



Special Conference Edition



www.thematicnetworkdietetics.eu

Issue 3 - November 2007

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Welcome to the 3rd DIETS Thematic Network Newsletter.

Welcome to the 3rd DIETS Thematic Network Newsletter. This edition focuses on the 1st DIETS Conference, held on 6th and 7th September 2007 at the University of Plymouth, UK.

The theme of the Conference was the 'European Perspective on Placement Learning' and brought together campus-based Dietitian educators and practice placement Dietitian trainers from 29 European countries.

Excellent speakers from Denmark, England, Scotland and the USA presented on a number of interesting and relevant topics. Inger-Margrethe Jensen discussed 'The Tuning agenda – significance to ensuring healthcare competence' and provided us with valuable advice on how to begin to work out competencies for dietetics. Ruth Young, a Reader in Health Policy Evaluation at Kings College London and a Member of the Scientific Advisory Committee of the European Health Management Association gave an expert opinion on competency of the European healthcare workforce. Linda Renton, who has 10 years experience of working with the Thematic Network for Occupational Therapy, presented on 'The role and scope of Thematic Networks' and gave us an insight into the professional opportunities presented by DIETS, while Brian Tobin, Professor and Founding Chair of the Department of Basic Medical Science Education and Coordinator of Nutrition Science Research in El Paso, Texas provided us with an excellent update on developments in life long learning. Professor Anne de Looy from the University of Plymouth gave an introduction to the DIETS Thematic Network.

The afternoon seminars, led by members of the DIETS Education and Practice Working Group, provided the opportunity to discuss best practice and quality indicators in practical placement education, how the skills of practice placement trainers can be developed and the evidence base for health care practice.

Original oral and poster presentations were made in the early evening of the 6th September, immediately following the 'Sharing Innovation in Placement Learning' Conference organised by the Centre for Excellence in Professional Placement Learning (CEPPL), University of Plymouth, on 6th September, which many DIETS delegates attended.

We hope that this edition of the DIETS newsletter will encourage those who missed the first conference, to join us for the second DIETS Conference in Frankfurt, Germany in September 2008.

Best wishes
Dissemination Group
DIETS Thematic Network for Dietetics

The DIETS Thematic Network for Dietetics is the grateful beneficiary of generous financial support from the European Union's Socrates programme. The Network takes sole responsibility for everything it publishes, including this newsletter, and wishes to make clear that the Education, Audiovisual and Cultural Executive Agency is not responsible for any use that may be made of the information contained herein



The Bologna Process Tuning Educational Structures across Europe Project : Nurse Education in Denmark

Inger-Margrethe Jensen

Inger-Margrethe Jensen, RN, MSc Nursing, DipINM, is Head of School of Nursing, Silkeborg and Department for International affairs, University College Jutland, Denmark.

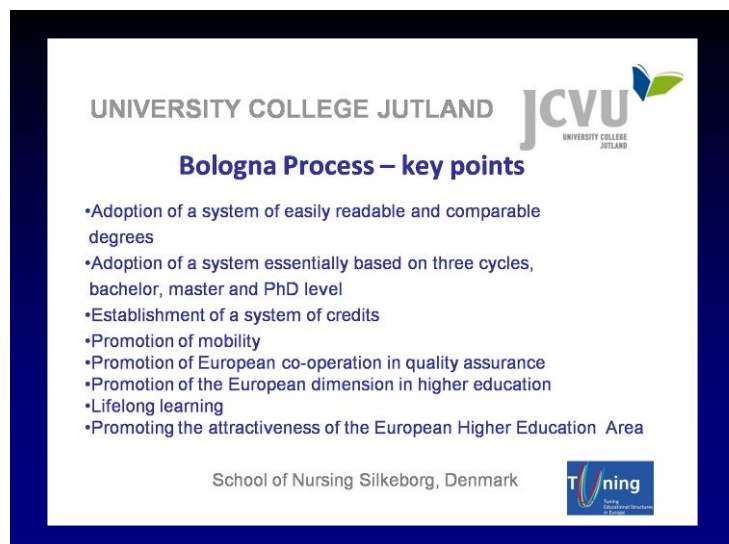
The Bologna Process (European Union, 1999) promotes the adoption of a system of easily readable and comparable degrees based on three cycles, at bachelor, master and PhD level with the establishment of a system of credits and an aim to promote student / teacher / researcher mobility. The Tuning Educational Structures across Europe Project focuses on educational structures and content of studies. As a result of the Bologna Declaration the educational systems in all European countries are in the process of reforming with an aim to achieve comparability of curricula in terms of structures, programmes and teaching. In this reform process the required academic and professional profiles and needs of society should play an important role. At the School of Nursing, University College Jutland, a tuning project, 'Tuning Educational Structures – Nursing' has been undertaken in collaboration with 14 university schools of nursing across Europe. In higher education, a shift from a staff oriented approach to a student centred approach is evident with less specialised academic education in the first cycle and greater flexibility in both first and second cycle programmes. This tuning project focuses on the development of generic and subject specific competencies i.e. what a graduate nurse needs to know, understand and be able to do in order 'to be fit for purpose and practice'. Competencies in the Tuning Project are defined as a dynamic combination of knowledge, understanding, skills and abilities. Development of these competencies for nursing involved developing generic, subject specific (knowledge, understanding and skills), ECTS, mapping approaches to teaching, learning and assessment and quality enhancement, including practice based learning. Learning outcomes are also required. These are

statements of what a learner is expected to know, understand and / or be able to demonstrate after completion of learning and are formulated by academic staff for each module and programme. The tuning project in nursing aimed to identify ways to implement three cycles in a practice based profession and to identify common reference points across Europe from a discipline and university perspective. It also aimed to develop professional profiles and comparable and compatible learning outcomes for nursing, to facilitate employability by promoting transparency in educational structures and to develop a common language understood by all stakeholders. The challenges that faced the nursing tuning project were that although the EU directive had specified professional areas and in some cases course hours required to practice, the academic level and competencies required had not been specified. National and professional regulation already existed in many countries and neither registration, nor a licence to practice, were tied in with first cycle degrees. Where regulations existed, they generally reflected the health care setting of the 1970s when the

regulations were originally designed. The tuning project has tools available on the website to help develop level descriptors, examples of competencies and learning outcomes, ideas for learning, teaching and assessing and a glossary of terms www.unideusto.org/tuning.

Additionally, nursing is a profession in transition; some health care programmes are direct entry in some countries e.g. midwifery and the multidisciplinary agenda in health care means more first and second cycle programmes are shared with others. In June 2007, the tuning project was validated by an international panel that made recommendations in the areas of patient safety/risk management, IT skills in a health care context, meaningful delegation and team nursing through management training. The new Danish Bachelor Curricula for Nursing Science is a 3½ year, 7 semester, 210 ECTS course with greater focus on science and health science, less focus on human and social science, a modular structure and an interdisciplinary module.

Dr Clare Corish, Dublin Institute of Technology



Health in Europe and why we need a competent healthcare workforce

Dr Ruth Young
Reader in Health Policy Evaluation
King's College London



Health in Europe and why we need to have a competent healthcare workforce

Dr Ruth Young

Reader in Health Policy Evaluation, King's College London

The focus of this presentation was to explain the European context for health, why this is important, the implications for the workforce in terms of mobility and describing competence and the challenges and opportunities this presents.

Traditionally, the EU has played a subordinate role in terms of health policy with responsibility for health being undertaken by the individual member states. The single European market, however, is based on four economic pillars i.e. the free movement of capital, goods, services and workers, all of which have an impact on health and health policies in the individual member countries. One of the results of this was the Bologna Higher Education Directive 2005/36/EC which aims to facilitate labour movement throughout the EU.

Despite this, however, mobility is not as easy as it sounds as factors such as cultural adjustment and language must all be dealt with before true worker mobility can be a reality. In terms of the movement of health workers, additional factors such as the scope of professions, professional autonomy, relationship to medicine, experience of multi-disciplinary team working may vary in the different EU countries and will impact on the movement of the workforce. Moreover, issues such as patient autonomy and confidentiality and the psychosocial aspects of health and illness may vary widely among the EU member states.

Despite the difficulties that exist, a number of European Court of Justice cases have supported the movement of workers within the EU with the

argument being that cross border care is not a threat to human health because member states have similar standards of care. However, only the establishment of minimum training standards in higher institutes of education across Europe will guarantee this. As such, competencies to practice must be defined for use across Europe which encompass a combination of clinical knowledge and skills, language and communication and culture.

In summary, healthcare is not just another product to be traded. Safeguarding quality is paramount, there are no easy solutions and it is essential that levelling of competencies is up and not down, but the work in doing so will be worth the effort in the long run.

Dr Clare Corish, Dublin Institute of Technology

“Health” in Europe

- Health policy always played subordinate role in EU
- Subsidiarity – health is responsibility of nation states
- BUT – cannot separate from broader economics
- Health sector and its workforce is affected and has to respond



Summing Up

- Healthcare is NOT just another product
- Safeguarding quality should be paramount
- No easy solutions – essential to tackle issues “head-up”
- BUT worth the effort ... in long-run



All the presentations from the DIETS Conference are available in full at www.thematicnetworkdietetics.eu

1995-2006 ENOTHE

10 Golden Rules for a Successful Thematic Network:

1. Rationale.
2. Policy.
3. Strategy – proactive.
4. Management and Organisation Structure.
5. Flexibility, Development and Innovation.
6. Research.
7. Dissemination.
8. Links with: Professionals.
9. Links with: Industries/ Employers.
10. Links with: Society/ Clients.

Hanneke van Bruggen and Linda Renton.

European Network of Occupational Therapy in Higher Education



10 Golden Rules for a successful thematic network

Linda Renton

Queen Margaret University, Edinburgh
Secretary to European Network of Occupational Therapy in Higher Education (ENOTHE)

European Network of Occupational Therapy in Higher Education (ENOTHE)

Linda Renton spoke passionately about the European Network of Occupational Therapy in Higher Education. ENOTHE was founded in 1995 in Aalborg, Denmark with 21 members from 10 different countries and by 2006 had 185 members. During its 12 years the network has successfully functioned by using “10 Golden Rules” which could also be applicable to the DIETS Thematic Network.

“10 Golden Rules”:

- 1st) **Rationale** – It is important to identify the purpose of the thematic network. In the case of ENOTHE, this required analysis of the needs of the members and the position of occupational therapy (OT) and education in Europe (EU);
- 2nd) **Policy** – An awareness of European policy to develop the “European dimension” in the profession is vital;
- 3rd) **Strategy**: A proactive strategy is important. ENOTHE decided to create a curriculum framework for OT in Europe with a common philosophy for the profession and education.
- 4th) **Management and organisation structure** – A successful thematic network needs to have a good management team and organisational structure. The management team in ENOTHE was linked to professional associations and the project groups. Members and students were actively involved.
- 5th) **Flexibility, development and innovation** – Try to be creative in the use of the budget to give opportunities to people keen to develop and to the most active people and institutes. Also, leave space in the annual programme and budget for new developments.
- 6th) **Research** – It is important to make links with the EU’s 7th framework networks and themes. Thematic networks are stronger collaborating in archipelagos than working on their own.
- 7th) **Dissemination** – Widely distribute publications and other products of the thematic network beyond your own discipline and get them validated by professional bodies, clients etc. Implement the “products” and support them within your own profession.
- 8th) **Links with: professionals** – A successful thematic network needs to establish strong links with its profession. ENOTHE had made a framework and objectives for new projects groups and all members were able to apply or be part of a project group
- 9th) **Links with: industries / employers** – links with industry and employers are also important.
- 10th) **Links with: society / clients** – ENOTHE used the European Year of Disability to create stronger relationships with disability organisations.

During these 12 years ENOTHE developed and was part of different projects:

- TEMPUS Project in the Charles University;
- Student network;
- 3 Publications;
- ENOTHE curriculum guidelines;
- Joint Action Project;
- Student CD-Rom.

These 10 Golden Rules have helped ENOTHE work as a Thematic Network across the European Union to develop Occupational Therapy education and practice. Linda Renton wishes DIETS much success.

Rute Borrego

ENOTHE
**Third Thematic Network
Approved**

Comment of expert from Brussels on our last application:

“It is obvious that the societal demand is great for developing an academic based discipline such as as Occupational Therapy, with impact on a European scale“

Lifelong Learning: How can healthcare practitioners remain competent?

Brian W. Tobin, Ph.D.
Associate Dean for Medical Education
Founding Chair, Department of Medical Education
Professor of Biomedical Sciences and Pediatrics
Texas Tech University - Health Sciences Center
Paul L. Foster School of Medicine
El Paso, Texas - United States

Lifelong Learning: How can healthcare practitioners remain competent?

Brian W. Tobin Ph.D.

Associate Dean for Medical Education
Founding Chair, Department of Medical Education
Professor of Biomedical Sciences and Pediatrics
Texas Tech University - Health Sciences Center
El Paso, Texas - United States

Dr. Brian Tobin addressed the conference on the subject of lifelong learning and healthcare practitioner competence via video link from El Paso, Texas.

The aim of the European Union's Lifelong Learning Programme: 2007-2013, is for lifelong learning to contribute to the achievement of an advanced knowledge society, with sustainable economic development, more and better jobs and greater social cohesion.

He proposed that an operational definition of lifelong learning should include a multidimensional assessment of competence to be valid and reliable. Multidimensional assessment means assessing basic skills and clinical reasoning, demonstrating expert judgment and professionalism, managing ambiguity, mastering time management and, where necessary, adapting learning strategies. He also sought to define the concepts of "competent", "competence" and "performance".

Dr Tobin then compared three diagnosis models of medical education:

- 1) the lecture format
- 2) hypothetico-deductive model
- 3) scheme-inductive model

The lecture format relies on a large amount of memorisation. The hypothetico-deductive model contains unguided instruction and is a student-centered learning taxonomy. The scheme-inductive model is based on the patient's clinical signs, includes guided instruction and the diagnosis is the educational taxonomy. The focus of the scheme-inductive model is the 125 clinical presentations a patient could make; enabling a study of 130 cases, for instance, to cover 102% of clinically relevant basic sciences. Dr Tobin contrasted this with the 3263 possible diagnoses of the hypothetico-deductive approach which in a similar study of 130 cases would result in coverage of a mere 4% of clinically relevant basic sciences. Dr Tobin's perspective has changed the El Paso curriculum to base it on scheme-inductive reasoning, clinical presentation, lecture and small group education, PhD and MD collaboration. Dr. Tobin described the traditional lectures and clinical presentation format for obesity. He stated that hypothetico-deductive reasoning is less efficient than a scheme-inductive model where knowledge is gained in the format in which it is used, the taxonomy of learning is the taxonomy of application, the transfer of knowledge is enhanced and it is not necessary to re-structure knowledge organisation, from lecture, to practice.

Mine Yildirim

Lifelong Learning

- On 21/10/01 the European Commission published: "Making a European Area of Lifelong Learning a Reality."
- This communication... [advocated that the EU] "... identify coherent strategies and practical measures with a view to fostering lifelong learning for all".
- A key goal proposed was "... for Europe to become the most competitive and dynamic knowledge-based society in the world."

V. Tipping the Balance:

"Do the Math"

Hypothetico Deductive:
3263 diagnoses, 130 cases / yr 1 - 2,
4% of Clinically Relevant Basic Sciences

Scheme Inductive:
125 presentations, 130 cases / yr 1 - 2,
102% of Clinically-Relevant Basic Sciences

TTUHSC, BW Tobin, 2006.

My Recommendation:

- Use Clinical Presentation Models
- Try Scheme-Inductive Learning
- Use a Clinically-Relevant Format
- Build Basic and Clinical Collaborations
- Foster RD, PhD and MD Co-Partnerships
- Teach to the "Educational Need"
- Change the World

Workshops



One of the aims of the conference in Plymouth was to learn from each other. For that reason workshops were held. The first workshop dealt with 'Encouraging skills needed by educators to teach students. The second was held on the quality of the practical placement and the third workshop dealt with 'Developing an evidence-based approach in dietetic educators'. The groups all discussed three questions on each subject. Despite some language barriers all participants involved gave their best to get results from the discussion.

Participants agreed that a good preparation in the HEI is important. Students have to practice before they can go on their placement. The way students practice varies throughout countries and HEIs that attended the workshop. Several ideas were mentioned, such as role-play between students or student and teacher, or student and a trained volunteer. Video role play is considered to be helpful in recording student-patient activities. Structured feedback and showing examples of situations in practice can be a good preparation as well.

One workshop addressed the evidence there is on the value of the tools that are used to assess students in practice. All participants agreed there is a lack of evidence. Recording interviews does help, but the practice trainers also need to be prepared before students start their placement. A questionnaire for the practice placement is needed.

Ellen Govers NMG/EPG

Role play helps to prepare students for practice.

As dietitians we need to collect the evidence ourselves.

We need to do research to produce robust evidence

It is vital to have agreed standards between HEIs and practice placement areas.

CEPPL Conference, University of Plymouth

CENTRE FOR EXCELLENCE IN PROFESSIONAL PLACEMENT LEARNING

Having been involved in coordinating students' practical training for the past six years in the UK and Ireland, I was eager to find out how we can move forward and further develop our skills as trainers.

The aim of CEPPL is to:

- Disseminate existing excellent practice in placement learning
- Develop placement learning practice in collaboration with others.

The day was mapped out with a variety of enthusiastic and empowering speakers from the Faculty of Health and Social Work, University of Plymouth.

The highlight for me was a mobile learning workshop, which cleverly demonstrated how students could use modern technology such as an ipod to have a quick tutorial before practising a specific skill on a patient. The session involved a project the HEFCE funded with Podiatry students from Plymouth University. This group was widely distributed and often felt remote from campus support. By using video footage as evidence of achievement of a learning outcome the technology was also an assessment tool. These video stills were then reviewed with their tutor/peers providing further reflection.

Melanie Parker and Ruth Clemow spoke on their experiences of inter-professional education (IPE). This is based on the theory that we learn from each other and

introduces the idea of students self-directing their own learning in the placement.

Margaret Chambers and Janet Kelsey provided an insight into Theory Focused Practice in Children's Nursing. They addressed the theory practice gap and the need for focused learning outcomes to develop an evidence base for practice. Using this model, students were not allowed to partake in ward duties unless specifically related to a learning outcome e.g. hand washing or line management. Other learning outcomes involved shadowing a patient for a day or speaking with the family of a patient with a long-term illness and finding out how they cope with it.

After lunch, Deirdre Ford addressed coping with disability and equality while on practical placement. Dr Andrew Evenden and Dr Karen Gresty introduced the genesense 'toolkit'. This model is based on self-directed learning using case studies as a way of covering a new topic without impinging on the curriculum www.genesense.org.uk.

The day closed with Professor Susan Lea Director of CEPPL asking why we should transform placement learning. She outlined that it should be learner centred and achieved through the teacher-student relationship, a process of dialogue. For further information see www.placementlearningcetl.plymouth.ac.uk

Naomi Bates, Student Training Co-ordinator, St Vincent's University Hospital, Dublin, Representative of the Irish Nutrition and Dietetics Institute.

DIETS Working Groups

There have recently been changes* to the membership of the DIETS working groups:



- Elke Naumann (Chair)
- Iva Marques-Lopes
- Karen Soendergaard
- Rega Kegyes
- Anne Marie Favreau*
- Karin Van Ael*
- Ellen Govers (NMG link)



- Irene Mackay (Chair)
- Stojan Kostanjevec
- Ylva Mattsson Sydner
- Ersilia Troiano
- Ana Catarina Moreira
- Andrea Hunziker
- Ellen Govers



DIETS DIELS

THEMATIC NETWORK
FOR DIETETICS



- Elina Zwickert* (Chair)
- Paraskevas Papachristos
- Sorin Ioacara *
- Cito Maramba
- Ersilia Troiano (NMG link)
- Andrea Räss * (NMG link)

- Türkan Merdol (Chair)
- Rute Borrego
- Clare Corish
- Brigitte Winklhofer-Roob
- Ana Catarina Moreira (NMG link)



Conference Photo Album



*Does anyone know where we are?
Judith Liddell points the way*



Irene Mackay welcomes delegates to the conference



*Linda Renton inspires DIETS with
10 Golden Rules for a successful thematic network*



*Anne de Looy introduces DIETS
to those in the dark*



Brains were stormed...



*Many delegates attended the
CEPPL conference the day before*



...and stormed some more.



*For the working groups the work
continued into the weekend*

DIETS DIETS



But everyone was still smiling at the end.