



Project Number: 2016-1-RO01-KA203-024630

Communicating with Peers

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Introduction

Among the most important soft skills for paediatrics teamwork communication constitutes an essential approach to assure patient's and relative's comfort and promote a whole quality of care. In this chapter we will focus on specific competences and professional attitude to empower teamwork communication and promote the inclusion of patients and relatives in clinical decision making processes.

4.1 Literature Review

4.1.1 Stressors: Emergencies and Work Overload

Daily work in the hospital carries many responsibilities and, therefore, many headaches. Passing a medical consultation, attending to in-patients, responding to different interconsultations between colleagues, teaching, solving family doubts ... all of them are routines that any medical professional has to deal with. In addition to this, there are times when the population does not help with regard to an overuse of emergency services in hospitals for consultations that are not such urgencies. This is a great loss for the professional who cannot cope with such work overload. If you do not manage to orient yourself properly or to organize or prioritize your tasks, you can end up in what is known as "burnout syndrome". This term is used to describe the consequences of severe stress and high ideals in "helping" professions. Doctors and nurses, who sacrifice themselves for others, would often end up being exhausted, listless, and unable to cope. There are no reliable scientific data about how many people have burnout as it is a condition difficult to diagnose. Its symptoms could be recognised by a feeling of exhaustion, alienation from (work-related) activities and reduced performance.

Bibliography

Kurzthaler I, Kemmler G, Fleischhacker W. Burnout-Symptomatik bei KlinikärztInnen. *neuropsychiatrie*. 2017;31(2):56-62.

Wurm W, Vogel K. Depression-Burnout Overlap in Physicians. *PLOS ONE*. 2016;11(3):e0149913.



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4.1.2 Setting an Agenda and Time Management (organization, time of visits, lunch, dinner) to Prevent Burnout in a High Stress, High Risk Environment

To deal with the problem of healthcare system dynamics, there are options instead of being driven by insanity and ending with "burnout syndrome". The core aspect is the time management to attend effectively the daily obligations without neglecting our own health. We are aware of how difficult is to put it into practice, but there is a good starting point for commencing. First step would be to schedule a timetable to attend medical consultations, for approximately half the working day no matter how many patients attended daily, since patients would also gain in quality of assistance received. It would be good to permit an official half-hour rest period that would allow the staff to have time to eat something in the middle of the morning, as well as to spend some time with colleagues. It would help the professional to resume the work later more efficiently and relaxed. Once the health care activity was resumed, the administrative tasks would be completed and, subsequently, they would be able to evaluate in-patients if they had any, solving needs that may arise in time. In the case of paediatrics, you can take advantage of the good mood that characterizes these patients to use it as a good anti-stress method. At the end of the day, do hang the stethoscope and be sure to disconnect completely from the hospital. You are not a better doctor for devoting all your time to your patients, this is a mistake that many professionals make and it ends up with taking its toll. Like everything in this life, everything works in its right measure.

This is just one example of how to propose a good time optimization during care activity.

Online Resources

Causes and Management of stress at work

<http://oem.bmj.com/content/59/1/67>

Online article describing causes of stress at work and how to handle it



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4.2 Teamwork communication in paediatrics

Communication between healthcare colleagues is vital to the proper functioning of the health system, in addition to achieving the greatest benefit for the patient, and the satisfaction of both, the patient and his / her relatives. It does not only include contact with different specialists that encompass the pathology the patient may have, but also with the rest of the people who participate in the care: nurses, watchmen, technicians, cleaners ... All these professionals are part of the same team, and therefore, they should be treated equally.

4.2.1 Communication: direct, different channels ...

Oral communication is probably the most used word in the health field. This can be face-to-face (from one individual to another, in person) or by telephone. It should not be forgotten that there is another frequent channel of communication that is written, through interconsultative parties or letters / emails addressed to the different specialists.

- **Oral:** it is necessary to pay attention to different variables such the professional level of the person you are talking to. A resident will not have the same training as an assistant, nor a nurse will be trained in the same areas as a doctor, therefore, we will have to adapt our terms and expressions. It is also important to keep an active listening, making the other person aware of that we are open to their suggestions. It should not be forgotten that there is a "non-verbal" communication: maintaining visual contact, facial expressions, body language, etc ...
- **Telephone:** in this type of communication there is a lack of non-verbal communication so that it can be a disadvantage on certain occasions, leading to misunderstandings or misinterpretations. That is why it is necessary to ensure that the listener has managed to understand what we want to convey, and to maintain at all times a positive tone of voice that cannot be mistaken with negative connotations.
- **Written:** the main advantage of written communication is that we can take some time to think about what we want to express and erase what we may think is not appropriate. However, grammar and syntax must be used in a proper way to correctly convey what we want. In the same way, it has to be concise and focused on what is relevant so as not to get lost in the details. One disadvantage is that the response is not as immediate as in oral communication

In any of the existing communication channels you can embrace from the most formal to the more informal styles. Depending on the confidence we have with the other person, or how official the writing / presentation is, we can express ourselves in one way or another. In case of doubt, the formal style is the one that should be used in a professional environment. Even when we embrace a more informal tone, we must never forget respect for the other person, avoiding taking too much confidence.



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4.2.2 Communication barriers

"Between what I think, what I mean, what I think I am saying, what I say, what you want to hear, what you hear, what you think you have understood, what you understand, there are eight possibilities of not understanding".

Communication is an act so complex that in many of its various steps there is a possibility of failure. From confusing language to tones or gestures that may lead the recipient to misunderstand our message. Working in the health field involves working with many people with different trainings, personalities, cultures, moods and levels of care (which can be modified by stress or work overload). In the health environment, there is also a clear hierarchy that sometimes prevents the flow of communication because of the fear of disrespecting a superior, or vice versa, because those at the top of the pyramid show an intimidating behavior. Assertiveness is the ability to convince the person in front of us so that we do not impose our point of view aggressively. but still we do not get carried away by what the others think (which would be passive behavior). Finding the right balance is not easy, since you have to handle your feelings, frustrations, knowing well each other, and having enough patience to persuade others. Depending on which country we are, cultural nuances will influence the way we communicate with peers. For instance, in Japan, according to some generations, it is considered rude to look directly into others eyes, while in Western culture it is correct to do so. Likewise, physical contact is better accepted in mediterranean cultures than in anglo-saxon cultures. It is important to know the environment in which we move to avoid misunderstandings. Although we are living in the 21st century and women have managed to match their rights and privileges to those of men, there are still certain traditional sexist behaviors that can be a source of conflict. It is not justifiable under any circumstance to underestimate what a female partner says, and equally we should not underestimate ourselves in case of sexist discrimination. Today, medicine is a profession where women's involvement has been increased, as well as nursing, which has been historically a classically feminine profession. Finally, everyone has a different personality and can influence both positively and negatively in communication. It is not possible to change adults' behaviour, but we can predict their values and reactions. That is the case where assertiveness plays a fundamental role.



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4.2.3 Horizontal communication: collaborating vs delegating

Horizontal communication is the transmission of information between people, divisions, departments or units within the same level of organizational hierarchy. It is synonymous of “lateral communication”. The opposite is vertical communication, which is the transmission of information between different levels of the organizational hierarchy.

It has some advantages such as the decrease in misunderstanding between people working on the same project, making it easier to get efficiency and productivity. It allows employees on lower levels to coordinate directly with each other in the very difficult work of making decisions. Thus, horizontal communication facilitates teamwork in a project with people participating at different levels. It increases job satisfaction and motivation. On the other hand, horizontal communication has some disadvantages. It can be difficult maintaining control whereas horizontal communication is increased. This is, in part, because management can get too much control and power if information flow is controlled. Horizontal communication can also create conflict between colleagues exposed to each other through this process. It is more time-consuming because it needs a double-checking decision making process or to confirm information received. Finally, it may cause a lack of discipline if strict procedural communication rules are not imposed or followed, allowing employees to spend as long as they want to. In relation to the latter, it can also become a problem if collaborating and delegating differences are not well established at the beginning. If there is no any pre-agreement, people tend to take the easy way and just let the companies work for them (delegating) when this is not obviously the purpose. The aim is that everybody contributes to the best of their abilities, giving ideas and expressing their own opinion so that everything flows properly (collaborating). In the hospital daily life, there are many examples of horizontal communication. One of the most frequent is the consultation between different specialties to discuss about a patient and the best approach or care givings to help him/her get better. They have to give ideas, expose their experience in managing the sort of patients for what they are consulted. It forces different specialists to agree and collaborate to give the best for their patients³.

Online Resources

Horizontal Communication: Definition, Advantages, Disadvantages & Examples - Video & Lesson Transcript | Study.com [Internet]. Study.com. 2017 [cited 27 July 2017].

<http://study.com/academy/lesson/horizontal-communication-definition-advantages-disadvantages-examples.html>

It describes what horizontal communication is.



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4.2.4 Bridging Barrier Gaps: Debriefings

One of the main difficulties we face is to analyse what can be improved of our daily work, seize the chances we have in our medium to make things different, learn about the mistakes made. We may have the impression that we do not know exactly whether we are doing things right or wrong. In summary, the difficulty to get a feed back of what has been done and if it has been well done. A debriefing is a powerful tool that enables a team to self-correct and enhance their performance. During debriefings, team members **discuss about** recent experiences, what went well, try to **identify opportunities** for improvement, and which is the main goal. It is an attempt to build a common understanding—by clarifying roles, priorities and goals—remove the different obstacles we can find in the way, and **reach consistent agreements** about how to ensure future success. Debriefings can be conducted at any time—early in a project, at the conclusion of a work shift, after a key event, or even as a periodic check-in process to stay on track. All the team members can participate, which it is suitable to be guided by a team leader, a consultant or an instructor. A good proposal to make in hospital environments could be to make an effort in organizing debriefings with a certain frequency (for example, monthly) and giving the participants a very accesible material to make their own contributions. One reasonable and feasible way of doing debriefings could be to circulate a tipsheet where everybody can note their worries, notify mistakes detected during the shift, and it should be anonymously done, so that it can be discussed by everybody and all could learn from it. However, a debriefing is not only a tool to discuss about mistakes. It can help to beef up what has been done properly and encourage people to make the best of themselves. In summary, there cannot be progress without analysing mistakes and taking the chance they give us to learn⁴.

Online Resources

What Is a Debrief? [cited 29 July 2017]

<https://www.debriefnow.com/what-is-a-debrief.html>

Use this link to learn a little more about debriefings

What is medical debriefing

<https://www.gapmedics.com/blog/2015/03/31/what-is-a-medical-debriefing/>

The site offers information about debriefing within a medical field – i.e. reviewing events that can help medical workers improve improve efficiency and provide the best care possible for their patients.



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4.3 Soft skills

Regarding the article published by Gibert A. et al, we proceeded to provide a list of soft skills a team leader should have in order to have collaboration and a good teamwork. Some of them are from our own harvest.

- **Time management:** this person should be good at scheduling a timetable, trying not to make his/her companions “wasting” their time and working more effectively.
- **Quick decision-making:** someone who makes quick decisions when required, always considering the facts and alternatives available
- **Emotional intelligence:** a person able to create a pleasant human environment for work, showing humility, empathy, friendliness, unselfishness. We can also describe this person like someone polite, easygoing ... He/she would inspire a strong desire to succeed among team members.
 - o **Resilience:** respond effectively to disappointments and setbacks, receive criticism in a good manner
 - o **Flexibility:** be adaptable and receptive to new ideas, adjust to continuous changing work demands and circumstances
 - o **Persuasion:** gain agreement to proposals and ideas, stand ground in the face of opposition
- **Initiative and creativity:** someone proactive and self-starting, seizes opportunities and acts upon them
- **Leadership:** people who create the conditions that allow people to grow and do their best. It also includes training and mentoring new and young team members
- **Cultural and diversity awareness:** communicates well with diverse people, shows respect to others opinions or values
 - o **Conformity to social rules:** someone who governs his dress, body language, tone of voice and vocabulary according to the particularity of each situation
- **Building external working relationships:** a person who maintains positive relationships with people beyond his own team, forges useful partnerships with people across other organizations
- **Conflict resolution:** that kind of people who promote harmony and consensus through diplomatic handling and disagreements
- **Inspiring moral trust:** this person shows loyalty within the team, shares information, treats all fairly, keeping his/her word, ...
- **Inspiring competence-based trust:** inspires confidence in his/her own capacities and skills, underlying his/her competences and values to others
- **Strategic thinking:** someone able to think at a big level, with a long-term view of the future
- **Assertiveness:** someone who defends his/her rights, expresses his/her opinions and makes suggestions truthfully without aggressiveness or passivity, showing respect to others
- **Courtesy:** frequently using the words “please”, “thank you”, “excuse me” in dealing with colleagues and patients

In summary, a good team leader should have as many of these features as possible. These characteristics would be the perfect mixture in order to create a very good environment for work, increase effectiveness and of course make for progress as the aim goal.





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Online Resources

Soft skills: what you need to know and learn

<https://www.skillsyouneed.com/ips/barriers-communication.html>

you can use it to learn a little more about soft skills and practice with some examples

Bibliography

Scott J. How healthcare leaders can increase emotional intelligence. *Radiology Management*. 2013; (Supplement):11-16.

Treem Guerin T. Relationships matter: the role for social-emotional learning in an Interprofesional Global Health Education. *Journal of Law, Medicine and Ethics*. 2014; (Supplement): 38-43.

4.4 Teaching Soft Skills – Strategies and Methods

Soft skills are behaviors that must be internalized as a natural aspect of a person's repertoire of social skills and character attributes. It requires having opportunities to experience and practice each new skill. Here we describe several methods to work on them.

- **Simulation:** authenticity is both the greatest challenge and the most critical aspect of teaching soft skills. Simulation is able to mimic a business-like purposefulness, confront colleagues with a leader who enforces workplace rules, and provide incentives that substitute for paychecks.
- **Case-based learning:** using clinical cases to aid teaching has been termed as case-based learning. The aim goal is to prepare physicians, nurses ... for clinical practice, through the use of authentic clinical cases. It links theory to practice, through the application of knowledge to the cases, using inquiry-based learning methods.
- **Role-playing:** it takes place between two or more people who act out of their roles to explore a particular scenario. You can explore how other people are likely to respond to different approaches; and you can get a feel for approaches that are likely to work, and for those that might be counter-productive. You can also get a sense of what other people are likely to be thinking and feeling in such situation. Thus, you gain experience and self-confidence with handling that situation in real life, and you can develop quick and instinctively correct reactions to such situations.
- **Team-based learning:** it is a collaborative learning and teaching strategy that enables people to follow a structured process to enhance partners engagement and quality of work. It consists of five essential components, with an optional last stage called *Peer Evaluation*.
 - **Individual pre-work:** physicians/nurses are expected to prepare themselves by using readings, presentation slides, audio lectures or video lectures so that they can be at the same level of other colleagues in the course.
 - **Individual Readiness Assurance Test (IRAT):** once reunited, partners complete an individual quiz called the IRAT, which consists of 5–20 multiple-choice questions based on the pre-work materials.
 - **Team Readiness Assurance Test (TRAT):** after submitting the IRAT, all the colleagues form teams and take the same test and submit answers as a team. Both IRAT and TRAT scores count toward the final grade.
 - **Clarification session:** is when people participating will have the opportunity to raise points of clarification or question the quality of multiple-choice questions in the tests. Instructors can then



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facilitate a discussion about the different items covered.

- **Application exercises:** is the final step where, colleagues apply and expand on the knowledge they have just learned and tested. They then display their answer choice in an gallery walk. Instructors then facilitate a discussion or debate among teams.
- **Peer Evaluation:** this is an optional component. At the middle or at the end of the course, some faculty members do a peer evaluation for their teams. Students assess the performance of their team-mates, so they are encouraged to take peer evaluation honestly.

Another possible strategy would be including in what we call restorative practices. Restorative practices are a social science that integrates concepts from a variety of disciplines with the goal of creating healthy communities, repair harm and restore relationships. It includes a wide spectrum of approaches designed to treat everyone involved in a situation with respect. It helps people to understand and to be understood. It includes affective statements and questions, circles, mediation and conferences.

Affective statements focus on how actions influence, positively or negatively, on speaker. They help support empathy and understanding between people. It forces the individual who caused the harm to explore how his or her behaviour impacted others.

Some good examples could be:

- I feel frustrated when I have said to run this blood test and it seems like nobody heard me.
- I am proud when we all work happily together
- I feel appreciated when you ask me if I would change anything of the treatment of this patient, before making your decision

Circles are defined by their circular shape, use of a circle keeper, and ability for people to speak one at a time and listen to each other. It helps to establish relationships and build connections and also repair harm and rebuild relationships. It encourages people to determine what happened, how everyone was affected and what needs to happen to move forward.

It could be useful for example if there was a mistake in the administration of a medication to a child during a cardiopulmonar reanimation of a newborn. It would be a time for sitting in a circle and talking about what happened, the possible consequences and what could be done so that this would not happen next time (for example: have written down all the doses that could be necessary to use, just in case, so we would not be in a hurry to calculate doses in such an stressful situation)

Mediation and *conferences* explore a situation with potential conflict or manage conflict once it has occurred (we are talking about *conflict resolution*). The first one brings together two or more individuals who are, or may be, involved in a particular conflict. It is more appropriate for a discrete interpersonal situation. A very daily situation in the hospital could be the organization of hospitalized patients and where to locate this one when nurses of different floors tell you they are up to work and should be the other nurse who should assume the new patient. When multiple people are involved, the conference is the right choice. It allows people to discuss how they were affected and how to repair a situation moving forward. It includes a circle formation, inclusion of everybody involved and a collaborative agreed-upon outcome.



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Online Resources

Soft Skills Curriculum: The What, Why, and Where:

<http://www.aeseducation.com/knowledge-center/soft-skills-curriculum/>

Use this link to enlarge your knowledge about soft skills

Soft Skills for Leaders of Change in Healthcare

<http://www.iise.org/details.aspx?id=41718>

In this link you can download a very interesting document to beef up what you have learned in this point

Bibliography

Gibert A. Teamwork, soft skills, and research training. Trends in Ecology and Evolution. 2017;32(2):81-83.

Majid S, Liming Z, Tong S, Raihana S. Importance of Soft Skills for Education and Career Success.

International Journal for Cross-Disciplinary Subjects in Education. 2012;2(Special 2):1036-1042.

Lazarus A. Soften up: The importance of Soft skills for job success. American Association for Physician Leadership. 2013: 40-45.

Ray J, Overman A. Hard Facts About Soft Skills. AJN, American Journal of Nursing. 2014;114(2):64-68.

Nealy C. Integrating Soft Skills Through Active Learning In The Management Classroom. Journal of College Teaching & Learning (TLC). 2011;2(4)



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4.5 Practical Activities and Case Studies

The healthcare profession is one that requires a high degree of emotional labor. Physicians, nurses ... are supposed to suppress their own negative emotions in order to display positive emotions towards their patients. It is what is included in emotional intelligence. Here we describe some strategies to help leaders strengthen it.

- **Emotional journal:** it consists in writing down thoughts and feelings about a particular issue. Someone should ask himself/herself questions like "What am I feeling now?" "What circumstances caused me to have this emotion?" "What can I learn from this emotion?". This would help to know you and control better emotions.
- **Meditate daily:** it would help us to gain awareness of how emotions affect particular behaviours. For example: before giving a bad news, physician can take a few moments to take in slow abdominal breaths or take five minutes to be distracted from anything related to work before entering patient's room.
- **Engage in positive visualization:** create a clear mental image of performing at a peak level. It can be used when a physician has to deal with a difficult encounter with another colleague.
- **Appreciative inquiry:** by thinking of the many positive aspects that are present in one's life, it will bring a sense of encouragement and energy to perform at an even higher level.
- **Think before acting:** the emotional brain receives stimuli quicker than the rational brain. So it is recommended to delay responses so that the rational brain can strategize the best way to handle a problem.
- **Empathetic listening:** a synonym could be active listen. This means to notice verbal and non-verbal emotional clues so that you understand what an individual is really saying. With a patient, when you are giving him/her one important information sometimes it is difficult to realize if they understood what you were saying. We can use validation questions after asking for some feedback like: "Did I hear you say ...?", "Is this what you mean ...?" Empathetic listening is highly valuable because it offers the most accurate data of the situation.

Practical Activities

Parents Who Do Not Want to Vaccinate their Son

<http://softis-ped.pixel-online.org/files/training/IO2/4/PracticalActivity1.pdf>

Organization in the Hospitalization (Working with Nurses)

<http://softis-ped.pixel-online.org/files/training/IO2/4/PracticalActivity2.pdf>

Discussing a Decision with Nurses

<http://softis-ped.pixel-online.org/files/training/IO2/4/PracticalActivity3.pdf>

Change of Respirators in the UCIP

<http://softis-ped.pixel-online.org/files/training/IO2/4/PracticalActivity4.pdf>

Suspected abuse of a Child in the Emergency Department

<http://softis-ped.pixel-online.org/files/training/IO2/4/PracticalActivity5.pdf>



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Case Studies

Personal Beliefs at the Emergency Department

<http://softis-ped.pixel-online.org/files/training/102/4/CaseStudy1.pdf>

Possible Violence on a Five Months Baby

<http://softis-ped.pixel-online.org/files/training/102/4/CaseStudy2.pdf>



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