

Colloquium on the future of the ewopa, Heidelberg, 6th to 7th February 1998

Minutes of the presentations

On Friday evening, the "History of the ewopa-renalchild" was presented by Evelyn Reichwald-Klugger, Heidelberg, documented with the help of changing and remaining aspects in the ewopa-renalchild conference programmes of the last 20 years and illustrated with enjoyable snapshots from nearly every meeting during this period. There is a paper available summarizing scientific topics of the annual conferences from 1976 to 1997 (available from the Heidelberg secretariat).

On Saturday morning, the invited speakers presented their ideas:

Karl Schärer, Heidelberg, reported on the very early history of ewopa-renalchild meetings (1971 to 1975) and gave some advice for future conventions. He suggested that some kind of structured organization should be given to the working group. Moreover, he pointed out that the group should be open for newcomers and should establish contacts to other professions, too. Finally, he proposed that the working group should plan multinational studies concerning rehabilitation.

Alan Watson, Nottingham, in his presentation, put the "Watson Model" up for discussion. He also came out in favour of giving a formal structure to the group. He proposed to have joint or satellite meetings with ESPN and/or IPNA (every 2 or 3 years). From such joint meetings, Watson expects more attention to the ewopa-renalchild from nephrologists, lower costs and easier access to funds from sponsors as well as a more intensive exchange of experience within an interdisciplinary group.

However, he also referred to problems which may arise from having joint meetings. In interdisciplinary meetings, different attitudes are confronted with each other, e. g. "science vs. clinical care". Additionally, language and translation problems could occur; and joint meetings would possibly also involve higher costs due to an extra day off from duty, recruiting conference interpreters, etc.

In his presentation, Thomas Lennert, Berlin, introduced himself as a "representative of cosiness" and renewed his scepticism towards changing the actual status of the group. His main issue was the question whether a more clearly structured group would work as successfully as it has been the case for the last 27 years now.

Ulla Berg, Stockholm, then presented the topics for the annual conference in Stockholm this year and reported of some of the difficulties the Stockholm team was confronted with in planning the conference, e. g. they had difficulty in raising the necessary funds and then in deciding who to invite and who to get the address file from. She also described that it was difficult to respond to the wide range of different expectations formulated by the participants. Moreover, organizational questions such as how to calculate the congress fee and whether or not to admit posters had to be answered. Other difficulties arose when the organizers had to select among the presentations that had been sent in and when they had to decide whether plenary or group discussions should be held.

The nurses' needs and what they expect from the ewopa-renalchild were topics Ki Lindqvist, Helsinki, dealt with in her presentation. She formulated the following expectations: in the framework of the ewopa-renalchild, support from more experienced colleagues for the work of pediatric renal nurses can be achieved, and the ewopa-renalchild offers a platform for interdisciplinary formal and informal discussions. It is a positive effect of these discussions that nurses return home to continue their work in their home units with new ideas and refreshed motivation.

K. Lindqvist also mentioned improvements for the Helsinki nurses thanks to ewopa-renalchild meetings, for example concerning care and their daily work. Moreover, nation-wide baby-sitting services and weekly discussion groups for parents have been organized, and nursing conferences at national level have been introduced.

According to her, the ewopa-renalchild should, in the near future, edit a leaflet summarizing the aims and objectives of the group, elect a small group of persons in charge of the continuous work and communicate the hosting country of an annual conference more than 2 years before the date of the respective conference.

A rather thought-provoking presentation was given by Sue Rigden, London, who reflected about the possible dominant position of doctors in the ewopa-renalchild and about how to guarantee interdisciplinary exchange at ewopa-renalchild meetings.

S. Ridgen stated that she has always tried to get more doctors to join ewopa-renalchild meetings in order to promote interdisciplinarity in psychosocial care. Usually 20 % of the participants are doctors. Whether

doctors are really dominant or rather perceived to be dominant is an open topic, just like the question why they are said to be dominant.

However, it has to be asked in which way interdisciplinary exchange can be guaranteed. In S. Ridgen's view, diversity is the strength of a multidisciplinary team. ewopa-renalchild members have equally important, but different views. A successful interdisciplinary approach depends on the integration of varied opinions and different team members.

She proposed interdisciplinarity in ewopa-renalchild meetings to be guaranteed by mutual respect and valuation. Possible new members should be encouraged to participate, and small working groups should be formed that have internal discussions and then report to the plenum. Persons from other professions than doctors should be elected chairpersons, too. This could encourage participants who are less familiar with discussing in a non-native language at conferences.

Finally Joachim Rosenkranz, Heidelberg, gave some information about fund-raising, and he had to conclude that fund-raising for the purposes of the ewopa-renalchild is rather a matter of limits than of opportunities. Nevertheless, it would be worth trying to get funds from the programme "Training and mobility of researchers (TMR)" supported by the European Communities. The funding area "Euroconferences" would probably be of particular interest. Within the framework of this area, high-level scientific meetings having a "focused theme on the cutting edge of research and bringing together established scientists and young researchers" are sponsored.

Decisions

In a summarizing final discussion, the following issues were decided:

The group should have a moderate (low level) structure. It was therefore decided to create a Coordinating Committee that is supposed to work as an interim and that is meant to be enlarged during / after the Stockholm meeting. The committee should consist of a pediatric nephrologist, a nurse, a psychologist and a social worker, thus representing the most frequent professions among participants.

The following participants were elected members of the present Coordinatin Committee:

1. Evelyn Reichwald-Klugger, psychologist, Heidelberg (Chairperson)
2. Ki Lindqvist, renal nurse, Helsinki
3. Helena Kärrfeld, social worker, Stockholm
4. Michel Foulard, pediatric nephrologist, Lille

Annual Conference president: Ulla Berg, Stockholm (1998)

Evelyn Reichwald-Klugger, Heidelberg

Joachim Rosenkranz, Heidelberg