

Institute of Health Research

Current Research, Completed Research, PhD, Department Head and Research Team

October 2016



HESAV
RECHERCHE

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Abbreviations for research Foundations

- **CTI:** The innovation promotion agency
- **DORE:** Do Research, the Swiss National Science Foundation's (SNSF) funding instrument for practical research at universities of applied sciences
- **HES-SO:** University of Applied Studies Western Switzerland
- **OPET:** Federal Office for Professional Education and Technology
- **SNSF:** Swiss National Science Foundation
- **FOPH:** Federal Office of Public Health

Aging Population, transitional and end-of-life care



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Current Research

«The price of custom, religious communities, old age and evolving practices in care provision

ANNICK ANCHISI

In collaboration with Laurent Amiotte Suchet (UNIL).

Funding: SNSF Div. I.

In Switzerland as in France, religious communities are aging, and where aging involves loss of independence, the customary support of the elderly by the young is no longer feasible. This sociological study analyses the transformation of Catholic nuns convents into nursing homes for the elderly in Switzerland and in France. This reveals differences between one country and the other in the mode of regulation between the congregations and the States as well as inequalities of treatment. Needing recognition by the State in order to benefit from state pensions while preferring to spend their last years at home, the nuns are innovating in an attempt to re-appropriate their future – however long it may be.

Adhering to a right-to-die movement: analyzing a life course transition and a end-of-life anticipation in members aged 65 and older.

MURIELLE POTT

In collaboration with Stefano Cavalli (SUPSI), **Laeticia Stauffer (HESAV)**, Sarah Lou Beltrami (SUPSI).

Funding: SNSF Div. I.

Right-to-die organizations fight for new end-of-life courses such as euthanasia or assisted suicide (EAS). People aged 65 and older, women and those with higher education and socioeconomic position are more likely to become a member. Nevertheless, the profiles and motivations of these members are largely unknown, especially in Switzerland. Regarding the enrolment, we know that it can occur at a specific biographical turning point, it can be in strong relationship with the values promoted by these organizations, and that when an individual becomes a member she or he is invited to express her or his advance directives.

The sociology of aging, especially researches on life course and disengagement (or “deprise”) can highlight the profiles and motivations of elderly members of right-to-die organizations. Using a life course approach, we’ll analyze the enrolment conditions, the shapes of membership and the end-of-life anticipation among members aged 65 and older of one main organization in Switzerland, EXIT Western Switzerland.

Completed Research

Annick Anchisi

In collaboration with Nicolas Kühne (EESP), **Marie-Christine Follonier (HESAV)**, **Jérôme Debons (HESAV)**. End 2013

Annick Anchisi

In collaboration with **Rose Anna Foley (HESAV)**, Clothilde Palazzo Crettol (HES-SO). End 2011

Marion Droz Mendelzweig, (HEdS La Source)

In collaboration with **Krzysztof Skuza (HESAV)**. End 2013

Rose-Anna foley

In collaboration with **Annick Anchisi (HESAV)**, Sandro Anchisi (Hôpital du Valais Sion), **Claire Ansermet (HESAV)**. End 2015

Clothilde Palazzo-Crettol (HES-SO Valais)

In collaboration with **Annick Anchisi (HESAV)**, **Corinne Dallera (HESAV)** End 2013

Pierre Gobet and Elisabeth Hirsch (EESP, HES-SO)

In collaboration with

Annick Anchisi (HESAV). End 2011

Cédric Mabire

In collaboration with Andrew Dwyer (CHUV). End 2015

Cédric Mabire

In collaboration with Céline Goulet (UNIL), Christophe Büla (CUTR Sylvana), Diane Morin (UNIL), **Joanie Pellet (HESAV)**. End 2013

Murielle Pott

In collaboration with **Laeticia Stauffer (HESAV)**, Claudia Gamondi Palmesino (Unità e Servizio Cure Palliative, Istituto Oncologico della Svizzera Italiana). End 2013

Murielle Pott

In collaboration with **Jérôme Debons (HESAV)**. End 2012

Work organisation in the provision of help and care at home to persons aged 80 and over: the example of three home care centres.

Oral chemotherapy by persons aged 70 and over: Crossed representations and practices between patients, general practitioners and specialist.

Patient but not sick: effects of an equivocal clinical diagnosis on persons with MCI diagnosis, their relatives and on professional care givers. The case of MCI on question.

Representations of medicines and therapeutical transitions in palliative treatment of cancer : stages perceived by patients aged 70 and over in the illness trajectory.

Growing old together under the gaze of professionals: theatricalised intimacy?

Health systems and long-term care for older people in Europe – Modelling the INTERfaces and LINKS between prevention, rehabilitation, quality of services and informal care.

A systematic review on the effectiveness of nursing discharge planning interventions on health-related outcomes in elderly inpatients discharged home.

Discharge planning and readiness for hospital discharge, anxiety and avoidable utilization of health care of hospitalized elderly in medical unit.

To take part in an assisted suicide: an exploratory study on the experiences of relatives and their representations of end of life, death and bereavement.

Four seasons in a nursing home. Analysis of the adjustment process during the first year of life in a nursing home.

Mental Health



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Current Research

Protection by confinement: sociological and historical perspectives on inpatient civil commitment

CRISTINA FERREIRA

In collaboration with Jacques Gasser (CHUV, UNIL), Ludovic Maugué (HESAV), Delphine Moreau (HESAV), Sandrine Maulini (HESAV)

Funding: SNSF Div. I.

Introduced in 1981 in the Swiss civil code, inpatient civil commitment (« privation de liberté à des fins d'assistance ») is a restrictive measure that raises ethical and practical problems in its application. This process allows for the institutionalization of an individual against his will based on the argument that the person is in danger and in need of protection which cannot be provided in any other way. Sparsely documented, the complexity of these decisions depends on the strains among various missions of the State : to protect an individual in danger but maintain each individual's integrity, to prevent public disorder but respect individual freedom. Our study aims at understanding these different tensions that underlie public action.

Taking into account the differences among the cantons in these matters, our comparative study will take place in two different cantons - Vaud and Valais - which are very distinct in their psychiatric history and their socio-political environment.

Our objectives are threefold. Firstly, we would like to trace the inpatient civil commitment institutionalization and its successive reforms. The aim of exploring archives is to understand the content and evolution of political, judicial, medical and social debates at the time of legislative revisions. Our second objective is to analyze the legal actions taken against the commitment of individuals. These lawsuits will allow us to study the social and medical situations which require inpatient civil commitments.

Finally, our last objective is to examine the practical and ethical difficulties that professionals confront during the application of such restraints and the effects of these measures on the lives of patients. With this intent, patients and their carers will be interviewed in the Cery Hospital in Vaud and the Malévoz Hospital in Valais.

Contemporary reconfiguration of the clinic of autism. The tension between forms of expertise: an analysis of enunciation.

KRZYSZTOF SKUZA

In collaboration with François Ansermet (HUG, UNIGE), Audrey Linder (HESAV), Thomas Jammet (HESAV).

Funding: SNSF Div. I.

This research project draws on the conceptual and methodological framework of analysis of enunciation. It aims at a better understanding of the changes in the clinic of autism, which will help re-think communication between professionals and parents. We have identified three enunciative realms where the process of redefinition of autism and of its care can be observed. The first is the realm of legitimacy of expertise, which is constituted by confrontations between professionals in the field of psychiatry and “new professionals”; the second is the realm of legitimacy of experience, which is constituted by confrontations between activist parents and some high functioning people with autism; finally, the third is the realm of epistemic legitimacy between expertise and experience, which is constituted by confrontations between parents - activists and non-activists alike - and their children on one side, the professionals on the other side. Thus, this project aims at exploring the ways in which these tensions reconfigure the clinic of autism in the French-speaking part of Switzerland, under the angle of the following research questions:

1. How are the socially available discursive resources (i.e. the biomedical discourse, the diversity discourse) mobilized by different categories of laymen (parents, activists, people with autism) in order to challenge or defend the validity of professionals' expertise?
2. Why is the confrontation between experience and expertise structured in a three-protagonist system (professionals, parents, persons with autism) in the USA, in Canada and partly in France while in Switzerland there are only two protagonists (professionals and parents)?
3. What are the consequences of these conflicts on strategies of care for autism in the French-speaking part of Switzerland?

In order to address these issues, we will use an innovative methodology which is inspired by the sociological discourse analysis and ethnomethodology, namely the analysis of enunciation. The latter will be applied not only to the study of “virtual” enunciative supports (blogs, websites, forums from all of the stakeholders, as well as traditional media) but also “real” enunciative supports (institutions and associations). As far as “real” enunciative supports are concerned, complementary methodologies will be used for data collection, namely non-participant in-site observations of child/autism health services, video recording of clinical interviews and short restitution interviews with professionals and families following immediately their clinical encounters. Data collection will be completed by focus groups with families and professionals as well as direct observations of various public manifestations such as conferences and public seminars, whether they are organized by either of the protagonists of autism.

Current PhD Research

Psychiatric patients and recovery: individual and collective resources

AUDREY LINDER

Co-director of thesis :
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Maître de conférence Benoît Eyraud

Faculté des sciences sociales
et politiques, Université de
Lausanne.

Faculté de sociologie et
d'anthropologie, Université de
Lyon 2.

Nowadays, in the French-speaking part of Switzerland, the concept of recovery is central in mental health policy. The specificity of this concept is to be person-centred. It is defined as a process of building a “new self” after the destruction of the “old self” by psychiatric illness. However, a reinsertion in society also necessitates some collective resources.

My thesis will focus on how individual and collective resources work together in the psychiatric patients’ career. To answer this question, I will use three methods of data collection. The first method is a documents review, with two different corpus. The first one will gather documents about recovery (association’s leaflets, charters, websites, swiss scientific articles). The second one will gather scientific articles written by French-speaking Swiss authors about the larger concept of reinsertion since 1970s. With the first corpus, I will try to show how the concept of recovery is constructed, what it is made of, what possibilities it opens. With the second corpus, I will demonstrate how the conception of reinsertion has evolved since the deinstitutionalisation to arrive to the actual concept of recovery.

The second method consists in a two-year ethnography in a psychiatric unit of rehabilitation. In this unit, the psychiatric team say they work towards the patient’s recovery, but they also focus on group and community treatment. They consider that these two approaches are complementary. I will therefore question the way in which psychiatric illness, recovery, reinsertion but also responsibility and autonomy are dealt with in the psychiatric unit’s everyday life.

Finally, semi-structured interviews will be conducted with ex-patients of the psychiatric unit. The purpose of these interviews is to study the process of reinsertion from the patient’s point of view and, more precisely, to identify which groups (family, friends, other patients, etc.) the patient affiliates with, and how these affiliations evolve - or not - during the reinsertion process.

Completed Research

Krzysztof Skuza

In collaboration with **Emmanuelle Opsommer (HESAV)**, **Gilles Bangerter (HESAV)**, Raymond Panchaud (Fondation de Nant), Julie Dubois (Fondation de Nant), **Audrey Linder (HESAV)**, **Diane Martin (HESAV)**.

End 2014

Marion Droz Mendelzweig, (HEdS La Source)

In collaboration with **Krzysztof Skuza (HESAV)**.

End 2013

Alexia Stantzios

In collaboration with **Emilie Bovet (HESAV)**.

End 2015

Alexia Stantzios

In collaboration with **Gilles Bangerter (HESAV)**, Angelika Güsewell (HEMU), Cédric Bottand (HEIG-VD), **Emilie Bovet (HESAV)**.

End 2014

Alexia Stantzios

In collaboration with **Gilles Bangerter (HESAV)**, Bertrand Graz (CHUV).

End 2010

Cold wet sheet packs (CWSP): clinical indications, efficacy and subjective experience of the patients in adult acute in-patient psychiatric ward.

Patient but not sick: effects of an equivocal clinical diagnosis on persons with MCI diagnosis, their relatives and on professional care givers. The case of MCI on question.

Stories for History: Polyphony of Psychiatry.

Rethinking the practice of intensive care in acute psychiatry units. Towards the construction of a research-action. Elaboration, application and evaluation of a musical object in an intensive care room.

Assessing an interview technique aimed at improving the admission and prognosis of acute psychotic patients.

Chronicity: Health promotion, care intervention and reintegration



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Current Research

Laser evoked potentials (LEPs) and quantitative sensory testing (QST) and their contribution to sensory assessment of patients with and without pain after spinal cord injury: A feasibility study.

EMMANUELLE OPSOMMER

In collaboration with Gunther Landmann (Center for Pain Medicine, Swiss Paraplegic Centre, Nottwil), Léon Plaghki (Université catholique de Louvain, Belgique) and Armin Curt (University of Zurich).

Funding: Commission scientifique du domaine santé HES-SO.

Neuropathic pain affects about half the individuals with spinal cord injury (SCI) and is mostly described as severe altering the patient's participation and the activities in their daily life. Quantitative sensory testing (QST) and laser evoked potentials (LEPs) are recommended and have been used extensively to assess neurological dysfunction in several populations affected by neuropathic pain. The main project aims at evaluating the capacity of combined LEPs and QST for quantifying the neurological dysfunctions in persons with and without below level pain after SCI in accordance with the International Spinal Cord Injury Pain (ISCI-P) classification. Yet, for this population we lack normative data from multimodal studies and information regarding reliability and validity of these neurophysiological methods. Hence, we will first conduct a feasibility study before conducting a project on a large scale.

Current PhD Research

Factors determining self-management behavior in adult people living with diabetes

KÉTIA ALEXANDRE

Director of thesis
Prof. Isabelle Peytremann-
Bridevaux

Co-Director of thesis
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Institute of Social and
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Institute of Social and
Preventive Medicine (IUMSP),
CHUV and UNIL

Faculty of Psychology and
Educational Sciences, UNIGE

Diabetes represents a global public health challenge. This chronic disease is associated with high mortality, morbidity and disability, high social and economic costs, and loss of quality of life both for patients and their families. The success of any treatment strategy largely relies on the patient's ability to perform self-management behavior (DSMB). DSMB includes multiple interacting care activities, and involves proactive engagement, maintained daily by the patients and their families over the long term. Identification of factors determining DSMB is a key point to helping patients obtain good diabetes health-related outcomes. My thesis project aims at describing the role of socio-cognitive variables on motivation to perform and actual performance of DSMB as reported by adult patients with diabetes. We plan to conduct a cross-sectional survey based on self-care and health behavior theories. The population will consist of adults with diabetes living at home with standing residency in the canton of Vaud, Western Switzerland, during the project duration. This thesis project will have general relevance both for understanding DSMB and directing educational interventions for people with diabetes. In particular, the results will:

1. Clarify the DSMB concept.
2. Help identify the DSMB main determinants acting as obstacles or supports of DSMB.
3. Help determine patients' specificities and needs in the process of diabetes self-management.

Development of a complex nursing intervention for supporting brain injured patients and their families

VÉRONIQUE DE GOUMOËNS

Director of thesis
Anne-Sylvie Ramelet, Director
of IUFRS

Co-Director
Philippe Ryvlin (CHUV)

Institute of Higher Education
and Research in Healthcare,
UNIL

Acquired brain injury is the leading cause of disability in adults worldwide. The effects on motor and cognitive faculties are very important and cause changes in life for patient and his family. In addition to their own suffering, families must cope with situations they are not prepared to and often in a very short time. Family dynamics is disturbed by adjustments to the roles and responsibilities. Family becomes an important resource for the patient to manage his daily and for hospital staff during hospitalization. In order to guarantee a good collaboration with families, hospital staff must be sensitive to their needs. This can reduce the risk of a deterioration in their mental health or physical health. Currently, the role of relatives within the health system is not defined and consideration of their needs is not systematic. However, families are facing new challenges and new needs facing these crisis situations. They need information, emotional support, education, support to adjust psychological and social aspects and even administrative support. Developing a complex nursing intervention containing all these aspects could be helpful to achieve this issues.

The impact of a multidisciplinary self-care management program on quality of life, self-care behavior, adherence to the anti-hypertensive treatment, glycemic control, and renal function in elderly living with diabetic kidney disease.

NANCY HELOU

Director of thesis:
Dr. Maya Shaha, PhD, RN.

Co-director
Dr. Anne Zanchi(CHUV).

University Institute of training
and care research.

Faculty of Biology and
Medicine of the University of
Lausanne.

Diabetic Kidney Disease (DKD) is becoming a global health concern. Despite advances in pharmacological and management strategies, DKD remain associated with high morbidity and mortality. Patients living with such chronic disease, are expected, on daily basis to manage their self-care activities. Patients' non-adherence to the treatment is thought to be the major cause for the poor control and the occurrence of complications. Previous researchers have shown that multidisciplinary management of chronic disease can improve patients' self-care and outcomes. However, none of these programs was centered on self-care and targeted the patients with DKD. A multidisciplinary self-care management program could improve the outcomes of patients with DKD, and delay the progression of the disease.

The aim of the study is to investigate the effect of a multidisciplinary self-care management program on self-care behavior, quality of life, medication adherence, glycemic control and renal function, in patients with DKD.

The study will use a cross-over design. 40 patients with DKD, will be randomly recruited from the Vaud University Medical Center, nephrology department and will be enrolled in the program for 12 month. All variables will be measured at baseline, three, six, nine and 12 month. We will measure the patients' self-care behavior, quality of life, adherence to the anti-hypertensive medication taking using, the Revised Summary of Diabetes Self-Care Activities questionnaire, the Audit of Diabetes-Dependent Quality of life questionnaire and the Medication Events Monitoring System. We will assess the patients' glycemic control by measuring the glycated hemoglobin and the renal function by measuring the serum creatinine and the microalbumin creatinine ratio.

The study will clearly show if a multidisciplinary self-care management program will improve the health outcomes of patients with DKD and will allow us to recommend the establishment of such a program.

Completed Research

Claude Pichonnaz

In collaboration with **Rose-Anna Foley (HESAV)**, **Hervé Jaccard (HESAV)**, **Josiane Mbarga (HESAV)**. End 2016

Emmanuelle Opsommer

In collaboration with **Isabelle Probst (HESAV)**, **Sara Mahnig (HESAV)** and **Virginie Wicky-Roten (Clinique romande de réadaptation, Sion)**. End 2015

Emmanuelle Opsommer

In collaboration with **Isabelle A. Knutti (HESAV)**, **Marc R. Suter (CHUV, UNIL)**. End 2014

Emmanuelle Opsommer

In collaboration with **Roger Hilfiker (HES-SO Valais)**, **Barbara Roland-Raval (HESAV)**, **Virgine Roten (HESAV)**. End 2013

Non-specific chronic low back pain patients' expectations toward physiotherapy and physiotherapists: An interpretive socio-anthropological study on ill persons' experience.

The patient's pain experience in spinal cord injury: a qualitative approach

Test-retest reliability of thermal quantitative sensory testing on two sites within the L5 dermatome of the lumbar spine and lower extremity.

A psychometric evaluation of the chronic low back pain - from a physiotherapeutic perspective.

Movement, sport and health



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Current Research

Postural adjustments during tandem ski activity in multi-disabilities children.

FRANCIS DEGACHE

In collaboration with
Diane Schmied (HESAV),
Christopher Newman (CHUV).

Funding: Fondation Terre-vent, Genève.

Following successful results about postural adaptations with people suffering from motor disabilities and cerebral palsy during sports activities such as hippotherapy, ice skating and tandem ski, this study aims to evaluate if the tandem ski involve as well postural adaptations, more specifically in the cervical and trunk areas, for polyhandicap children and polyhandicap teenagers. This study is a pilot one, as never such a project has been carried on with this type of population and in this type of conditions. 1 control group (GC), consisting of 10 healthy children/ teenagers and 1 polyhandicap group (Gpo), consisting of 17 polyhandicap children/teenagers, have been assessed. Each subject has been equipped with a set of 9 captors type Physilog (www.gaitup.ch), 7 inertial captors spread over the subject to the different body segments such as « head », « C7 », « sternum », « trunk », « pelvis », « right leg », « left leg » and « seat » (scotched on the tandem ski) ; 1 Physilog Gold Mote located in the examiner's pocket, 1 Physilog Gold+GPS located in the pocket of the tandem ski 's driver. One slalom, consisting in 5 left turns and 5 right turns, has been organised on the same slope's portion for the entire study. Each subject led by the same tandem ski driver has done twice the slalom. The results provide first evidence of postural adaptations, more specifically in the cervical and trunk areas, against the acceleration forces caused by the turns during skiing down a slope with a tandem ski for the polyhandicap children/teenagers. Indeed, despite their disabilities, when we examined the cumulated movement's quantity on the totality of the slope's portion without making any difference between left turns and right turns, we find absolutely no difference for any segments in terms of quantity motricity's activity's between the GC and the Gpo. However, our results do not bring any information on the fact to know if these postural adaptations are the consequence of voluntary movements or a submission to the accelerations caused by the turns.

Completed Research

Kenny Guex

Director of thesis: Prof. Grégoire Millet.

Co-director: Dr. Gerald Gremion.

Faculty of biology and medicine of the University of Lausanne.

Institute of Sports Science, department de Physiologie of the University of Lausanne.

End 2015

Testing, performance and injury prevention of the hamstring in sprinters

Development, care techniques and biotechnology



HESAV
RECHERCHE

Current Research

The effectiveness of interventions to prevent or reduce Contrast Media Extravasations among patients undergoing computerised tomography scanning: a systematic review protocol.

SANDRINE DING

In collaboration with **Nicole Richli Meystre (HESAV)**, **Cosmin Campeanu (HESAV)**, Giuseppe Gullo (CHUV).

Funding: Commission scientifique du domaine santé HES-SO.

Review question/objective

The primary objective of the review is to identify the effectiveness of interventions to prevent or reduce contrast medium extravasation in patients undergoing Computerised Tomographic (CT) examination. The specific review question is: What is the effectiveness of methods to prevent or reduce Contrast Media Extravasations among patients undergoing computerised tomography scanning?

Inclusion criteria

Types of participants

This review will consider studies that included patients (adults or children), undergoing a CT examination, for any indication and of any part of the body, and requiring use of an IV administration of contrast media material. The examination can be either a classical CT or an interventional radiology CT procedure. The participants may be either inpatients or ambulatory care patients.

This review will not consider studies investigating extravasations in the framework of chemotherapy, anaesthesiology or parenteral nutrition. Indeed, the products used present a very different composition and thus different properties (e.g. viscosity and toxicity) compared to contrast media.

Types of intervention(s)/phenomena of interest

This review will consider studies that evaluated interventions which may prevent extravasation of contrast media or reduce its severity. Accordingly, it will include any strategies, related to:

- The contrast agent (volume, concentration, viscosity, temperature)
- The injection per se (patient injection site, preparation room)
- The material used for injection (catheter gauge, cannulas, butterfly, venflon)
- The apparatus used (detection device: ultrasound, radiofrequency),
- The healthcare professionals (profession, skills)
- The patient risk assessment by the radiology personnel (medication, morbidity, language).

The comparators of this study will be either other interventions, such as a different contrast agent, another cannula, or usual care, such as the absence of preparation room or detection device.

Types of outcomes

This review will consider studies that include the primary and secondary outcomes described below.

Primary patient outcomes will include:

- Extravasation frequency
- Extravasation volume
- Extravasation severity, including inflammatory reactions, necrosis, pain
- Complications, including plastic surgery and amputation.

Secondary outcome measures will include:

- Diagnostic value and accuracy
- Workflow
- False positive detection of extravasation. This outcome is particular to the interventions using detection device.

Current PhD Research

The impact of a multidisciplinary self-care management program on quality of life, self-care behavior, adherence to the anti-hypertensive treatment, glycemic control, and renal function in elderly living with diabetic kidney disease.

NANCY HELOU

Director of thesis:
Dr. Maya Shaha, PhD, RN.

Co-director
Dr. Anne Zanchi(CHUV).

University Institute of training
and care research.

Faculty of Biology and
Medicine of the University of
Lausanne.

Diabetic Kidney Disease (DKD) is becoming a global health concern. Despite advances in pharmacological and management strategies, DKD remain associated with high morbidity and mortality. Patients living with such chronic disease, are expected, on daily basis to manage their self-care activities. Patients' non-adherence to the treatment is thought to be the major cause for the poor control and the occurrence of complications. Previous researchers have shown that multidisciplinary management of chronic disease can improve patients' self-care and outcomes. However, none of these programs was centered on self-care and targeted the patients with DKD. A multidisciplinary self-care management program could improve the outcomes of patients with DKD, and delay the progression of the disease.

The aim of the study is to investigate the effect of a multidisciplinary self-care management program on self-care behavior, quality of life, medication adherence, glycemic control and renal function, in patients with DKD.

The study will use a cross-over design. 40 patients with DKD, will be randomly recruited from the Vaud University Medical Center, nephrology department and will be enrolled in the program for 12 month. All variables will be measured at baseline, three, six, nine and 12 month. We will measure the patients' self-care behavior, quality of life, adherence to the anti-hypertensive medication taking using, the Revised Summary of Diabetes Self-Care Activities questionnaire, the Audit of Diabetes-Dependent Quality of life questionnaire and the Medication Events Monitoring System. We will assess the patients' glycemic control by measuring the glycosylated hemoglobin and the renal function by measuring the serum creatinine and the microalbumin creatinine ratio.

The study will clearly show if a multidisciplinary self-care management program will improve the health outcomes of patients with DKD and will allow us to recommend the establishment of such a program.

Validation of a kinematic functional shoulder score including only essential movements.

CLAUDE PICHONNAZ

Director of the thesis:
Professor Nigel Gleeson.

Rehabilitation Sciences,
Queen Margaret
University, Edinburgh.

Measurement of shoulder function is a controversial issue. There is a great variety of measurement tools but none of them has been universally accepted. There is therefore a need to develop extensively validated and convenient measurement tools. Embedded computerized movement analysis can potentially meet these requirements for measurement of shoulder function. Ambulatory measurement devices allow application in various clinical conditions, display adequate precision and accuracy, and are considerably more straightforward than laboratory-based systems. Using a Physilog[®] II embedded system, Coley (2007) developed a relatively simple score of shoulder function (P Score). The method is based on arm power measurement by three-dimensional accelerometers and gyroscopes during seven consecutive shoulder movements. It demonstrated reliability, responsiveness and criterion-based validity. However, additional knowledge and technological progress could now contribute to further simplification of the. A secondary analysis of Coley's study data based on principal component analysis and multiple regressions highlighted that a procedure including only two selected movements produces comparable results to P Score. Moreover, the development of wireless systems considerably simplifies set up. Consequently, simpler but equivalent measurement procedure can now be considered. However, this new approach has now to undergo extensive validation to precisely establish its measurement properties.

Aim

The aim of the study is to establish measurement properties of a simplified shoulder functional kinematic score, considering scope of application in shoulder pathologies, intra- and inter-observer reproducibility, responsiveness, minimal clinically important difference and criterion-based validity.

Methods

A clinical validation study is planned. Measurement will be carried out with four groups of patients representative of frequent shoulder conditions (rotator cuff condition, shoulder instability, diaphyseal or subcapital humerus fracture, frozen shoulder) and a control group free from any shoulder condition. Measurement procedure includes two consecutive measurements, alternatively conducted by two evaluators at baseline, and an additional single measurement 6 months later. Currently used functional questionnaires will be completed at both stages.

Analysis will address intra- and inter-observer reproducibility, responsiveness, minimal clinically important difference and criterion-based validity, respectively for the four considered shoulder conditions.

Completed Research

Jean-Bernard Michotte

Director of thesis: Grégory Reychler, Docteur en kinésithérapie, Service de Pneumologie, Cliniques Universitaires Saint-Luc - UCL. End 2016

Emmanuelle Opsommer

In collaboration with **Camille Zwissig (HESAV)** and Thomas Weiss (Université de Jena, Allemagne). End 2016

Nicolas Perret

In collaboration with Rolf Firschknecht (CHUV). End 2016

Silke Grabherr (CHUV, Lausanne)

In collaboration with **A. Dominguez (HESAV)**; F. Doenz, R.Meuli and P. Mangin (CHUV); Dirnhofer (Fumedica AG); B. Steger (Fumedica AG); B. Sollberger and E. Gyax (University Hospital Bern). End 2011

Alexander Knob (HEIG-Vd)

In collaboration with **Sandrine Ding, P. Monnin** and **A. Dominguez (HESAV)**, E. Pétremand (HEIG-Vd), D. Petter, G. Jeanmonod, B. Christen (Symbios). End 2011

Régis Le Coultre

In collaboration with Leonor Alamo Meystre (CHUV), Ariane Boubaker (CHUV), Francis R. Verdun (IRA), **Jennifer Pilot (HESAV)**. End 2014

Régis Le Coultre

In collaboration with Verdun Francis R., Institut Universitaire de radio physique appliquée (IRA), Lausanne, Coendoz Stéphane (DRM)(CHUV), Aroua-Abbas, (AHEAD) End 2011

Emmanuelle Opsommer

In collaboration with **Isabelle A. Knutti (HESAV)**, Marc R. Suter (CHUV, UNIL). End 2014

Emmanuelle Opsommer

In collaboration with **Sylvie Ferchichi (HESAV)**. End 2014

Claude Pichonnaz

In collaboration with **Jean-Philippe Bassin (HESAV)**, Alain Farron and Brigitt Jolles-Haeberli (CHUV), Kamiar Aminian (EPFL, Lausanne), **Céline Ancey (HESAV)**, **Hervé Jaccard (HESAV)**. End 2014

Anne-Sylvie Ramelet

In collaboration with **Nicole Rimaz-Keller (HESAV)**, Michaël Hofer (CHUV), Joaquim Rapin (CHUV), Béatrice Fonjallaz (Ligue genevoise contre le rhumatisme), Ghislaine Aubel (CHUV), **Christophe Gueniat (HESAV)**, **Sandra Zoni (HESAV)**. End 2014

Evaluation of non invasive positive pressure ventilation combined to nebulization on lung deposition measured by urinary excretion of amikacin.

Effectiveness of temporary deafferentation of the arm on somatosensory and motor functions following stroke: a systematic review.

A new robotic parallel kinematic system (LHS) for the training of lower limbs in hemiplegic patients: a feasibility study.

Dynamic Post-Mortem Angiography.

PPAO-3D: Computerized three dimensional pre-operative planning for total hip arthroplasty.

Dosimetric aspects of CT and PET/CT examinations repeated in children suffering from lymphoma: towards an optimisation of the practice.

A pilot study on the exposure of the population by medical radiology and how it can be automatically checked.

Test-retest reliability of thermal quantitative sensory testing on two sites within the L5 dermatome of the lumbar spine and lower extremity.

Management of upper extremity function in patients with hemiparesis after stroke. Synthesis of recommendations.

Development and validation of the simplest possible kinematic functional shoulder test.

Impact of a telenursing service on satisfaction and health outcomes of children with inflammatory rheumatologic diseases and their family: a crossover trial.

Interprofessional practices and communication



HESAV
RECHERCHE

Current Research

Interprofessional collaboration: How do health professionals interact with each other in collaborative practice situations?

STAFFONI LILIANE

In collaboration with **Veronika Schoeb (HESAV)**, **David Pichonnaz (HESAV)**, **Camille Bécherraz (HESAV)**, **Isabelle Knutti (HESAV)**, **Monica Bianchi (SUPSI)**

Funding: SNSF Div. I.

Summary of the research plan

Introduction: Collaboration in health care has become increasingly important. Some research has been conducted about the way interdisciplinary meetings and team work take place and how this collaborative work is accomplished in healthcare settings. Yet, we know very little about in what institutions/contexts interprofessional collaboration is performed regularly and how health care professionals interact with each other in collaborative situations. The objective of this study is to investigate where, when and how clinicians collaborate with each other within clinical patient care.

Methods and objectives: In the first phase of the study, interviews and focus groups will be undertaken with clinicians in French-, German- and Italian-speaking institutions, as well as with coordinators for clinical placement at the Swiss Universities of Applied Sciences (HES-SO, BFH, ZHAW, SUPSI). This first phase intends to (a) to identify clinical settings in which collaborative practices take place on a regular basis (e.g. rehabilitation hospitals, geriatric institutions), and (b) to characterise collaborative practices as defined by the key stakeholders interviewed. Interviews and focus groups will be analysed using qualitative content analysis. Based on the analysis generated by this first phase of the investigation, around 40 collaborative practice situations in four or five institutions will be video-recorded. We plan to include professionals with various levels of experience (students, novices, experts) in order to see how participants of different categories deal with the requirements of collaborative practice, and to identify what interactional resources (verbal and embodied) they deploy. Transcription and analysis of video-recordings will be performed using Conversation Analysis. Conversation Analysis sheds light onto processes, rather than on the outcome of interactions. The third phase of our study includes knowledge transfer interventions targeting both professional practice settings and educational settings (workshops, educational interventions).

Expected results : The results of this project will help understanding what interprofessional collaborative practice consists of in the context of healthcare, and identify the particular interactive skills required for their successful accomplishment.

Key words: Collaborative practice, Interprofessional education, Conversation Analysis, Health care

GIVING BIRTH - Expectations and experiences of first time mothers in Switzerland.

VALERIE FLEMING (ZHAW)

In collaboration with **Yvonne Meyer (HESAV)**, **Michoud Bertinotti Bénédicte (HESAV)**, **Schirinzi Laura (HESAV)**, **De Labrusse Claire (HESAV)**, **Van Gogh Susanne (ZHAW)**, **Franziska Parpan (ZHAW)**.

Funding: SNSF Div. I.

Aim. To develop a model of the emerging expectations of the mode of giving birth and the subsequent experiences of healthy primigravid women in Switzerland.

Research questions:

- What are the expectations in early pregnancy of healthy primigravid women of giving birth?
- How do expectations change during pregnancy?
- What are the influences on these expectations?
- What were the experiences of giving birth?
- How did the experience of giving birth match the expectations?

Method. The hermeneutic method of Fleming et al (2003a) involving a five stage approach will be used to inform this study. Participants will be 65 healthy primigravid women, who will be recruited from four cantons in Switzerland, through obstetricians and midwives providing ante natal care. Each consenting woman will take part in four guided conversations at approximately 20 and 34 weeks of pregnancy, six weeks and six months postpartum. Data will be transcribed verbatim and analysed according to the chosen methodology from which a model will be generated. Strict ethical standards will be maintained throughout the project.

Context. This study is being carried out in the context of a rising caesarean section rate, the perceived desire of women for elective caesarean and increasing costs of care (Gibbons et al, 2010). No well carried out longitudinal studies have been published which identify women's changing expectations throughout and after pregnancy.

Outputs. Themes will be identified from which a model of expectations vis a vis experiences will be generated. This will in the future be used to develop a national questionnaire, which in turn will form the foundation for an epidemiological study.

Current PhD Research

Patient Perspective on Interprofessional Collaboration between Nurses and Physicians to Improve Patient Safety.

AMÉLIA DIDIER

Director of thesis
Dr. Maya Shaha, MER I,
IUFRS-UNIL, CHUV

Faculty/institute
University of Lausanne

Interprofessional collaboration (IPC) has become a key strategy as there are high numbers of deaths in healthcare caused by failures in the system and process of care. One primary strategy proposed by organizations, such as the WHO and the Institute of Medicine, involves strengthening the cohesion, coordination and communication within interprofessional healthcare teams. However, interprofessional collaboration remains problematic. The WHO stated that patients and families have the right and responsibility to participate in their care to ensure their safety. A patient-centered approach of IPC will give patients a voice and lead to more detailed understanding of IPC on the care process. It will be possible to look beyond power issues between healthcare professionals. Hence, patients, who should be the focus of collaborative practices, can be valuable partners in the description of the collaborative process and its influence on patient well-being and safety.

Study Aim : This study will explore patients' experience of interprofessional collaboration, and innovative recommendations, truly patient-centered, will be developed. Research question: What is the patients' perspective regarding interprofessional collaboration? What is the impact of collaboration on patient care and well-being and safety, from the patients' point of view? How do the patients see their role in interprofessional collaboration?

Methods : The study design is based on "Grounded Theory" methodology. Data will be collected through interviews with patients (in hospital and afterwards at home). Patients will also be invited to keep a diary during their hospital stay. Data will be collected until saturation in three inpatient services (maximum 10 patients per service) of three departments at the Inselspital, University Hospital of Bern, Switzerland.

Conclusion : With this study, the patients' role in IPC will be described in detail. Subsequently, a patient-centred model of IPC will be developed. Areas for interventions to improve IPC will be identified. It is then possible to develop tailored interventions to support patient-centred IPC.

Completed Research

Patricia Perrenoud

Director of thesis : Professor Ilario Rossi.
Faculty of Social Sciences and Political of the
University of Lausanne.
End 2016

Raphael Hammer

In collaboration with **Yvonne Meyer (HESAV)**,
Sophie Inglin (HESAV), **Stéphanie Pfister
Boulenaz (HESAV)**, **Céline Schnegg (HESAV)**.
End 2015

Emmanuelle Opsommer

In collaboration with **Veronika Schoeb (HESA)**.
End 2013

Veronika Schoeb

In collaboration with **Liliane Staffoni (HESAV)**,
Silvia Riva (Institute of Communication and
Health, Università della Svizzera Italiana), **Sara
Keel (HESAV)**. End 2014

Veronika Schoeb

In collaboration with **Liliane Staffoni (HESAV)**,
Alison Pilnick and Ruth Parry (University of
Nottingham, UK). End 2011

**Relational care around maternity : the experience
of independent midwives as a confronting mirror
to Evidence Based Practice.**

**Risks of alcohol consumption during pregnancy:
couples' management and professional issues.**

**« Tell me about your troubles » : Description of
patient-physiotherapist interaction during initial
encounters.**

**Discharge from rehabilitation centers: how are
decisions taken?
Analysis of the interaction between patients and
health professionals.**

**Analysis of patient-physiotherapist interaction in
an orthopaedic outpatient setting - Research in
progress.**

Training and professional practice



HESAV
RECHERCHE

Current Research

The social space of nursing in Western Switzerland. Topology of a profession.

PHILIPPE LONGCHAMP

In collaboration with **Kevin Toffel (HESAV)**, **Amal Tawfik (HESAV, UNIGE)** and Felix Bühlmann (UNIL).

Funding: SNSF Div. I.

Research topic. Sociological, anthropological and historical approaches of the nursing profession are strongly influenced by U.S. research tradition from the second half of the twentieth century. The latter is characterized by a predominance of interactionist approaches which depict the nursing profession as a relatively homogenous entity, defined by its relationship with the medical profession. While taking cue from this tradition, the present research aims to break from some of its aspects, viewing the nursing profession as a social space possessing certain field properties. The objective is to demonstrate in which ways this profession forms a relatively autonomous system composed of specific positions which entertain competitive relationships with each other. We thus propose to answer a triple question: 1) How does the space of professional positions structure itself within the nursing profession? 2) How does the space of opinions and beliefs structure itself within the nursing profession? 3) What relationship unites both structures?

Method. An exploratory research based on 20 interviews with nurses as well as a documentary analysis has been done in 2012 and allowed to uncover the main structuring lines of the nursing professional space. On this basis, a questionnaire has been designed and forwarded to nurses throughout Western Switzerland. The data processing will favor multiple correspondence analysis (MCA), as it entertains an affinity with the concept of field.

Occupational trajectories of University of Applied Sciences' Graduates in gender-atypical field: men in health and social work, women in engineering and architecture.

SEVERINE REY

In collaboration with Morgane Kuehni (EESP), Ophélie Guélat (HESAV), Rachel Fasel (HESAV).

Funding: SNSF Div. I.

The feminization of the active population is an important advance in gender equality. However, the training and employment choices still remain strongly segregated according to gender, including in qualified jobs (OFS 2013; von Erlach & Segura 2011). In the Swiss Universities of Applied Sciences (UAS), the work sectors with the least gender integration are health, social work, engineering and architecture. In 2013, in the French-speaking part of Switzerland, the proportion of male graduates was 24.8% in social work and 16.4% in health, while women were 17.9% of graduates in engineering and architecture. This study aims to focus on the career beginnings of these gender minorities after they graduated in one of these four fields of training.

Generally defined as a transition period between school and integration into the labor market (Demazière & Pélage 2001), entry into the labor market is a turning point in the trajectories of people's lives. Many recent studies have focused on people who chose a training or occupation atypical with regard to their gender (Maihofer et al. 2013; Schmid et al. 2010), and confirmed that such orientations do not have same consequences for minority males than for their female counterparts.

Our study aims to fill some gaps in the current knowledge and will focus on two aspects the least studied: the institutional dimension and the individual dimension of entry into the labor market. It pursues three major objectives:

1. To document the professional and private situation of minority UAS graduates in these four fields, with a secondary analysis of statistical data.
2. To analyze existing politics and practices for welcoming minorities in enterprises and institutions of the French speaking part of Switzerland. To do this, we will conduct semi-structured interviews with people in charge of HR and management.
3. To analyze the professional path of minorities from an objective perspective (employment duration, job characteristics, work conditions, etc.) and a subjective point of view, using semi-structured interviews with graduates who obtained their diploma less than 5 years ago. We will attribute special attention to the experience of this step and on the impact it has on professional and personal life.

The multi-perspective analysis of these data will allow us to show the structural, institutional and individual dimensions that make entry into the labor market easier or harder for people who have chosen an atypical profession, and to reveal some gender issues that have a greater impact on this turning point in life trajectories.

Interprofessional collaboration: How do health professionals interact with each other in collaborative practice situations?

STAFFONI LILIANE

In collaboration with **Veronika Schoeb (HESAV)**, **David Pichonnaz (HESAV)**, **Camille Bécherraz (HESAV)**, **Isabelle Knutti (HESAV)**, **Monica Bianchi (SUPSI)**

Funding: SNSF Div. I.

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Key words: Collaborative practice, Interprofessional education, Conversation Analysis, Health care

E-BREAST : Education and training in early detection of breast cancer for health care professionals

TIINA KUKKES (Estonie)

In collaboration with **José Jorge, (HESAV), Nicole Richli Meystre (HESAV)**, Eija Metsälä (Finlande), Anja Henner (Finlande), Bergliot Strøm (Norvège), Cláudia Reis (Portugal), Kirsi Rannisto (Finlande), Touvo Parviainen (Finlande).

Funding: Strategic Partnerships, Erasmus+, Key Action2

Breast cancer is the most common cancer in women. Early breast cancer detection and new therapies have contributed to decrease mortality rate of about 15%. Population based breast cancer screening programs for women in the age group 50-69 years are recommended by the European Council and are integrated in health politics of all countries of the EU. Nevertheless, accessibility of the facilities, attendance rate and management of quality procedures remain heterogeneous.

Health professionals are in the front line to inform, support and guide women about the importance of screening and early detection of breast cancer. The European Society of Breast Cancer Specialists (2007; 2010) states breast cancer detection should be carried out by interprofessional teams who have undergone specialist training beyond that given in their general training. Also, health professional's clinical and educational practices remain heterogeneous along Europe.

E-Breast follows the World Health Organization principles of interprofessional education: Framework for Action on Interprofessional Education & Collaborative Practice and is aimed in the development of Educational Open Source Ressources as unavoidable education means especially where educational providers do not exist.

E-Breast objectives are:

- a) To identify the common difficulties in breast screening and clinical mammography in education and clinical practices in Europe.
- b) To increase interprofessionnal knowledge, skills and competences of early breast cancer detection and diagnostic practices among the concerned health professionals and educators in the field.

E-Breast propose a strategy representing all aspects of knowledge triangle - education, research and work: 1 dissemination event, 1 intensive module and 4 Intellectual Outputs:

- a) Research study focused in the understanding of European Clinical and Educational Practices in breast earlier detection (Systematic Review, surveys questionnaires and Focus Group interviews).
- b) Production of 3 Multimedia educational packages for the concerned health professionals and educators.

Current PhD Research

A social and cultural history of physiotherapy in Western Switzerland (Twentieth century).

VÉRONIQUE HASLER

Director of thesis :
Professeur Vincent Barras.

Faculty of Biology and
Medicine of the University of
Lausanne.

Physiotherapy is gradually recognized in Switzerland as a separate profession from a legal point of view since the Interwar period. The laws reveal a plural profession, built by aggregation or fragmentation, depending on multiple logics. (Switzerland being a decentralized country, each canton has its own legislation.)

This dissertation aims to present physiotherapy in western Switzerland during the 20th century through social and cultural history angles. Beyond a purely descriptive approach, it aims to deconstruct the 'physiotherapy entity', in order to revisit categories of thinking and social representations. In this purpose, physiotherapy will be seen in the light of its diversity and its «dynamic». In other words, it will be seen as a profession in constant change and in interdependence with other neighbouring professional activities. The analysis will include identifying which clinical practices establish themselves, regress or disappear through people who are using them under given conditions. Furthermore, the social and cultural practices that characterize physiotherapy will be highlighted from the perspective of cultural and anthropological history. In this more thematic approach, I will particularly focus on the representations and social uses of body. Gender and transnational dimensions will also be taken into account in this analysis.

The sources include (1) archives of cantonal and federal authorities, of professional associations and schools. This investigation also relies on a large selection of primary and secondary sources (2), as well as on (3) semi-structured interviews with women and men chosen for their connection with the subject of the dissertation. I expect to enlighten physiotherapy in a novel way and contribute to rethink the profession and its contemporary issues.

The construction of care by medical imaging production in radiographers' actual activity

JOSÉ A. PIRES JORGE

Director of thesis :
Professeure Anne Jorro.

Centre de Recherche sur la
Formation, Ecole Doctorale
Abbé Grégoire, Conservatoire
National des Arts et Métiers,
Paris.

The radiographer activity consists in the production of images throughout the completion of examinations which relies on the "cure" paradigm that founded the practices of modern scientific medicine. It is aimed in objectify the physical-chemical phenomena through the implementation of technology dedicated to cure or screening diseases. However, it requires a permanent presence for patients insured by radiographers that allows the development of a personal experience of security and of interpersonal trust. It covers activities that fall within the paradigm of «care». Under the sign of «cure» the patient has a body and fall in voltage and oppose to the «care» where the patient is a body. The several meanings of the concept of «care» would be used such as: attention («caring about»); responsibility («taking care of»); competence («Giving care»); responsivity («care-receiver»)¹.

Our aim is to understand the construction of care within the medical procedures performed by radiographers when dealing with the patients. This is to clarify and think the «diagnostic skills» mobilized by radiographers in the conduct of examinations to respect the relational, communicative and reflective dimensions of their practice. The concept of «responsibility» is also mobilized to explore the tension between the paradigms of the «cure» and «care» that underlie the practices of modern scientific medicine.

The data from a joint analysis of the radiographer's activity in actual work situations are performed to shed light on the day-care building within the production of medical imaging. And thus, to understand radiographers' practices by objectifying the gap between the meanings directly prescribed by medical technology and indirectly served by the professional practices.

¹ Molinier P., Laugier S., Paperman P., (2009). Qu'est-ce que le care ?, Paris : Éditions Payot & Rivages.

Completed Research

Véronique Addor (Heds Genève)

In collaboration with André Jeannin (IUMSP),
Philippe Lehmann (HESAV), René Schwendimann
(INS, Basel). End 2016

José Jorge

In collaboration with Livia Scheller (CNAM, Paris).
End 2011

Yvonne Meyer

In collaboration with Claudia König (ZHAW),
Franziska Schläppy (HESAV). End 2013

Séverine Rey

In collaboration with **José Jorge (HESAV)**, Céline
Schnegg (HESAV). End 2014

Séverine Rey

In collaboration with **Christine Pirinoli (HESAV)**,
Mélanie Battistini (HESAV). End 2013

Veronika Schoeb

In collaboration with Jan Kool (ZHAW), Marco
Barbero (SUPSI), Amir Tal (BFH), **Barbara Rau**
(HESAV), Irina Nast (ZHAW). End 2012

n@w (Nurses at Work), Longitudinal retrospective
cohort study of nurses' career paths and retention
(Feasibility Study).

Communicative activity: effects and functions
analysis in medical radiation technologists.

Birth complications in home-settings or in
free standing centres. Midwives' and women's
perspective on decision making.

Seing, thinking and doing with images:
technological mediation and professional practices
in the medical radiology technologists community.
An anthropological study.

Gender and atypical education choices within
the HES-SO (University of Applied Sciences and
Arts Western Switzerland). Trajectories of minority
students (fields of study: Engineering-Architecture
and Health).

Physiotherapy relevant scientific projets: how are
they defined and what is expected ?

Research on healthcare services



HESAV
RECHERCHE

Current Research

«The price of custom, religious communities, old age and evolving practices in care provision

ANNICK ANCHISI

In collaboration with Laurent
Amiotte Suchet (UNIL).

Funding: SNSF Div. I.

In Switzerland as in France, religious communities are aging, and where aging involves loss of independence, the customary support of the elderly by the young is no longer feasible. This sociological study analyses the transformation of Catholic nuns convents into nursing homes for the elderly in Switzerland and in France. This reveals differences between one country and the other in the mode of regulation between the congregations and the States as well as inequalities of treatment. Needing recognition by the State in order to benefit from state pensions while preferring to spend their last years at home, the nuns are innovating in an attempt to re-appropriate their future – however long it may be.

Completed Research

How to elicit and record women's views and preferences for care around birth: Case study approach of Scotland vs. Switzerland.

CLAIRE DE LABRUSSE,

Director of thesis
Dr. Sara Maclennan

Co-director
Prof. Anne Sylvie Ramelet
Prof. Tracy Humphrey

Faculty/ institute
Academic Urology Unit,
University of Aberdeen,
Scotland

Institute of Higher Education
and Research in Healthcare,
University of Lausanne

School of Nursing, Midwifery
and Social Care, Edinburgh,
Scotland

Background: This project will explore women's experiences, opportunities and views about expressing their preferences for care during labour and birth in two tertiary units in Scotland and in Switzerland. A previous pilot study in Scotland (case note review of 250 cases using the Scottish Women Hand Held Record) showed only 26% of women contributed to the section related to their birth plan and that their birth-plan preferences varied. Furthermore, some women preferred to be passive and, "go with medical advice", but others preferred to be "in control" with a more active role in decision-making 1-3.

Preliminary observations in Switzerland indicate that women at >25 weeks gestation are offered a birth-plan consultation with a midwife counsellor, and ~40% of women attend.

The aim: to explore the systems in place in Scotland and in Switzerland to elicit women's preferences for labour and birth and evaluate "what works"?

Objectives:

1. To describe and compare the context policies, systems in place to elicit women's preferences.
2. To describe and compare the extent to which women's preferences are sought, expressed and recorded in Scottish vs. Swiss maternity records.
3. To explore women's views about opportunities and methods in place to seek their preferences for labour and birth
4. To critically appraise the extent to which the two systems and maternity records in place capture women's antenatal preferences about birth (as expressed in interviews)
5. To test if women who do express antenatal preferences about birth are associated with obstetric risk? Or particular maternal socio-demographic or theoretical psychological traits arising from qualitative data (eg. measures of perceived health competence and health locus of control)

Methods: A comparative mixed method study in two tertiary units: Scotland and Switzerland.

For Objective 1: A retrospective medical record review in Switzerland (as completed in Scotland) of socio-demographic, clinical characteristics, attendance at a birth-plan consultation and recorded birth preferences. A statistical descriptive review of the data collected in Scotland will inform us about the sample size needed and the variables that matter retrospectively for the caseload study in Switzerland.

For Objective 2: Qualitative interviews with 10 women in both settings to elicit their views on expressing and recording their preferences for birth and shared decision-making.

For Objective 3: Synthesis and critical appraisal of findings arising from phase 1 and 2.

For Objective 4: Using data from phase 1 and 2-develop and pilot a theory-based questionnaire survey of women in both settings to assess their perceived level of being able to express preferences, and their ideal level of expressing preferences (this would be to measure their "dissatisfaction" between actual vs. ideal? + locus of control and/or perceived health competence).

In order to pursue this research with a reflective angle, a flexible framework will be drawn so that every step will be informing the next one. A health service perspective will be sought in order to achieve better user services utilization that require further attention in the development of future initiatives.

Completed Research

Cédric Mabire

In collaboration with Andrew Dwyer (CHUV).
End 2016

A systematic review on the effectiveness of nursing discharge planning interventions on health-related outcomes in elderly inpatients discharged home.

Public policies, the legal framework and health



HESAV
RECHERCHE

Current Research

Protection by confinement: sociological and historical perspectives on inpatient civil commitment

CRISTINA FERREIRA

In collaboration with Jacques Gasser (CHUV, UNIL), Ludovic Mangué (HESAV), Delphine Moreau (HESAV), Sandrine Maulini (HESAV)

Funding: SNSF Div. I.

Introduced in 1981 in the Swiss civil code, inpatient civil commitment (« privation de liberté à des fins d'assistance ») is a restrictive measure that raises ethical and practical problems in its application. This process allows for the institutionalization of an individual against his will based on the argument that the person is in danger and in need of protection which cannot be provided in any other way. Sparsely documented, the complexity of these decisions depends on the strains among various missions of the State : to protect an individual in danger but maintain each individual's integrity, to prevent public disorder but respect individual freedom. Our study aims at understanding these different tensions that underlie public action.

Taking into account the differences among the cantons in these matters, our comparative study will take place in two different cantons - Vaud and Valais - which are very distinct in their psychiatric history and their socio-political environment.

Our objectives are threefold. Firstly, we would like to trace the inpatient civil commitment institutionalization and its successive reforms. The aim of exploring archives is to understand the content and evolution of political, judicial, medical and social debates at the time of legislative revisions. Our second objective is to analyze the legal actions taken against the commitment of individuals. These lawsuits will allow us to study the social and medical situations which require inpatient civil commitments.

Finally, our last objective is to examine the practical and ethical difficulties that professionals confront during the application of such restraints and the effects of these measures on the lives of patients. With this intent, patients and their carers will be interviewed in the Cery Hospital in Vaud and the Malévoz Hospital in Valais.

Maternity protection at work: practices, obstacles, resources

ISABELLE PROBST

In collaboration with Peggy Krief (IST), Brigitta Danuser (IST, UNIL), **Maria-Pia Politis (HESAV)**.

Funding: SNSF Div. I.

The implementation of existing legal provisions (Federal Labour Law, Ordinance on the Protection of Maternity) aimed at protecting the health of pregnant workers or new mothers and their children contains flaws, both in the employment field and in the health care system. These flaws cannot merely be attributed to a lack of information; rather, they seem to stem from the contradictory requirements of employment and of maternity protection that lead protagonists to fail to apply some legal provisions, or to develop prevention practices that lie outside legal guidelines.

The project, conducted by a multidisciplinary team (psychologist, midwife and occupational health physician) has the goal of providing an overview of the current implementation of legal provisions for maternity protection in two employment sectors (health care and food production), as well as by gynecologists and midwives in French-speaking Switzerland. It seeks to identify the obstacles and the resources that have an impact on the implementation of these provisions, and aims at evaluating the perceptions of women workers themselves. Data collection will be comprised of two facets: 1) questionnaires for gynecologists, midwives and employers; 2) case studies in 6 to 8 enterprises including interviews with women workers, human resources managers, occupational health physicians and workplace security specialists.

This study will contribute to increasing knowledge and to provide concrete information on health protection practices for workers facing professional risks, as well as on work and maternity conciliation in Switzerland. Its results should promote improvements in maternity protection measures as well as in professional practices.

Health promotion in the workplace: what is the place of breastfeeding?

Brenda Spencer (UNIL/CHUV)

Lucia Floris (HESAV), Brigitta Danuser (IURST) et Marianne Modak (HETS).

Funding: SNSF Div. I.

Despite existing maternity protection laws, the majority of women stop or decrease breastfeeding upon resuming work after childbirth. However, breastfeeding is a health concern that public authorities should support and protect. The WHO recommends six months of exclusive breastfeeding and partial breastfeeding beyond the age of two years. This is why we would like to understand the barriers that prevent women from continuing to breastfeed upon the resumption of work and, on the other hand, to explore the understanding and positioning of employers.

Using an ecological analysis framework and through a qualitative research approach, this study aims to identify the factors promoting and discriminating against breastfeeding at work. Its goal is to assess the scope of current health promotion measures and their effect on mothers and their spouses as well as enterprise policies. These data will be analysed with regard to the determinants of health and the pathways to health promotion according to the framework provided by the Swiss Model for Outcome Classification (SMOC).

Despite the health benefits for the child and mother, the importance of breastfeeding in Switzerland is still far from the standards that health authorities advocate. Indeed, barriers to this practice are complex and multi-tiered. It is only by understanding and accounting for this complexity that the promotion of breastfeeding at work can be conducted effectively.

Living under the new paradigm of the Swiss disability insurance.

JEAN-PIERRE TABIN (EESP)

In collaboration with **Isabelle Probst (HESAV)**.

Funding: SNSF Div. I.

Lead

The Swiss disability insurance (DI) has recently undergone fundamental changes. For example, medical conditions previously seen as debilitating are no longer considered as such, pensions are now reviewed every few years, rehabilitation measures are considerably more numerous, and so-called « early intervention measures » (on the job) have been implemented. As a consequence, the former boundary of the DI between disability and ability has been blurred. What are the consequences of these changes on former, potential or current DI recipients and their relatives?

Content and aims of the project

In accordance with policies aimed at activating social welfare recipients, the 5th and 6th revisions of the DI have restricted the right to disability pensions and introduced various measures in order to sustain the employability of persons with health issues. As a whole, these revisions sketch a new paradigm in the DI: the distinction between people working and pension recipients is no more clear-cut; every – even potential – recipient is now a target for rehabilitation or reintegration measures. Our project aims at understanding the consequences of this new paradigm on people undergoing rehabilitation and their relatives: how do they experience it?

We will first examine how the DI administration has carried out these new policies in the canton of Vaud (Switzerland). In a second phase, we will interview former, potential or current DI recipients and their relatives in order to understand how they experience these measures, but also if they support or criticise the norms and values of the new disability policy.

Using the tools of the critical disability studies perspective, we will collect and analyse the data in partnership with persons with disabilities and disability lobbyists.

Completed Research

Raphael Hammer

In collaboration with Vincent Barras (IUHMSP) and Manuel Pascual (CHUV), **François Kaech (HESAV)**, **Alexia Cochand (HESAV)**. End 2016

Raphaël Hammer

In collaboration with **Yvonne Meyer (HESAV)**, **Sophie Inglin (HESAV)**, **Stéphanie Pfister (HESAV)** et **Céline Schnegg (HESAV)**. End 2015

Claudia von Ballmoos

In collaboration with **Béatrice Despland (HESAV)**. End 2011

Historical and sociological perspectives on the construction of organ donation as a public problem in Switzerland.

Risks of alcohol consumption during pregnancy: couples' management and professional issues

Family care-givers and health insurance: Terms and conditions of reimbursement of care.

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