

## **Becoming ready for caring for persons who are dying and in mourning**

### **Abstract**

#### Introduction

One of the main problems within palliative care education today is to understand and develop an educational setting, which would support health care students' emotional and educational readiness for caring for the dying patients and their families/significant others. Our project is an attempt towards filling this gap.

#### Core elements of the project

The idea of this project is to develop a student centred, information technology (IT) supported interdisciplinary and international project, which could become, if successfully implemented, a model for similar courses in other topics in health care. We believe that the combination of the four following elements of our project is an innovative idea within the field of palliative care education and also in some other fields of health care education in general:

- Interdisciplinary approach: provided by joint planning and teaching of two teachers from different disciplines (nursing and sociology), and by joint participation and studying of students from different health care disciplines.
- International dimension: the project is to be jointly developed by teachers and health care students from Sweden and Slovenia, and has been discussed with palliative care experts from Great Britain.
- Student centred orientation: is present in all phases of the project:
  - a) students from both countries participate in the development of the course,
  - b) students' own experiences of good and bad death are the starting point for planning the teaching session,
  - c) in the individual work phase students determine their own pace and time of study, being supported by IT enables the students to get in touch an enter discussion with each other and with teachers around the clock and at the time of their convenience ,
  - d) during the teaching session, students and teachers discuss and define criteria for the final assessment of students work and marking,

- e) at the end of the course, students, using the set criteria, evaluate their own as well as their fellow students work (self-and peer evaluation).

· Information technology: used throughout most part of the course increases the students IT skills.

### Project planning

The project last for three years and is presently at the end of its first year.

#### Year one (2001/2002)

The goals for this period has been twofold: to prepare the IT tools relevant for running the course, and to establish a faculty and students networking group who together with the project leaders will develop the final course outline. Both goals are being achieved. As for the first, the PING PONG platform has been chosen as the IT support and adapted for the course needs. As for the second, in both countries support from six different health care departments was gained and their students have joined the project leaders in the course development process. Evaluation tools are being prepared at the Umeå Centre for Evaluation Research, Umeå University and will be used in the next phase of the project.

#### Year two (2002/2003)

The goal for this period is to implement the course as a pilot with 10 to 15 students from each country. This will give an opportunity to refine the project in relation to its content, pedagogical approaches as well as the IT and evaluation tools. Furthermore, it will make it possible for the project leaders to gain skills to independently carry out IT supported teaching.

#### Year three (2003/2004)

We expect the project to be fully implemented and evaluated in that year. Its full implementation will enable further refinement of the course. The goal for this period is also to have the project established as a regular undergraduate university course in relevant departments of both universities. The final report of the experiences and outcomes will be prepared at the end of year three.

## **Becoming ready caring for persons who are dying and in mourning**

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## **Abstract**

The aim of this project was to prepare undergraduate students to care for persons who are dying and in mourning, by developing and implementing a student centred, IT supported, interdisciplinary and international course, which is a new approach within the field of palliative care education.

The project lasted for three years, being developed jointly by the two project leaders, students from six different health care disciplines in both countries and in consultation with experts in the field. The course was implemented twice, with a total of 44 students participating. The external evaluation done after the first and the internal after the second implementation were both very positive. The future of the course is uncertain due to regulations at both universities involved.

**Keywords:** palliative care, interdisciplinary education, international, IT supported

One of the main problems within palliative care education today is to develop an educational setting, supporting health care students' emotional and educational readiness in caring for dying patients and their significant others in an increasing complex and multicultural world.

### ***Rationale for change***

Health care students are expected to acquire knowledge and skills related to ethical dilemmas, decision-making, action and accountability when caring for dying people. However, learning to care for dying patients cannot be appropriately dealt with when it is treated just as information to be included in notebooks or in a paper. Instead it must work its way into the student's consciousness, so he or she can use it, interact and argue with it and become sensitive to it (*cf.* Ellenchild Pinch and Graves 2000). In other words learning to care for the dying patients is not just a process of memorization or the development of the ability to respond correctly, but a process where values, beliefs and traditions are recognized, shared and possibly defended in order to be able to act in the face of death.

The basic aim of this project was to help students to gain skills in addressing the tension between personal and professional knowledge and norms in relation to action. The care for dying and their important others take place within an organizational, cultural and interdisciplinary structure, a structure future health workers should be aware of to be able to provide good care.

### ***Literature review***

Thirty years have passed since the rise of the modern hospice movement and 17 years have passed since the establishment of palliative care as a medical speciality. Nevertheless, study after study in many different countries keep showing that dying patients are given less than optimal care, *i.e.* communication is defective, they receive highly aggressive treatment, symptoms are left un eased, pain control is inadequate, fear and spiritual needs are left unaddressed, they are isolated and often left to die alone (Doyle, Hanks and McDonald, 1993; Andershed and Ternstedt, 1994; Kastenbaum, 1995, 1997).

One reason given for the slow improvement in care of the dying patients and their families is the lack of a palliative care education as an integral part of health care education. Death and dying have not, until recently, been neither a part of public discourse nor a part of health care education (Gyllensköld 1977, Hedly 1993, Kastenbaum 1995, 1997), and many health care professionals today experience a low level of emotional and educational readiness caring for

dying people and working interdisciplinary, a necessity when addressing the complex caring needs of dying patients and their families (*cf.* Clark and Seymour, 1999). Though undergraduate health care students today have greater access to courses in palliative care, the existing courses are often related to a single profession as nursing or medical students, and to a single culture (*cf.* Boakes et. al., 2000) Thus, education today inadequately prepares health care students for working interdisciplinary and intercultural (*cf.* Kaasa, 1998). Many significant barriers are described, i.e., administrative, professional and educational issues, as hindering effective interdisciplinary education (Ruebling *et al*, 2000).

In the last decades, the Internet and the World Wide Web has revolutionised communication and more and more so education. However, very little is published about learning outcomes of Internet education. Within palliative care, a project investigating the Internet as a potential delivery for training in palliative care have been running in Alberta, Canada (<http://www.albertapalliative.net/>; Pereira and Murzyn, 2001; Pereira , Peden and Campbell, 2000). In this project both benefits and pitfalls have been identified, but a lesson learnt is that teaching on the Internet has to be combined with face-to-face meetings and interactions, especially within palliative care, where training for real life situations is a main goal of the education.

### ***Questions***

*How do we develop an educational climate where the students can come in contact with their own feelings, attitudes and thoughts about dying and mourning?* Dying and mourning are topics seldom addressed in undergraduate health care education in Slovenia and Sweden, and it becomes a real problem for the students when faced with these issues in real life. We need to adopt a bottom up instead of the more common top down approach to the education, taking a starting point in the students' own experiences.

*How do we prepare an educational setting for students to learn to work in interdisciplinary teams?* There are two reasons for why this is important. Firstly, this is how health care work is really done, but without reflection and awareness, and even with negative feelings towards and a lack of knowledge about the competences of other professions. Secondly, patients' problems at the end of life are generally very complex and good palliative care cannot be carried out without a solid interdisciplinary approach. Today this is one of the big

shortcomings in the care of the dying and mourning persons. We need to create an interdisciplinary course in palliative care.

*How do we prepare our students to become sensitive to cultural issues in an increasingly multicultural world?* Cultural values, norms and customs become of real importance at the end of life, and not being sensitive to these issues make ground for great suffering for both the dying person and her/his significant others. We need to create a course where students from different countries and cultures can study together.

*Will it be possible to teach such sensitive topics as dying and mourning as distance education, i.e. as an Internet course?* An increasing trend in our societies of today is distance education; students even in remote places get an opportunity to high-class teachers and courses through the Internet. The only possibility for all students to study together with students from different countries, and to learn to become sensitive to cultural issues will be through Internet courses. Thus we simply have to create an Internet based course in palliative care.

### ***Importance of the project to us and why***

Both project leaders have many years of experience from working and/or teaching within a palliative care context, and have encountered numerous problems in giving and receiving palliative care. We have experiences from teaching palliative care together, and have for several years been pondering about the questions described above. Thus, to address the problems encountered in palliative care education we planned a student centred, information technology (IT) supported interdisciplinary and international project, which could become, if successfully implemented, a model for similar courses in other topics in health care.

## Method

*Students* of six departments (nursing, physiotherapy, occupational therapy, medicine, psychology and social work) in two countries (Sweden and Slovenia) were included in all the phases of the project. We involved students from all six disciplines already in the developmental phase (year one of the project). In that year and also continuing to participate and complete the first experimental implementation of the course (year two) we had altogether 20 students, 10 from Sweden and 10 from Slovenia. Six students from Sweden and eight from Slovenia participated from the very first to the very last meeting; the remaining six students entering the groups at different times during the developmental phase. In the second implementation of the course (year three), there were 24 students, 9 from Sweden and 15 from Slovenia.

Female students were the majority in all phases. Out of 44 students taking part in the project, 40 were women. Their age varied from 20 to 48 years, being more mixed in Sweden. Most of the Slovenian students were in their early twenties. In both countries the students studied full time and took our course on top of their normal study load. They were in their 3<sup>rd</sup>-8<sup>th</sup> semesters in their respective studies, and the course was considered to correspond with level C in Sweden. In year 03/04, three of the Swedish students were professionals, two nurses and one Rosen therapist (counted as a psychologist in Table 1).

**Table 1: Students in year 02/03 and 03/04**

Discipline	SWEDEN		SLOVENIA		SUM	
	02/03	03/04	02/03	03/04	02/03	03/04
<b>Occupational therapy</b>	1	1	2	2	3	3
<b>Medicine</b>	2	1	2	4	4	6
<b>Psychology</b>	2	2	2	4	4	6
<b>Nursing</b>	3	3	3	3	6	6
<b>Physical therapy</b>	1	1	1	0	1	1
<b>Social work</b>	1	1	(1)*	2	1	3
	10	9	10	15	20	24

\* The student in social work participated in developing the course, but her study load did not make it possible for her to participate in the pilot study.



Besides students, also teachers from the six departments and clinical experts in the field of palliative care were an important resource for planning as well as implementing the project. We worked hard in year one, but especially in year two and three to get a network of professionals from all 6 disciplines involved in the course.

### ***Innovation (what and how)***

Our idea for the project was to develop a student centred, information technology (IT) supported interdisciplinary and international course in palliative care (the working language being English). We had loosely formulated the goals and topics for the course, but since a fundamental idea was to include the students in developing the course, the exact goals, content, evaluation, examination and execution of the course would be a joint venture. We proceeded as follows:

#### Year one (2001/2002)

The goals for this period were twofold: to prepare the IT tools relevant for running the course; and, to establish a faculty and students networking group who together with the project leaders could develop the final course outline. Both goals were achieved. As for the first, the web platform PING PONG was chosen as the IT support, since it is the official web platform at the University of Umea, and resources existed to aid us in the process. As for the second, in both countries support from six different health care departments was gained, but no personnel resources were allocated to the project, although some teachers from some of the departments voluntarily met and discussed the project with us. Through these teachers, the students' unions, by distributing pamphlet and personally informing students at the six departments, a group of students joined the project leaders in the course development process. For an external evaluation of the project a contract was made with the Umea Centre for Evaluation Research (UCER), Umea University, who would develop evaluation tools to be used in the next phase of the project.

#### Year two (2002/2003)

The goal for this period was to implement the course as a pilot with 10 to 15 students from each country. This was successfully done. Twenty students, ten from each country participated and evaluated the course. In this period of the project we got the opportunity to refine the project in relation to its content, pedagogical approaches as well as the IT and

evaluation tools. Furthermore, it became possible for the project leaders to gain skills to independently carry out IT supported teaching.

#### Year three (2003/2004)

In year three of the project the goal was to run the adjusted course for a second time. The course had been adjusted taking into consideration our experiences and the students evaluation of the first pilot. The goal for this period was also to have the project established as a regular undergraduate university course in relevant departments at both universities and having established an interdisciplinary workgroup who could be part of the project.

It was very easy to recruit students at Ljubljana University, but far more difficult in Sweden. We are not quite sure why, but in Slovenia educational methods are mostly traditional and not student centered, therefore students were enthusiastic about joining in an innovative course. In Sweden many students were interested, but withdraw, as they said, because of a too heavy course load. The course load in Sweden is not heavier than in Slovenia, but obviously it was what the Swedish students experienced. We did however successfully implement the course for the second time. We got an interdisciplinary workgroup established (four disciplines in both Sweden and Slovenia), but it has been extremely difficult for the other faculty members to devote time to the project due to heavy workloads. We have not achieved to establish the project as a regular undergraduate university course in relevant departments of both universities, only in the department of nursing at Umea University.

We believed that the combination of the four following elements of our project was an innovative idea within the field of palliative care education and even in health care education in general:

- Interdisciplinary approach: provided by joint planning and teaching of two teachers from different disciplines (nursing and sociology), and by joint participation and studying of students from six different health care disciplines.
- International dimension: the project was jointly developed by teachers and health care students from Sweden and Slovenia, and has been discussed with palliative care experts from both countries and Great Britain.
- Student centred orientation was present in all phases of the project: a) students from both countries participated in the development of the course, b) students' own experiences of good and bad death were the starting point for planning the teaching session, c) in the individual

work phase students determined their own pace and time of study. Being supported by IT enabled the students to get in touch and enter discussion with each other and with project leaders around the clock and at the time of their convenience, d) during the three face-to-face meetings students and project leaders discussed and defined criteria for the final assessment of students work and marking, e) at the end of the course, students evaluated their own as well as their fellow students work (self-and peer evaluation).

### ***Procedures (how)***

The project lasted for three years. We established procedures, which would allow us to know whether these new approaches to teaching/learning worked, how the students experienced them and evaluated the outcome. Also, we were interested if the course had influenced their future educational and work career. We had both external and internal evaluations.

As for the external evaluation, a contract was signed with Umea Centre for Evaluation Research (UCER), and its proceedings are described in the attached report (Bonora 2003). We collaborated closely with Elda Bonora and students in developing the evaluation questionnaire. The starting point was the goals of the project and we worked together to construct an instrument, which would allow us to measure how they were achieved. We got the feedback from the first generation of students through the evaluation study, but we also encouraged the students to give their suggestions to us directly. Both sources of feedback gave us similar information. With the second generation of students, we slightly changed the UCER questionnaire (omitting questions about the development phase which were not applicable for them) and the students filled it in during the last meeting. There, we also had an evaluation discussion, and again, the comments, experiences and suggestions were similar. Students underlined the positive atmosphere of the course, which enabled them to express personal anxieties they might have had in relation to the course topic. The course interdisciplinarity was perceived as its best feature, so we can conclude that we were able to organize an educational setting where they could undertake the “role play” of team members. There were some criticism from the Swedish side about too little initiative from the Slovenian students, but both national groups agreed that they have learned more this way than if working within national boundaries. We also asked several questions about the use of IT technology, which might be an impediment in teaching such a sensitive topic. Students didn't find it problematic. However, they emphasized the importance of face-to-face contact as a part of such course.

## Results

The external evaluation study (Bonora, 2003) looked at the developmental phase of the course as well as the first implementation (pilot) of the course (see attachment 1). The second implementation took place in spring 2004 and incorporated all the changes suggested by the first year participants and evaluation outcomes, including two videoconferences instead of one, earlier start of team work, two-days face-to-face meetings instead of four in the middle of the course, and a shorter list of obligatory literature. Students were also provided with more structured instructions about their assignments. Attachments 2 and 3 present the study guides from the first and second implementations.

We used the evaluation tool developed by Umea Centre for Evaluation Research (UCER) also for the second implementation, and the results of both evaluations were very similar. They show that the students and project leaders were very positive to the course initiative regarding both process and content. Also using IT in a sensitive area like palliative care has been positive. But, students' conclusion was that face-to-face meetings are a necessary part in the course. Dying and mourning is experienced on a personal level as well as a problem in professional performance. Even if it is a universal phenomenon it is also a social and cultural issue.

Addressing the questions that were the starting point for the project, we learned a great deal. We actually accomplished to “*develop an educational climate where the students can come in contact with their own feelings, attitudes and thoughts about dying and mourning*” By creating a bottom up approach and letting the students' needs, thoughts and experiences being the starting point for the teaching session and Internet discussion groups, we succeeded in making an open climate for discussing fears and feelings connected to death and dying. The students evaluated the course as benefiting on both a personal and professional level. As two of the students wrote:

*For me it was a good chance to work with my fears about death and about deaths of some of my close friends and relatives.*

*I expected the course to touch me emotionally a bit and I would have been disappointed if it hadn't, because such a topic so sensitive, personal and in our culture still a taboo, can't be dealt with without including emotions. So I regard facing my anxieties very positively, because I was able to share them to some extent and I realised that there's nothing wrong about feeling them.*

Importantly, the students said that the course helped them to understand how they could care for the dying patients and their significant others. They experienced they had got tools which made them more secure when caring for a dying patient. What some of the students missed were real contact with a dying person. In the Canadian project described above (Periera and Murzyn, 2001) students were given the opportunity to meet palliative care patients, and this was a greatly appreciated experience.

We also managed to prepare an “*educational setting for students to learn to work in interdisciplinary teams*”. Beside the topic itself, it seems that the course interdisciplinary organization was a deciding factor for students to take part in it. It was a positive experience, by working in interdisciplinary teams they gained a great deal of insight into the internal dynamics of an interdisciplinary team. It was at time difficult, but they took great benefits out of it.

*As a doctor-to-be, I wasn't aware of how much the other professions are important.*

*I got view into different professions, which I have hardly known before the course. Especially I got interested in OT, which I haven't met before.*

*It has many advantages working interdisciplinary and is a good way to get to understand each other's competences.*

We found, as other studies have done, that the students benefited from interdisciplinary education with outcomes effects relating to changes in knowledge, skills, attitudes and beliefs (cf. Cooper et al, 2000). Whether these changes get an effect upon professional practice is yet to be seen, and an interesting question for future research.

An additional “complication” of the team structure was their international composition of Swedish and Slovenian students. The performance of the teams, including the production of the final paper with the care plan for their “patient”, depended on how well the teams were able to establish procedures for collaboration and resolve conflict in order to reach the aim. A good part of the teamwork was spent on those initial steps. We included students from two countries as a way to achieve our goal to “*prepare students in becoming sensitive to cultural issues in an increasing multicultural world*”. A majority of the students found that they have achieved this goal to a great extend and appreciated the teamwork with students from different disciplines and cultures. Although working with students from a different country

was greatly appreciated, it also created difficulties because of the language barrier as one student wrote:

*The point with the teamwork was, among other things, to reveal and understand cultural differences, and that would not have happened if we have had national teams, I do not think it would have worked with only national teams, I think we had a bigger challenge and learned more with the composition of teams that we had.*

*Sometimes we didn't understand each other.*

*I came in touch with differences between Sweden/Slovenia of perceiving death and realized how much needs to be done in this direction here in Slovenia. I also realized it matters where you die, as you won't get the same care, support here or in Sweden.*

Another important questions we asked ourselves was whether it “*will it be possible to teach such sensitive topics as dying and mourning as distance education, i.e. as an Internet course*” The majority of students experienced using the Internet as a learning tool in the subject area of dying and mourning as very positive. Accessible IT environment, and necessary skills at its use might be an issue here. However, the evaluation study showed that IT works in combination with the face-to-face meetings also found in another study (Pereira and Murzyn, 2001) and as one student wrote

*Our general discussion on the Internet gave room for a kind of sharing that was valuable, but the real deep sharing though needs physical presence. The exchange with Slovenia was very valuable and would not have been possible without the IT.*

As a communication tool, Internet fully met the needs of both project leaders and students.

*IT gives you a lot of opportunities and different chances to do this kind of learning. You have better access to the literature, closer relationship with other participants of the course you are not dependent on anything/anybody. You are there & everybody else is there, even though not at the same time or in the same place.*

For some students access to Internet was difficult, but necessary to get into Ping Pong and the course. This is a weakness of Ping Pong and for future courses we need to place some of the material on a CD-rom and secure that the material is copy right protected, an aspect the

“LäraNära” project from the University and oncological clinic in Lund has incorporated into their web platform and distance education.

Students mentioned self-discipline, which is a prerequisite for using IT as a learning tool. Students control over their work offers freedom, but some may also suffer from lack of structure of this type of learning. This was what surprised us the most, the students were not used to this kind of freedom, and wanted us as teacher to structure and control their involvement to a greater extent than we did. We did provide more structure, feedback and deadlines in the second pilot course, but even this was for some students experienced as too little. Pereira and Murzyn (2001) report about the same experiences, they found their students to have different learning styles and for some more detailed guidelines were necessary to be comfortable with this way of learning.

Another aim of the project was *to establish an interdisciplinary workgroup around the topic and course at the two universities*. The students have no big problem in collaborating, but it was more difficult to get the different departments work together. We must emphasize that all the teachers we discussed the project with, were positive about it, but the problem were time limits and stress, which does not allow time and energy for creativity and new thinking. Unfortunately, very often the institutional structure (bureaucracy, economics and pre-understandings and prejudices) hinders interdisciplinary collaboration, which in health care practice is already a must, but still not very much present in the professional education. All of the six programs at both universities consist of mostly obligatory courses, with only 5 – 10 points (7.5-15 ECTS) being electives. As a consequence students are left with very little choice of what to study, and participating in a new field like interdisciplinary courses in palliative care is nearly impossible, unless the students take on a bigger study load, as our students did.

During the whole 3-years project there has been a very positive and relaxed atmosphere, which was very conducive to working. In the evaluation of the project we found an interesting difference between the two national groups. Both Slovenian students and the teacher were on the whole slightly more positive about the course than the Swedish ones. It might be the result of their previous learning experiences – the Slovenian educational system is still very rigid and does not encourage students’ participation as much as the Swedish one.

What were the consequences for the context in which our project took place? *Our course did influence the career choice of several students.* Three students from the course chose the topic of palliative care for their final papers and used knowledge gained in our course for their work. The psychology student did a qualitative study in bereavement; the physiotherapy student performed a literature review about the role of physiotherapy in palliative care and the nursing student looked into the literature about the coping strategies of nurses who work with dying patients. After graduation, one of the psychology students got a position as doctoral student in a field close to palliative care, a physical therapy student is working in a hospice and a nurse student in an oncological ward. A psychology student wanted to take her clinical practice within palliative care, but did not succeed in finding a psychologist who could be her supervisor. Some students of the “second generation” are also working on their final papers in the topic. In Slovenia our course, through media attention and the students and project leader attending conferences and presenting the course, has been influential in putting palliative care on the map, both in society at large and in different health care departments. At Umea University in Sweden we have succeeded in bringing interdisciplinary education into the discussion of different health care departments.



## **Discussion**

If we want to work honestly and efficiently as teachers, we have to take into considerations wider circumstances where the students will live and work. Globalization leads to the need for knowledge society, where education is no longer linked to particular jobs or occupations, but instead allows for wider qualifications, like social competence, the ability to work in team, conflict resolution, understanding of other cultures, integrated thinking, and the capacity to handle uncertainties and paradoxes. Transnationalisation of university education and curricula is necessary to enable students to understand and deal with transnational communication and conflicts, and provide them with a cognitive map for »glocal« living and action (Beck, 2001)

### ***Analysis***

There might be a tension between the characteristics of today's youth, like highly valued leisure time, privacy, orientation towards themselves on the one side (Ule, 2002) and on the other side the demands of professional work, like responsibility, rigour and orientation towards others. But is it really a tension or is there a possibility to include those traits into professional performance? Does being efficient at professional work necessarily mean being "hard-working" and "self-denying"? Can we have good time while studying and at the same time develop knowledge and skills?

The students want challenges and excitement, they want to be surprised. Furthermore, on their way towards growing into a profession, they need to build knowledge (cultural capital) as well as social capital in the form of connections and ties in the world of professional work. Communication and collaboration skills are crucial for this. One of the main reasons why our project got the results it did, was because we were able to surprise the students and connect with them

We embarked on this project believing that it had the potential to inspire and enable the students and the project leaders to develop their capabilities to the fullest. Learning, creativity and curiosity are closely interrelated. That was the reason why our project was based on and took its starting point in the students' creativity and curiosity. The students got an opportunity to work interdisciplinary, just as in the real world. How to act in face of vulnerability (death and dying), is rarely addressed in undergraduate education, and our project provided opportunities for the students to acquire skills necessary to act and stay close in vulnerable

situation. The students got possibilities of choosing topics of interest for their study, to plan and guide their work individually, and to be responsible for the results, as well as working in small groups with a joint outcome of their endeavors.

### ***Implications***

We clearly succeeded with our project in relation to the students learning, but not in establishing the course as an elective course within our two universities. All the heads of departments, course leaders, vice-deans and deans as well as teachers that we discussed the possibility of including the course into their curricula, were very positive to it, but the actual curricula structure and procedures to change anything simply do not allow it, for the time being.

### ***Conclusion***

We consider the idea of making it a totally Internet course offered from the Department of Nursing, Umea University, and open to all nationalities. This seems to be the only solution, in spite of the fact that also the last evaluation emphasizes the importance of face-to-face meetings. But there is too much trouble of including them in the students' schedule as most of the students take the course on the top of other obligations. Credit system hasn't been completely established yet at neither of the involved Universities. Perhaps the positive experience of students' involvement in a course which is not yet possible at our Universities will open up a discussion about the lines of development of the higher education in future, allowing more flexibility and interdisciplinarity of health care curricula and through that, a better readiness for health care students to act according to needs of patients and their significant others.

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