

Skjemainformasjon

Skjema	SFU
Referanse	1006575
Innsendt	10.05.2013 16:10:04

Host

Information about host institution and center

Name of centre	TVEPS- Centre for Interprofessional Work-Place learning in Primary Care
Host institution	University of Bergen
PO Box address	Post box 7800
Postal code / City/place	5020 BERGEN
Telephone	55586100
E-mail address	Post@tveps.uib.no

Contact person

Contact person

Name	Anders Bærheim
Title	Professor
Telephone work / mobile	55586140 90167634
E-mail address	Anders.Barheim@igs.uib.no

About the centre

About the centre

Is the centre already established at the time of application

Yes

When was the centre established

2011

Describe briefly the aims and current as well as planned activities of the centre (maximum 1500 characters)

The Centre for Interdisciplinary Work-Place Learning in Primary Care (TVEPS) is training final year health profession students in clinical work-place teamwork for the benefit of patients, students and the work-place staff. The Centre focuses on interdisciplinary training of the health profession students when they have placement periods in the local communities.

TVEPS is established as a consortium between the Faculty of Medicine and Dentistry, the Grieg Academy and the Faculty of Psychology, the University of Bergen, the Faculty of Health and Social Sciences at the University College of Bergen, and the Fjell Municipality.

Core activities

We assemble last year health profession students in teams of 3-5 students from different health professions. The students' task is to write a treatment plan for selected patients. They interview and examined 2-3 patients as teams and write collectively a treatment plan for the patients. The students the plan some days later with the staff. They then write a note on their own learning.

We have also established a research group with a staff of eight researchers and two students.

Further development will strategically be canalised through four work packages:

Work Package 1 - Research and professional development

Work Package 2 - Quality assurance and development

Work package 3 - International collaboration

Work Package 4 - Dissemination

Application Document

Application Document

Upload application document

[profile_application-TVEPS.pdf](#)

Timeline and budget

Timeline and budget

Upload planned timeline and the activities to be conducted

[timeline_Milestones att.1.pdf](#)

Upload plan for financial resource acquisition

[financial_Budget and financing TVEPS.xlsx](#)

Upload budget

[budget_Budget and financing TVEPS.xlsx](#)

Attachments

Attachments

- Letters_of_intent_from_partners.pdf
- CV_s__TVEPS.pdf
- Organisation_and_Persons.pdf
- budget_Budget and financing TVEPS.xlsx
- financial_Budget and financing TVEPS.xlsx
- timeline_Milestones att.1.pdf
- profile_application-TVEPS.pdf
- Evaluation_report.pdf

Comments

Comments to the application form (maximum 1500 characters)

Budget and financial plan is found in the same document

The Centre for Interprofessional Workplace learning in Primary Care

Centre Plan

Mission of the Centre

The *Centre for Interprofessional Workplace learning in Primary Care* (TVEPS) trains final-year health profession students in clinical workplace teamwork for the benefit of patients, students, workplace staff, and participating educational programs. The TVEPS courses were initiated because all stakeholders identified interprofessional work-place cooperation as an area lacking in their current curriculums.

TVEPS focuses on interprofessional training when the participating health profession students have placement periods in primary care. The mission of the Centre is to develop and quality-assure interprofessional workplace training for these students. There is a clear expectation that universities and university colleges train professional personnel to obtain the competencies that the national and local health services need. Much of the work in today's health services is team-based, and health profession students should be trained in interprofessional teamwork. We regard such training as a mutual responsibility of institutions, departments and educational programs. This application is written as a joint venture between the participating partners and supported by students' work.

The mission of the Centre is in line with the strategies of the participating institutions, and in accordance with White Paper 13 (2011-2012); "Education for welfare" from the Ministry of Education and Research, where interprofessional training is mentioned as a prerequisite to educate health care personnel for the future. The Ministry states that the educational institutions must take responsibility for the students developing an identity in a larger health system setting, and highlights the need for cooperation between the universities, researchers and the work place.

Organisation of partners

TVEPS was established by the following partners: (1) the Faculty of Medicine and Dentistry, the Faculty of Psychology, and the Grieg Academy, all at the University of Bergen (UoB). (2) The Faculty of Health and Social Sciences at Bergen University College (BUC), and (3) Fjell Municipality. TVEPS also collaborates closely with the City of Bergen and the Public dental health service in Hordaland.

The Department of Global Health and Primary Care, Faculty of Medicine and Dentistry at the UoB are responsible for administration and management of the Centre.

Both collaborating teaching institutions have well-established and well-evaluated community based practice placements for their students. At UoB the Department of Clinical Dentistry has won a national reward for their placement, and each year 50% of the medical students promote their clinical supervisor for candidate as “the best supervisor of the year”. BUC has several interprofessional collaborative learning arenas. HiO-report 2010-5 (Collaborating across borders (CAB)-project) stated “BUC has a solid foundation for developing competence in interprofessional learning arena and become a centre in interprofessional learning.” However, what has been lacking in both institutions is training a broad range of health profession students in interprofessional workplace communication and co-work. Such cooperation is an increasingly important form of work in health services, and may be vital for patients. In regard to this TVEPS constitutes a unique model for interprofessional collaborative workplace learning nationally and as far as we know internationally.

TVEPS is organised as a consortium. Representatives on the vice-dean level from each of the participating institutions constitute the Centre Board. The main duty of the Board is to compose a yearly plan of action concerning economy and direction and volume of educational activities. The leader and the Centre Working Party – the leaders/representatives of all the participating educational programs – function both as a planning force for existing training and a think tank for educational innovation by meeting on a regular basis. The leader and administration keeps pace on the work, and also handles the coordination of the Centre and daily routines.

Process factors: Learning practice, theory, assessment and evaluation

The crystalized purpose of TVEPS is to create communities of practice where all participants learn: students, teachers, patients and health workers at the workplace.

The training system of TVEPS

The main learning arena is community based nursing homes. An interprofessional team may consist of students from for example physiotherapy, medicine, dental hygiene, nursing and pharmacy.¹

¹ See attachment 3 for a complete list of participating educational programs and persons involved.

The students initially come together at an information meeting, to get to know each other and to plan the subsequent work. When at the nursing home, the students' task is to interview and examine short-term residents together as a team and together write individual treatment plans for each patient. These plans are later discussed with the physician and other staff responsible for the patient. A facilitator guides the students through the practical sides of the work. The students decide how to co-work, how to write the treatment plan, and how to present the plan for the staff. We instruct them to secure the patients' dignity, and to verbalize their work for their teammates. Figure 1 shows a schematic overview of the TVEPS intervention and aspects of student learning associated with each step.

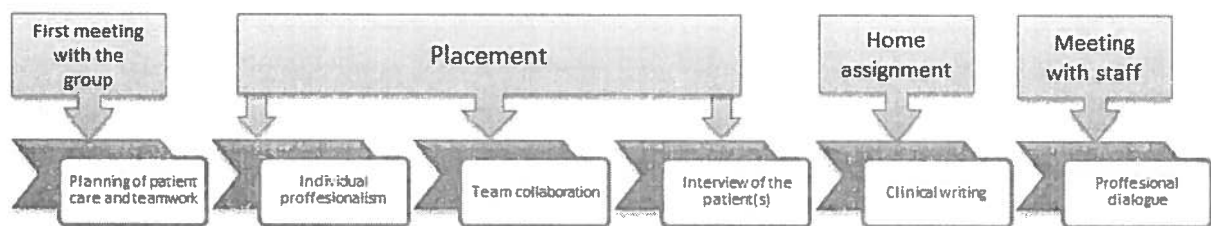


Figure 1. An illustration of the TVEPS model, with the different stages of intervention in pink (above) and aspects of student learning (below).

Assessment

There is no formal, external, summative assessment of the students. However, a formative assessment will take place as the students inadvertently assess themselves and each other (peer assessment) during group work with the patient and through collectively writing out the treatment plan for the patient. The students get feedback on their work through dialogue over the treatment plan with doctors and nurses responsible for the patients.

Theoretical considerations on the learning process

We have created a training laboratory at the clinical workplace. The way our students learn fits well with Morris and Blaney's (2010) central concepts concerning workplace learning:

- Learning takes place as social practices in teams of competent individuals

- Students are legitimate partners within the context of the workplace, and cooperate with patients and staff
- Learning is dependent on the use of language.

The last few years there has been increased awareness both nationally and internationally that students' learn best when they are met with proper feedback (Hattie & Timberly, 2007), when they experience autonomy, competence and relatedness (Ryan & Deci, 2000), when assessment aligns with teaching (constructive alignment) (Biggs, 1999), and when training takes place within communities of practice (Wenger, 1998; Kaufman & Mann, 2012). Taken together, we are witnessing a change of perspective and practice as far as teaching is concerned; from the traditional "transfer of knowledge" towards a perspective where teaching is understood and performed as "participated action". According to the latter, teaching resembles research, and corresponds to Sfard's (1998) "participation metaphor".

In the words of Sadler (2012), TVEPS has adopted a student-centered approach to teaching. As shown by Trigwell, Prosser & Waterhouse (1999), a student-centered and learning-oriented conception of teaching on the behalf of the teachers encourage students to adopt a deep approach to learning. Within TVEPS, an individual orientation towards understanding is challenged, stimulated and fostered in cooperation with students from other professions.

Prior to the introduction of the Quality Reform, Norwegian Higher Education Institutions were described as "exam giving institutions" (OECD, 1997), with too much focus on exams and control of students at the expense of teaching. OECD recommended that more focus should be on student active teaching and on formative assessment. This was followed up in Government White Paper 27 (2000-2001); the official document unfolding the Quality Reform. In chapter 5 of this White Paper, the need for new ways of teaching is underlined.

TVEPS combines student active teaching, peer assessment and formative assessment within teams of interprofessional students, thus adhering not only to the intentions of the Quality Reform, but also taking into account the ideas and intentions of the National Qualification Framework introduced in 2012.

Workplace learning stimulates the students' self-reflection, in ways that may have impact on several competences (e.g. team-work competence, ability to assess and develop one's own professionalism,

communicative competence) all of which are important for lifelong learning. In addition to supplying students with hands-on experiences from clinical teamwork in real life situations and letting them share knowledge with professionals and patients at different workplaces, TVEPS contribute with experiences that may serve useful in the continuous development of study plans within participating institutions. For example TVEPS may provide examples of cases that can be used as part of the *4-S application activities* implied in a Team-Based learning session.

Evaluation

The evaluation in TVEPS consists of: a) students' reflection notes describing their perceived learning outcome, b) group interviews with the students after they have completed the program, c) interviews with nursing home staff and patients, and d) direct observation of the process by TVEPS representatives. The Centre Working Party discusses feedback from students, patients and staff; whereupon the intervention is adjusted and new actions are decided upon. Quality assurance changes are communicated to students and to all stakeholders, orally and through the UoB Quality Base. A program evaluation for 2012 – 2013 can be found in attachment 6. The evaluations also provide data for more in depth research on the outcomes of the program (see "Research" below).

Social accountability

The Centre takes responsibility for its social accountability on three levels. a) The students work in real-life settings, such as nursing homes and health centres, and serve these arenas, the communities and the patients with their collective competence. b) Representatives from the communities are included in the Centre, and c) we serve the intentions of the National health system by training future health professionals in interprofessional work.

Research

Eight staff members from the participating institutions constitute a *Subgroup for research*. Available data and outcomes are used for planning purposes and are written up for publishing in international peer reviewed journals. One main research theme so far has been to elucidate aspects of the students' self-reported learning, using qualitative methods. Results have been presented internationally at relevant congresses on education. The group wishes to encourage student

research and has recruited two medical students as part of the research team, and two pharmacy students have presented TVEPS at a national pharmacy conference. See Work Package 1 (under “Visions and strategies”) for further plans for research.

Outcome factors

Facts and figures

Since the course was first piloted during the spring semester of 2012, 110 healthcare students from 14 different healthcare professions have participated. The main bulk of these (71 students) have had their placements in one of the six participating nursing homes. Other settings that have been visited include general practitioners’ offices, a prenatal care setting, a youth health clinic and a physiotherapy treatment centre.

Outcomes for students

In reflective essays and focus group interviews students report their learning along five axes:

- They learn to recognize the skills and knowledge of other health professions
- They report development in team communication
- They are trained in describing their clinical case-based knowledge to other health professionals
- Being the only representative for their profession on the team, teaches them to take individual responsibility
- They recognize the synergistic effects of working as a team and the increased quality of care this brings for patients

Long term intended outcomes on future professional behaviour will be a focus of future evaluations and research

Outcomes for patients and nursing homes’ staff

Student groups are able to spend a considerable amount of time with each patient, and can thus do an in-depth analysis that gives valuable feedback to the nursing home staff which in turn benefits the patients. Nursing homes seldom have access to such broad range of professionals, and feedback from staff shows that the students provide valuable input on patient treatment.

Patients find it meaningful to participate in securing the professional quality of young health professionals for the benefit of future nursing home residents. Our observations have revealed that the participating students in one case correctly stopped an on-going pharmaceutical intoxication of a patient, thus probably saving the patient's life. In other cases the students identified a new case of diabetes. Patients also state that they are delighted to receive attention from a team of young persons!

The nursing home staff report that the students' treatment plans also are used in a more general manner, as a part of internal education. The knowledge they gain reveals potential for improvements of existing procedures and has been used to improve institutions' routines. In one case the report from a TVEPS-group formed the basis for improving the dental hygiene routines of a nursing home department. In general, Norwegian nursing homes are underpowered in knowledge resources and more student educational activities in nursing homes have been advocated. Fjell community states that they regard TVEPS's work as being a part of the quality assurance of their health services and of their recruitment policy.

Outcomes for the educational institutions

The establishment of TVEPS gave the participating educational institutions an arena for exchange of experiences and expertise on how student placements are performed that had not existed earlier. We will continue to explore the benefits. TVEPS in turn has benefitted greatly from the fact that each teaching program actively contributes with ideas and feedback.

Input factors

The TVEPS partners have put their academic, pedagogical and managerial competences together in securing that the interprofessional training system offered to the students is in line with contemporary research on how people learn (see *Theoretical considerations* above). All participating institutions have allocated considerable work forces for TVEPS, see attachment 2 and 3 on finances, budget and persons. The participating institutions support TVEPS at this initial stage to keep the present work going. Additional economic support will enable up-scaling and further development.

Innovation and dissemination

As the first step in a dissemination process of our training system, TVEPS has approached all governmental health profession institutions in the Bergen area and incorporated them as co-workers. The deliberately designed administrative structure lets the Centre Working Party function as a place for dialogue between the educational leaders/representatives of each educational program's placement in primary care. Through this dialogue new ideas on development of TVEPS emerge. As an example, this autumn we plan to let teams of students who have participated in TVEPS communicate their experiences to students who did not participate in the training. Another example of internal dissemination is our agreement with the Faculty of medicine and dentistry's international exchange office to offer team participation in pregnancy health clinics to foreign exchange students that participate in the Faculty's term of gynaecology and obstetrics.

We have presented TVEPS frequently in regional and national educational meetings. A representative of TVEPS is member of the national CAB-collaboration. We have communicated with other medical and health and social science faculties in Norway for mutual exchange of ideas on interprofessional training and for possible collaboration.

The Program of Pharmacy made participation in TVEPS training mandatory for their students in 2013. These students are spread all over Norway during their placement training. This inspired us to establish team training with institutions geographically near to the pharmacy students' placement. As a result we trained a team at Dønna nursing home in collaboration with Nesna University College and the Helgeland Hospital in Sandnessjøen. We also have established similar co-work with Hagesund/Stord University College, training teams in a local nursing home. These University Colleges regard the present co-work as valuable and intend to continue the collaboration.² We thereby aim to inspire the schools to work out their own interprofessional training. We have also established training laboratories in General Practice in Kristiansand and are currently working on establishing training groups in Oslo. Our experiences with creating training groups in distant institutions are good as long as the communication and information given is sufficient. The training model of TVEPS seems easily adoptable and we look forward to share our training model with new universities and university colleges.

² See attachment with letter of intent from HSUC.

Internationally we have recently started collaboration with the Centre for interprofessional practice at the University of East Anglia (UEA) in research and education; see Work Package 1 and 3. We have also presented TVEPS in a collaborative meeting with GP colleagues in Groningen, NL. Researchers from TVEPS have presented results on posters at international congresses (EAFP – European Association of Faculties of Pharmacy - & AMEE – An International Association of Medical Education). At the end of May 2013 a representative for TVEPS will be presenting our model as an oral communication at the international workshop entitled “Improving Patient Care Through Collaborative Practice”, held by the European Society of Clinical pharmacy.

We have recently joined an application for a COST action on Interprofessional training, in co-work with similar milieus in eight European countries. If this application is successful, potential for new innovations will appear. Many of the collaborators train their students in simulated surroundings, using simulated patients, while we in TVEPS focus on real-life workplace training. The didactical interface between the two training methods its assessments and evaluation remain to be explored.

Visions and Strategies

Increased resources will give us the possibilities of the following visions and strategies.

- Within five years TVEPS will involve all health professional students in the collaborating institutions in some form of interprofessional training, in close collaboration with relevant institutions nationally and internationally.
- Through close coupling of evaluation and research TVEPS will in five years become a learning and dynamic Centre in workplace team education.

Further development will strategically be canalised through four work packages:

Work Package 1 – Research and professional development

Research on teaching and learning in Higher Education with special focus on a) How do patients benefit by the students’ work? b) How may quality in practice be further developed? c) Students’ professionalism: How do students from different health professions learn and develop professionalism in interdisciplinary teams? Further, we intend in collaboration with scholars at UEA to participate in their work on an instrument for measuring effects of team development. We also

plan in collaboration with the applicants behind the COST application to elucidate the interface between simulated and workplace learning for interprofessional teams.

Work Package 2 – Quality assurance and development

Work package two will focus on how we may optimise course evaluation by applying own and others research results for quality assurance of existing and new learning interventions. Our aim is to involve all professional students of the collaborating institutions in some form of interprofessional training. We will also investigate the feasibility of extending the duration of the interprofessional learning interventions. We will as a part of the Unit for learning at the Faculty of Medicine and Dentistry aim at developing TVEPS to be a motor for pedagogical development. In this we will seek cooperation with the Department of Education at the University of Bergen and the Centre for Educational Research at Bergen University College.

Work package 3 – International collaboration

We have already started to build an international network with the aim of establishing cooperation towards research and educational development. This will be developed further as a part of Work Package 3. Other international collaborators will be strategically approached for mutual development. We also aim to develop bilateral exchange systems for teams of students.

Work Package 4 – Dissemination

We see the possibility of including students from other professions; e.g. social worker students or law students. We know from experience that the training methods we use are readily adaptable, and we look forward to collaborate nationally with other educational institutions. Inviting colleagues from other parts of the country to participate in internal training seminars for teachers and nursing home staff is one option. We will continue to present our work at national and international meetings and congresses, and also host yearly seminars/congresses on interprofessional training with the intention to spread our knowledge and experience and inspire others to start up with their own interprofessional training programs.³

³ See Milestones in appendix 1

Milestones

2013 Autumn *Without extra resources*

- Start a build-up of our training volume.
- Visit the University of East Anglia for exploration of common grounds in research and education
- Start a new research study on implicit learning based on specially aimed students' reports on learning this spring
- Explore further co-work with the COST applicants
- Secure and develop further dissemination nationally

Yearly recurring events and focus points

- Annual seminars for supervisors/health care staff
- Annual seminar/workshop for students
- Research
- Quality assurance
- Dissemination

2014 Spring *With extra resources from now on*

- Build up staff, including a researcher
- Build further on international collaborators in education and educational research
- Explore and develop common grounds with the Unit of learning at the Faculty of medicine and dentistry at UoB, with possible collaboration with The Wilson centre, University of Toronto, Canada
- Explore and pin down collaboration possibilities in neighbouring countries
- Establish TVEPS in social media (e.g. Twitter, Facebook etc.)

2014 Autumn

- Explore and work on possibilities for extended interprofessional training through all years of the participating programs
- Develop research on education further; seek grants, require a PhD-student
- Offer projects and supervision to master/bachelor students in the field of interprofessional collaboration/training and include them in the on-going research within the Centre
- Run a website showing regional, national and international interprofessional activity on education and research

2015

- Increase training volume up to the goal of a hundred groups a year
- Succeed in at least one substantial application on educational research
- Explore and work on the limits for interprofessional training in curricula both locally and nationally.
- Arrange a regional conference on interprofessional education
- Establish formal agreements on international collaboration

2016

- Establish a bilateral agreement on student exchange in interprofessional teams.
- Arrange a regional conference on interprofessional education
- Establish placement in interprofessional learning as a formal course

2017

- Have collaboration with all Norwegians higher education institutions on interprofessional education in clinical placements
- Arrange a national conference on interprofessional education
- Establish an open resource database on interprofessional education and research

2018

- Arrange an international conference on interprofessional education
- Publish long term research result of interprofessional learning and teamwork
- Training in interprofessional teamwork is an integrated part of all health educations at BUC and UoB, and is offered to all students in every year of their education.

Attachment 2 - TVEPS

BUDGET	2014	2015	2016	2017	2018 Totals
Payroll expenses					
Centre leader 100% (ltr 74)	832 000	856 960	882 669	909 149	936 423
40% overhead	332 800	342 784	353 068	363 660	374 569
Researcher 50%, ltr 61	325 000	334 750	344 793	355 136	365 790
40% overhead	130 000	133 900	137 917	142 055	146 316
Administrative coordinator 100%, ltr 48	522 000	537 660	553 790	570 403	587 516
40% overhead	208 800	215 064	221 516	228 161	235 006
Academic human resources, provided by UoB	500 000	515 000	530 450	546 364	562 754
40% overhead	200 000	206 000	212 180	218 545	225 102
Academic human resources, provided by BUC/Faculty of health and social sciences	182 000	187 460	193 084	198 876	204 843
Administrative human resources, provided by UoB	250 000	257 500	265 225	273 182	281 377
40% overhead	100 000	103 000	106 090	109 273	112 551
PhD-candidate	0	425 500	851 000	851 000	425 500
Administrative resources, provided by BUC/Faculty of health and social science	70 000	72 100	74 263	76 491	78 786
Placement arenas, provided by Fjell and Bergen municipality	70 000	70 000	70 000	70 000	70 000
Health staff/supervisors at placement arenas (50 groups), self financed	500 000	500 000	500 000	500 000	500 000
Total payroll expenses	4 222 600	4 757 678	5 296 043	5 412 295	5 106 533
Operating expenses					
Training and Seminars for health staff/supervisors	100 000	50 000	50 000	50 000	100 000
Conferences and information/dissemination	50 000	150 000	150 000	150 000	250 000
Travel expenses for students	150 000	150 000	150 000	150 000	150 000
Interprofessional seminar/workshop for students	70 000	70 000	70 000	70 000	70 000
Self funding, UIB	150 000	150 000	150 000	150 000	150 000
<i>External/interal funded operating expenses (through applications, funding etc.)</i>	0	500 000	1 000 000	1 500 000	2 000 000
Self funding BUC/Faculty of health and social sciences	100 000	100 000	100 000	100 000	100 000
student/teacher exchange -international exchange and cooperation	129 400	79 400	79 400	79 400	79 400
Other operating expenses (meeting and travel expenses, technological infrastructure etc.)	150 000	150 000	150 000	150 000	150 000
Total operating expenses	899 400	1 399 400	1 899 400	2 399 400	3 049 400
Total costs	5 122 000	6 157 078	7 195 443	7 811 695	8 155 933
PLAN FOR FINANCING					
NOKUT	3 000 000	3 000 000	3 000 000	3 000 000	3 000 000
University of Bergen	1 200 000	1 231 500	1 263 945	1 297 363	1 331 784
Other external funding	0	996 018	1 994 152	2 568 964	2 870 521
Bergen University College, Faculty of health and social sciences	352 000	359 560	367 347	375 367	383 628
Municipalities (Bergen and Fjell)	570 000	570 000	570 000	570 000	570 000
TOTAL FINANCING	5 122 000	6 157 078	7 195 443	7 811 695	8 155 933

Annual increase in wage 1,03

Attachment 2 - TVEPS

BUDGET	2014	2015	2016	2017	2018 Totals
Payroll expenses					
Centre leader 100% (ltr 74)	832 000	856 960	882 669	909 149	936 423
40% overhead	332 800	342 784	353 068	363 660	374 569
Researcher 50%, ltr 61	325 000	334 750	344 793	355 136	365 790
40% overhead	130 000	133 900	137 917	142 055	146 316
Administrative coordinator 100%, ltr 48	522 000	537 660	553 790	570 403	587 516
40% overhead	208 800	215 064	221 516	228 161	235 006
Academic human resources, provided by UoB	500 000	515 000	530 450	546 364	562 754
40% overhead	200 000	206 000	212 180	218 545	225 102
Academic human resources, provided by BUC/Faculty of health and social sciences	182 000	187 460	193 084	198 876	204 843
Administrative human resources, provided by UoB	250 000	257 500	265 225	273 182	281 377
40% overhead	100 000	103 000	106 090	109 273	112 551
PhD-candidate	0	425 500	851 000	851 000	425 500
Administrative resources, provided by BUC/Faculty of health and social science	70 000	72 100	74 263	76 491	78 786
Placement arenas, provided by Fjell and Bergen municipality	70 000	70 000	70 000	70 000	70 000
Health staff/supervisors at placement arenas (50 groups), self financed	500 000	500 000	500 000	500 000	500 000
Total payroll expenses	4 222 600	4 757 678	5 296 043	5 412 295	5 106 533

	2014	2015	2016	2017	2018 Totals
Operating expenses					
Training and Seminars for health staff/supervisors	100 000	50 000	50 000	50 000	100 000
Conferences and information/dissemination	50 000	150 000	150 000	150 000	250 000
Travel expenses for students	150 000	150 000	150 000	150 000	150 000
Interprofessional seminar/workshop for students	70 000	70 000	70 000	70 000	70 000
Self funding, UIB	150 000	150 000	150 000	150 000	150 000
<i>External/internal funded operating expenses (through applications, funding etc)</i>	0	500 000	1 000 000	1 500 000	2 000 000
Self funding BUC/Faculty of health and social sciences	100 000	100 000	100 000	100 000	100 000
student/teacher exchange -international exchange and cooperation	129 400	79 400	79 400	79 400	79 400
Other operating expenses (meeting and travel expenses, technological infrastructure etc.)	150 000	150 000	150 000	150 000	150 000
Total operating expenses	899 400	1 399 400	1 899 400	2 399 400	3 049 400

Total costs 5 122 000 6 157 078 7 195 443 7 811 695 8 155 933 34 442 149

PLAN FOR FINANCING	2 014	2015	2016	2017	2018 Totals
NOKUT	3 000 000	3 000 000	3 000 000	3 000 000	3 000 000
University of Bergen	1 200 000	1 231 500	1 263 945	1 297 363	1 331 784
Other external funding	0	996 018	1 994 152	2 568 964	2 870 521
Bergen University College, Faculty of health and social sciences	352 000	359 560	367 347	375 367	383 628
Municipalities (Bergen and Fjell)	570 000	570 000	570 000	570 000	570 000
TOTAL FINANCING	5 122 000	6 157 078	7 195 443	7 811 695	8 155 933

TVEPS: Organisation and Persons

Faculty management - the Centre Board

Faculty of medicine and dentistry – Vice-Dean, Professor Arne Tjølsen

Faculty of psychology – Vice-Dean, Professor Norman Anderssen

The Grieg Academy – Head of Department, Professor Frode Thorsen

Faculty of Health and Social Sciences at Bergen University College – Vice-Dean, Associate Professor Mildrid Haugland

Fjell Municipality – helsesjef Terje Handal

The Leader and administration

Centre leader Professor Anders Bærheim

Administrative coordinators: Higher Executive Officer Trine Klokkerud, Higher Executive Officer Kirsti Nordstrand, Senior Executive Officer Randi Oen, Senior Executive Officer Anne Charlotte Skahjem

Centre Working Party

The medical degree programme – Professor Anders Bærheim, Associate Professor Gunnar Bondevik, student Ingeborg Eskerud, student Hans Kristian Ipsen, student Ole Kristian Sindland

Master of Dentistry and Bachelor of Dental hygiene – Professor Kristin Klock, Dental hygienist Gro Stenerud, Professor Gunhild Strand

Master's Programme in Psychology – Associate Professor Elisabeth Norman, Associate Professor Åge Diseth, Professor Simon Øverland

Master's degree in Music Therapy - Associate Professor Simon Gilbertson

Master's Programme in Clinical Nutrition – Professor Jutta Dierkes, Chief dietician Berit Falk Risvold, Higher Executive Officer Anders Kulseng

Master's Programme in Manual Therapy – Professor Alice Kvåle

Master's Programme in Pharmacy – Associate Professor Lone Holst, Post.doc Reidun Kjøme

Department of Education – Professor Arild Raaheim

Faculty of Health and Social Sciences at Bergen University College, all programmes – Vice-Dean, cand.scient Mildrid Haugland, Assistant Professor Sissel Brenna, Research Adviser Victoria Jurieva Berdikova Bohne

Municipalities and workplace arenas

Fjell Municipality – Terje Handal, Liv Møen, Morten Amundsen, Astrid Paulsen

City of Bergen – Finn Markussen, Finn Strand

Public dental health service – Arne Åsan

Anders Bærheim, professor in General Practice



Anders Bærheim
Research group for General Practice
Department of Global Public Health and Primary Care
P.o.box 7804, N-5020 Bergen, Norway
Tlf. +47 55 58 61 40
Fax. +47 55 58 61 30
Anders.Barheim@isf.uib.no

Born: 02.10.1948
Medical doctor: 1976; PhD: 1994
Professor in general practice: 1999

Work, selected academic activities

GP, district health officer, occupational doctor, full time and part time	1978 - 2007
Member of the board, Norwegian Society of General Practice	1996 - 2001
Member of the board, Norwegian Federation for Medical Education	1995 - 2001
Member of board, Program for alternative medicine, Norw. Research Council	1997 - 2000
Norwegian delegate in Nordic Federation for Medical Education	2001 - 2003
Norw delegate in EURACT, an intern organisation for education in Gen Pract	2001 - 2006
National editor, Scandinavian Journal for Primary Health Care	1999 - 2013
Member of board, Program for clinical medicine, Norw. Research Council	2006 - 2010
Head of Department of Public Health and Primary Health Care (ISF)	2007 - 2008
Leader of education ISF and member of bodies for teaching at the faculty	2001 -
Leader of the Board of the medical study, UiB	2009 - 2013
Leader of Workgroup for learning and assessment in a New medical curriculum	2012 -
Leader of the Centre for interprofessional work-place based co-learning	2012 -

Educational activities

I attended the University of Bergen's basic pedagogical course in 1991, and have attended about twenty shorter courses in communication training lead by international workers. I have since 1991 been teaching at the pregraduate level about 600 h/y and postgraduate 15h/y, less in the later years due to other obligations.

Educational innovations

I have been the organiser of the teaching activities at Division for General Practice and later Department of Global Public Health and Primary Care since 1989. My focus has during these years moved from teaching to the student's learning, and our teaching milieu has increasingly focused on empowering the student for participation in professional dialogues.

Communication training

The communication course

I lead the development of a 17 h consultation course in General Practice in mutual cowork with Eivind Meland and Edvin Schei (reference list 72).

Feed forward

Actress Torild Jacobsen and I developed 2003 a bottom-up communication training session. Students in groups of 30 were presented for simulated patient cases. One student started the consultation before the group. A moderator took time-out at intervals, lead a discussion between students on possible actions from that point, and let another students continue the consultation (ref XX-XX). We have presented the model by workshops at four international congresses, and it has been adopted by St. Andrews School of Medicine in their curriculum (reference list 120).

The communication laboratory

In co-work with Torild Jacobsen I established in 2008 a communication laboratory. 3rd year medical students trained history taking with simulated patients which were trained in providing structured feedback. The sessions were video recorded and the students studied the recording after interaction

with the simulant to see how the feedback they got fitted with what had happened. We also established training of dental students in mutual decision making. The training got good evaluations from the students, and got the faculty's price of best educational quality 2009. The laboratory was closed down 2010 due to too limited recourses.

Work with the medical study

Since 2009 I have been leading the medical study in Bergen. During that period, the faculty has started a curriculum change, and I have lead the work on learning and assessment methods (<http://www.uib.no/mofa/om-fakultetet/ny-studieplan-for-medisinstudiet-ved-uib/sentrale-dokument/rapport-fra-arbeidsgruppe-3>). Main principles have been to move from passive to active learning and from summative assessment to formative assessment, with development of a tutor-based feed-back. The process is now in a pre-implementation phase. I have also facilitated a sub-group on professional training. (<http://www.uib.no/mofa/om-fakultetet/ny-studieplan-for-medisinstudiet-ved-uib/sentrale-dokument/rapporter-og-innspill>).

Research activities

Educational research

Innovations and research in medical education has resulted in 36 articles, whereof 23 are based on empirical material, and 15 are published 2006-12. Concrete themes have been the quality assurance of our clinical examination, and our consultation course. In the nationally based EKKO project we have been monitoring medical students' communication skills nation-wide (see reference list).

Tutorship

I have completed tutorship of four PhD candidates, and have three more in the process.

Prizes

In 1996 Hogne Sandvik and I got the IG Nobel Prize in Biology.

Selected publications on education

72. Bærheim A, Meland E, Schei E. Konsultasjonsundervisning i medisinstudiet – studentenes evaluering. *Tidsskr Nor Legeforen* 2000; 120: 2263-5.
120. Baerheim A, Alraek T.J. Utilizing theatrical tools in consultation training. A way to facilitate students' reflection on action? *Med Teach* 2005; 27: 562-4.
125. Gude T, Hjortdahl P, Anvik T, Baerheim A, Fasmer OB, Grimstad H, Tyssen R, Ekeberg O, Vaglum P. Does change from a traditional to a new medical curriculum reduce negative attitudes among students? A quasi-experimental study. *Med Teach* 2006; 8: 737-9.
126. Bærheim A. Doing research on medical education. *Scand J Prim Health Care*. 2006; 24: 65-6.
128. Jacobsen T, Baerheim A, Lepp M, Schei E. Analysis of role-play in medical communication training using a theatrical device the fourth wall. *BMC Med Educ* 2006, 6:51.
132. Anvik T, Gude T, Grimstad H, Barheim A, Fasmer OB, Hjortdahl P, Holen A, Risberg T, Vaglum P. Assessing medical students' attitudes towards learning communication skills - which components of attitudes do we measure? *BMC Medical Education* 2007, 7:4, doi:10.1186/1472-6920-7-4.
134. Høyland KV, Bærheim A. Å ta pasienten på alvor – klisje eller nyttig metafor? *Utposten* 2007; 36 (3): 36-8.
135. Bærheim A. Medisinsk profesjonalitet. *Tidsskr Nor Legeforen* 2007; 127: 2074.
136. Bærheim A. Must undergraduate medical education be hospital-based? *Scand J Prim Health Care* 2007; 25: 129-30.
137. Baerheim A, Hjortdahl P, Anvik T, Fasmer OB, Gude T, Holen A, Risberg T, Vaglum P. Curriculum factors influencing knowledge of communication skills among medical students. *BMC Med Educ* 2007; 7: 35.
138. Gude T, Vaglum P, Anvik T, Baerheim A, Eide H, Fasmer OB, Graugaard P, Grimstad H, Hjortdahl P, Holen A, Nordoy T, Skirbekk H, Finset A. Observed Communication Skills: How Do They Relate To The Consultation Content? A nation-wide study of graduate medical students seeing a standardized patient for a first-time consultation in a general practice setting. *BMC Med Educ*. 2007;7(1):43.
139. Anvik T, Grimstad H, Baerheim A, Fasmer OB, Gude T, Hjortdahl P, Holen A, Risberg T, Vaglum P. Medical students' cognitive and affective attitudes towards learning and using communication skills - a nationwide cross-sectional study. *Med Teach* 2008, 3; 272-9.
145. Gude T, Vaglum P, Anvik T, Bærheim A, Fasmer OB, Grimstad H, Hjortdahl P, Holen A, Nordøy T, Eide H. Do physicians improve their communication skills between finishing medical school and completing internship? A nationwide prospective observational cohort study. *Patient Educ Couns* 2009; 76: 207-12.
148. Baerheim A. Limits of medical research – some considerations. *Scand J Prim Health Care*, 2010; 28: 197–8.
153. Gude T, Vaglum P, Anvik T, Bærheim A, Grimstad H. A few more minutes make a difference? The relationship between content and length of GP consultations. *Scand J Prim Health Care* 2013; 31: 31-5.

This CV is condensed to two pages on request.

Brief CV: Arild Raaheim

Current Positions

Professor, Department of Education, Higher Education Unit, University of Bergen.
Adjunct professor, Norwegian School of Economics, Bergen, Norway.

Academic Degrees

- Doctor of Philosophy (1995) Dept. of Psychosocial Sciences, University of Bergen, Norway
- Master of art (Mag.art) (1981) Dept. of Cognitive psychology, University of Bergen, Norway
- Bachelor of art (Cand.mag.) (1979) Dept. of Cognitive psychology University of Bergen, Norway.

International work/co-operation

- 1990-93 Norwegian co-ordinator in an international student- and staff exchange programme under ERASMUS/SOCRATES.
- 1989-94 Member of scientific committee for EHPS's annual conference. Chairman at different symposia.
- 1995 President for EHPS 9th Annual Conference in Health Psychology, Bergen.
- 2003-2007 Member of Steering Group, NETTLE, Network of European Tertiary Level Educators, (EC-funded project).

Evaluation work

Served on several national and international committees to evaluate institutions of higher education, as well as individual teaching programmes, e.g.:

- 2001 Member of international committee evaluating the Bergen National Academy of Arts.
- 2002-2003 Member of national committee evaluating a new master programme in Genetic
- 2004-2007 Member of national committee commissioned by the Ministry of Education to evaluate the Quality reform of higher education in Norway.
- 2008-2009 International expert, FINHEEC, evaluation of Centres of Excellence in University Education.
- 2009 International expert, FINHEEC's auditing team, Åbo Academy.
- 2011 International expert, FINHEEC's auditing team, Arcada University College, Helsinki.
- 2013 International expert, ACE Denmark. Re-accreditation of master-program in management development, Copenhagen Business School.

Publications (selected):

- Raaheim, A. (1984). Can students be taught to study? An evaluation of a study skill programme directed at first year students at the University of Bergen. *Scandinavian Journal of Educational Research*, 1, 9-15.
- Raaheim, A. (1987). Learning to learn at university. *Scandinavian Journal of Educational Research*, 31, 191-197.
- Raaheim, A. (2000). Learning, knowledge, and assessment at university. Using assignment essays as an alternative to traditional exams. I: Fahlen, V., Liuhanen, A.M., Peterson, L. & Stensaker, B. (Eds.). *Towards Best Practice. Quality Improvement Initiatives in Nordic Higher Education*. Copenhagen: Nordic Council of Ministers, Temanord, 2000:501.
- Raaheim, A. (2000). En studie av inter-bedømmer reliabilitet ved eksamen på psykologi grunnfag. *Tidsskrift for Norsk Psykologforening*, 37, 203-213.
- Lauvås, P., Havnes, A. & Raaheim, A. (2000). Why this inertia in the development of better assessment methods? *Quality in Higher Education*, Vol. 6, No. 1, 91-100.
- Raaheim, A. (2009). Quality in Finnish University Education. *Das Hochschulwesen*, Vol. 57, No.1, pp.15-20.
- Raaheim, A. (2009). Aber meine PowerPoint-Folien bekommen Sie nicht! *Das Hochschulwesen*, Vol. 57, No. 3.
- Skøien, A.K., Vågstøl, U. & Raaheim, A. (2009). Learning physiotherapy in clinical practice: Student interaction in a professional context. *Physiotherapy Theory and Practice*, Vol. 25, No. 4, 1-11.
- Raaheim, A. & Karjalainen, A. (2012). *Centres of excellence in university education – Finland 1999-2012. An evaluation*. PUBLICATIONS OF THE FINNISH HIGHER EDUCATION EVALUATION COUNCIL 13:2012.
- Raaheim, A. & Raaheim, K. (Red.). (2000). *Læring hos voksne*. Bergen: Sigma Forlag A/S.
- Raaheim, A. & Raaheim, K. (Red.), (2002). *Eksamen – en akademisk hodepine. En håndbok for studenter og lærere*. Bergen: Sigma Forlag.
- Raaheim, A. (2011). *Læring og undervisning*. Bergen: Fagbokforlaget.
- Raaheim, A. (2013). *Råd og tips til deg som underviser*. Oslo: Gyldendal Akademiske Forlag.
- Raaheim, A. (2013). *Lehren und Lernen. Das Hochschulwesen*, Vol. 60, No.1-2 («in press»).

MILDRID JORUNN HAUGLAND

Vice Dean, Assistant professor, Physiotherapist
Faculty of Health and Social Sciences
Bergen University College

Education

1993: MSc in Physiotherapy

Employment history at Bergen University College

01.08.11 to date: Vice Dean at Faculty of Health and Social Sciences

01.08.98-31.07.03: Head of Department of Physiotherapy

Autumn 1993: Employed as teacher at BUC

Educations and projects:

- Responsible developing MSc in Clinical Physiotherapy
- Responsible developing Post graduate program for physiotherapy in acute care
- Member of resource group in developing MSc in Community Work, MSc in Evidence Based Practice and Post graduate program in Health Promotion and Preventive Work
- Head of international collaboration project: Promoting rehabilitation and physiotherapy education in Norway and Sudan. From 2006 to 2012 together with Ahfad University for Women, and from 2012-extended with University of Western Cape (SA) and CCBRT, a rehabilitation institution in Tanzania.
- Head of project: Developing Learning Platform for use in clinical placement. Together with Physiotherapy department at Haukeland University Hospital and Physiotherapy department at Duke University. Since 2011 to date.

Working groups at BUC:

- Head of working group responsible for quality in education programs at the Faculty
- Member of working group developing academic profile at the Faculty
- Member of working group implementing quality reform at the Faculty and at BUC
- Member of working group assessing research project applications at the Faculty

Representative cabinet, board, organization and committees:

- Representative cabinet for NLA, a private HEI, from 2013.
- Deputy leader of board: Studiesenteret at Frikirken from 2002-2006.
- Head of Nordic Physiotherapy Teachers (Nordiske Undervisningsfysioterapeuter) (2001-2005)
- Member of expert committee appointed by NOKUT to evaluate accreditation of a bachelor application
- Coordinator of national committee of heads of physiotherapy educations in Norway (2001-10)
- Member of national committee evaluating five year physiotherapy education

Relevant publications and presentations 2013 and 2012:

- Important Factors for Success in a North-South Collaboration Process: Example from Building a Physiotherapy Education in Sudan (Submitted April 2013)
- Haugland, Mildrid; Sørsdahl, Anne Brit. Arbeidsmåter i og erfaringer fra et næringslivsprosjekt : fysioterapeutisk kompetanse i produktutvikling. Fysioterapeuten 2012 ;Volum 79.(10) s. 18-23
- Baerheim, Anders; Bondevik, Gunnar Tschudi; Haugland, Mildrid; Holst, Lone; Klock, Kristin; Raaheim, Arild. Practical learning sits in my body. AMEE kongressen; 2012-08-25 - 2012-08-29
- Haugland, Mildrid. Achievements in Physiotherapy Education. Graduation of the first students from the Bachelor Education in Physiotherapy; 2012-04-24
- Holst, Lone; Baerheim, Anders; Haugland, Mildrid; Klock, Kristin; Bondevik, Gunnar Tschudi; Raaheim, Arild. Interdisciplinary training in patient counselling. European Association of Faculties of Pharmacy Annual Conference; 2012-05-24 - 2012-05-26
- Wilhelmsen, Kjersti Thulin; Skogen, Aud; Aarskog, Reidar; Haugland, Mildrid; Vågstøl, Unni. Project based learning in the bachelor physiotherapy program - presentation of an educational model. Verdenskongress; 2012-11-07 - 2012-11-10

Curriculum Vitae: SIMON GILBERTSON, Dr. rer. medic.

Associate Professor in Music Therapy
Course Coordinator, Integrated MA in Music Therapy
The Grieg Academy - Institute of Music
University of Bergen
Lars Hillesgt. 5, 5310, Bergen, Norway
Telephone: +47 452 48980, Email: simon.gilbertson@greig.uib.no

TEACHING

- 2010- Course-coordinator of 5-year Integrated MA in Music Therapy, University of Bergen. Responsible for finance, delivery, supervision, praxis placement and strategic planning and national/international collaborations of the MA course.
- 2008-2010 Acting Course Director, MA in Music Therapy, University of Limerick
- 2007-2010 Junior Lecturer, MA in Music Therapy, University of Limerick
- 2004 Guest Lecturer: Systematic Literature Review and Advanced Literature Review Methodologies: Centre for Interdisciplinary Research, University of Bielefeld
- 1994-2002 Clinical placement supervisor, Early Neurosurgical Rehabilitation, Germany

RESEARCH GRANTS/APPLICATIONS

- February 2013:** Grieg Academy Research Grant, UiB. 'In Audible Movements': A multidisciplinary collaborative research project investigating interrelations between physical movement and musical structures in multidisciplinary music improvisation.
- February 2012:** Grieg Academy Creative Arts Research Grant, UiB. 'In Visible Hands': A creative arts research project using sculpture and qualitative analysis of therapist's narratives on the use and meaning of their hands in music therapy.
- June 2012** University of Bergen: Participant in an application for funding for a Centre of Excellence to the Norwegian Research Council.
- January 2008:** University of Limerick Faculty Research Seed Funding. Building music therapy research capacity on the island of Ireland.
- August 2005:** University of Witten/Herdecke: "CaseBase": a research database of case material related to music therapy and children who had experienced traumatic brain injury. Project was not implemented due to Institute closure.

PUBLICATIONS

- Gilbertson, S.** and Aldridge, D. (2008). *Music therapy and traumatic brain injury: A light on a dark night*. London: Jessica Kingsley Publishers.
- Gilbertson, S.** (2013, in press). *Stroke*. In: K. Bruscia & J. Allen (Eds.), *Guidelines for Music Therapy Practice: Medical Care for Adults*. Gilsum: Barcelona Publishers.
- Edwards, J. & **Gilbertson, S.** (2013, in press). *Exploring resistance and change in music therapy learning for students and educators*. Springfield: Charles C. Thomas Publisher.
- Gilbertson, S.** (2013, in process). *Traumatic Brain Injury*. In J. Edwards (Ed.) *Oxford Handbook of Music Therapy*. Oxford: Oxford University Press.
- Gilbertson, S.** (2013, accepted). Exploring meaning through long-term repeated-immersion in single case methodology: Music improvisation in early neurosurgical rehabilitation by a teenage boy with severe traumatic brain injury and his music therapist. *International Journal of Qualitative Studies on Health and Well-being*.
- Gilbertson, S.** (2013, accepted). A review of music therapy and pediatric traumatic brain injury. *International Journal of Therapy and Rehabilitation*.
- Gilbertson, S.** (2010). A reference standard bibliography: Music therapy with children who have experienced traumatic brain injury. *Music and Medicine*, 1,2,129-139.

Letters of intent

Letter of Commitment:

Page

2. The University of Bergen

Letter of Host

3. The Faculty of Medicine and Dentistry, University of Bergen

Letter of Intent- Consortium partners

4. Bergen University College
5. Fjell Municipality
6. Faculty of Psychology
7. Grieg Academy

Letter of Intent- external partners

8. Stord/Haugesund University College
9. University of East Anglia, by Professor David Wright
10. University of East Anglia, by Professor Susanne Lindqvist
11. Bergen Municipality



Nasjonalt organ for kvalitet i utdanningen (NOKUT)
Postboks 1708 Vika
0121 Oslo

Your ref

Our ref
2011/6578-BJUB

Date
03.05.2013

Letter of commitment (SFU - TVEPS)

The University of Bergen hereby confirms its support for and its intention to host the proposed *Center for Interprofessional Collaborative Learning in Primary Care – TVEPS*.

In the center three faculties and several partners outside the university cooperate. It is hosted by and located at the Department of Global Public Health and Primary Care as a part of the Faculty of Medicine and Dentistry. The faculty participates in the center's steering committee on equal terms with the other partners.

We hereby express our firm intent to host and to support the proposed SFU Center. The University of Bergen regards the center as an important part of our work with education in the health professions, and we shall continue to provide support and contribute to the ongoing progress and development of the center.

Yours sincerely,

Sigmund Grønmo
Rector

Kari Tove Elvbakken
University Director



UNIVERSITETET I BERGEN

Det medisinsk-odontologiske fakultet

TVEPS - Center for Interprofessional
Collaborative Learning in Primary Care
Department of Global Public Health and
Primary Care
University of Bergen

Referanse

2012/11565-TOMI

Dato

08.05.2013

HOST FACULTY LETTER

The Faculty of Medicine and Dentistry confirms that we are hosting the Cooperation: TVEPS - Center for Interprofessional Collaborative Learning in Primary Care, coordinated by Professor Anders Bærheim and represented by the Department of Global Public Health and Primary Care, Faculty of Medicine and Dentistry, University of Bergen.

The centre is a cooperation between three faculties at the University of Bergen and several partners outside the university. It is hosted by and located at the Department of Global Public Health and Primary Care as a part of the Faculty of Medicine and Dentistry. The faculty participates in the centre's steering committee on equal terms with the other partners.

We hereby express our firm intent to host and to support the proposed "SFU-Center" standing of the cooperation. The faculty regards the centre as an important part of our work with education in the health professions, and we shall continue to provide support and contribute to the ongoing progress and development of the centre.



Nina Langeland
Dean



Nina Mevold
Director

Detle er et UiB-internt notat som godkjennes elektronisk i ePhorte

Det medisinsk-odontologiske fakultet
Telefon 55582086
Telefaks 55589682
post@mofa.uib.no

Postadresse
Postboks 7804
5020 Bergen

Besøksadresse
Jonas Lies vei 79
Bergen

Saksbehandler
Torunn Valen Mikalsen
55586632

Department of Global Public Health and Primary Care, University of Bergen.

Re: Letter of intent

Dear Co-ordinator,

We, as a TVEPS partner, hereby express our firm intent to participate also as Partner in the proposed SFU-Center standing of the

Cooperation: TVEPS - Center for Interprofessional collaborative learning in primary care, coordinated by Professor Anders Bærheim represented by its Department of Global Public Health and Primary Care, University of Bergen.

With this letter of intent we agree and assure that:

- we, as member of the consortium, will support all necessary activities and documents in due time for successful preparation of a consortium agreement.

Yours sincerely



Mildrid Haugland
Vice dekan





Re: Letter of Intent

Dear Co-ordinator,

We, as a TVEPS partner, hereby express our firm intent to participate also as Partner in the proposed SFU-Center standing of the

Cooperation: TVEPS - Center for Interprofessional collaborative learning in primary care, coordinated by Professor Anders Bærheim represented by its Department of Global Public Health and Primary Care, University of Bergen.

With this letter of intent we agree and assure that:

- we, as member of the consortium, will support all necessary activities and documents in due time for successful preparation of a consortium agreement.

A handwritten signature in black ink, appearing to read 'Terje Handal', is written over a printed name.

Terje Handal
Head of Health Department



Bergen May 8th 2013

Letter of intent

Dear co-ordinator,

We, as a TVEPS partner, hereby express our firm intent to participate also as Partner in the proposed SFU-Center standing of the:

Cooperation: TVEPS - Center for Interprofessional collaborative learning in primary care, coordinated by Professor Anders Bærheim represented by its Department of Global Public Health and Primary Care, University of Bergen.

With this letter of intent we agree and assure that:

- we, as member of the consortium, will support all necessary activities and documents in due time for successful preparation of a consortium agreement.

Yours sincerely,


Jarle Eid
Dean


Ragna Valen
Faculty Director



Bergen, 2. Mai 2013

Letter of Intent

Dear Co-ordinator,

We, as a TVEPS partner, hereby express our firm intent to participate also as Partner in the proposed SFU-Center standing of the

Cooperation: TVEPS - Center for Interprofessional collaborative learning in primary care, coordinated by Professor Anders Bærheim represented by its Department of Global Public Health and Primary Care, University of Bergen.

With this letter of intent we agree and assure that:

- we, as member of the consortium, will support all necessary activities and documents in due time for successful preparation of a consortium agreement.

Vennlig hilsen

Frode Thorsen
Instituttleder



HØGSKOLEN STORD/HAUGESUND

Re: Letter of Intent

Dear Co-ordinator,

We hereby express our firm intent to participate as Partner in the proposed SFU-Center standing of the

Cooperation: TVEPS- Center for Interprofessional collaborative learning in primary care, coordinated by Professor Anders Bærheim represented by its Department of Global Public Health and Primary Care, University of Bergen.

With this letter of intent we agree and assure that:

- We will support the applied SFU with students/necessary learning arenas.

Gunn Haraldseid
Dean
Faculty of Health Education
Stord Haugesund University College



David Wright
Professor in Pharmacy Practice
School of Pharmacy
University of East Anglia
Norwich
Norfolk
NR4 7TJ
d.j.wright@uea.ac.uk
01603 592042

5th May 2013

To Whom it May Concern

REF: Letter of intent to support collaboration in training in and research on inter-professional learning

I have been working with the School of Pharmacy in Bergen since 2006 on a joint teaching collaboration between the University of East Anglia and Bergen University. I have always been impressed with the team's desire to innovate and introduce new teaching methods and have enjoyed the professional collaboration. The close working between the Schools of Medicine and Pharmacy has always been extremely transparent.

As an academic with a strong and national interest in pharmacy education I have worked closely with the UEA center for inter-professional practice since its inception in 2003 and have been central to a number of the changes and innovations which have been introduced. I am particularly impressed with the inter-professional working within nursing homes project which has started at Bergen as this is not only extremely innovative, but it provides opportunities for research for patient benefit and to develop new forms of assessment. I believe that a strong collaboration between UEA and Bergen would be extremely useful as we could transfer some of what we have learned from our four year program, which includes multi-professional problem based learning and clinical workstations and learn from their experience within nursing homes. This is a model which I would like to introduce at UEA.

I am therefore delighted that faculty is applying for recognition as a center for excellence in inter-professional learning and would like to confirm our intent to collaborate on any training and research endeavors which will inevitably arise from this.

Yours faithfully

A handwritten signature in black ink, appearing to read 'David Wright', written over a horizontal line.

David Wright

Dr Susanne Lindqvist
Senior Lecturer and Centre Director

Centre for Interprofessional Practice
Faculty of Health and Medical Sciences
University of East Anglia
Norwich Research Park
Norwich
Norfolk
NR4 7TJ
Tel.no. 01603 591274
<http://www.uea.ac.uk/cipp/>

10th May 2013

To Whom it May Concern,

REF: Letter of intent to support collaboration in training in and research on interprofessional learning

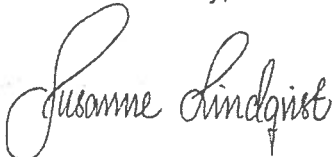
I was contacted earlier this year by Anders Baerheim, Professor General Practice and leader of TVEPS, which is a Centre for interprofessional work-place training in primary care situated in Bergen, Norway. The reason for this phone call was to express an interest in possible collaboration within this area.

Since 2002, I have together with colleagues been developing and delivering different opportunities for interprofessional learning (IPL) to students and professionals working in health and social care. This includes also students within the School of Pharmacy who I understand you have already an established collaboration with.

Following a telephone conversation with Professor Baerheim we both felt that there are a number of opportunities for sharing experience and expertise between the different sites. The Nursing Home Project in Bergen, which allows students from different professions in Bergen to work together, is very exciting and something that we wish to learn more about so that we can support the development of a similar model here. Similarly, we can share with you our experiences of and approaches to IPL, training of facilitators supporting IPL, assessment of interprofessional attitudes and team climate.

I hope that the Faculty is successful in their application for recognition as a Center for Excellence in Interprofessional Learning and wish to confirm our willingness to engage with future training and research activities that will follow as a result.

Yours sincerely,



Susanne Lindqvist



BERGEN KOMMUNE

BYRÅDSAVDELING FOR HELSE OG OMSORG

Bergen Rådhus

Postboks 7700, 5020 Bergen

Telefonsentral 05556

Telefaks 55 56 74 99

postmottak.helse.sosial@bergen.kommune.no

www.bergen.kommune.no/helse-sosial

Saksnr: 201208030-37
Saksbehandler: RIBE
Delarkiv: ESARK-40

Re: Letter of Intent

Dear Co-ordinator,

We hereby express our firm intent to participate as Partner in the proposed SFU-Center standing of the

Cooperation: TVEPS- Center for Interprofessional collaborative learning in primary care, coordinated by Professor Anders Bærheim represented by its Department of Global Public Health and Primary Care, University of Bergen.

With this letter of intent we agree and assure that:

- We will support the applied SFU with students/necessary learning arenas.

Finn Strand

Director General

Department of Health and Care

PROGRAMME REPORT

Programme title: TVEPS- Center for Interprofessional work-place learning in primary care	School year: August 2012 – May 2013	Department: Department of Global Public Health and Primary Care in collaboration with partners in TVEPS
Course coordinator: Anders Bærheim Date: 07.05.2013	Approved in:	
INTRODUCTION		
<p>The Centre for Interdisciplinary Work-Place learning in Primary care (TVEPS) trains final year health profession students in clinical work-place teamwork for the benefit of patients, students and the work-place staff. We assemble teams of 3-5 students from different health professions and assign them the task of writing treatment plans for selected patients. The students are from both the University of Bergen, Faculty of Medicine and Dentistry, Faculty of Psychology the Grieg Academy, and from Bergen University College, Faculty of health and social sciences.</p> <p><u>Learning objectives.</u> After ended training the students should:</p> <p><i>Knowledge</i></p> <ul style="list-style-type: none"> • Have knowledge about how different health care professionals work • Use this knowledge to recognize situations where interprofessional cooperation would benefit the patient <p><i>Skills</i></p> <ul style="list-style-type: none"> • Be able to communicate their professional knowledge to other health care professionals • Be able to work in an interprofessional group, communicate and find a consensus to the best for the patient <p><i>General competence</i></p> <ul style="list-style-type: none"> • Show respect, understanding and support for patients as well as for colleagues from other health professions • Be able to reflect on and develop their own professional identity <p><u>Assessment:</u></p> <p>The program is voluntary and students are not assessed through grades or passed/fail. However, participants are required to deliver a reflection note describing their perceived learning and the experiences of working as a team after completing the program. They get feedback from each other during practice (peer-review), and also get feedback on their treatment plans for patients from the work-place staff.</p>		
STATISTICS:		
Number of students: 91		
Participating education programs /institutions:	<u>Educational programs, students from:</u> Medicine, Pharmacy, Physiotherapy, Midwife, Nutrition, Music therapy, Odontology, Psychology, Nursing, Occupational therapy, Dental Hygiene, Manual Therapy, Health nurse officer, and Social education	<u>Institutions:</u> <ul style="list-style-type: none"> • Bergen University College; Faculty of health and social sciences • The University of Bergen; Faculty of Psychology, Grieg Academy, Faculty of medicine and dentistry, • Fjell Municipality
Number of student	29	Nursing homes, General Practitioner's

groups/ placement sites:		office, Youth Health Centre, Prenatal care
SUMMARY OF THE STUDENT EVALUATION (<i>main points</i>):		
<p><u>Students' evaluations and feedback:</u></p> <ul style="list-style-type: none"> • Useful to see how their own profession worked together with the others in the treatment of patients • Learned that working in an interprofessional team gives a broader understanding of both patient care and other professions. • Learned to communicate their own professional knowledge to others and make a plan suiting the patients' individual needs. • "Something we have been missing in our education!" (especially students from the University of Bergen) • "Stood for the first time alone as a representative of my own profession, and was surprised of how much I could contribute to the group" • Would wish for more information prior to the placement, guidelines regarding the writing of treatment plans. • In some cases the dates for the placement were announced to late. • Not all of the placement sites were suitable for all students: In pregnancy care the women were too healthy and the pharmacy student had little to contribute. The Health Centre for Youth was not suitable due to the vulnerability of teenagers and the "drop in" function at the centre. • Students wished for more detailed feedback on their suggested treatment plans, and would like to know if their suggestions lead to any treatment changes for the patient. • Some of the bachelor students (e.g. dental technicians) were initially unsecure of their role in the team, but later expressed that they were pleased to feel that their input was valued by the team • Some students reported that while their first patient meeting was somewhat "chaotic", when they reached their second meeting they had already learned a lot about how to function as a team and organize the meeting better. <p><u>Comments from supervisors/health care staff:</u></p> <ul style="list-style-type: none"> • Better guidelines for the role of the supervisor • Easy to administer the one day student visits, students mostly managed themselves • Useful and interesting for the staff to discuss the students' treatment plans after the placement period • Appreciate that the need for more interprofessional collaboration has been addressed by the educational institutions • Regard the process as a step in their vocational education 		
COURSE COORDINATORS EVALUATION:		
<p><u>Teaching and assessment methods:</u> Seems sufficient for the time being</p> <p><u>Information and documentation:</u> Up-front information and manual could have been more informative. Health care staff at placement settings should be instructed in how to give the students more detailed feedback.</p> <p><u>Localities/equipment:</u> Some localities have been less suited for the student placements, and activities will be mended. Especially the drop-in Health station may function better if the team engages the adolescents in a teaching session at school before inviting them to individual counseling.</p> <p><u>Changes done during the course:</u></p> <ul style="list-style-type: none"> • We have revised the information manual for the supervisors and the students. • A health station did not function to purpose. We have altered the routines for this work-place 		
GOALS AND OBJECTIVES FOR NEXT EVALUATION PERIOD – IMPROVEMENTS TO BE MADE:		
<ul style="list-style-type: none"> • Evaluation routines should be looked over and updated • Result of evaluation based changes should be more visible for the students. TVEPS's web-site is suitable for publication. • New clinical workplaces for placement should be developed in co-work with relevant stakeholders. • A training day for supervisors should be held prior to next round of placements. 		