

Model Case for Emergence

The Faculty team of the Integrated Care Design master's degree program.

The master's degree program Integrated Care Design at the Utrecht University of Applied Sciences was started in 2007 as an unfunded program with 4 students and 4 part-time professors. The external developments in the sector demand for employees in health care and social wellness, able to make connections, to design innovative interventions, and to realize integrated care. The program which develops such competencies with the participants turned out to be immensely popular. Since the program's establishment, the number of students substantially grew to 133 first-year students and 64 second-year students in the academic year of 2018–2019. Since 2017, the program receives official funding through the Dutch Ministry of Education and Science. In 2018, the program was accredited by the Accreditation Organization of the Netherlands and Flanders (NVAO).

The growth of the program led to major pressure on the facilities and the faculty team. Via their network, the professors attempted to find more staff for the university of applied sciences (internal interaction) and beyond (external interaction). Consequently, the number of professors grew exponentially to a team of twenty professors (seven full-time positions). The team formed in this way differs from the sum of the parts. It has an exceptional diversity in age, experience, and scientific discipline. Yet the organization is marked by harmony, which is new to almost all participants (novelty) and not easy to explain. The harmony exists even if new members are added (synchronicity). There is also some observable synchronicity in the way in which the team members adjust themselves to the curriculum. The new pattern is coherent, which was not to be expected nor predicted (unpredictable). The quality of the collaboration enables continuous learning of the group in its entirety and the participating individuals. It is hardly the result of planned change (unplanned) even though instruments are utilized to maintain collaboration (co-teaching, journal club, and social events).

The result is that the program scores high with the students, even while it has grown so considerably; as evident from among other things the data of the NSE 2018 (score 92 points) and a shared third place of all master's degree programs in the Netherlands rated in the Master's Guide. When we look at the antecedents and consequences, we see the majority of these also in the model case. In the health care sector it used to be (and there still may be) a matter of un-order and far-from-equilibrium where integrated care is concerned. The program and the formation of a faculty team are a response to the development in that environment. It is even a complex environment. The development toward the learning community has occurred (and it still occurs) by means of self-organization. Nobody ordered it. Also, it is a case of nonlinearity and diversity of the participants. The development toward a learning community centers around improvisation and creative discourse/dialogue. Regarding the consequences, it is definitely a case of 'common identity' or 'shared system of meanings', which is evident from the common and individual ambassadorship of integrated care. After the emergence of the learning community we cannot really call this a new order. The environment is in a state of constant movement, just as the (members of) the team. They continue to evolve, and they steadily exhibit new forms of emergent behavior.