Department Health Sciences

Why it is important to enhance professionalisation among health professions – a Swiss perspective

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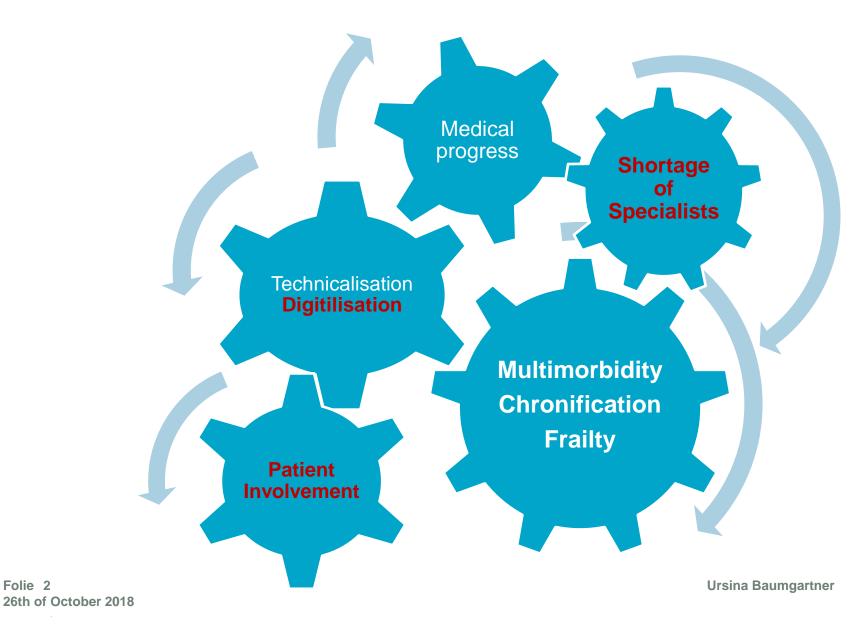
Co-President Health Conference (FKG)

Challenges: Overview

Folie 2



The University for Working Professionals.



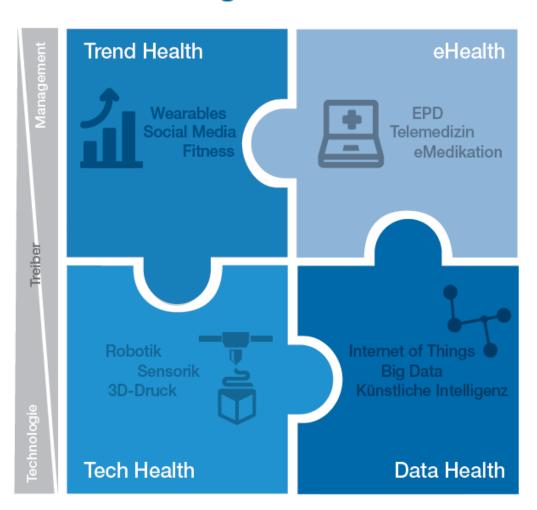
Example: Digitalisation

Abb. 3

DAS WIG-ORDNUNGSMODELL



Digital Health



(Angerer et al., 2017)

Ursina Baumgartner

Digital transformation at home



The University for Working Professionals.



Folie 4 26th of October 2018

AXA (2018). How mHealth will transform European Healthcare Ursina Baumgartner

Example: Patient Involvement



Individualization

- Patients as customers
 - self-determination
 - high expectations (short waiting times, short distances ...)
- Patients as contributors
 - co-producers
 - managers of their own health



user involvment -> health literacy



Pay attention to interrelations



The University for Working Professionals.



Political Situation



Accepted by the Swiss Parliament:

- Medical Professions Act (2006) and
- Health Professions Act (2016)
- -> Goal: public health protection

Rejected by the Swiss Parliament (2011-16):

Initiative «Legal recognition of the responsibility of nurses»

Initiative of the Professional Nursing Association (2017)

«For a strong care»



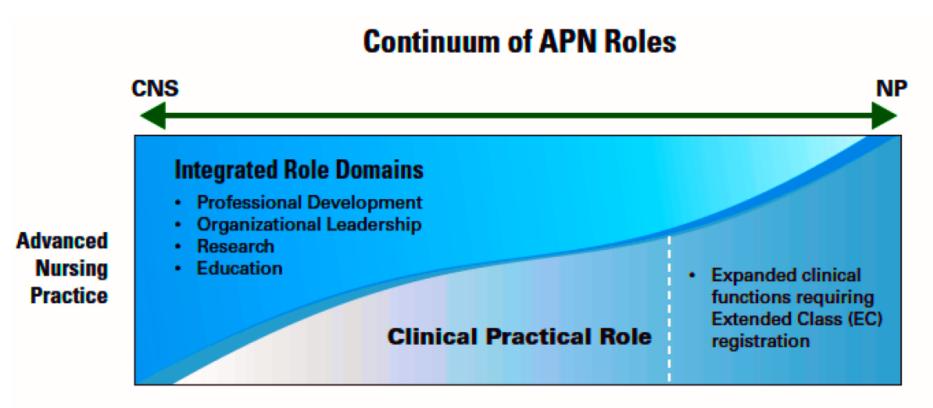
A high level of education and training is socially recognized (not by all parties)



Independent responsibility with prescription law of basic care or medication did not achieve the majority vote

Theoretical Framework 1





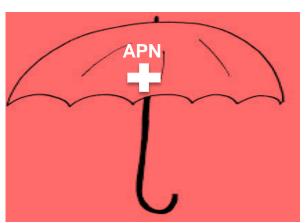
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Swissnes



"The ANP concept has provided important food for thought for clinical education... as with any imported product, country-specific adaptations are necessary."

(Bischofberger, 2014)



Goals Swiss NP



- Patients with complex situations are better informed when they go home
- Alarm signals are recognised by the clinical care experts
- MSc detected faster and communicated more precisely
- Planning takes place in a complementary or interactive way with the medical profession and the entire interprofessional team
- Clinical signs and therapies are always understood in a psycho-social and socio-economic overall picture of the patients.

- Operational decisions/processes are more well-founded and faster
- Fewer unnecessary hospital stays
- Better quality of life even in remote areas

Education and training in Health Sciences and «fit for practice»



Health Sciences

Supplemented by challenges Slide 2

Practical approach

Students work at least 30% in direct patient contact

Interprofessional Cooperation

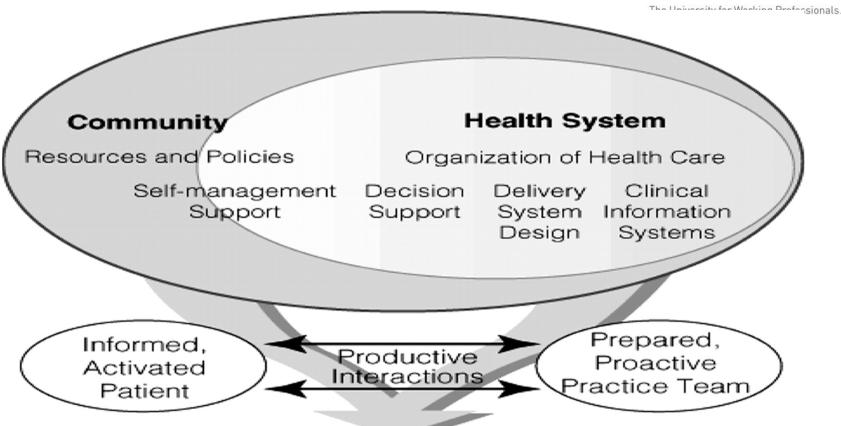
Medical mentorship supports collaboration

Inclusion of Patients

Mentorship by experienced patients and relatives expands perspective

Theoretical Framework 2





Functional and Clinical Outcomes

(Wagner, 1998)

Theoretical Framework 3



Levels of Service-User Involvement

Consultation

Service users are

asked their views.

They have limited

decision making.

Control

Service users

Contribution

Service users'
views are sought
and taken into
account. They
have a direct
impact on
decision making.

Collaboration

determining

outcomes.

Working as equals, service users share decisions and responsibility,

Information

Service users are told what is happening, they have no influence over the decision Making.

Increasing influence on decision making

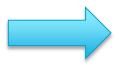
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(Morrow et al. 2012; ohc-paper, 06)

(Hahn, 2018)

Conclusion





We have to enrich APN/PN rolls with current concepts and keep them up-to-date



Country-specific adaptations are important

- Policy (no right to prescribe medicines)
- Federal guidelines
- Population needs
- Medical and digital country-specific progress

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Contact

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