



Health 2020

For students in health care and rehabilitation

This international module is organised with the support of the
COEHRE Academy



Study Guide

1st of February till 22th of February 2019

Part 1 - Preparatory programme

1-10th of February: independent study and distance learning

Part 2 – Face-to-face programme Health 2020

1th of February 2019: Kick-off

6th of February 2019: student event Artevelde – Operation Freddy

11th of February 2019 – 22th February 2019: Module Health 2020

19th of February 2019 – Cultural evening Erasmus students HEALTH CARE studies

Guide – content

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Preface

“Increasing globalisation, the expansion of the European Union with greater freedom of movement means that health care professionals will increasingly come into contact with colleagues and patients from other countries.”

We are glad you have chosen to participate in the interprofessional course: **‘Health 2020’**. This course is the starting module of the programme **‘International Healthcare Studies’** in Ghent. This programme offers a unique opportunity for you to meet with fellow students and teaching staff from different countries and professional backgrounds to listen, discuss and debate the issues around the present and future of health care. The organisation of the course reflects our rationale to offer higher education in health care from an international, interdisciplinary and innovative perspective.

Within the Coehre Academy, Consortium of Higher Education within Health Care and Rehabilitation, we have developed different Intensive Programmes.

Student programmes organised by the CA or under support of the CA

- ICHCI-1: Health 2020 (Ghent, Belgium)
- ICHCI-2: Ability versus disability. (Setúbal, Portugal)
- Diversity and Social Inclusion (DiSI) (Vic, Spain)
- Community based mental Health care in Occupational Therapy in Rumania. (Bacau, Rumania)
- Interdisciplinary Programme on Paediatric Rehabilitation: child in hospital (Lissabon, Portugal)
- Interdisciplinary Programme on Palliative and End-of-Life Care (Ghent, Belgium)
- Nature and adventure (Oulu, Finland)

Programmes organised by partners within the Coehre Academy

- Winterschool (Winterthür, Switzerland)
- International week: Urban health (Rotterdam, The Netherlands)
- Interdisciplinary Programme on Paediatric Rehabilitation (Ghent, Belgium)

We hope that the participation in this course will turn out to be an exciting learning experience for you and will challenge your professional and personal development.

Filip Dejonckheere

Manou Jacobs

Coordinators ICHCI - HEALTH 2020

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Artevelde University College Ghent

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1. General introduction to the course

Aims

The programme offers a client-based perspective on the delivery of health care and rehabilitation, as well as a professional perspective on the development and delivery of health care in the countries involved.

The course offers an introduction for exchange students to their study period. As a result, you should find it easier to integrate into your chosen country and institution and also benefit from the interdisciplinary experience whilst receiving an introduction to the health care system in preparation for your exchange.



Empowered by the Coehre Academy



As the initiative started within the network of the partner institutions of COEHRE, the consortium has always supported the continuation of the programme. The COEHRE conference offers the ideal platform for exchange and further development of the programme. In 2009 the consortium developed the COEHRE Academy. The ICHCI course is accepted as an example of good practice for further development of international modules within the COEHRE Academy.

More information:

www.coehre.com

2. Assumptions of the project

This International Course on Health Care Issues reflects the specific aims of our project in extending the internationalisation of students' understanding of health care systems and processes.

Principles of the course

What follows, are the general principles which underpin this International Course on Health Care Issues and its delivery:

- The course is **student focused**. The content and teaching methods reflect a student-led approach. Wherever possible, learning will be paced to your individual needs by the production of appropriate supporting materials.
The detailed contents of the course may be modified to reflect the composition of the student group for each exchange (i.e. the relative proportions of different types of students, for example, nursing students, speech therapy students, occupational therapy students, physiotherapy, midwifery, podiatry, audiology as well as whether the group is composed of undergraduates, graduates or postgraduate or a mix of the two).
- The curriculum has an **international dimension** aimed at broadening your knowledge beyond that to be gained from the academic programme in your own country. The course creates an opportunity to allow you to gain a truly **international perspective** of health care and to analyse, compare and contrast the origins, policies and delivery of care in partner countries. It offers you the opportunity to meet other students from different countries, in different professional fields within health care and to exchange and debate your ideas.
- The course emphasises the value of **interdisciplinary work**. More and more, professionalism and team-work are becoming extremely important. Nevertheless, education and training programmes are generally separated into different professions and specialisation. One of the main assumptions in this project is the use of an interdisciplinary approach that reflects on the importance of co-operation and communication between the different professions in health care.
- The course reflects on a **professional perspective** on the development and current practices of health care in each partner country.
- A **patient or client centred approach** to health care systems and health care delivery is incorporated into the curriculum. The course focuses on the delivery of health care and rehabilitation, enabling evaluation of who is best able to deliver care.

Key Themes

The International Course on Health Care Issues should enable two **key themes** to be identified and developed.

- **A client based perspective on the delivery of health care** which would lead to discussion around
 - ✓ who is best able to deliver the care.
 - ✓ whether the breakdown of professional boundaries is to the benefit of the client or others.
 - ✓ the respective roles of primary, secondary and tertiary health care provision for the client.
 - ✓ the concept of 'client-centred care' : care centred around the needs of the client first and foremost.

- **A professional perspective on the development and delivery of health care** in each country to explore:
 - ✓ the origins, current roles, interaction and development of professional health care delivery in each participating country.
 - ✓ a comparison and contrast of the role of professionals in each care situation enabling the student to look at health and rehabilitation care problems from the perspective of different groups.
 - ✓ the development of a multi professional and interdisciplinary approach.

Programme Content

Central theme: Health 2020

At a time when high-technology medicine and therapies are pushing back barriers in different areas, it is necessary to concentrate on a total different approach.

Many health professionals subscribe to a holistic approach on health care that takes into account not only the individual's physiological or psychological condition but also social and environmental and even spiritual dimensions.

The focus on changes within health care means restoring the harmonious working of the body, mind emotions and spirit within a multi-dimensional environment.

1. Delivery of health care

A comparison of health care policies and structures of different countries will be explored. This will take into account a historical perspective as well as political, socio-economical and other features. This section includes some reference to the education of health care professionals enabling students to evaluate, compare and contrast the preparation of professionals between different countries and to explore the implications of this for the delivery of health care.

Topics dealt with, include:

Systems for the delivery of health care

- ✓ Health and social policies
- ✓ Health determinants and health policy arising from these
- ✓ Primary, secondary and tertiary health care
- ✓ Interactions between health and social care
- ✓ Health promotion and health education
- ✓ Acute care and community care
- ✓ Private and voluntary sector contributions

2. Role of alternative therapies/complementary therapies

At a time when high-technology medicine and therapies are pushing back barriers in health care, it is useful to focus on different approaches.

Many health professionals subscribe to a holistic approach to health care that takes into account not only the individual's physiological or psychological condition but social and environmental and even spiritual dimensions.

Complementary therapies aim to restore the harmonious working of the body, mind emotions and spirit within a multidimensional environment. The state of well-being, out of balance due to various causes, must be restored.

Complementary therapies adopt very different approaches towards definition and treatment. The following items will be explored:

- Review of different types of alternative therapy (osteopathy, chiropractic, massage therapy, etc.)
- Roles of non-professional and traditional lay healers e.g. shamans, medicine men, homeopaths, spiritual healers, etc.
- Complementary strategies e.g. herbalism, iridology, reflexology
- Impact of growth in alternative therapies on traditional health care delivery e.g. palliative care

3. Professional perspectives on health care

By means of a comparison between the situation in the different participating countries and professions, the students gain a broad view on health care professions, education (including continuing professional development) and registration. The following topics are dealt with:

- Educational standards
- Continuing professional development
- Comparison and contrast of roles of different professional groups in partner countries.
- Code of conduct and licensure
- Health care workforce issues (mobility, gender, flexibility, manpower, planning etc.)

4. Multi-cultural aspects of health care

Our society increasingly is an **amalgamation of different cultures** and different people. Many countries in Europe have for many years been an attractive destination for many immigrants. The population of immigrants is a growing part of our modern society. This

evolution brings about a **confrontation with clients from other cultures**, with other values, habits, customs and a different way of behaving.

A multicultural approach is becoming more and more important in health care. People and therapies from different cultures are influencing the therapeutic approach to clients.

Health care subscribes to a holistic approach to the client. This takes into account not only the individual's psychological or physiological condition but also the social, **intercultural**, environmental and even spiritual dimensions:

- Frames of reference regarding inter- and multiculturalism.
- Health care in developing countries
- Community health care centres for immigrants.
- Cross-cultural approach to health care in Europe, Africa and America

5. Recent developments in health care

Health and wellness issues are more than ever subject to a changing society and environment. Recent issues such as globalisation and cost effectiveness, force health care professionals to keep abreast of innovative tendencies.

The supply of health care is also increasing in size and complexity and broadening towards an interdisciplinary and a 'tailored' care model.

Today, more than ever, professionals need to be aware of the recent developments in health care and related areas as: technology, sociology, psychology, education, anthropology, culture.

3. Organization and assignments

The International Course on Health Care Issues: Health 2020, consists of two parts. Part 1 contains an assignment in independent study and distance learning. Part 2 is a two-week module with keynotes, guest lectures, workshops and study visits.

The content of this module is a study of the delivery of health care systems and of interdisciplinary topics concerning the 'wellbeing' of the client.

PART I: PREPARATORY WORK DISTANCE LEARNING

Assignments for preparatory work

Assignment 1 – Research on the health care system in your country

Aim

Research on health care policies and structures in the home country taking into account the historical perspective as well as political, socio-economical and other features. The education of health care professionals is also subject of this assignment. The aim is to enable students to evaluate, compare and contrast the preparation of professionals between different countries and to explore the implications of this on health care delivery.

Research '@home'

We want you to do **preparatory research** on the objectives mentioned below. Please collect and bring as much recent information as possible, such as statistics, tables, illustrations, statements, photos, cartoons etc on the following topics:

- 1. Short explanation of your country:**
History, background, social and political system, etc.
- 2. An explanation about your countries health care system**
Structure, financial, main problems, etc
- 3. Statistics:**
Population estimates
Total population
Annual population growth rate (%)

Percentage of population aged +60 years,
Percentage of population aged +60 years in 2025

Health indicators

Life expectancy at birth (years)

Total population

Males

Females

Child mortality (probability of dying under age 5 years) (per 1000)

Selected national health accounts indicators

Total health expenditure

Total expenditure on health as % of GDP

Estimates of health personnel per 100.000 inhabitants (Physicians, Nurses, Midwives, Pharmacists, Physiotherapists, Dietician, Occupational Therapists, Medical Doctors)

4. **Reflections**

What is changing in the world, in your country, in your environment, for you personally? How is health and healthcare influenced by those changes?

The main aim of this assignment is to prepare yourself as good as possible for the different topics that will be explored during in module 2.

Product

All the information you found has to be put in a **Pecha Kucha**.

ペチャクチャ

Pecha Kucha ([Japanese](#): ペチャクチャ, IPA: [[petʃa kɯtʃa](#)], *chit-chat*) is a presentation methodology in which **20 slides** are shown for **20 seconds each** (six minutes and 40 seconds in total). The format, which keeps presentations concise and fast-paced, powers multiple-speaker events called PechaKuchaNights (PKNs) or Pecha Kucha Nights.

([http://en.wikipedia.org/wiki/PechaKucha - cite_note-1](http://en.wikipedia.org/wiki/PechaKucha_-_cite_note-1))



Aim:

The aim is to present the key-elements of the collected data and to present this to other participants of the programme. It must enable students from other countries and other disciplines to evaluate and to compare with the health care system in other countries.

Pecha Kucha presentation: how?

During the start of the program in week 1, you will get more guidelines on how to prepare a Pecha Kucha presentation. You can work on the Pecha Kucha during the first week of HEALTH 2020 in your 'country groups'. So you can share and summarize all the gathered information. Please be prepared to this and bring as many information as you can find, it will help you all to make a Pecha Kucha! On Tuesday 6th of February you have the time to work on it during the program. Some of you will have the time to present their Pecha Kucha, as a try out!

The final aim of the presentation is to share the gathered information of your country with the other participants and supervisors of clinical practice. It must give the audience an idea on current issues about the health care situation in your country.

We expect you to bring the final results of your research by a Pecha Kucha presentation on Friday 9th of February for an audience of other students and seniors in the service centre.

Multi sensorial cultural evening

On Wednesday evening **19th of February at 18.00 hours**, we will organize a **welcome drink** and **Intercultural Evening**. It will be an evening to have fun together while discovering things about each other's countries.

It would be nice if you could bring something from your home country:

- ✓ traditional food (sweets, cakes, etc.) or drinks;
- ✓ traditional music (10-20 songs/country, MP3 format);
- ✓ promotion materials (flags, posters, flyers, brochures, pictures etc.);
- ✓ small traditional objects (small music instruments, small pottery etc. – whatever you consider representative)



PART 2: CONTACT PROGRAMME
HEALTH 2020
11TH TILL 22TH FEBRUARY 2019

During this part, students, meet during a programme of 2 weeks. In this part we focus on exchange of ideas and experiences of students and staff on health care issues such as intercultural dimensions in health care, ethical aspects and new therapeutic approaches.

The programme is a combination of **keynote lectures** from course organisers or guest lecturers based on the key themes of the course. Activities include keynotes, intercultural exercises, drama, inclusive workshops with elderly, study visits, a social cultural part and individual and group preparation.

At the end of the course students will give their **final presentations**. All students are expected to attend all these presentations and to lend support to their colleagues.

Assignment 2 – the group presentation

During the week 2 students will work on a group presentation about a theme related to health in a changing world. At the same time, the expected outcomes and final result of the presentations will be discussed in detail.

On Monday 11th of February we will discuss this assignment.

Requirements about the theme:

1. It should refer to **health care in general and be** connected to the **central theme** of the course.
2. It should be specified to a certain part/sector of health care, such as mental health, home care, community care etc. and make a connection to the **study visits**. Within the sector it should be directed to a certain group of **patients/clients** such as elderly, chronic patients, homeless persons, children and adolescents.
3. It should include an **interdisciplinary approach of care**.
4. It should refer to **multicultural aspects**.

Different aspects of the presentation:

The presentation should consist of:

1. information on the subject
2. reflections
 - reflection on the co-operation within the group (keywords) with regard to: the different disciplines, the paradigms of each discipline, similarities/differences between the disciplines and the different countries/cultures
3. total time of each presentation: 45 minutes
 - presentation 30 minutes
 - discussion & feedback 15 minutes
4. the way of presenting your topic is free to choose!
You can use a power point presentation, pictures, role plays, and many more ... but make sure you use your creativity in choosing your format.

Assignment 3 – Conference ‘International collaboration on free time occupation for elderly’ (ICFO)

Aim:

The aim is to participate actively in a conference day. Your role will be to facilitate group discussion.

Presentation:

You have to participate at the conference day as a group facilitator.

Part 1:

Prepare a short introductory presentation (Pecha Kucha) to present for a group of 20 students, talking about:

- “What does it mean to grow old in your country ?” (for example: at what age are people retired, is there a good social network to support older people with their specific needs, how is quality of life of older people in your country in general, what facilities are available for older people to live/ learn/ play sports ? Do they in general have close contact with their children/grandchildren/...) Discuss common problems that people experience in your country with getting older. Talk about some recent trends for this older generation.
- “What are typical free time occupations for older people in your country?”
- “What is your professional role as a health care practitioner for older people in your country?”

Part 2:

Group facilitator in the discussion. We use the jigsaw method as we use in week 1.

Participants:

in this event are 170 students of our Occupational Therapy department, 2th year. We will prepare this during the 2 week programme of Health 2020.

Closing Drink on Health 2020:

After the conference we will have a short evaluation of your exchange programme, health 2020 and a closing drink.

PART III: INTRODUCTION TO LANGUAGE AND CULTURE
1TH OF FEBRUARY TILL 20TH MARCH 2019

The course is an introduction to Flemish language and culture. It is a survival kit that will help you for the start period of your Erasmus staying in Belgium and through the 'stumbling blocks' of the Dutch language & the treasures of Belgium'.

Teachers:

Manou Jacobs

Manou.jacobs@arteveldehs.be

Mike Jarrey

mike.jarrey@arteveldehs.be

4. Contribution and expertise

University College Arteveldehogeschool, Gent, Belgium

- ✓ **Filip Dejonckheere**, course coordinator, responsible for international and interdisciplinary projects. Expert in curriculum development and health care organisation. Responsible for the English taught semester studies in health Care.
 - ✓ **Manou Jacobs**, intern at the international office of the health care department. Graduated as organizational psychologist and studying intercultural work.
 - ✓ **Anne Van Autryve**, international relations officer, course administrator and coordinator, course administrator for international and interdisciplinary projects in the health care department. Responsible for the English taught semester studies in health care.
 - ✓ **Christine Deboschere**, nurse, expert in chronic and end-of-life care. 20 years of experience in the field of chronic care and psycho geriatric care within Psychiatric Centre Caritas, Melle. Founding member of palliative care in the hospital. Teacher : palliative care.
- Mike Jarrey**, Occupational Therapist (OT). 20 + years experience in the field of Occupational Therapy working as an independent OT with adults and older people in hospital and community rehabilitation and environmental adaptations in London, UK and since 2011 in Belgium. Board member (internationalisation) of the Flemish Occupational Therapy Association. World Federation of Occupational Therapy delegate for Belgium. Co-coordinator for internationalisation in occupational therapy, lecturer and placement supervisor at Artevelde University College in Ghent.

Guest lecturers

- ✓ **Alexander Verstaen, psychologist**, Research Coordinator, Federation Palliative Care Flanders
- ✓ **Michel Probst**, associate professor Faculty of Kinesiology and Rehabilitation Sciences and head of the Research Centre for Adapted Physical Activity and Psychomotor Rehabilitation, Katholieke Universiteit Leuven
- ✓ **Rika Taeyman**, Circus in beweging, Leuven.
- ✓ **Rune De Timmerman**, Occupational Therapist, University hospital Ghent
- ✓ **Klaas De Roo**, freelance trainer dance and creative play

Clients and patients involved in workshops and inclusive days

Service Centre Ten Hove

Dienstencentrum Ten Hove
Begijnhofdries 15, 9000 Gent

Freinet school: De boomgaard

Bommelstraat 24, 9000 Gent
www.gentdeboomgaard.be

Organisations

Rehabilitation Centre, University Hospital Ghent

De Pintelaan 185, 9000 Gent

De Karrekol

Beekstraat 27, 9031 Drogen

WZC Sint-Eligius, Zeveneken - nursing home

Sint-Elooistraat 56, 9080 Zeveneken

AZ Damiaan Oostende

Gouwelozestraat 100
8400 Oostende
www.azdamiaan.be

Guest lecturers and organisations ensure the link with practice and give input on recent developments in the clinical field. Site visits, during which students and staff can discuss with different interdisciplinary teams, are included in the programme.

5. Accreditation

The **accreditation** of the Course is based on the principles of the European Credit Transfer System (ECTS), which has become the standard in European student exchange. It allows the home institution to incorporate the credits and grades of the students in their curriculum.

The course is validated with 5 ECTS.

Introduction to language and culture: 1 ECTS

The credits are included on your transcript of record. You also get a certificate undersigned from the course co-ordinator.


The ECTS-grading scale

Examination and assessment results are usually expressed in grades. There are many different grading systems in Europe. To help institutions interpret the grades awarded to exchange students, the ECTS grading scale has been developed by a number of European universities participating in a pilot scheme and is now largely adopted in Europe.

The ECTS grade provides information on the student's performance in addition to that provided by the institution's grade. Please be advised that the ECTS grade does not replace the local grade.

The following chart describes the dual use of the ECTS grading system. For example, the grade A means that the student's performance was excellent, and that s/he was among the top ten percent of students.

ECTS Grade		Definition	Percentage of Students
A	Excellent	Outstanding performance with only minor errors	10%
B	Very good	Above the average standard with some errors	25%
C	Good	Generally sound work with a number of notable errors	30%
D	Satisfactory	Fair but with significant shortcomings	25%
E	Sufficient	Performance meets minimum criteria	10%
FX	Fail	Some more work required before credit can be awarded	
F	Fail	Considerable further work is required	

Welcome and acquaintance		
Friday 1/2	9.30	<p>Welcome at the campus</p> <p><i>Filip Dejonckheere & Anne Van Autryve</i></p>
Room T.08.06	9.45	<p>Introduction of the participants of the group – Gent getting acquainted</p> <p>Pecha Kucha on HEALTH 2020 Information on the ‘Introduction of Language and Culture Course’</p> <p><i>Filip Dejonckheere, Manou Jacobs, Marthe Opbrouck & Anne Van Autryve</i></p>
	10.50	<p>Information in the professional groups</p> <p><i>Team International Studies Health Care</i></p>
	12.00	<p>Visit of the campus – introduction to the departments</p> <p><i>Team International Studies Health Care</i></p>
	12.30	Lunch
		

6. Day-to-day programme – part 2


Week 1

Introduction to the programme

Monday 11/2	9.00- 12.00	Welcome and introduction Intercultural game Presentation and workshop: <i>Manou Jacobs & Filip Dejonckheere</i>
Room T.06.05		
	12.00	Lunch
Room T.06.05	13.00- 14.30	Assignments HEALTH 2020 Introduction of the assignments - Pecha Kucha method  <i>Manou Jacobs & Filip Dejonckheere</i>

Manou Jacobs & Filip Dejonckheere

Introduction to Language and culture

Monday 11/2	15.00- 17.00	Start of the 'introduction to language and culture' 
Room T.06.05		
		<i>Manou Jacobs & Mike Jarrey</i>

Manou Jacobs & Mike Jarrey

week 1


Day 2: health in a changing world Study visits related to the assignments

Tuesday 12/2	9.00- 12.30	Lecture and workshop: 'Eating Disorders' Link between psychotherapy and physiotherapy <i>Michel Probst, Physical Therapist & psycho-therapist, University hospital Kortenberg, Professor Catholic University Louvain</i>
Room T.06.01		
	12.30	Lunch
	13.00- 16.30	Group 1 - study visit WZC Sint-Eligius, Zeveneken - nursing home Sint-Elooistraat 56 9080 Zeveneken 00 32 9 355 69 91 www.wzcsint-eligius.be Contact: Sophie, Occupational Therapist Laura, Psychological team, person of reference Dementia Christiaense@steligijs.zkj.be <i>Manou Jacobs</i>

week 1

Day 3: Changing communication

Study visits related to the assignments

Wednesday 13/2 Room T.08.06	09.00-12.30	Keynote & workshop Healthcare in a changing world: do communication skills have to change as well?  <i>Alexander Verstaen, psychologist, psychotherapist, PERENNIS - Centre for Growth in Living and Dying</i>
	12.30	Lunch
	14.00	Group 2 – Study visit Oncological consultancy AZ Damiaan hospital, Ostend Gouwelozestraat 100 8400 Ostend Contact: Kristien Paridaens, Nurse <i>Filip Dejonckheere</i>
	14.00	Group 3 - Study visit Use of assistive technology De Karrekol – adults with CP – Beekstraat 27 9031 Drongen 00 32 9 227 15 71 (reception) Contact Jonas Dierckens, Occupational Therapist <i>Manou Jacobs</i>

week 1
Day 4: Introduction FAB & ERASMUS students
Professional identity

<p>Thursday 14/2</p> <p>Room T.08.06</p>	<p>10.00- 12.00</p>	<p><i>Introduction activity FAB & ERASMUS students</i></p> <p><i>Valentine's thee and coffee table</i></p> <p><i>Manou Jacobs & Filip Dejonckheere</i></p>
<p>Thursday 14/2</p> <p>Room T.08.06</p>	<p>13.30- 15.30</p>	<p>Workshop Professional identity</p>  <p><i>Manou Jacobs & Filip Dejonckheere</i></p>

Introduction to language and culture		
<p>Thursday 14/2</p> <p>Room T.08.06</p>	<p>16.00- 18.00</p>	<p><i>Manou Jacobs & Mike Jarrey</i></p> 

Day 5
Inclusive project: Active Ageing
Visit to 'Local Service centre for elderly'

Friday 15/2	9.00	Inclusive workshops: Active aging <i>Filip Dejonckheere</i>
Local Service Centre		Local Service Centre Ten Hove, Begijnhofdries 15, 9000 Gent <i>Arne Verduyn, Occupational Therapist</i>
	9.00- 11.15	Workshops Guided tour in the centre + information on the service center
	10.00- 11.00	Zumba Jezus Cobas
	11.00- 11.45	Discussion groups with elderly about topics of the course (small groups): Living ageing, process of ageing, losses, end-of-life discussions
	11.45 12.00	Reception Lunch@LDC Ten Hove
	12.45- 13.30	Pecha Kucha presentation on the different countries ペチャクチャ
	14.00 15.00	Workshops: Group 1: Dance initiation (students and seniors) Group 2: Calligraphy (students & seniors) with Monique Wittebolle Group 3:
	15.00	Coffee
	15.15- 16.15	Group 1: Calligraphy (students & seniors) Group 2: Group 3: Dance initiation (students & seniors)
	16.15	Wrapping up & Goodbye
	20.00	Optional: dinner@Turkish restaurant Gök 2, Sleepstraat 65, 9000 Gent

week 2
Day 6 – complementary care

Monday
18/2

Room
T.08.03

10.00

Assignments
Introduction to assignment 4



Filip Dejonckheere

Lunch

13.30-
16.30

Lecture and workshop:
Introduction to palliative and end-of-life care
Well-being & complementary care



Christine De Bosschere, Artevelde University College Ghent

Day 7

Theme:

Interdisciplinary cooperation

Tuesday
19/2

Room
T.08.05

Play on reality
Experience based-workshop on amputations



*Rune Timmerman, Occupational Therapist
Klaas De Roo, Dance teacher & creative play*

Room
T.08.02

13.30-
15.30

Introduction to interdisciplinary work

Andre Vyt, Artevelde University College Ghent - UGent

16.00-
18.00

*Study visit Multi-professional team
Rehabilitation Centre, University Hospital Ghent
Building K7
De Pintelaan 185, 9000 Gent
00 32 9 332 21 11 (reception rehabilitation centre hospital)*



Lode Sabbe, Occupational Therapist - head OT rehabilitation

Cultural evening

Tuesday
19/2

18.30-
21.30

Room
T.08.07

Welcome drink & cultural evening



*Manou Jacobs
Filip Dejonckheere & Mike Jarrey*

Day 8
Complementary Care
Mental Health

Wednesday
20/2

9.00-
11.30

**Workshop 2 on complementary care:
Reiki-Chakra-healing**

Room
T.09.01



Franky De Vos, Reiki-Master, Gent, Belgium

12.00


Lunch

14.00-
15.30

Dr. Guislain museum – History of the psychiatry in Belgium



Day 9
mono & multi professional cooperation

Thursday 21/2	9.00- 12.00	Workshop Creative Thinking <i>Manou Jacobs, Filip Dejonckheere</i>
Room: L.03.09	12.00	Lunch
On Location	12.30- 16.00	Project De Boomgaard - Freinet school Workshop on Sherborne Developmental Movement with children from 3 till 6 year Rika Taeymans Bommelstraat 24 9000 Gent 00 32 9 220 88 58 Contact: Sandra Oers 
		<i>Manou Jacobs, Filip Dejonckheere</i>

Introduction to language and culture


Thursday 21/2 Room T.08.06	16.30- 18.30	<i>Manou Jacobs & Mike Jarrey</i>
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Day 10

Final presentations and evaluation

Friday 22/2 Room T.08.03		Students: project work Group work on assignments
	12.00	Lunch
	13.30- 15.00	Students' presentations and workshops <i>Manou Jacobs, Filip Dejonckheere</i> <i>Team International Studies Health Care</i>
	15.00	Break
	15.30- 16.30	Students' presentations <i>Manou Jacobs, Filip Dejonckheere</i> <i>Team International Studies Health Care</i>
	16.30- 17.00	Evaluation <i>Filip Dejonckheere</i>
	17.00	Closing Drink

Closing day
Conference Day
'International collaboration on free time occupation for elderly' (ICFO)
Good-bye

<p>Friday 26/4</p> <p>Rooms To be announced</p>	<p>9.00- 16.00</p>	<p>Conference 'International collaboration on free time occupation for elderly' (ICFO)</p> <p>Annelies Maenhout, Jolien Allart, Mike Jarrey, Manou Jacobs, Filip Dejonckheere,</p>
	<p>16.00</p>	<p>Closing Drink</p>  <p style="text-align: center;"><i>Health 2020 - group 2014</i></p>

Continuation of the 'Introduction of language and culture course'

Introduction to language and culture		
Tuesday 26/2	17.00- 19.00	<i>Manou Jacobs & Mike Jarrey</i>
Room T.08.06		

Introduction to language and culture		
Tuesday 5/3	17.00- 19.00	<i>Manou Jacobs & Mike Jarrey</i>
Room T.08.06		

Introduction to language and culture		
Tuesday 12/3	17.00- 19.00	<i>Manou Jacobs & Mike Jarrey</i>
Room T.08.06		

Addendum 1: Guislain, museum for mental health



1 WHY THE MUSEUM DR. GUISLAIN?

A great lack of access to knowledge and information on mental health care in general and psychiatry in particular was the most important reason to create a museum on the history of psychiatry in 1986. In the early 1980s, Bro. René Stockman, PhD, the museum's current curator and the Superior General of the Brothers of Charity, was the Dr. Guislain Psychiatric Centre's general director. He saw great value in both the building and in the old objects that were kept there. At that time, there was a great deal of resistance against opening this piece of heritage to the public, certainly among those who worked in mental health care: the shame they felt for the past was so strong, their own history seemed to have some sort of taboo about it. These obstacles only strengthened our resolve to open the museum.

The Museum Dr. Guislain fully subscribes to ICOM's definition of a museum as 'a non-profit, permanent institution in the service of society and its development, open to the public, which acquires, conserves, researches, communicates and exhibits the tangible and intangible heritage of humanity and its environment for the purposes of education, study and enjoyment'.

But there is more. Prejudice with regard to the practice of psychiatry does not only have repercussions on the way in which society organises this health care discipline. It can also greatly affect the specific individual with a mental disorder who only too often comes across difficulties in finding a place and meaning in society, as a self-reliant and integrated individual.

The museum particularly hopes to succeed in proving that the concepts of 'madness' or 'psychiatric disorder' are not purely medical. There is always a sociocultural and ideological structure behind them. Specifically these aspects can dramatically determine our attitude towards mental illness. The way in which psychiatry, as a part of Western medicine, in conjunction with the rest of society, approaches man, strongly determines the insights it gains and the impasses it reaches, as well as the way in which the newly acquired knowledge is translated into social initiatives. At the same time, that knowledge is an invitation to you, our visitor, to broaden and enrich your general view of man.

Although the scope of the Museum Dr. Guislain has in time gone further than the history of psychiatry, the starting point for exhibitions and other activities has always remained questioning the distinction between normal and abnormal.

2 THE HISTORY OF PSYCHIATRY

The current museum collection started out with a small 'key' collection of old objects that were preserved inside the walls of the Guislain Hospital and were put on display for certain special occasions. Particularly the late 18th/ early 19th century collection of instruments of coercion used in the Ghent madhouse for men was an eye catcher. In the early 1980s, Bro. René Stockman, PhD, the museum's current curator and the Superior General of the Brothers of Charity, was the Dr. Guislain Psychiatric Centre's general director. He saw great value in both the building and in the old objects that were kept there. With the Museum Dr. Guislain, he wanted to respond to the great ignorance as well as the curiosity about the history of mental health care in general and psychiatry in particular.



2.1 Collecting

Initially, the museum's collection policy consisted in conducting research and in registering all the old objects within the institution itself. After all, 'The Guislain Hospice' was the first insane asylum in Belgium, which has served as such uninterruptedly since its inauguration in 1857. Obviously, it was worthwhile to search the extensive attics, cellars, and storage rooms of the institution. As from its inauguration, the museum has also pursued an active acquisition policy. The majority of the pieces in the collection belong to the museum because they were either purchased, donated or bequeathed to the museum. Only a small part of the collection consists of long-term or temporary loans.

The collection on the history of psychiatry is rather heterogeneous. It is made up of objects that belong to the pre-psychiatric period, to the pre-Freudian humanities period, and to the period of biologically-oriented psychiatry. Social and therapeutic facilities, asylums, and psychiatric hospitals were subject to constant changes, as well. The same is true for all legislation regarding psychiatry. From the period of institutional psychiatry alone, during the 1920s and 1930s, when insane asylums were sealed off from the outside world and were practically self-sufficient, the museum has a vast amount of potential exhibition objects.

2.2 The history

The collection is divided into sub-sections. The prehistory section deals with the period that stretches from the Antiquity to the Middle Ages, from magic to systematised medical views, and, as far as madness is concerned, the Jewish-Christian views on derangement. During the Middle Ages, several views on illness and health were popular at the same time. Lunatics were locked up in madhouses,

regarded as people who were possessed by some evil spirit or the devil himself or persecuted as witches. However, here and there, they were welcomed more charitably, like in Geel, where the cult of St Dymphna had led to the insane being taken in by the local people who took care of them.

The second part of the exhibition shows the development of a modern, scientifically-founded psychiatry and of modern institutions. Under the influence of the Age of Enlightenment, several individuals came forward to plead for a more humane and medically sound approach to the mentally ill in Europe. Foundations were laid for a more modern-style psychiatric hospital. The first laws related to insanity were voted. The city of Ghent in Belgium, the birthplace of Dr. Joseph Guislain who introduced modern psychiatry in our parts, was actually the cradle of modern-day care of mental patients. The original equipment that was used to restrain patients at the old Ghent madhouse illustrates the way in which patients were treated before. However, some of the first therapies that were used by psychiatrists may also appear somewhat bizarre, such as cold plunge therapy and rotation therapy.

The third part of the permanent collection highlights the rise of the biologically-oriented approach to psychiatry, developed by such pioneers as Kraepelin and Bleuler, with therapies that sometimes had a significant impact on the patient's body and consciousness. Psychiatric institutions, which started to flourish, would house ever bigger populations but were shut off from the outside world. The world of the mentally ill disappeared out of the sphere of experience of the rest of society. In Germany, that led to the fulfilment of one of the conditions for the elimination of all allegedly unworthy humans, the so-called silent Holocaust. But in the rest of the (medical) world too, a very repressive image of mankind became popular.

As from the 1960s, closed-off psychiatric institutions became the subject of fierce criticism ever more frequently. The emancipation movements exerted their influence even behind the walls of the institutions. Patients and their relatives insisted on more rights. In the long term, it led to new legislation in the whole of Europe and a gradual dismantlement of the old institutions. More attention was now paid to social reintegration of people who suffered from a mental illness. For the first time in years, 'crazy' and 'normal' stood face to face. It is an uphill struggle to find new ways of living together.

Today, reintegration is key in the field of psychiatry, with an emphasis on ambulatory care and mobile units. In case of hospitalisation, the patient needs to keep in touch with his surroundings outside of the hospital as much as possible so as to return to society as quickly as possible.

2.3 Photography

An important part of the collection on the history of psychiatry is the large photo collection. That is not a coincidence. There is something between psychiatry and photography. Already in 1850, Scottish 'psychiatrist' Dr Diamond had decided to no longer illustrate his manuals with engravings but rather with photographs. According to him, photographs had an added value because they showed the mentally ill in a more objective fashion. He claimed that photography might even help to determine real 'types' of psychiatric disorders.

The first series of photographs of the 'Guislain Hospice' date back to 1860. A second series is dated 1887. The model institution tried to promote itself to the outside world by means of photographs. In 1930, an interesting series of photographs was made in order to illustrate life and work in a psychiatric institution. The museum set itself the task of carrying on that tradition and invited a few

Belgian top photographers, including Stephan Vanfleteren, Lieve Blancquaert, and Michiel Hendryckx, to capture life at a psychiatric institution. The collection does not just feature historical series, it also boasts work by contemporary photographers, who reflect on illness and health, on normal and abnormal.

3 EXHIBITIONS

Another World

Laboratory of Illusion and Fantasy

Where lies the boundary between fantasy and reality? How can we distinguish dream from delirium, illusion from wish, hallucination from discernment? How can we explore or imagine what takes place elsewhere? The exhibition covers two centuries, starting from the many questions concerning psychosis, hallucination and illusion. Not to give a classic historic account, but to elucidate five unique oeuvres from this period that balance between art, knowledge and science. J.J. Grandville, Gustav Mesmer, Gerard Heymans, Jean Perdrizet and Mathew Kneebone each created or mapped out a different universe, thus trying to grasp the ungraspable in their own way. These are worlds in which pencils walk, bicycles float, the distance between two parallel lines is variable, typewriters are in contact with the deceased and street lamps stop shining when you walk past them. *Another World* creates passages: from this one to the other, between the other worlds among themselves, and perhaps also from the other world back to this one.

Adoption

Between adventure and misadventure

Moses, Tarzan and Superman: we don't give it much thought, but in popular stories the protagonist is often an adopted child with special powers. Myths, novels and comics are teeming with adopted heroes. The exhibition goes into this cultural fascination and confronts it with historical documents and contemporary questions. How does origin influence the search for an own identity? How do adoption practices evolve? Is the focus on the child, the prospective parents or society? How do procedures work and what if they are lacking? How do we deal with the traumas caused by forced adoption today?

The varied, sensitive history of adoption is illustrated with documentary material, old and modern art, literature, photography, film excerpts and testimonies. Adoption. Between adventure and misadventure explores the representation of adoption practices, focuses on personal stories and in this way enters the current debate.

Health 2020

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