uncommon words, or the non-translated non-existing term is marked anyway.

If policy makers from different countries or political stakeholders talk about primary care professions like medical secretaries or nurses for example, there is the danger that they think they talk about the same issue but they do not. This can be really a threat in relation to negotiation processes about international standards or responsibilities for different health professions resulting in different health care standards and safety status for patients across Europe.

At the practice level these language problems occur as well between professionals educated in different educational systems, already within the same country and certainly between educational systems of different countries. Interprofessional collaboration is challenged even more now professionals can work in countries other than where they received their education. Besides the pure language issues, also cultural differences in communication are at stake. The cross border directive opens health systems to be used by citizens all over Europe which creates even more challenges for the health professional. Mutual understanding is a necessary tool to achieve equal health outcomes for all patients, and despite language or cultural differences, health providers must communicate in ways that all of their patients can understand.

Against this background it is the aim to assess the impact of these international comparison challenges in relation to selected primary health care professions. As well in relation to developing international, comparative research but also in connection to actual interprofessional collaboration and to policy making based on terminology that might be not homogeneous among countries and even regions. Clarification in terminology used and the communication between these different stakeholders is crucial to benefit from national and international projects which try to collect good practices and to learn from these good practices. This 2015 scope of the EFPC will add to more knowledge on the differences and how to overcome these obstacles.

### **1.2. Objectives**

The general objective for the work programme of 2015 concentrate on the subdomain within Interprofessional Collaboration (IpC):  
Communication and Language

Specific objective:

Increase the awareness about art and theatre, being a good way to improve communication and the use of language, for all stakeholders in the development of- and practicing in- Primary Care

- Main focus on policy making in Primary Care

### **Outcome**

Main outcome:

Learning from experience tool in communication & language

- Workshop facilitators within EFPC have a package of role play activities and will be able to

use them whenever needed during expert discussions

### **1.3. Target groups of the main activities for 2015**

The target groups of the activities for 2015 will be the different professional associations and the educational organizations responsible for the training of these professionals. Our links with schools and universities will be crucial for this besides our strong link with A) the European InterProfessional Education Network (EIPEN) network and B) The Network Towards Unity For Health (TUFH).

A specific target group are the increasing number of young professionals having joined the EFPC in the previous years. Within the future educational system lots can be expected from the new generation professionals and by showing them different ways of communication and the use of language in a more constructive manner they can be the frontrunners who shape the future of interprofessional collaboration in primary care in Europe.

Besides the research community will be challenged to take part, making sure that the terminology they use is shared among themselves and shared with the other stakeholders. Policy makers should listen well to make sure their developed policies are understood by all practitioners in the same way and based on sound internationally comparable terminology.

### **1.4. Added value and expected impact of the activities**

The Position Paper will show how challenging it is to find a common base for international comparison, particularly, relating to terminology matter. On the one hand, it is a big chance to study such a variety of different systems within such a small geographically range but, on the other hand, it is more than questionable for a region like the European Union that they do not have a standardized terminology for health profession based on standards of under- and postgraduate education, competence and continuous education commitments. The standardized terminology process could, for example, go in cooperation with the Family of International Classification of the WHO (WHO-FIC).

This would not only bring an enormous benefit for international health system research but, even more important, cause a major step towards patients safety across Europe. Moreover, the basis for negotiations would be the same. Up to now people think that they talk or discuss about the same issue when talking about primary care professionals but they mainly do not – it is a matter of terminology.

A safe, effective, and value-driven healthcare delivery system must emphasize teams of professionals working in unison to benefit patients and improve outcomes, in particularly those suffering chronic diseases. The WHO document Call for action (2010) and the WHO Guidelines on Transforming and scaling up health professionals education and training (2013) stress the need for effective implementation of collaborative practice and interprofessional education in health and social care.

Better use of communication tools and language is crucial in order to achieve these changes. Narrative Medicine connotes a medicine practiced with narrative competence and marked with an understanding of the highly complex narrative situations among doctors, patients, colleagues, and the public. Health professionals can define disease and illness, and manage healing process better by having a deeper understanding of individual differences, developing their thinking and language skills.

This all leads to better use of the talents and competences of professionals in the prevention and management of chronic diseases, the integration of services and the coordination and continuity in the care process.

## **2. PLANNING AND IMPLEMENTATION OF ANNUAL THEME FOR 2015**

### **2.1. Planning of the activities for 2015**

The annual project includes five stages:

- Stage 1: Identification of Problems, Idea's & Experiences (PIE)
- Stage 2: PIE's being materialized/projected into role-plays and recorded
- Stage 3: Sharing of material with EFPC membership
- Stage 4: Development of simulation games tool/package
- Stage 5: Writing a Discussion Paper based on the experience above

#### Stage 1 PIE's

The PIE APP developed by our Turkish partners of Saglik Bahcesi will allow us to identify Problems, Idea's and Experiences uploaded in the APP. The PIE APP will be introduced to the EFPC membership through a GoTo webinar.

Members will be able give weight to the PIE's by providing their response regarding the importance.

PIE's related to the topic of Interprofessional Collaboration and communication and language will be selected to develop small role-plays. In the meantime the different PIE's related to the annual theme will provide guidance for the chapters of the Discussion Paper to be finalized at stage 5.

#### Stage 2 Role-plays

Role-plays will be written by a small group experienced in using art and theatre in teaching and training. The role-plays will be directed and brought into practice with a larger group of volunteers at the EFPC Amsterdam conference (September 2015) and the WONCA Istanbul conference (November 2015). All role-plays will be recorded for further dissemination. Experiences of the live presentations will be noted and will be used to improve the scripts of the role-plays and as input for the Discussion Paper.

#### Stage 3 Sharing of recorded role-plays

The recorded role-plays will be shared among members the EFPC YouTube channel and specific EFPC GoTo webinars. Opinions and comments will be collected from experts watching the recorded role-plays. Different modes for collecting these opinions and comments will be used like web-based discussion sessions of small groups (max 5) and webinar session using the chat-box. All input will be used to improve the script of the role-plays and be part of the content of the Discussion Paper.

#### Stage 4 Simulation games tool/package

The development of simulation games package by the core group. The package is self-applicable for EFPC workshop facilitators, leading sessions on Interprofessional Collaboration and communication/language issues. It provides them tools to make session more interactive and providing a mirror to workshop participants

Stage 5 Based on the four previous stages a Discussion Paper of max 5 to 10 pages will be finalized which describes the objectives, process and results of the development of the simulation games package. It is used to disseminate the package by raising awareness via publication and describing the EFPC work.

Raising attention for the initiative and the draft discussion paper is foreseen during the following meetings:

- EIPEN conference August 2015, Nijmegen, Netherlands
- EFPC conference Aug/Sept 2015, Amsterdam, Netherlands
- WONCA Europe October 2015, Istanbul, Turkey

## 2.2. Dissemination

### *Plan & activities*

1) The EFPC seeks to expand its membership and thereby to strengthen its leading position for Primary Care in Europe. Halfway 2014, membership stands at 90 institutional members of local, regional and national organizations interested in primary care and 70 individuals from more than 25 countries in Europe. The EFPC envisage an annual increase of at least 10 % of our institutional members in 2015.

Members will be actively involved in the work on the yearly theme. Via the two-weekly newflash, which exists already for nearly 9 years, they will be informed about announcements for meetings and the latest developments on the objectives.

2) Position Papers provide policy makers with clear examples of good policies and practices and other experiences in Europe and elsewhere that can support their ability to make sound decisions for future Health Care systems in their regions or countries. The Position Paper on communication and language issues related to Interprofessional Collaboration will be published in an international journal in order to reach a large audience.

3) During conferences and meetings, representatives of the EFPC (secretariat, Board and members) give presentations, for example on the Position Paper and the EFPC's view on health systems policy developments in Europe. This includes conferences organized by the EFPC itself and other conferences, like active contributions to conferences of EIPEN (Nijmegen, August) WONCA Europe (Istanbul, October), International Hospital Federation (Chicago, October) etc.

4) The chairman of the EFPC, prof Jan De Maeseneer, has been chosen as the chair of the European Expert Panel on effective ways of investing in Health (EXPH). The WHO European Regional office is a member of the EFPC and the ECDC has been actively involved in the Barcelona EFPC conference with a session on Primary Care and health for Roma people. Hence, short lines are available to inform those supra-national agencies on the results of the project activities, in particularly the published Position Paper on communication and language issues related to Interprofessional Collaboration.

5) A Working Group within the EFPC is formed as an Alliance of National/Regional Community Oriented Primary Care services with two main objectives:

- \* to strengthen the lobby for Community Oriented Primary Care at regional, national and European level
- \* to stimulate the development of new national/regional associations of Community Oriented Primary Care services in Europe.

Another established EFPC Working Group with representatives of local, municipal authorities and primary care entities works on the exchange of knowledge on good practices in the development of primary care, for example in cities.

Both Working Groups will be actively involved in the work on the yearly theme and its' objectives. In the dissemination phase they will reach out to their subsequent networks of individual professionals and policy makers

6) A large part of the website is accessible for non-members and thereby also a tool for dissemination of the messages of the EFPC. Announcements for meetings and results on the theme of communication and language in relation to Interprofessional Collaboration will be published at the home-page.

7) In addition to the traditional channels of dissemination, from 2010 onwards the EFPC also uses social media. The EFPC has a LinkedIn discussion group that includes more than 5500 international primary care experts worldwide and is still growing rapidly.

In addition it has a Twitter account with more than 1000 followers which is communicating with the main stakeholders in primary care and health systems development. Among the followers are important stakeholders like PAHO/WHO, ECDC, European Observatory, WHO Europe, EHMA, European Patients Forum, etc.

Both channels with the social media will be used to ask attention for the results of the activities, in particularly for input in the groups discussions and for the final result, the Position Paper.

## **2.3. Operational management of the yearly theme for 2015**

### *Operational capacity for 2015*

The secretariat based at NIVEL, Utrecht, the Netherlands and university of Ghent, Belgium is responsible for the day to day running of the association with a paid coordinator (0,8 FTE) and secretarial support (0,4 FTE).

Mr Diederik Aarendonk, the coordinator of the EFPC, is a senior expert in public health and primary care programmes in transitional economies. He has an international Master's degree in public health.

Mr Aarendonk has extensive experience in managing public health reform programmes in CEE countries.

In his present position he is responsible for the activities within the EFPC, including preparation of Position Papers, WHO Site Based Learning Programmes, responses to EC consultations, etc. He is also responsible for the overall management of the EFPC like the correspondence with its' members and the administration of the EFPC's activities.

For the Work Programme in 2015 Mr Aarendonk will do the overall management to make sure objectives, milestones and deliverables will be met.

Ms Van Lancker is responsible for the logistic and administrative support for the EFPC activities. For the Operating Grant she will manage the finances.

For the 2015 Work Programme the Executive Board and Advisory Board members together with some key members not part of one of the Boards, will play a crucial role in meeting the objectives.

In general the Advisory Board include the representatives of the different stakeholders which are important for representation in the group discussions at different phases during the year.

Specifically some of those members will take the lead in the coordination of the 2015 theme Interprofessional Collaboration (IpC): the communication and language perspective.