

## **Field Report Master Thesis in Winterthur and Zurich**

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ZHAW School of Health Professions, Winterthur and Spitex Zurich

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### **Transitions in care in the Netherlands demands innovation in health education**

My career I started as a physiotherapist. Soon I switched to management tasks in health care. When I look back on my career, quality issues and innovation is the main thread. Repeatedly I found myself in positions where transformations were discussed. It was the time the definition of health, drawn up by the WHO in 1948, was used in the Netherlands. Currently, by a new vision of health, disease or disorder is no longer the center, but to (can) function and participate in society and the resilience and self-direction of civilians. This calls for changes in the education of health professionals, because other skills are needed.

In 2002, I made the transition to health education. I really like to give young people a platform and support them to get out of themselves as much as possible (instead of putting in them as much as possible!). And again, (educational) innovation became part of my daily work. The last 6 years I am no longer in the classroom. My vision on vocational education in the fields of care, welfare and services I now share as an educational consultant. I advise boards and managements of schools to respond with creative and innovative solutions to changes in the environment in order to enhance the quality of their education. I therefore often work as a facilitator on the implementation of changes. The most fun in my job is my role as inspirer and pacemaker.

We live in an age of transition where the existing paradigms are under discussion. As an advisor, this asks to develop my knowledge and skills in the field of innovation. For that reason, I follow the Master "Management and Innovation in social organizations". At this moment, I am working on finishing my studies. My thesis focuses on innovations in continuing education and further training for healthcare professionals (nursing and medical support professions). This study does not focus on the content of training, but a new training structure. There already exists a concept. The employers in care want to know which economic, social and societal effects this new structure has, they want to know its value increase, and whether it is possible to optimize these effects.



I think it is important to see trends and developments in the field of management and innovation in an international perspective. For that reason, I wanted to do an international study on the themes of my thesis in which the host country is ahead of the Netherlands. The choice for Switzerland I made had several reasons. First, you have completely innovated

the healthcare education in 2006. I was very curious about what opportunities you were able to utilize. Secondly, the whole health education is one system. In the Netherlands, it is not since vocational education is under the Ministry of Education and further education under the Ministry of Health. Each ministry has its own regulations, standards and policy priorities when it comes to education. That does not make the coordination between programs successful. And thirdly, because Switzerland has an international health policy and wants to contribute to the improvement of global health. My personal motivation is to transform education to strengthen health systems in an interdependent world.

The ZHAW, especially Susan Schärli, has helped me to make a study program for me. I have spoken with nine different employees and one morning I visited "Spitex". Also all the informal contacts where special. The visit to Winterthur and Zurich has greatly inspired me. A number of points I took back to the Dutch educational practice:

#### International Relations

In Switzerland, International Relations related to (health) education are considered valuable. This is facilitated by universities and colleges. It is a serious part of their appointment.

#### Interprofessional Learning

In many policy documents and reports of recent years can be read that health care professionals in the near future will work in cross-sectoral multidisciplinary teams. That means there must be a quick response in education. That happens, in my view, in the Netherlands insufficiently. Interprofessional learning at the ZHAW is low grade in the curriculum. In the Netherlands, this could be raised to a higher level. For the Netherlands, we should examine first what learning gains we want to realize and then how we can achieve that. The bachelor curricula and the Winterschool of the ZHAW will serve as an example.

#### Accreditation System

The accreditation system of secondary education should be reviewed in the Netherlands. Switzerland has a good working system of CCT, Modules and CAS. It seems good to put this in the debate on civil effect of training in the Netherlands. Especially because the contents of a module are described in EPA's and accreditation is regulated by ECT. By using the same system, opportunities could be offered for the Netherlands in the field of internationalization.

Last but not least, I would like to mention the lecture by Andreas Gerber-Grote about choices that must be made in spending (limited) money for health care, which has inspired me immensely on a personal level. Corporate social responsibility in health care got a new dimension.

In particular, I would like to thank Susan Schärli for the organization and all information she has shared with me. I thank her for making my assignment possible. I would also like to thank all the employees of ZHAW and Spitex Zurich, who have made my visit so valuable and by sharing their views on teaching and healthcare management with me. I feel very privileged that I was able to visit Winterthur and I hope to meet you again and to have the possibility to give something back to you.