FRIDAY 7th MAY, 2010:

Location : University Hospital Zürich

09.00 - 09.20: 1st Keynote Speaker: *Dr. Jan-Joost Rethans, PhD* – The Netherlands.

Theme: "Use of Simulated or Standardized Patients to motivate learning"

More than 45 years ago Barrows and Abrahamson introduced the use of simulated patients. A simulated patient (SP) is defined as a 'normal person who has been carefully coached to accurately portray the characteristics of a specific patient'.
Originally SPs were exclusively used in medicine but nowadays they are used in many other areas as for example in nursing, physiotherapy, dentistry, pharmacy, dietetics and veterinary medicine.

Despite SPs long history and its widespread use, there are still many issues to be clarified or resolved in the use of SPs. Ignorance about the use of SPs leads to myths and fantasies about SPs, sometimes resulting in skepticism about the use of SP, whereas in modern teaching one should focus on facts.
Amongst the issues to be clarified or resolved in the use of SPs are: -what is the difference between simulated and standardized patients?, -Are SPs only useful in the teaching of communication?, -Is feedback by SPs really useful?, -How does the use of SPs compare to the use of real patients?, -Can all medical diseases be simulated?,
In this presentation I will try to get rid of the myths, while beholding some fantasies, but foremost I will focus on the facts and experiences about the use of SPs.
I hope I can inspire those of you who are in doubt about introducing SPs to start with them and to show others who are in a dead end with SPs there always is a way out to other uses of SPs. Finally I hope to show you all that working with SPs and students in an inspiring educational atmosphere is great fun for all.
And we know for sure: there is no better motivator for learning than having fun!

Jan-Joost Rethans MD, PhD,
Dept. Skillslab director of Simulated Patient - and Communication Skills programme at the Maastricht Medical School (Skillslab, Maastricht University, The Netherlands).

SATURDAY 16th OCTOBER, 2010:

Location : University Hospital Zürich

08.30 – 08.50: **2nd Keynote Speakers: *Dr. Klaus Bally, MD / Dr. Andreas Zeller, MD* – Switzerland**

Theme: "Research in primary care - the Swiss cheese challenge".

Knowledge of the Swiss federal system of primary care is necessary to appreciate the challenge of primary care research in Switzerland. On the one hand high standards of continuing education should facilitate high-quality research, on the other hand institutional conditions for primary care research are still unsatisfactory. Government and its health agencies are very reluctant to sponsor primary care research. Despite these adverse conditions, primary care research is thriving.
The Swiss Academy of Medical Sciences is an exception and supports primary care research in our country with an annual amount of 200000 Swiss Franks. With these funds about six small research projects per year are funded. We would like to give you some insight into current primary care research in Switzerland by presenting some research projects, which applied for grants.
Following are some of the topics, which are of interest to Swiss general practitioners:
- Epidemiological research: incidence and prevalence of acute und chronic diseases in primary care (epidemiology in the out-patient versus in-patient setting, e.g. community acquired pneumonias, hypertension cohort study)
- Diagnostic research: value benefit analysis and validity assessment of screening measures, especially in low-prevalence situations
- Quality control research: maintenance of standards for diagnostic and therapeutic measures, control of guidelines in private practices, development of therapeutic measures and control of efficacy
- Doctor-patient relationship: patients' risk perception and doctors' risk communication. Development of instruments to assess primary care quality, including soft factors. Documenting the importance of the narrative in primary care consultations
- Health services research: development of procedures to improve health care of patients with chronic diseases by means of teaching nurses/attendants, research concerning treatment quality of marginal groups
- Education research: evaluation of teaching, e.g. one-on-one tutorials, patients' burden by being part of teaching students

In the last 10 years a multitude of such projects have managed to wake up primary care research from its slumber. Just like all other fields of medicine primary care needs a scientific base. Its significance needs to be marked with research projects. The results are promising. They enhance scientific knowledge of general practitioners in Switzerland and abroad. The results can be put into practice. Swiss cheese is still riddled with holes. Emergency situations, acute diseases, rehabilitation medicine and palliative care are some fields, which have been underrepresented in research. Limited personal and financial resources are responsible. In addition it is not easy to introduce research projects into the relationship of trust that has grown during many years between doctor and patient. A national research project in primary

care needs to be called for. This project will help establish begun activities. In the medium term efficient high-quality primary care work will only be possible if it is based on research.

Allgemeine Medizin FMH
Institut für Hausarztmedizin IHAMB
Universität Basel
CH 4056 Basel - Switzerland

SATURDAY 16th OCTOBER, 2010:

Location : University Hospital Zürich

08.30 – 08.50: **3rd Keynote Speaker:** ***Professor Norbert Donner-Banzhoff MD, PhD*** **– Germany**

Theme: "Motivation or Manipulation?"

Motivating patients to adopt healthy behaviours is seen by many as a core contribution of general practitioners to prevent future disease.
Already more than 20 years ago psychologists and therapist in addiction have developed sophisticated techniques to achieve this aim. „Motivational interviewing" (MI), „Stages of Change" and the „Transtheoretical Model" stand for a conceptual model of behavioural change that postulates distinct stages. Behavioural support interventions have to be tailored to the stage the patient is currently in. This approach has been particularly useful for primary care clinicians since their patients are not selected regarding their motivation to behavioural change.
Since then Shared Decision-Making (SDM) has entered the field. SDM takes us one step further away from the old paternalist model. Patients and doctors negotiate decisions regarding diagnosis, prevention and treatment. Decision support technologies are expected to enable the patient to take part in a dialogue of two partners at, wherever possible, equal level. Against this background behavioural interventions seem to undermine the encounter of patients and doctors as equal partners.
SDM requires us to redefine the role of motivational techniques. The distinction between decision-making and problem-solving [i] can provide a key for a new understanding of the two approaches. Decision-making implies the definition of goals. Here behavioural techniques have only a very limited role. However, goals that patient and clinician have agreed upon will be achieved easier if motivational and/or behavioural techniques are used in a skilful manner.

Abt. Allgemeinmedizin - Philipps University of Marburg
Marburg/Lahn - Germany