



55th EQiP Assembly Meeting

EUROPEAN QUALITY &
SAFETY CONFERENCE

29-30 March 2019

Mediterranean Palace Hotel
Thessaloniki, Greece



Wonca

World family doctors. Caring for people.

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EQiP
European Association for Quality and Safety in General Practice/Family Medicine

55 th EQuiP Assembly Meeting in Thessaloniki

Friday 29 March 2019

08.30 - 9.00 Opening Ceremony

09.00 - 9.45 Keynote #1

C. Sakellarides
Health Systems and Quality of Care

09.45 - 10.30 Keynote #2

U. Weigeldt
The usage of Digital Devices to Support Patient Safety in Primary Care

10.30 - 11.00 Coffee & Tea

11.00 - 12.30 Workshops Round 1

Aris Paganas & Vasiliki Garmiri
eHealth: Current Situation, Implementation, Barriers and Perspectives according to European Commission Guidelines

Eva Adridson & Petros Pappas
Healthcare Quality Indicators in the context of the Primary health Care

Maria Pilar Aster Pena & Colleagues
"Building a safer healthcare system for family doctors as patients"

12.30 - 13.00 Presentation of video by I. Dupie
Small changes in our everyday life

13.00 - 14.00 Lunch

14.00 - 14.45 Keynote #3

E. Panagopoulou
Burnout in Primary Care Professionals

14.45 - 15.30 Keynote #4

A. Rochfort
Health Professionals as role Models for Peers and Patients

15.30 - 16.00 Coffee & Tea

16.00 - 17.30 Workshops Round 2

Dimitrios Alepidis
Providing Medical Care at Home - A SWOT analysis based on 25 years of experience of the company "Nurse at Home"

Zlata Ozvacic & Manolis Smyrnakis
Teaching Quality to the Professionals

D. Rodriguez & Sofia Dimopoulou
Healthy living style for health professionals

17.30 - 18.15 Keynote #5 (Feature)

R. Altisent
To get sick is human, when the doctor is the patient. A Spanish National Survey about Doctor's Health - Ill Behaviors

18.15 - 19.00 Walk in Thessaloniki's Seaside
(optional)

20.00 - 23.30 Gala Dinner

Saturday 30 March 2019

09.00 - 9.45 Keynote #6

Z. Klemenc-Ketis
Using Patient Education to get Healthier Patient

09.45 - 10.30 Keynote #7

A. Howe
Patient Safety in Relation to Healthy Practices and Healthy Professionals

10.30 - 11.00 Coffee & Tea

11.00 - 12.30 Workshops Round 3

Ulrik Bak Kirk & Lenia Chovarda
Social media: How doctors and patients use them

Jan Van Lieshout & Zoi Tsimtsiou
Patient enablement through person-centered care

Isabelle Dupie & Athina Tatsioni
Patient Participation in Patient Safety

12.30 - 13.15 Plenary Discussion

13.15 - 14.15 Lunch



Dear colleagues,

I would like to invite you to our Annual Open Meeting which will be held in the beautiful Greek city of Thessaloniki. In the latest years, the annual open meetings that are organised by EQuIP and the host local organiser (usually the national representatives of EQuIP member countries in EQuIP Assembly) have become a meeting point of the international experts on primary care quality and patient safety. These meetings also support the efforts of the country that they are held in for better quality and safety in primary health care, from the professional, organisational, and political view.

Greece has recently made a great step towards a stronger primary health care with a health care reform introducing the general practitioners as gate-keepers and thus assigning them a central role in the health care system. They have also established the primary health care educational centres where a future general practitioner would be educated, and a new curriculum for the general practice training which is in line with the European requirements. So, organising an international conference on quality and patient safety in primary health care is a logical step forward.

The organisers have chosen a very interesting and current topic: Healthy practices, healthy professionals, healthier patients. The professional health has been an important topic for EQuIP for many years. No physician can provide quality and safe services if not healthy. In today's world, medicine has become a productivity-oriented profession and empathy, time, communication, holistic care, and person-oriented management have become less important in the eyes of decision makers. But without these important features of general practice/family medicine, the general practitioners are less satisfied with their work and hence could become less healthy. This could lead to worsening of the care quality and patient safety.

A lot has also been discussed in the recent years about the safety culture. It describes leader and staff interactions, attitudes, routines, awareness, and practices within an organisation. If high, it essentially marks a healthy working environment which is directly associated with lower number of safety incidents and near misses.

Both healthy practices and healthy professionals are necessary for a high level of quality and safety in primary health care. And this Annual EQuIP Open meeting will be about all three aspects.

I think that the topic is broader enough but yet specific enough to enable fruitful discussions, high quality contributions, and meaningful conclusions.

I invite you to come and share your opinions and experiences with your colleagues from around the Europe.

I am really looking forward to meeting you in Thessaloniki!

Zalika Klemenc Ketiš
EQuIP President

Time & Venue

29-30 March 2019
Mediterranean Palace Hotel
Thessaloniki, Greece

Important Dates

1 November 2018: Conference registration opens.
1 December 2018: Abstract submission opens.
31 January 2019: Abstract submission closes.
10 February 2019: Notification of abstract acceptance.
29-30 March 2019: 55th Assembly Meeting.

Join EQuIP - Save Money!

Registration rates are 200 EUR for 1 day and 300 EUR for 2 days without EQuIP membership.

Become an EQuIP member right away and enjoy the reduced registration rate of 150/200 EUR.

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**Register and/or
Submit abstract [here](#)**

Three Conference Themes



Dear colleagues - General Practitioners/Family Physicians - and other Primary Health Care professionals,

It's a great honor for me to invite you to attend the 55th EQuIP Assembly Meeting, which will be held in Thessaloniki, Greece, on 29 & 30 March, 2019.

EQuIP - the European Society for Quality and Safety in General Practice - in collaboration with ELEGEIA - the Scientific Association of General Practitioners in Greece - organize the 55th EQuIP Assembly Meeting under the main theme: "*Healthy Practices, Healthy Professionals, Healthier Patients*".

It will be a beautiful journey of learning and interaction about these three main topics of quality and safety in Primary Care.

We wait for you in Thessaloniki, next March, 2019, to discuss, reflect and interact with Experts in the field, across Europe and Greece, about topics that are affecting all of us, in order to provide qualitative healthcare, without harming our own health but improve it along with our patients' health.

I am looking forward to welcome you in our beautiful Thessaloniki, which combines more than 3.000 years of history with a modern way of living and many entertainment opportunities.

Kind regards,
Sofia Dimopoulou
President of the Meeting
Greek Delegate in EQuIP
ELEGEIA's Chairwoman of Quality Assurance
Committee GP in Greece

#1 Healthy Practices

The first conference theme, 'Healthy Practices', have been chosen as our practices are essential for better performance of primary care professionals, which finally contribute to the best possible outcome of the patient's health. Practices are both the infrastructures, equipment, procedures, staff, ways of payment, patients list and many other things that affect the primary care setting on one hand and on the other hand the protocols, guidelines, disease thresholds, medication choices, communication skills, teaching patients ability and many others that we use in our everyday life in our work.

In Greece, especially during the financial crisis, all these quality parameters were severely affected, but also Europe faces similar problems due to instability of the population, like aging and immigration: How can we ensure that our practices - infrastructure, equipment, procedures, staff, protocols, guidelines, etc. - are healthy both for the professionals and for our patients?

#2 Healthy Professionals

According to the second conference theme about 'Professionals' Health', we invite you to discuss not only about the continuing growth of burnout and the urgent need to manage the maintenance of our own health, but also the important role we play as health models to our patients: How do we maintain our health status? How do we address our own health problems? Are we the proper health role models to our patients?

#3 Healthy Patients

Finally, healthy practices and healthy professionals must lead to healthier patients: How can we involve our patients in a healthier and more qualitative healthcare? Could this be the key to improved health status?

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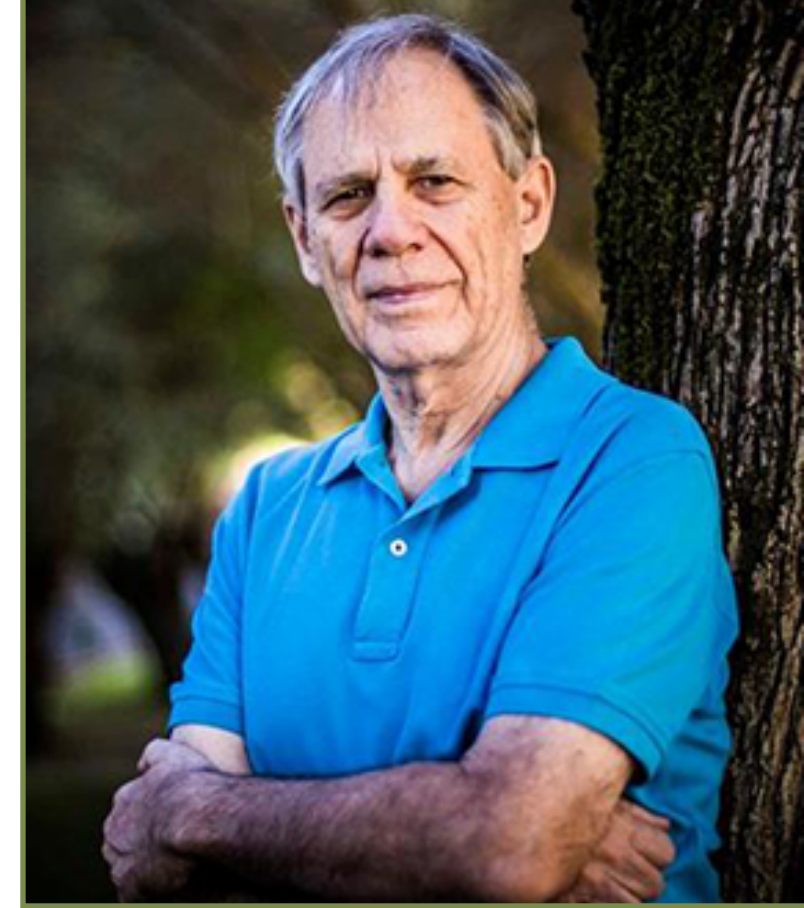
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Constantino T. Sakellarides

(NOVA University of Lisbon)

Person-centred care at the age of complexity – the role of Collaborative Intelligence



Keynote Abstract

Health systems are facing formidable times everywhere.

They are becoming increasingly complex and difficult to understand by their stakeholders. They face serious professional, organizational, managerial and financial challenges.

It is now necessary to address health systems change management from a complexity perspective.

Health systems need to be understood and influenced simultaneously at a “macro”, intermediate (“meso”) and “micro” action levels:

- At the micro level, there are personal and interpersonal decisions-making processes taking place, involving professional practices and personal choices by citizens and their relatives. Multi-morbidity, personal health care plans and health literacy are here major challenges;
- At an intermediary level there are complex organizational and managerial settings that need to evolve from traditional command-and control modes to more open, adaptive, locally lead and innovative arrangements;

- At more macro level, public policies for health require (a) concerted action between professions, different government sectors, public and private initiatives and relevant international players and (b) a robust knowledge base;
- All these decision-making settings are imbedded in cultural values. In some countries evolution towards self-expression values seem necessary

In this context, a comprehensive view of the requirements for managing change at all these different action levels is necessary.

Selected examples are presented and discussed.

At the age of complexity, collaborative and adaptive policy-making and implementation are necessary. Under these circumstances, “collaborative intelligence” will become a mandatory component of health policy-making and health systems change.

Bio

Constantino T. Sakellarides

Education:

- Medical Doctor (University of Lisbon Medical School, 1967)
- Master of Science in Epidemiology (University of Texas School of Public Health, 1972)
- PhD in Public Health (University of Texas School of Public Health, 1975).

Professional experience:

Rural doctor in Mozambique, Director of a pilot health centre in Lisbon, WHO/Europe primary health care consultant, Director for Health Policy and Services of WHO/Europe, in Copenhagen; Director General of Health of Portugal; Professor of Health Policy and Management at the National School of Public Health; Nova University of Lisbon; President of the European Public Health Association (EUPHA); Director of the National School of Public Health, Nova University of Lisbon; Senior Consultant of the Portuguese Minister of Health for health literacy and integrated care integration.

Currently:

Emeritus Professor of Health Policy, National School of Public Health, New University of Lisbon; Chairman of the General Council of the Évora University; member of the Board of the “Foundation for Health – National Health Service”; member of the scientific committee of the “Strategy against Poverty”, of the Regional Government of Azores.

Ulrich Weigeldt (UEMO)

The Usage of Digital Devices to support Patient Safety in Primary Care



Keynote Abstract

Healthcare isn't expensive. Chronic diseases represent a major share of the total burden of disease in Europe and are responsible for most of all deaths. Prevention is the key and digital tools as well as digital therapeutics could play a big role.*

They have the potential to provide effective, low-cost ways to prevent and treat chronic diseases and their consequences. Together with EgoPulse we created a platform to help doctors care for their patients using digital tools. It is driven by doctors, paid by insurances and loved by patients.

Bio

Born in 1950 in Lüdenscheid, Mr. Weigeldt finished his medical studies at the University of Kiel and became an ambulatory specialist in family medicine in Bremen in 1983.

1993-2004:

Member of the Assembly of delegates of the Medical Association in Bremen; 1993-1995: Member of its Board

1993-2005:

Chairman of the Hausärzteverband in Bremen.

1997-2001:

Deputy Chairman of the Kassenärztliche Vereinigung (ASHIP) in Bremen.

1999-2007:

Board member of the Deutsche Akademie für Allgemeinmedizin der Bundesärztekammer (German Academy of General Practitioners of the German Medical Association).

In 1999:

Elected to the Board of Directors of Deutscher Hausärzteverband e.V., becoming their Chairman in 2003. Resigned this Office in 2005, when he was elected as a member of the Board of Directors of the Kassenärztliche Bundesvereinigung (NASHIP), responsible for the part of primary coverage.

After leaving NASHIP in 2007, Mr. Weigeldt again became Chairman of Deutscher Hausärzteverband e.V.

In November 2012: Elected as Vice-President of the UEMO.

Current e-health implementation Status:

Tracing Opportunities, finding Perspectives and addressing Barriers

By Aris Paganas & Vasiliki Garmiri



For benchmarking reasons, as well as for implementation and adopting measurement regarding e-health, EU currently recognizes 4 categories of broadly defined ICT domains: Provider-centric ER, Patient-centric ER, Health Information Exchange and Tele-Health, each with its own set of attributed functionalities.

The European Commission has also formed four separate Task Forces, one for each domain. Each of them issued a set of guidelines and specific questionnaires to be administered to primary health care and hospital settings, each targeting a specific population.

The scope of this workshop is to facilitate a discussion regarding the current e-health situation in each of the countries that participate, discuss perceived barriers to implementation and adopting and also trace possible future opportunities and perspectives, all in the light of the abovementioned domains.

1. Brief Introduction

E-health in 2019. Definition and importance for the quality of healthcare services provision.

E-health domains and attributed functionalities as described by the EU.

Description of the work in groups that will follow.

2. Work In Groups

Participants will be divided in groups of 5-6 people, aiming for a mix of countries and working facilities.

They will be asked to discuss the current situation in their countries regarding e-health, focusing on the 4 domains above, the barriers they perceive regarding implementation and adopting and also the possible solutions they see towards perceived barriers.

After 40 minutes, each group will appoint one member to briefly present in 3-4 minutes what was discussed in the group.

3. Wrap-Up

Closing remarks and interesting points discussed by the appointed EQUIP expert.

Healthcare Quality Indicators in the context of the Primary health Care

By Eva Adridsson and EQuIP Working Group & Petros Pappas



Background

Quality indicators can be powerful tools for quality improvement.

They help us to initiate, stimulate and support local improvement work. Data for these discussions can be collected as quality indicators.

However, they can also be used in a negative way, e.g. ranking practises or even as tools for pay for performance.

Objectives

In this workshop, we will discuss different uses of quality indicators with help from examples from various European countries.

Each participant will leave with updated knowledge on the use of quality indicators.

The ambition is also to support workshop attendees in using quality indicators in a way that can improve daily practice and increase joy in daily work.

Structure

1. Introduction: *What are Quality Indicators? How are they used? When are they useful?*
2. Short plenary presentations with examples from various European countries:
 - Good use of indicators.
 - Negative use of indicators.
 - The process of constructing indicators: Top-down versus bottom-up.
3. Small group work discussing good and negative uses of indicators, including the proper process of developing indicators.
4. Summary and conclusions.

Building a safer healthcare system for family doctors as patients

By Maria Pilar Aster Pena & Dr Gallego, members of Dept. of Professionalism and Clinical Ethics. University of Zaragoza (Spain)



Background

The process to become a patient is not easy when the patient is a doctor. There is a role conflict where doctors who are prepared to heal become patients.

This process is taught neither at medical schools nor at medical residency so there is much inappropriate behaviour which threatens doctor health.

Aims of the workshop

1. To describe the process of doctors getting sick from students to retired doctors.
2. To describe the incidents in the care of sick doctors.
3. To make international comparisons on the healthcare for sick doctors.
4. To discuss recommendations of the handling of sick doctors for health institutions in which they work, they visit them as patients, and institutions that protect their professionalism and the medical faculties.

Methodology

First, a review of studies in relation to the doctor as a patient.

Second, work in small groups to prepare a checklist of issues to improve the care of sick doctors.

Third, review a questionnaire on Behaviours and Attitudes of Physicians concerning their self-illness process (BAPIP).

Participants will receive a link or QR to be able to access to BAPIP questionnaire.

Outcomes

To increase patient safety culture awareness among participants concerning the illness process of healthcare professionals.

To identify patient safety issues to improve sick doctors' care.

Presentation of video by I. Dupie:

Small changes in our everyday life

WORKSHOP



Efharis Panagopoulou

(Aristotle University)

Burnout in Primary Care Professionals



Keynote Abstract

Healthcare systems across Europe have systematically highlighted the importance of treating patients as whole people, not just as diseases, but health professionals seem to be exempt from this holistic view, as indicated by the high numbers of burnout.

Today there is enough evidence to suggest that expecting health professionals to deliver safe, efficient and patient centred care, while they are getting more and more burnt-out, is not only ineffective but also costly and dangerous as indicated by the increasing numbers of medical mistakes, and patient neglect.

Treating burnout is not enough. If 1 in 2 of practicing physicians are experiencing some degree of burnout, it is important to examine why the remaining half are not. Physician resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost. During the talk we will discuss how physician stress is inextricably linked to patient safety in primary care.

Bio

Efharis Panagopoulou, PhD is an associate professor of health psychology and promotion in the Department of Primary Care in the Medical School of Aristotle University in Greece.

After completing her doctoral thesis in Leiden University, The Netherlands, she joined the Medical School in 2002 with a European fellowship aimed at attracting research leaders from abroad.

To date, she has coordinated several projects in the field of burnout, medical mistakes, and clinical decision making. Dr. Panagopoulou is the Principal Investigator of the ORCAB project: "Organisational culture, professional burnout and quality of health care". (7TH Research Framework, European Union).

The project involves 10 partners from 9 European countries and the funding budget is 2.1 million Euros. In 2012 she has received a Fulbright scholarship for New York University to study the impact of information concealment on couples coping with cancer. From 2015-2017 she has worked as an expert adviser in the Department of Primary Care, in the Medical School of Manchester University in projects concerning diagnostic uncertainty, resilience and burnout among GPs.

She is currently an honorary fellow in the same department. In 2014 she has founded the WELLMED network, the first network of researchers, practitioners and educationalists linking the field of physician well being and patient safety and has chaired the three "International Meetings on Wellbeing and Performance in Clinical Practice" (2014, 2016, 2018).

Andrée Rochfort (EQuIP)

Health Professionals as Role Models for Peers and Patients



Keynote Abstract

The future roles for family physicians and general practitioners within 21st century health systems are being designed today. Dr Andree Rochfort will draw from her years of international work in the area of physician health and wellbeing, medical professionalism and patient self-management to speak to us about the challenges and opportunities faced by physicians as role models.

She will explore the impact of positive change in the personal and professional aspects of physician lifestyles, and how this can influence safety and quality of care for patients, whilst promoting physician job satisfaction and retention.

Bio

Dr Andrée Rochfort is married with four children. She graduated from Trinity College Dublin in 1987 and completed her specialist training for general practice in Cardiff, Wales where she was a practice partner in a five doctor practice. She has worked as a GP in County Wexford, in southeast Ireland since 1998.

She has been a staff member of the Irish College of General Practitioners www.icgp.ie since March 2000, as Director of the Doctors' Health Programme and in 2013 was appointed Director of Quality Improvement at the ICGP. She is on the Board of the European Association for Physician Health www.eaph.eu since its foundation in Oslo in 2009. She is the Irish national representative to EQuIP, the European Society for Quality and Safety in General Practice, since 2007 and was on its Executive Board as Hon Secretary for nine years www.equip.woncaeurope.org

As EQuIP representative she completed a term on the Executive Board of Wonca Europe 2013-16, the World Organisation of National Colleges and Academies of Family Medicine, European Region. Andrée joined the Wonca Europe Working Group on Overdiagnosis in 2017, and contributed to the Wonca Europe 2018 policy statement on Overdiagnosis and Overmedicalisation.

In addition to her GP work she has qualifications in occupational medicine and medical education. She is interested in professionalism, medical education and patient education and has lectured in Irish medical schools, postgraduate colleges, medical societies, and at medical conferences in Ireland, Europe, UK, Canada and Australia on topics such as quality of care, patient safety, doctors' health and healthcare, and promotion of workplace health and wellbeing for health professionals. She has also published on these topics. Her clinical interests include paediatrics, adolescent health, lifestyle medicine and patient self-management support.



Providing Medical Care at Home

- A SWOT analysis based on 25 years of experience of the company "Nurse at Home"

By Dimitrios Alepidis



Background

Health systems trying to ensure that any patients hospitalizing period will be minimal and the therapeutic outcome will be maximum. So far there is a missing point: home delivered healthcare after a patients hospital discharge.

Aims

The evaluation and improvement of a healthcare team delivering high quality, personalized, patient centered, effective and efficient medical treatment at home after a hospital discharge to ensure recovery and return of the patient in previous quality of life.

Method

Our center 'Nurse at Home' has established a team of health professionals including nurse, family doctor, paramedic and ambulance.

A SWOT analysis (strengths, weaknesses, opportunities, threads) is performed according our 25 years of experience treating more than 100,000 patients at home.

Results

There has been observed better collaboration with the hospital, better management of the disease, early detection of complications, easier access to hospital in case or planned reevaluation, shorter period of recovery, patient's better psychological status, faster mobilization, better social interaction.

Those outcomes are observed in all ages but are more prominent in older and frail patients. In some cases intrapersonal conflicts might occur. The uptake of all financial costs from the patients also might be an issue.

Conclusions

Despite the difficulties, frequent and organized follow up at home, after hospital discharge, through a team of health professionals, is beneficial for our patients in physical, emotional and social level.

Teaching Quality to the Professionals

– Use of Significant Event Analysis

By Zlata Ozvacic Adzic, Zalika Klemenc-Ketis, Felicity Knights, David Rodrigues & Emmanouil Smyrnakis.



Background

Significant Event Analysis (SEA) - a method of case-based auditing developed by Pringle et al - represents a reflective process in which individual episodes of care are being systematically analysed by team members to ascertain learning and future improvements in quality of care.

Aim

The aim of this workshop is to evaluate and promote the potential of Significant Event Analysis (SEA) as an educational tool in teaching quality and safety to health professionals.

Method

The workshop will consist of three parts. In the first part, the plenary presentation will be given to present the SEA background and protocol.

The participants will then be divided into small groups with the task to use SEA on selected case scenarios.

This will be followed by a plenary presentation and discussion.

Results

The expected results represent various experiences in using SEA method by the workshop

participants, as well as promotion of using SEA reflective practice in self-directed learning of health professionals.

Conclusion

Health professionals are expected to acquire core quality improvement (QI) and patient safety (PS) competencies in order to promote changes in the health care system necessary to improve health outcomes and provide safe patient care.

Adult learning techniques, combining didactic and experiential learning as in SEA, have been identified as key factors for success in delivering QI and PS curricula to health professionals.

Healthy living style for health professionals

By David Silvério Rodrigues (1,2,3), Ana Catarino Gomes (3) & Lélío Amado (3)

1: Portuguese National Family Medicine Association (APMGF).

2: Nova Medical School - Universidade Nova de Lisboa.

3: USF Santa Cruz, ACES Oeste Sul - Lisbon and Tagus Valley Health Region - Portuguese Ministry of Health.



Background

It is recognized that the adoption and maintenance of healthy lifestyles by the population is of greater importance for effective intervention in the prevention and control of chronic non-communicable diseases.

Physical Activity also improves the health, well-being and quality of life of the population, at all stages of the life cycle.

Both the health system and health professionals have an unquestionable role in promote the adoption of healthy behaviors by the population.

Aim

To empower health professionals to explicitly incorporate physical activity into their lives and to promote it among their health units and patients.

Method

The workshop will consist of three parts:

In the first part, the plenary presentation will contextualize physical activity as an healthy and evidence-based health recommendation.

The second part will consist in group work in which students will learn how to promote physical activity in their health units.

Finally, in the third part students will learn a practical recommendation of physical activity at individual level. Students are required to attend with light or sport clothes.

Results

The expected results are the learning of relevance and practical tips to promote physical activity at a practice and personal level.

Conclusion

Health professionals are expected to acquire core evidence and knowledge to adopt an healthy lifestyle at work and life, recognising the relevance of the promotion of physical activity in health care.

This workshop is a step towards better training and qualification of health professionals in the NHS to promote the physical activity and how to take action to promote physical activity and exercise in the community.

Rogelio Altisent Trota

*To get sick is human, when the doctor is the patient.
A Spanish National Survey about Doctor's Health - Ill Behaviors*



CV

Dr Rogelio Altisent Trota is a Family doctor. He graduated from University of Zaragoza in 1978 and completed his specialist training for general practice in Zaragoza in 1984. Also, he obtained a Graduate Diploma in Bioethics at the University of Monash, Melbourne (Australia) 1996-98.

He is currently working in "Actur Sur" Health Centre in Zaragoza which belongs to the Public Regional Healthcare System of Aragón (Spain), for more than 30 years.

He is the Chair of the department of Professionalism and Clinical Ethics of the University of Zaragoza. He teaches undergraduate medical students in Bioethics and has tutored more than 10 doctoral theses. He chairs the Clinical Ethics Expert Degree of the Spanish Medical Association since its inception.

He has being member and president of the Central Commission of Deontology of the Spanish Medical Association for 13 years and Chairman of the Bioethics Committee of the Autonomous Community of Aragón since 2013.

Recently, he has been elected Vice President of the National Bioethics Commission of the Government of Spain.

His main research topics are clinical ethics, professionalism, medical education and doctors as patients.

He has lectured in many Spanish medical schools, postgraduate colleges, medical societies, and at medical conferences in Europe, Chile, Mexico and Brasilon topics such as clinical ethics, deontology, medical education, patient safety, doctors' health and healthcare quality.

He has also published many papers on these topics.

Zalika Klemenc Ketiš

(EQuiP)

Using Patient Education to get Healthier Patients



Keynote Abstract

A four-point framework for a comprehensive consultation model in primary care by Stott and Davis includes:

- management of presenting problems
- modification of help-seeking behavior
- management of continuing problems
- opportunistic health promotion.

We can see that this model should devote as much as 50 % of the primary care consultation to patient education.

It has already been proven that patient education improves self-care and engagement of the patients, which leads to the fulfillment of the ultimate goal – improving health care outcomes. Patients should be educated according to the theory of adult learning. One should focus in the benefits of technology, determine patient's learning style, stimulate patient's learning interest, be aware of patient's strengths and limitations, and include family into the process of education.

In order to achieve the best possible outcomes, the physician should develop a partnership with the patients, have appropriate communication skills, see a patient as a person, engage in a holistic approach and community orientation, devote enough time for a consultation, and engage in an interprofessional approach to patients.

Bio

Assoc. prof. Zalika Klemenc Ketiš, MD, PhD
Email: zalika.klemenc@um.si

CURRENT POSITIONS

- Chair of the Department of Family Medicine at Faculty of Medicine of University of Maribor, Slovenia (since 2015).
- Associated professor for family medicine (since 2016).
- Chair of the Research group of the Department of Family Medicine at the Faculty of Medicine of the University of Ljubljana, Slovenia (since 2015).
- Senior researcher at the Institute for the development and research in primary care at the Community Health Centre Ljubljana, Slovenia (since 2016).
- Member of Scientific board for medicine at the Slovenian Research Agency (since 2015).
- One of 10 members of the executive board of the European Society of Family Physicians (WONCA Europe) (since 2015).
- President-elect of the Society for Quality and Safety in Family Medicine (EQuiP).
- Member of the executive board of the Slovenian Family Medicine Society (since 2013).
- Vice-president of the Professional body for family medicine of the Slovenian Physicians Society (since 2013) and member of the professional body for family medicine at the Ministry of Health (since 2016).
- Member of the steering committee of the project of renewing of family medicine practices in Slovenia (since 2015) run by the Ministry of Health.

- Editorial board member of the scientific journal "Acta medico-biotechnica".
- Editorial board member of the scientific journal "Zdravstveno Varstvo".
- Editorial board member of the international scientific journal "BMC Family Practice".
- As a family medicine specialist, she works in a family medicine practice in Community Health Centre Ljubljana, Slovenia (since 2015).

ACADEMIC & PROFESSIONAL QUALIFICATIONS

- In 1999 she graduated from the Faculty of Medicine of the University of Ljubljana.
- In 2003 she passed the specialist exam and received a title of a specialist in family medicine.
- In 2010, she received her doctorate at the Faculty of Medicine, University of Maribor, and obtained the title of Ph.D. in Biotechnology.
- Since 2016, she is an associate professor of family medicine.
- In 2017, she received the title of an expert teacher in the field of European family medicine. The title is awarded by the European Academy of Family Medicine Teachers. She is the third in Europe with this title and the only one in Slovenia.

Publications list: <http://izumbib.izum.si/bibliografije/A20170809084419-32520.html>

List of publications, indexed in international bibliographic database Medline: <https://www.ncbi.nlm.nih.gov/pubmed/?term=klemenc-ketis>



Amanda Howe

(WONCA World)

Patient Safety in relation to Healthy Practices and Healthy Professionals



Keynote Abstract

Patient safety is a central global discourse, including high level strategic concern at national government and international levels. A broad definition will acknowledge the risks caused by poverty; poor social and environmental infrastructure; conflict and displacement; lack of necessary effective services; financial barriers to care; and low quality of provision. Another crucial risk factor is the domain of human error and systems failure – often related to work overload, moral burnout, and professional climate of practice, as well as educational and technical deficits. This talk will look at the role of individual family doctors, their teams, their managers, and their patients, in maximising safety and motivation – the ‘win win’ of a modern health service, where we thrive and grow, and where patient safety is our primary daily goal.

Bio

Name:

Amanda Caroline Howe

Title:

Professor of Primary Care; International Director

Affiliations:

Norwich Medical School University of East Anglia

Qualifications & Awards:

Officer of the Order of the British Empire (O.B.E. Queen’s Award for services to family medicine)

Fellow of the Royal College of General Practitioners

MB BS, MEd (Masters in Medical Education), MD (Doctorate of Medicine).

Read more [here](#):

Roles

Amanda Howe is a practicing family doctor, an academic professor, and a national and international leader in family medicine. Since 2001, she has been Professor of Primary Care at the University of East Anglia, where she was part of the founding team for a new medical programme.

During her career, she has held multiple roles in undergraduate, postgraduate, and faculty education, including being Course Director for the UEA medical programme during its early years of development and accreditation. She has particular expertise in the teaching and learning of professionalism and patient safety; in resilience and doctors’ wellbeing; and in the effectiveness of involving family medicine in all medical education.

She also has clinical research interests in primary care mental health, the contribution of patients to health care, and in early interventions for risk factors. She served from 2009 – 2015 as an Officer of the Royal College of General Practitioners, previously chairing the RCGP Research Committee and the U.K. Society for Academic Primary Care.

She is Immediate Past President of the World Organization of Family Doctors (President 2016-2018). Her lifetime commitment is to making family medicine better – for patients, governments, and for those doctors who choose to practice it!

Social Media: Workshop

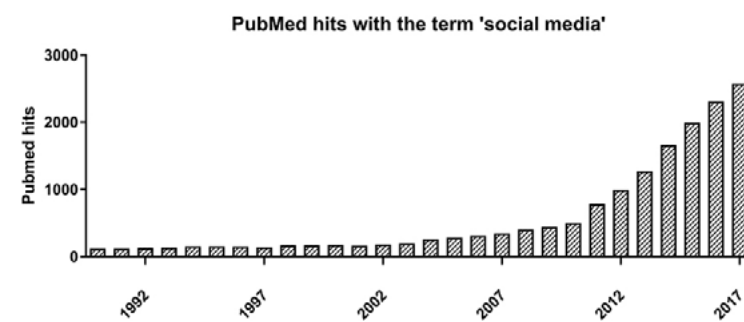
How doctors and patients use them

By Ulrik Bak Kirk & Lenia Chovarda



Context

The emergence of social media has changed the way we communicate and allows for knowledge and ideas to be shared with an unprecedented speed and magnitude. Similarly, an exponentially increasing amount of research about 'Social Media' is being published. Please see the following table, covering the period from 1992 to 2017:



Social media come in a variety of forms, including collaborative projects such as Wikipedia, (micro) blogs like Twitter, content communities like YouTube, social networking sites like Facebook, and gaming communities like Second Life. These platforms are accessible to all and provide forums where people can freely share thoughts, opinions, and knowledge without – in general – any form of censorship or fact-checking.

Possibilities and Pitfalls

On the level of society, social media have great potential. There are many examples of its use for public health and prevention purposes. Additionally, the rapid dissemination of research findings and the spreading of knowledge to society has increased public interest and involvement in research. Consequently, patients increasingly can and want to be part of developing solutions for their illness.

At the same time, social media are clearly being used by both patients and professionals for personal content and information sharing. Various efforts of using social media for research are also increasing. Thus, it is important to raise awareness and understanding of the possibilities and pitfalls that social media present to the research and medical communities as well as to regulatory bodies, patients, and industries.

Aim

In this workshop, we aim to address both the possibilities and potential pitfalls of social media for translational medicine by providing a brief and broad overview of this topic that could steer the community to be more mindful when using social media.

Method

We will describe how social media can be used for patient engagement, publicity, transparency, sharing of knowledge, and implementing findings in society.

Together, we will identify and discuss the potential pitfalls of social media, which can cause research to be misinterpreted and false beliefs to be circulated.

Objectives

We will be advising participants on how social media can be harnessed to combat pitfalls and provide an avenue for community engagement in translational medicine.

Structure

- Brief introduction and short plenary (20 min.)
- World Café (50 min.)
- Wrapping up and concluding remarks (20 min.)

Patient enablement through person-centered care

By Jan Van Lieshout & Zoi Tsimtsiou



Patient Participation in Patient Safety

By Isabelle Dupie & Athina Tatsioni

WORKSHOP

