Dissemination

PROJECT DELIVERABLE REPORT
PATIENT PROJECT

Final Report
Public
Project information

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Work Package
Work Package 7 Dissemination

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4. APPENDIX 1 PATIENT DISSEMINATION PLAN
i. Executive summary

The document describes the dissemination plan and activities within the PATIENT project. The focus of work package (WP) 7 is the dissemination of the PATIENT project. This means spreading the message about our activities, and our project outcomes to as wide and diverse an audience as possible. We used appropriate and effective methods for dissemination, which will support the sustainability of the project long after the project is complete.

The strategy for PATIENT dissemination was discussed by consortium members from the commencement of the project, at the ‘kick-off’ meeting, and subsequently at the projects bi-monthly consortium Flash Meetings, on the project Basecamp, and at the project’s 6 monthly consortium meetings. In order to direct the PATIENT dissemination strategy, we explored possible synergies with other patient safety projects. The AHRQ (Australian Agency for Healthcare Research and Quality) developed a framework, the Framework for Knowledge Transfer of Patient Safety Research. This Framework includes three major processes: knowledge creation and distillation, mass diffusion and targeted dissemination, and organizational adaptation and use. As a follow on from this process a tool was developed by the AHRQ, the Dissemination Planning Tool. This tool was designed to help researchers consider major areas in dissemination. These areas include packaging research results, identifying target users, engaging connector organizations, identifying barriers, developing success measures, and allocating resources to implement the plan. This AHQR Dissemination Planning Tool was selected to guide dissemination of PATIENT outputs.

In a structured approach to dissemination we designed and developed the PATIENT website and the PATIENT logo. The logo for the PATIENT project is used throughout all our dissemination materials thus providing a clear and consistent “brand”.

The PATIENT website was designed at the outset of the project by the SME partner, MT-Consulting, and is still our primary dissemination route through which PATIENT is presented. The website allows the public to access to a diverse range of material
related to the project and also it is visible to Internet searches relevant to patient safety and other specific keywords such as patient empowerment, medical apps, handover, mobile devices in health, knowledge triangle, health2.0 etc. It contains a general description of the project, including work package details and consortium information. The relevant project reports will also be accessible through the website. Consortium members contribute to an online blog, with regular updates on topics relating to Handover and Patient Safety.

We wished to exploit social media platforms to aid the dissemination of the project; we therefore established a project Facebook, Twitter, Linkedin, Vimeo and Goggle+ account. The project website is connected to these various social media channels. Any blog posting on the project website is directly forwarded to the project’s Twitter, Google+ and Facebook account. This increases the virality of the information, and facilitates a direct approach to the relevant stakeholder groups. Thus far, the PATIENT project has made 92 blog posts about the latest developments on the handover topic attracting over 15.812 visitors from all over the world. A Mendeley library on PATIENT handovers is part of the PATIENT website and its contents are available to the public. At the German Medical Association’s Annual Meeting of the Society for Medical Education in Graz Austria in September 2013 we produced a short video clip at this conference to promote PATIENT on YouTube and on the PATIENT website.

Dissemination within the academic community was given a high priority by the PATIENT project. Publications at international conferences and in scientific journals attract academic stakeholders to the project. To date the PATIENT project has published two papers in peer review journals, in the International Journal of Mobile and Blended Learning and in Academic Medicine. A number of journal articles are in preparations in relation to WP2 and WP4 and WP5 empirical findings, and on the development of the e-DL App. We are particularly pleased regarding the article describing the learning outcomes study from WP3, which has been published by Academic Medicine. This journal, published by the Association of American Medical Colleges, is widely read by the academic community, particularly in the United States of America. Academic Medicine has the highest impact factor 3.468, of the entire
medical education peer reviewed academic journals. The PATIENT project to date, has given 20 presentations at 15 scientific / academic conferences over a 30 months period from 2012 to 2015, in 8 different European countries and 10 different cities.

In association with the academic presentations a PATIENT project flyer was designed to provide an effective overview of the project and the project’s activities to the relevant communities. This was distributed for the first time at the German Medical Association’s Annual Meeting of the Society for Medical Education in Graz Austria in September 2013, and at subsequent academic / scientific conferences.

The PATIENT project incorporated mobile applications for use in dissemination of the project. Three mobile applications (app) designed to run on smartphones, tablet computers and other mobile devices were developed within the project under support of the technical partners OUNL and MT in cooperation with the medical partners UCC, UKA, and FAD: 1. The CLAS App, based on the “Cork Letter-Writing Assessment Scale”, 2. the e-DL App (electronic Discharge Letter), and 3. the SimHand App. The CLAS mobile App is designed to improve handover communication between hospital and General Practice settings. The App has been translated from English into Spanish, Catalan and German. The CLAS App won the Crystal Clear MSD Health Literacy Award GP category 2013 and was the subject of a report in the newspaper report in the Irish Medical Times. The CLAS app was also awarded the UCC (Ireland) 2012 President’s Awards for Excellence in Teaching and the President's Awards for Research on Innovative Forms of Teaching.

The e-DL App uses near field technology to allow the transfer of information such as hospital discharge letters securely between healthcare providers and patients. This technology will help to make handover procedures more accurate and supportive for all stakeholders. The e-DL App won first prize of the Simplificator Track at the 2014 LinkedUp Challenge1.

The SimHand App allows students and healthcare professionals to play different handover scenarios, in a question-answer model on their mobile phone or other
hand held device. In this way, the learners can incorporate this into their learning, to help them become competent at handover.

On the basis of reports from WP2 and WP3, the PATIENT project developed a 144 page “Curriculum for Handover Training in Medical Education” in WP4, which is available on the project’s website. It is structured into three modules, with each individual module containing background information and theory with reference to the learning objectives, implementation advice, student activities and links to further literature and information. We reached many students, faculty and experts in handover through our WP2 and WP3 activities.

The PATIENT project has in the discourse of developing the educational curriculum in WP4 and the implementation of it in WP5, identified two additional learning needs that can be addressed by the consortium with latest learning technology. One the SimHand App described above. The second is the need to develop an e-learning course. This is based on the face-to-face training in the universities, is supported by the Handover Toolbox and can be studied by anyone from home. We implemented this course into the PATIENT website and believe that this is a way to disseminate the project to other stakeholders who cannot attend the face-to-face lectures in the universities. The technical partner MT developed this course within the PATIENT website. It will enable other parties also involved in giving or receiving handover procedures, such as patients, GPs, or organisations like retirement homes, to train in important handover skills. The course is based on the WP4 Curriculum and the outcomes of the pilot studies undertaken at UCC, UKA and FAD until December 2014.

The end product of the PATIENT project will be a thoroughly validated handover study module with advanced teaching and learning methods and technologies which can be tailored to the needs of participating partners and other stakeholders across the EU.
1. INTRODUCTION

The focus of work package 7 is the dissemination of the project. In terms of the PATIENT project this means spreading the message about our activities and our project outcomes to as wide and diverse an audience as possible. If we use appropriate and effective methods for dissemination, it is likely to ensure the sustainability of the project outcomes long after the project is complete. Thus the aims of WP7 are best achieved if the process is considered under the headings of publicising, dissemination and exploitation of results.

Publicising is the practice of promoting and raising awareness of the project. This refers to highlighting the existence of the project along with the project’s specific aims, objectives and activities. Dissemination is the process of communicating research findings in order to publicize the project’s impact. To ensure maximum impact it is important that the process of dissemination is systematic. Dissemination may be defined as a planned method of providing information on the quality, relevance and effectiveness of the results of the project. The key difference from publicising is that dissemination focuses on sole on the results of the project. Finally exploitation of results refers to the process of transferring the successful results of projects to relevant decision makers at local, national, regional and European level with a view for their implementation. The means to achieve the successful exploitation of results are essentially twofold. The first is by producing relevant results from projects that fulfil the needs of providers, policy-makers and ultimately society. The second is to ensure that by the effective use of the dissemination and exploitation strategies, the results reach the correct target audiences, in a timely manner, and in an appropriate format, so as to confirm maximum benefit.
2. PATIENT Dissemination Methods

2.1 Project logo
The logo for the PATIENT project (pictured below in figure 1) is used throughout all our dissemination materials thus providing a clear and consistent “brand”.

![PATIENT logo](image)

Figure 1: PATIENT logo

2.2 Project Website
The PATIENT website (screenshot shown in Figure 2) was designed at the outset of the project by the SME partner, MT Consulting, and is still our primary dissemination route through which PATIENT is presented. The website allows the public access to a diverse range of material related to the project. It is visible to Internet searches relevant to patient safety, and other specific keywords such as patient empowerment, medical apps, handover, mobile devices in health, knowledge triangle, health2.0 etc. It contains a general description of the project, including work package details and consortium information. The relevant project reports are accessible through the website. Consortium members contribute to an online blog, with regular updates on topics relating to Handover and Patient Safety.
As shown in Figure 2, the project website is connected to various social media channels such as Facebook, Twitter, LinkedIn, and the video platform Vimeo. Any blog posting is directly forwarded to the project’s Twitter, Google+ and Facebook account, which increases the virality of the information and guarantees that they directly approach the stakeholder groups of the project.

A Mendeley library on PATIENT handovers is part of the PATIENT website and its contents are available to the public. The video library of the HANDOVER project is also available through the PATIENT website. Our blog policy / guidelines are outlined in Appendix A.

On the project website interested visitors will find a broad scope of information, namely:


General project description with work packages that represent the PATIENT project approach. In addition, latest developments, activities, and news are blogged by WP7 Dissemination and sent over the website to Facebook and Twitter.
2. Summaries of the empirical studies ([LINK])

The summaries\(^2\) are publicly available to external parties and provide insights into the two empirical studies (WP2 and WP3) that the PATIENT project conducted in the first year. The findings have been used to design the handover study module according to the needs of the students and the expertise provided by handover experts.

3. A video library with experts and training videos on the topic ([LINK])

The visitors to the webpage can watch a collection of expert videos regarding the importance of handover training. These videos have been made during the FP7 HANDOVER project and were not initially produced by PATIENT. The PATIENT consortium extended this initial library with own videos that are also used in our teaching lectures. ([http://vimeo.com/user7381178](http://vimeo.com/user7381178)).

4. Information about the handover study module ([LINK])

The website provides initial information about the planned handover study module and the different media types it will involve such as the mobile applications CLAS and e-DL, SimHand App, and the Handover Toolbox.

5. Dissemination materials ([LINK])

A first PATIENT flyer was produced in July 2012. This document has been circulated to all partners in electronic and paper format. It is being used as a way of communicating the project objectives and procedures to potential consumers, particularly medical business and relevant HEI and research institutions. In 2014 we updated this flyer with a new version that is also given to the students participating in the new study module.

\(^2\) [http://patient-project.eu/?page_id=19](http://patient-project.eu/?page_id=19)
6. The PATIENT library (LINK)

The consortium created a virtual library around the core research articles on the handover topic. The library contains the bibliography used in our reports and articles. It is an open group created at the Mendeley reference platform and will continue to be enriched with additional references http://www.mendeley.com/groups/2554171/patient-handover/

We are encouraging external parties to sign up for this group and to connect to the community of people working on these topics by gaining access to the collected bibliography but also by contributing with new relevant publications in this important field of research. There are currently 140 research papers included in the Mendeley Patient-Handover group. As shown on the world map (Figures 3 & 4), the PATIENT website was well received by international audiences that are interested in the handover topic. Since the last year report the project has had a significant international reach, with over 15,812 unique visitors to the project website.

![Figure 3: Visits to the PATIENT website from around the world in October 2013 max value 382 from one country (dark blue = highest amount of visits)](image)

![Figure 4: Visits to the PATIENT website from around the world in March 2015 max value 919 from one country (dark blue = highest amount of visits)](image)

Figures 3 & 4: Visits from the PATIENT website

2.3 Social Media

Within PATIENT we follow the social media handbooks for LLP projects developed by the LLP Project web2llp.eu. In 2013, the LLP Project web2llp.eu presented their handbooks at the annual project meetings organised by the EACEA agency and
advised that LLP projects should disseminate their outcomes over social media channels. We therefore asked our technical partner to follow up on this advice and integrate all relevant social media channels into the project website according to the web2llp handbooks.

In 2014, the PATIENT website has been used as a best practice example during the annual project meeting in Brussels for our usage of social media and the adoption of the web2llp handbooks within the project. We are proud that we could address the aims of the agency in such a sufficient manner. According to the web2llp.eu handbooks our project website acts as a central information hub. It is connected to social media channels like Facebook, Twitter, Google+, LinkedIn, and the vimeo.org video platform. Any blog posting is directly forwarded to the social media channels, which increases the reach and virality of the information and guarantees that people interested in the project are reached. We hope with this modern communication approach to reach a) more stakeholders and b) the students subscribed to the handover module in the three European countries involved (Germany, Ireland, and Spain). Within the Dissemination WP, we are considering the use of social media channels to involve the students in the evaluation of the study module. An example of our social media use is shown in Figure 5 below.
Figure 5a: Screenshot of the timeline of activities of the PATIENT project on Facebook

Germany
Netherlands
Ireland
Belgium
United States of America
Spain
Brazil
Portugal
Bulgaria
France
Chile
Greece
Colombia
Romania
United Kingdom
Tunisia
Serbia
Macedonia
Turkey
Austria
Sweden
Mexico
Denmark
Croatia
Hungary

Figure 5b: Followers by country of the PATIENT project on Facebook

Italy
Australia
Iceland
Estonia
Switzerland
China
Guatemala
Iraq
India
2.4 PATIENT Project Flyer

The UCC partners with assistance from MT-Consulting and others designed the first PATIENT flyer. This was initially disseminated at the GMA annual conference in Graz in 2013. It was updated by the UKA partners in 2014 and is available to the partners for dissemination at conferences and educational meetings and on the PATIENT website. The flyer is used as a way of communicating the project objectives and procedures to potential consumers, particularly medical business and relevant HEI and research institutions and is also given to the students participating in the new study module. A screenshot of the second version of the flyer can be seen in figure 6 below.

Figure 5c: Screenshot of Followers by country of the PATIENT project on Twitter
The Patient Project...

...contributes directly to the realization of the European Research Agenda by bringing together venues of excellence, hospitals, and SMEs from across the EU to undertake research and cooperation activities.

The following specific aims include:

1. To share knowledge and facilitate existing and new European networks particularly in relation to initiatives in innovative medical education.
2. To encourage shared practice in handover practice.
3. To link research, education and innovation.
4. To promote research excellence and outputs, enabling international research community and peer review.

Figure 6: Screenshot of PATIENT flyer.
2.5 Applications (Apps)

2.5.1 CLAS App

The CLAS app is an itemised checklist and scoring system to help medical students and junior doctors write better discharge letters. It is based on the “Cork Letter-Writing Assessment Scale”, the scale developed by Dr Bridget Maher at University College Cork (UCC) and was adapted into an app as part of the PATIENT project. The CLAS mobile app is designed to standardise and improve handover communication between hospital and General Practice.

In the second year of the project, the app was further developed to meet the needs of the partner students at all implementation sites. We therefore produced a semantically correct translation of the CLAS App into German, Spanish and Catalan (Figure 7). This new version was renamed to CLAS App Multiple Languages (ML). The language setting of the App is connected to the language setting of the mobile device on which it is installed. On a mobile with Spanish language settings, the CLAS App will be presented in Spanish; on a German phone it is presented in the German language. If the language on the mobile is not English, German, Spanish or Catalan, the default language for the CLAS App is set to English.

After developing and changing this update for the Apple iOS devices we also developed an Android version of the CLAS App to cater for those uses with an Android Operating system. By providing both operating systems (iOS and Android) we can cover almost all students and support them with the CLAS App on their personal mobile device. We thus follow a Bring-Your-Own-Device (BYQD) strategy for the handover training module rather than providing mobile devices to all students from the University. If any student has not the needed technology in place s/he can borrow a device for the duration of the course from the teaching institute. There are also printed version of the CLAS checklist available as a fall back solution.
Figure 7: New developments for the prize winning CLAS App.

The CLAS app won the Crystal Clear MSD Health Literacy Award GP category 2013. The Awards are a partnership between MSD and NALA (National Adult Literacy Agency) with representation on the judging panel from the Health Service Executive (HSE), the Health Information and Quality Authority (HIQA), Irish Practice Nurse Association (IPNA), UCD, General Practice and NALA.

The media partner to the awards is Irish Medical Times. Health literacy involves a person being able to understand basic health information whether they receive it in writing, in person or over the phone. It also involves a person having the knowledge to understand their options and make informed decisions about their own health. CLAS App was the subject of a report in the newspaper report in the Irish Medical Times, June 10th, 2013. [LINK]

The CLAS app was also awarded the UCC (Ireland) 2012 President's Awards for Excellence in Teaching and the President's Awards for Research on Innovative Forms of Teaching. [LINK]

The CLAS App is also the subject of an article ‘Use of Mobile Applications for Hospital Discharge Letters’, which was published in the International Journal of Mobile and Blended learning’ (Maher et al., 2013). The CLAS team at the School of Medicine at
UCC were one of the contributors to the consultative process regarding the HIQA (Health Information and Quality Authority) standard discharge letter template and many of our suggestions have been incorporated in the final template, which closely mirrors the CLAS checklist. See a video introducing

2.5.2 e-DL App - The Electronic Discharge Letter App

The e-DL mobile App provides a promising and yet secure solution to paper based discharge letters. It is a revolutionary approach to transfer discharge letters and prevent unstructured texts, unstandardised diagnosis, language barriers, incompleteness and ambiguity. A seamless exchange between doctors, specialists and patients is technically supported by the App through the Near Field Communication (NFC) standards. NFC will dramatically change information exchange in society and will affect all kinds of living. This has been become evident with the launch of the iPhone 6 that adapts NFC to the phone and directly supports paying procedures through NFC technology. PATIENT already adopted NFC technology in January 2013 and developed the NFC standard into the e-DL App by taking over the CLAS checklist items.

In order to improve the usability of the e-DL App, as well as the feasibility of its integration in the handover workflow, 15 hospitals and healthcare organizations were surveyed. The Beta version of the App was presented at the Medicine 2.0 conference, 23.09.2013. Since then the e-DL App has been further advanced and was released in July 2014 in the Android App store. In addition, the e-DL App achieves semantic interoperability, by combining the CLAS checklist for discharge letters with nine clinical terminologies and linked data sources. It encourages the adoption of a handover standard and the integration with health care systems. In addition, the e-DL App contributes to patient empowerment by offering multilingual definitions and translations of clinical concepts from terminology/ontology mappings rather than text-based searches. It automatically raises allergy alerts based on current prescriptions and previous diagnoses, all of which will ultimately improve the

3 http://www.medicine20congress.com
continuity of care, and simplify doctors’ workflow and patient decisions. A demonstration video is available at: (Link)

We are proud that the second App (like the CLAS App in 2013) developed in the context of the PATIENT project made its way through an international competition and won the first prize of the Simplificator Track at the LinkedUp Challenge. (Link)

Below (Figure 8) is a poster that describes the App as presented to the LinkedUp Evaluation Committee. An article describing the e-DL App and its evaluation is under submission at a high impact journal for medical technology for education.

Figure 8: Poster at ICWL conference in April 2014, e-DL won the LinkedUp award.

2.5.3 SimHand App – Simulating different Handover Scenarios

Within the consortium meeting in May 2014 in Aachen, the project team came up with a concept for a new App that could support the training of handover skills beyond the training facilities. As not every medical hospital has a simulation centre for training handover skills, we believe it would be helpful to create a kind of game, where medical students (but also professionals) can practice different medical
handovers wherever they may be. Since the nineties, experiential learning has raised great interest amongst medical professionals. Experiential learning includes learning through and from experience (Cooper & Libby, 1997). It is characterized by learning through doing, role-playing and simulation. Chamberlain and Hazinski (2001) in their article on Education in Resuscitation state that ‘repeated practice in realistic role-playing scenarios with situations and environments students are most likely to encounter’ can increase confidence and the willingness to respond. Also, Leigh concluded that ‘by participating in simulation scenarios, students can learn to control feelings of panic and their fear of emergency situations’ (Leigh, 2008). Inspired by this, we had the idea to train medical handovers using an engaging game with a role-based pattern. As it is tradition within the PATIENT project, the medical partners provide suitable use cases and scenarios (partly from our WP4 Curriculum) that could be played in a game style and the technical partners came up with solutions to this game in a new App format. The App is a role game for different handover scenarios (Figure 9).

The SimHand App is a role game that provides various handover scenarios that can be explored in a enjoyable manner. The simulation scenarios SimHand provides are typical handover communications with patients or other medical staff.

The game can be played in in two different languages English and German. Like in real handover situations, SimHand involves instant decisions on what to do next and requires the recall of important handover knowledge and checklists. Thus, it can easily be integrated as a part of face-to face handover teaching and training.

Medical students as well as professionals can experience different medical handovers wherever they may be on their mobile (iTunes and Android OS). The players can train their mental model for making decisions in critical handover scenarios. In that way they practice their psychological preparedness for different handover situations and receive a more prompt and appropriate response for their decisions. It is available in the Google Playstore: LINK to SimHand App
2.6 The PATIENT Curriculum

On the basis of preceding reports from WP2 and WP3, we developed a 144 page “Curriculum for Handover Training in Medical Education” in WP4, which is available on the project’s website\textsuperscript{6}.

It is structured into three modules, with each individual module containing background information and theory with reference to the learning objectives, implementation advice, student activities and links to further literature and information.

As the handover curriculum is a very large document we also developed an instruction guide on how to use the document and select the most suitable training for any local needs. The instruction guide basically reflects the phases of development and implementation which we processed with our team and is also available on the website.

The Curriculum is available on the PATIENT website in English, German and Spanish language.

2.7 The Handover E-learning Course

Based on the insights from WP2, WP3 and the newly created teaching materials, didactical design and assessment methods in WP4 and WP5, we feel the need to also develop a more traditional e-Learning course that can be used by other teaching institutes in Europe. Such a traditional e-Learning course should follow well

\textsuperscript{6} http://patient-project.eu/wp-content/uploads/2012/10/PATIENT_WP4_curriculum.pdf
established concepts like presenting the learning content in a sequence, providing some multiple choice assessment to check the knowledge gained, and can be studied also by individuals that are not connected to a University. The course can also be used in a group setting as a digital textbook to train handover skills. In contrast to the Handover Toolbox that requires some more dynamic group interaction, the e-Learning course could be a useful means to disseminate the handover contents developed within PATIENT in an easy and convenient manner to new stakeholders.

Figure 10: Screenshot of handover e-Learning course.

The technical partners are currently developing this course within the PATIENT website. It will enable other parties also involved in giving or receiving handover procedures, such as patients, GPs, or organisations like retirement homes, to train in important handover skills. The course is still under development as it is informed by outcomes of the pilot studies that are still on going until December 2014. Figure 10 shows a screenshot of the course within the PATIENT website.
2.8 Publications

Dissemination within the academic community was given a high priority by the PATIENT project. Publications at international conferences and in scientific journals attract academic stakeholders of the project. To date the PATIENT project has published two papers in peer review journals, in the *International Journal of Mobile and Blended Learning* and in journal *Academic Medicine*. A number of journal articles are in preparations in relation to WP2 and WP4 and WP5 empirical findings, and on the development of the e-DL App. We are particularly pleased regarding the article describing the learning outcomes study from WP3, which has been published by *Academic Medicine*. This journal, published by the Association of American Medical Colleges, is widely read by the academic community, particularly in the United States of America. Academic Medicine has the highest impact factor of all the medical education peer reviewed academic journals (3.468).

Publications Peer Review Journals:


The PATIENT project to date, has given 20 presentations (workshops & paper presentations) at 15 scientific / academic conferences over a 3 year period from 2012 to 2015, in 8 different European countries and 10 different cities.
Conference Publications:


13. Schröder H. (2014) “Clinical Handover and error management from the interprofessional perspective” Interprofessional Summer School for Health Professions Students at AIXTRA, Aachen, Germany


In association with the academic presentations a PATIENT project flyer was designed to provide an effective overview of the project and the project’s activities to the relevant communities. This was distributed for the first time at the German Medical Association’s Annual Meeting of the Society for Medical Education in Graz Austria in September 2013, and at subsequent academic / scientific conferences (figure 11).
2.9 Conference Workshops

The PATIENT Consortium hosted a conference workshop on “Standardized medical handover – How to learn, teach and implement?” was held at the annual conference of the Gesellschaft für Medizinische Ausbildung (Association of Medical Education) in Graz, Austria in 2013. The workshop focused on several standardized tools for giving a medical handover, with an emphasis on teaching and learning. Over 20 participants discussed feasible options for implementing handover courses within given curricula. You can see part of this workshop at the following two links Link 1 & Link 2

The consortium presented “Training needs analysis on medical handover – impressions from the PATIENT Project”, at a workshop on evidence based teaching of clinical and practical skills at Annual Meeting of the Society for Medical Education in Aachen, Germany in 2013.

The consortium also presented “TEL4Health – Mobile Tools for patient safety” at the blended learning platform of the Netherlands Organisation for Hospitals (Nederlandse Vereniging van Ziekenhuizen), Utrecht, Netherlands, in 2013.

2.10 Video

A number of videos relating to Handover and the PATIENT project were prepared and are available to view using the website, the HANDOVER toolbox and Vimeo. (LINK) Susanne Druener from RWTH Aachen who worked on the PATIENT project and describes the issues on handover from a communication expert point of view. (LINK) Lina Stieger also from RWTH Aachen about some issues in handover and the importance of training students to be skilled at handover. (LINK) Carolo Orrego Project Director of Patient Safety and Innovation at Avedis Donabedian Institute who worked on the PATIENT project discusses handover and training. (LINK) Pat Henn lecturer in medical education in the school of medicine at UCC and PATIENT project member describes the need for the training of medical students to undertake training in handover states that the failure to train students for handover is a latent error in health care systems. (LINK) Helen Hynes lecturer in clinical science and practice in the school of medicine at UCC and PATIENT project member describes
why she cares about the issues of medical handover and can see where in the
journey of a patient through a health service improper handover can lead to a
reduction in patient safety.

2.12 Mendeley Library
The PATIENT project created a virtual library around the core research articles on the
handover topic. The library contains 140 relevant handover articles partly used in
our reports and articles. It is an open group created at the Mendeley reference
platform and will continue to be enriched with additional references.
We would like to encourage external parties to sign up for this group and to connect
to the community of people working on these topics, gaining access to the collected
bibliography but also contributing pointers to new relevant publications within this
important field of research. Just go to Mendeley and sign up for the
group: http://www.mendeley.com/groups/2554171/patient-handover/
3. Advisory Board

Our Advisory Board included Professor George Shorten Professor of Anaesthesia and Intensive Care Medicine at UCC and Director of the ASSERT Centre at UCC acted in an advisory capacity to the PATIENT project through internal UCC meetings with the UCC project team members.

Professor Dr Paul Barach has been active in the basecamp project environment and mainly contributed to the empirical studies from WP2 and WP3.
# APPENDIX 1

## PATIENT TEMPLATE DISSEMINATION PLAN

<table>
<thead>
<tr>
<th>The message (What we plan to disseminate)</th>
<th>Purpose (Why)</th>
<th>Audience (To Whom)</th>
<th>Method (How)</th>
<th>When (Timing)</th>
<th>Lead</th>
<th>Status Suggested</th>
<th>Who is responsible</th>
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<tr>
<td><strong>ongoing</strong></td>
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<td>CLAS app awarded first prize in Irish Health Literacy Awards 2013. Coverage on UCC website, Health</td>
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<td>Training needs analysis on medical handover - impressions from the PATIENT Project</td>
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<td>Short Presentation of WP2-Results at Workshop on evidence based teaching of clinical and practical skills</td>
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<td>'Standardized Medical handovers - How to Learn, teach and implement?'</td>
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<td>Das Thema „medizinische Übergaben“ in der Lehre –</td>
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Druener, D. (2013). Training Needs Analysis on Medical Handover - Impressions from the PATIENT Project. Internal Workshop at the AIXTRA Training Center for Medical Education, RWTH Aachen University Hospital, Aachen, Germany.

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<td><strong>Hospital Discharge Letters Revisited - Same Problems, New Solutions.</strong></td>
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<td>Innovating medical handover training</td>
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<td>Medizinische Übergabe: Stellenwert in der Ausbildung [Patient Handover: Significance in Medical Education]</td>
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<td>Design your individual pilot of a handover training module - Möglichkeiten der Vermittlung standardisierter</td>
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Die Übergabeprozesse

Das Thema „medizinische Übergaben“ in der Lehre – Erste Ergebnisse des Aachener Pilot-Curriculums (Medical Handover as a topic in medical education - first results from the Aachen Pilot Curriculum)

<table>
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<tr>
<th>Learning Outcomes for Handoff Teaching of Medical Students Using Group Concept Mapping: Findings From a Multicountry European Study.</th>
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<td>Designing Learning Outcomes for Handoff Teaching of Medical Students Using Group Concept Mapping: Findings From a Multicountry European Study.</td>
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<td>A Study to develop, by consultation, agreed learning outcomes for the teaching of handover to medical students</td>
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UKA, Lina Stieger

UKA, completed

UCC, Lina Stieger

UCC, completed

UCC Pat

UKA, UKA

UCC Pat

UKA, completed

UCC Pat

UKA, completed

UCC Pat

UKA, completed

UCC Pat
Developing Learning Outcomes for Handover Training for Medical Students
Inform and engage with LO of GCM
Medical Education and Patient Safety Communities
International Forum on Quality and Safety in Healthcare, Paris
Poster Presentation
2014
UCC, FAD, CELSTEC, UKA
Presented
UCC Pat, FAD Carola

'Developing Learning Outcomes for Handover Training for Medical Students’
Patrick Henn¹, Helen Hynes,¹
Bridget Maher,¹ Hendrik Drachsler², Slavi Stoyanov,²
Carola Orrego,³ Sasa Sopka⁴
¹ School of Medicine, University College Cork, Ireland. ² Faculty of Psychology and Educational Sciences, Open University Nederland, Heerlen, The Netherlands ³ Avedis Donabedian Institute, Barcelona, Spain. ⁴ Interdisciplinary Centre for Training in Medical Education (AIXTRA) at
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<td>Clinical Handover and error management from the interprofessional perspective</td>
<td>Educate wider, raise awareness and engage</td>
<td>Students and teachers from different health professions (Medical Education)</td>
<td>Interprofessional Summer School 2014, AIXTRA/UKA Presentation</td>
<td>10/2014</td>
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<td>“Clinical Handover and error management from the interprofessional perspective” Schröder, H, Interprofessional Summer School for Health Professions Students at AIXTRA, Aachen, Germany</td>
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2015

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<th>GCM outcomes</th>
<th>Inform and engage and disseminate paper from Academic Medicine</th>
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<th>DESIGNING LEARNING OUTCOMES FOR HANOVER TEACHING OF MEDICAL STUDENTS USING GROUP CONCEPT MAPPING H Hynes, P Henn, B Maher, H Drachsler, S Stoyanov, C Orrego, L Stieger</th>
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<td>„Training standardisierter Patientenübergaben in der“</td>
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<td>Presentation at DAC (Dt. Anästhesie Congress),</td>
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<td>accepted</td>
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<td>Gilles, L., Schröder, S., Butte J., Druener, S., Marx, G., Sopka, S. Training standardisierter Patientenübergaben in der</td>
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the Medical Faculty of RWTH Aachen University, Germany
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<thead>
<tr>
<th>Title</th>
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<td>The Hospital Discharge Letter Mobile Application - Challenges and Opportunities.</td>
<td>Deutscher Anästhesiekongress (DAC). Düsseldorf, 07.-09.05.2015</td>
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<td>Hendrik OUNL</td>
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<td>Results from the patient project</td>
<td>Raise awareness, inform and engage</td>
<td>Presentation at Annual Meeting of the Society for Medical Education in Leipzig, Germany</td>
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<td>Results from the TNA (German part)</td>
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<td>Research paper (Deutsches Ärzteblatt)</td>
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