

ASSESSMENT REPORT

Limited programme assessment

Master
Care Trajectory Design
Part-time

Hogeschool Utrecht

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Audit panel

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1. GENERAL AND QUANTATIVE DATA

In addition to this report a separate annex will clarify the general and quantitative data of the course. It will be provided by the Hogeschool Utrecht (HU) and complies with the guidelines as stated in the document '*Basisgegevens opleidingsbeoordelingen – Indicatoren en definities, 11 september 2012*', issued by the NVAO.

2. SUMMARY OF JUDGEMENTS

Standard 1: satisfactory

The ten intended learning outcomes of the course are based on an elaborate investigation of job advertisements and discussions with the professional field. The set of qualifications was validated by a relevant representation of the professional field and clearly demonstrates Masters' level. It demands a high-order overview of professional and specialized care practice and covers the application of scientific knowledge and understanding.

However, the intended learning outcomes do not, either implicitly or explicitly, refer to an international professional context or focus. Also, they strongly refer to health care and do not necessarily imply the social welfare area the course is meant to also cater for. In addition, a more formal base for the course profile, by means of a substantial and validated professional profile of a Care Trajectory Designer, is required. Thus, the panel's judgement on this standard reads 'satisfactory'.

Standard 2: good

The Master Care Trajectory Design (MCTD) programme has three learning tracks and a clear design to attain all of its final qualifications. The course shows a well-balanced curricular cohesion between theory and practice with all modules supporting and building up to the eventual design of a care trajectory.

The curriculum offers a solid research component that certainly goes beyond Bachelor's level. The international orientation of the course is initially there, but should still be strengthened. The didactic principles of the course blend in well with the requirements of adult-learning. A more intensive advertising campaign will be launched to attract more students and also a more diverse population of students. The professional field, including many course alumni, are and will be extensively involved in the execution and monitoring of the programme.

The professional, highly valued and motivated teaching staff is well-equipped to educate and inspire their students. For obvious reasons the permanent staff is limited in numbers. This has advantages in the areas of communication and shared intimacy, but at the same time presents some issues of vulnerability with teachers wearing multiple hats at the same time.

Both the building and the facilities are state-of-the-art, with respect to the provision of information a more timely announcement of roster changes is required, which in fact, at the time of the audit, the management had already initiated.

Taken into consideration that all three key-elements (curriculum, staff and facilities) of this Standard are of a fine quality, the panel awards the teaching and learning environment of HU's Master of Care Trajectory Design a 'good'.

Standard 3: satisfactory

The course has developed an assessment system that safeguards the validity and reliability of test results. It is elaborate and robust. The same testing format with identical criteria is being used throughout the course. These are not just clear to the students, but have been thoroughly internalised by them.

The professional field is involved in the evaluation of students' professional performance and the Examination Board is conscious of its tasks and responsibilities imposed by the WHW and has recently been brought into position to play its pivotal role. The small scale of the course, resulting in close ties between tuition and examination, may in the long run endanger objectivity in assessment.

The achieved learning outcomes, in terms of the final theses are definitely of HBO Master's level and certainly have added-value to the professional field. However, more attention should be paid to the summative assessment of students' generic competencies, a more accurate choice of topics, some of which fall outside the targeted outcomes of the course and a stronger focus on international dissemination of findings and results, starting with an English summary.


Therefore the panel considers a 'satisfactory' rating for standard 3 applicable.

Overall conclusion: satisfactory


In weighing up all of the above the panel has seen (i) a clear set of qualifications that lays down the right standards for the Master's programme, but should still be grounded by an internationally defined professional profile, (ii) a well-designed and challenging curriculum that strikes the balance between theory and practice and offers ample opportunities for students to acquire the projected outcomes of the course, (iii) highly motivated and inspiring teachers, (iv) a state-of-the-art environment with adequate facilities, and (v) a transparent examination system safeguarded by an Examination Board that is well aware of its duties, although a summative assessment of generic competencies and, although the intended learning outcomes are fully achieved, a stricter surveillance of students' graduation topics need attention.

With two standards rated 'satisfactory' and a 'good' judgement on Standard 2, in tune with NVAO regulations the programme is awarded the overall judgement 'satisfactory'.

Date: 6 December 2012



F.M. Brouwer,
Chair



H.R. van der Made,
Co-ordinator/Secretary

3. INTRODUCTION

The Master Care Trajectory Design (MCTD) is positioned in the HU's Centre for Nursing Studies together with the Master degrees Advanced Nursing Practice (MANP), the Master Physician Assistant (MPA) and the post-graduate courses. The Centre is part of the Institute of Nursing Studies (INS) of the Faculty of Health Care of the University of Applied Sciences Utrecht. This institute also houses the Bachelor Degrees of Nursing, Allied Medical Care and Management for Health Care.

Organisational structure

Because of the number of students and staff involved in the Centre for Nursing Studies, the Centre has an extra management layer, the manager of the Centre. The day-to-day running of the MCTD is in the hands of the MCTD course manager. The MCTD course manager reports to the Manager of the Centre for Nursing Studies, who in turn reports to the director of the Institute of Nursing Studies.

The MCTD consists of one organisational unit. The course is managed by the course manager, who communicates directly with the teaching staff, who are involved in teaching, student support, module coordination and examinations.

The MCTD is a part-time, unfunded course which is targeted at professionals in Health Care and Welfare committed to improve the continuity of care. The MCTD was developed in 2006 and 2007 and accreditation was awarded for the first time by the NVAO in January 2008.

Collaboration

The MCTD being part of a larger faculty, there is regular collaboration with the other courses within the institute. Examples of collaboration are found in quality assurance, the interchange of lectures and expertise, the assessment and examination system (there exists a joint Examination Board), the use of SharePoint as the communication platform, and the international module Moral Reasoning, which is run jointly with the University of Jyväskylä in Finland.

Context

The MCTD has to compete with the established Master degrees in Business Administration (MBA), Evidence-Based Practice (MEBP), the Master in Science of Nursing (MScN) and the funded Master Degrees for health care professionals, such as the Master Physician Assistant (MPA) and the Master Advanced Nursing Practice (MANP). Also, the fact that it concerns an unfunded course affects intake numbers. At the time of the audit, there are 13 first-year and 13 second-year students.

So far, two groups of students have graduated since the start in 2008, with a total of 18 students.

The focus of the Master of Physiotherapy, Master Advanced Nursing Practice and Master Physician Assistant is on clinical skills and responsibilities. However, clinical knowledge can only be beneficial to clients if it is well organised and available. This is exactly the purpose of the MCTD. The course is based on the need for multidisciplinary collaboration and the generic goals of the future Health Care system. Therefore the course aims at delivering professionals who are skilled in multi-professional collaboration and integrated care, so that full utilisation of the expert and specific knowledge of professionals can be obtained.

The MCTD is a continuation in the education of Health Care professionals and does not aim to create new professionals. The continuation of education for Health Care professionals is targeted at the roles of advisor, professional leadership, communicator, innovator, and project manager.

The alumni of the course all contribute to improved integrated care, which is at the forefront of all the changes in the Health Care system. They work in Health Care institutes in the first, second and third echelon as well as at insurance companies and social welfare organisations.

Recommendations from previous audits

Based on the assessment for new courses for the MCTD in 2007, all the aspects of the framework for assessment were judged as being satisfactory. At the time the NVAO's accreditation panel outlined the following three recommendations:

- (i) Aim for both Health Care and Social Work and involve experts from the field of community care, welfare and prevention;
- (ii) Decrease the number of teaching hours spent on research methods;
- (iii) Provide more hours for communication and change management.

With regards to (i) the programme management has taken actions to recruit more experts from the Social Work domain, but so far has not been very successful. The management maintains that social welfare organisations have been directing their energy towards the implementation of the Law on Municipal Support (WMO) and appeared not yet interested in re-designing products. However, the management has noted a recent increase of interest in the MCTD, which they hope will result in more commitment.

As to the follow-up of recommendation (ii) the course management decided not to modify the programme in that respect. Since most of their students have 20 years of experience and have not been taught research methods at all, this did not appear feasible considering the level of Evidence-Based Practice which is required of them. The current accreditation panel supports this view.

Concerning recommendation (iii) the course management has enhance both communication skills and change management in the curriculum.

The panel also took note of the outcomes of the internal audit in 2011, which rendered, among other things, a few recommendations on the content of the course, its profile, internal communication with students and some modifications in the final assessment.

During the 2012 accreditation assessment the audit committee included the recommendations from both previous external and internal audits and the actions for improvement taken by the course management. When relevant, the panel will refer to these improvements in this accreditation report.

This advisory report to NVAO has been drawn up in English for the sole purpose of the international composition of the audit panel. The course itself is taught in Dutch.

4. JUDGEMENT ON EACH STANDARD

4.1. Standard 1: Intended learning outcomes

Standard 1: The intended learning outcomes of the programme have been concretised with regard to content, level and orientation; they meet international requirements.

Explanation: As for the professional masters' level and professional masters' orientation, the intended learning outcomes should be in line with the Dutch qualifications framework. Additionally, from an international perspective they should tie in with the requirements currently set by the professional field and the discipline with regard to the contents of the programme.

Judgement: satisfactory

Findings

The course was developed as a result of the changes in legislation, regulation and the changing perspective from which health care is organised and further shaped. Its intended learning outcomes were based on the analysis of 72 job advertisements (in a 6-month period in the main national quality paper for health job advertisements, *de Volkskrant*) that addressed the need for the development of integrated care and for which no specific diploma was stated. This analysis provided the focus on the combination of (i) needs-driven care as well as (ii) business administration skills for the design of *evidence-based integrated care*.

Target group

The course targets at responsible, committed, experienced, innovative and creative professionals in Health Care and Welfare, who are aware of the current problems and also of the solutions to these problems, and who know that they can make a difference. The professional, considered fit for the MCTD, has been educated in the health care or welfare domain and is prepared to invest in his or her professional and personal future with the aim of contributing to larger societal needs.

Since its profile is not connected to a specific domain of Health Care or Social Welfare, the MCTD is not aimed at any specific domain of the Health Care.

The MCTD alumni are, or have been, employed as policy advisors, project managers, change agents, process and product managers, division managers, and independent advisors. For most of the alumni this is their third or fourth career change—having become administrators, teachers or project managers after their initial professional education. Registrations for 2012 show that students come from many different fields.

The MCTD was designed by the current teaching staff and the idea for the Master Degree course was supported by the main opinion leaders and institutes in the field of Health Care and Social Welfare, such as the research chairs in the field of Social Welfare, the National Council for Public Health, the Julius Centre—which aims to acquire and disseminate knowledge in the field of health sciences and primary care, the Centre for Health Care Indications, the National Care Authority, Netherlands Care Insurance Companies and the Knowledge Centre for Innovation of Care.

Validation

Representatives from the aforementioned institutes were interviewed and these interviews were transcribed and translated into competencies which were checked with the representatives. During the course of one year the staff held regular meetings with the representatives to discuss the development of the course, as minutes of meetings demonstrated.

Currently, input comes from alumni and the Health Care institutes (employers) and the Work Field Committee, which is made up of the representatives of the aforementioned institutes. The WFC meets at least once every year to discuss the topicality and the profile of the programme.

Final competences

The final qualifications of the course comprise 10 competences. In short these competences denote that graduates must be able to (i) develop care assortment policies, (ii) (re)design products, (iii) safeguard continuity, (iv) think critically, analytically, reflectively and creatively, (v) substantiate their decisions scientifically, (vi) analyse care issues methodologically, (vii) give advice, (viii) manage changes, (ix) manage knowledge (x) act effectively.

The full competency profile as being described and denoted in the course's Study Guide has been incorporated in the Annex II.

The panel considers the set of final qualifications of Masters level as they tie in well with the Dublin Descriptors for Masters courses. Moreover, in judging their students' assignments, examiners throughout the course use a strict set of criteria that imply the five Dublin Descriptors (see Annex II).

Also the panel agrees with the professional orientation of the competency profile, that clearly aims at the further development of care professionals to become specialists in the design of integrated care trajectories and to operate at the strategic level. Both knowledge and skills in the field of product management, analytical and methodological problem solving and scientific substantiation of decision making have been included.

The audit panel wants to mention here that the final qualifications strongly refer to 'health care' and do not seem to relate that much to the 'social welfare' component. This supports the earlier view of the internal audit committee that there appears to be a greater emphasis on 'care' than on 'welfare', which in the audit at times was gradually transformed into 'well-being'. In order to cover both areas the panel suggests the qualifications should be revised in such a way that they fully reflect the objectives and scope of the programme.

On top of this, and to even better ground the course objectives, the panel would recommend to design together with the professional field and other Universities of Applied Sciences inside and outside of the Netherlands, a formal and elaborate professional profile of the Master Care Trajectory Design as a high-end 'liaison officer' in care and welfare to be differentiated from a regular case (or be it 'care') manager. The panel feels that such a professional profile is within grasp as most of the preparatory work for it has already been done.

Internationalisation

The competences do not have an explicit international focus as such. Also, no international or national qualifications framework is available for comparable courses. The course management did, however, conduct a benchmark with 'adjacent' programmes, both inside and outside of the Netherlands, amongst which are Helsinki Metropolia University of Applied Sciences, Jyväskylä University of AS, as well as Universities of AS in Belgium, Germany, Italy, Spain and Sweden. The panel is of the opinion that, especially at the Master's level, course objectives should be framed within the international context of the profession. As the course is still in its pioneering phase, and with some visible components of internationalisation incorporated in the programme, the panel considers it to be acceptable for now, but definitely something to be addressed in the next cycle of development.

Research

The final qualifications of the course indicate a clear focus on analytical skills, scientific (evidence based) underpinning of decisions and a methodologically sound approach to care problems. Therefore the panel considers the research component in the course's competency profile significant.

Considerations

Given the fact that the intended learning outcomes (i) have been explicitly validated by a relevant representation of the professional field, (ii) clearly demonstrate Masters' level in the sense that they denote a mastery and high-order overview of professional and specialized care practice, (iii) cover the application of scientific knowledge and understanding, but (iv) do not explicitly denote an international focus of the course, (v) do not cover the full scope of the target group by omitting the social welfare component and (vi) still lack the base of a formal, elaborate and validated professional profile, the panel rates the intended learning outcomes of the programme 'satisfactory'.

4.2. Standard 2: Teaching and learning environment

Standard 2: The curriculum, staff and programme-specific services and facilities enable the incoming students to achieve the intended learning outcomes.

Explanation: The contents and structure of the curriculum enable students to achieve the intended learning outcomes. The quality of the staff and the level of the programme-specific services and facilities are essential to that end. Curriculum, staff, services and facilities create a coherent teaching-learning environment for the students.

Judgement: good

Findings

Curriculum

The MCTD curriculum consists of three learning tracks: (i) *evidence-based practice*: this track focusses on the scientific knowledge and critical-analytic skills needed to design evidence-based care, (ii) *needs-driven care* which deals with product management and the products designed to meet the needs of clients, (iii) *cost-effective care*: this track provides students with the knowledge and skills needed to design products that are strategically sound, aimed at integrated care and the implementation of change.

The programme distinguishes two phases: the *first year*, with a focus on attaining necessary sub-competencies like critical thinking, moral reasoning, conceptualising, research skills, evidence-based practice, process management, study skills and advisory skills; the *second year* with a focus on the Trajectory design, with supporting modules like implementation management, finance, strategic planning and knowledge management, which simultaneously are accompanied by the improvement of skills for reflective practice.

Learning goals

Each of the learning tracks consists of modules, aimed at the development of the required sub-skills. The entire course consists of 10 modules of 5 or 10EC each. A brief outline of the curriculum has been included in the Annex III to this report.

Before and during the audit the panel members inspected the content and learning goals of the 10 modules. The MCTD study guide describes how the aims of the study are translated into the different modules. A manual for each module gives the learning objectives, connected activities and tasks per meeting, literature, and information about the study assignments.

Through this MCTD study guide the panel has established that the learning objectives relate to each of the final qualifications of the course and that all of the learning goals combined cover the full scope of the intended learning outcomes of the MCTD programme.

The course combines the three learning tracks both horizontally and vertically. Horizontally the tracks are cumulative, conducive to the realisation of student's final thesis, whilst vertically skills are combined from different parts of the programme. For instance: the combination of critical-analytical skills with content knowledge and strategic skills from Personal Effectiveness, in the context of product development, thus forms a matrix that serves both summative and formative objectives. From the panel discussions with students it became clear that this concept at first evokes confusion, but when all of the course components gradually fall into place, it appears to deliver the desired learning effect, as was confirmed by the second year students in particular.

Study assignments form the core of the tracks. Study assignments always start with an orientation on a 'real-life-practice-problem' as negotiated with the employer, in consultation with the student's mentor or manager. This is where the student formulates learning objectives. After this orientation the student, in cooperation with co-students and colleagues from practice, and within a delineated period, starts to develop the task whilst receiving scaffolding teaching.

Every module results in a paper, which is assessed using generic criteria for all study assignments (see Annex II). This enables the student to monitor the growth in his critical-analytical competencies. Part of the paper is a critical reflection on what is learned in the module, plus a schedule (Rationale) which shows critical thinking activities during the process. In the audit the panel members looked into a selection of reflective papers that students had written at the end of each module. The panel considers these an apt formative instrument both for students and teachers, to keep track of students' development. On the basis of these papers a clear growth in critical-analytic thinking could be observed between years 1 and 2.

To enhance transparency and cohesion between the different course modules, as per September 2012 the module format will also describe how a single module contributes to the methodology of designing a care trajectory, being the final outcome of the course. The panel is positive about this improvement as it clearly interlinks the set of modules and turns them into an even more cohesive programme. It also meets the demands of the internal audit committee which noted that the separate modules appeared to show a lack of integration, although this is in general not supported by the outcomes of graduates overall assessment of the course. They judge positive on structure and design of the course and the way educational units intertwine. Students with whom the panel spoke in the audit confirmed this.

Topicality

Topicality of the programme is being safeguarded by (i) regular input from alumni, (ii) health care employers' evaluations, (iv) the annual input from the Work Field Committee and (v) a presence of guest lecturers.

As a result of these consultations and evaluations every year modules are adapted to the developments in the knowledge domain. Development of knowledge circulation principles and programmes is an important aim which is represented by the SEPs (Science-Education-Practice, Dutch=WOP, Wetenschap-Onderwijs-Praktijk), in which teaching staff collaborate with students and Health Care institutes. This has a positive influence on the topicality of the course.

By working on real-life problems throughout the course, culminating into the design of a realistic care trajectory at the end of the course, the link between theory and practice is very strong. The real-life problem is approached from different perspectives, such as from theory, evidence, logistics, change, implementation characteristics, knowledge management, strategies and policies. This approach provides the student with different angles to solve the problem.

Following the advice of the accreditation committee for the first external audit in 2008, when the programme had not started yet, the course management decided to put more focus on social-communicative and change management skills. A module Personal Effectiveness focusses on students' development of emotional intelligence by training them to apply influence strategies effectively. This module is supportive to all other modules. The panel took notice of the module description and is fully in accord with the enhancement of this course component.

Since the graduation of the first group of students, the course management has been able to get most alumni closely involved in participating in the development of modules and conferences, thus creating a direct and actual impact of the work field on the programme.

Alumni and students meet at the annual conference on policy development organised by the teaching staff, at the alumni conference which is organised by the alumni, and at the 'diner pensant' with the Work Field Committee, mentors and teaching staff. Also alumni serve as mentors in the programme where applicable.

The alumni with whom the panel members spoke during the audit responded enthusiastically to this approach and still felt very committed to the course.

The course management is aware of the fact that with more alumni graduating, the alumni 'after-care' will become a bigger taskforce. At the time of the audit the course had just set up an alumni society. The purpose of this alumni society is to meet with staff and students three times a year: at an alumni conference, at the yearly MCTD conference and at the annual graduation of students, which is followed by a 'diner pensant' with the Work Field Committee and staff. During the audit the panel members attended some of these graduation sessions (also see Standard 3) and noted that these sessions were indeed attended by several former alumni and current work field representatives.

Also, an evaluation form for alumni was developed and is now sent out every year in the week before the alumni conference. At the time of the audit the programme has delivered 18 alumni.

From the course evaluations one can gather that students and alumni are satisfied with the level of the course (scores vary from 3.0 to 4.8 on a 5 point scale), its relevance, the focus on professionalism, the coherence of the programme, teaching methods, as well as the topicality of the study assignments. The panel has seen all of the module descriptions and a vast selection of study assignments. These dealt with topics like 'Business plan for the implementation of an intervention', 'Literature search on current evidence based practice in coaching as an aid for the 'new care professional'. The panel considers topics like these relevant for the profession and the way they are dealt with definitely of Master's level (also refer to Standard 3).

Research

As can be derived from the set of final qualifications the course has a strong orientation towards generic professional competencies. A research oriented attitude and the ability to conduct practice-oriented research at the Master's level is one of them.

Students do limited, practice-oriented research themselves. The competency orientation of the MCTD requires that students are foremost *effective in practice*. Thus, their focus is on research-oriented design, rather than on design-oriented research. In research-oriented design—where on the contrary design is the area and research the means—the production of 'artifacts', and in that process answering to the problems and real-world obstacles that one faces, is the primary objective.

The solution to the real-life problem which they design and implement must be both evidence-based and feasible in the context of students' workplaces. With respect to this the course management uses the term 'Best Practice'.¹

¹ A Best Practice is a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark. In addition, a 'best' practice can evolve to become better as improvements are discovered. Best practice is used to describe the process of developing and following a standard way of doing things that multiple organisations can use. Best practices are used to maintain quality as an alternative to mandatory legislated standards and can be based on self-assessment or benchmarking. Best practice is a feature of accredited management standards such as ISO 9000 and ISO 14001.

The relationship with the scientific approach of practice-oriented research is explicit in the first year when Methods and techniques of research and moral reasoning and critical thinking are dealt with. Also this scientific approach is strongly present in the second year of study and delineated in the document 'Practice-oriented research', which was developed by the research chairs Health Care and Social Welfare of all Universities of Applied Sciences in the Netherlands.²

One of the recommendations made by the accreditation committee in 2008 was to *decrease* the number of study hours spent on research methods. However, since most of the enrolled students have an average of 20 years of experience and have not been taught research methods at all, the course management did not adopt this recommendation. The current audit panel finds their argumentation quite convincing considering the level of Evidence-Based Practice which is required of their students. In due course, with a larger influx of current Bachelor students who possess more knowledge and experience in the application of research methods, probably less time could be spent on this.

Judging from the course content and the presence of a solid critical-reflective component throughout the programme, culminating into a scientifically substantiated, evidence-based, design of a care trajectory, the panel can safely maintain that the research component of the programme is of the right weight for a professional Master's course.

MCTD teaching staff members work with the research chairs of the Research Centre Innovations of Care, as was confirmed both in their CVs and in the panel discussions. Teaching staff participate in the "Care for people with a Chronic Illness" chair. So far no MCTD students have stayed on after their graduation to occupy a research place within the research chairs. However, the staff has adopted an active acquisition policy towards excelling students, inviting them to join the research chairs.

Also teacher exchange between research chairs, Master and Bachelor courses is still (too) limited due to time constraints, as both management and teaching staff confirmed in the audit.

Internationalisation

In accordance with the institutional policy paper on internationalisation and diversity, the MCTD has been involved in (i) the development of the specific programme for Master level students in the summer school programmes, (ii) collaboration with universities abroad, (iii) study tours in the USA with students and teaching staff, aimed at discussing the different Health Care Systems, (iv) participation in international conferences and publications, (iv) the development of the online Module of Professional Ethics in collaboration with Jyväskylä University in Finland.

Whenever possible, guest lecturers from abroad are invited and students and staff participate in international conferences and a yearly study tour. However, in the audit the panel has not been able to establish to what extent exactly these international contacts and the study tour contribute to the course. This was also questioned by some of the students on evaluation forms as well as in the audit. 'The exchange of views and collaboration with Finnish students through online activities did not have much added-value. We could have done this more effectively and thoroughly within our own class,' said several of them.

Although the course management claims the programme has a strong international orientation, this could not convince the panel members at all. In this field one thing became clear, namely that the course staff are very well connected with the international knowledge domain and obviously contribute their state-of-the-art knowledge to the course. The panel definitely commends them for this, but to maintain that the programme has a highly international focus, is still considered one bridge too far.

Literature

² (<http://www.lectoren.nl/2012/praktijkgericht-onderzoek-en-kwaliteitsbeoordeling-van-kennisproducten.html>)

The panel members consider the literature being used in the various modules, both mandatory and suggested, appropriate for a professional Master's course. Books and articles are up to date and support and cover the issues being dealt with in the course. However, only a very limited number of books and articles are in English or stem from abroad. In particular international literature is being referred to in the Science and Policy Development module, when the study of best practices requires a comparison to international developments in the field of knowledge. On the other hand the panel noticed that quite a few of the written assignments had bibliographies with a substantial number of English articles and books. Students in the audit confirmed that they are challenged to incorporate international literature into their assignments.

Still the panel suggests a revision of the mandatory booklist to be made in order to add more international primary and secondary literature, preferably in English.

Another issue to be addressed here is that some students indicated that not all of the mandatory books on the list are actually being used in the course, which for an unfunded course makes it in some ways unnecessarily expensive.

Admission to the programme /Intake

The course is open to persons with a Bachelor's Degree (or proven equivalent competencies) in any Health Care or Social Welfare profession. The management of the course had expected potential students to need prior job experience, but a pilot with two students who started the programme directly after finishing their Bachelor programme proved to be successful.

Social welfare students

So far, the course has not been able to attract a substantial number of students from the Social Welfare sector. The course management says this is due to the fact that welfare professionals do not yet have an orientation towards obtaining a Master Degree and it hopes to attract more students through close collaboration with the post-graduate courses in the Faculty of Law and Social Welfare.

Final student evaluations (2010-2011) show single remarks of students that have experienced the presence of a dominant health care approach, 'despite the fact that the course is offered as one for both care and welfare professionals'.

With regards to this the panel also comments on some of the phrasings in the Study Guide when it comes to welfare issues. Sometimes only care related capacities and business like aspects are being mentioned whilst social welfare concepts such as 'participation development' or 'empowerment of civilians' are left out.

Up till now around half of the course students have been lecturers/teaching staff of the faculty. This can be partly explained by the fact that teaching staff receive funds to obtain a Master's Degree. Even though there are quite a few Master Degree courses for teaching staff, many of them appear to have chosen the MCTD degree because of its innovative, multidisciplinary design and orientation on integrative care, as was confirmed by the students with whom the panel members spoke during the audit.

From the explicit course objective to target at professionals from health care as well as from the social welfare domain, with mixed groups of students delivering input directly from their own professional settings, the panel considers it essential that, for the benefit of the course content, more social welfare students should be recruited so as to create more student diversity. This aligns with the observations of the internal audit committee which concluded earlier that the feasibility and quality of the MCTD depends on an increase in numbers and professions/disciplines of students.

The panel has, with satisfaction, established that the management is currently working on a more detailed public relations and marketing plan to materialize this, but has doubts whether it will render the desired effect if potential social welfare candidates and their employers in general do not appear to take a sincere interest in Master Degrees.

Didactical approach and formats

Each module is composed of the same elements, thereby providing students with a fixed structure. Romiszowski's taxonomy is used to establish the relationship between specific module learning objectives, final competencies and Master-level criteria.

The panel has inspected the Faculty document '*Van Competenties naar Curricula*' ('From Competencies to Curricula') that elicits the didactic principles behind the construction of the learning goals. In short the characteristics of the course didactics denote (i) a continual focus on the generic competences of a care professional, (ii) competency based learning derived and constructed directly from the profession, (iii) course contents that require students to integrate knowledge, skills, a professional attitude and personal abilities, i.e. the acquisition of competencies, (iv) a challenging learning environment, (v) a focus on self-reliant and self-directed learning, (vi) meaningful learning based on intrinsic motivation, (vii) problem-based learning; (viii) the teacher to be the designer of the learning environment, as well as the study trajectory coach and assessor.

These principles very much tie in with the conditions for adult learning. Judging from module evaluations and panel discussions with students, the way in which course contents are being offered and the didactical formats are being applied appear to go down well. Rarely students make remarks about 'too much lecturing', although for some it takes a while to get used to this approach to learning. But eventually students with whom the panel members spoke describe their learning sessions as 'highly interactive and very productive'.

Instruction

The instructional design is based on the principles of action learning and adult education. Teaching staff have a facilitative approach, conceptualised by the course management with the expression: "to light a flame, not to fill a barrel". This requires close monitoring of what students need and includes almost every type of instructional design such as lectures, workshops, round-table conferences with experts from the field, individual tutoring and coaching, feedback sessions, digital learning environment, and blended learning.

In order to assist students in developing a self-directed learning approach, the students take several learning orientation tests (such as Kolb, De Ruijter), and these provide them with insight into their learning strategies so they become more effective in self-directed learning.

Self-directed learning

One of the characteristics of self-directed learning is that students are able to determine their learning goals for themselves. This skill is acquired through the course by making sure that students are the owners of their learning process and the 'brokers' of their talents. In the first year of the MCTD programme they collect data concerning their learning aims. They learn through literature, training under supervision and taking tests. These data provide them with insight into their patterns of behaviour and through the discussion of these patterns both in their written assignments (all written assignments must include a reflective journal), their discussions in the group and with the supervisor and their meetings with their mentors. All with the purpose of working towards increasingly effective behaviour.

This is further practised and reflected on in the Reflective Practice module in the second year. A written account of this process is submitted at the end of the second year as part of the requirement for the Reflective Practice module.

A public account of personal growth is shared in each written assessment. The panel members have inspected a few of these accounts and consider them valuable documents in view of students' personal development. Also the panel established that each module contains theoretical models for personal growth, as well as cognitive knowledge of the subject and behavioural aspects of competence which are practised under supervision.

Action learning

The relationship between content and aims and the theory-practice balance is balanced through the principle of action learning: students define the object of study, a real-life problem, before the start of the module. This problem is reflected on during class, in peer groups and with their mentor in order to develop a problem statement. The problem is theorised and conceptualised using the methods and content knowledge provided by the module coordinator. Students then develop a possible solution/synthesis using both the literature provided and the literature they have found themselves.

During the first year, these solutions to real-life problems are presented without an implementation management plan. Although these are theoretical exercises, they are effective in practice because they provide opportunities to develop improvement plans in collaboration with practice that are precise, evidence-based and effective.

For the panel members, the effectiveness of the action learning-cyclus was demonstrated in the audit when both alumni and students testified that they felt that during the course the three learning tracks of the programme naturally and gradually had merged into their final integral projects. However much they had struggled to strike the balance between focussing and exploring, the final results had clearly contributed to the further development of their profession (also refer to Standard 3, 'Achieved level').

Work-based Learning

All students are required to find a mentor at their workplaces. The mentor serves the purposes of support in acquiring managerial and organisational sensitivity, leadership including leadership for change, strategic sensitivity and the development of strategic aims.

The student approaches their prospect-mentor, sometimes after having discussed the profile criteria with the course manager. Although these mentors are not paid for their efforts, they appear to be committed to this role. The mentor is present at the workplace visits and gives regular feedback to the student, which is communicated to the teaching staff. At the time of the audit experiments are going on with mentors providing regular feedback on students digitally (also refer to Standard 3, 'Assessment System').

The mentor is invited for the yearly dinner with the Work Field Committee, alumni and staff. Alumni of the course also serve as mentors.

Study load and study guidance

The course has 60 ECs, divided over 10 modules of 5 or 10 ECs each. This equals a study load of 840 hours per year (30 ECs), which results in a weekly study load of about 20-22 hours a week. Students with whom the panel spoke confirmed to spent this amount of hours on their studies on a weekly basis.

Contact time is 210 hours a year, with 6 hours of lessons every Friday. This includes coaching and feedback on study assignments.

Students who study regularly do not experience an overload. The panel has established that the study load is equally divided over the two years, as was confirmed by the students in the audit. A recent change (2011) from 6 written assignments in the first year to 4 assignments seems to provide better results, confirm both teachers and students. Students appear to be less loaded with work and have more energy for integration.

Also student evaluations do not give any rise to the questioning of the study load. Figures denote that the study load is considered considerable, but feasible, just as it should be for a Master's Degree programme. In addition, students maintain that the actual study load generally aligns with the projected study load from the course descriptions.

Tutoring

Tutoring is considered an integral part of the course. All students gain the necessary insight into their learning styles through taking a learning style test several times during the course of their studies. These tests are discussed with them in relation to self-directed learning and their study results. In the course of the first year students gain insight into their personal style by doing a number of tests which are summarised, reflected on and discussed as part of student tutoring and in the module on advisory skills.

Should students delay their progress for whatever reason, then this is discussed and options and planning are communicated by the course manager.

Teachers and the course manager say they are alert to problems and discuss them with students, trying to identify causes and solutions in order to prevent study delay. The students with whom the panel spoke confirmed this and said to be very satisfied about the commitment of the course manager and their tutors. At the weekly meeting concerns are shared and possible solutions for problems discussed. A flexible approach towards students who combine a heavy study load with work, careers and families is considered the basis for successful tutoring. Again, student evaluations support the attainability of the study and the quality of the tutoring being offered.

So far ten percent of the students have left the course before completing the first module. Exit interviews revealed that this was due to personal reasons and not because of dissatisfaction with the course.

Another ten percent of the remaining students have not been able to complete the course within two years. This was due to unexpected events such as an (extreme) increase in workload or family problems. The panel noticed that the staff keeps track of delayed students and puts more effort into regular study guidance to help them finalize the study programme.

Educational staff

MCTD works according to the long-term employee policy in the institute. This long-term faculty plan targets, among other things, at a 100% Masters and a 20% PhD qualified staff in 2017. Furthermore, expertise development and competence development are the most important topics covered: equipping teachers, management and staff so that they are able to fulfil their tasks and responsibilities is a key element. These are: professional leader, expert, developer of the profession, advisor/ counsellor. Every teacher is supposed to be an expert in at least two domains within teaching and research, which is substantiated by the elaborate resumes of the both the permanent and temporary teaching staff members which the panel members have gone through.

The policies with regards to new teachers require that they are professionally educated and in the possession of an educational degree. Also they should preferably have a supervisor registration and at least a Master qualification, but preferably a PhD with a relevant, up-to-date professional and research experience. The course manager functions as facilitator. The panel members agree with the requirements as set out in the Faculty policy paper on teaching staff as they rightly outline and facilitate the quality of the lecturers appointed.

Staff quality

Already from their CVs one can safely conclude that the teaching staff are all trained educational professionals with an elaborate and long lasting experience in the professional field. And this includes guest-lecturers. Most of them are or have been involved in research as well. All of them participate in professional organisations as board members. Staff members also publish papers regularly and are guest speakers at national and international conferences as evidenced by their CVs and confirmed in the audit.

The teaching staff are evaluated in the student's monitor. So far there have not been any problems with staff members and students. Both in the evaluation reports and during the audit sessions, students express their utter satisfaction about the commitment, enthusiasm and content knowledge of their lecturers.

Moreover students on the panel pay tribute to the 'student sensitivity' of the teaching staff. 'They are very helpful and approachable,' confirm the student auditees. The panel came to similar conclusions on the basis of their discussions with the teaching staff. In general they are very student-centred and capable of providing their students with new experiences based upon a present-day helicopter view of the professional field.

Staff quantity

The student-teacher ratio is established by the management team of the Faculty of Health Care, which at present is 1:16 for the Master Degree courses.

Each year in September the course management establishes the tasks for the following year, based on student numbers, specific requirements, specific expertise and personal aims. Staff members have responsibility for their own modules and lectures and the tutoring of students.

Planning is done by the course manager in close cooperation with staff members and management. Guest lecturers are regularly invited when their contributions are educationally sound and they understand the place of their lecture in the overall curriculum. The MCTD has a total of 1,6 full-time appointments. The fact that all the staff have other appointments as well clearly adds to their content knowledge. Work pressure is perceived to be high, 'but feasible', say teachers on the panel.

Staff development

Every staff member holding a post of 0.2 FTE or more is obliged to use 10% of his or her commission for expertise development. Teachers who do not have a PhD are encouraged to acquire it. The faculty organizes annual study days on e.g. motivational interviewing, Socratic dialogue, stress management or strategies for influence.

Two of the four permanent teachers at MCTD are involved in a PhD programme, the other two of them have a PhD. To strengthen the relationship with the Research Centre there are joint appointments, which means that some teachers work for both departments. Teachers heading for a PhD can work within one of the research chairs.

Teachers are supported in their international ambitions in participating in international conferences, preferably as lecturer. Staff resumes show that teachers attend (international) seminars and conferences on a regular basis. Two members of the staff participate in the Board of the Sigma Theta Tau, the international society for excellence in nursing.

Building and facilities

During the audit the panel members went on a guided tour through the faculty building. On the basis of this tour, and supported by evidence from the panel discussions, the panel has established that the classrooms and work settings are adequate. All classrooms have appropriate teaching facilities and staff work spaces are well provisioned. All the lectures are videotaped, filed and made accessible on the e-learning environment SharePoint. This enables students to repeat a lecture or follow a lecture from home when they were not able to attend. This is much appreciated by the students, as was mentioned in the audit.

E-learning and media centre

The e-learning environment has information on conferences, exams, evaluations, the alumni association and daily communications. Study materials such as handbooks, study guides, hand-outs and literature are made available for students through this institute's e-learning environment SharePoint.

The student's study progress is tracked through the Osiris programme and evaluations have been digitalized through Formdesk. If students or employees wish to use a laptop or iPad, a wireless connection throughout the building is available. The library is state-of-the-art and has an extensive number of subscriptions to digital libraries and, say students, 'the library staff is usually very helpful and creative in finding solutions for all kinds of media problems.'

The literature is chosen on the basis of developments in the knowledge base. In general, literature is not older than five years unless 'classics' are chosen. Students are advised to provide strong arguments for the literature they choose to apply for their assignment according to general scientific conventions. Most of the scientific literature is in English, most of the books are in Dutch, some of them written by the teaching staff.

In addition to the programme, students are offered to participate in a course in academic writing which is taught at the UoASU and is much appreciated.

Students may use other supportive facilities which are available at the UoASU such as the student deacon, who will provide information, advice and support in the case of psychological problems, illness or financial problems.

Provision of information

The main source of information is the Study Guide. It is available both digitally and in hard copy. Formal documents such as the UoASU student by-laws are available through SharePoint. According to the students, the study guide was found to contain too much general information. The management will take this into consideration for the next edition.

In general the panel is positive about the quality of the documents and the information being provided to the students. However, the panel noticed that some stitches are dropped in the timely announcement of roster changes. 'For part-time students it is not easy to catch up with cancelled lectures and untimely changes in the schedule due to illness of teachers are always inconvenient,' say some of the students in the audit. The course management is aware of this. Meanwhile she has taken measures to reduce roster changes to the minimum and if they cannot be avoided to communicate them in a timely fashion.

Complaints

The study guide provides information on the procedures for dealing with complaints. To date, no complaints have been filed.

Considerations

The MCTD programme has been well-designed to attain all of its final qualifications. The course shows a well-balanced curricular cohesion between theory and practice with all modules supporting and building up to the eventual design of a care trajectory.

The programme offers a solid research component that certainly goes beyond Bachelor's level. The international orientation of the course is initially there, but should still be strengthened. The didactic principles of the course blend in well with the requirements of adult-learning. A more intensive advertising campaign will be launched to attract more, but also a more diverse population of students. The professional field, including many course alumni, are and will be extensively involved in monitoring the programme.

The professional, highly valued and motivated teaching staff is well-equipped to educate and inspire their students. For obvious reasons the permanent staff is limited in numbers. This has advantages in the area of communication and atmosphere, but at the same time presents some issues of vulnerability (e.g. in case of sick leave) and of teachers wearing multiple hats at the same time.

Both the building and the facilities are state of the art, with respect to the provision of information timely announcement of roster changes should be addressed, which in fact the management had already initiated.

All in all, the panel's judgement on the contents and structure of the curriculum is positive. It fully facilitates students to achieve the intended learning outcomes. Also, the quality of the staff and the level of the programme-specific services and facilities have been perfectly aligned to that end.

With regard to this standard the panel is of the opinion, thereby supported by evidence from the panel discussions and the documents submitted by the course management, that the curriculum, staff, services and facilities make a solid and coherent teaching-learning environment for the students. These altogether present a learning environment which goes beyond what might averagely be expected.

Therefore, on the basis of these considerations the panel has decided to rate the teaching and learning environment of HU's Master of Care Trajectory Design as 'good'.

4.3. Standard 3: Assessment and learning outcomes achieved

Standard 3: The programme has an adequate assessment system in place and demonstrates that the intended learning outcomes are achieved.

Explanation: The level achieved is demonstrated by interim and final tests, final projects and the performance of graduates in actual practice or in post-graduate programmes. The tests and assessments are valid, reliable and transparent to the students.

Judgement: satisfactory

Findings

Assessment system

Assessments and (interim-)examinations are organised according to the faculty principles. The same key points as described for the development of the competence-oriented curriculum (see Standard 2, didactical concept and formats) were used to develop the examination system.

Assessments are intended to assess which level of competency the student has acquired and to provide the student with input on his learning process.

The course has a set of generic criteria in place to assess all written study assignments, thereby guaranteeing the integration of critical-analytical thinking (analysis and synthesis), product knowledge (content) and strategic skills (structure and presentation), and opening possibilities for the students to improve their skills and competencies (See Annex III).

By using the generic criteria for the assessment of written assignments, students and staff can monitor the students' level in relation to the targeted competencies. Students said they find this very useful, and so does the panel: the auditors were definitely taken by the strict mono-assessment format that evaluates students along an identical set of criteria throughout the course, each time demanding a higher level of performance.

The course maintains a close connection between learning and assessment. The panel has established that the relationship between study aims, qualifications, assessments and credit points had been neatly described in the module guidelines.

All the assignments are assessed by the module coordinators. To monitor reliability for the grading, 10% of the study assignments is randomly assessed by two teachers, as well as all assignments under 56% and above 80% of the maximum number of points to be obtained, which means that at least 30% of all the assignments are graded by two teachers.

All study assignments have to achieve the grade of 56% or higher. Compensation of a grade below 56% with the grade of another module is not possible. There is a resit for every assessment. If the student fails again he or she will have to retake the module.

In the audit some students complained that one of the study assignments did not exactly tie in with the course content. When cross-checking this issue with the teaching staff it all appeared to be part of a well-excogitated exercise in which students had to demonstrate the ability of transfer, just as the panel members had anticipated.

The reflective learning journal and the rationale scheme, which are part of each assessment, play a formative role and are not graded. However, final grades will not be awarded if these are not included in the assessment. Feedback on a study assignment is given within 15 working days. The student receives detailed formative and summative feedback through a form and these results are discussed with the students.

Reflective competencies are assessed, focusing on reflection on and giving meaning to the development in becoming a Master-educated professional and behaving as such. Throughout the study twelve meetings with one's supervisor are scheduled to discuss and reflect on presentations, working together in the group and writing reports. Each student has two summative assessment meetings with the supervisor.

If the supervisor judges that the student fails in participating in and/or showing growth, this is discussed with the student, the supervision group and the course manager. If necessary, extra supervision with the same supervisor or another supervisor can be planned. The solution is chosen in consensus and evaluated by the teaching staff by comparing the study results of the student with the experiences in the supervision. In general the panel is impressed by the extent and degree of supervision executed by the teaching staff in order to objectify judgements.

Although collaboration with mentors and employees is perceived to be satisfactory, a more formal approach towards mentoring at the work place is being tested. At the time of the audit a try-out has been implemented for two students who have signed a formal learn-work agreement and whose mentors provide regular feedback on their competencies through an online feedback form. The staff intends to offer this to all their students as per September 2012. The panel is certainly in favour of mentors/employees giving regular feedback on student performance, but expresses its concern with regards to the relative weight being given to this kind of feedback in the overall judgement. The same holds for the application of a so-called 360° feedback instrument to evaluate student's performance in practice. This usually yields a random collection of opinions of some significance, but as such cannot be used as a valid assessment instrument.

Based on evaluations over the years since 2008, the examination system has only been modified slightly. The key change being a reduction of the number of study assignments to be carried out in the first year. Initially there were 6 study assignments, but due to study load issues and in order to enhance integration this number was reduced to 4 in 2011. Both students and lecturers said that this measure seemed to render the desired results.

Final examination

The final examination is executed on the basis of a thesis. This thesis consists of an article and a presentation of an innovation project, both guided by clear guidelines.

The MCTD students design both a solution to a real-life problem and the implementation process for this solution. The solution must therefore be contextually relevant. This usually implies adaptation of theoretical or evidence-based solutions to practice. The design of this adaptation directs the research question. In this sense it is not the research question that is central to the MCTD thesis but the adaptation of the theoretical solution to practice and the implementation of this solution in practice (also refer to Standard 2, 'Research').

The thesis (final examination) is assessed by a teacher who was not involved in tutoring the student and by the tutor. The assessor and the tutor ultimately negotiate the student's grade. If they cannot agree on the grade, the course manager will ask an external examiner to give his grading, which will then be the final grade. Since the team is small, all teachers are also examiners.

At the final presentation of their theses, colleagues from practice are invited to attend, but they have no vote. Articles with a grade of 70% or higher are integrated into the HBO Higher Education Databank of Students thesis (HBO Kennisbank). Students are encouraged to publish their theses with additional assistance from the teaching staff, if required.

The audit panel has established that all required competencies are integrally tested through the thesis. Criteria for graduation are described in the module guidelines and reflected in the assessment form.

Overall, the assessment system adopted by the course staff, in the eyes of the panel members, contributes to self-directed learning because of the combination of summative and formative feedback and the fact that students throughout the course work with the same criteria on which they are being assessed themselves. This makes them increasingly independent in achieving qualifications. The panel is of the opinion that the course assessment system is clearly designed to acquire the competencies at the Master's level. Knowledge is tested in the sense that the acquisition and critical-analytical approach to knowledge is continually being evaluated throughout the course.

Examination Board and Assessment Committee

In 2011 the Examination Board was adapted to comply with a new law (WHW 2010). The faculty administration appoints the members of the boards. Tasks and authorisation of the examination board are described in the Examination Regulations (OER). During the audit the panel members spoke to the members of the Examination Board and concluded that the members show awareness of their current status and tasks.

It supervises the correct use of the rules regarding education, testing and examination as described in the Examination Regulations and Study Guides. The Board clearly monitors the graduation level by randomly checking themselves the quality of the graduation papers and the quality of examinations. Members in the audit demonstrated sensitivity of the risks that may occur with such a small number of teaching staff in multiple roles.

The Examination Board is involved in the planning of the examination periods, as well as in appointing examiners, judging dispensation requests, deciding on individual study programmes and signing diplomas and certificates.

From the evaluation results it is clear that students and teachers judge the examination system as adequate. Results are generally presented in a timely fashion. Students judge the assessments and evaluations as professional, the criteria as being clear and unambiguous and the study assignments as meaningful and of a high standard.

Achieved level

Prior to the audit the course management provided the panel with a list of students that graduated in 2009, 2010 or 2011. The list included 18 theses. Prior to the audit, as well as during the audit, the expert panel members inspected all of them. The theses dealt with topics like: 'Geriatric care after hospital stays', 'Directing the pre-operation process', 'Well-being in nursing homes', 'Needs of patients with a melanoma in follow-up care' or 'Effective education of nurses to care for vulnerable elderly patients'.

The panel unanimously considers all of these topics as presented in the majority of the theses of high relevance from a *general* health and nursing sciences point of view, as may be expected of a professional Master. In tune with the objective of the course, most of the theses cover issues that are related to real and on-going challenges in health care delivery, also from an international perspective.

However, the panel members also encountered a couple of theses that content wise did not fully comply with the intended learning outcomes of the course; these final papers merely dealt with a research on a relevant topic in health care or comprised a course design for health education. The panel attributes this to the fact that a large number of initial students on the course are lecturers within other health care programmes of the HU and therefore do not have the opportunity to relate their theses to a real-life problem in their workplace.

However much their papers showed true Master's level in their approach and methodology, the panel still thinks that the course management or the Examination Board for that matter, in future should not allow these kind of theses to pass anymore, as the clear objective of the course is to deliver an evidence based care trajectory design.

All in all, the panel finds the quality of the theses appropriate for a research paper on Master's level. Grades given are well-substantiated and vary from satisfactory to good. Panel members' judgements did never deviate more than 0.5 points from the grades that had been awarded by the course examiners. There were no doubts about the caesura.

The underlying problem of each thesis, the actual problem being investigated and the objectives of the studies are transparent and relevant. Methodological approaches are outlined appropriately and the outcomes are presented accordingly. All of the theses comprise conclusions and recommendations based upon the findings from the student's research. The writing and presentation of the theses is also considered entirely up to the mark. Though, a slight improvement should be made with regards to a broader international dissemination of their content and findings: related to this the panel recommends an English Management Summary be written mandatorily. Something that, in the eyes of the panel members, should really be axiomatic, especially when claiming an international rank.

The panel members as part of the audit also attended some of graduates' formal presentations on their research studies. The presentations put across their research results in a convincing and well-illustrated way. Students showed a degree of confidence, competence and self-assurance, that completely corresponds to what may be expected of Master's graduates. It was clear that research, analysis, reflection and collegial alignment of their care trajectory designs had preceded the implementation phase.

In connection with this the panel would recommend to also incorporate the mastery of generic competencies, such as social communicative skills, in the final assessment. At present these are only evaluated in a formative way and do not affect student's final mark.

In addition the MCTD has provided the audit panel with a survey of alumni testimonies, showing which career moves because of the course some of them had made and how they had implemented the yield of their MCTD tuition. This, together with the impressions given by the alumni in the audit, in the eyes of the panel members show that graduates have unambiguously acquired the level of competency which was aimed for.

Considerations

The course has developed an assessment system that safeguards the validity and reliability of test results. It is elaborate and robust. The same testing format with identical criteria/requirements is being used throughout the course. These are not just clear to the students, but have been entirely internalised by them. The professional field is involved in the evaluation of students' professional performance. The Examination Board is well-aware of its tasks and responsibilities imposed by the WHW and is clearly underway to its pivotal role. The small scale of the course, resulting in close ties between tuition and examination, may in the long run endanger the aspect of objectivity.

The achieved learning outcomes, in terms of the final theses are definitely of HBO Master's level and certainly have added-value to the professional field. However, more attention should be paid to the summative assessment of students' generic competencies, the choice of topics that sometimes fall outside the targeted outcomes of the course and a stronger focus on international dissemination of findings and results, starting with an English summary.

Therefore the panel rates the third accreditation standard on assessment and the learning outcomes of the programme as 'satisfactory'.

5. OVERALL CONCLUSION

The programme staff has managed to deliver an outstanding course, both in content and teaching staff. Inter-relating intricate questions in a multi-disciplinary context with a focus on managerial and care efficiency at micro, meso and macro level, all represent Master's level. Hence, the quality of the final papers and the presentations the panel attended in June 2012 demonstrate that the learning outcomes are clearly achieved. Students seem to have been enabled to integrate perspectives and to develop solutions for complex problems in health and, to a lesser extent, in social care.

Despite the problems with recruiting a cost-effective number of students, the programme and the results achieved deserve re-accreditation, thus enabling the course to get to the next level by moving away from the pioneering phase and to establish itself more solidly. To this end a formal professional profile of the Care Trajectory Designer, if this flag really covers the cargo, is required. Preferably this should be done with similar or adjacent courses in the Netherlands and/or abroad.

The quality of the programme is good beyond doubt, particularly as far as the research base is concerned. There is definitely room though for improvement in the area of internationalisation. Activities in this field that are taking place seem to be more happening by chance instead of being the result of a clear philosophy and idea. And although the outcomes of the course comply with professional Masters' standards, a few minor flaws in the field of examination and assessments are still to be fixed.

In the initial phase of the course it is still acceptable to have teachers wearing many different hats, in the long-run this could pose risks. This aspect needs first and foremost attention with regards to the composition of the examination board. A more extensive involvement of external members, preferably recruited from the professional field, may be part of the solution to this issue.

With the programme rated 'good' on Standard 2, and 'satisfactory' on Standards 1 and 3, NVAO regulations prescribe the rating for the entire programme to be 'satisfactory'.

6. RECOMMENDATIONS

Alongside the audit the panel members made some observations that might be of interest to the programme staff. They are set out here as suggestions and recommendations for improvement.

Related to standard 1

- Priority should be given to the design of a well-grounded professional profile, drawn up preferably in close collaboration with similar courses inside, but also outside of the Netherlands. In particular the panel suggests to discuss at length which characteristics and features should be attributed to this 'care liaison officer';
- From the professional profile an accurate name for the profession may emerge as Care Trajectory Designer does not seem to appeal to prospect-students and may not fully cover the width and breadth of the job either;
- Apply identity management techniques to position the course, thus creating an enhanced and more embedded relationship with the professional field;
- Further debate is required to establish how social welfare can be more adequately addressed in the course profile, as well as in the programme content itself.

Related to standard 2

- Follow a more structured approach towards internationalisation by defining which countries deliver best practices in care and welfare to learn from. These could be Finland or the US, but might also be other countries. Substantiate choices for international exchange and collaboration with arguments why and how they add value to the programme, and furnish them with desk and field research.

Related to standard 3

- The small scale of the course, resulting in close ties between tuition and examination, may in the long run endanger the aspect of objectivity, therefore the panel recommends a more extensive involvement of external members to be considered, preferably recruited from the professional field;
- Pay more attention to the summative assessment of students' generic competencies and the choice of topics that sometimes fall outside the targeted outcomes of the course;
- Place a stronger emphasis on international dissemination of findings and results, starting with an English summary of students' theses; opportunities should be sought to publish and/or to present research results and conclusions of theses in relevant forums.
- Involve the course alumni as key ambassadors of the programme and its objectives. In particular, this concerns alumni that are currently employed with hospitals and assurance companies.

ANNEX I Overview of judgements

Overview of judgements on the Master of Music of the HKU	
Standard	Judgement
Standard 1: Intended learning outcomes	satisfactory
Standard 2: Teaching - learning environment	good
Standard 3: Assessment and achieved learning outcomes	satisfactory
Overall conclusion	satisfactory

ANNEX II The course's learning objectives and outcomes

Leerlijn	Competenties	Beroepsproduct (toets)
Leerlijn Productmanagement	1. Assortimentsbeleid ontwikkelen De zorgtrajectontwerper beschouwt zorgvraagstukken en bijbehorende producten steeds met het oog op de optimale maatschappelijke participatie van de desbetreffende cliënten(groepen) (ICF).	Case study
	2. Producten (her)ontwerpen De zorgtrajectontwerper analyseert zorgbehoeften/zorgvragen, ontwikkelt de criteria waaraan de oplossing moet voldoen, ontwerpt het beoogde zorgproduct door het kwalitatief en kwantitatief te beschrijven, implementeert het zorgproduct en/of de zorgorganisatie en ontwerpt een instrument om effectiviteit en efficiëntie te kunnen meten.	Ontwerp zorgproduct
	3. Continuïteit waarborgen De zorgtrajectontwerper beheert en bestuurt producten op een bedrijfskundig verantwoorde manier. Dat wil zeggen dat zorgproducten binnen de geldende kaders (wet- en regelgeving, strategie en beleid en financiën) tot stand komen, waarbij planning & control als besturingsmodel wordt toegepast.	Toets wet- en regelgeving Ontwerp strategisch traject
Kritische-analytische leerlijn	4. Kritisch, analytisch, reflectief en creatief denken De zorgtrajectontwerper beschikt over kritisch-analytische vaardigheden (kritisch, analytisch, reflectief en creatief denken en formuleren), die hij inzet voor het dagelijks beroepsmatig handelen, maar ook voor het onderbouwen en verbeteren van het beroepsmatig handelen en voor de verdere ontwikkeling van het beroep.	M + T toets Literatuurstudie Interventiestudie
	5. Wetenschappelijk onderbouwen van besluiten De zorgtrajectontwerper onderbouwt aan de hand van <i>best available evidence</i> zijn handelen.	Ontwerp van oplossing voor zorgprobleem
	6. Methodische analyse van zorgproblemen De zorgtrajectontwerper analyseert op methodische wijze geaggregeerde (de eigen zorgverlening overstijgende) problemen gericht op het bereiken van de best mogelijke zorgverlening.	Case study

Leerlijn	Competenties	Beroepsproduct (toets)
Strategische leerlijn	<p>7. Adviseren De zorgtrajectontwerper baseert zijn adviezen op vraagsturing, het aangaan en onderhouden van relaties, het toepassen van kennis en het behalen van duurzame resultaten.</p>	<p>Gedrag-/Competentietoets (zelfevaluatie, portfolio, 360 feedback)</p>
	<p>8. Veranderingen managen De zorgtrajectontwerper identificeert en waarborgt de vitale belangen van verschillende belanghebbenden, creëert transparantie, weet verschillende partijen te binden aan een gemeenschappelijk doel, werkt in een sfeer van integriteit en vertrouwen, maakt een beargumenteerde keuze uit innovatiestrategieën en waarborgt aldus de voortgang van de implementatie.</p>	<p>Implementatieplan</p>
	<p>9. Kennis managen De zorgtrajectontwerper laat anderen (individuen of groepen) leren door op een planmatige wijze hun leerproces te sturen. Daarvoor combineert hij op methodische wijze zijn vakinhoudelijke kennis met communicatieve en didactische vaardigheden. Leerprocessen zijn met name gericht op kennisverwerving over de nieuwe processen en producten en bijbehorende deskundigheidsbevordering van betrokkenen zowel binnen als buiten de eigen organisatie (afdeling/instelling).</p>	<p>Projectaanvraag kennismanagement</p>
	<p>10. Persoonlijke effectiviteit De zorgtrajectontwerper reflecteert op basis van metacognitieve modellen op het eigen gedrags(potentieel) en stuurt dit gedrag op grond van die reflectie efficiënt en effectief bij. Hij doet dit zowel tijdens zijn dagelijks werk als op de langere termijn met het oog op zijn verdere professionalisering.</p>	<p>Reflectieverslag</p>

Dublin descriptors	MCTD criteria
	Structure
Criterion (4) communication: presentation of conclusions, motives and arguments	1. Is the assignment written in a clear and understandable manner?
	2. Is it clearly and logically structured?
	3. Is the central question well defined?
	4. Is the conclusion logically derived from the question?
	5. References correct (APA)
	Content
Criterion (1) knowledge and insight: original contribution to development or application of ideas from research perspective;	1. Are the terms and concepts clearly defined?
	2. Is the material concise but complete?
	3. Are the references supportive to the essay?
	4. Is there a clear distinction between findings from the literature, personal experiences, personal opinions, explicit and implicit knowledge and patient's views?
	5. Are the conclusions correct?
	Analysis
Criterion (2) application of knowledge and insight: in new conditions and multidisciplinary context; integration of knowledge;	1. Does the student demonstrate insight in the topic and material?
	2. Are there suggestions for explanations of findings?
	3. Is the analysis balanced?
	4. Are the conclusions supported by evidence?
	5. Is the argument well structured?
	Synthesis, Evaluation and Application.
Criterion (3) judgement: based on incomplete or limited information in the context of societal and ethical responsibilities; Criterion (5) learnability: ready for continued education which is self-directed;	1. Has the material been critically evaluated?
	2. Are the selection criteria for the material well defined?
	3. Does the student provide any predictions based on the material?
	4. Have new ideas been created ?
	5. Are principles, theories or methods applied to practice?

ANNEX III Overview of the masters programme

Module	Contact-uren	Totaal	EC	Toetsvorm
Methoden en technieken van onderzoek	42	280	10	Conceptanalyse
Evidence Based Practice	18	140	5	Literatuurstudie
Product management en logistiek	18	140	5	Businesscase voor keuzemodule
Besluitvorming	18	140	5	Casuïstiek
Gezondheidsbeleid	18	140	5	
Kennismanagement en financiën	18	140	5	Plan van aanpak
Management van implementatie	18	140	5	Plan van aanpak
Strategie en beleid	18	140	5	Plan van aanpak
Ontwerpgericht onderzoek	18	280	10	Ontwerp zorgtraject
Persoonlijke effectiviteit, training en coaching Adviseren	60	140	5	Reflectieverslag
Totaal	370	1680	60	

ANNEX IV Programme of site-visit

Friday 22 June 2012

location: Faculty of Health in Utrecht, room 2.140, Bolognalaan 1013584 CJ Utrecht

Tijd	Programmaonderdeel/gesprekspartners	Gespreksonderwerpen
08.30 – 08.45 Lokaal 2.138	Inloop & ontvangst auditteam	
08.45 – 09.45 Lokaal 2.138	Intern overleg auditteam	
09.45 – 10.00 Lokaal 2.140	Kennismaking MT en vaststellen agenda Ingrid Spaan, instituutsdirecteur Harm Drost, faculteitsdirecteur Lya Djadoenath, Centrum Verpleegkundige Studies Marlou de Kuiper, opleidingsmanagement	Aspecten van nieuwe accreditatiestelsel benoemen
10.00 – 10.45 Lokaal 2.140	MT Ingrid Spaan, instituutsdirecteur Lya Djadoenath, Centrum Verpleegkundige Studies Marlou de Kuiper, opleidingsmanagement Ad van Doorn, lector	<u>Gespreksonderwerpen:</u> eigenheid opleiding – ambities - hbo-niveau - relatie beroepenveld – internationalisering - onderzoeksdimensie – <u>Gespreksonderwerpen:</u> deskundigheidsbevordering/pop docenten – onderzoek doen – lectoraat en kenniskring
10.45 – 11.00	Pauze	Interne terugkoppeling
11.00 – 11.45 Lokaal 2.140	Docenten inclusief coördinatoren Marlou de Kuiper, opleidingsmanager en coördinator leerlijn strategische vaardigheden Roelof Ettema, docent en coördinator leerlijn productmanagement Anneke de Jong, docent en coördinator leerlijn kritisch-analytische vaardigheden Roland van Linge, docent en modulecoördinator Michel Janssen, docent Juil van Ogtrop, docent	<u>Gespreksonderwerpen</u> vanuit docentenperspectief realisatie samenhangende onderwijsleeromgeving - inhoud en vormgeving programma – eigen inkleuring programma - keuze werkvormen – onderzoekslijn – stage - internationale component - beoordelen en toetsen - borging niveau - aansluiting instromers – relatie docenten beroepenveld – eigen deskundigheid docenten - opleidingsspecifieke voorzieningen - focusgroepen <u>Gespreksonderwerpen</u> vanuit coördinatorenperspectief realisatie samenhangende onderwijsleeromgeving - inhoud en vormgeving programma – eigen inkleuring programma - keuze werkvormen – onderzoekslijn – stage - internationale component - beoordelen en toetsen - borging niveau - aansluiting instromers – relatie docenten beroepenveld – eigen deskundigheid docenten - opleidingsspecifieke voorzieningen - focusgroepen
11.45 – 12.30 Lokaal 2.138	Lunch auditteam	Interne terugkoppeling
12.30 – 13.00 Lokaal 2.160 Lokaal 2.138	Inloopspreekuur docenten/studenten Rondleiding opleidingsspecifieke voorzieningen + inzien materiaal	
13.00 – 13.45 Lokaal 2.140	1^e en 2^e jaars studenten Marjolein van Meggelen (2e jaars) Suzanna Otten (2e jaars) Patricia Broos (2e jaars) Gerard Burggraaf (1e jaars) MariAnne Goos (1e jaars) Carina Stigter (1e jaars)	<u>Gespreksonderwerpen:</u> kwaliteit en relevantie programma - studeerbaarheid - aansluiting - toetsen en beoordelen - kwaliteit docenten - opleidingsspecifieke voorzieningen – eigen producten
13.45 -14.30	Bijwonen presentaties	

14.30 – 15.15 Lokaal 2.140	Werkveldvertegenwoordiging inclusief Alumni <u>alumni:</u> Wilma van der Vlegel Monique Fieseler Rita Heinen <u>werkveldcie:</u> Juil van Ogtrop Martien Bouwmans Pieter Vos Joke van der Heijden	<u>Gespreksonderwerpen:</u> contacten met opleiding over onder andere: actuele ontwikkelingen en doorvertaling naar programma - andere wensen vanuit het werkveld – eigen inkleuring opleiding - stage en begeleiding – onderzoekscomponent – niveau <u>Gespreksonderwerpen:</u> o.a. kwaliteit en relevantie van de opleiding (programma, docenten) - functioneren in de praktijk of vervolgopleiding
15.15 – 15.30	Pauze	Interne terugkoppeling
15.30 – 16.15 Lokaal 2.140	Examencommissie/Toetscommissie Jean Jaques Georges Francois Maissan Roland van Lingen Josephine Berkvens	<u>Gespreksonderwerpen:</u> Bevoegdheden en taken examencommissie en toetscommissie - rol in de interne kwaliteitszorg toetsing - resultaten
16.15 – 16.30 Lokaal 2.138	Interne terugkoppeling: bepaling pending issues Inzien materiaal	
16.30 – 16.45 Lokaal 2.140	Pending issues (alle gesprekspartners zijn hiervoor beschikbaar)	
16.45 – 17.15 Lokaal 2.140	Interne terugkoppeling: bepaling beoordeling	
17.15 Lokaal 0.202	Terugkoppeling	

Selection of the delegations / the auditees

In compliance with the NVAO regulations the audit panel decided on the composition of the delegations (auditees) in consultation with the course management and on the basis of the points of focus that had arisen from the panel's analysis of the school's documents prior to the audit.

An 'open consultation session/open spreekuur' was scheduled as part of the site-visit programme. The panel verified that the scheduled times of the consultation session had been made public to all parties involved in the school community correctly and timely. In the audit no one attended the consultation session.

During the site-visit the audit panel members spoke randomly to students and attended a number of students' final presentations of their Care Trajectory Design Project.

ANNEX V Documents examined

List of documents examined

- Critical Reflection
- HU organizational chart
- Overview of the curriculum in diagram form
- Learning outcomes of the programme
- Information on the course and overview of the curriculum as presented on the HU website
- Outline of the curriculum components, stating learning outcomes, learning objectives, teaching methods, assessment methods, literature (mandatory/recommended), teachers involved and credits
- Academic and examination regulations for the programme
- Overview of allocated staff with names, positions, scope of appointment, level and expertise
- List of all final projects of the past two years, demonstrating the exit levels attained by the students
- Overview of the contacts maintained with the professional field
- Previous NVAO accreditation report, 2007
- A selection of study plans
- Reference books and other learning materials
- Set of assessment criteria applied to Care Trajectory Design Project
- Summary and analysis of recent evaluation results and relevant management information
- Documentation regarding teacher and student satisfaction
- All of graduates' final projects of the last two years (18) with corresponding assessment criteria and filled in assessment forms; in addition, as part of the audit, the panel members attended a number of presentations of final TCD projects.

	Student number	Graduation date	Grade
1	1561150	16-06-2011	8,6
2	1149991	02-09-2011	8,8
3	1561151	08-06-2010	6,7
4	1162085	18-06-2009	7,0
5	1229612	18-06-2009	7,1
6	1114857	19-08-2009	7,6
7	5131078	18-06-2009	8,1
8	1228024	18-06-2009	7,6
9	1230892	19-06-2011	7,5
10	1053138	16-06-2011	8,3
11	1070616	16-06-2011	7,7
12	1127964	22-08-2011	7,0
13	1054552	16-06-2011	6,5
14	1502871	16-06-2011	7,5
15	1574852	16-06-2011	6,7
16	1578597	16-06-2011	7,0
17	1574851	16-06-2011	7,5
18	1095514	16-06-2011	9,2

Additional documents examined

No additional documents were examined.

ANNEX VI Composition of the audit panel

Panel members	Expertise					
	auditing and quality assurance	education	professional field	discipline	International	student-related
<i>Chair/expert</i> Foka Brouwer	X	X				
<i>expert</i> Andreas Büscher		X		X	X	
<i>expert</i> Jan Hoogeveen	X		X			
<i>expert</i> Mieke te Stroete			X			
<i>Student</i> Caroline van der Meer			X			X

co-ordinator/certified secretary, H.R. (Rob) van der Made

On 27 June 2012 the NVAO approved the composition of the panel of the Master Care Trajectory Design # 000563 – Hogeschool Utrecht.

Succinct CVs of panel members and secretary/co-ordinator

1	Foka Brouwer is als senioradviseur op de gebieden onderwijs en kwaliteit werkzaam bij Hobéon in Den Haag. Sinds 2009 voert zij met regelmaat als lead-auditor accreditatieaudits uit.
2	Adreas Büscher is docent Verplegingswetenschap aan de Hogeschool van Osnabrück, faculteit Business Administration and Social Sciences, en lid van het Deutsche Netzwerk für Qualitätsentwicklung in der Pflege (DNQP).
3	Jan Hoogeveen is sectormanager cliëntbemiddeling en marktwerking en lid van het centraal managementteam van zorggroep Solis te Deventer.
4	Mieke te Stroete is adviseur zorg en dienstverlening bij een welzijnsorganisatie en werkzaam in het wonen, welzijn en zorgloket van twee gemeenten, voltooide recent een masteropleiding Social Work en heeft functies bekleed in zowel zorg als welzijn.
5	Caroline van der Meer is tweedejaars student aan de Master Health Care & Social Work van Hogeschool Saxion te Enschede.
6	Rob van der Made is an NVAO certified secretary and senior-consultant at Hobéon, one of the external quality assessment agencies in the Netherlands. He has a background in teaching languages and communication in both secondary and higher professional education.

Onafhankelijkheids- en geheimhoudingsverklaring voorafgaand aan het beoordelingsproces

Ondergetekende (naam en privé adres)

F. (Foka) Brouwer

Lange Voorhout 14, 2514 ED Den Haag

is als deskundige / ~~secretaris~~ gevraagd voor beoordeling van de opleiding:

Master Zorgtraject Ontwerp

aangevraagd door de instelling:

Hogeschool Utrecht

- Verklaart hierbij geen (familie)relaties of banden met de bovengenoemde instelling te onderhouden, als privépersoon, onderzoeker / docent, beroepsbeoefenaar of als adviseur, die een volstrekt onafhankelijke oordeelsvorming over de kwaliteit van de opleiding ten positieve of ten negatieve zouden kunnen beïnvloeden;
- Verklaart hierbij zodanige relaties of banden met de instelling de afgelopen vijf jaar niet gehad te hebben
- Verklaart strikte geheimhouding te betrachten van al hetgeen in verband met de beoordeling aan hem/haar bekend is geworden en wordt, voor zover de opleiding, de instelling of de NVAO hier redelijkerwijs aanspraak op kunnen maken.
- Verklaart hierbij op de hoogte te zijn van de NVAO gedragscode.

Plaats: Den Haag

Datum: 31 mei 2012

Handtekening:





DECLARATION OF INDEPENDENCE AND CONFIDENTIALITY

TO BE SUBMITTED PRIOR TO THE ASSESSMENT OF THE PROGRAMME

THE UNDERSIGNED

NAME: Andreas Büschen

HOME ADDRESS: Tulpenweg 6, D-49324 Melle

HAS BEEN ASKED TO ASSESS THE FOLLOWING PROGRAMME AS AN EXPERT / SECRETARY:

Master Zorgtraject Antwerp

APPLICATION SUBMITTED BY THE FOLLOWING INSTITUTION:

Hogeschool Utrecht

HEREBY CERTIFIES TO NOT MAINTAINING ANY (FAMILY) CONNECTIONS OR TIES OF A PERSONAL NATURE OR AS A RESEARCHER / TEACHER, PROFESSIONAL OR CONSULTANT WITH THE ABOVE INSTITUTION, WHICH COULD AFFECT A FULLY INDEPENDENT JUDGEMENT REGARDING THE QUALITY OF THE PROGRAMME IN EITHER A POSITIVE OR A NEGATIVE SENSE;

Onafhankelijkheids- en geheimhoudingsverklaring voorafgaand aan het beoordelingsproces

Ondergetekende (naam en privé adres)

Jan Hoogeveen
Olsthoeweg 7 B 7431 EH Diepenveen

is als deskundige / secretarisgevraagd voor beoordeling van de opleiding:

Master Zorgtrajectontwerp Hogeschool Utrecht

aangevraagd door de instelling:

Hobéon Groep

- Verklaart hierbij geen (familie)relaties of banden met de bovengenoemde instelling te onderhouden, als privépersoon, onderzoeker/ docent, beroepsbeoefenaar of als adviseur, die een volstrekt onafhankelijke oordeelsvorming over de kwaliteit van de opleiding ten positieve of ten negatieve zouden kunnen beïnvloeden;
- Verklaart hierbij zodanige relaties of banden met de instelling de afgelopen vijf jaar niet gehad te hebben
- Verklaart strikte geheimhouding te betrachten van al hetgeen in verband met de beoordeling aan hem/haar bekend is geworden en wordt, voor zover de opleiding, de instelling of de NVAO hier redelijkerwijs aanspraak op kunnen maken.
- Verklaart hierbij op de hoogte te zijn van de NVAO gedragscode.

Plaats: Deventer

Datum: 30 mei 2012

Handtekening:



**Onafhankelijkheids- en geheimhoudingsverklaring voorafgaand aan het
beoordelingsproces**

Ondergetekende (naam en privé adres)

Mieke te Stroete

is als deskundige / secretaris gevraagd voor beoordeling van de opleiding:

Master zorgtrajectontwerp

aangevraagd door de instelling:

Hogeschool Utrecht
/Hobéon

- Verklaart hierbij geen (familie)relaties of banden met de bovengenoemde instelling te onderhouden, als privépersoon, onderzoeker / docent, beroepsbeoefenaar of als adviseur, die een volstrekt onafhankelijke oordeelsvorming over de kwaliteit van de opleiding ten positieve of ten negatieve zouden kunnen beïnvloeden;
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- Verklaart hierbij op de hoogte te zijn van de NVAO gedragscode.

Plaats: Akenhem

Datum: 31 05 2012

Handtekening:



Onafhankelijkheids- en geheimhoudingsverklaring voorafgaand aan het beoordelingsproces

Ondergetekende (naam en privé adres)

Caroline van der Meer, Levinkskamp 1
7524 BB Enschede

is als deskundige / secretaris gevraagd voor beoordeling van de opleiding:

Master Zorgtrajectontwerp Hoge School Utrecht

aangevraagd door de instelling:

Hobéon

- Verklaart hierbij geen (familie)relaties of banden met de bovengenoemde instelling te onderhouden, als privépersoon, onderzoeker / docent, beroepsbeoefenaar of als adviseur, die een volstrekt onafhankelijke oordeelsvorming over de kwaliteit van de opleiding ten positieve of ten negatieve zouden kunnen beïnvloeden;
- Verklaart hierbij zodanige relaties of banden met de instelling de afgelopen vijf jaar niet gehad te hebben
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- Verklaart hierbij op de hoogte te zijn van de NVAO gedragscode.

Plaats: Enschede

Datum: 25 05 2012

Handtekening:



Onafhankelijkheids- en geheimhoudingsverklaring voorafgaand aan het beoordelingsproces

Ondergetekende (naam en privé adres)

H.R. (Rob) van der Made
Lange Voorhout 14, 2514 ED Den Haag

is als ~~deskundige~~ / secretaris gevraagd voor beoordeling van de opleiding:

Master Zorgtraject Ontwerp

aangevraagd door de instelling:

Hogeschool Utrecht

- Verklaart hierbij geen (familie)relaties of banden met de bovengenoemde instelling te onderhouden, als privépersoon, onderzoeker / docent, beroepsbeoefenaar of als adviseur, die een volstrekt onafhankelijke oordeelsvorming over de kwaliteit van de opleiding ten positieve of ten negatieve zouden kunnen beïnvloeden;
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- Verklaart strikte geheimhouding te betrachten van al hetgeen in verband met de beoordeling aan hem/haar bekend is geworden en wordt, voor zover de opleiding, de instelling of de NVAO hier redelijkerwijs aanspraak op kunnen maken.
- Verklaart hierbij op de hoogte te zijn van de NVAO gedragscode.

Plaats: Den Haag

Datum: 31 mei 2012

Handtekening:

