



Zorginstituut Nederland

Summary

# A paradigm shift in perception, learning and action

Boundary-crossing learning and  
educating in health care and welfare  
in the digital age

### A paradigm shift in perception

In 2015, the Committee Innovation Health Care Professions & Education issued its advice: *Moving towards new health care and health care professions: the contours*, which replied to the question of how, in the future, we can continue to offer high-quality care and support that is accessible and affordable for everyone. The advice was based on an altered demand for care in 2030 and a new perspective on health, a perspective that focuses on citizens' functioning and their ability to adapt and self-manage. A coherent health care and welfare package is provided in the shape of 'arrangements' that offer room for pluriformity. Arrangements are delivered by intersectoral and multidisciplinary teams with mixed skills.

The implications this has for equipping our citizens and professionals is the core message of our second advice, *A paradigm shift in perception, learning and action: Boundary-crossing learning and training in health care and welfare in the digital age* (November 2016).

### A paradigm shift in learning

*Focusing on citizens' functioning and their ability to adapt and self-manage* demands that we equip not only the professionals but also the general public. *Citizens will be taught learning skills and health-related skills from an early age*. Where necessary, they will be supported, largely in networks, in caring for themselves and for one another. This will make considerable demands of primary and secondary education, and requires minimising illiteracy.

Professionals' expertise will increasingly be characterised by cohesion between expertise and the ability to collaborate and learn.

**Expertise** forms the basis to professional conduct. It is about the promotion – and where applicable recovery – of health, with the focus on citizens' functioning and their ability to adapt and self-manage. The perspective of education in health care and welfare, from intermediate and higher vocational, and scientific education up to and including post-initial and on-the-job training, is *citizens' functioning and their ability to adapt and self-manage*. The underlying viewpoint is a biopsychosocial model, which will increase cohesion between health care and welfare.

**The ability to collaborate** will be developed in practice and in education. Professionals of the future will become acquainted with practical situations in which they learn and work together. This will begin right from the start of their studies by *incorporating daily practice in education and education in daily practice*. It will also take place by *developing consistent and coherent learning pathways in a continuum*, based on typical practical situations. Common frameworks within a continuum of intermediate, higher, scientific and post-initial education and on-going training will result in courses with a broader and stronger core content and differentiation in graduate profiles (t-shape). Post-initial education and on-going training are essential to adapt to the rapid changes and the need of life-long learning to maintain professional expertise.

**The ability to learn** is essential for professionals. The speed with which knowledge becomes dated is increasing. *Permanent learning together in teams, organisations and networks* will meet the changing demand for assistance and health care better. This applies specifically to *living, learning and working with technology*, where spectacular developments can be seen. Permanent knowledge-sharing is needed, by making *the connection between research, education, daily practice and policy*, to develop the knowledge and expertise that will encourage and speed up innovations. Personal development and permanent knowledge-sharing are only possible in an environment that encourages and facilitates learning with and from one another in the work environment and in networks. This demands new forms of leadership and governance: a transparent accountability process and the use of feedback loops.

The advice was elaborated upon eight pillars.

1. Key issues are citizens' functioning and their ability to adapt and self-manage
2. Citizens will develop learning skills and health-related skills from an early age
3. Citizens' functioning and their ability to adapt and self-manage form the leitmotif of learning pathways
4. Daily practice in education and education in daily practice
5. Consistent and coherent learning pathways in a continuum
6. Permanent learning in teams, organisations and networks
7. Living, learning and working with technology
8. Connecting research, education, daily practice and policy

In the advice, two examples have been elaborated upon that are linked to these eight pillars: *Learning practices in relation to young people and older people*. These practices are to inspire teachers, trainers and curriculum developers in health care and welfare to design learning pathways based on the eight pillars of the advice.

### A paradigm shift in action

The Committee's second advice is in line with a transition in health care and education that has already started. Many initiatives have been developed in recent years, as shown by the illustrative practices described in this advice. At the same time, the Committee is aware that systematic and coordinated action is needed as well as national frameworks in order to bundle, broaden and anchor the many innovations and to remove obstacles in current laws and legislation.

The Committee advises setting **up a long-term Programme for Health Care, Welfare and Education**.

This will draw up collaborative agreements on policy, implementation, education, governance and the funding of health care and welfare. It is essential to continue – and to strengthen – the local and regional innovations that are continually taking place. Joint ownership and better governance and management are crucial in supporting inter-professional learning and education of professionals in health care and welfare. The programme focuses on creating conditions for realising the connection between the various forms of education (disciplines and levels) and between education and the employment market.

The Committee advises **extending the number of breeding grounds and merging them with the Zorgpact [Health Care Pact]**.

The Committee's regional approach took the form of four 'breeding grounds' (living labs) dotted around the country. The Committee is working together with the Health Care Pact initiated by the national government on encouraging regional cooperation between education institutes, care and welfare organisations and local government. The Committee's advice forms the basis for this regional cooperation. This bottom-up method of working in breeding grounds is well-suited to regional differences and the desired pluriformity. All current initiatives must be broadened and anchored, and developing knowledge and knowledge-sharing must be merged with the administrative process in the regional care pacts.