TOWARDS THE CULTURE OF INTEGRATED HEALTHCARE

28-29 October 2026 | Poznan

Poznan University of Medical Sciences

BOOK of ABSTRACTS





Co-funded by the European Union







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ISBN: 978-83-7597-514-7
First Edition
Poznan 2026

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

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Welcome Message

Dear Colleagues,



On behalf of the Scientific and Organising Committees, it is my great pleasure to welcome you to the international conference "Towards the Culture of Integrated Healthcare", held in Poznan on 28-29 October 2026 and organised by the Poznan University of Medical Sciences within the WhoLeIPE – Learning and Working Together for Improved Healthcare Outcomes – Strengthening Interprofessional Education project (www.wholeipe.com).

The WhoLeIPE project is co-funded by the Erasmus+ Programme under the Cooperation Partnerships in Higher Education action (project number: 2024-1-RS01-KA220-HED-000256915). It brings together three partner institutions: the University of Belgrade, Serbia; Trinity College Dublin, Ireland; and the Poznan University of Medical Sciences, Poland.

The conference brings together representatives of different health professions, students, educators, healthcare professionals, and other stakeholders to explore how interprofessional education and collaboration can contribute to more comprehensive, coordinated, and patient-centred healthcare.

The central theme of the conference reflects an important challenge facing contemporary healthcare: moving from working alongside one another towards working together. Building a culture of integrated healthcare requires not only changes in healthcare systems and professional practice but also the development of appropriate competencies, communication, leadership, and shared values among healthcare professionals.

The scientific programme covers three major areas: person-centred approaches in interprofessional healthcare, education for integrated healthcare, and building bridges in healthcare. The programme brings together speakers and participants from Poland and international partner institutions, creating opportunities to exchange experiences, discuss current challenges, and share practical approaches to strengthening interprofessional collaboration. The conference also includes interactive workshops designed to complement the scientific sessions and encourage active participation and exchange.

We hope that this conference will provide a space not only for sharing knowledge, but also for building connections, inspiring new collaborations, and developing a shared vision of integrated healthcare in which different health professions work together to improve patient outcomes. We would like to express our sincere appreciation to all speakers, authors, participants, partner institutions, and organisations supporting the WhoLeIPE project and contributing to the organisation of this conference.

We warmly welcome you to the conference!

Magdalena Waszyk-Nowaczyk

Assoc. Prof. Magdalena Waszyk-Nowaczyk, PharmD
Chair of the Organising and Scientific Committees
WhoLeIPE Project Coordinator at PUMS

Committees

SCIENTIFIC COMMITTEE

Assoc. Prof. Magdalena Waszyk-Nowaczyk - Chair
Prof. Danijela Đukić Ćosić
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Olga Sierpniowska, MSc

Scientific Programme

Conference venue: Congress and Didactic Center of the PUMS,
Przybyszewskiego 37a, Poznan

Day 1
October 28, 8:30 – 17:30

Time	Event
8:30–9:00	**Registration**
9:00–10:30	**Opening and introductions** *Assoc. Prof. Magdalena Waszyk-Nowaczyk, PUMS WhoLeIPE Coordinator* **Welcome Remarks** *Prof. Marek Ruchała, PUMS Vice-Rector & Rector Prof. Zbigniew Krasiński Representative* **Introductory lecture on WhoLeIPE Project** *Prof. Marina Odalovic - WhoLeIPE Project Coordinator, University of Belgrade (Serbia)* Why integrated healthcare is no longer optional?– WhoLeIPE Project **Plenary lecture:** *Assoc. Prof. Janusz Janczukowicz, AMEE, Medical University of Lodz (Poland)* Interprofessional practice and education for the health of patients, society, and the planet
10:30-11:00	**Coffee break**

Scientific Programme

SESSION I PERSON-CENTRED APPROACHES IN INTERPROFESSIONAL HEALTHCARE	
11:00-12:30	**<u>Part 1</u>: BEST PRACTICES & EXPERIENCE SHARING.** **ONE PATIENT, MANY PERSPECTIVES – HOW DO HOSPITAL TEAMS REALLY COLLABORATE IN HEALTHCARE?** Session Chairs: ***Prof. Dorota Zozulińska-Ziółkiewicz, PUMS (Poland); Assist. Prof. Emer McGowan, Trinity College Dublin (Ireland); Anna Kominek, PhD, PUMS (Poland)***
	Abhinav Singla, MD, Mayo Clinic, Jacksonville, Florida (USA) *Assoc. Prof. Aleksandra Uruska, PUMS (Poland)* Person-centred care *Mikołaj Piekarski, PhD, University Hospital of Northern British Columbia, Prince George, Canada* *Anna Kominek, PhD, PUMS (Poland)* Team based care in therapy *Assoc. Prof. Dorota Kilańska, Medical University of Gdansk (Poland)/Medical University of Lodz (Poland)* Coordinated care *Assist. Prof. Emer McGowan, Trinity College Dublin (Ireland)* Integrated care *Aleksandra Murawska Baptista MD, Mayo Clinic, Jacksonville, Florida (USA)* International care
12:30-13:30	**<u>Part 2:</u> DISCUSSION PANEL - REAL-WORLD INSIGHTS. COLLABORATION OR PARALLEL WORLDS? BEHIND THE SCENES OF MEDICAL TEAMWORK** Panel leader: ***Prof. Dorota Zozulińska-Ziółkiewicz, PUMS (Poland)***
	Panellists: *Prof. Lidia Gil, PUMS (Poland); Assoc. Prof. Ewelina Bąk, University of Bielsko-Biała (Poland); Assist. Prof. Emer McGowan, PhD, Trinity College Dublin (Ireland); Assist. Prof. Anna Michalik, Silesian Hospital in Cieszyn (Poland); Mikołaj Piekarski, PhD, University Hospital of Northern British Columbia, Prince George (Canada); Anna Kominek, PhD, PUMS (Poland); Abhinav Singla, MD, Mayo Clinic, Jacksonville, Florida (USA)* **Q&A session**
13:30-14:30	**Lunch break**

Scientific Programme

Session II EDUCATION IN INTEGRATED HEALTHCARE Session chairs: *Assoc. Prof. Janusz Janczukowicz, Medical University of Lodz (Poland); Assoc. Prof. Martin Henman, Trinity College Dublin (Ireland); Assoc. Prof. Patrycja Marciniak-Stępak, PUMS (Poland)*	
14:30-14:45	*Assoc. Prof. Patrycja Marciniak-Stępak, PUMS (Poland)* *Assist. Prof. Łucja Zielińska-Tomczak, PUMS (Poland)* Student engagement in integrated healthcare education
14:45-15:00	*Assoc. Prof. Martin Henman, TCD WhoLeIPE Coordinator, Trinity College Dublin (Ireland)* Education for integrated healthcare: training the team for the future
15:00–15.15	*Prof. Michal Nowicki, PUMS (Poland)* One Health Approach - the next step
15:15–15:30	*Prof. Agnieszka Zimmermann, Medical University of Gdansk (Poland)* Culture of interprofessional education in healthcare
15:30–15:45	*Prof. Danijela Đukić Ćosić, University of Belgrade (Serbia)* Roadmap for strengthening IPE curricula
15:45–16:00	**Q&A session**
16:00–16:15	**Coffee break**
16:15–16:30	*Tanja Fens, PhD, Groningen University (Netherlands)* Game On! Integrated healthcare education
16:30–16:45	*Nadia Kruszyńska, PhD, PUMS (Poland)* *Hanna Drzewiecka, PhD, PUMS (Poland)* Mentoring and facilitation as drivers of integrated healthcare education reform
16:45-17:00	*Lynsey Campbell, MSc, Edinburgh Medical School (Scotland)* Interprofessional education for collaborative practice: Co-creating interprofessional practice with our healthcare workforce
17:00–17:15	*Prof. Anna Wiela-Hojeńska, Wroclaw Medical University (Poland)* *Kamila Urbańczyk, PhD, Wroclaw Medical University (Poland)* Interprofessional cooperation in postgraduate education
17:15–17:30	**Q&A session**

Scientific Programme

Day 2
October 29, 8:30 – 13:00

SESSION III **BUILDING BRIDGES IN HEALTHCARE**	
8:30–10:30	**Part 1** **Session chairs:** ***Assoc. Prof. Magdalena Waszyk-Nowaczyk, PUMS (Poland); Assoc. Prof. Katarzyna Naylor, Medical University of Lublin (Poland); Mikołaj Piekarski, PhD, University Hospital of Northern British Columbia, Prince George (Canada)***
8:30–8:45	*Prof. Milena Santric Milićević, University of Belgrade (Serbia)* Professional and personal skills for integrated care
8:45-9:00	*Prof. Maciej Stawny, PUMS (Poland)* Team-based approaches to improving patient outcomes
9:00–9:15	*Assoc. Prof. Emilia Soroko, Adam Mickiewicz University (Poland)* Psychological capacities supporting interprofessional collaboration in healthcare: insights from clinical psychology
9:15–9:30	*Stanisław Przewoźny, MSc, PUMS (Poland)* Strengthening diagnostic practice through interprofessional collaboration
9:30–9:45	*Assoc. Prof. Katarzyna Naylor, Medical University of Lublin (Poland)* The power of "We": Unlocking team potential
9:45–10:00	*Mateusz Szamałek, MSc, Greater Poland Association of Self-Governments of Professions of Public Trust (Poland)* Challenges and future directions for interprofessional collaboration
10:00–10:15	*Assist. Prof. Anna Szyndler, Medical University of Gdansk (Poland)* Improving patient adherence through integrated healthcare teams
10:15-10:30	**Q&A session**
10:30-10:45	**Coffee break**

Scientific Programme

10:45-13:00	**Part 2** **Session chairs:** ***Beata Plewka, PhD, Stanisław Przewoźny, MSc***
10:45-11:00	*Assoc. Prof. Kaytlin Krutsch, InfantRisk Center at Texas Tech University Health Sciences Center (USA)* Who owns patient care? Redefining roles in interprofessional teams
11:00-11:15	*Anna Spurek, Green REV Institute (Poland)* Safe food for human health and the planet – the Green REV Institute's perspective on cross-professional collaboration
11:15-11:30	*Tosin Popoola, PhD, The University of Newcastle (Australia)* Care that holds: towards an integrated approach to perinatal deaths
11:30-11:45	*Julia Liwarska, MSc, PUMS (Poland)* *Aleksandra Bratborska, MD, PUMS (Poland)* Is interprofessional collaboration worthwhile? Insights from PhD candidates
11:45-12:00	*Dobrosława Wiśniewska, PUMS (Poland)* *Patrycja Bartczak, PUMS (Poland)* *Jakub Wilk, PUMS (Poland)* Shaping the future: student perspectives on integrated healthcare education
12:00-12:15	*Anna Piłat-Bredow, patient organisation – RakujeMY jak Chcemy (Poland)* The patient voice: unlocking the value of interprofessional care
12:15-12:30	*Assoc. Prof. Kacper Nijakowski, PUMS (Poland)* Oral health as a key component of integrated care
12:30-13:00	**Q&A session and conference closing**

Workshops Programme

Day 2
29th October 2026 · 8:30-17:45

- **Medical Simulation Center - Interprofessional Workshops for Specialists**

Assoc. Prof. Patrycja Marciniak-Stępak, Poznan University of Medical Sciences, Poland
Assist. Prof. Łucja Zielińska-Tomczak, Poznan University of Medical Sciences, Poland
Karolina Morze, Msc, Poznan University of Medical Sciences, Poland

These workshops introduce educators to practical methods for implementing interprofessional education through simulation-based learning. Participants will have the opportunity to observe how classes using this approach are conducted and exchange experiences with instructors who facilitate such scenarios on a daily basis. The workshops are intended not only as a space for sharing insights, but also as a demonstration of the possibilities offered by interprofessional education using simulated patients.

Workshop schedule:
29 October 2026 · 8:30-10:30 and 11:00-13:00
Venue: Medical Simulation Center, Room 5.32, 7 Rokietnicka St., Poznan

- **Widening perspectives at interprofessionalism in the One Health and Sustainable Development Goals era**

Assoc. Prof. Janusz Janczukowicz, Medical University of Lodz, Poland

The aim of this workshop is to initiate the discussion on the role of students and faculty in responding to the contemporary, complex, global challenges, ranging from antimicrobial resistance to climate-driven health risks. Widening perspectives on interprofessionalism in the era of One Health and the Sustainable Development Goals (SDGs) requires moving beyond traditional, siloed collaboration toward genuinely integrated practice that connects human health, animal health, environmental systems, and societal well-being. This shift emphasizes not only joint education and cooperation among healthcare professions but also meaningful engagement with disciplines such as ecology, veterinary medicine, public policy, urban planning, and social sciences, recognizing that global challenges cannot be addressed within single domains. Interprofessionalism in this context becomes a dynamic, systems-oriented approach, aligning health workforce education and practice with the interconnected priorities of the SDGs.

Workshop schedule:
29 October 2026 · 13:30-15:30
Venue: Medical Simulation Center, Room 5.32, 7 Rokietnicka St., Poznan

Workshops Programme

Day 2
29th October 2026 · 8:30-17:45

- **New Medicine Service – patient communication in interprofessional collaboration to support adherence**

Assoc. Prof. Magdalena Waszyk-Nowaczyk, Poznan University of Medical Sciences, Poland
Assoc. Prof. Magdalena Jasińska-Stroschein, Medical University of Lodz, Poland
Olga Sierpniowska, MSc, Poznan University of Medical Sciences, Poland
Angelika Karasińska, MSc, Psychotherapy Centre, Warsaw, Poland

This workshop focuses on the role of patient communication within the New Medicine Service as a key element of integrated care. Participants will explore how effective communication between pharmacists and patients, as well as collaboration with other healthcare professionals, contributes to adherence, as well as the safety and effectiveness of pharmacotherapy. Particular emphasis will be placed on building therapeutic relationships, identifying drug-related problems, and supporting shared decision-making within an interprofessional care model. The workshop will have a practical format, including case studies and communication exercises.

Workshop schedule:
29 October 2026 · 13:30-15:00
Venue: Medical Biology Center, Room 1016, 8 Rokietnicka St., Poznan

- **Masters of Medical Skills. Interdisciplinary Education for Students**

Tomasz Kłosiewicz, PhD, Poznan University of Medical Sciences, Poland

The training includes the implementation of two high-fidelity simulation scenarios focused on communication and interdisciplinary collaboration within teams composed of representatives of various medical and allied health professions (including nurses, paramedics, physicians, pharmacists, and other healthcare system professionals). The scenarios are conducted in pre-hospital and in-hospital settings, as well as in high-risk environments incorporating elements of tactical medicine.
The scope covers knowledge, skills, and competencies related to: collecting key clinical data and identifying priorities for action, including in resource-limited and potentially unsafe conditions; making decisions in emergency situations and clearly justifying them to the team; maintaining effective, concise communication under stress and in dynamically changing operational environments; practicing active listening and integrating perspectives from diverse professional groups, including the role of pharmacists in ensuring safe and effective pharmacotherapy; fostering interdisciplinary collaboration through task allocation, delegation, and mutual support; managing stress and maintaining team performance under time pressure and threat; applying fundamental principles of tactical medicine, such as prioritizing life-saving interventions (e.g., control of massive hemorrhage, airway management, and casualty evacuation); analyzing the consequences of decisions and adapting strategies flexibly to evolving conditions.

Workshop schedule:
29 October 2026 · 13:15-17:45
Venue: Medical Simulation Center, Room 2.17, 7 Rokietnicka St., Poznan

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We would like to express our sincere gratitude to all institutions and organisations providing patronage for the "Towards the Culture of Integrated Healthcare" conference. Their support contributes to advancing interprofessional education, collaboration and the development of more integrated, patient-centred healthcare. We greatly appreciate their commitment to strengthening cooperation across health professions and supporting the exchange of knowledge and experience.

Lectures
and
Oral Presentations

Day 1 - October 28th

Introductory lecture on WholeIPE Project

Why integrated healthcare is no longer optional? – WhoLeIPE Project

Marina Odalovic

Abstract

Interprofessional education (IPE) is specific segment of health professionals' education which, contrary to traditional uniprofessional courses, is focused on development of transferable skills, professional values, attitudes, capabilities and competencies for the future real collaborative practice. As such, it is recognized as a foundation for integrated healthcare directed to advancement of patient outcomes. Erasmus+ Project "Learning and Working Together for Improved Healthcare Outcomes - Strengthening IPE (WhoLeIPE) is aimed at enhancement of health professionals competencies by creating and applying innovative learning and teaching practices in health professions education. General Project objective is advancement of IPE and interprofessional collaborative practice as foundation for development of comprehensive, coordinated, resilient and responsive health system based on the integrative healthcare (IHC) focused on the improved patient outcomes. Project activities are organised around the following courses of action: (a) Development and implementation of innovative learning and teaching programs for: (i) health sciences students; (ii) health professionals and (iii) academic staff engaged in health professions education; (b) Preparation and publication of relevant supporting materials and educational resources; (c) Raising awareness among different stakeholders about the importance of IPE and integrated healthcare. In line with the defined objectives and activities, the main Project results will include: Reconstructed IPE curricula, innovative highly engaging educational resources and IPE Summer school; Culture for integrated healthcare CPD course; IPE Design & Facilitation teaching competencies development program; Roadmap for Strengthening IPE curricula; IPE Textbook; IPE Toolkit for educators; Towards the culture of integrated healthcare conference; IPE Raising awareness sessions, presentations and publication.



Prof. Marina Odalovic

Project WhoLeIPE Coordinator
University of Belgrade (Serbia)

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Professor at the Faculty of Pharmacy, University of Belgrade, affiliated with the Department of Social Pharmacy and Pharmaceutical Legislation. Her scientific and academic work focuses on pharmacoepidemiology, pharmacy practice, pharmaceutical care, patient safety, and pharmacy education. She has co-authored numerous international scientific publications related to medication safety, public health, antimicrobial use, digital health literacy, and person-centred pharmaceutical care. Her research also includes studies on medication use during pregnancy, self-medication, and healthcare quality improvement. Prof. Odalović is actively involved in international collaborations and educational initiatives aimed at advancing experiential and interprofessional education in pharmacy and healthcare.

Day 1 - October 28th

Plenary lecture

Interprofessional practice and education for the health of patients, society, and the planet

Janusz Janczukowicz

Abstract

Contemporary health challenges cannot be adequately addressed within the boundaries of individual professions, institutions, or even healthcare systems. Climate change, biodiversity loss, antimicrobial resistance, health inequities, and the growing complexity of patient needs demand new approaches to professional collaboration, education, and institutional responsibility. Interprofessional education (IPE) should not be regarded as an additional curricular component, but as a fundamental principle shaping the social accountability of educational institutions and their contribution to sustainable health systems.

IPE has traditionally focused on preparing healthcare professionals to work effectively together in delivering patient-centred care. While this remains essential, the scope of interprofessional collaboration must expand beyond clinical teams and conventional healthcare settings. The One Health approach and the Sustainable Development Goals provide complementary frameworks for integrating human, animal, and environmental health with broader social determinants of health.

This keynote will explore how health professions education can evolve from teaching collaboration between established healthcare professions towards developing partnerships across disciplinary, institutional, and societal boundaries. Particular attention will be given to the implications for curriculum design, experiential learning, competency development, and assessment. Ultimately, educating professionals to collaborate effectively means preparing them to share responsibility not only for individual patients, but also for the health of communities, societies, and the planet.



Assoc. Prof. Janusz Janczukowicz

Medical University of Lodz (Poland)

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Physician, academic teacher, and internationally recognized expert in medical education affiliated with the Medical University of Lodz. He serves as Vice-Dean for Teaching Development at the Faculty of Medicine and Head of the Medical Education Center. He was recently elected President-Elect of the Association for Medical Education in Europe, an international organization dedicated to advancing excellence in health professions education. He has been actively involved in AMEE for many years as a member of its board and contributor to numerous international educational initiatives. He also serves as a WHO Regional Advisor for Medical Education in Europe and Chair of the WHO Academy Quality Committee. His work focuses on improving the quality, accessibility, and innovation of healthcare education, with particular emphasis on international collaboration and equal access to high-quality medical training.

Day 1 - October 28th

SESSION I
PERSON-CENTERED APPROACHES IN INTERPROFESSIONAL HEALTHCARE

Person-centered care

Abhinav Singla, Aleksandra Uruska

Abstract

Modern healthcare delivery has increasingly prioritized efficiency, standardization, and volume-based metrics over the individualized needs and preferences of patients, weakening the communication at the core of patient-centered care. Primary care visits average 15 minutes or less, leaving little room for the detailed deliberation needed to align treatment with a patient's actual goals and values. Time pressure has been shown to reduce opportunities for thorough examination, diagnosis, communication, and shared decision-making between provider and patient, with documented links to lower-quality visits and less favorable outcomes. Nationally, fewer than 40% of adults report experiencing a high level of shared decision-making with their provider. Low shared decision-making is independently associated with greater emergency department use among patients with chronic conditions, evidence that unmet communication needs translate directly into worse downstream care. EHR-linked workload data reinforce this pattern: as documentation and inbox demands consume an increasing share of the clinical encounter, physicians have less unhurried time to engage patients as partners rather than as cases to process. Emerging models such as structured, time-bounded shared-decision frameworks show that patient-centered discussion can be preserved even within short visits, suggesting the erosion is a product of system design rather than an inevitable tradeoff. Restoring patient-centeredness will require reducing documentation burden, protecting visit time for dialogue, and redesigning reimbursement to reward attentiveness to patient goals. Interdisciplinary and integrated healthcare may be the path to achieving this goal. Exchange of experiences between Mayo Clinic (USA) and Poznan University of Medical Sciences (Poland).



Abhinav Singla, MD

Mayo Clinic Jacksonville Florida (USA)

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Physician specializing in internal medicine at the Mayo Clinic, where he focuses on hospital medicine and the care of complex patients, alongside academic and research activities. He earned his medical degree from Poznan University of Medical Sciences in 2013, followed by residency training in internal medicine in the United States and further fellowship training at Mayo Clinic. Dr. Singla is a board-certified internist actively involved in medical education and research, with numerous publications and participation in international scientific initiatives. His interests include general internal medicine, integrative approaches to care, and advancing healthcare systems and education globally.



Assoc. Prof. Aleksandra Uruska

Poznan University of Medical Sciences (Poland)

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Graduated with distinction from the Poznan University of Medical Sciences in 2006. Since 2007, she has been affiliated with the Department and Clinic of Internal Medicine and Diabetology in Poznań, where she currently works as an associate professor. She obtained her PhD in medical sciences with distinction in 2012 in the field of diabetology and completed her habilitation in 2019. Dr. Uruska is a specialist in internal medicine and diabetology. She is a member of the Polish Diabetes Association, The American Diabetes Association, the European Association for the Study of Diabetes, and the Polish Lipid Association. She also serves on the committee responsible for developing clinical recommendations for diabetes care in Poland. Her clinical and academic work focuses primarily on diabetology. Since 2022, she has served as Director of the Center for Medical Education in English (Dean) for the medicine and dentistry programmes at Poznan University of Medical Sciences. She is also interested in medical education (from both a teaching and an administrative perspective). In her private life, she is the mother of Adam, Karolina, Franek, and Klara.

Day 1 - October 28th

SESSION I
PERSON-CENTERED APPROACHES IN INTERPROFESSIONAL HEALTHCARE

Team based care in therapy

Mikołaj Piekarski, Anna Kominek

Abstract

Interdisciplinary collaboration in patient care plays an important role in optimizing pharmacotherapy, improving its safety, effectiveness, and provides continuity of care. This presentation aims to compare experiences from Poland and Canada in collaboration between physicians, pharmacists, and other healthcare professionals in therapeutic decision-making, and to highlight opportunities for further development of team-based care in Poland. In Poland, interdisciplinary collaboration in pharmacotherapy is developing through the implementation of medication reviews, pharmacist consultations, medication safety initiatives, and the growing role of clinical pharmacists in hospitals. An example is the "Nowy Lek" project, which focuses on implementing pharmaceutical care for patients with chronic diseases in community pharmacies. Examples of physician–pharmacist collaboration in Polish hospital practice will also be presented. Although such models are not yet standard practice in every hospital, they demonstrate the potential benefits of combining the expertise of different healthcare professionals. Canadian experience shows that interdisciplinary approach to care can be an established part of everyday clinical practice. Pharmacists contribute to it by performing medication reviews at every point of transition of care, participation in therapeutic planning and medication reconciliation at discharge, monitoring drug concentrations and dose adjustments, ordering laboratory tests, and optimizing antibiotic therapy. Experiences from both countries demonstrate that effective interdisciplinary collaboration enables healthcare professionals to combine different perspectives and expertise, supporting better therapeutic decisions and contributing to safer and more effective pharmacotherapy for patients.



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Combining scientific expertise with practical experience, she supports research teams at every stage of project implementation. Her professional interests focus on innovative models of collaboration between science and clinical practice, as well as the development of modern clinical research infrastructure aimed at improving the quality of patient care.

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SESSION I
PERSON-CENTERED APPROACHES IN INTERPROFESSIONAL HEALTHCARE

From professional silos to integrated care: interprofessional education as a foundation for a culture of collaboration
Coordinated care

Dorota Kilańska

Abstract

Fragmentation of care remains a major challenge for contemporary health systems. Increasingly complex health needs, multimorbidity, population ageing, and the need to ensure continuity of care require a shift from profession-centred models towards collaborative, person-centred and integrated healthcare. This transformation depends not only on organisational redesign but also on developing a culture in which healthcare professionals understand each other's roles, communicate effectively, share decision-making and assume collective responsibility for care outcomes. Interprofessional education (IPE) provides a foundation for this cultural change. The World Health Organization defines IPE as learning that occurs when members of two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. The presentation will explore the relationship between interprofessional education, collaborative practice, care coordination, integration and person-centred care. Particular attention will be given to barriers created by professional cultures and hierarchies, stereotypes, insufficient understanding of other professions' competencies, and curricula organised within professional silos. These factors have been identified as important barriers to interprofessional education and collaborative practice. Moving towards integrated healthcare therefore requires educational environments that enable future professionals to develop a shared understanding of roles, responsibilities and goals while maintaining their distinct professional identities and competencies. A culture of integrated care should begin during professional education: health professionals cannot be expected to collaborate effectively in practice if they have been educated to work separately.



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Her work focuses on eHealth, value-based healthcare, nursing informatics, and healthcare system innovation. She has collaborated with international organizations including the WHO, the European Federation of Nurses Associations, and the International Council of Nurses, contributing to the development of healthcare and nursing standards across Europe.
Professor Kilańska is also actively involved in promoting digital transformation and innovation in healthcare education and clinical practice.

Day 1 - October 28th

SESSION I
PERSON-CENTERED APPROACHES IN INTERPROFESSIONAL HEALTHCARE

Integrated care

Emer McGowan

Abstract

This presentation explores interprofessional collaboration and integrated care through the lens of the Comprehensive Geriatric Assessment (CGA), a multidisciplinary approach to caring for older adults with complex health and social care needs. As healthcare systems increasingly manage patients with multimorbidity, effective teamwork across professional boundaries is essential to deliver safe, coordinated, and person-centred care. Using examples from clinical practice within an acute hospital setting in Ireland, the presentation demonstrates how health professionals in hospital and community services work together to develop comprehensive assessment and management plans. It highlights the value of combining diverse professional perspectives to support holistic decision-making, optimise patient outcomes, and facilitate safe discharge planning. The presentation examines key factors that underpin successful collaboration. Practical approaches such as board rounds, shared documentation, bedside discussions, and the use of communication tools are discussed alongside common challenges, including workforce pressures, time constraints, fragmented systems, and communication barriers. CGA provides a practical example of how integrated care can be translated into everyday clinical practice. It is used as the framework for an interprofessional education workshop run in Trinity College Dublin for students from a number of health professions courses. Rather than working in parallel, professionals collaborate to create coordinated care plans that address the medical, functional, psychological, and social dimensions of health. The presentation emphasises that meaningful collaboration, shared decision-making, and a collective focus on patient-centred outcomes are fundamental to delivering high-quality integrated care.



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Day 1 - October 28th

SESSION I
PERSON-CENTERED APPROACHES IN INTERPROFESSIONAL HEALTHCARE

International care

Aleksandra Murawska-Baptista

Abstract

The increasing globalization of healthcare has led to a growing need for coordinated care across countries, healthcare systems, and cultures. International patient transfers present unique challenges that extend beyond clinical management and require seamless collaboration among physicians, nurses, case managers, international patient coordinators, social workers, interpreters, transport teams, and receiving healthcare institutions. A person-centered approach is essential to ensure that patient preferences, family needs, cultural considerations, and clinical priorities remain at the forefront of these complex transitions.

This presentation will share practical experiences and lessons learned from coordinating international patient transfers within a large tertiary healthcare organization. Drawing on real-world examples, it will highlight strategies that support effective communication, timely information exchange, and shared decision-making among multidisciplinary teams located in different countries and healthcare environments. Particular attention will be given to overcoming barriers related to language, cultural differences, healthcare regulations, and logistical coordination while maintaining continuity and quality of care.

The presentation will demonstrate how interprofessional collaboration can enhance patient safety, streamline transfer processes, and improve the overall patient and family experience during international care transitions. Participants will gain practical insights into building collaborative networks, fostering mutual understanding across disciplines, and implementing person-centered practices that support successful cross-border care coordination. These experiences underscore the importance of integrated teamwork in meeting the needs of increasingly mobile patient populations and provide transferable best practices for healthcare professionals engaged in international and interprofessional care delivery.



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SESSION I
PERSON-CENTERED APPROACHES IN INTERPROFESSIONAL HEALTHCARE

Abstract of the Panel Discussion

Panelists:
Prof. Lidia Gil, PUMS (Poland)
Assoc. Prof. Ewelina Bąk, University of Bielsko-Biała (Poland)
Assist. Prof. Emer McGowan, PhD, Trinity College Dublin (Ireland)
Assist. Prof. Anna Michalik, Silesian Hospital in Cieszyn (Poland)
Mikołaj Piekarski, PhD, University Hospital of Northern British Columbia, Prince George (Canada)
Anna Kominek, PhD, PUMS (Poland)
Abhinav Singla, MD, Mayo Clinic, Jacksonville, Florida (USA)

Abstract

Effective interprofessional collaboration is increasingly recognised as essential to person-centred, coordinated and integrated healthcare. However, involving several healthcare professionals does not automatically mean that they work as a team. Communication barriers, professional hierarchies, unclear responsibilities, fragmented systems, and differences in education and professional culture may result in professionals working in parallel rather than truly collaborating. This discussion panel will bring together physicians, a pharmacist, a nurse, a physiotherapist, and experts in interprofessional education and healthcare from Poland, Canada, Ireland, and the United States. Panelists will share experiences from everyday clinical practice and explore what interprofessional collaboration really looks like beyond organisational models and formal definitions. Building on the experiences presented in the first part of the session, the discussion will focus on how professionals understand their roles, communicate, share information, make decisions, and take collective responsibility for patient outcomes. Particular attention will be given to patients with complex needs, whose care requires collaboration across professional and organisational boundaries, including patients receiving highly specialised therapies and those moving between different levels or healthcare systems. The panel will also explore the role of interprofessional education in preparing healthcare professionals for collaborative practice and consider what can be learned from different healthcare systems and professional perspectives. The discussion will ask what enables healthcare professionals to become one team around the patient, and what causes them to continue working in "parallel worlds". The panel will conclude with practical reflections on what can be changed in everyday practice to improve teamwork and better combine the knowledge, experience, and skills of different healthcare professionals around the needs of one patient.

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SESSION I
PERSON-CENTERED APPROACHES IN INTERPROFESSIONAL HEALTHCARE

Abstract of the Panel Discussion

Panelists Not Previously Introduced



Prof. Lidia Gil

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Head of the Department of Haematology, Transplantation and Cellular Therapy at Poznan University of Medical Sciences. As a haematologist and transplant specialist, her research and clinical practice focus on cellular therapies for haematological malignancies, particularly haematopoietic stem cell transplantation and CAR T-cell therapy. The centre she leads was the first in Poland to receive accreditation for CAR T-cell therapy in adult patients and is currently the largest centre of its kind in the country. Her particular research interests include the safety of cellular therapies, especially infectious complications. She has authored or co-authored nearly 300 scientific publications in this field. Since 2018, she has served as the Regional Consultant in Haematology for the Greater Poland Voivodeship. She is also Chair of the Infectious Diseases Section of the Polish Adult Leukaemia Group (PALG). Throughout her professional career, she has received numerous awards and distinctions. Among these, she particularly values the Mentor of the Year Award and the Visionary Personality Award.



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SESSION I
PERSON-CENTERED APPROACHES IN INTERPROFESSIONAL HEALTHCARE

Abstract of the Panel Discussion

Panelists Not Previously Introduced



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SESSION II
EDUCATION IN INTEGRATED HEALTHCARE

Student engagement in integrated healthcare education

Patrycja Marciniak-Stępak, Łucja Zielińska-Tomczak

Abstract

Modern healthcare systems require effective collaboration among representatives of various medical professions. Interprofessional Education (IPE)—defined as students from different health professions learning "about, from, and with" one another—is recognized as a key element in preparing for collaborative practice. Research indicates that IPE fosters the development of communication skills and a better understanding of professional roles, while also cultivating attitudes conducive to collaboration and reinforcing a focus on patient needs.

Interprofessional education can be structured around a program where active student engagement plays a central role. In this context, a curriculum based on clinical cases, simulations, work in mixed teams of medical students, and reflection on the collaborative process enables students to actively engage in learning. Observed educational outcomes include the development of interprofessional communication, teamwork competencies, shared leadership, conflict resolution skills, and patient-centred decision-making. Review studies indicate that participation in IPE leads to significant improvements in attitudes toward interprofessional collaboration and behaviors that foster teamwork. The authenticity of educational experiences, participant responsibility for task completion, and a shared goal centred on patient well-being are of particular importance, ranking among the key factors that enhance the effectiveness of IPE programs. Student engagement is a crucial prerequisite for effective interprofessional education and can support the preparation of future professionals for work in integrated healthcare teams.



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Practicing pharmacist, Doctor of Pharmaceutical Sciences, and holder of a bachelor's degree in Public Health. Her research interests focus on interprofessional education, collaboration among healthcare professions, medical communication, and the role of health professionals in digital and social media spaces. She is the author of scientific publications on interprofessional collaboration and interprofessional education. She serves as the coordinator responsible for designing and implementing mandatory interprofessional education (IPE) courses at the Poznan University of Medical Sciences, covering the programmes in medicine, pharmacy, medical analytics, nursing, and midwifery. She is also the principal investigator and co-investigator in scientific projects funded by both national and European sources. Active member of the Polish Pharmaceutical Society and has completed a scientific internship at Zentiva in Prague. Beyond her academic and professional work, she enjoys gardening and handicraft.

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SESSION II
EDUCATION IN INTEGRATED HEALTHCARE

Education for integrated healthcare: training the team for the future

Martin Henman

Abstract

Integration and teamwork are often interpreted as fixed states that once attained will remain unchanged. In healthcare this is not true; instead, the scope of integration and the composition and functioning of the teams providing patient care will vary with the setting, the patient's needs, the resources available and the stage of the clinical problem being addressed. Patients will be cared for by several teams whose composition will change according to both needs and setting, and there will be more distributed teams who must be able to provide high quality care while working asynchronously and apart, and teams will be led more often by someone who is 'first among equals' and that how team members and teams use the tools of Artificial Intelligence and Big Data will be crucial to their effectiveness. Consequently, in undergraduate education and in Continuing Professional development the aim is not to equip someone with a defined set of tools and skills that can be applied to every situation, but rather to open up their perception of teams and teamwork, to give them the opportunity to practice useful skills and to reflect upon their and their teammates performance as a way to improve. The complexity of healthcare and the ability to cope with uncertainty require nuanced communication and adaptability. Undergraduate education should provide the knowledge, skills and experience to enable practitioners to develop themselves continuously, as well as the teams that they work in and the health services and institutions in which they practice.



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SESSION II
EDUCATION IN INTEGRATED HEALTHCARE

One Health Approach - the next step

Michal Nowicki

Abstract

Interprofessional education has traditionally focused on enabling health professionals to learn with, from and about one another in order to improve person-centred care. Integrated healthcare extends this ambition by coordinating services, competencies and decisions around the needs of the patient. Yet many contemporary health challenges cannot be understood or addressed within the boundaries of healthcare alone. Antimicrobial resistance, zoonotic diseases, food safety, environmental degradation and climate-related health risks emerge from complex interactions between human, animal and environmental systems. The One Health approach may therefore represent the next step in the development of interprofessional education. It does not replace person-centred care or collaboration among health professionals. Instead, it expands the team, broadens the system and shifts attention towards prevention and upstream determinants of health. This requires learners to collaborate not only across healthcare professions, but also with veterinary, environmental, technical, social and policy disciplines. One Health should not be introduced merely as another lecture within an already crowded curriculum. Education should instead be organised around authentic, complex problems that require systems thinking, boundary crossing, collaborative decision-making under uncertainty and responsible communication. Case-based learning, interdisciplinary simulation and tabletop exercises can provide opportunities for students to develop these competencies through shared action. The next step is not to move away from the patient. It is to recognise that protecting the patient increasingly requires collaboration far beyond the consultation room.



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MD, PhD, Vice-Rector for Science at the PUMS, is a Polish physician-scientist specializing in histology, oncology, and medical communication. His scientific achievements include over 160 publications, with notable recent works on extracellular vesicles, oral mucosa regeneration, cancer genomics, and molecular diagnostics, reflecting broad expertise in translational and molecular medicine. His research leadership extends to major European health initiatives. Is actively involved in JACARDI, an EU Joint Action aimed at reducing the burden of cardiovascular and metabolic diseases, where PUMS coordinates key work packages supporting workplace health and chronic-disease prevention strategies in several European countries. He also contributes to GAPP-PRO, a joint action harmonizing European standards for assessing and authorizing preparation processes for substances of human origin, strengthening safety and regulatory coherence across EU member states. He plays a significant role in shaping modern medical education at PUMS. His public statements emphasize the importance of aligning curricula with evolving clinical technologies and maintaining high-quality training standards amid expanding student cohorts, including the growing role of simulation and digital tools in communication-rich clinical teaching.

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SESSION II
EDUCATION IN INTEGRATED HEALTHCARE

Culture of interprofessional education in healthcare

Agnieszka Zimmermann

Abstract

Contemporary healthcare systems require not only high levels of profession-specific competence, but also the ability to collaborate, communicate, make decisions together, and share responsibility for patient care. Yet health professionals are still largely educated within separate programmes and professional silos, reinforcing boundaries that may later be difficult to overcome in clinical practice.

This presentation approaches Interprofessional Education (IPE) not as an additional teaching method, but as an integral part of the organisational culture of a health professions university. Particular attention will be paid to systemic barriers: separate national educational standards for individual healthcare professions, the lack of shared learning outcomes related to collaboration, professional silos, and persistent hierarchies. Paradoxically, we expect integrated healthcare from professionals whom we continue to educate separately.

Drawing on experiences from the Medical University of Gdańsk, different approaches to IPE will be presented, including joint education of midwifery and physiotherapy students and interprofessional simulation-based training involving medical and paramedic students. These experiences demonstrate that learning together not only develops communication and teamwork competencies, but also reveals differences in professional preparation, challenges professional stereotypes, and builds mutual respect. The emergency medicine experience is particularly illustrative: working together enabled students to develop a shared language and redefine their understanding of professional roles.

Changing educational culture requires moving from **"learning alongside one another"** to **"learning with, from, and about one another."** IPE should become not an addition to the curriculum, but a natural part of preparing professionals for safe and integrated healthcare.



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SESSION II
EDUCATION IN INTEGRATED HEALTHCARE

Roadmap for strengthening IPE curricula

Danijela Đukić Ćosić

Abstract

Interprofessional education (IPE) is increasingly recognised as an essential component of health professions education, supporting the development of competencies required for effective teamwork and collaborative practice. However, the integration of IPE into health professions curricula remains challenging due to institutional, organisational, pedagogical and resource-related barriers. To address these challenges, a Roadmap for strengthening IPE curricula was developed within the framework of the WhoLeIPE project as a practical strategic framework for the systematic integration and sustainable development of IPE. The aim of this presentation is to present the Roadmap, its key strategic components and the proposed framework for its implementation within health professions education. The Roadmap is structured around the alignment of IPE with competency frameworks, institutionalisation and governance, progressive and innovative teaching and learning approaches, continuous faculty development, systematic assessment and evaluation, interprofessional research and scholarship, and strong clinical and community partnerships. Particular emphasis is placed on the integration of IPE across curricula through approaches such as problem-based and team-based learning, simulation, digital learning, and competency-oriented assessment. The Roadmap proposes a phased implementation process, progressing from planning and pilot activities towards curriculum integration and full institutionalisation of IPE. It also defines indicators for monitoring student and faculty development, institutional integration, partnerships and sustainability. The Roadmap provides a practical and adaptable framework for moving from isolated IPE activities towards a systematic, sustainable and institutionally embedded approach to interprofessional education, ultimately supporting the development of healthcare professionals prepared for collaborative practice and improved healthcare outcomes.



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SESSION II
EDUCATION IN INTEGRATED HEALTHCARE

Game On! Integrated healthcare education

Tanja Fens

Abstract

Healthcare delivery increasingly relies on effective collaboration across professional boundaries, yet opportunities for students to learn and practise interprofessional collaboration in authentic contexts remain limited. The Pharmacy Game offers a practice-oriented approach to interprofessional education (IPE), combining immersive simulation and gamification within an authentic healthcare environment. Within the Pharmacy Game, students assume professional roles and engage in realistic patient and practice scenarios requiring the integration of clinical knowledge, professional judgement, communication, teamwork and patient safety. The combination of simulation and gaming provides a safe environment in which students can experience the responsibilities of their own profession while learning with, from and about other healthcare professionals. Shared problem-solving, feedback and reflection enable students to recognise complementary professional perspectives and develop collaborative approaches to patient care. At the University of Groningen, IPE has been integrated into the Pharmacy Game through collaboration between pharmacy students, medical students and pharmacy technicians. These activities provide opportunities to explore professional roles, clinical reasoning, communication and shared responsibility for patient care. More recently, pharmacy students and nurse practitioner trainees have collaborated on complex medication reviews involving mental health and polypharmacy, integrating pharmacotherapeutic and clinical perspectives to identify medication-related problems and develop patient-centred solutions. Internationally, the Pharmacy Game has been adapted to involve an even broader range of healthcare disciplines, including dietetics and other health professions. These experiences demonstrate the versatility of the Pharmacy Game as an educational tool for IPE. Its combination of authentic professional roles, simulation, gaming and structured reflection creates a flexible environment in which students can practise collaboration rather than simply learn about it. The Pharmacy Game enables learners to play together, solve problems together and learn from each other, preparing them for collaborative, integrated and patient-centred healthcare practice.



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Pharmacist and academic at the University of Groningen, with a background in Regulatory Affairs and a PhD in Pharmacoeconomics. With over 15 years of experience across industry and academia, her work focuses on advancing pharmacy education through innovative, practice-oriented learning. She contributes to the design and implementation of educational models such as the internationally adopted Pharmacy Game, and coordinates a global network of 11 universities using this approach. She also developed the e-module Reducing Pharmaceuticals in Water, integrating sustainability into the pharmacy curriculum. Her work connects education, pharmacoeconomics, and health policy, with a strong emphasis on interactive, collaborative, and sustainability-driven learning.

SESSION II
EDUCATION IN INTEGRATED HEALTHCARE

Mentoring and facilitation as drivers of integrated healthcare education reform

Nadia Kruszyńska, Hanna Drzewiecka, Barbara Grabowska-Fudala, Elwira Litaszewska

Abstract

Background

Contemporary healthcare education requires pedagogical approaches that strengthen collaborative, reflective and relational competencies across entire learning ecosystems. At Poznan University of Medical Sciences (UMP), mentoring practices were traditionally fragmented and role specific, lacking methodological coherence and continuity between cohorts. To address this gap, UMP implemented a structured, facilitated, multi level mentoring model that integrates faculty development, near peer mentoring, and co facilitated student driven initiatives. The model supports academic, social and professional development through partnership, shared responsibility and dialogic learning.

Innovation

The initiative introduces a novel pedagogical structure that reframes mentoring as a facilitated, co created and distributed learning process. Collaboration is operationalised as a competency developed simultaneously across organisational layers:

1. Experts →Teachers: Academic teachers participate in facilitated group processes to develop mentoring and facilitation competencies.
2. Mentors → Students: Teachers support professional identity formation, reflective practice and cooperative skills through structured mentoring.
3. Mentors + Facilitators → Student Community: Joint facilitation enables students to design and implement developmental initiatives for student community, strengthening agency, shared responsibility and community based learning.

This cascading model creates pedagogical continuity, embeds facilitation as a core teaching competency, and offers a scalable structure transferable across programmes and institutions.

Relevance to IPE

The model strengthens key interprofessional competencies by cultivating interdependent roles, dialogic collaboration and shared responsibility across the academic community. Through facilitated group processes, near peer learning and multi level mentoring, participants develop communication, teamwork, reflective practice and relational skills essential for integrated clinical care. The initiative aligns with IPE principles by building collaborative learning cultures and preparing learners for effective participation in interdisciplinary healthcare teams.



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SESSION II
EDUCATION IN INTEGRATED HEALTHCARE

Interprofessional education for collaborative practice: Co-creating interprofessional practice with our healthcare workforce

Lynsey Campbell

Abstract

Guidelines, Standards and Frameworks highlight the role Interprofessional Education (IPE) can play in promoting collaboration in practice (WHO, 2022; CAIPE, 2025; McLaney et al, 2022). Nevertheless, there appears to be a lack of continuity in IPE interventions leading to sustained and integrated collaborative practice (Lindqvist et al, 2025). The risk in assuming that IPE will automatically lead to lasting improvements in collaborative practice, particularly if we ignore barriers or entrenched hierarchies, may prevent lasting collaboration in our actual healthcare environments (Carpenter and Dickinson, 2016; Lindqvist et al, 2025). Moving beyond the evaluation of IPE interventions, we should consider alternative approaches which may allow us to embed interprofessional attitudes into education and build lasting interprofessional relationships which remain integrated into collaborative healthcare practice (Campbell et al, 2024). Co-creation is an active, collaborative process; underpinned by developing trusting relationships, creating opportunities for shared knowledge, responsibility and expertise (Bovill, 2020; Vargas et al, 2022). It has been acknowledged as being one of several key factors in developing institutional IPE frameworks with stakeholders to embed IPE strategies (CAIPE, 2025). Challenges of co-creation include navigating persisting authoritarian and hierarchical behaviours and systems, and resistance to change in the relationship between staff and students (Bovill 2020). Given the similarities in the aims and challenges of co-creation and IPE for collaborative practice, this short presentation will consider how we might use co-creation to help us build meaningful relationships and create IPE activities which lead to sustainable and integrated collaborative practice



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Lynsey joined The University of Edinburgh as a Lecturer in Clinical Education in July 2024. Prior to this, Lynsey worked within the NHS in Scotland for almost 18 years, as an Anaesthesia Associate. Throughout her career, design and development of education has been a key part of her role – promoting opportunities for teams and communities of practice to grow. Lynsey is particularly interested in interprofessional education and collaborative practice and how we might continue supporting colleagues to develop and promote educational opportunities within the healthcare team. Lynsey recently developed and delivered a new 20-credit Postgraduate course – Interprofessional Education for Collaborative Practice – offered within the MSc Clinical Education at Edinburgh Medical School and is currently working towards her PhD.

Day 1 - October 28th

SESSION II
EDUCATION IN INTEGRATED HEALTHCARE

Interprofessional cooperation in postgraduate education

Anna Wiela-Hojeńska, Kamila Urbańczyk

Abstract

Interprofessional collaboration should be a key component of contemporary postgraduate education in healthcare, supporting the development of competencies essential for delivering effective, safe, and patient-centered care. In increasingly complex healthcare systems, collaboration among physicians, pharmacists, nurses, and other healthcare professionals is crucial to improving the quality of clinical practice and patient outcomes. Interprofessional education is understood as an approach in which students or absolvents from two or more healthcare professions learn about, from, and with one another to foster collaboration and improve health outcomes. For many years, the education of physicians, pharmacists, and nurses in Poland took place within largely separate educational systems, with limited opportunities for interdisciplinary interaction. However, the rapid development of pharmaceutical care, the implementation of the Act on the Profession of Pharmacist, and the introduction of new educational standards in pharmacy programs are bringing about significant changes in the education of both future healthcare professionals and practicing pharmacists. Examples include postgraduate courses organized by the Medical Center for Postgraduate Education in Warsaw, focusing on topics such as the administration of preventive vaccinations and the performance of diagnostic tests by pharmacists. These programs are based on standards developed jointly by physicians and pharmacists, helping to harmonize practical competencies and promote a consistent approach to patient care. Despite progress, implementing comprehensive interprofessional education remains challenging. Strengthening interprofessional cooperation in postgraduate education is therefore essential to fostering a culture of collaboration, improving communication among healthcare professionals, and ensuring the delivery of coordinated, high-quality, patient-centered care.



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Clinical pharmacist, academic teacher, and President of the Polish Society of Clinical Pharmacy. She graduated from the Faculty of Pharmacy at the Wroclaw Medical University and completed a specialization in clinical pharmacy at Queen's University Belfast. She works as a clinical pharmacist at the Regional Specialist Hospital in Wrocław and serves as an assistant at the Department of Clinical Pharmacology at Wroclaw Medical University. Her professional interests focus on clinical pharmacy services, pharmacotherapy safety, and interdisciplinary patient care. Kamila Urbańczyk completed professional internships in Slovenia, France, Northern Ireland, and Sweden, gaining international experience in clinical pharmacy practice. She combines clinical work with academic and organizational activities, contributing to the development of clinical pharmacy education and practice in Poland and Europe. She is also involved in the European Society of Clinical Pharmacy.

Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

Professional and personal skills for integrated care

Milena Santric Milićević

Abstract

Contemporary health care systems face increasingly complex population health needs, demanding a transition from fragmented acute care to unified, integrated healthcare delivery models. True systemic integration depends on cross-sector coordination and alignment among targeted education outcomes, continuous training, and specialized competence development for robust interprofessional collaboration. Successful integrated healthcare relies explicitly on mastering core interprofessional collaboration competencies, including interprofessional communication (cultivating timely, transparent information exchange and dedicated shared-care platforms), teamwork & role clarification (building absolute transparency regarding duties and boundaries), participatory leadership & conflict resolution: (deploying skilled, collaborative interventions and shared decision-making frameworks across complex patient transitions), and digital literacy (to leverage interoperable health records and mobile tools for joint care planning). Ultimately, blending professional and personal skills for a holistic, patient-centered approach can help mitigate health care system challenges (e.g., provider burnout and inefficiency), and boost overall population health outcomes.



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Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

Team-based approaches to improving patient outcomes

Maciej Stawny

Abstract

Interprofessional collaboration is essential to delivering coordinated, patient-centered care, particularly when treatment requires the integration of complex clinical, pharmaceutical, and nursing interventions. This lecture will explore the role of interdisciplinary hospital teams, using the nutrition support team as a practical example of shared responsibility and coordinated decision-making across hospital and home settings. Parenteral nutrition requires close cooperation among physicians, pharmacists, nurses, and dietitians, with patients and caregivers actively involved in the care process. The lecture will examine how these complementary roles contribute to nutritional assessment, individualized treatment planning, preparation and administration of parenteral nutrition, and monitoring of treatment effectiveness and complications. Particular attention will be given to the pharmacist's contribution to the team, including prescription review, assessment of admixture stability and compatibility, oversight of aseptic preparation, identification of interactions between medicines and nutritional therapy, and support for the safe use of complex medication regimens. The transition from hospital to home parenteral nutrition will illustrate why effective teamwork must extend beyond organizational boundaries. Shared care plans, clear communication, patient and caregiver education, and coordination between hospital specialists and home care providers are central to maintaining continuity and responding promptly to emerging problems. The lecture will also consider how interprofessional education can strengthen understanding of professional roles, facilitate communication, and prepare healthcare professionals for collaborative practice. By presenting parenteral nutrition as a model of integrated care, it will highlight how specialist expertise can be translated into coordinated action, with the aim of preventing avoidable harm, supporting treatment effectiveness, and improving patients' quality of life.



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Professor at Poznań University of Medical Sciences, is a specialist in hospital pharmacy and pharmaceutical analysis. Since the beginning of his professional career, he has been associated with hospital pharmacy practice and clinical pharmacy, and he currently heads the Hospital Pharmacy Laboratory, combining scientific, educational, and implementation activities aimed at improving the quality and safety of pharmacotherapy in hospital care. He also serves as the Vice-Dean of the Faculty of Pharmacy at Poznań University of Medical Sciences and as the National Consultant in the field of hospital pharmacy.

Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

Psychological capacities supporting interprofessional collaboration in healthcare: insights from clinical psychology

Emilia Soroko

Abstract

Interprofessional collaboration in healthcare is often discussed in terms of communication tools, role clarification, and organizational coordination. While these elements are essential, collaboration in everyday clinical practice is also shaped by psychological processes emerging in interactions between patients and healthcare professionals. This presentation offers a clinical psychology perspective on interprofessional collaboration, focusing on psychological capacities that support working together in emotionally demanding situations. Drawing on insights from clinical psychology and psychotherapy research, the talk highlights capacities such as emotion regulation, the ability to understand others' perspectives (mentalization, metacognition), tolerance of uncertainty, interpersonal competence, and a stable sense of professional identity and role awareness. These capacities influence not only how professionals engage with patients but also how they collaborate within teams and respond to challenging encounters. Recognizing the psychological dimensions of collaboration may help healthcare teams better understand relational dynamics and maintain constructive cooperation in complex care environments.



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PhD, an Associate Professor at Adam Mickiewicz University in Poznań, Poland, where she serves as Head of the Department of Health and Clinical Psychology and leads the Qualitative and Mixed Methods in Clinical Psychology Research Lab (QMMCLAB). In 2023–2024, she was awarded the Fulbright Senior Award to conduct research at Fordham University in New York on dimensional models of personality disorder assessment. Her scholarly work focuses on personality pathology, clinical assessment across descriptive and explanatory frameworks, and the interface between clinical and narrative psychology. She integrates quantitative and qualitative methodologies, with particular expertise in autobiographical narrative research and mixed-methods approaches to psychopathology and psychotherapy.

Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

Strengthening diagnostic practice through interprofessional collaboration

Stanisław Przewoźny

Abstract

Who is a laboratory diagnostician? This professional is more than merely an individual employed in a medical diagnostic laboratory; they are a valuable member of the interdisciplinary healthcare team. Their scope of competence encompasses both specimen collection and the management of specimen-related issues. To perform their duties correctly, they often require a detailed medical history and consultation with ward staff. A laboratory diagnostician possesses expertise not only in the accurate performance of laboratory tests and the reporting of results. Their knowledge of pathophysiology, disease etiology, and the limitations of analytical methods can also have a substantial impact on therapeutic decision-making. The contribution of the laboratory diagnostician's expertise to a multidisciplinary healthcare team facilitates the practical implementation of the principle: "We treat the patient, not the test results."



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Laboratory diagnostician affiliated with the Department of Immunobiology at Poznan University of Medical Sciences. He is involved in academic, research, and simulation-based educational activities in the fields of immunobiology and laboratory medicine, supporting interdisciplinary healthcare education for medical and healthcare students. His scientific interests include oncology, immunohistochemistry, inflammatory processes, and laboratory diagnostics. He has co-authored several scientific publications related to cancer biomarkers, maternal health, and clinical diagnostics. During his studies, he was also actively engaged in student scientific organizations connected with laboratory medicine.

Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

The power of "We": Unlocking team potential

Katarzyna Naylor

Abstract

Safe emergency and inpatient care depends on professions that understand each other's roles, rules and priorities, yet these are rarely learned together. This session discusses interprofessional education (IPE) as a practical answer to that gap, using published evidence to examine solutions that have already been implemented. We open with an anonymised case from an emergency department: after exposure to meningococci, all staff requested antibiotics, the hospital pharmacy required each person to be registered as a patient, and the department's work broke down. Together with the audience we ask what was missing and what IPE could have changed. We then review implemented formats: high-fidelity simulation with debriefing, standardised patients, small-group and work-integrated learning, case-based learning and a large-scale interprofessional simulation. Short films from the Medical University of Lublin illustrate training in practice. Evidence is presented with its limits: a meta-analysis reported an effect size of 1.37 (95% CI 0.92–1.82), but the overall certainty of evidence has been rated very low; assessment was built into the design of only 7 of 65 studies of clinical IPE, none of which evaluated behaviour in practice; and evidence comes almost exclusively from developed countries. Barriers are mostly cultural (hierarchy, stereotypes), while facilitators lie largely in curriculum and process design.



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MD, Professor is Vice-Dean of the Faculty of Health Sciences at the Medical University of Lublin, Head of the Department of Emergency Medical Services, and Coordinator of the Clinical Emergency Department at University Clinical Hospital No. 4 in Lublin. She specializes in emergency medicine, with a strong focus on clinical excellence and professional education. Prof. Naylor coordinates the Emergency Medical Services program and is actively involved in curriculum development, simulation-based training, and interprofessional education. Her research on acute and critical conditions has been presented internationally, including at the European Resuscitation Council Congress (2023). She holds certifications in ALS, ITLS, and medical simulation instruction, and completed a Master's in Clinical Education at the University of Edinburgh (UK).

Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

Challenges and future directions for interprofessional collaboration

Mateusz Szamałek

Abstract

Interprofessional collaboration is increasingly recognised as an essential element of effective, coordinated, and person-centred healthcare. In Poland, professional self-governments representing professions of public trust play an important role not only in safeguarding professional standards and ethics, but also in creating opportunities for cooperation across professional boundaries.

Key challenges include limited communication between professional groups, insufficient understanding of one another's roles and competencies, and the need for stronger mechanisms supporting joint action. Greater cooperation between self-governments may create opportunities for shared initiatives in education, prevention, public health, professional development, and health policy.

Professional self-governments can serve as important platforms for dialogue, partnership, and the exchange of experience between different professions. Sustainable interprofessional cooperation requires mutual trust, shared responsibility, regular communication, and structures that support collaboration beyond the interests of individual professional groups.

Strengthening cooperation between self-governments may contribute to better use of professional competencies, greater integration of healthcare professions, and improved quality and continuity of care for patients and society.



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Graduated in Pharmacy from Poznan University of Medical Sciences in 2008 and completed postgraduate studies in Logistics and Supply Chain Management at Poznań University of Economics and Business. Over his 18-year career, he has worked across multiple areas of the pharmaceutical sector, including community pharmacy, academic research, pharmaceutical distribution, regulation, reimbursement, and professional affairs. He has been actively involved in pharmaceutical organizations and professional self-government, serving as Secretary and later President of the Wielkopolska Regional Pharmaceutical Chamber, and as a member of the Presidium of the Polish Pharmaceutical Chamber. Since 2018, he has also served on the board of the Association for Good Regulatory Practice. He is committed to integrating the pharmacist community through workshops, lectures, student meetings, and publications in professional journals such as Farmacja Wielkopolska.

Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

Improving patient adherence through integrated healthcare teams

Anna Szyndler

Abstract

Effective hypertension management requires more than appropriate prescribing. It depends on integrated care in which physicians, nurses, pharmacists, and other healthcare professionals work together to support patients throughout the treatment pathway. This is particularly important in Poland, where blood pressure control remains suboptimal and poor adherence, therapeutic inertia, and insufficient implementation of current hypertension guidelines remain important barriers to successful treatment. Multidisciplinary care can improve blood pressure control by combining complementary skills and responsibilities. Evidence from the scientific literature consistently supports the effectiveness of team-based interventions involving physicians, nurses, and pharmacists in hypertension management. In such settings, the responsibility for diagnosis, treatment initiation, intensification, education, regular monitoring, as well as promoting adherence and identifying problems with medication use is shared among the health team members. Close communication between these professionals can help identify barriers earlier and ensure consistent therapeutic messages. Treatment simplification is another important element of integrated care. Wider use of single-pill combinations can reduce treatment complexity and support adherence, while coordinated education helps patients better understand treatment goals and the importance of long-term therapy. Several initiatives aim to strengthen this integrated approach in Poland. Among them, "Mission 50/30. Blood Pressure Under Control" promotes healthcare professional education, dissemination of current guidelines, improved adherence, and reduced therapeutic inertia. By integrating these efforts across healthcare professions, such initiatives can support coordinated, patient-centred care and contribute to better long-term blood pressure control.



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Specialist in internal medicine and hypertension, affiliated with Medical University of Gdańsk and the University Clinical Center in Gdańsk. She graduated from the Faculty of Medicine of the Medical University of Gdańsk and obtained her PhD in the field of arterial hypertension. Her clinical and research interests focus on primary and secondary hypertension, hypertension in pregnancy, cardiovascular diseases, and hypertension associated with chronic conditions such as diabetes and kidney disease. She is also experienced in the interpretation of ambulatory blood pressure monitoring. Dr Szyndler combines clinical practice with scientific activity and has co-authored numerous publications related to hypertension and cardiovascular medicine. She is actively involved in patient education and cardiovascular prevention initiatives.

Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

Who owns patient care? Redefining roles in interprofessional teams

Kaytlin Krutsch

Abstract

Research is usually judged on whether it is rigorous. It is less often judged on how difficult it is to move to practice. The InfantRisk Center exists because of that gap. At best, well-designed pharmacokinetic studies of drugs in human milk produced results that clinicians could not translate into a recommendation and that mothers could not translate into a decision. At worst, there is no data, and few people comfortable making recommendations. This talk argues that interprofessional collaboration is not only a model for delivering care but a method for making research worth delivering. When pharmacologists, physicians, midwives, lactation consultants, and patients are involved from the start, they change the work at every stage. They decide which questions are worth asking, because they know how decisions are being made at the bedside. They define what a successful result looks like, because "statistically significant" and "changes decision making" are not the same thing. And they shape how findings are communicated, because a result that lands in a journal but not in a clinic has not finished its job. Drawing on the InfantRisk Center's experience building an interdisciplinary team around a single practical question (can this mother take this drug and safely keep breastfeeding), I will describe how each profession's role in the research process protects against irrelevance, and how redefining who owns the question changes what gets studied, how results are interpreted, and whether they reach the people who need them.



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PhD, PharmD, MBA, BCPS, is a mother, researcher, and professor, and Director of the InfantRisk Center at TTUHSC. Her research focuses on medication transfer into breastmilk and getting this information into practice. Kaytlin believes mothers deserve more: better answers to their medication questions, healthcare experiences that foster respect, and encouragement that their health is equally as important as their child's. She is the Dr. Krutsch has authored 6 book chapters, 32 peer-reviewed articles, and co-authors Hale's Medications and Mothers' Milk with her mentor, Dr. Tom Hale, now in it's 21st edition.

Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

Safe food for human health and the planet – the Green REV Institute's perspective on cross-professional collaboration

Anna Spurek

Abstract

Food constitutes one of the most significant yet underestimated determinants of human health. Dietary patterns are shaped not solely by individual choices and nutritional knowledge, but to a considerable extent by public policy, education systems, food environments, economic conditions, environmental pressures, and access to reliable information. Addressing these interconnected determinants requires healthcare professionals to extend their engagement beyond the boundaries of their own disciplines and to collaborate with a broader ecosystem of expertise. This presentation examines the Green REV Institute's five-year advocacy initiative on school food transformation as a case study in cross-professional collaboration. The development and implementation of nutritional standards for collective catering in schools and kindergartens necessitated cooperation among physicians, nurses, dietitians, public health and mental health experts, environmental scientists, legal and children's rights specialists, educators, parents, local authorities, civil society organisations, and public institutions, including the Ombudsman for Human Rights, the Ombudsman for Children, and the Supreme Audit Office. This case demonstrates that systemic health interventions cannot be achieved through a single area of expertise; rather, they require the capacity to communicate across professional cultures, reconcile divergent priorities, and establish unexpected alliances. A recurring obstacle throughout this process was health- and food-related misinformation, which undermined public trust and complicated policy implementation. This experience underscores the potential role of medical universities as trusted public institutions in strengthening evidence-based public communication and societal resilience to misinformation. The presentation aims to demonstrate, through this empirical example, how cross-sectoral collaboration can be translated into concrete and sustainable public health policy.



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Member of the Founding Board and CEO of Green REV Institute, graduate of the Krakow University of Economics, Warsaw School of Economics, and the Democracy & Diversity program at The New School. She is an experienced trainer, lecturer, and expert in initiatives focused on mobilization, education, and social change. She worked in the first project team for the European Regional Development Fund, advised at the European Social Fund Regional Training Centre, and developed business and commercial partnerships. She has been involved in the non-governmental sector since 2001. She is also a feminist and vegan activist.

Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

Care that holds: Towards an integrated approach to perinatal deaths

Tosin Popoola

Abstract

Globally, almost two million babies are stillborn every year, and 2.3 million die in their first month of life. Since not every perinatal death can be prevented, no health system is immune. This means the quality of care that follows matters in every setting. However, quality bereavement care is not always what families receive. Evidence suggests that as families move through diagnosis, birth, investigation, discharge, and any subsequent pregnancy, they meet many different healthcare professionals, often retelling their story of loss, receiving inconsistent information, leaving hospital without a follow-up plan, and waiting for results that are left unexplained. Without integrated care, families facing perinatal death experience fragmented care, which not only worsens their experience but may also contribute to poorer outcomes. In this presentation, I draw on international evidence and my experience of conducting research on perinatal death to outline the role of integrated healthcare in high-quality bereavement care. I also discuss a framework of "care that holds", in which interprofessional teams hold the family through respectful, culturally safe care; hold the story through shared records and consistent communication; hold the team through clear roles, debriefing, and peer support; and hold the future through planned follow-up. I conclude with practical steps, such as named key workers, connected systems, and interprofessional education, that can help translate existing perinatal care standards into integrated care.



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Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

Is interprofessional collaboration worthwhile? Insights from a PhD Candidates

Julia Liwarska, Aleksandra Bratborska

Abstract

Doctoral study marks an important transition from structured learning to independent academic and professional practice. During this period, early-career researchers and educators must balance the highly specialized demands of their fields with the increasing need to work across disciplinary and professional boundaries. This raises a central question: is interprofessional collaboration genuinely worthwhile for PhD candidates? Although Interprofessional Education is increasingly incorporated into undergraduate curricula, doctoral training often reveals the practical challenges of collaboration across professional boundaries. Academic, research, and clinical environments continue to be shaped by disciplinary structures, different forms of expertise, and competing priorities. From the perspective of PhD candidates, the everyday realities of interprofessional teamwork involve challenges related to communication across disciplines, the alignment of professional goals, and the development of shared expectations among collaborators. At the same time, the integration of diverse perspectives can strengthen research, education, and clinical practice by encouraging a broader understanding of complex problems. Drawing on our experiences as PhD candidates, we argue that participation in interprofessional collaboration during doctoral training should not be regarded merely as an additional academic activity. Rather, it is an important element in preparing future researchers, educators, practitioners, and leaders. Developing a more integrated approach to healthcare requires professional boundaries to be addressed early in academic careers. PhD candidates therefore need meaningful opportunities to develop the communication, negotiation, and leadership skills required to participate in and lead complex interdisciplinary teams. These competencies are essential for connecting specialized expertise with holistic, patient-centred care.



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A licensed pharmacist and a doctoral student at the PUMS Faculty of Pharmacy, her scientific research focuses heavily on interprofessional education (IPE), active learning strategies in pharmacy, and assessing students' self-efficacy. She is deeply engaged in academic and student life, serving as the Secretary of the Doctoral Students' Council and educating the next generation of pharmacists. Furthermore, she actively contributes to the professional community as a member of the Young Pharmacists Committee within the Greater Poland Regional Pharmacy Chamber.



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A medical doctor, endocrinology resident, and PhD student at Poznan University of Medical Sciences (PUMS), her scientific research focuses on thyroid cancer, particularly the identification of novel diagnostic and prognostic biomarkers. She is actively involved in clinical practice, scientific research, and medical education, teaching students across various healthcare disciplines.
Beyond her clinical and research responsibilities, she is deeply engaged in academic leadership and the representation of young researchers. She serves as Chair of the Doctorate Candidates Association and is a member of the University Senate at PUMS, actively contributing to the academic community's development and advocating for doctoral students.
Drawing on her experience as a clinician, researcher, and academic leader, she recognizes the importance of interdisciplinary cooperation in healthcare and scientific advancement.

Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

Shaping the future: student perspectives on integrated healthcare education

Dobrosława Wiśniewska, Patrycja Bartczak, Jakub Wilk

Abstract

Interprofessionalism is an approach that brings together professionals from various medical fields with the aim of providing centralized, patient-focused care. Therefore, identifying effective ways to engage students in interprofessional approaches to solving healthcare-related problems is a key consideration. In recent years, communication skills and medical cooperation have been recognized as vital elements of medical student's training. Medical students at Poznan University of Medical Studies participate in structured collaborative learning, where they are able to get to know one another, share their unique perspectives and approach problems together as a team. An example of student participation in multidisciplinary projects is the interuniversity "Mind Challenge" competition, in which students from different fields, including medicine, information technology and economics, are presented with an interdisciplinary task that requires them to work collaboratively and integrate different professional perspectives. Another example is pharmacy students' involvement in the "New Medicine Service". This consultation has important educational value for patients, as it helps them better understand the purpose of newly prescribed medicines, their correct use, expected benefits and potential concerns related to treatment. At the same time, it provides pharmacy students with an opportunity to develop communication and counselling skills, while also highlighting the importance of interprofessional collaboration. Synergic approach and interprofessional care should be considered an inherent part of the future medical practitioners. Although cooperation among different professionals may seem challenging at first, even at the early stages of professional development, such engagement can help reduce uncertainties and misunderstandings between members of different healthcare professions.



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Dobrosława Wiśniewska is a fifth-year Pharmacy student at Poznan University of Medical Sciences. She actively engages in academic governance and student organizations, including the Polish Pharmaceutical Students' Association. She currently serves as President of two student scientific societies, collaborating across laboratory research initiatives and social pharmacy projects. Her contributions have earned top honors at national and international forums. Notably, she awarded first place at the 24th Zentiva International Student's Scientific Conference for her presentation on the pivotal role of pharmacists in clinical consultations under the New Medicine Service. Beyond her personal research, she has co-organized academic conferences aimed at introducing clinical pharmacy to emerging healthcare professionals and promoting pharmacy among secondary school students. Driven by a strong interest in oncology and novel gene therapy approaches, she is dedicated to advancing patient-centered care. She strongly advocates for interprofessional collaboration across medical disciplines as an essential component of achieving optimal therapeutic outcomes.



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She is a sixth-year medical student at Poznan University of Medical Sciences and a member of the Dermatology and Aesthetic Dermatology Student Research Group. She was a laureate of the interuniversity Mind Challenge competition, where, together with her team, she developed an application aimed at supporting parents and physicians in monitoring a child's disease. Her academic interests include dermatology, aesthetic dermatology, psychology, and personality disorders, with a particular interest in innovative and patient-centered approaches to healthcare.



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A medical intern who recently graduated from Poznan University of Medical Studies. His scientific interests include internal medicine, as well as pediatric oncology and hematology. He has presented his research at international and Polish student scientific conferences. He was also a member of a multidisciplinary team of students from various fields that won first place in the interuniversity "Mind Challenge" competition.

Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

The patient voice: unlocking the value of interprofessional care

Anna Piłat-Bredow

Abstract

Healthcare is more than a series of consultations, procedures, and individual professional decisions. For patients, it is a continuous journey involving different healthcare professionals, often across multiple settings. From this perspective, the value of interprofessional care lies not only in the expertise of individual professionals but also in their ability to communicate, coordinate their actions, and work together towards a common goal: the best possible care for the patient. Effective collaboration between physicians, nurses, pharmacists, physiotherapists, psychologists, and other healthcare professionals can make care more coherent, safer, and more responsive to individual needs. When professionals share information and understand their complementary roles, patients are more likely to feel that their health is being considered as a whole rather than addressed through separate and disconnected interactions. Conversely, fragmented communication and poor coordination may contribute to uncertainty, confusion, and a sense that patients must navigate and connect different aspects of their own care.
Interprofessional collaboration is therefore a fundamental element of patient-centred healthcare. Ultimately, effective interprofessional practice should be reflected not only in professional processes but also in outcomes that matter to patients: being heard, informed, involved, and cared for as a whole person.



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Day 2 - October 29th

SESSION III
BUILDING BRIDGES IN HEALTHCARE

Oral health as a key component of integrated care

Kacper Nijakowski

Abstract

Oral health is an integral component of general health and well-being, yet dental care often remains separated from other areas of healthcare. Growing evidence of bidirectional relationships between oral and systemic conditions highlights the need to move beyond this traditional separation and incorporate oral health into integrated, patient-centred models of care. Periodontal disease, dental caries, oral infections, and other oral conditions share common risk factors with major non-communicable diseases and may coexist with or influence the course of cardiovascular, metabolic, endocrine, and inflammatory disorders. Conversely, systemic diseases and their treatment can significantly affect the oral environment and modify patients' dental needs.

An integrated approach, therefore, requires closer collaboration between dental professionals, physicians, and other healthcare providers throughout prevention, diagnosis, treatment, and long-term follow-up. The oral cavity may also provide valuable information about systemic health, while saliva represents a particularly promising, non-invasive biological medium for assessing biomarkers associated with local and systemic processes. At the same time, integration should extend beyond diagnostics to include shared prevention strategies that address modifiable risk factors and the coordinated management of patients with chronic diseases.

This presentation will discuss oral health as an essential element of integrated healthcare, focusing on oral–systemic interrelationships, opportunities offered by salivary diagnostics, and the role of interdisciplinary collaboration. Strengthening the position of oral health within general healthcare may support earlier risk identification, more comprehensive prevention, and more personalised and coordinated patient care.



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Head of the Department of Conservative Dentistry at the Poznan University of Medical Sciences. A specialist in conservative dentistry with endodontics, associated with the University Centre of Dentistry and Specialist Medicine in Poznan, Poland. A graduate of postgraduate studies in medical law and bioethics, research methodology and biostatistics, and management in healthcare. Supervisor of dental volunteering at the Holy Spirit Clinic in Maggotty, Jamaica. Member of the research team in the Twins.pl project. Author of numerous scientific publications and conference papers in the fields of dentistry, salivary diagnostics, and interdisciplinary links between oral health and overall systemic health.

Workshop Facilitators



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Head of the Pharmacy Practice and Pharmaceutical Care Division at the Department of Pharmaceutical Technology, Poznan University of Medical Sciences. She is the initiator of the pioneering pharmaceutical care consultation room in Poland providing the New Medicine Service. Co-organizer of the Virtual Pharmacy and the Pharmaceutical Simulation Center. Actively combines scientific work with professional practice, focusing on the implementation of professional pharmaceutical counseling and pharmaceutical care in Poland. She conducts original training sessions and workshops for pharmacists and leads scientific projects on holistic patient care, particularly in the context of interprofessional collaboration. Author of numerous publications and speaker at many national and international conferences. She is a member of the Team for the Standardization of Pharmaceutical Care at Supreme Chamber of Pharmacy and a member of the Pharmaceutical Care and Promotion of Pharmacists Committee of the Greater Poland Regional Pharmaceutical Chamber. Head and co-author of the postgraduate program "Professional Counseling and Pharmaceutical Care in Community Pharmacy." Founder and Head of the Pharmacy Simulation Section of the Polish Society for Medical Simulation.



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Associate Professor at the Medical University of Lodz, Poland, affiliated with the Department of Biopharmacy, Faculty of Pharmacy. She is a clinical pharmacist, researcher, and academic teacher with extensive experience in pharmaceutical sciences and evidence-based medicine. Her scientific interests focus on clinical pharmacy, pharmaceutical care, pulmonary hypertension, cardiovascular pharmacology, medication adherence, and the application of biostatistics in biomedical research. She is actively involved in research on pharmacist-led healthcare services, patient education, and the optimization of pharmacotherapy. She has participated in numerous national and international scientific projects and is the author and co-author of many publications in the fields of pharmaceutical and biomedical sciences.

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Pharmacist, healthcare educator, and medical communication expert who currently serves as Director of the Office of the Chief Pharmaceutical Inspector at the Polish Chief Pharmaceutical Inspectorate. She is a specialist in community pharmacy and is pursuing further specialist training in clinical pharmacy. She has extensive experience in pharmaceutical care, patient education, and healthcare communication, and previously served as Editor-in-Chief of Aptekarz Polski, the journal of the Supreme Pharmaceutical Chamber. She is a certified motivational interviewing trainer and plain language expert, actively involved in developing standards for pharmaceutical care and advanced pharmacy services in Poland. Her professional interests include interprofessional collaboration, women's health, health literacy, patient-centred care, and combating health misinformation. She has contributed to national guidelines on pharmacy-based emergency contraception services and regularly participates in professional education initiatives, expert discussions, and international events promoting the evolving role of pharmacists in healthcare.



Angelika Karasińska, MSc

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She is a clinical dietitian and psychodietitian with a Master's degree in Clinical Dietetics and a Bachelor's degree in Dietetics, specialising in Psychodietetics. Her professional approach combines evidence-based nutrition with behavioural and psychological strategies, including motivational interviewing, mindfulness and intuitive eating, to support sustainable dietary changes. She has gained clinical experience at the Central Clinical Hospital of the Medical University of Lodz and in medical nutrition services. Her main areas of expertise include emotional eating, eating disorders, weight management, gastrointestinal conditions and nutritional support for neurodivergent individuals, including those with ADHD and autism spectrum conditions. As a member of the Polish Dietetic Association, she is committed to continuous professional development and the delivery of individualised, evidence-based nutritional care aimed at improving long-term health outcomes and quality of life.

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Emergency medicine physician, paramedic, medical educator, and assistant professor at the Department of Medical Rescue at Poznan University of Medical Sciences, Poland. His academic and clinical work focuses on emergency medicine, prehospital care, cardiopulmonary resuscitation (CPR), extracorporeal cardiopulmonary resuscitation (ECPR), and high-fidelity medical simulation. He completed studies in paramedic science, public health, and medicine, and also obtained postgraduate training in Crisis Resource Management. He is actively involved in interprofessional and simulation-based education, promoting innovative teaching methods in healthcare training. Member of the Polish and European Societies of Emergency Medicine and has authored and co-authored numerous scientific publications related to resuscitation quality, emergency department efficiency, workplace safety in emergency services, COVID-19 emergency care, and modern emergency medicine strategies



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Clinical pharmacist and researcher specializing in medication safety during lactation. A pharmacist since 2011, she runs the Laktaceuta consultation practice for breastfeeding mothers (laktaceuta.pl) and works independently of the pharmaceutical industry. She is an assistant researcher and lecturer at the Department of Clinical Pharmacy and Biopharmacy, Poznan University of Medical Sciences, and a PhD candidate studying pharmaceutical consultations in lactating patients. Her research covers drug transfer into human milk, pharmacoepidemiology and pharmaceutical care. She developed MILC-APIC, a structured pharmaceutical-care tool for lactation consultations, which is published, undergoing content-validity testing, and available as a bilingual website (milc-apic.ump.edu.pl). She also trains healthcare professionals.

Assoc. Prof. Patrycja Marciniak-Stępak **biography on p. 28**
Poznan University of Medical Sciences (Poland)

Assist. Prof. Łucja Zielińska-Tomczak **biography on p. 29**
Poznan University of Medical Sciences (Poland)

Assoc. Prof. Janusz Janczukowicz **biography on p. 17**
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Beyond the Abstracts: A Space for Reflection

When research meets artistic expression

Looking beyond the obvious: visual arts as a tool for observation, reflection, and dialogue in health professions education

Paulina Anna Misiak

Background and Aim

Alongside clinical knowledge and technical skills, health professions education increasingly emphasises competencies such as careful observation, reflection, communication, and patient centred attitudes. Visual arts-based approaches can support the development of these competencies by creating opportunities to observe, interpret, and discuss complex human experiences.

This visual intervention presents the original artworks created and used as the central educational material in an arts-based workshop developed as part of a doctoral research project. It demonstrates how original visual art can function as a stimulus for observation, interpretation, reflection, and dialogue among health professions students.

Visual Intervention: Original Artworks as a Space for Silent Reflection

The display consists of thirteen original artworks: one central oil painting and twelve Assemblages. All works were created by the author specifically for the educational intervention. Combining miniature human figures with authentic pharmaceutical materials, the figurative works address experiences of illness and treatment through the concept of *Dosis facit venenum*.

At the conference, the artworks are presented as a space for silent reflection. Participants encounter the original objects rather than photographic or digital reproductions, allowing attention not only to their imagery but also to their materiality, scale, spatial presence, and physical details.

Educational and Research Context

The exhibited works were used as part of a workshop developed and evaluated within a doctoral dissertation project at Poznań University of Medical Sciences under the academic supervision of Prof. Marek Simon and Assoc. Prof. Magdalena Waszyk-Nowaczyk. The workshop involved medical and pharmacy students and used Visual Thinking Strategies (VTS) based directly on original artworks. A pre–post evaluation demonstrated statistically significant improvement in selected dimensions of visual observation and interpretation following participation in the workshop.

Contribution

The visual intervention brings the original artistic material from completed educational project into the context of a health professions education conference. It allows conference participants to encounter the same works that were used in the educational intervention. The visual display therefore offers an opportunity for individual observation and reflection, while presenting the original artistic material used in the educational intervention.

Beyond the Abstracts: A Space for Reflection

When research meets artistic expression

Looking beyond the obvious: visual arts as a tool for observation, reflection, and dialogue in health professions education



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She completed her Master of Science in Pharmacy and Doctorate at Poznan University of Medical Sciences, and holds a Master of Arts (MA in Art Education / Fine Arts) from the University of the Arts Poznan. With a professional background in pharmaceutical sciences and visual arts, her research interests center on the application of visual art in health professions education. Her doctoral research explored how art-based workshops can support clinical observational skills, reflection, and patient centered awareness among medical and pharmacy students.

Visual Catalogue of Artworks
Original works

1. **“Very Elegant Man”** (MediCALL IN Series)

Dimensions: 13 × 13 cm • Year: 2020 • Technique: Assemblage



2. **“Thinkers”** (MediCALL IN Series)

Dimensions: 13 × 13 cm • Year: 2020 • Technique: Assemblage



3. **“The Birth of Venus”** (MediCALL IN Series)

Dimensions: 13 × 13 cm • Year: 2020 • Technique: Assemblage



4. **“The Observatory”** (MediCALL IN Series)

Dimensions: 13 × 13 cm • Year: 2020 • Technique: Assemblage



5. **“Cooperation”** (MediCALL IN Series)

Dimensions: 13 × 13 cm • Year: 2020 • Technique: Assemblage



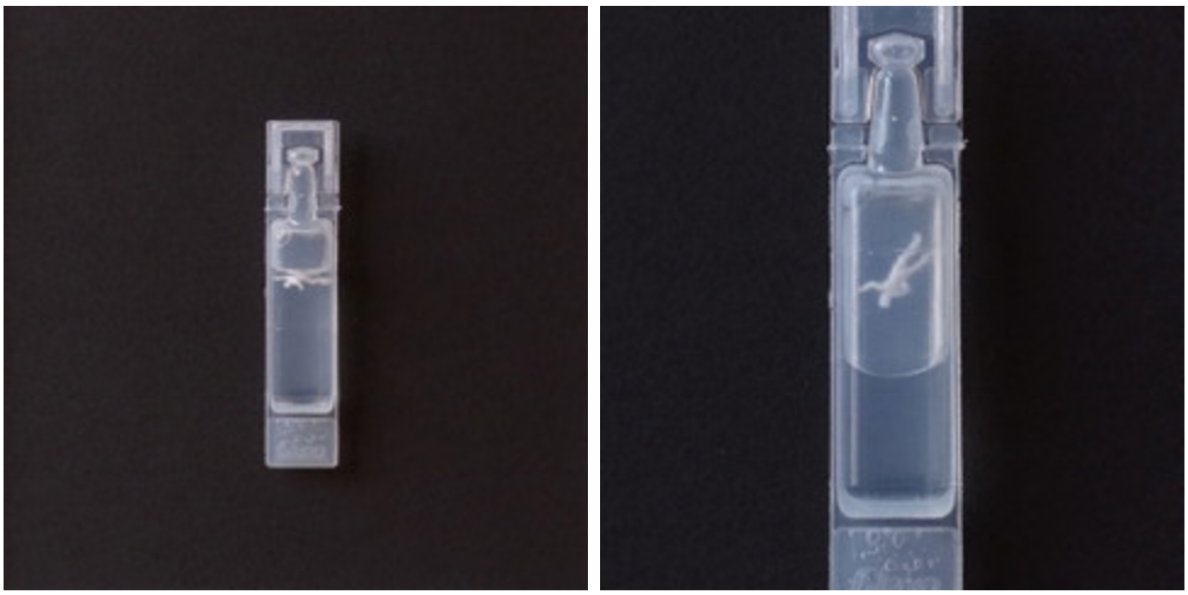
6. **“In the Garden”** (MediCALL IN Series)

Dimensions: 13 × 13 cm • Year: 2020 • Technique: Assemblage



7. **“Hit - Sunk”** (MediCALL IN Series)

Dimensions: 13 × 13 cm • Year: 2020 • Technique: Assemblage



8. **“I Am Human, but What Is Human Is Sometimes Alien to Me”**

Dimensions: 13 × 13 cm • Year: 2020 • Technique: Assemblage (MediCALL IN Series)



9. **“ContamiNATION”** (MediCALL IN Series)

Dimensions: 13 × 13 cm • Year: 2020 • Technique: Assemblage



10. **“Balance”** (MediCALL IN Series)

Dimensions: 13 × 13 cm • Year: 2020 • Technique: Assemblage



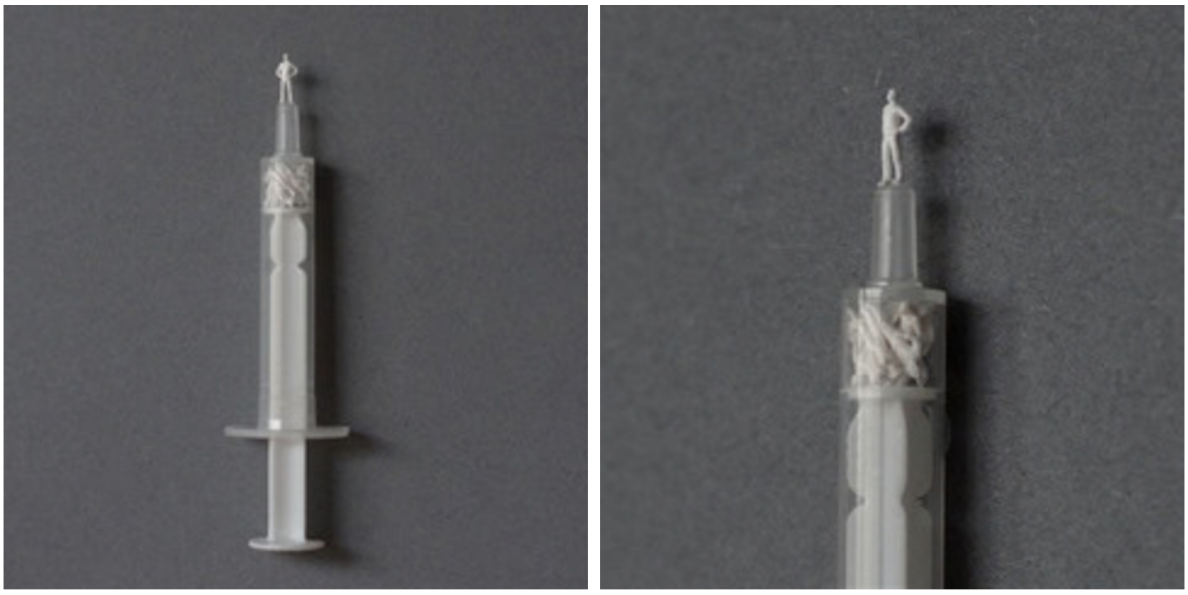
11. **“Next!”** (MediCALL IN Series)

Dimensions: 13 × 13 cm • Year: 2020 • Technique: Assemblage



12. **“Is Anyone Here Under Pressure?”** (MediCALL IN Series)

Dimensions: 13 × 13 cm • Year: 2020 • Technique: Assemblage



Central Oil Painting
Central Thematic Anchor for the Reflection Space

13. **“Diagnose”**

Series: T(he)rap(y) • Year of Creation: 2018 • Medium: Oil on canvas
Canvas Dimensions: 100 × 70 cm

