



Janko Kersnik

Professor Janko Kersnik has been a highly esteemed member of EQUIP and participated in the EQUIP executive board for many years. He contributed with his wisdom and kindness, to what EQUIP is today.

He has stimulated and inspired many of us during personal interactions and official meetings. Since he became the President of EURACT he kept in touch and continued to be very interested in what was happening in EQUIP.

Many of us have lost a role model, a dear colleague, a personal friend. He himself was a true GP leader, setting up and organizing primary care in his own practice and his own country. He was engaged in multiple roles, teaching at the university, an active supporter and ex-member of EQUIP, president of EURACT and honorary secretary of Wonca Europe, to name a few.

The legacy that he left behind cannot be described in words. We know that his unfinished plans remain for us to carry on.

We want to honour his memory by continuing the many initiatives he started.

Our thoughts go to his family, his colleagues and the GP community in Slovenia. We wish them strength in these difficult days.

On behalf of the EQUIP network,

Piet Vanden Bussche,
EQUIP president



PECC-WE

In February 2012, the Wonca Europe Network EQUIP was announced as the winner of the WONCA Anniversary Research Fund, which will report by WONCA Europe's 20th Anniversary in 2015.

The project will be referred to as PECC-WE (Patient Empowerment in Chronic Conditions - WONCA Europe).

Work Package 1 - a systematic review - is completed. It shows that training primary healthcare professionals is critical for patient empowerment in chronic disease. Key elements of training include motivational interviewing, goal setting, reflective listening and patient partnerships.

Work Package 2 - development of an educational framework - is also completed. An online course has been produced as a product of WP2 based on WP1 outputs.

This consists of online access to slides including animated dialogue between patient and primary care health professional and links to two videos of consultations specifically created for this project, one between a GP and patient and another between a practice based/ community based nurse and the same patient (actor).

Links to the e-learning courses (in English and German) [here](#).

PRINCIPLES AND PRACTICES

Change is possible

A professional acting in a motivating manner strengthens the patients trust in change (instead of shrinking him)

How should I act?

- I ask, listen and bring out the patients resources, strengths, and earlier successes.
- I note and state which things in the patient's behaviour are already directed to change.
- I avoid giving advice for change and emphasizing all the things in the patients behaviour that are wrong
- I find out who are the people close to the patient that could be asked to support in the change.



What was the most important thing you learned during the e-learning course?

The e-learning course on motivational interviewing allowed me to acknowledge this approach as an evidence-based, patient-centred counselling style cued by the patients own change talk.

It comes forth as an alternative to direct advice, a more traditional approach by which health professionals act as experts in order to persuade patients into change; however, such advice-giving may present patients with a one-sided, authoritarian argument that paradoxically drives them away from change - and towards sustain talk.

In contrast, the e-course highlights the patients own insight as a requirement for change. No wonder evidence has shown motivational interviewing to be superior to expert advice in a number of clinical scenarios.

In addition, the e-course is keen on showing that motivational interviewing requires non other than everyday communication skills, namely open questioning, active and reflective listening, and summarising. These are the tools that should allow health professionals to seize the patients change talk - their wishes for change, current concerns and desire to feel better and be healthier - while understanding concurrent opposing wishes.

By doing this, motivational interviewing accepts ambivalence around change and encourages patients' autonomy in decision making. The same tools are also to be used to bring out the patients resources, strengths and earlier successes. Nevertheless, expert advice can - and should - be offered where appropriate within the scope of motivational interviewing, while emphasising the patient's freedom of choice.

By encouraging patients to talk about what, why and how they would change, motivational interviewing empowers patients and respects their self-determination, minimising their resistance and boosting their confidence in the ability to change - thus increasing the chances of success.

Would you recommend it to your colleges?

I would definitely recommend the e-learning course on motivational interviewing to all health professionals, particularly family doctors and family medicine trainees like myself.

As the disease burden of chronic non-communicable diseases continues to rise as the leading cause of mortality, morbidity and disability, we are often required to discuss lifestyle and behavioural changes with patients. The most common scenarios are weight reduction and maintenance, smoking cessation, reduction of alcohol intake and adherence to regular use of medications.

Led by the desire to help and an exaggerated - if not misplaced - belief on human rationality, we frequently assume that we can convince patients to change just by providing them with information and the logic behind the "necessary" change. Yet, more frequently than not such direct counselling fails to convince patients to do what we deem to be in their best interests. We forget to listen to their life circumstances, their beliefs, fears, expectations and needs.

However, such person-centred counselling is possible through motivational interviewing. In this way, counselling is done with patients, not to patients. This single fact can make all the difference when the patients own commitment to lifestyle changes or self care is needed. This e-course therefore provides insight into a useful tool for clinical practice.

*Luis Pinho-Costa
GP Trainee, Portugal*



EQUIP 47th Assembly Meeting, Fischingen 2015

The open EQUIP Conference in Fischingen was in a certain way historical. It set a new standard for EQUIP Open Conferences. We started with a new concept, really opening up our meeting for all family doctors and primary care workers in Europe, who are interested in Quality and Patient Safety.

From knowledge translation to small group learning

More than seventy GP's from 18 different European countries participated very interactively around the theme of small group learning (SML) or Quality Circles (QCs) or Peer Review Groups (PRG).

SML groups seem to be wide spread all over Europe, and we witnessed some successful stories from Germany, the Netherlands, Denmark, Scotland and Ireland.

The theory about knowledge translation and implementation science explained why and how success can be reached. SML groups take into account the local context, can help to identify barriers and opportunities and are a key in translating theory into practice. How these quality circles should be organized to be successful was explored, explained, and trained in different workshops.

These workshops themselves were good examples of small group learning.

Networking and a new EQUIP president

The international family of EQUIP enjoyed within the impressive Fischingen Cloister the famous Swiss hospitality. A lot of networking and brainstorming between participants also happened at breakfast, lunch or dinner tables and during coffee breaks.

The conference was also the moment for the official ceremony of the hand over of the presidency from Tina Eriksson to Piet Vanden Bussche, who will lead the network in the next three years.

Power Point presentations and Conference Online Gallery

See Power Point presentations from the key note lectures and workshops [here](#). (Find the links in the right columns of the tables, [PDF](#)).

See the EQUIP Conference Online Gallery [here](#).



New EQUIP delegate from Greece

The Executive Board of the Greek Association of General Practice/Family Medicine has after an unanimous decision appointed Sofia Dimopoulou as the new National Delegate for EQUIP.

Sofia Dimopoulou (MD, MSc) has since February 2011 been working as Director of Kassandria's Primary Care Health Center, which is a Public Unit of the Greek National Health System. Since 2004, she has also been a Trainer and Coordinator of Education to GP/FP trainees.

Her master's degree was on Health Services Administration, and her thesis was about Patient Satisfaction in a Public Primary Care Health Center. This thesis made her recognize the importance and the crucial role of quality of services provided combined with patient safety and patient satisfaction. On the other side, the experience and involvement in the trainees' education provided her with all the basic information according to other health care units and their quality features.

The issue of quality is one of the most requested in Greece, especially now due to the financial crisis and the threats, but also the opportunities it brings.