



**EUROSPINE DIPLOMA IN
INTERPROFESSIONAL SPINE CARE (EDISC)**

**MODULE 2 (CORE SKILLS 2):
AN INTERPROFESSIONAL APPROACH
TO SPINE CARE**

2 July 2019

FINAL PROGRAMME

QUICK FACTS

WHEN:	2 July 2019
WHERE:	Geneva, Switzerland University Medical Centre – CMU (Centre médical universitaire) Rue Michel-Servet 1 1206 Geneva SWITZERLAND +41 22 379 15 15 https://www.unige.ch/presse/plans/cmu/
MAXIMUM ATTENDEES:	30 delegates
REGISTRATION FEE:	EUROSPINE Member: €200 Non-member: €300
CME CREDITS:	Accredited by EACCME® (European Accreditation Council for Continuing Medical Education) for 6 ECMEC®s
LANGUAGE:	English
DRESS:	Casual
IMPORTANT NOTE:	Attendance at every session is mandatory. This will be a paperless course and no printed programme will be provided. A wireless Internet device (mobile phone for the app and minimum of tablet/laptop for support documentation) will be necessary to access on-line resources during the course and for completing the course evaluation. Please bring one with you. The course evaluation is mandatory to obtain the CME certificate.

TARGET AUDIENCE

Healthcare professionals in Europe in order of availability and access: Primary Care Physicians and Surgeons, Physiotherapy, Chiropractors, Osteopaths, Naprapath and others who are graduated as clinicians from a recognized institution (i.e. professional school or university).

At least two years of clinical experience is recommended but all new graduates are encouraged to register.

AIMS OF THE MODULE

This module aims to:

- Familiarise learners with the concepts and practice of interprofessional collaboration in conservative spine care.
- Identify the promoters and barriers to interprofessional collaboration in conservative spine care

- Enable learners to design and implement interprofessional collaborative models in conservative spine care

LEARNING OUTCOMES

Upon successful completion of this module, learners will be able to:

- identify the key features of interprofessional collaboration;
- describe the benefits and challenges to the development of models of interprofessional collaboration;
- Understand how interprofessional spine care benefits patients;
- Review different approaches to interprofessional collaboration;
- Analyse best practices and their implementation in inpatient and outpatient settings;
- Design the framework for an interprofessional spine care team;
- Evaluate patient outcomes within an interprofessional environment;
- Identify important factors that promote or hinder interprofessional collaboration
- Demonstrate knowledge of the roles of other health disciplines involved in conservative spine care.
- Ability to collaborate with other members of the interprofessional spine care team

SESSION 1 OVERVIEW

- describe the benefits and challenges to the development of models of interprofessional collaboration;

SESSION 2 INTERPROFESSIONAL COLLABORATION

- Examine and discuss how interprofessional spine care benefits patients;
- review different approaches to interprofessional collaboration;

SESSION 3 BEST PRACTICES

- analyse best practices and their implementation in inpatient and outpatient settings;

SESSION 4 CREATING AN INTERPROFESSIONAL TEAM

- design the framework for an interprofessional spine care team;
- evaluate patient outcomes within an interprofessional environment;
- identify important factors that promote or hinder interprofessional collaboration

PRELEARNING ACTIVITIES

identify the key features of interprofessional collaboration.

INSTRUCTIONAL METHODS

Recognising the nature and needs of adult learners, the following instructional methods will be employed in the teaching of this module:

- Pre-learning activities: Preparatory assignments
- Classroom teaching: includes the implementation of transformative learning theory, opportunity for exploring and exposing different points of view, adult learning theory
- Problem solving and critical learning activities: Assignments to work on before the face to face learning sessions
- Workshops: Dialogue groups where issues can be safely explored in a small group setting

All instructional methods require active participation, consistent with the range of motivations for pursuing the EDISC programme. There should also be a strong emphasis on self-directed learning and pre-reading.

EDUCATIONAL ACTIVITIES

- Pre-learning activities: Preparatory reading.
 - Learners will be asked to build foundational knowledge for the module with 4 hours of pre-module learning. This will include:
 - familiarisation with the most common models of interprofessional collaboration; reading relevant material on topic
 - understanding of the core elements of collaborative practice in healthcare; watching pre-assigned video
- Classroom teaching
 - Each of the subjects mentioned above will have a short plenary introduction as a lecture given by one of the faculty members. The introduction will provide an overview of the theme based on the literature.
- Workshops: Facilitated group discussions and practical workshop
 - Following each introduction the learners will be divided into workshop groups to discuss the translation of the theoretical learning into practice. Role-plays and physical examination on each other may be performed. Participants will not be required to undress for this exercise.

ASSESSMENT

The methodological approach we shall be using for this is under review and is subject to further development.

COURSE EVALUATION BY THE PARTICIPANTS

In line with EACCME's requirements for accredited activities, participants will be requested to complete a mandatory course evaluation at the end of the module in the form of a short online survey. Responding to the survey is a condition in order for participants to obtain their CME certificates

LIST OF RESOURCES

COMPULSORY READING/VIEWING

- Patient-centered professional practice models for managing low back pain in older adults: a pilot randomized controlled trial. Christine M. Goertz, Stacie A. Salsbury, Cynthia R. Long, Robert D. Vining, Andrew A. Andresen, Maria A. Hondras, Kevin J. Lyons, Lisa Z. Killinger, Fredric D. Wolinsky and Robert B. Wallace. BMC Geriatrics (2017) 17:235. DOI 10.1186/s12877-017-0624-z
- Interprofessional collaboration in primary health care: a review of facilitators and barriers perceived by involved actors. I. Supper, O. Catala, M. Lustman, C. Chemla, Y. Bourgueil, L. Letrilliart, Journal of Public Health, Vol. 37, No. 4, pp. 716–727. doi:10.1093/pubmed/fdu102, Advance Access Publication December 18, 2014
- The Beauty of Collaboration In Healthcare: Juliane Zielonka at TEDxBarcelonaChange.
<https://youtu.be/pFXQWtS26Q4>
- Collaboration in Health Care: The Journey of an Accidental Expert? | Joy Doll | TEDxCreightonU
<https://youtu.be/qOV-5h0FpAo>
- Inter professional practice Framework
<https://youtu.be/oKKhQa5XGM0>

RECOMMENDED READING

- Collaborative practice, Canadian Interprofessional Health Collaborative (2010) www.cihc.ca
- A Spinal Triage Programme Delivered by Physiotherapists in Collaboration with Orthopaedic Surgeons Brenna Bath, PhD, MSc, BScPT;* Stacey Lovo Grona, MSc, BScPT;* Bonnie Janzen, PhD† *Physiotherapy Canada* 2012; 64(4);356–366; doi:10.3138/ptc.2011-29
- Interprofessional teamwork: Professional cultures as barriers Pippa Hall, *Journal of Interprofessional Care*, (May 2005) Supplement 1: 188 – 196
- The conceptual basis for interprofessional collaboration: Core concepts and theoretical frameworks. D'Amour D, Ferrada-Videla M, San L, Rodriguez, Beaulieu M-D. *Journal of Interprofessional Care*, (May 2005) Supplement 1: 116 – 131
- Interprofessional Collaboration in Health Care: Education and Practice, Linköping University Medical Dissertations No.1543 Annika Lindh Falk (2017)
- Collaborative Care for Older Adults with low back pain by family medicine physicians and doctors of chiropractic (COCO): study protocol for a randomized controlled trial. Christine M Goertz, Stacie A Salisbury, Robert D Vining, Cynthia R Long, Andrew A Andresen, Mark E Jones, Kevin J Lyons, Maria A Hondras, Lisa Z Killinger, Fredric D Wolinsky and Robert B Wallace, *Trials* 2013, 14:18 <http://www.trialsjournal.com/content/14/1/18>
- The Benefits and Challenges of Implementing Interprofessional Collaboration in the Canadian Healthcare System, Yan Li, Fall 2007 | *The Canadian Journal of Medical Radiation Technology*
- Inter-Professional Practices of Private-Sector Physiotherapists for Low Back Pain Management: Who, How, and When? Kadija Perreault, PhD, PT; Clermont E. Dionne, PhD, OT; Michel Rossignol, MD, MSc; Ste´phane Poitras, PhD, PT; Diane Morin, RN, PhD *Physiotherapy Canada* 2016; 68(4);323–334; doi:10.3138/ptc.2015-37
- What's So Great About Rehabilitation Teams? An Ethnographic Study of Interprofessional Collaboration in a Rehabilitation Unit Lynne B. Sinclair, MA (Ad Ed), Lorelei A. Lingard, PhD, Ravindra N. Mohabeer, PhD *Arch Phys Med Rehabil* Vol 90, July 2009
- Understanding the impact of interprofessional collaboration on the quality of care: a case report from a small-scale resource limited health care environment. JO Busari, FM Moll, AJ Duits (2017) *Journal of Multidisciplinary healthcare* 2017 (10), 227-234.
- The resident physician as leader within the healthcare team: An exploratory inquiry into the perspectives of interprofessional clinicians", Lyn Kathryn Sonnenberg, Lesley Pritchard-Wiart, Jamiu Busari (2018) *Leadership in Health Services*, <https://doi.org/10.1108/LHS-08-2017-0046>
- Interprofessional and transdisciplinary teamwork in health care, Andre Vyt, *Diabetes Metab Res Rev* 2008; 24(Suppl 1): S106–S109. Published online 7 April 2008 in Wiley InterScience (www.interscience.wiley.com) DOI: 10.1002/dmrr.835



EXAMPLES OF BEST PRACTICES

Participants would be instructed to come with examples of best practices from within their organizations or beyond. This is part of the required preparatory assignment before attending the workshop.

COURSE CHAIRS

RICHARD BROWN	CHIROPRACTOR, GLOUCESTERSHIRE, UNITED KINGDOM
JAMIU BUSARI	GENERAL PAEDIATRICIAN AND MEDICAL EDUCATIONALIST, MAASTRICHT, NETHERLANDS

FACULTY

MARCO CAMPELLO	PYSIOTHERAPIST, NEW YORK, UNITED STATES
STEVEN VOGEL	OSTEOPATH, LONDON, UNITED KINGDOM
TIM PIGOTT	NEUROSURGEON, LIVERPOOL, UNITED KINGDOM

**SCIENTIFIC PROGRAMME
AN INTERPROFESSIONAL APPROACH TO SPINE CARE**

TUESDAY, 2 JULY 2019

COURSE ATTENDANCE IS MANDATORY

TIME	TOPIC	FACULTY
08:30-08:50	Participants' check-in and welcome	
SESSION 1: OVERVIEW		
08:50 - 09:00	Welcome and Introduction	All faculty
09:00 - 10:00	What do we mean by interprofessional collaboration	Richard Brown / Jamiu Busari
10:00 – 10:30	Factors that influence interprofessional collaboration	Tim Pigott / Steven Vogel
Coffee Break 30 min		
SESSION 2: INTERPROFESSIONAL COLLABORATION		
11:00 - 11:30	Focusing on common values of interprofessional collaboration	Jamiu Busari
11:30 - 12:30	The advantages and disadvantages of interprofessional collaboration	Richard Brown / Jamiu Busari
Lunch 60 min		
SESSION 3: BEST PRACTICES		
13:30 - 14:00	Best practices in interprofessional collaboration	Tim Pigott / Steven Vogel
14:00 – 15:00	Group discussion: experiences in interprofessional collaboration	Facilitator: Marco Campello
Coffee Break 30 min		
SESSION 4: CREATING AN INTERPROFESSIONAL SPINE CARE TEAM		
15:30-17:00	Creating an interprofessional spine care team	Facilitators: Jamiu Busari, Richard Brown
17:00 - 17:15	Closing remarks	All
17:15-17:30	Course evaluation (Mandatory for all participants)	All participants
17:30	END OF MODULE	



EUROSPINE, the Spine Society of Europe
Operrgasse 20b
1040 Vienna
Austria

Brussels, 06/06/2019

Dear Ms Wagner

Subject : EACCME® Accreditation of event reference #LEE19-00251

We are pleased to inform you that your application for EACCME® accreditation of

EUROSPINE Education Week 2019: EDISC Module 2 - An Interprofessional Approach To Spine Care, Geneva, Switzerland, 02/07/2019-02/07/2019

has been granted **6** European CME credits (ECMEC®s) by the European Accreditation Council for Continuing Medical Education (EACCME®).

Accreditation Statement

Accreditation by the EACCME® confers the right to place the following statement in all communication materials including the event website, the event programme and the certificate of attendance. The following statements must be used without revision:

“The EUROSPINE Education Week 2019: EDISC Module 2 - An Interprofessional Approach To Spine Care, Geneva, Switzerland, 02/07/2019-02/07/2019 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with **6** European CME credits (ECMEC®s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.”

“Through an agreement between the Union Européenne des Médecins Spécialistes and the American Medical Association, physicians may convert EACCME® credits to an equivalent number of *AMA PRA Category 1 Credits™*. Information on the process to convert EACCME® credit to AMA credit can be found at www.ama-assn.org/education/earn-credit-participation-international-activities.

“Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME® for ECMEC®s are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.”

EACCME® credits

**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

Association internationale sans but lucratif – International non-profit organisation

Each participant can only receive the number of credits he/she is entitled to according to his/her actual participation at the event once he/she has completed the feedback form. Cf. criteria 9 and 23 of UEMS 2016.20.

In order to help you issue individual certificates to each participants, please find below the breakdown of ECMEC*s per day:

02.07.2019 - 6.00

The EACCME* awards ECMEC*s on the basis of 1 ECMEC* for one hour of CME with a maximum of 8 ECMEC*s per day. Cf. Chapter X of UEMS 2016.20.

Logo

The UEMS-EACCME* logo is a service mark of the European Union of Medical Specialists – European Accreditation Council for CME. Only after confirmation of accreditation has been received can the Provider use the UEMS-EACCME* logo on material related to the LEE. The logo may only be used in conjunction with, and in proximity to, the EACCME* accreditation statement and must not be associated with any commercial logo. The logo cannot be used in notices, advertising, or promotion of activities other than in association with the EACCME* accreditation statement.

Feedback report

Based on the participants' individual feedback, the provider must submit an event report to the EACCME* within four weeks of the completion of the event. This report must include the participants' feedback, information on the total number of participants and any perception of bias by participants. Failure to provide feedback could jeopardise recognition of any future applications.

Final programme

The EACCME* also requires you to send by post a copy of the final printed programme brochure/book.

The UEMS-EACCME Secretariat





CONTACTS

EUROSPINE, the Spine Society of Europe

Seefeldstrasse 16

8610 Uster

Switzerland

www.eurospine.org

www.eurospinemeeting.com

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COURSE ORGANISATION

Dr Julie-Lyn Noël

Director of Education and Research

E: noel@eurospine.org

T: +41 76 417 90 03

Ms Sandy Sutter

Manager of Education and Research

E: sutter@eurospine.org

T: +41 79 316 92 78

SCIENTIFIC CONTENT

Dr Richard Brown & Dr Jamiu Busari

Course Chairmen

Prof. Margareta Nordin & Prof. Pierre Côté

Co-chairs, Non-surgical Diploma Task Force

Prof. Bernhard Meyer

Chairman, Education Committee of EUROSPINE