

**Programme Booklet**  
**MASTERCLASS IN QUALITATIVE RESEARCH**  
**ANALYSIS**

**April 7 - 11, 2014**

Maastricht University  
School of Health Professions  
Education (SHE)  
Maastricht  
The Netherlands

## Course information

### Management Board

*Cees van der Vleuten* Scientific Director Graduate School of Health professions Education, Faculty of Health, Medicine and Life Sciences, Maastricht University

*Mascha Verheggen* Programme Director Competence Development Programme, Faculty of Health, Medicine and Life Sciences, Maastricht University

### Course Coordinator

*Tim Dornan* Department of Educational Development and Research, Faculty of Health, Medicine and Life Sciences, Maastricht University

### Access to the Advanced Course Secretariat

*Sigrid Wolfs* SHE Office, Institute for Medical Education, Faculty of Health, Medicine and Life Sciences, Maastricht University  
 ✉ : she@maastrichtuniversity.nl  
 ☎ : 0031-(0)43-388 5655  
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 Office: room N3.17, UNS 60  
 Opening hours:  
 ➤ 09.00-16.00h (Monday until Friday)

### Hotel Information

*Maastricht Booking Service*

✉ : D.Krutzen@mecc.nl or M.Grispen@mecc.nl  
 ☎ : 0031-43-383 83 59 or 0031-43-383 83 58  
 📠 : 0031-(0)43 383 84 00

### Course Venues

UNS 40 : Universiteitssingel 40  
 UNS 60 : Universiteitssingel 60  
 UL : University Library, Universiteitssingel 50

*Location of Lunches*

Student Mensa, Universiteitssingel 40, Ground Level\*

\* Each morning, lunch vouchers will be distributed, which buy you a one-time lunch of your choice at the Student Mensa, for an amount of approximately € 7,-. Please note: You will have to pay the difference if the cost of your meal exceeds the value of the voucher.

### Registration & Welcome Reception

**Monday, April 7, 008.30-09.00h**

At the entrance of the UNS 60-building, you will receive a registration package that contains your programme booklet and all other required course material. The course itself will start off in room N4.22 (4<sup>th</sup> floor, UNS 60), where you will be officially welcomed and inducted to it.

## Biographies of faculty

Bibliographies of selected publications by the five of us are included at the end. Here is some information about what led us to be delivering this course.

### Tim Dornan

I spent most of my career as a practicing physician (general internist and endocrinologist), though I did four years of full-time clinical research before I was appointed to a senior specialist position. Caring for people with diabetes made me interested in the human dimension of illness. I was attracted to qualitative research because it allowed me to explore the human dimension in a scholarly way. It was a logical next step to become interested in patient education and a relatively short step from there into professional education. The Maastricht MHPE programme nurtured my interest in research and I went on to do a PhD. I have used grounded theory, phenomenology, and discourse to explore clinical workplace learning, which is my field of special interest. I am as passionate about education theory – particularly sociocultural theory – as I am about qualitative research. I am interested in how phenomenology could contribute directly to the practice of medicine.

### Esther Helmich

I am an elderly care physician with geriatric rehabilitation as a specialisation. Being a doctor is my most salient professional identity. But as I started working as a university teacher and clinical supervisor quite early in my career, I gradually developed a second professional identity – that of a medical educator. I got interested in how medical students learn to deal with emotions and develop a new, professional identity in the process of becoming a doctor. To answer these questions, adopting a qualitative research approach seemed most appropriate to me. In my PhD on 'becoming a doctor', my main data were students' logs, and individual and group interviews about emotional experiences during early clinical placements. I have used content analysis, narrative analysis, grounded theory and phenomenology. Although I don't have a formal social sciences background, I feel attracted to socio-cultural learning theories, sociological theories about emotion and impression management and social-psychological theories about identity development to frame my research.

### Nigel King

I discovered qualitative research as a PhD student at Sheffield University, looking for a way out of the deadening uniformity of the Medical Research Council 'shape and size' surveys that dominated the unit in which I was working. Since then I have used a variety of qualitative approaches in research that is mostly in health and social care settings, in the intersection between health and organisational psychology. I am pragmatic about the choice of methods to fit the requirements of a particular study, though I continue to find phenomenology a particularly insightful way to examine lived experience. In much of my work on qualitative analysis I seek to find a balance between clear and systematic procedures and creative openness to the data. I have found the 'template analysis' style to be one that strikes this balance well for me, and have written about it quite extensively. More recently, I have developed an interest in how visual – and particularly diagrammatic – methods can be used to capture the complexities of collaborative working, and have developed with colleagues at Huddersfield the 'Pictor' technique to help achieve this. I have a longstanding and active interest in the teaching of qualitative methods.

**Lorelei Lingard**

I came to the world of health professions education research from the humanities: my PhD is in rhetoric – the study of the social uses of language. For the past 15 years I have explored the role of language on healthcare teams, trying to understand both how language shapes the actions teams accomplish together and how novices develop professional identity through the adoption of the sanctioned language patterns of a healthcare community. I have studied teams in a variety of clinical settings: the operating room, the intensive care unit, the transplant service, the internal medicine and paediatric wards, the adult rehabilitation unit and the family health centre. Almost all of my research has been qualitative: I have most often used constructivist grounded theory as my methodology of choice, but have also employed ethnography, critical discourse analysis, and case study to explore my research questions. My work is framed by rhetorical theories of language-in-use, sociological theories of group function, and critical theories of power. My favorite research approach is to observe teams at work and then talk to their members individually and collectively, using increasingly tough questions to get at why they work and talk in particular ways. Excavating the tacit beliefs and principles that shape how teams use language is fascinating!

**Renée Stalmeijer**

I am trained as an educational scientist. Since the very beginning of my career, I have worked in the field of medical education. I started with a strong focus on quality assurance of the medical curriculum while at the same time working on my dissertation, which focused on the evaluation of clinical teaching in undergraduate medical education. For my dissertation work I used cognitive apprenticeship as a theoretical framework to further investigate and optimize clinical teaching practices during clerkships. During this process I started additional training in qualitative research methodology, which I mainly followed via the Wilson Centre in Toronto, Canada. I have performed several qualitative research studies as part of my dissertation and have since then collaborated on many more. Besides this I have been responsible for training participants of various SHE programmes in qualitative methodology. Currently my research focuses on learning, teaching and supervision during clinical workplace learning in both the undergraduate as the postgraduate setting.

## Participants in the Masterclass

Mr./Mrs.	First name	Last name	Mentor	Position/ Job	Department	Sending Institution	E-Mail adres
Mrs.	Nina	Bahl	Tim Dornan	PhD candidate	Psychological institute	Norwegian University of Science and Technology (NTNU)	<a href="mailto:nina.bahl@svt.ntnu.no">nina.bahl@svt.ntnu.no</a>
Mrs.	Jill	Benson	Esther Helmich	Director Health in Human Diversity Unit	Discipline of General Practice	University of Adelaide	<a href="mailto:jill.benson@adelaide.edu.au">jill.benson@adelaide.edu.au</a>
Mr.	Raphael	Bonvin	Lorelei Lingard	Head of Education Unit	Unite Pedagogique	l'Université de Lausanne	<a href="mailto:raphael.bonvin@unil.ch">raphael.bonvin@unil.ch</a>
Mr.	Jean Sebastien	Cadwallader	Nigel King	General Practitioner - PhD Student	General Practice / Epidemiology	Université Paris XI / Maison de Solenn	<a href="mailto:jscadwallader@yahoo.fr">jscadwallader@yahoo.fr</a>
Mrs.	Juliette	Chambe	Renée Stalmeijer	General Practitioner	Department of family medicine	University of Strasbourg	<a href="mailto:juliette.chambe@unistra.fr">juliette.chambe@unistra.fr</a>
Mr.	Laury	De Jonge	Lorelei Lingard	General Practitioner - PhD student	Family Medicine	Maastricht University	<a href="mailto:L.dejonge@maastrichtuniversity.nl">L.dejonge@maastrichtuniversity.nl</a>
Mrs.	Joy	de Vries	Nigel King	Educationalist	Center of Evidenced Based Education	University of Amsterdam	<a href="mailto:Joy.devries@planet.nl">Joy.devries@planet.nl</a>
Mr.	Walter	Eppich	Lorelei Lingard	Assistant Professor of Pediatrics and Medical Education	Pediatrics and Medical Education	Ann & Robert H. Lurie Children's Hospital of Chicago	<a href="mailto:w-eppich@northwestern.edu">w-eppich@northwestern.edu</a>
Mrs.	Julie	Gilles de la Londe	Esther Helmich	Resident in General Practice	General Medicine	University Rene Diderot Paris 7	<a href="mailto:juliedelalonde@gmail.com">juliedelalonde@gmail.com</a>
Dr.	Kelly	Huegaerts	Esther Helmich	Researcher	Interface Demography	V.U.B.	<a href="mailto:kelly.huegaerts@vub.ac.be">kelly.huegaerts@vub.ac.be</a>
Mrs.	Debbie	Jaarsma	Tim Dornan	Professor Evidence-Based Education	Center for Evidence-Based Education	University of Amsterdam	<a href="mailto:debbiejaarsma@gmail.com">debbiejaarsma@gmail.com</a>



Mrs.	Martina	Kelly	Nigel King	Academic Family Doctor	Family medicine	University of Calgary	<a href="mailto:makelly@ucalgary.ca">makelly@ucalgary.ca</a>
Mr.	Jean-Pierre	Lebeau	Esther Helmich	Head of department	General practice	University of Tours	<a href="mailto:lebeaujeanpierre@yahoo.fr">lebeaujeanpierre@yahoo.fr</a>
Mrs.	Marianne	Mak-van der Vossen	Lorelei Lingard	PhD student	Research in Education	Vumc	<a href="mailto:m.mak@vumc.nl">m.mak@vumc.nl</a>
Mrs.	Vibeke	Milch	Renée Stalmeijer	PhD-candidate	Department of Psychology	Norwegian University of Science and Technology (NTNU)	<a href="mailto:vibeke.milch@svt.ntnu.no">vibeke.milch@svt.ntnu.no</a>
Mrs.	Leila	Niemi-Murola	Renée Stalmeijer	Clinical Teacher	Department of Anaesthesiology and Intensive Care Medicine	University of Helsinki	<a href="mailto:leila.niemi-murola@hus.fi">leila.niemi-murola@hus.fi</a>
Mrs.	Krystle	Penders	Tim Dornan	PhD-student		CAPHRI	<a href="mailto:krystle.penders@maastrichtuniversity.nl">krystle.penders@maastrichtuniversity.nl</a>
Dr.	Dimity	Pond	Esther Helmich	Professor of General Practice	Department of Discipline of General Practice	The University of Newcastle	<a href="mailto:Dimity.Pond@newcastle.edu.au">Dimity.Pond@newcastle.edu.au</a>
Mr.	William	Sherlaw	Tim Dornan	Senior Lecturer	Department of International Relations	EHESP Public Health School	<a href="mailto:William.Sherlaw@ehesp.fr">William.Sherlaw@ehesp.fr</a>
Ms.	Lorette	Stammen	Lorelei Lingard	PhD-student	Educational Development and Research	Maastricht University	<a href="mailto:l.stammen@maastrichtuniversity.nl">l.stammen@maastrichtuniversity.nl</a>
Mr.	Ngiap Chuan	Tan	Tim Dornan	Director	Research Department	SingHealth Polyclinics	<a href="mailto:tan.ngiap.chuan@singhealth.com.sg">tan.ngiap.chuan@singhealth.com.sg</a>
Mr.	Dominique	Waterval	Lorelei Lingard	PhD-student	Educational Development and Research	Maastricht University	<a href="mailto:d.waterval@maastrichtuniversity.nl">d.waterval@maastrichtuniversity.nl</a>

## Course goals and methods

The overall aim is for you to learn to perform trustworthy data analysis. You will build your understanding of qualitative research and your ability to conduct it by studying principles and applying them to real qualitative data. Depending on your particular interest, you will join one of four strands: the general strand, which gives an overview and helps you learn how to choose between methodologies. People who are ready to commit themselves to discourse, grounded theory, or phenomenology will spend the week primarily working within that methodology. But there will be plentiful opportunities to interact with peers and experience other methodologies. The course will address principles and practice by a set of procedures.

### Principles

You will learn **how ...**

- Qualitative research can be 'well theorised'; how ...
  - Theories of the nature of knowledge affect qualitative research
  - Choice of methodology defines relationships between researchers and their data
  - Different methodologies have different analytical nuances and strategies
  - Data analysis, interpretation, theory building, and theory integration relate to one another
- Qualitative research can be rigorous
- Theory can inform practice

You will explore how the above principles apply to three methodologies – Grounded Theory, Phenomenology, and Discourse analysis – and how those methodologies are similar to and different from one another. You will learn about some tensions and debates in the qualitative research field and about different positions held by various methodological subschools.

### Practice

You will learn **how to ...**

- Choose a methodology that is appropriate to the topic and research question
- Conduct trustworthy and sophisticated data analysis; how to ...
  - Apply the principles of a qualitative methodology to analytical practice
  - Clarify and hold on to a 'subject position'
  - Work reflexively
  - Work with other researchers
  - Analyse data 'hands on'
  - Anticipate and respond to difficulties that will arise during qualitative analysis
  - Know when you have finished

We will not concentrate in detail on collecting qualitative data or writing qualitative research reports/papers, but will touch on those questions in so far as they relate to qualitative data analysis. For example:

- Data sources and how they are appropriate to the three methodologies
- Adequacy of sampling
- Relation between sampling and data analysis

### Procedures

You **will ...**

- Work on data provided by us and your own data
- Read data closely
- Code data and build an interpretation
  - Open-code, line-by-line, and define codes
  - Identify emergent themes
  - Develop categories
  - Identify relationships between categories, group, and split categories
  - Iterate between analytical stages
  - Identify when to progress from analysis to interpretation
  - Code selectively

- Gain hands-on experience of qualitative analysis software
- Present and discuss the results of your preliminary data analysis
- Give your colleagues feedback

### **What you can expect to achieve by the end of the week**

The course can realistically only get you started on analytical techniques, or refine your current approaches to analysis; it cannot support you to complete the analysis of a whole dataset within the week.

### **Activities**

The course will be hands-on, active, guided, and supported by faculty. It will follow an apprenticeship educational model, where you analyse your data alongside peers and faculty, who are working on similar analytical challenges. Peer interaction and modeling are important features. You will have opportunities not just to exchange ideas, but to model on the work of other people. You will also receive constructive criticism of your work from peers as well as faculty.

#### Study topics; general and specific

People in the general strand will work with others in the same position to refine their understanding of qualitative principles, learn the differences between methodologies, decide which one fits their research best, and start applying it. People who enter a methodology-specific strand directly will work within it for most of the time, but there will be plenary, cross-over, and consultation sessions to give breadth as well as depth. On Thursday and Friday, you and the peers in the same strand will conduct a Masterclass for the whole group. The idea of the Masterclass, just as in musical masterclasses, is to build confidence by 'stepping up and performing'.

#### Plenary sessions

During these sessions, faculty or participants will present topics, which will be discussed by the plenary group.

#### Private study and consultations with faculty

These sessions are for you to work on data provided by us or on your own data. The activities of people who commit to a specific methodology from the start will be directed by their methodological choice. The activities of people in the comparative strand will be driven by their learning needs. Faculty will be available during the private study sessions and we try to ensure that you get at least one 1:1 session. Various places will be available for you to work in, including the library. Computers will be available with qualitative data analysis software.

#### Peer interactions

We encourage you to learn from as well as with peers. Answering questions will increase and test the limits of your own understanding at the same time as helping another person. Ask questions as well. Do so in ways that encourage everyone to be frank about uncertainties as well as things they feel certain about.

### **Using your own materials**

#### Choice and amount of material

We encourage you to bring your own data. They could be from a study in progress or one that has been completed. The amount of data you can work in during the supervised sessions will be quite limited. We can, for example, supervise your interpretation of:

- Data coded to a single theme or category
- Data from one respondent



- A single focus group

Your data might represent perhaps one hour of interview or discussion. It might be a single document of up to 3000 words. Choose it carefully. It might, for example, be a particularly informative or iconic example of what you are researching.

Of course, you can bring your whole dataset on a storage device or laptop. During the private study sessions, you will appreciate being able to browse the dataset in its entirety – so feel free to bring whatever you want. But the amount whose interpretation we supervise has to be limited.

#### Ethics approval, anonymity, and practical constraints

You may bring your data in electronic and/or paper format with these provisos:

- Ethics approval must have been obtained (or not be needed) for faculty and other course participants to read the data. The data must have been anonymised
- Printing facilities will be strictly limited. If you wish to work on paper copies of data, you must bring copies with you, preferably in duplicate to allow co-participants to read data independently
- The language of the course is English. Tutors in all but the phenomenology strand can work in Dutch but few peers will be able to, therefore we advise even Dutch speaking participants to translate their materials into English

#### Computing and qualitative data analysis software

- We urge you to bring a laptop computer with your data loaded (and backed up) and word processing software
- Qualitative data analysis can be done without specialised software and our main emphasis is on analytic processes that do not depend on it, so specialised software will not be a major emphasis of the course
- There is not a lot to choose between different packages, all of which are expensive. Some of use NVivo; others use Atlas.ti. Maastricht University has a site license for Atlas.ti so that is what we will have available. We will have it loaded on 6 laptops, which will be available to borrow for short periods throughout the course
- Short guidance notes will be available to help you get started with Atlas.ti and we will provide a little “at elbow” support. There will also be consultation sessions to provide limited instruction in Atlas.ti
- If you would like to do anything more than try out software for half an hour or so, you must buy your own license or get it from your university before you come and bring it loaded onto your own computer.

### **Preparatory work before you come to Maastricht**

- Choose data, as specified above
- Have data translated, if necessary, into English
- We will ask you to send us the sample you have selected for the supervised sessions, with answers to these questions:
  - What research question is driving the study?
  - Where are you in the data collection process?
  - Where are you in the data analysis process?
- We will also supply you with guidance about how to look at your data with a view to supervised analysis
- The leader of your chosen strand will correspond with you to help you prepare.
- We ask you, also, to read:

Helene Starks and Susan Brown Trinidad. Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory. *Qual Health Res* 2007 17: 1372\*

*\*Inevitably, in covering the three broad and diverse areas of phenomenology, grounded theory and discourse analysis in one article, the authors of this paper gloss over or neglect some important distinctions within each of those fields.*

## Resources provided to course participants

Every participant in the course will receive, on the first day, a copy of the following:

- Watling CJ, Lingard L. Grounded theory in medical education research: AMEE Guide No. 70. *Medical Teacher*. 2012; 34: 850–861
- King N, Horrocks C. *Interviews in qualitative research*. 2010. Sage: Thousand Oaks.

## Core principles of qualitative research analysis

These core principles underpin qualitative research analysis in general, and are applicable to the three methodologies we have included in the course. We suggest you review this list at the start and periodically during the course to identify concepts that particularly interest or puzzle you:

### **Reflexivity**

- Reflecting on your own orientations, beliefs, and previous knowledge

### **Iteration**

- Conducting your analysis alongside data collection in an iterative process

### **Constant comparison**

- Reconsidering the preceding analysis in each new cycle of analysis

### **Trustworthiness**

- Making the process appreciable by readers, not shrouded in mystique

### **Collaboration**

- Enriching the analytical process by involving multiple people

### **Knowledge building**

- Connecting the analysis to what is already known about the social phenomena

### **Fit and resonance**

- Ensuring the final product fits the social phenomenon being studied in a meaningful way

## The timetable at a glance

<b>Morning 9-12 (with coffee break)</b>	<p><b>Plenary UNS 60/N4.22</b></p> <p>- Welcome, introductions, and orientation to the course</p> <p><b>Plenary (NK) UNS 60/N4.22</b></p> <p>- Core principles of qualitative data analysis</p>	<p><b>Strand groups</b></p> <p>General (UNS60/M3.14)</p> <p>Discourse (UNS60/M3.16)</p> <p>Phenomenology (UNS60/M4.06)</p> <p>Grounded theory (UNS60/M4.14)</p> <p>Group discussions will include:</p> <ul style="list-style-type: none"> <li>- Planning for master class sessions</li> <li>- Preparatory reading and readings provided to all participants</li> </ul>	<p><b>Strand groups</b></p> <p>General (UNS60/M4.01)</p> <p>Discourse (UNS60/M4.03)</p> <p>Phenomenology (UNS60/M4.07)</p> <p>Grounded theory (UNS60/M4.12)</p>	<p><b>Strand groups</b></p> <p>General (UNS60/M4.01)</p> <p>Discourse (UNS60/M4.10)</p> <p>Phenomenology (UNS60/M4.14)</p> <p>Grounded theory (UNS60/M4.12)</p>	<p><b>Plenary masterclass Start 08.30 UNS60/N4.22</b></p> <p>General and Discourse strands</p> <p><b>11.30 Minute paper</b></p>
<b>Lunch</b>					<p>Lunch together, discussion of what has been learned, and wind-up</p> <p><b>UNS 60/N4.22</b></p>
<b>Afternoon 13-15</b>	<p><b>Strand groups</b></p> <p>General (UNS60/M4.06)</p> <p>Discourse (UNS60/M4.08)</p> <p>Phenomenology (UNS60/M4.10)</p> <p>Grounded theory (UNS60/M4.14)</p>	<p><b>Consultation sessions</b></p> <p>TD (UNS 60/M5.12)</p> <p>EH (UNS60/M3.14)</p> <p>NK (UNS60/M3.16)</p> <p>LL (UNS60/M4.06)</p> <p>RS (UNS60/M5.02)</p> <p><u>Private work</u></p>	<p><b>Plenary (LL) UNS60/N4.22</b></p> <p>- Writing up</p> <p>Consultation sessions</p> <ul style="list-style-type: none"> <li>- Faculty available for 1:1s</li> <li>- Private work</li> </ul>	<p><b>Plenary masterclass Start 13.30 UNS 60/N4.22</b></p> <p>Phenomenology</p>	



<b>Tea</b>					
<b>15.30-17.00</b>	<b><u>Strand groups</u></b> General <b>(UNS60/M4.06)</b> Discourse <b>(UNS60/M4.08)</b> Phenomenology <b>(UNS60/M4.10)</b> Grounded theory <b>(UNS60/M4.14)</b>	<b><u>Plenary (TD)</u></b> <b>UNS 60/N4.22</b> - Being rigorous		<b><u>Plenary masterclass</u></b> <b>UNS 60/N4.22</b> GT strand	
			<b>( Joint) DINNER</b>		

## Masterclass sessions

Each strand group has 90 minutes to lead a session in which they will help members of other strands benefit from what they have learned. Here is some guidance

- Start planning straight away so that, as the week goes on, you will be able to say, for example: 'that would be a really good example to use in the Masterclass'
- Appoint a person to coordinate your group's preparations
- Aim to make it fun for everyone; a participative, active-learning session
- We suggest the following structure, for which you will have no more than 75 minutes:
  - Introduce your methodology: "This is what it looks like"
  - Get participants doing an exercise: "Now it's your turn to do ..."
  - Tell other participants what you have learned about your methodology: "This is what I have taken away ..."
- There will be 15 minutes at the end of your contribution for Faculty to add points, in which they may draw out contrasts between what you have presented and other methodologies: "This is my take-home message ..."
- Your whole Masterclass session, including the Faculty contribution, must be absolutely no longer than 90 minutes
- Participants will appreciate having 'breathing space' both within and between sessions

## General and Discourse strand timetables

Day	Time	Content	Comments
Monday	9-12	Plenary: Introduction + core principles	Nigel
	13-15	<p>Introduction &amp; group building (30 min)</p> <ul style="list-style-type: none"> <li>- Who is who?</li> <li>- What have you been doing?</li> <li>- What do you want to do?</li> </ul> <p>Introduction of close reading (10 min)</p> <ul style="list-style-type: none"> <li>- Why close reading?</li> <li>- Focus on reflexivity</li> </ul> <p>Close reading shared material (30 min)</p> <p>Discussion closed reading in pairs (10 min)</p> <p>Facilitated group discussion (40 min)</p> <ul style="list-style-type: none"> <li>- Close reading: why text might strike you and how choosing a methodology sensitises you</li> </ul>	<p>Shared by Esther &amp; Tim in dialogue; introduction by Esther, group discussion led by Tim</p> <p>Prompting questions close reading:</p> <ul style="list-style-type: none"> <li>- What do you think/feel when reading this text?</li> <li>- How do your experiences resonate with respondent's experiences?</li> <li>- What really strikes you and why does it?</li> </ul>
	15:30-17:00	General/discourse strand participants are invited to attend lecture: Introduction to GT (with GT strand)	Lorelei

Day	Time	Content	Comments
Tuesday	9-12	<p>Reflections on yesterday's sessions            Questions &amp; answers pre-reading (Starke &amp; Brown) (10 min)</p> <p>Comparing            GT/phenomenology/<b>D</b>iscourse</p> <ul style="list-style-type: none"> <li>- Short presentation PhD research              Esther: different approaches of one topic (= emotions/identity) (10 min)</li> </ul> <p>Quick reading (40 min):            Providing participants with some exemplar papers representing different methodologies (focus on data collection and analysis)</p> <p>Preparing summary table in pairs (30 min)</p> <ul style="list-style-type: none"> <li>- Using whiteboard / flip over</li> </ul> <p>Facilitated group discussion (30 min)</p> <p>Analysis of close reading (shared) material from different angles (small groups, 40 min)            Participants chose methodology to work with, including (<b>D</b>)iscourse</p> <p>Facilitated group discussion (20 min)</p>	<p>Prompting questions quick reading:</p> <ul style="list-style-type: none"> <li>- Please focus on research questions &amp; methods section</li> <li>- What puts the 'ology' into methodology?</li> <li>- Please summarise differences and commonalities in a comparative table (of which I will provide an example in my presentation)</li> </ul>
	13-15	<p><b>Consultation sessions</b></p> <p>Analysis of shared material (cont.)            TD available for 1:1 with <u>(D)iscourse participants</u></p> <p>Private work/consultations</p>	
	15:30-17:00	Plenary: being rigorous	Tim

Day	Time	Content	Comments
Wednesday	9-12	<p>Meet the professor: Phenomenology (45 min)</p> <ul style="list-style-type: none"> <li>- Philosophical/historical background</li> <li>- Descriptive versus interpretative phenomenology</li> </ul> <p>Interactive presentation (<b>D</b>)iscourse analysis by Tim (45 min)</p> <ul style="list-style-type: none"> <li>- Background</li> <li>- Fundamental assumptions</li> <li>- Different approaches</li> </ul> <p>Analysis of shared material (or newly provided materials) in small groups (60 min):</p> <ul style="list-style-type: none"> <li>- Three groups: participants chose one approach to work with</li> <li>- (<b>D</b>)iscourse group separate</li> </ul> <p>Facilitated group discussion on analysis within different methodologies (30 min):</p> <ul style="list-style-type: none"> <li>- GT (open/axial/selective coding)</li> <li>- phenomenology (bracketing, part and whole transcript analysis)</li> <li>- (<b>D</b>)iscourse group separate</li> </ul>	The ‘Meet the Professor’ sessions with Nigel and Tim will provide participants with more in-depth information about phenomenology and discourse
	13-15	Plenary: writing up	Lorelei
	15:30-17:00	<p><b>General group:</b></p> <p>Quick reading (40 min): writing up</p> <ul style="list-style-type: none"> <li>- Providing participants with some exemplar papers representing different methodologies</li> </ul> <p>Preparing summary table in pairs (20 min)</p> <ul style="list-style-type: none"> <li>- Using whiteboard / flip over</li> </ul> <p>Facilitated group discussion on writing up within different methodologies (30 min)</p> <p><b>(D)iscourse group separate (90 min)</b></p>	
		JOINT DINNER at Grand Café ‘Le Soiron’	



**Evening: Social Programme (Joint dinner)**

18.30-19.00 Dinner at



**Grand Café Maastricht Soiron B.V.**

**Tel 043 321 11 11**

**Fax 043 310 07 12**

**Locatie: Vrijthof 18 6211 LD Maastricht**



<b>Day</b>	<b>Time</b>	<b>Content</b>	<b>Comments</b>
<b>Thursday</b>	9-12	Meet the professor: Grounded theory (45 minutes)  Capita selecta: <ul style="list-style-type: none"> <li>- Use of theories</li> <li>- Self-report versus observation</li> <li>- Triangulation</li> <li>- Member check</li> <li>- Audit trail</li> <li>- Etc.</li> </ul>	The 'Meet the Professor' sessions with Lorelei will provide participants with more in-depth information about GT
	13-15	Plenary: master class phenomenology  For all master classes: <ul style="list-style-type: none"> <li>- Demonstration by participants of what it is like</li> <li>- Exercise (prepared by participants) with whole group</li> <li>- Strand reflection: what did you learn this week?</li> <li>- Reflections of faculty</li> </ul>	
	15:30-17:00	Plenary: master class grounded theory	

<b>Day</b>	<b>Time</b>	<b>Content</b>	<b>Comments</b>
<b>Friday</b>	8:30-11.30	Plenary: master class discourse & general	
	11.30-12.00	Plenary: course evaluation (minute paper)	
	12.00-13.00	LUNCH and informal evaluation	

## Reading list and online resources

### Preparatory reading

Helene Starks and Susan Brown Trinidad. Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory. *Qual Health Res* 2007 17: 1372

### General reading

Carter SM, Little M. Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research. *Qualitative Health Research* 2007; 17(10): 1316-28

McLachlan E, Dornan T. Recruitment and sampling in qualitative research. *The Psychiatrist* 2013; in press.

### Discourse

Antaki, C. (1988). *Analysing everyday explanation: a casebook of methods*. London, Sage Publications.

Bleakley, A. (2005). "Stories as data, data as stories: making sense of narrative inquiry in clinical education." *Med Educ* 39(5): 534-540.

Cheek, J. (2004). "At the Margins? Discourse Analysis and Qualitative Research." *Qualitative Health Research* 14(8): 1140-1150.

Fairclough N. (2001). *Language and power*. Second edition. Edinburgh: Longman.

Fairclough, N. (2003). *Analysing discourse. Textual analysis of social research*. London: Routledge.

Gee, J. (2011). *An Introduction to Discourse Analysis: Theory and Method*. New York, London, Routledge.

Gee, J. P. (2011). *How to do discourse analysis: a toolkit*. New York, Routledge.

Holland D, Lachicotte W, Skinner D, Cain C. *Identity and agency in cultural worlds*. 1998. Cambridge, Mass: Harvard University Press.

Hodges, B. D., A. Kuper, et al. (2008). "Discourse analysis." *BMJ* 337: a879.

Kuper A, Whitehead C, Hodges BD. Looking back to move forward: Using history, discourse, and text in medical education. *AMEE Guide no 73. Med Teach* 2013; 35: e849-860.

Lingard, L. and T. J. Kennedy (2007). *Qualitative research in medical education. ASME Booklet Understanding Medical Education*. T. Swanwick.

Monrouxe, L. V. "Identity, identification and medical education: why should we care?" *Med Educ* 44(1): 40-49.

Morgan, A. (2010). "Discourse Analysis: An Overview for the Neophyte Researcher." *Journal of health and Social Care Improvement*(May Issue).

Nixon, A. and C. Power (2007). "Towards a framework for establishing rigour in a discourse analysis of midwifery professionalisation." *Nursing inquiry* 14(1): 71-79.

Silverman, D. (2007). *Interpreting Qualitative Data*. London, Sage Publications.

Starks, H. and S. B. Trinidad (2007). "Choose your method: a comparison of phenomenology, discourse analysis, and grounded theory." *Qualitative Health Research* 17(10): 1372-1380.

Vagan, A. "Towards a Sociocultural Perspective on Identity Formation in Education." *Mind, Culture, and Activity*. 18(1): 43-57.

van der berg, H. (2004). "Discoursanalyse." *KWALON* 9(2).

Wetherell, M., S. Taylor, et al. (2001). *Discourse as Data: a Guide for Analysis*. London, Sage Publications.

### Grounded theory

- Bringer JD, Johnston LH, Brackenridge CH. 2006. Using computer-assisted qualitative data analysis software to develop a grounded theory project. *Field Meth* 18:245–266.
- \*Charmaz K. 2006. Constructing grounded theory: A practical guide through qualitative analysis. *Chapters 3, 4, 5 & 6*. Thousand Oaks: Sage.
- Clarke AE. 2003. Situational analyses: Grounded theory mapping after the postmodern turn. *Symb Interact* 26(4):553–576.
- Dunne C. 2011. The place of the literature review in grounded theory research. *Int J Soc Res Methodol* 14(2):111–124.
- Ginsburg, S., Regehr, G., & Lingard, L. The disavowed curriculum: Understanding students' reasoning in professionally challenging situations. *Journal of General Internal Medicine*, 2003, 18(12), 1015-1022.
- \*Harry B, Sturges KM, Klingner JK. Mapping the Process: An Exemplar of Process and Challenge in Grounded Theory Analysis. *Educational Researcher* 2005; 34(2), pp. 3–13.
- \*Kennedy, T.J.T., Regehr, G., Baker, G.R., Lingard, L. Preserving professional credibility: Grounded theory study of medical trainees' requests for clinical support. *British Medical Journal*, 2009, 338, b128.**
- Kennedy TJT, Lingard LA. 2006. Making sense of grounded theory in medical education. *Med Educ* 40:101–108.
- Morse JM. 2009. Tussles, tensions, and resolutions. In: *Developing grounded theory: The second generation*. Walnut Creek: Left Coast Press.
- \*Watling CJ, Lingard L. Grounded theory in medical education research: AMEE Guide No. 70. *Medical Teacher*. 2012; 34: 850–861**

### Phenomenology

- Ashworth, P.D. An approach to phenomenological psychology: the contingencies of the lifeworld. *Journal of Phenomenological Psychology*, 2003; 34(2), 145-156.
- Finlay, L. Debating phenomenological research methods. *Phenomenology & Practice*. 2009; 3 (1): 6-25.
- King, N, Finlay L, Ashworth P, Smith J, Langdridge D, Butt T. "Can't really trust that, so what can I trust?": A polyvocal, qualitative analysis of the psychology of mistrust. *Qualitative Research in Psychology*. 2008; 5 (2): 80-102.
- King, N., Bravington, A., Brooks, J., Hardy, B., Melvin, J. and Wilde, D. (2013) The Pictor Technique: a method for exploring the experience of collaborative working. *Qualitative Health Research*, 23 (8), 1138-1152.
- Langdridge, D. *Phenomenological Psychology: Theory, Research and Method*. 2007. Harlow: Pearson Prentice-Hall.
- Smith, J.A. Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*. 2004; 1 (1): 39-54.
- Spinelli, E. *The Interpreted World: An Introduction to Phenomenological Psychology*. London: Sage.
- Van Manen, M. *Researching lived experience: Human science for an action sensitive pedagogy*. 2009. New York: State University of New York Press.

### Valuable web resources

- Template analysis – Nigel King. [http://hhs.hud.ac.uk/w2/research/template\\_analysis/](http://hhs.hud.ac.uk/w2/research/template_analysis/)
- Qualitative data analysis – Graham Gibbs. <http://onlineqda.hud.ac.uk/>

## Publications by course leaders illustrating our qualitative research

### Tim Dornan

#### Grounded theory

- Dornan T**, Bundy C. What can experience add to early medical education? Consensus survey. *BMJ* 2004; 329: 834-7
- Dornan T**, Boshuizen H, King N, Scherpbier A. Experience-based learning: A model linking the processes and outcomes of medical students' workplace learning. *Med Educ* 2007; 41:84-91
- Ashley P, Rhodes N, Sari-Kouzel H, Mukherjee A, **Dornan T**. "They've all got to learn". Medical students' learning from patients in ambulatory consultations. *Med Teach* 2009; 31: e24-e31
- Helmich E, Bolhuis S, Laan R, **Dornan T**, Koopmans R. Medical students' emotional development in early clinical experience: A model. *Advances in Health Sciences Education* 2014; In press
- Goldszmidt M, **Dornan T**, Lingard L. Progressive Collaborative Refinement on Teaching Teams: Implications for Supervision. *Med Educ* 2014; in press
- Steven K, Wenger E, Boshuizen H, Scherpbier A, **Dornan T**. How clerkship students learn from real patients in workplaces. *Acad Med* 2014; Published online first.

#### Phenomenology

- King N, Carroll C, Newton P, **Dornan T**. "You can't cure it so you have to endure it". The experience of adaptation to diabetic renal disease. *Qualitative Health Research* 2002; 12: 329-346
- Dornan T**, Scherpbier A, King N, Boshuizen H. Clinical teachers and the new medical education: phenomenological study. *Med Educ* 2005; 39: 163-70
- McLellan L, McLachlan E, Perkins L, **Dornan T**. Music and health. Phenomenological investigation of a medical humanity. *Advances in Health Sciences Education* 2012; DOI 10.1007/s10459-012-9359-y
- McLachlan E, King N, Wenger E, **Dornan T**. Phenomenological analysis of patients' experiences of medical student teaching encounters. *Med Educ* 2012;
- Helmich E, Bolhuis S, Laan R, **Dornan T**, Koopmans R. Being in medicine for the very first time: emotional talk, meaning and identity development. *Med Educ* 2012;

#### Discourse

- Walter A, Bundy C, **Dornan T**. How should medical students be taught to open an interview. *Conversation analysis. Med Educ* 2005; 39: 492-6
- Graham J, **Dornan T**. Clinical teachers' discourses of a "curriculum-in-action". *Advances in Health Sciences Education* 2013; 18: 975-85
- van der Zwet J, **Dornan T**, Teunissen P, Scherpbier A, De Jonge L. Why do doctors interact with students the way they do? Discourses of dialogue, good medical practice and relationship trajectories. *Advances in Health Sciences Education* 2014; in press
- Dornan T. When I say ... Discourse analysis. *Medical Education* 2014; In press

#### Other qualitative

- Carroll C, Naylor E, Marsden P, **Dornan T**. How do people with type 2 diabetes perceive and respond to cardiovascular risk? *Diabet Med* 2003; 20: 355-60
- Dornan T**, Hadfield J, Brown M, Boshuizen H, Scherpbier A. How can medical students learn in a self-directed way in the clinical environment? Design-based research. *Med Educ* 2005; 39: 356-64

- Drinkwater J, Tully M, **Dornan T**. The effect of gender on medical students' aspirations. A qualitative study. *Med Educ* 2008; 42: 420-6
- Bell K, Boshuizen H, Scherpbier A, **Dornan T**. Undergraduate medical students' learning from real patients. *Med Educ* 2009; 43: 1036-43
- Hay A, Smithson S, Mann K, **Dornan T**. Medical students' reactions to an 'Experience Based Learning' (eXBL) model of clinical education. *Medical Teacher. Perspectives on Medical Education* 2013; 2: 58-7

## **Nigel King**

### Grounded theory

- Meston C , **King N**. Making sense of 'resistance': Responses to organizational change in a private nursing home for the elderly, *European Journal of Work and Organizational Psychology*, 1996; 5 (1): 91-102.
- Dornan T, Boshuizen H, **King N**, Scherpbier A. Experience-based learning: A model linking the processes and outcomes of medical students' workplace learning. *Med Educ* 2007; 41:84-91

### Phenomenology

- King N**, Carroll C, Newton P, Dornan T. "You can't cure it so you have to endure it". The experience of adaptation to diabetic renal disease. *Qualitative Health Research* 2002; 12: 329-346
- Dornan T, Scherpbier A, **King N**, Boshuizen H. Clinical teachers and the new medical education: phenomenological study. *Med Educ* 2005; 39: 163-70
- King N**, Finlay L, Ashworth P, Smith J, Langdridge D, Butt T. "Can't really trust that, so what can I trust?": A polyvocal, qualitative analysis of the psychology of mistrust. *Qualitative Research in Psychology*. 2008; **5** (2): 80-102.
- Rodriguez A, **King N**. The lived experience of parenting a child with a life-limiting condition: a focus on the mental health realm. *Palliative and Supportive Care*. 2009; 7 (1): 7-12.
- Turley E, **King N**, Butt T. "It started when I barked once when I was licking his boots!" A descriptive phenomenological study of the everyday experience of BDSM. *Psychology and Sexuality*. 20011; **2** (2): 123-136.
- McLachlan E, **King N**, Wenger E, Dornan T. Phenomenological analysis of patients' experiences of medical student teaching encounters. *Med Educ* 2012; 46: 963-973.

### Other qualitative

- Brooks, J., McCluskey, S., King, N. and Burton, K. Illness perceptions in the context of differing work participation outcomes: exploring the influence of significant others in persistent back pain. *BMC Musculoskeletal Disorders* 2013, **14**:48 doi:10.1186/1471-2474-14-48
- Kirkby-Geddes, E., King, N. and Bravington, A. Social Capital and Community Group Participation: Examining 'Bridging' and 'Bonding' in the Context of a Healthy Living Centre in the UK. *Journal of Community & Applied Social Psychology*, 2013, **23** (4), 271-285.
- Brooks, J., King, N., and Wearden, A. Couples' experiences of interacting with outside others in Chronic Fatigue Syndrome: a qualitative study. *Chronic Illness*. 2013, Online first, doi: 10.1177/1742395312474478
- Burr V, **King N**, Butt T. Personal construct psychology methods for qualitative research. *International Journal of Social Research Methodology*. 2012; DOI:10.1080/13645579.2012.730702
- King N**. Doing Template Analysis. In G.Symon and C.Cassell (eds.) *The Practice of Qualitative Organizational Research: Core Methods and Current Challenges*. 2012; London: Sage.
- Burr, V. and **King, N**. "You're in cruel England now!" Teaching research ethics through reality TV. *Psychology Learning and Teaching*. 2012; **11** (1), 22-29.

Hardy B, **King N**, Firth J. Pictor: a tool that promotes reflection and communication in research interviews with people affected by advanced disease. 2011; *Nurse Researcher*, 21 (10), 6-10.

**King N**, Horrocks C. *Interviews in Qualitative Research*. 2010; London: Sage.

**King N**, Melvin J, Ashby J, Firth J. (2010) Community palliative care: role perception. *British Journal of Community Nursing*. 2010; 15 (2): 91-98.

## Lorelei Lingard

### Grounded theory

Lingard, L., Garwood, K., Schryer, C., & Spafford, M. A certain art of uncertainty: Case presentation and the development of professional identity. *Social Science and Medicine*, 2002, 56, 603-617.

Bannister, S., Hilliard, R., Regehr, G., & Lingard, L. Technical skill in paediatrics: A qualitative study of acquisition, attitudes and assumptions in the neonatal intensive care unit. *Medical Education*, 2003, 37(12), 1082-1090.

Lingard, L., Whyte, S., Espin, S., Baker, G.R., Orser, B., & Doran, D. Towards safer interprofessional communication: Constructing a model of "utility" from pre-operative team briefings. *The Journal of Interprofessional Care*, 2006, 20(5), 471-483.

Kennedy, T.J.T., Regehr, G., Baker, G.R., Lingard, L. Preserving professional credibility: Grounded theory study of medical trainees' requests for clinical support. *British Medical Journal*, 2009, 338, b128.

Kennedy, T.J.T., Regehr, G., Baker, G.R., & Lingard, L. Point-of-care assessment of medical trainee competence for independent clinical work. *Academic Medicine*, 2008, 83(10), S89-S92.

Varpio, L., Schryer, C.F., & Lingard, L. Routine and adaptive expert strategies for resolving ICT mediated communication problems in the team setting. *Medical Education*. 2009, 43(7), 680-7.

Zibrowski E, Singh I, Watling C, Goldszmidt M, & Lingard L. Sum of the parts detracts from the intended whole: Competencies & in-training assessments. *Medical Education*, 2009, 43(8), 741-748.

Guttman, OR, Lingard L. Credentials as cultural capital: the pursuit of higher degrees among academic medical trainees. *Academic Medicine*. 2010, 85(10 Suppl), S21-4

Ginsburg, S. & Lingard, L. "Is That Normal?": Pre-clerkship Students' Approaches to Professional Dilemmas. *Medical Education*. 2011, 45(4), 362-71.

Watling, C., Van Der Vleuten, C., Driessen, E., Lingard, L. Learning from clinical work: the role of learning cues and credibility judgment. *Medical Education*. 2012 46(2):192-200.

### Ethnography

Lingard, L., McDougall, A., Levstik, M., Chandok, N., Spafford, M., Schryer, C. Representing complexity well: A story about teamwork, with implications for how we teach collaboration. *Medical Education*. 2012 46(9):869-77.

Galle, J., & Lingard L. A medical student's perspective of participation in an interprofessional education placement: An autoethnography. *Journal of Interprofessional Care*. 2010. 24(6), 722-33

### Discourse

Kennedy, T.J., & Lingard, L. Questioning competence: a discourse analysis of attending physicians' use of questions to assess trainee competence. *Academic Medicine*, 2007, 82(10 Suppl), S12-S15.

## Renee Stalmeijer

### Other Qualitative

**Stalmeijer, R.E.**, Dolmans, D.H.J.M., Wolfhagen, H.A.P., Snellen-Balendong H.A.M., Scherpbier A.J.J.A., (2013). Factors influencing clinical teaching from the perspective of the Maastricht Clinical Teaching Model: views of experienced clinical teachers. *Academic Medicine*, 88(6) p. 861-865

Berendonk, C., **Stalmeijer, R.E.**, & Schuwirth, L.W.T. (2013). Assessors' perspectives on assessment: 'I think you call it expertise'. *Advances in Health Sciences Education*, 18(4):p. 559-71

**Stalmeijer, R.E.**, Dolmans, D.H.J.M., Wolfhagen, H.A.P., Van Coppenolle, L., Peters, W.G., & Scherpbier A.J.J.A.(2010). Combined student ratings and self-assessment provide useful feedback for clinical teachers. *Advances in Health Sciences Education: Theory and Practice* 15 (3) p 315 - 328.

**Stalmeijer, R.E.**, Dolmans, D.H.J.M., Wolfhagen, H.A.P., & Scherpbier, A.J.J.A. (2009). Cognitive apprenticeship in clinical practice: Can it stimulate learning in the opinion of the students? *Advances in Health Sciences Education: Theory and Practice*. 14 (4) p.535-547.

**Stalmeijer, R.E.**, Whittingham, J.R.D., De Grave, W.S, & Dolmans, D.H.J.M (*in peer review*). Creating partnerships and finding common ground: training students to take part in internal quality assurance processes in higher education.

Strand, P. Edgren, G., Borna, P., Lindgren, S., Wichmann-Hansen, G., & **Stalmeijer, R.E.** (*in peer review*). Conceptions of how learning or teaching curriculum, workplace culture and agency of individuals shape medical student learning and supervisory practices in the clinical workplace.

### Discourse Analysis

Van der Zwet, J., De La Croix, A., Jonge, L., **Stalmeijer, R.E.**, Teunissen, P. Scherpbier, A.J.J.A. (*in press*). Is it a question of hierarchy? Revealing the affordances of doctor-student interaction during clerkships. *Medical Education*

### Grounded Theory

Hill, E., Bowman, K., **Stalmeijer, R.E.**, & Hart, J. (*in press*) "Know the rules to play the game": negotiating the hidden curriculum of the surgical field. *Medical Education*

## Esther Helmich

### Grounded theory

Molema F, Koopmans RTCM, **Helmich E.** The nursing home as a learning environment: dealing with less is learning more. *Academic Medicine*, *in press*.

**Helmich E**, Bolhuis S, Laan R, Dornan T, Koomans RTCM. Medical students' emotional development in early clinical experience: A model. *Advances in Health Sciences Education*, 2013.

### Phenomenology

**Helmich E**, Bolhuis S, Dornan T, Laan R, Koopmans RTCM. Being in medicine for the very first time: emotional talk, meaning and identity development. *Medical Education* 2012; 46: 1074-86.



Other qualitative

**Helmich E**, Bolhuis S, Laan R, Prins J, Koopmans R. Medical students' responses to their first clinical experiences. *Medical Teacher* 2012; 34: 424-425.

**Helmich E**, Bolhuis S, Prins J, Laan R, Koopmans RCTM. Emotional learning of undergraduate medical students in an early nursing attachment in a hospital or nursing home. *Medical Teacher* 2011; 33: e593-601.

**Helmich E**, Bolhuis S, Laan R, Koopmans RCTM. Early clinical experience: do students learn what we expect? *Medical Education* 2011; 45: 731-740.

**Helmich E**, Derksen E, Prevoo M, Laan R, Bolhuis S, Koopmans RCTM. Medical students' professional identity development in an early nursing attachment. *Medical Education*, 2010; 44: 674-682.

## General Information for Advanced Course Participants

### Advanced Courses Venue

The Advanced Courses will take place in the Faculty Buildings Universiteitssingel 40 (UNS 40), Universiteitssingel 50 (UNS 50) and Universiteitssingel 60 (UNS 60); at a 30 minutes' walk from the city centre.

Address Advanced Courses secretariat:  
Maastricht University, location Randwijck  
Faculty of Health, Medicine & Life Sciences  
Universiteitssingel 60, Maastricht

### Meals

- **Lunch:**  
During the Advanced Courses, lunch will take place at the Student Mensa of the UNS 40 building, ground floor level. Lunch vouchers will be distributed to you on each course day. This voucher gives you the right to a one-time lunch at the Student Mensa, for an amount of approximately € 7,-
- **Dinner:**  
On Wednesday evening, April 9, 2014, we will have dinner in a restaurant downtown Maastricht, which is included in the registration fee. Other dinners are not included.

### Travel information

- **By air:**  
The following airports are located in the vicinity of Maastricht. Please check their website to see whether they offer flights from your home country to the Netherlands:

<b>Airport</b>	<b>Internet address</b>	<b>Distance to Maastricht</b>
Maastricht Aachen Airport	<a href="http://www.maa.nl/">www.maa.nl/</a>	9 km.
Liège Airport	<a href="http://www.liegeairport.com">www.liegeairport.com</a>	30 km.
Eindhoven Airport	<a href="http://www.eindhovenairport.com">www.eindhovenairport.com</a>	90 km.
Airport Düsseldorf Regional Weeze	<a href="http://www.airport-weeze.de/en">www.airport-weeze.de/en</a>	100 km.
Cologne-Bonn Airport	<a href="http://www.koeln-bonn-airport.de">www.koeln-bonn-airport.de</a>	100 km.
Brussels Airport	<a href="http://www.brusselsairport.be/en">www.brusselsairport.be/en</a>	100 km.
Antwerp Airport	<a href="http://www.antwerp-airport.be">www.antwerp-airport.be</a>	125 km.
Amsterdam Airport Schiphol	<a href="http://www.schiphol.nl/index_en.html">www.schiphol.nl/index_en.html</a>	220 km.

- **Public transportation:**  
Please consult the following journey planners for information about public transportation:  
Within the Netherlands:
  - [www.ns.nl/en](http://www.ns.nl/en) (Dutch Railways)
  - <http://journeyplanner.9292.nl/> (railways and all other types of public transport)
 Within and from Belgium (e.g. Brussels) to the Netherlands (Maastricht):
  - <http://plannerint.b-rail.be/bin/query.exe/en?L=b-rail&>

.. coming by train

From Schiphol Airport there is an excellent train service to Maastricht via Utrecht (travel time approx. 2,5 hours). Maastricht has three railway stations: Maastricht Central Station, which is located in the city centre, 'Maastricht-Randwijck' station, which is a three minutes' walk away from the Advanced Courses venue, and the recently opened 'Maastricht Noord' Station, which connects slow trains between Randwijck-Station and the centre of Kerkrade-town. All trains from the south stop at station Randwijck. Coming from the east and from the north, one has to change trains at Maastricht Central Station in order to reach Maastricht Randwijck station. At the train station you can buy a paper ticket or you can travel on an OV-chip card. Below you can read more about this card.

.. coming by bus

To reach the Advanced Courses venue, you should take a bus that stops near train station "Maastricht-Randwyck". This is proximate to the Maastricht Faculty of Health, Medicine, and Life Sciences and the Faculty of Psychology, and also near the Academic Hospital Maastricht (azM). Note that all buses leave from Maastricht Central railway station. If you take bus no. 1, 5 or 66, then you should get off at 'Forum MECC'. Bus no. 8 stops at 'Endepolsdomein'. In the bus you can buy a paper ticket or you can travel on an OV-chip card (see below).

The OV-chip card

The OV-chip card is a new means of payment for the public transport system. The smart card is the size of a bank card and contains an invisible chip. The OV-chipkaart can be loaded with credit in Euros with which you can travel anywhere within The Netherlands. We advise participants of the Advanced Courses to buy an anonymous OV-chip card, which costs approximately € 7,50 and which should then be loaded with credit in order to be able to travel. The anonymous OV-chipkaart can be bought at stations, newsagents, counters, and supermarkets. This card allows the holder to travel immediately and expires after 4 to 5 years. Important! Don't forget to check in and out each time you board the bus, tram, metro or train. Please view <http://www.ov-chipkaart.nl/?taal=en> or contact the OV-chip card customer service at 0031-0900-0980 for more information about this new chip card.

- Bikes

For bike and scooter rentals you can turn to:

- Aon de stasie (Bicycle specialist with a broad assortment of accessories, bicycles and other two-wheelers).  
[www.aondestasie.nl](http://www.aondestasie.nl); Stationsplein 26, Maastricht.
- Courtens Bike Sport (Bicycle rentals only a 5 minutes' walk from the Vrijthof).  
[www.fietsverhuurmaastricht.nl](http://www.fietsverhuurmaastricht.nl); Calvariestraat 16, Maastricht.
- Maastricht Biking (for reservations of City and Mountain Bike Tours in the wider surroundings of Maastricht).  
[www.maastricht-biking.com](http://www.maastricht-biking.com), T +31 (0)6 178 387 28.
- Bella Vespa, La Dolce Vespa & Solex rental (Rental of Vespa Scooters and Electric Solex bikes, cycle tours, packages or guided tours from € 17.50 p.p.)  
[www.ladolcevespa.nl](http://www.ladolcevespa.nl); Postwagenstraat 8, Maastricht

- Cars  
For car rentals you can turn to:  
Europcar, address: Sibemaweg 1, Maastricht  
Telephone: 0031-43-3612310  
Open: From Monday to Friday 08.00 - 18.00, Saturday 08.00 - 12.00,  
Please do not forget to bring your driver's license; passport & proof of address
- Taxi  
If you wish to book a shuttle service by taxi, the following websites might be useful  
(bear in mind that this is much more costly than taking the train):

Belgian services:

[www.taxipatrick.be](http://www.taxipatrick.be)

[www.allairport.be](http://www.allairport.be)

Dutch services:

<http://brull.nl/contact/>

<http://www.maestax.nl/en>

<http://www.avantax.nl/contact/>

As not all of these websites are available in English, it is advisable to contact them directly by phone/email.

#### *Fax, e-mail, Internet and phone*

- Fax  
It is possible to send a fax message. Ask the Advanced Courses secretariat. The fax number on which the secretariat can be reached is 00 31-43-3885639.
- Access to email and Internet  
Upon arrival you will receive an email with your login data that provide access to Internet.
- Telephone  
To dial a number from OUTSIDE the Netherlands, start with two zeros, and then dial the country code, and SKIP the zero in brackets: 0031-43-3245863

These rules are the same for mobile phones, where a number would read:  
0031-6-24358636

If you are having problems with your mobile phone go to:

Vodafone: Grote Staat 24

BelCompany: Muntstraat 6

The Phone House: Wolfstraat 11

T-Mobile: Spilstraat 13

During the Advanced Courses, the secretariat can be reached at telephone number:  
0031-43-3885655

### *Money matters*

- GWK Travelex Maastricht (border exchange office)  
 Address: Stationsplein 27 (situated in the hall of the Maastricht Central Railway Station)  
 Telephone: 0031-43-3254633  
 Open: From Monday to Thursday: 09.00 - 18.00, Friday: 09.00 - 19.00, Saturday, 09.00 - 17.00, Sunday: 10.00 - 17.00.  
 The GWK Bank accepts: Euro cards, Access cards, Master cards, American Express cards, Diners cards and Visa cards. Don't forget to bring your passport.
  
- Cash Dispenser  
 You will find a cash dispenser (ATM) in the reception hall of the Academic Hospital where you can use Eurocheque cards, Euro cards and Master cards.
  
- ABN/AMRO Bank  
 Address: Forum 100 (cash dispenser only).  
  
 Address: Ceramique 27  
 Telephone: 0900-0024  
 Open from Monday - Friday: 09.00 - 17.00.
  
- ING Bank  
 Address: Vrijthof 45  
 Telephone: 0031-43-3295213  
 Open: Monday, Tuesday, Wednesday and Friday: 09.00 - 19.00, Thursday: 09.00 - 20.00, Saturday: 09.30 - 16.00
  
- Rabobank  
 Address: Gubbelstraat 2 (near market square)  
 Telephone: 0031-43-3281888  
 Open: Monday 12.00 - 18.00, Tuesday to Friday 09.00 - 18.00, Saturday 10.00 - 14.00

### *Shopping*

In general, all stores have the following opening hours:

Monday:	13.00 - 18.00
Tuesday:	09.00 - 18.00
Wednesday:	09.00 - 18.00
Thursday:	09.00 - 21.00
Friday:	09.00 - 18.00
Saturday:	09.00 - 17.00
Sunday:	12.00 - 17.00

### *Supermarket*

In Maastricht you can find various supermarkets, spread over the city, such as: Albert Heijn, Aldi, C1000, Jumbo, and Lidl. Albert Heijn is considered to be the most expensive one, whereas you will spend less at Aldi, Lidl and Jumbo. At shopping centre the Brusselse Poort (no. 65), you will find all kinds of stores, ranging from supermarkets and drug stores to boutiques and furniture shops. Visitors from Asia can indulge themselves in the Asian grocery store 'Amazing Oriental' (Laag Gubbelstraat 38, Maastricht).

Albert Heijn (AH)  
Scharnerweg 110  
Opening hours: Monday-Saturday 8 a.m. – 10 p.m., Sunday: 12 a.m. – 6 p.m.

Helmstraat 4 (between the Vrijthof and Market squares)  
Opening hours: Monday-Saturday 8 a.m. – 9 p.m., Sunday: 12 a.m. – 6 p.m.

Plein 1992 52 (C eramique)  
Opening hours: Monday-Saturday 8 a.m. – 10 p.m., Sunday: 12 a.m. – 6 p.m.

Stationsplein 29 (AH 'to go' at the Central Station)  
Opening hours: Monday-Wednesday: 6.30 a.m. – 9 p.m., Thursday & Friday: 6.30 a.m. – 10 p.m., Saturday: 7 a.m. – 10 p.m., Sunday: 8 a.m. – 10 p.m.

Brusselse Poort 45 (AH extra large)  
Opening hours: Monday-Saturday 8 a.m. – 10 p.m., Sunday: 12 a.m. – 6 p.m.

Aldi  
Plein 1992 25 (C eramique)  
Opening hours: Monday-Friday 9 a.m. – 7 p.m., Saturday: 9 a.m. – 6 p.m.

Volksplein 34 B  
Opening hours: Monday-Friday 8.30 a.m. – 7 p.m., Saturday: 8.30 a.m. – 6 p.m.

C1000  
Brusselse Poort 19  
Opening hours: Monday-Saturday 8 a.m. – 9 p.m., Sunday: 12 a.m. – 6 p.m.

Voltastraat 7  
Opening hours: Monday-Saturday 8 a.m. – 8 p.m. (Thursday 'till 9 p.m.), Sunday: 12 a.m. – 6 p.m.

Jumbo  
Laag Mosae Forum 26  
Opening hours: Monday-Saturday 8 a.m. – 10 p.m., Sunday: 12 a.m. – 6 p.m.

Franciscus Romanusweg 2  
Opening hours: Monday-Saturday 8 a.m. – 10 p.m., Sunday: 12 a.m. – 6 p.m.

Lidl  
Baron van Havelstraat 77-85  
Opening hours: Monday-Friday 8.30 a.m. – 8 p.m., Saturday: 8.30 a.m. – 7 p.m.

#### *Market day*

In Maastricht-city you can find the following markets:

- Small wares market: every Wednesday from 9 a.m. – 2.30 p.m.
  - Large wares and fish market: every Friday from 9 a.m. – 2.30 p.m.
- Both markets are held at the central Market square (Markt).
- Organic farmers' market: every Thursday from 2 p.m. – 9.30 p.m. at the square in the Stationsstraat.
  - Flea market: every Saturday from 10 a.m. – 4 p.m. in the Stationsstraat.

### *Department stores*

- V & D  
Big department store in the city centre (Grote Staat 5/15). Clothes, food, furnishing, books, cosmetics etc.
- Bijenkorf  
In 2003 this rather upmarket department store opened its doors in Maastricht. Although this is more for people with quite a bit of money to spend it is definitely worth a visit. Please note that the Bijenkorf is actually part of the same building as V&D, but it has a separate entrance (in Maastrichter Brugstraat).
- HEMA  
Small department store situated in the city centre Grote Staat 10 and in the Brusselse Poort 54. Cheaper than V&D.

### *Voltage Transformer*

Participants coming from countries that have a different voltage system than the European (220 V) can buy a voltage transformer at the shop "Handyman" in the Nieuwstraat 17. The devices are both-ways-transforming, but only up to 80 watt. Hence, a laptop or shaver works with this, but not your stereo for example. Prices are approximately €60.

### *Sports & Leisure*

Maastricht's hilly surroundings make it ideally suited for a great many sporting activities. The region has all the ingredients needed for enjoyable and active bicycle trips: a compact historic city centre with a great many architectural highlights as well as a great deal of natural and scenic beauty. For the adventurous at heart, a variety of additional activities are available, including kayaking or canoeing trips and climbing or skiing in the Netherlands' largest indoor ski piste. Even the underground passageways have been made accessible for mountain bikers who enjoy a challenge! And after a day of strenuous exercise, Maastricht's deservedly famous cafés and restaurants will be waiting to welcome you. For more information, please visit:

[http://www.vvymaastricht.eu/out\\_and\\_about/active.html](http://www.vvymaastricht.eu/out_and_about/active.html)

We also recommend Maastricht Running Tours for the joggers among us. These tours combine a guided city tour along the most important and interesting sites in Maastricht with a unique running workout. For more information and reservations, please visit [www.maastrichtrunningtours.nl/](http://www.maastrichtrunningtours.nl/)

### *Family Doctor*

The family doctor is usually a General practitioner who lives in your neighbourhood. When you need medical assistance, you go to a GP. Only if you cannot leave the house, the doctor will make a house call. In order to see a specialist, you will need a referral from the GP.

### Family Doctors in Maastricht:

Maastricht Centre  
Smits A en Hardy G Huisartsen Medisch Centrum St Pieter  
Glacisweg 1  
6212 BL Maastricht  
043-3216300

Maastricht East  
 C.Wijnands and Th. Van der Waart  
 Voltastraat 30  
 Phone: +31 43 363 74 33

Huisartsenpraktijk Annadal  
 Becanusstraat 15  
 Phone: +31 43 343 66 85

If you need to see a doctor between 17.00h and 8.00h (when the family doctors can no longer be reached), please dial +31 43 387 67 00. You can then make an appointment for the first aid department at the hospital.

Things you need to remember

- always make an appointment;
- take a copy of your health insurance card (or other proof of health insurance) with you;
- Bring cash money with you to pay for the consultation. Sometimes proof of insurance is not enough. You can recover the expenses from your insurance company. Make sure to ask for a receipt of payment.

*Important phone numbers*

112	National emergency number for alerting police, fire department and ambulance
0900 8844	General police number
043 387 67 00	Emergency department / First Aid Academic Hospital AZM
0900 9292	Information on public transport in the Netherlands; door-to-door itineraries
0900 9296	Information on international train travel
0900 8008	Dutch telephone enquiry
0900 8418	International directory enquiry
0800 0410	Request collect call from the Netherlands to phone number abroad
3885655	Institute for Medical Education, Faculty of Medicine, Maastricht University
3885655	Advanced Courses secretariat