NEW PRACTICE-ORIENTED ECONOMIC KNOWLEDGE AND LEARNING METHODS OF HEALTH CARE EDUCATION

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Our time is full of changes. The number of educational reforms and training programmes is growing at an exponential pace, worldwide. Semmelweis University (SU) has also joined the united higher educational area of Europe based on the Bologna Declaration in 2006. In order to meet the objectives, the Faculty of Health Care has changed its training system. The introduction of the Bologna higher education structure draws our attention to new competences and needs in the labour market of health sector. The present paper looks at the skill needs and degree preferences of health professionals. This article also shows a possible model of componens of educational innovation at SU and the process and specialities of the educational changes (training programmes, curriculums, teaching and learning methods).

Keywords: higher education, training system, employee skills, educational innovation, curriculum, learning methods, experiential techniques

Changing environment - changing higher education

The higher educational area is as dinamic as it gets. The only constant is change. Nowadays the medical universities and their faculties for health workers in Hungary are confronted with changing environmental factors. Due to the actual healthcare system in Hungary, many financial regulations and current laws in administrative functions are in place that sometimes can inhibit innovative healthcare organizational practices. Certain other areas are challenges that must addressed if the higher educational organizations for health sector is to be successful. A few of the more critical ones in today's health care education presented here. See Table 1. The actual international economic and educational requirements to be economically efficient made organizers of health care education face new challenges. New educational needs and skills, new effective learning and teaching methods which facilitated the fast and successful internalization of knowledge had to be developed (Koltai, 2002).

The development of knowledge also has causing enormous changes in the economic and educational environment. However, at the same time, the changing higher educational environment forces educational organizations (universities, training colleges) to realize the needs for specific labour market, for transferring competencies, knowledge and expertise efficiently. Not only educational organizations change but also the working tools and the

technological background of the learning methods. The information and communication technologies make a quick flow of information possible, not only in higher education (international research networks and projects) but even globally in various economic sectors (industrial, service, health care) and their business partnerships. Technology is a costly requirement in any work setting. According to Buchbinder and Sanks "New medical equipment are especially expensive for the modern health care facility or practice due to the rapidly changing data collection requirements and medical advances in the field" (Buchbinder & Sanks, 2007:16).

All economic and political changes affect educational systems everywhere. The number of educational reforms show this tendency. It is also valid for higher education in Hungary. Semmelweis University (SU) has also joined the united higher educational area of Europe based on the Bologna Declaration in 2006. In order to meet the objectives, the Faculty of Health Care has changed its training system. The introduction of the Bologna higher education structure draws our attention to new needs in the labour market of health sector. That is why nowadays the economic and management knowledge are becoming more and more important part of health care education at Semmelweis University. The employers in health organizations require qualified health professionals with special practice-oriented management skills depending on positions. The working places need new competencies and new employee skills. The result of these changed needs is the new training system at SU.

Table 1. Key health care education barriers and challenges

BARRIERS	
Regulations for administrative functions	Changing laws in Finance
New information and communication technologies	Changing medical equipments
CHALLENGES	
Employer needs and employee skills	Learning and teaching methods
Educational political Concepts	International higher educational system

The most important key issues of this change are: new curriculums, new training programmes, new qualifications and other teaching methods. So we have rethought the curriculums and training programmes, developed new qualifications, finally learned other training methods and experiential techniques. We expect new teaching competences from instructors and active learning attitude from students. Kotabe and Auklath summarise their aspiration as follows: "Our hope is that the reader will combine insights from individual chapters to develop holistic research areas that combine both macro and micro level analyses to make the transition from a functional research to an issue-based research approach." (Kotabe & Auklath, 2002:10)

New employee skills and curriculum reform

Students want to be employed in a well-paid position after graduated from university so the employee skills with various useful competencies also are very important for them. Some new employer skills in health organizations can be found in Table 2. (The previous questionnaire was formulated by the

Institute of Social Sciences of Faculty of Health Care at SU for health care organizations in 2007. The items used to measure the organizations' perceptions of their employee needs and some new employee skills. The survey was sent via a letter to about 80 randomly chosen health care organizations.) What skills do health organizations seek in new employees?

Most imporatl general skills for all health care companies are the ability to solve problems quickly, recognize barriers in health sector, competencies for the proper fulfilment of professional tasks identify overseas economic opportunities, understand the mechanisms and operation of health care organizations and rights and obligations of employees. As shown in Table 1. important specific professional skills included understanding and performing global telecommunications and tools, protection of personal data in health care, ability for individual and team work in health care organizations, being fluent in a foreign language, developing learning strategies, building professional carrier and planning, and finally having special communication strategies. Experiences such as having a professional degree (medical or health care) with a special economic-oriented degree (health care manager, health projectmanager, wellness manager), practice in health care organizations (trainee, assistant, junior profession), voluntary work in social sector, work in abroad (migration) and practice in health care enterprises with entrepreneural skill.

Table 2. New employee skills in health organizations

MEAN SCORES	ISSUES
General Professional Skills	Solve professional problems quickly
	Recognize barriers in health sector
	Competencies for the proper fulfilment of professional tasks
	Identify overseas economic opportunities
	Understand the mechanisms and operation of health care organizations
	Rights and obligations of employees
Specific Professional Skills	Understand and perform global telecommunications and tools
	Protection of personal data in health care
	Individual and team work in health care organizations
	Fluent in a foreign language
	Develop learning strategies
	Building professional carrier and planning
	Special communication strategies
Experience	Completed a graduate degree (BSc, MSc)
	Special economic degree
	Practice in health care organizations
	Voluntary work in social sector
	Work in abroad and migration
	Practice in health care enterprises and entrepreneurial skill

These needs have made us rethink the curriculums and training programmes. As Lao Tse stated: A long journey starts with one step. Our first step was the accreditation of new special management-oriented postgradual programmes depending on the needs of health workplaces in 2007. These days students can select among some postgraduted management-oriented programmes as follows: health care projectmanager,

wellness manager and health care manager. The second step named "curriculum reform" is following from September 2009. The Faculty of Health Care at SU has developed new curriculums for full-time and correspondes courses. Specialist programmes are as follows: nurse, dietician, physiotherapist, ambulance officer, midwife, public health officer, health visitor, diagnostic imaging analyst and optometrist. These students will learn about health economics tendencies and general health care management knowledge depending on their professionals. They can choose other subjects as business skills and join other enterprise-friend activities (spin off club, students' scholarly circle, research) Learning maturity is related to a student's past learning esperience, expectations, attitudes to the forthcoming learning event, and prior knowledge of the domain. Learner maturnity also includes the amount of knowledge the learner already has int he subject area, the level of interest in and need to organize the learning process, and the degree to which the learner is willing zo accept the responsibility to learn. Students initiate their own learning experiences, they can exert more power and autonomy int he learning context.

To increase student involvment with health care education, medical schools and training colleges for health officers should distinguish between the teaching, learning and public health curriculums of past and that of the future. Future trends in health care education are summarized in Table 3.

Table 3. New trends in health care education of SU

TEACHING AND LEARNING	
The Past	The Future
All students learn the same way	Students learning in different ways
Passive reception	Interactive, experiental learning
Lectures and dicussion	Multiple methods of learning
Faculty teaching	Student learn professional competences
THE HEALTH CARE CURRICULUM	
Traditional technology	High technology
National focus	International focus
Focus on a single discipline	Integration of disciplines
Traditional health care paradigm	New health care paradigm
Research and teaching	Learning and research

The old tendencies in health care higher education based on the passive learning in the past and the health care curriculums focused on singles disciplines on the evidence of the traditional health care paradigm. New challenges of health care curriculums (Applied Health Economics, Management of Health Care Organizations, Enterprise Skills in Health Sector) in the future are the interactive and experiental learning based on multiple methods of learning where students learn professional competences. The new curriculum based on the integration of disciplines depending on the new health care paradigm.

Instructors are faced with an array of subject material from a wide variety of sources that can be grouped into three spheres of influence: the researcher, the teacher and the practinioner. Instructors operate with a set of widely agreed upon fundamental health economic and health care management principles (beside medical and health care subjects) that are influnced by three sources. Researchers report conceptual and applied research findings at conferences and in academic journals. Teachers present the simple mechanics of each area of theory using a range of pedagogical tools such as textbooks and case studies. Practitioners implement the principles and share

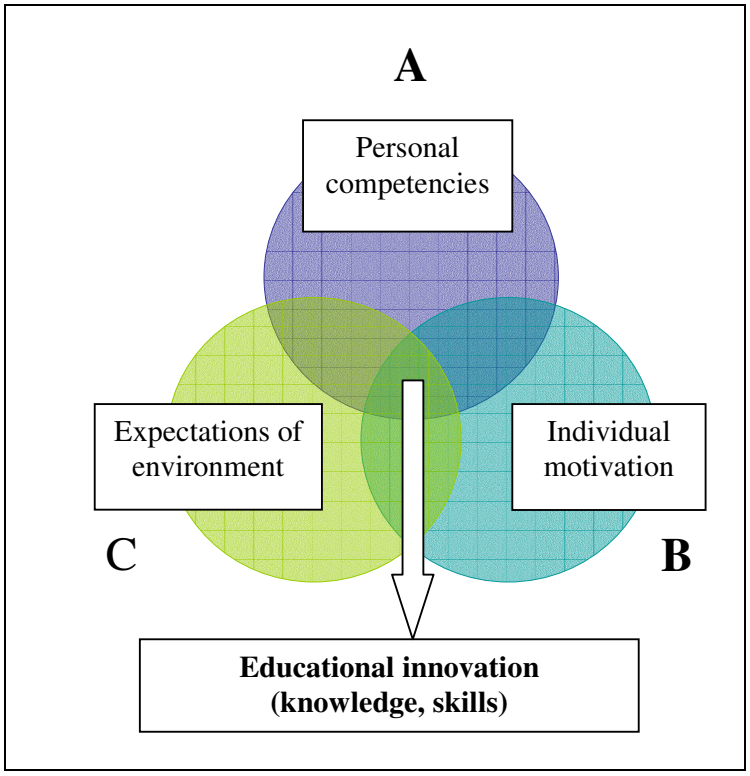
their experiences. During the presentation of concepts, instructors need to decide how to combine the input from these three influences to produce a balanced account that may change according to the nature of the audience.

A possible model of components of educational innovation

The actual economic needs inspired a possible model of components of educational innovation at SU. The model is termined not only by the external factors such as instructional and environmental context, but also by the internal abilities of individuals.

The model has three basic components are follows: expectations of environment, personal competences and individual motivation. These factors shared field is the starting point of educational innovation. The base is the human attitude to new things like knewledge ans skills and to do old things in other ways. People have the leading role and so named we are the human resource. We can answer to various questions alone or with others ant that is way we need to improve ourselves continuosly.

Figure 1. A possible model of components of educational innovation



Some possible questions which have an effect on the model for example: What are the most important expectations for employees and why? What kind of competences are significant nowadays and why? What do students want to learn and and why? The answers have a strong influence on forms and methods of educational innovation. The model focus on new competences and skills in labor market of health sector which arise within and are part of practice. The students can improve their competences in verious practice-oriented semesters and subjects which they choose. The also can join other enterprise-friend activities are as follows spin off club,

students' scholarly circle and various research in health sector depending on their range of interest.

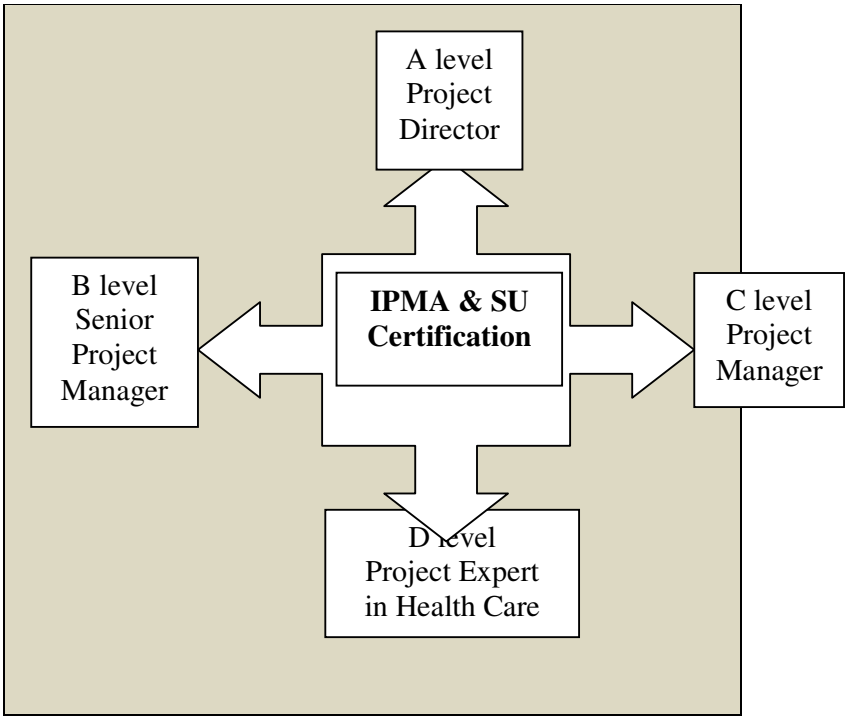
There are various forms and methods of educational innovation which used by instructors at SU. The better the fit between the learning style of students and instructional style (curriculums, training programmes, subjects, organizational co-partner organizations) the more favorable the learning outcomes resulting from the activity of learning. A match between the instructor's conception of learning and preference of instructional features and of the students'results in a positive learning environment for students and enhances their motivation to learn. As students progress through the curriculum and assimilate more knowledge and maturity, the instructor's role changes.

New qualifications, subjects and co-operation

Nowadays there are some specialist programmes with revised and new subjects at SU for full-time (960 students in 2008) and correspondes courses (1120 students in 2008) like nurse, dietician, physiotherapist, ambulance officer, midwife, public health officer, health visitor, diagnostic imaging analyst and optometrist. Students will learn about health economics tendencies and general health care management knowledge depending on their professionals (see Appendix 1).

Students can choose from among some new qualifications at SU after the accreditation (in 2007) of new special management-oriented postgradual programmes like health care projectmanager, wellness manager and health care manager. Students can learn about various organizational problems and alternative solving possibilities in health organizations depending on their professionals. The management-oriented subjects are taught by external lectures with business practice.

Figure 2. Result of co-operation between IPMA and SU



(*Source: adapted from IPMA, 2009*)

According to the co-operation, between the International Project Management Association (IPMA) and the Faculty of Health Care at SU, students of the manager programme could get general and special knowledge, methods and tools of professional management. They could try their skills in the business simulations and real situations out (guided field practices). The result of co-operation between IPMA and SU can be seen in Figure 2. The IPMA was established as a discussion group for managers of international projects. This organization is now the leading international promoter of profect management with various exams and qualified levels. The assosiation is a world leading non-profit making project management organization. It represents national project management associations on the international level and actively promotes project management to businesses and organisations around the world. In order to increase the recognition of the profession, this assosiation certifies project managers, award successful project teams and individuals, and provide a number of project management publications.

The IPMA four level certification program is world leading (IPMA, 2009). By obtaining the IPMA certification, project managers can enhance their career opportunities. Businesses and organisations around the world will recognise their certified competence. Requirements: To achieve the IPMA certification, candidates must demonstrate an acceptable level of understanding, knowledge and practical experience of project management as defined by the IPMA Competence Baseline.

Certification is an independant third party assessment based on a level-specific combination of:

(1) self assessment,
(2) written exam,
(3) report on the management of a project programme or portfolio and interview.

There are also optional country specific parts of the assessment like at SU (see Appendix 2).

New learning methods and experiential techniques

New skills also need new training methods from health education. Researchers have long established the effectiveness of active learning over passive learning. (Cross, 2000; Hamer, 2000; Kolb, 1984; Lamont, 2001; Pallab & Kausiki, 2005; Shakarian, 1995; Smith & Van Doren, 2004; Young, 2002) Kolb defined experiential learning as a "process whereby knowledge is created through the transformation of experience." (Kolb, 1984:38) Given that, experiential techniques that create knowledge through transformation of experience have been emerging as one the most common approaches to help students engage in active learning. The objective of this chapter has been to describe the innovative ways we have incorporated experiential learning to enable students to become more effective learners. We expected its use to enhance learning by making it more active and effective. We also expected to improve student skills such as critical thinking, creativity, analytical and problem solving.

In order to develop such processbased student skills, educators have many techniques and teaching methods to choose from (e.g. lectures, group projects, in-class exercises, instructor-led discussions, student-led discussions, simulations, role-play, case study). Hamer (2000) loosely

categorized these techniques by the type of learning they are designed to encourage: passive learning and active learning. In passive learning, students passively listen to and take notes during a lecture (the traditional instructional format) without actively being engaged in the lecturer material (Smith & Van Voren, 2004). As Shakarian (1995) puts it, here the implicit assumption is that lecturing equals learning, students learn by being told what they should know. The perceived advantages of the lecture format are:

(a) large amounts of information can be conveyed within a limited amount of time;
(b) intstructors have more control over the classroom environment, and
(c) large class sizes can be handled adequately.

Active learning methods, ont he contrary, are characterecated by application of theory to real-life situation in a dinamic manner. They promote higher level student involment in many activities. (e.g.: discussing, persuading, writing, critiquing) rather than listening, and emphasize development of student skills, rather information transmission, and higher-order thinking ont he part of students. Indeed, having our training programmes endowed with the appropriate kind of educational technology, one that induces active learning, has been proven to be useful in raising students' awareness, knowledge and understanding of the operation of health sector. The active learning, beyond increasing students' understanding and knowledge of a topic area (health care organizations), helps them to improve several types of skill. These include critical thinking, creativity, analytical and problem solving skills. Typical experiential activities include simulations, role-playing, case study, group projects and debates.

Table 4. Experiential techniques and activities at SU

TECHNIQUES	ACTIVITIES	The Present	The Future
Case studies discussion question responses	Preparation for the class discussion	X	
	Recognition and analysis of health care issues	X	
	Recommendation of a course of action	X	
Case write ups	Preparation for the class discussion		X
	Recognition and analysis of health care issues		X
	Recommendation of a course of action		X
Case special roles	Preparation for the class discussion	X	
	Recognition and analysis of health care issues		X
	Recommendation of a course of action	X	
In-class exercises	Attaintment of a higher level of active learning	X	
Usage of guest speakers	Made learning easier, more efficient and effective		X

Hamer (2000) suggests that these complex activities share the following characteristics:

(a) students are faced with unstructured, ambiguous situations;
(b) a great deal of student learning may take place outside of class and away from the instructor;
(c) student must deeply process course materials and creatively apply those materials to the situation; and
(d) students have a great deal of conrol over what they learn from the activities and the process through which they learn.

Students learn when they are actively involved with concrete experiences. Students learn best when knowledge is linked to their prior experience and to the questions they now have. Experiential learning usually draws upon students' past experiences and emphasizes the connection between concepts discussed int he classroom and its real life application. Some experiential techniques with frequent activities at SU can be seen in Table 4. The main experiential techniques at SU are follows: case studies discussion question responses, case write ups, case special roles, in-class exercises and usage of guest speakers. The are the next activity forms for students like preparation for the class discussion, recognition and analysis of health care issues. These techniques are useful to understand real working problems in health care organizations so they are recommensable of courses of action.

The favorite methods are the case studies and the role plays. Case studies are widely used as learning devices in the education of managers and in faculty workshops. In order to solve any problem in a health organization (case study) three assential questions must be answered: what to change? to what to change? and how to change? The various case studies are logical tools that assist students in answering these questions. Our case studies are taken from healthcare management situations and experiences in the real world and are made for students of healthcare management to analyze and resolve. They require the student to think, reason, develop critical thinking skills and analytic skills, use creative abilities and make decisions. The main task is always to answer the question: why?

For example the students of the professional training for health projectmanager could get general and special knowledge, methods and tools of professional project management. They could try their skills in the business simulations and real situations out. Main methods: (a) Mini-case studies in teamwork (in small teams, 3-4 persons per group), (b) Longer stories with criteria for analysis and problem-solving (in general teams, individual and classwork). You can find here some examples in Appendix 3.

An other method is the role-play which is one of the best ways to simulate situation and can be an excellent teaching tool if done properly. Students can decide what role (inside or outside roles) they wish to play: the health manager (health expert or specialist) who must deal with the matter and solve professional and personality conflicts or an outside management consultant (may be spin doctor) who has been called into advise health management on what to do.

Conclusions

Everything is changing, the economy, the financial conditions and the environment. The higher education also must adapt to environmental challenges. The most important challenge in education nowadays to coach for changes. Students can work successfully in the labour market if they

have abilities with successful employee skills to change. There are well-known pedagogical methods and techniques for education. This study examines how the curriculum reform (training programmes, qualifications and pedagogical methods) have developed by SU and how the students could facilitated by instructors to learn better. We find that our subjects perceive a very positive effect on experiential methods in higher education. The related assignments such as case write up, discussion questions and special role playing have all been conducive to better learning.

Based on our experience, we offer the following guidelines. Practice make perfect. Most of the experiential learning techniques and methods have been powerful tools for enhancement of educational experience. They have all made learning more active, easy, efficient and effective. However individual faculty needs to decide which applications to use and how to customize them to fulfill the objectives of the course.

Experiential teaching methods should be part of the pedagogy not a substitute for course content. Finally, one must have a plan for setting goals, monitoring process, assessing outcomes and improving continually. Sharing experience with others via journal articles, presentations in conferences and electronic information (research networks) exchange will be helpfull as well.

References

BUCHBINDER, Sharon B. & SHANKS, Nancy H. (2007): Introduction to Health Care Management. Jones & Bartlett Publishers, Sudbury MA.

CROSS, E. Y. (2000): *Managing Diversity - The Courage to Lead*. CT Quorum Books, Westport.

GULACSI, L. (2001): Hungarian Health Care in Transition. Studies on the improvement of the effectiveness of health care in Hungary by implementing quality assurance. [Dissertation]. University of Amsterdam, Amsterdam.

HAMER, L. O. (2000): The Additive Effects of Semistructured Classroom Activities on Student Learning: An Application of Classroom-Based Experiental Learning Teachniques. *Journal of Marketing Education*, Vol. 22. April, pp. 25-34.

IPMA (2009): *Certifications*. [Source:] www.ipma.ch [01.20.2009]

KOLB, D. A. (1984): *Experiential Learning: Experience as the Source of Learning and Development*. Prentice Hall, Englewood Cliffs, NJ.

KOLTAI, D. (2002): Theoretical, Economic and Regional Issues of Adult Education. Hungarian developments in an international perspective. The Institute for International Cooperation of the German Adult Education Association (IIZ/DVV), Bonn, Germany.

KOTABE, M. & AUKLATH, P. S. (2002): *Emerging Issues in International Business Research*. Edward Elgar, Cheltenham UK.

LAMONT, L. M. (2001): Enhancing Student and Team Learning with Interactive Marketing Simulations. *Marketing Education Review*, Vol. 11. Spring, pp. 45-55.

PALLAB, P. & KAUSIKI, M. (2004): Experiential Learning in International Business Education. *Journal of Teaching in International business*, Vol. 16, 2, pp. 7-26.

SHAKARIAN, D. C. (1995): Beyond Lecture: Active Learning Strategies that Work. *Journal of Physical Education*, Vol. 66. May-June, pp. 21-24.

SMITH, L. W. & VAN DOREN, D. C. (2004): The Reality-Based Learning Method: A Simple Method for Keeping Teaching Activities Relevant and Effective. *Journal of Marketing Education*, Vol. 26, 1, pp. 66-74.

YOUNG, M. R. (2002): Experiential Learning: Hands On - Mind On. *Marketing Educational Review*, Vol. 12, Spring, pp. 43-51.

Appendix 1
Curriculums of new economic-oriented subjects

New economic-oriented subjects are as follows: Applied Health Care Economics and Management of Health Care Organizations.

Main aims and contents of Applied Health Care Economics: Objective of the subject is to strengthen economic approach and knowledge of students through the overview of basic definitions, trends and the context of health economics. Based on these knowledge students become able to evaluate problems of economic nature in health care, the impact mechanisms of certain measures and strategies of regulation, state intervention and other economic issues related to health care. Students can also understand the basic problems and difficulties of efficient distribution of financial resources in health care systems. The practical approach of students will be strengthened by social impact analysis and socio-economic analysis of statistical data on health care. The subject also reviews of economic regulation of costs related to health and the problematic areas of allocation, putting a special emphasis of co-payment. Health security models are also analysed in an international and historical comparison.

Main aims and contents of Management of Health Care Organizations: The objective of the subject is to develop basic management knowledge relevant in health care institutions. Special emphasis is put on information and approaches easily applicable in everyday practice. Our aim is to bring closer to students those management problems that are essential to understand the mechanisms and operation of health care organisations and to deepen competencies necessary for the proper fulfilment of professional tasks. The course is deal also with legal and economic information concerning employees that can help them to identify inefficacies regarding employment. Students understand general and special management tasks in health care organisations and context of communication from human and organisational aspects. The subject also touches upon methods and institutions facilitating conflict management and communication strategies of building professional relations.

Appendix 2
The competences of IPMA levels

IPMA Level D:
Experience in the project management competence elements is not compulsory; but it is an advantage if the candidate already has applied his project management knowledge to some extent (entry requirement). Shall have the knowledge in all competence elements and be able to apply it (core competence): Can practice in any competence element. May work in some fields as a specialist. Works as a project team member or a member of the project management staff. Has broad project management knowledge and the ability to apply it.
IPMA Level C:
Level C has at least three years of project management experience in responsible leadership functions of projects with limited complexity. (entry requirement).Shall be able to manage projects with limited complexity, and/or to assist the manager of a complex project in all competence elements of project management (core competence). Is responsible for managing a project with limited complexity in all its aspects, or for managing a sub-project of a complex project. Applies common project management processes, methods, techniques and tools.
IPMA Level B:
Level B has at least five years of experience in portfolio management and/or programme management with strategic relevance, of which three years were in responsible leadership functions in the management of complex portfolios or programmes and has two years of experience in managing projects (entry requirement). Shall be able to manage complex portfolios or programmes (core competence). Is responsible for the management of a complex portfolio of a company / organisation or a branch of the organisation, or for the management of

one or more important programmes. Contributes to strategy and makes proposals to senior management. Develops project management personnel and coaches project managers to improve their competence in projectmanagement. Directs senior project managers and project managers and manages the members of the portfolio or programme team. Develops and implements project management requirements, culture, processes, methods, techniques, tools, handbooks, guidelines for his programme or portfolio.

IPMA Level A:

The main criteria for the complexity of a portfolio or programme (IPMA Level A) are: Number, importance, variety and complexity of active projects in the programme or portfolio and number of project managers directed. Proposals to the overseeing body for decision and own decisions. Selection and development of project management requirements, processes, methods, techniques, tool, regulations and guidelines in the organisation. Influence on the selection, training and employment of project managers. Coordination of all projects of his portfolio or programme and ensuring compliance to strategy.

Appendix 3
Case studies

(a) Mini-case studies in teamwork*: "Dr. White ordered an usuel dose of a medication. The nurse sees the order and believes it to be the wrong dose. She calls Dr. White, who insists that she give the medication - as written. The nurse calls you, the administrator on call for the weekend to resolve this crisis."* What do you do and why?

(b) Longer stories with criteria for analysis and problem-solving:

Patient With Stomach-Ache (Gulacsi, 2001) "*It was an early spring day when the patient, a man in his mid sixties, realised some irregularities in his bowel motion, and some weeks later he had a permanent and painful constipation. As he did not like to complain and was rather shy he was reluctant to see a doctor.(…) The patient was scheduled for a return appointment, but he did not want to return, because he was frustrated by his inability to get the medicine for which he had come to his GP. The general practitioner was frustrated by the patient's refusal to continue treatment as the patient's hypertension rendered him more liable to heart and kidney diseases. Furthermore the above mentioned discussion was interrupted by other patients, there were seventy five more patients outside in the waiting room. So, the patient went home, but everything was getting worse and worse, thus some weeks later he came to the surgery again to ask for some help.(…) The general practitioner did not examine him, but gave him the necessary referral to go to the outpatient-department of the hospital. He went to the out-patient department again, in the laboratory an assistant drew blood from him for a test and a lot of examinations were done. It took for days to receive the results, then it was suggested to him to have a rectoscopy made. He went back to the outpatient department, to the surgery and was waiting more than half a day when he was told to come back in a week. (…) Some days later he received a letter with an appointment, some days later he went to the capital to see the professor. After the examination the professor put him on the waiting list and the patient returned home. Some days later he received the referral, went to the capital and was admitted to the hospital. Every examination was ready in three days, and on the fifth day he was operated on. When I talked to him he felt a little bit better, but he lost another fifteen kilos again and he was very weak. The professor told him that it was too late to operate his neoplasms. From the first complaint till the operation more than nineteen months had passed.*" Some possible questions: How does the Hungarian health care system work in this story? What are the main quality problems? Why? Where and why did the patient go to other places? What was the "result" of this visits? What would be the possible solution in your opinion and according to the professor? Why?