Welcome to the Vitality and Ageing Yearbook of 2020-2021!

A year has passed. And what a year it was. Where in normal situations we would have visited Brussels, Cologne and The Hague, we would have enjoyed a lot of real life drinks and social activities and we would have met each other in a big lecture hall at the LUMC. This year was different: all teaching and social activities, the field trips and orientation visits came to us, to our own laptop screens.

A lot has changed for all of us, however some things always stay the same. The incredible effort of the senior and junior staff, the older individuals and guest lecturers, and the enthusiasm of the students were never better. We all made sure we could connect, we could learn and we could experience. Moreover, the creativity of the Year Representatives to make sure we could meet each other over cookie-baking competitions and game nights was awesome and made us feel connected even in these difficult times.

It was a challenge to capture what this year brought us in just 100 pages. Picking a theme this year was on the other hand not challenging at all. We decided to pick "stay connected" because we feel like, even though some of us have never met in real life, we are all across The Netherlands and even the world, we could get to know each other. We could feel like we are students together this year and even became friends. In short, we could make a connection and stay connected even in these hard times. We are proud to present to you this yearbook filled with pictures, stories and interviews to capture what a beautiful year it has been for us.

A special thanks goes to Nicol Nijssen for guiding us throughout the project of making this yearbook. Moreover, Nina de Vrind, our editor for making our thoughts come to life. Finally, we want to thank all the students, professors, staff, teachers, leaders and older individuals for their participation and we hope you will enjoy reliving the highs of this year via the yearbook as much as we do!

Love,

Jodie, Marieke, Babette, Julia & Nicol
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Dear students,

The content of this yearbook reminds us of the incredible year that we experienced together. Despite having to deal with severe corona-restrictions, both in society and your education you still managed to finish your Master’s programme, a great achievement.

In September 2020, together we have started this challenging year of the Master's Vitality and Ageing. Students and staff were introduced to each other during a rainy walk through the city of Leiden. You, our staff, and the elderly involved in our programme have experienced, unfortunately predominantly online, various perspectives on vitality and ageing. In addition to the extensive knowledge and academic skills that you have acquired during the different themes of Vitality and Ageing, you have gathered a lot of ‘online working’ skills. These professional skills will prepare you for your future!

Despite the circumstances, it has been inspiring to see the enthusiasm and subsequently the synergy you have shown from the start of your study onwards. Even though you had different backgrounds from universities in the Netherlands and abroad, you have reached out to each other on the topics of both VITALITY and AGEING. You have worked (very) hard, learnt a lot, and have impressed us. We have observed you working together, learning, enjoying, studying, laughing, stressing, and most of all having fun! We would never have guessed that online education would also result in very valuable connections.

After your Master’s, you will follow your own path, building the next steps in your career. As young academic Vitality and Ageing professionals, the ageing field, one of the great challenges this century, is really waiting for you.

We hope you will keep VITALITY and AGEING as a central theme in your professional life. Overall, this Master’s year was a very special one. Let’s remember it this way.

Jacobijn Gussekloo
programme director Vitality and Ageing

Arko Gorter
programme coordinator Vitality and Ageing
Meet Herma-Joze Blauuwgeers and Ronald Huiskens

By Jodie Dekker and Julia Minnema

The fact that the elderly board consists of people with all sorts of backgrounds is certainly proved by Herma-Joze Blauuwgeers and Ronald Huiskens. Herma-Joze has lived abroad for almost her whole life. She has worked for the Ministry of Defence in several countries, including the United States, Germany, and Belgium. Ronald has worked in the field of aviation in several departments: engineering, management, and HRM. In 2014, he decided to make a career switch and got trained as a general practice-based nurse specialist (POH). Nevertheless, Herma-Joze and Ronald share the same motivation and enjoyment in the working group ‘Achterban’ of the elderly board. We spoke to them over Zoom to find out more about their experiences with the elderly board.

Herma-Joze joined the elderly board only one year ago. She coincidentally visited the Vitality and Ageing introduction day, where she got introduced to the elderly board. She did not regret participating in the board ever since: “What appealed to me was the opportunity to say something about your own ageing, but also about how elderly stand in society, what they need, what they would like to have and how that can be converted into a policy function at a ministry. It is very important to me that the elderly have a say, and can have a finger on the pulse.”

Ronald joined the elderly council through a presentation given by Prof. Gussekloo in Alphen aan den Rijn. She explained that she was looking for people to represent the elderly in certain working groups. Ronald was looking for a volunteering job, and the elderly board gives him the satisfaction he was looking for.

The elderly board consists of 20 people, and the tasks are divided according to everyone’s competences and interests. Ronald is mainly involved in IT. He is currently working on a project in collaboration with the organisation Sleutelnet. They try to increase the self-reliance of the elderly and improve cooperation between different healthcare organisations. Herma-Joze, on the other hand, is motivated to commit herself to the final phase of life for the elderly. Besides, she likes to collaborate with students and with the elderly as a mentor and coach. She often participates in education and has guided former soldiers who went from a very structured life into a non-structured life. “To see how people or groups apply new ways and therefore live their lives stronger and full of courage is wonderful.”

“It is very important to me that the elderly have a say, and can have a finger on the pulse.”
Introduction Day

By Marieke Vieveen

On August 25, we were invited to the Vitality & Ageing introduction day in Leiden. First, we were introduced to the LUMC campus. A tour around the education building visiting the most commonly used classrooms and through LUMC’s famous human anatomy museum. No matter the background of the students, everyone was intrigued about the anatomic structures that were displayed. After the morning programme, we were offered lunch by the V&A master staff.

The afternoon programme included a scavenger hunt around the city of Leiden. We were divided in groups of four to solve puzzles and explore the city. As many of us were coming from a different university, this was a great way to get to know the city and its history. During the activity, we received a map that indicated a few famous spots which we had to find. Each place was provided with a puzzle or a riddle to solve. The last location of the scavenger hunt was ‘De Burcht’, which hosted us for a few drinks and a nice conversation. As unpredictable as the Dutch weather may be in August, we faced a rainy but a really nice day. Overall, this day was a great way to connect to the master staff and the V&A students.

Future Perspectives

By Marieke Vieveen

The very first week of the academic year constituted an introduction to important concepts in the field of Vitality and Ageing. A very intensive and interesting start of the programme that familiarised ourselves with a variety of topics to be expected throughout the year. As the academic year started in September 2020, we could not avoid lectures to discuss the consequences of the COVID-19 pandemic on (international) elderly care. Besides the theoretical lectures, the future perspectives course gave us a chance for our first interview with older individuals. A hands-on experience to ask all the questions we have always wanted to see answered. This first interview concerned elderly people’s perspectives on ageing and, according to many students, was considered one of the highlights of this one-week course.

In addition, we were introduced to the line courses Academic Development and Communication in Science. The workshop on Belbin team roles, for Academic Development, gave all students a chance to analyse both their own skills in team work and those of their fellow team members. During this first week of Communication in Science, we were asked to give a short presentation on our prior research experiences in the form of FameLab talks. Both of these workshops provided an opportunity to get to know each other and each other’s academic backgrounds and made a great start to the programme.

What are the students’ favourite memories of the course? “The goody bag with the snacks and cactus (the cactus is shining on my bookshelf).”
Dear Master Vitality and Ageing Alumni,

Research and Evidence is designed to help you prepare for the internship period. This year, the programme was a great mix of designing your own quantitative study on frailty, doing e-learnings, performing statistical analyses and interviewing older persons on the impact of the COVID pandemic, and writing your research application for the internship.

It was great working with you all year. Due to the corona restrictions, we met mostly online in Kaltura or Zoom and exchanged lots of emails. And: we had fun! With your energy and enthusiasm about vitality and ageing, and your patience with regards to technical issues, you’ve also made this year a great experience for us. The absolute highlight for us was the poster pitch session and symposium in November, in which you presented posters that would fit perfectly at an international conference. You showed wonderful creativity, successful teamwork, great abilities to perform well under big time pressure, and excellent qualitative research skills.

We wish you the best for your future careers in the field of ageing and vitality, integrating research in your future work, as a researcher or as a user of research results. Take care. And remember: you faced great challenges during this – mostly online – academic year, and you made it. This means you can manage anything!

Wendy den Elzen and Leon Martens
Course Coordinators Research and Evidence

Research and Evidence Course

By Babette van Rheenen

During the second week of the Master’s we started off with the ‘quantitative research week’. This week was all about being critical and asking yourself the right questions in order to set up a study on frailty. Which study design, outcomes, effect measures and statistical analyses are needed to fit your research question the best? Different and very interesting guest lectures about the concept of frailty and performing quantitative research helped us set up a creative project in just one week. At the presentations at the end of the week, all the students showed that their hard teamwork led to wonderful results.

At the end of November, the ‘qualitative research week’ was planned. We were told at the beginning of the year that this would be a very busy week and I think that all students can agree afterwards! We started off the week with interviewing elderly on their views of the COVID-19 pandemic and the associated restrictions on their positive health. During the week, we transcribed and coded our interviews and discussed the interpretation of the results. We ended the week with a wonderful and most of all very educational symposium at the LUMC where everybody showed their creative posters. ‘Hard work pays off’ is something we all made true during this week. Out of all the presentations, 2 groups received a cool prize for the best poster; one group won the audience award and one group the votes of the staff. With the knowledge gained during the year, all students were prepared to start their own research for their internship period.
As a former economist, Gert Hylkema spent most of his career working in the context of health care, health insurances, and well-being. With his last job comprising supervision tasks within a housing agency, he experienced the broad scope of housing, health care, and well-being which are all interrelated. As a sign of his appreciation of these fields, he decided to join the elderly board.

Before, Gert had a vast group of friends, consisting of twelve people, coming over every month. While these types of gatherings have been cancelled during the pandemic, Gert always seeks other ways to stay connected to his friends and relatives. Among his group of friends, they either give each other a call or go for a walk from time to time. Even family meetings have moved to an online environment. "For example, we celebrated the Saint Nicholas festivity with the families of our daughters, we were ten people, through Zoom. An excellent opportunity. In fact, this enabled us to more explicitly focus on the one reading the poem." While most group gatherings could not take place, Gert told us how certain relationships benefited from the situation. Being forced to meet in smaller groups causes some contacts to vanish and others to become much stronger.

He particularly enjoys the exchange of information and meeting the students who are currently involved in the field. According to Gert, policy-makers should not differentiate for elderly in particular. "In the Netherlands, we have got a problem with housing provision which should be solved. Not particularly for the elderly, but similarly so for the youth." Additionally, he stresses the importance of talking about the end of life. Even the elderly should practice having these discussions with their general practitioner, partner or other family members. "Start the conversations when both partners still experience good health conditions. This allows partners to talk about [the end of life of] the other."

"Death is part of life. Period."

As an answer to our question about the secret of ageing he said: "First, stay active, and second, do not take yourself too seriously." While the first aspect might be relevant for all generations, the second part should particularly focus on the elderly. Or as Gert formulated: "It might as well just be me."
Dear students,

In the Academic Development week, you dived into the world of philosophy, ethics and legal issues. After a short introduction, you followed a lecture about the application of robots and sensors in the care for older people and listened to experts in the field of philosophy, ethics and law. With only this limited introduction, the provided literature and a consultation hour, you were challenged to work on reliable recommendations for current challenges in care due to COVID restrictions. You were asked to write a coherent analysis from a point of view you were probably absolutely not familiar with. On top of that, you were expected to present your recommendations to The Netherlands Centre for Ethics and Health, an institute that reports to the Minister of Health, Welfare and Sports. You did very well! You were able to tackle the problem, to choose relevant themes for an extensive analysis and you came up with diverse interesting considerations and in-depth thoughts and views. The Centre for Ethics and Health was impressed by your presentations and valued them highly! You showed your capacities in working on a new topic and you made yourself familiar with a new way of thinking within only one week. I enjoyed to see your accomplishments and wish for you to continue reflecting on new topics by academic thinking!

I wish you all the best!

Yvonne Drewes
Course Coordinator Academic Development

AD Week - Academic Thinking

By Savannah van Kuppenveld

In an era where coffee machines are connected to wifi, toilets are equipped with noisemakers, and wealthy men want to name their children X AE A-XII, technification and robotisation seem to be everywhere. The domain of healthcare is no exception. Think of wearables for fall detection for older people, robotics such as ‘Poro the seal’ who should ease anxiety, depression, and agitation, or ‘Nao the humanoid’ who should become a friend assisting in daily tasks around the house.

In search of a solution to the problems of social isolation and confinement and the shortage of personnel and informal caregivers, we were asked to draw up a piece of advice on the possibilities and pitfalls of the use of digital devices in improving the quality of care for elderly people. In the Academic Development week, we drafted reports in which we advised the Minister as to how to approach the phenomena of technification and robotisation in healthcare. At the end of the week, we presented our reports to members of the Centre for Ethics and Health (CEG) where we addressed philosophical, ethical, and legal questions that can be raised by the development and use of technology and robotisation in (elderly) care.

We dipped our toes in the deep and complex realm of philosophy in which we investigated the ontological question that asks whether robots are human-like or not and the epistemological question of how we could come to know this. We touched upon the ancient but yet-to-be-solved mind-body problem and talked about whether robots can have consciousness and what friendship means. We discussed the ethical implications of technology and robotics in healthcare addressing questions such as “what constitutes good care?” We approached the issues by looking through a care-ethical lens and by analysing the principles of respect for autonomy, beneficence, non-maleficence, and justice. Last but not least we looked at (inter)national law to see what the legal community has to say about all this. What do technification and robotisation in elderly care mean for an individual’s privacy, what kind of data can be gathered, how long should it be stored and who should be able to access it? And what about consent?

The Academic Development week was a full but fun week where our thinking was sharpened and broadened. The development and use of technology and robotics is not something that just happens, it is a human enterprise where design choices are led by human aspirations and goodwill as well as assumptions, prejudices, and blind spots. So let’s think about technology and robotics (before they do).
Meet Mary Leune
By Jodie Dekker and Babette van Rheenen

Mary Leune (70) is currently an active member of the Elderly Board, where she shares her expertise from her practice-oriented career. After working and volunteering her whole life with older persons, she finds it engaging to work together with students now, and to discuss with them what it is like to be older. We met up on Zoom to ask her how she stays connected after her retirement.

Mary started her career by becoming a nurse, but after working a few years in the AZL (former LUMC), she got married and became a mother which made it hard for her to keep working. After a while she wanted to start working again, and became trained as an activity supervisor, working set hours in a nursing home. Where she set up a day treatment programme for older persons with dementia. After a while, she followed an educational programme to become a social worker specialised in older persons and worked for the company Radius on different projects in the neighbourhood.

What she specifically liked about this, was that she had the freedom to use her knowledge and skills together with people from other disciplines.

Through her contacts at Radius, she was asked to join the Elderly Board, where she has been actively involved for five years now. Mary really enjoys working with the V&A students for the last few years. “It is very good to talk to students about what it is to be old, and what they can learn from it.” Next to the Board, Mary is also involved in an international study called MySupport, in which she gives advice to the training of nurses in having advanced care planning conversations with informal caregivers. She has never been an informal caregiver herself, but got a lot of experience working with informal caregivers when she was a volunteer at the Alzheimer Cafe in Leiden.

“IT IS VERY GOOD TO TALK TO STUDENTS ABOUT WHAT IT IS TO BE OLD, AND WHAT THEY CAN LEARN FROM IT.”

When we asked her what she thinks of the concept ‘retirement’ she answered: “I think it is great. I’m not waiting for things to happen. If I did not have all of this, I would have had something else to do.” The most important thing about staying active is that she keeps meeting other people, outside of her own circle. She stresses that this is the time that you can do things that you want to do, participate in events you like, courses you find interesting or boards that you get asked for.

Even if you cannot do anything with it later on, it is still good for yourself as a person. “It will spice up your life!” We can conclude that Mary is still very ambitious after retiring, and that she definitely knows how to stay connected!
Dear Vitality and Ageing 2020-21 Alumni,

What a year! Unexpectedly, we had to reinvent the wheel in teaching by completely transforming the Biology course to a digital format. However, without your patience, cooperation and attendance, this wouldn’t have been a success.

Next to the lectures on Monday and Tuesday, luckily, we were able to arrange live sessions at the LUMC on the Fridays for the presentations of the newly included week assignments which has become an integral part of the course. Speaking about the week assignments, the products, presentations and quality were of superb quality and prove that you are ready to become the next experts in Ageing and Vitality and are able to collaborate in teams.

The course benefitted from the digital infrastructure as we were fortunate enough to be able to invite renowned experts from the United States. Professors Luigi Ferruci (National Institute on Ageing), Andrzej Banke (Springfield University) and Susan Redline (Harvard University) made their appearances with some high-quality expert lectures. This experience opens up opportunities for the future of the course!

Although digital and most of the course was spent at home, you were able to learn, apply and produce content about the Biology of Vitality and Ageing in a short period of time. Keep this flexibility and attitude!! Don’t see this experience as a limitation, but as an advantage!!

Although you might not notice it, Biology of Ageing is everywhere. Regardless of your future career, we are convinced that aspects of the course will benefit you!

We were pleased to be your coordinators this year!! We wish you the very best for your future careers!!

Sincerely,

Raymond Noordam PhD and Diana van Heemst PhD
Course Coordinators Biology of Vitality and Ageing
Biology of Vitality and Ageing course; how do we grow old?

By Jodie Dekker

Biology of Vitality and Ageing, short BVA, is one of the three major courses in the Master’s programme. This year, the course started a bit different from the previous years. Due to the corona measures and policy of the LUMC, we were only allowed to gather on campus in working groups on Fridays. The senior staff and the junior lecturers encouraged us to work together by means of the newly developed week assignments. In small teams we were stimulated to think about the freshly acquired knowledge and make a presentation, video or poster. The students considered these assignments to be very valuable for a better understanding of the topics and a nice way to get to know each other. One student mentioned: “I never expected to get to know fellow students via mostly online education”.

“I never expected to get to know fellow students via mostly online education”

More in depth, the course started with lectures on the (international) demography of ageing and the keynote lecture by dr. Luigi Ferruci from America about the metrics of (international) key demographics, such as lectures given by professors from Australia, the United States and Denmark and students being able to join from diverse places in the Netherlands and even the other side of the world. Some students found the course very challenging, others could already dream of the HPA axis. As part of the process of product development and making your (biomedical) start-up work.

To spark our academic thinking and writing, we were challenged to learn more about entrepreneurship as well. Ron Lameij took us via online lectures and working groups through the process of product development and making your (biomedical) start-up work.

By Julia Minnema

During the module Biology of Vitality and Ageing we have had a lot of interesting lectures. Out of our polls, the lecture about sleep and ageing by Susan Redline from Harvard University, came out as the most popular one. But who is the woman behind this lecture? Let’s find out!

When did your interest in sleep and sleep disorders start?

After training in internal medicine, I did subspecialty training in pulmonary and critical care medicine. This was at a time shortly after CPAP (continuous positive airway pressure) for treatment of sleep apnea was discovered. It was at that point when I started to think what do we know about sleep and ageing by Susan Redline from Harvard University. It was very exciting to see how this treatment revolutionized the care of patients who previously were treated with tracheostomy. I then also realized how important sleep is and how sleep disorders are related to impaired (across several US-based cohorts).

What do you like most about being a researcher?

Never being bored! There are always new questions and challenges. I also love working with smart and dedicated people committed to improving health.

What do you think is the tip for successful ageing?

A combination of good health behaviors (including sleep!), stress management, and having purpose. Probably a combination of good health behaviors (including sleep!), stress management, and having purpose. In which studies are you currently involved?

I am involved in a number of clinical trials evaluating sleep disorders interventions, genetic epidemiological studies seeking to uncover the genetic aetiologies of sleep disorders, and cohort studies evaluating the role of sleep on risk of chronic diseases. Most relevant to vitality and ageing are studies examining sleep as a risk factor for cognitive impairment (across several US-based cohorts).

What do you most like about being a researcher?

Never being bored! There are always new questions and challenges. I also love working with smart and dedicated people committed to improving health.

How do you prepare for an online lecture and what is the biggest challenge when teaching online?

I go through my slides and check the timing. The hardest part is not having immediate audience feedback and not knowing how well the audience is connecting with my messaging.

What do you think is the tip for successful ageing?

Probably a combination of good health behaviors (including sleep!), stress management, and having purpose.
Rudi Westendorp is the founder and was the executive director of the Leyden Academy on Vitality and Ageing and was former head of the department of gerontology and geriatrics at the LUMC. Besides, prof. Westendorp is currently professor of Medicine at the University of Copenhagen. Therefore, we were very pleased to be able to ask him all our questions about online education and the Master programme. In return, prof. Westendorp has taught us lessons on, among others, ageism and culture. Join us in this very interesting conversation.

Online education, a curse and a blessing

"It is better than I first expected", Rudi says. He mentions accessibility for everyone as a key advantage. Living and going abroad, being sick, long travel time and other life events are no excuse these days to attend lectures. A major disadvantage of online education is, however, that direct contact and feedback are somewhat lost. "A class full of people inspires me and makes the lectures better." Nonetheless, he thinks that education might be improved by providing an additional online accessibility for students and (guest) professors known as hybrid lectures. "All the effort in coming together from different cities or even countries is outdated." Though, this should not substitute real life education, "just build on to it and make use of what is here now" he states.

“The magic word is hybrid.”

Will in the near future all education be online? No. Rudi thinks that real life lectures will never be substituted due to the incredible value of real life contact and the basic human need of connections. "I would never teach or attend a master’s programme that only provides online education. I need that connection with my students that can only be made in real life.” Nonetheless, he thinks that education might be improved by providing an additional online accessibility for students and (guest) professors known as hybrid lectures. “All the effort in coming together from different cities or even countries is outdated.” Though, this should not substitute real life education, “just build on to it and make use of what is here now” he states.

“The need for this Master’s was always there because of the big dark cloud called ageism.”

Ageism, it’s in our genes

In 2008, Rudi founded the Leyden Academy on Vitality and Ageing, from which the Master Vitality & Ageing originated in 2009. At first, this Master’s programme was not very popular. However, he believed in the need and value of the programme and continued to develop it. Over time it got accredited and re-accredited and finally the Master V&A was taken up by the LUMC five years ago, which was intended from the beginning: "The need for this programme was always there because of the big dark cloud called ageism." Ageism at the basis resulting in disinterest in older individuals, which he thinks is the biggest problem as old as the way to Rome and will probably never be resolved. First, he didn’t quite understand why almost all medical students and young doctors want to become paediatricians, and why all the difficult but interesting diseases in the elderly are not as popular. It made him mad. Then he started to understand and when he first gave lectures on the subject of older people he stated: "We are not made to love older individuals." With that he means, evolutionarily we were meant to love and take care of children and make sure they grow up and reproduce themselves. Individuals above 50 years are not vital for the human race to keep existing. In other words, we don’t need them.

So, ageism is due to genetics and evolution, but what will then ‘save’ the elderly population? Culture, Rudi mentions, is the only thing that makes us care about the elderly. "It’s stated in the big books; the Bible, the Koran: you shall take care of your parents.” Culture makes us feel the moral obligation to take care of our family (parents & grandparents) and other elderly. Thus, he believes that ageism originates from our evolutionary process and that culture is the only thing that will save the older people. Studying ageing and older individuals was unfortunately still not popular. To gain more interest in education on elderly, he wanted to put emphasis on the positive aspects of elderly individuals, bringing us to vitality. Which, from his experience, works a lot better in education.

Diversity in the Master’s programme

What about the future of ageism, culture and the Master? How to overcome ageism when it is everywhere? That is where the importance of the diversity of backgrounds of the students in the Master’s programme enters the playing field. "Ageism needs to be tackled by culture, language, ethics, behaviour and so on, not only by medical doctors" Rudi says. The biological process of ageing touches us all and in the medical world you live in a bubble; In the elderly population it is not all about curing. It is more about for example how we talk about end of life care and what is important for the elderly themselves. Therefore, the more disciplines learn about elderly, the more normal it becomes to take care of older individuals, to talk to older individuals about what is important and to make (policy) choices that are also beneficial for elderly.

In the future, he hopes that many more students will choose V&A as an elective. "If the Master’s is taken up by for example the medical education it will be a fake win”, he says. It will bring students to not being eager to learn, not paying attention and dismissing education about elderly due to ageism. That needs to be overcome by keeping it an elective and independent Master’s programme. He wishes that in the near future more and more students apply for the Master’s Vitality & Ageing and it becomes the most ordinary thing to talk about, take care of and love elderly people. Then ageism won’t stand a chance.
Meet Ron Laport

By Julia Minnema and Marieke Vieveen

Before his retirement, Ron Laport’s greatest hobby was practicing his profession as a social psychiatrist at GGZ Rivierduinen. Currently, he is an active member of the elderly board Zuid-Holland Noord in the care and education working group. The elderly board was exactly the challenge he was looking for after his retirement. Ron explains that if you don’t put yourself in the position to achieve something, you will lose your talents quickly. Therefore, when we asked Ron about his secret to successful ageing, he answered: “use it or lose it”.

According to Ron, the elderly board is a fun challenge in which you come across new aspects of elderly care and education all the time. One of the unique aspects these days is the way Ron has to communicate and meet with his fellow board members and students, which is unfortunately online. Ron thinks the meetings with his board members are less enjoyable through Zoom. “We are mostly talking about the negative consequences of the pandemic. It is never pleasant to constantly talk about negative things. “Ron explains that online meetings are less inspiring. Moreover, offline meetings give a higher feeling of satisfaction because of the emotions and physical contact. However, the elderly board is doing its best to get most of the meetings and stay connected. The board members also stay connected by continuing to provide each other with information and role-playing about complex healthcare issues.

Besides the elderly board, Ron also enjoys cooperating with students from Leiden University and the University of Applied Sciences. He explains that the interaction between students and older people constantly gives new ways of thinking and twists and turns; it is a unique form of learning in both ways. The contacts with students have changed a lot as well this year. Ron elaborates: “Normally, in real life, we often said: Come on, let’s put it together right now, or we will arrange it immediately.” Zoom is a sufficient way of exchanging information, but you miss the impulsive actions. Nevertheless, the elderly board depends on the use of Zoom, because almost all board members belong to the at-risk group.

Ron has several goals he wants to achieve with the elderly board. He explains that two years ago, the board faced a problem of not having simple and clear objectives. We did not need a book of 30 pages, but we need to say with a few A4s where and for who we are.

Additionally, with regards to education, Ron is very interested in care and a balance that is needed between somatic and mental healthcare. I enjoy still being able to use my energy and knowledge.

“The nice things about working with students is that you stay young at heart.”

“Ron’s secret to successful ageing: use it or lose it.”
Dear V&A students,

We were very sorry to hear that we could hardly meet ‘our’ students in an on campus setting. We had to learn your names by looking at the screen. For the both of us being in close contact makes this module usually very worthwhile, and we were sad that there were only a few opportunities to learn who was the person behind that name. However, we could not complain too much, as we soon found out that you made the best out of it. We had heard rumours of an extraordinary group with a high level of vitality. And these rumours proved to be right! We were very impressed by your coping skills, your constructive attitude, and how you adapted to these surrealistic circumstances.

During the first weeks we had a few opportunities to meet in person, but the second part was completely online. This was a pity, as especially the Living lab provides many opportunities to learn by working face to face together in teams. But also in this situation you did very well and worked on the pitches from the municipalities of Leiden and Zeist, Golden Sports and Coolminds. The latter three parties were suggested by the ministry of VWS-led program ‘one against loneliness’. Both the ministry and the municipality of Leiden were very impressed by your work and enthusiasm. And so were we! Good luck to all of you.

Best wishes,

Wim and Sandra
Course coordinators the Older Individual

To get our creativity flowing, we had to build a duck with a few digital lego stones. Bottomline there is most certainly not one way to design a product, or duck

Presenting our innovations on reducing loneliness in a video pitch to the students, pitchers and the Elderly Board

Travelling together to our first orientation visit in the Hague: Oudtopia

Students presenting at the mini-symposium. They turned their lecture about depression into an interactive play

Course coordinators Sandra van Dijk en Wim Lely
The Older Individual Course
By Babette van Rheenen

The first part of this course was focused on learning about the perspective of older individuals on health and successful ageing. Being and feeling healthy is about your social, physical, and mental well-being, not only about the absence of disease! The relation between diseases, disabilities, psychosocial function, and vitality was touched upon in multiple interesting lectures and interactive workshops. A broad range of topics was discussed in the lectures, such as the meaning of vitality, the quality of relationships with elderly people in care institutions, the geriatric giants, and personalized care. To show the knowledge gained from the huge amount of interesting lectures, we got the opportunity to give a lecture ourselves during the organized 'mini-symposium'. Small teams were formed and gave a mini-lecture about a certain age-related condition. This was the perfect way to show our gained insight in different perspectives regarding older individuals, and to use our creativity. One team even turned their lecture into a play, super fun!

The second part of this course was totally different. After the well-deserved Christmas break, we started the Living Lab with an introduction to the “action plan against loneliness” from the Ministry of Health, Welfare and Sports (VWS). Interesting problem pitches followed. Challenges to combat loneliness in the elderly population were proposed by the municipalities of Leiden and Zeist, the VR company Coolminds, and GoldenSports. It was our job to come up with an innovation that would fit these challenges.

Other than previous years, these challenges were based on real problems. All teams started from scratch and began the complicated process of design thinking. Determinants of loneliness, personas with corresponding storyboards, logic models, and prototypes were invented with the help of members of the Elderly board and experts on the field of loneliness. These interviews and discussions were very helpful in the process of design thinking and led to wonderful results.

To top off our innovation, every team shot a video that was shown at the end presentations together with the Elderly board, experts, problem pitchers, and the Ministry of VWS. It was really fun to see the creativity of the teams in their videos and innovation pitches, and I am sure some of these thoughts will be used by the problem pitchers to include in their programmes to combat loneliness in the elderly population.

Do you sometimes think: “how will it be, to be old?” We got to answer that question in Oudtopia, The Hague. We time-travelled to our senior self and walked through different stages of our old life. First, we did some medical and eye sight testing and performed The Forest Walk to make sure we got a driver’s license extension. After this “stressful” experience, it was time for a game and to move to our final home. Finally, we tried to walk to the cafeteria, ate a tomato pie, and performed some elderly gym, all in our older identities.

Some elderly might wish to live independently for a longer time while needing functional support for their daily activities. The iZi houses are just that. Using Microsoft Teams and an interactive presentation, Leroy van den Hoonaard took us on a guided tour around a typical iZi housing apartment. All of the rooms are equipped with technological features that support the daily functioning of elderly people. For example, the living room is equipped with an automatic vacuum cleaner, timers which automatically switch the lights on and off, and motion sensors that inform caregivers as soon as a resident needs help. Most of the residents are around the age of 80 years, either living alone or with a partner. This guided tour was very interesting to see how well elderly may be assisted through modern technologies. Despite a few disabilities, these elderly are able to enjoy a longer-lasting independence.
During the Older Individual course, we have experienced an online nursing home visit by Carola Pagie (manager handling service) and Ellen Ricke (physiotherapist) of Marente. Marente is a professional care organisation in the 'rijn-, duin- en bollenstreek' and provides all sorts of care; from home care to nursing home care and from rehabilitation to support for dementia under the motto highly personal. Carola and Ellen gave us a lot of insight into the organisational and financial aspects of Marente. The starting point for Marente’s management is that the client is the central component. This means that the care providers (both professionals and volunteers) together with the customers are the most prominent in the organisational structure of Marente. Board, management and staff departments are less prominent and are meant to facilitate the aforementioned groups. Additionally, Carola and Ellen highlighted a few of their in total ten nursing homes and their specialties. For instance, the nursing home in Sassenheim is specialised in younger dementia patients and another location is specialised in geriatric rehabilitation. Marente is also involved in research projects with the University of Applied sciences in The Hague and the University of Leiden in which they for example look at quality of care.

At the online orientation visit of Vilans, we were welcomed by V&A alumnus Diny Steikelenburg, junior researcher at the organisation, and Minke ter Stal, researcher on eHealth. They gave us an introduction to the main goal of Vilans: meaningful and affordable care of good quality, and ensuring that people with long-term care needs can live the life they wish. The organisation works towards this goal by focusing on three areas: Research and Innovation, Sharing Knowledge, and Advice and Implementation. Diny told us more about one of the projects she is currently working on: an exchange between the Netherlands and China on policies in the field of elderly care. Minke also told us something about her current projects. One of her projects is on digital co-creation; a digital environment that is designed to train informal caregivers in complex care situations. Another project is about increasing the freedom of movement and self-reliance of elderly with dementia by using the FreeWalker system. A system that creates ‘leef circkels’ and an alarm that matching 360-degree camera to an exciting place outside. Through the goggles, the resident can visually experience her favourite spot and simultaneously talk with her kin during the exciting trip. Imagine: your grandma visiting the beach with you like in the old days. A database will save all the past V aRe Together® experiences, so that your grandma can relive the memory and even enjoy it with other people. Our team experienced developing V aRe Together® as a challenging and enjoyable project. With the highly developed technology, the realisation of our concept might even be closer than we think. ‘Unite against loneliness, V aRe together.’

V aRe Together®
By Maxime Garritsen

From a multitude of different challenges, our team chose to develop an idea that uses Virtual Reality (VR) to reduce social loneliness in nursing home residents. Hereby, we would like to present you our VR-programme that brings the outside world inside: V aRe Together®. In practice, the resident will wear VR goggles and the family will take its matching 360-degree camera to an exciting place outside. Through the goggles, the resident can visually experience her favourite spot and simultaneously talk with her kin during the exciting trip. Imagine: your grandma visiting the beach with you like in the old days. A database will save all the past V aRe Together® experiences, so that your grandma can relive the memory and even enjoy it with other people. Our team experienced developing V aRe Together® as a challenging and enjoyable project. With the highly developed technology, the realisation of our concept might even be closer than we think. ‘Unite against loneliness, V aRe together.’

Walk ‘n Connect
By Leyan Li

Walk ‘n Connect is a safe intervention targeting loneliness during the coronavirus pandemic. The intervention consists of weekly neighbourhood visits, during which the social worker and the elderly will take a stroll together in the neighbourhood while various topics would be discussed, just like during regular home visits. The initial visit aims to signal loneliness and the social functioning of the elderly by examining the social network of the elderly and whether the person has a social security net in the vicinity. Subsequent visits aim to increase social cohesion by getting to know the neighbourhood and neighbours, exploring various activities that are organised in the neighbourhood. The walks can be adapted according to the wish and the physical capacity of the elderly. When the measures allow, group activities can be organised to promote social cohesion further. This flexible and sustainable intervention will lead to better social cohesion in the neighbourhood, a larger but also more qualitative social network of the elderly and consequently a reduced loneliness.

Walk ‘n Connect by Leyan Li
What is your educational background?

Emma: I have studied BA Linguistics. It is a broad bachelor with four themes: linguistics & health, linguistics & multicultural society, linguistics & technology and linguistics & cognition. I have followed courses in all themes varying from programming to language acquisition.

Anete: I have obtained a bachelor in Luxembourg and a master’s degree in Maastricht, both in human movement sciences. The bachelor was focused on sport and exercise, whereas the master’s programme was more focused on health and rehabilitation. Currently, I’m in my second master’s programme.

Sanne: I have obtained a bachelor’s degree here in Leiden. The full name is Cultural anthropology and development sociology, but it is basically a mix of sociology and anthropology. Besides, I have followed a minor in human evolution and that is where my interest in elderly started.

Why did you choose to do this Master?

Emma: During my bachelor thesis I had to work with older individuals which I really liked. Therefore, I was thinking; what can I do with it? When I found this Master my first thought was that my background may not be fitting. Nevertheless, I decided to go to the Master open day. Eventually it was possible for me to enroll in the programme. Despite my non-biological background, the programme is still do-able and I do definitely not regret my choice.

Anete: I have always been interested in leading a healthy and active lifestyle. I am fascinated by our bodies and how much they can do on their own and how a healthy lifestyle can impact how you age. Funny enough, my mother was my inspiration to start this programme. I noticed how her rather inactive lifestyle was affecting her health and wanted to guide her towards developing better habits. I want to be able to improve the quality of life of her and other older adults and elderly during the years when they’re most vulnerable.

Sanne: I have followed an honours class about the anthropological perspective of dying and end-of-life care and I was very intrigued. Additionally, I met a PhD student who had done this Master’s programme. She was designing a tool around palliative care and it was so cool! That was also a trigger for me that there is still a lot to do and improve in the elderly care field. From my anthropological perspective I am very interested in minority groups, how they think and behave.

During the Biology of Vitality and Ageing course we have learnt that the oldest person alive became 122. Would you like to become 122?

Emma: Imagine I would need a walking aid at the age of 80, that would mean I am walking with a walking aid for 42 years! I would like to turn 122 as long as I am happy. Maybe you feel like you don’t belong at that age…

Sanne: Yes, but only on a few conditions. I still want to be healthy and be able to do the things that I want. Not that I am expecting to be a marathon runner at that age...

Anete: I would like to work in the field of health management and promotion and disease prevention. At first, I considered policy making, but at the moment, the language barrier still stands in the way. Anyway, work or study in the field of healthcare and something with a sense of purpose, and I’m happy.

What would you like to do after the Master’s programme?

Emma: To be honest, I have no idea. I am not sure whether I would like to do another master’s programme or whether I am ready to enter the working field.

Anete: I would like to work in the field of health management and promotion and disease prevention. At first, I considered policy making, but at the moment, the language barrier still stands in the way. Anyway, work or study in the field of healthcare and something with a sense of purpose, and I’m happy.

Sanne: I agree with Emma. Last year, I worked during my bachelor’s at the Honours Academy Leiden, and I must say; it was very nice. You do not have to write essays in the evening and can just relax.

Imagine I would need a walking aid at the age of 80, that would mean I am walking with a walking aid for 42 years! I would like to turn 122 as long as I am happy. Maybe you feel like you don’t belong at that age…

Anyway, 122 sounds great! Or maybe I can turn 123, why not?

The theme of the book is stay connected. Do you feel connected with your fellow students and the Master during these times of COVID?

Emma: I really feel connected with all of my fellow students! Before the lockdown, we went to Leiden every week, so back then there was still a possibility to see each other. The Master team is also trying to organise as many things as possible, they really do their best to let us connect.

Anete: I think it is a blessing that we get to be in different teams every so often- it definitely would have been harder to get in contact with other classmates if we were stuck in one team throughout the whole academic year. The staff really makes sure we make new connections. Even though we were happy in our first groups, they still wanted to mix us up. To add, the Master team is very approachable. Jacobijn, for instance, is just amazing. You can even stay connected with her as she is always happy to have a chat or a coffee over a Zoom call.

Sanne: I really like that there are like 100 different group chats, since we have to work in so many different teams. Because of all the different groups we are talking and communicating in, it really feels like we are all in this together.
Meet Margriet van Rees
By Jodie Dekker and Marieke Vieveen

Margriet is 67 years old and is living with her husband in Warmond. Initially, she was schooled as a medical doctor in 1979, but continued to work in policy and research for 20 years after. Additionally, she started, and until today continues, to work for two supervisory boards. After retirement, she joined the elderly board of which she became a president of the committee concerning care and education. In her spare time, she likes to come together with her friends and family and she goes for walks with her husband.

According to Margriet, the best thing about the collaboration with the master is to encourage students to think about things that might be very distant from their daily lives but very present in the lives of the elderly. First, she stresses that our society has to adapt to the changing perspective of elderly nowadays. They wish to live independently and keep on working and contributing to society. Additionally, she wants to change the false image of elderly being frail, incapable, and invaluable and tells us that end of life (decisions) should be a topic of discussion. "It’s the natural course of life. It is such a normal and important subject, let’s just talk about it.” While we learn a lot from her, she says she learns much from us as well. "Students find such fun and new solutions to the everyday problems of the elderly. I find it very interesting to discuss this, to see how we can make it even better together.”

Interestingly, Margriet’s secret to successful ageing would be: “staying active and investing in your own health”. Even in a very rough period of sickness she tried to stay active, she said: “You can lie down afterwards, walk around first.” Moreover, she stays connected by having brunch and dinner with old colleagues and friends from the women’s society of which she became a member after her retirement. "I think that elderly should more often take charge of their own (social) lives.” During the COVID-19 pandemic, she tries to stay connected with her friends, family, boards and councils over Zoom and Skype. As she has two of her sons living abroad, luckily, she was already familiar with the use of Skype. "A few weeks ago it was my grandchild’s birthday and we sang for him through Zoom with the whole family and he unwrapped his presents online.”

Lastly, she said “at a certain point you don’t feel an age anymore”. From her aunt, she once learnt that at a certain point body and mind are growing apart. A person wants to do much more than the body is capable of when you grow old. Something that requires adaptation and acceptance. It is not just going for a walk anymore, elderly need to overcome a lot to go for that walk. "That thought makes me respect elderly even more.”
Organization of an Ageing Society (OAS)

The OAS module in 2021 will hopefully go down in the history of Vitality & Ageing as unique. The whole world was in turmoil because of corona and COVID and political Netherlands because of ‘the child benefits scandal’ and elections. Corona/COVID meant that Suzan and Tony and the students did not once see each other live during the whole module and the eagerly anticipated visit to Brussels had to be abandoned. The political unrest meant that some of the usual contacts with political the Hague turned out differently. However as a well-known Dutch football player once said ‘every disadvantage has it’s advantage’ (Johan Cruyff).

One result of everything being different in 2021 was that we as staff of OAS were challenged to look at things differently and improvise and possibly this applied to the students as well. One improvisation was abandoning the (almost) daily ‘working groups’ and replacing them with ‘week assignments’. Although students cannot compare, as staff we have the impression that this is an improvement which we will maintain after corona. Political turmoil gave us the opportunity to introduce contemporary speakers and topics which are less available in quieter times. Corona restrictions prompted us to postpone the game week which at the time of writing still remains to be experienced. Although looking at black rectangles on our laptop screens when using Kaltura was sometimes disheartening, it was at the same time inspiring that a very diverse group of students in experience, background and location were all possible to participate in their own way. Who knows which of these changes will become standard in the future?

Something which definitely was not negatively impacted by corona was the diversity and creativity of the policy briefs. Although reading these provides highlights every year, as staff we were unanimous in our impression that these were of an exceptionally high standard this year. Also striking was how often Japan was chosen as a source for inspiring care innovations. Sales talk by Taku?

Looking back on OAS 2021 as staff we have great confidence in the future of care organisation for older persons. If the present policy makers and managers won’t listen at least there is a promising crop of new one’s snapping at their heels.

Best,
Suzan and Tony

Course coordinators
Suzan van der Pas and Tony Poot
Organisation of an Ageing Society Course

By Jodie Dekker

The course ‘Organisation of an Ageing Society’, OAS in short, started online with an introductory lecture on what we expected and wanted to learn in this last course of the Master’s. Unfortunately, without exception, we were not allowed on campus throughout the course of OAS. Even though we were bound to our desks once again to continue our studies fully online, we were still able to learn via the macro, meso, and micro levels all about international and Dutch healthcare systems. This final course was characterised by innovation and thinking outside the boundaries of our own country. It showed us historical reasoning for the development of the differences in healthcare systems, health, and life expectancy. Moreover, new ways to pay for care via alternative payment models opened our eyes to the future, and value-based healthcare, population health management, and network governance passed under review.

Uniquely, the national political election period in the Netherlands fell in line with our course and learning objectives. Great use was made of this opportunity by watching the health debate and discussing this the next day with, among others, Jet Bussemaker. Moreover, debates and discussions by taking the standpoint of one particular political party made us think about national politics and the consequences of policy for the population of older individuals.

Aside from lectures and working groups during the OAS course, we got the opportunity to meet the leaders who had to deal with the impact of the COVID-19 pandemic in some way. Additionally, our academic skills were tested once more with in this case a policy brief on a topic of choice differing from age-friendly cities and hospitals to COVID-care. We were challenged to seek best practices and learning opportunities on an international level that could be adopted in the Dutch healthcare system. To test our knowledge the open book exam was a bit different this year. The course coordinators took this exam to the next level by making it an essay on designing the best healthcare system in your eyes along with some other assignments.

The OAS course was the last of the V&A curriculum. Almost at the end of an era for most students, but also the start of a new chapter after the final internship period. With a new set of skills and freshly acquired knowledge, we are ready to tackle the next phase in the study programme and to take the next steps in our professional careers.

Sociaal Cultureel Planbureau

By Marieke Vieveen

The orientation visit to the Netherlands Institute for Social Research gave us insights into the close collaboration between this research centre and the Dutch government. We attended an online presentation on the most important issues targeted by the institute. Policy-making within governmental institutions should largely be based on recent scientific evidence. Therefore, the institute for social research acts as a mediator between citizens, science, and policy. This visit taught us all about the importance of the governmental responses to citizens’ needs and wishes supported by a clear framework of scientific evidence. Interestingly, the results and advice provided by the institute is, for both citizens and government, considered to be of very high quality and reliability.

ZonMw

By Babette van Rheenen

The orientation visit of ZonMw was an interactive presentation of Robert Jabroer where we as students discussed a few topics in breakout rooms as well. At first, a little bit of background was presented to us; ZonMw promotes health research and healthcare innovation. They do this by funding health research and promoting the use of the knowledge developed so that healthcare and health can be improved. ZonMw is an intermediate organization standing between policy, science and society. An example of a current programme is “Voor elkaar!” This is a programme set up for the financing of patient organisations, with the amazing goals for people to be able to live their lives the way they want. It was really interesting to hear about such impactful projects, and discuss the importance with other students.

Zorginstituut Nederland

By Jodie Dekker

National Health Care Institute (Zorginstituut Nederland) is a Governmental company focusing on guarding the high quality and affordability of healthcare in the Netherlands in the name of the Dutch Government. Jacqueline Solleveld Olthof and Rob van ’t Zand gave us a small insight in their work. First, the different care acts were briefly explained by Jacqueline. Secondly, the example of “building a framework of trusted information” was illustrated by Rob. It gave us an insight into the future situation of a good framework of data information sharing to make healthcare more efficient. We watched a video together and discussed the shared information framework on issues of privacy, efficiency and impact it could make.
Imagine your dream of becoming a journalist being dashed as a 17-yr-old. Being told not to attend journalism school, but to first get a good education and job experience. Being advised to study medicine, in the footsteps of your general practitioner father. Being asked your motivation for studying medicine, and ashamedly admitting you were doing so at the behest of your mother. This was the inauspicious start of the auspicious career of Prof. Frits Rosendaal, who in 2002 won the Spinoza Prize – the highest scientific award in the Netherlands.

Going with the Flow
Frits Rosendaal, fortunately, found his study interesting, so much so that he went on to obtain his PhD in Hemophilia at Leiden University in 1989 after obtaining his medical degree (cum laude) in 1985 at Erasmus University. ‘It seemed the natural thing to do, as I liked the research’ is his explanation.

Prof. Rosendaal is now one of the most renowned clinical epidemiologists in the world, specialising in haemostasis and thrombosis, with his research published in prestigious scientific journals such as Lancet and New England Journal of Medicine. His research into heritable abnormalities of blood clotting led to the identification of a specific gene abnormality now known as ‘Factor V Leiden’.

It concerns Frits Rosendaal that many young people blindly follow their motivation to become a medical or research professional, only to become disillusioned or burnt-out along the way. He believes that students should be open to whatever experiences come across their path, and follow what they find fun and most interesting to do.

Characteristics of Success
When speaking with Prof. Rosendaal, it is clear that he is a people person and could easily have become a journalist. In fact, he admits happily to being good at both his ‘alpha’ and ‘beta’ subjects in high school. This has evidently translated into his career, as according to the Netherlands Scientific Organisation (NWO) he is extremely good in cooperating with both clinicians as well as fundamental researchers.

“I have a strong conviction that motivation is bad.” He also has the rather rare talent that many researchers and professors lack: the ability to transfer knowledge to peers as well as laymen. And often with a bit of understated humour, drawn from his deep enjoyment of various types of literature and music. It was not strange for him to take a wink at the opening line of Dickens’ famous book ‘A Tale of Two Cities’ in the name of his dissertation (Hemophilia: The best of times, the worst of times), or to include a line from a Pink Floyd song (‘no dark sarcasm in the classroom’ - Another Brick in the Wall) in one of his public lectures. He is obviously a fun fellow.

Leadership
Over the years Frits Rosendaal has risen to positions of leadership and prominence, serving on the global Council on Publication Ethics, as Chair of the Committee of Scientific Integrity (Leiden University and LUMC), as Chair of the Board of the European Congress on Thrombosis and Haemostasis, and on the Netherlands Health Council, to name just a few. He has been department head of Clinical Epidemiology at LUMC since 1999 and has led various projects and teams from the start of his career.

Within the teams and projects he leads, the leadership style of Prof. Rosendaal can best be described as ‘enabling’. He believes in getting out of the way and letting people get on with what they are capable of doing. And when necessary, supporting them or using a stronger hand. He feels a strong sense of responsibility for the post-doctorates in his teams and helps them in their career aspirations. With wisdom gained from experience, he ‘nudges’ them to make the right choices, even if that may not be toward what originally motivated them.

Corona times
Frits Rosendaal, unlike many others, was not affected negatively by the pandemic. ‘Like a sabbatical year’ is how he describes the past year. He did ‘interesting work things,’ had more time with near ones, and experienced a break from the ‘usual things’. Yet he did keep busy. According to a publication from Leiden University, Frits Rosendaal appeared 10 times on television, 15 times on the radio, was interviewed dozens of times by various news sites, and was cited at least 50 times in various regional and national newspapers. Frits Rosendaal was one of the leading independent authorities in the Netherlands.

‘Old luminaries never die, they just fade away’ as the saying somewhat goes. It is hard to imagine Frits Rosendaal fading anytime soon.
"Everything that gets attention, grows. Let all the ideas come up and then you can look at which one you want to give some Pokon."

Crisis management
In 2019, De Rooij put down her clinical tasks and focused on her role as chairwoman of the Board of Directors at the Medisch Spectrum Twente. During her time at the MST and as chairwoman of the ROAZ, her goal was to build a strong, local network of healthcare professionals to prepare the region for the ageing society. Because of her expertise as a geriatrician, professor, and manager, De Rooij was the perfect fit for this task and unknowingly prepared the region for the pandemic that all would face. From a coaching leader, De Rooij had to change gears to a more directive style of leadership and set up a crisis organisation. Within several days, elective surgeries were cancelled to free personnel to help at the corona units. During this time, communication was the key. Decisions that were made needed to be announced clearly and executed well.

Ambitions for the future
This week, De Rooij started her new job at the Amstelland Hospital. Besides guiding the hospital out of a crisis and starting with a new electronic patient filing system, De Rooij will need to pass a quality visitation this year. As if that was not challenging enough, she set herself a goal to improve the collaboration between academia and the first line. This is especially important in elderly care, which is paid from three different budgets and needs a change. According to De Rooij, a network can help improve the care paths that patients have when faced with a need for care. This need usually starts in an acute setting, such as a fall with a hip fracture, and the patient should be guided from the start: the emergency department.

How long she will stay at the Amstelland is not clear yet, but Sophia De Rooij aims to work at places where she can be of use. A powerful woman, such as herself, with her experience with patients, her skills in research, and her knowledge of management is of tremendous value to any healthcare facility and she can be an example for many women that have the ambition to change what is wrong and improve what is good.
Meet Prof. Dr. Ir. Hester Bijl

Why Hester Bijl doesn’t shy away from a challenge

By Babette van Rheenen

Since this February, Prof. dr. ir. Hester Bijl is inaugurated as the first female Rector Magnificus of Leiden University. After completing her term as Vice-Rector, she is now in charge of the portfolio’s education and research. With a background in mathematics and technology, she was always part of a man’s world. She strives to be a figurehead for other women and more diversity in the higher functions of education and research.

At first, I congratulate Bijl with her new position as Rector Magnificus and ask her how the past few weeks in her new function have been. She stated that she was already familiar with the university, since she functioned as Vice-Rector in the previous Executive Board. “The past few weeks went really well and were a lot of fun. The new composition of the Board, with different people, is also exciting.”

The biggest difference between the function of Vice-Rector and Rector Magnificus is the portfolio.

First, she was in charge of the portfolio education, where she worked on valorisation, cooperation with external parties and diversity. Now, the portfolio research is added to her tasks, where she focuses on the primary processes and substantive matters of the university. Being the first female Rector Magnificus of Leiden University brings a lot of extra attention and Bijl is happy to see that. “It is always good for a University to be visible. Next to that, I think that there is room for improvement regarding the positions of women in higher regions.” She hopes she can be a figurehead for other women, but also realises that a lot more is needed to make a change.

After her bachelor’s in Mathematics and master’s in English literature, she obtained a PhD in computational fluid dynamics at the TU Delft. Bijl became a professor at the faculty of Aerospace Engineering and led the energy-initiative Delft as director. Later on, she became the first female Dean of the faculty, and shared her knowledge in the Supervisory Board of ECN. Bijl thinks it is important to fully commit to the University, but also to keep good contact with society. That is why she is engaging in side activities. At this time, she is also a member of the supervisory Board of TNO, a big Dutch research organisation. “I really like to engage in side activities; however, it is important that it is not conflicting with your main function.” Bijl also is a professor at the Mathematical Institute of the university and cannot wait to have direct contact with students. Managing a university costs a lot of time, and just when she decided that she had the time to start giving a lecture, the Corona pandemic hit. She resuspended giving online lectures due to the preparation time, but she is sure to give a lecture when physical education is possible again.

With the start of the Corona pandemic, a lot had to change at Leiden University. It took only one week to start up the remote teaching and testing that made all the processes in the university completely online. A lot has changed in the way the Executive Board was managing also, Bijl said. The meetings are intensified; cyclic, short and more compact, due to the quickly changing measures. Her own leadership style did not necessarily change. “You will take your personal style with you.”

Bijl said. She describes her style as goal oriented, inspiring and motivational. She is not per se hierarchical, as she is motivated to work together and brainstorm with others to create better ideas. When I ask her which of her own characteristics reflect in her leadership, she tells me that it is her enthusiasm, motivation and curiosity that drive her the most. “I have a lot of energy, don’t let go quickly, and keep going on.”

For now, her main goal is to make Leiden University even better, and fully commit to the progression of education and research. When I ask her about her future goals, she tells me that she has no clue yet; maybe a second term as Rector Magnificus, maybe something completely different. “What I really like is variety. Learning new things and now and then lying awake in the middle of the night, thinking: How am I going to tackle this?”

“You will take your personal style with you.”
Meet Lia de Jongh

Inspirer of the elderly-centred care

By Taku Yamada

“If you don’t have a vision of care, or if you don’t want to do your best for the people, there is a problem!” These are the words of Lia de Jongh, the passionate chairman of the care organisation “Topaz”. She is 60 years old and has worked as a psychologist for ten years in the early stage of her career. Through her job, she learnt the meaning of listening to people, which is still the origin of her passion.

In 1999 she started to work in the elderly care field, and she was shocked to see how badly elderly people were treated in nursing homes. She, therefore, started to build her care system based on the individual caretakers and focused care services on reflecting what the elderly valued in their lives. Through her leadership, the nursing staff in Topaz nursing homes got to know the stories behind their clients with clear images like photographs from their lives. She taught her staff to not only be aware of the biomedical perspective but also the social perspective.

In times of COVID-19, Topaz was faced with some challenges; initially closing the nursing homes from the outsiders, limitation of visitors, etc... However, Lia never forgot about listening to the elderly in the nursing homes. She started to discuss how to keep their care services at a high level with diverse caretakers in the team called “the corona team” to share the meaning of care. Within the team, she was not taking a lead but she was inspiring people to have a vision of how they look at the care, which consequently helped them to arrange the care more desirable from clients, such as increasing the opportunities to see their families.

“Imagine if the elderly are your family members. What I want elderly people to inspire is what I want to inspire in family members! If it were your dad, if it were your grannie, what would they want?”

This is how Lia always inspires her staff when she works with them. According to her, care must be based on the vision of how you look at it, and care should be provided to make every single day of life a bit better for the people who are taken care of.

“Half of the glass is full or half is empty but I would ask where is the water coming from?”

Lia’s vision of care is always the same, no matter whether or not it is in times of COVID-19. Her aim is not to be pessimistic about all the situations caused by the pandemic but to adjust to them, while taking her clients’ quality of life into account. “People are really social animals, and we want to hug each other and we want to see each other, and it’s not nice to live in a care home if you don’t see people for two or three days,” she stressed. Lia continues trying to make sure that her clients are being connected with other people in times of COVID-19.

Lastly, Lia’s vision for the future is the following: to hear her prospective clients saying “I can go to Topaz because the life there is really good”.

“We have to make a life precious, and when the life is precious, it means that we have to retain the physical contact with the people we love.”
During his nearly twenty years of being in office, Mayor Henri Lenferink has become well-liked among the people of Leiden. In a time where outrage and division shape so much of the political landscape, he has managed to avoid being the target of public backlash. This is not due to any particular aversion to confrontation, however. Quite the contrary. ‘It is not that hard. You just need to talk with people instead of only talking about them’ states Lenferink.

Lenferink spent a large part of his formative years in Delden, a small city with a rich historical landscape. He reminisces about ‘walking through the beautiful old city’ as a young boy and being amazed by the 17th-century buildings. This love for history is what motivated him to muster up the courage to knock on the door of an old catholic pastor when researching sources for a school project on the ancient estate of Twickel surrounding the town. Any apprehension or nervousness quickly faded away, as Henri was greeted warmly by the pastor, who was eager to show him the archives he had been overseeing for many years. The friendship that followed still has Lenferink smiling as he thinks back, ‘I had an amazing time there’, he notes, ‘I went back there on several occasions afterwards – he left me several items after his passing that I still have to this day’. When asked what came first, his love for history or love for politics he states, ‘I think they came up together’. Growing up during conflicts of several items after his passing that I still have to this day’. When asked what came first, his love for history or love for politics he states, ‘I think they came up together’. Growing up during conflicts

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During his studies, he started what could later be considered his political career. Initially, he did not necessarily set out to become a politician, however. ‘I had just moved to a new city and joined the PVDA (labour party) as a means to meet new people. I was also a member of the local chess club – they were of the same importance to me at the time really’ he says. As he spends more time at the party and rises the ranks, the scales seem to tip in favour of his political hobbies. ‘Whenever I would say something at the meetings, it would actually happen. And that was very exciting’.

In 1994, he became councilor of Arnhem. ‘There were many learning experiences during that time to look back on’ Lenferink notes ‘There’s no mayor school or councillor’s school. You have to learn everything as you go along, in the field’. Learning what his strengths are but most importantly, what his weaknesses are. ‘If you are aware of your blind spots, you can act upon them. That was one of the things I really appreciate learning during that time’. Another important shift in his character occurred during this time in his life. ‘The second thing I learnt was when I became a father’ says Lenferink, ‘I used to act exclusively on ratio (…) I regarded affairs relating to emotion as completely useless. I felt all that change at once. (…) I started to realise the importance of the process while working towards your goal, instead of focusing solely on the end-point itself’. A situation that drove this point home was when the municipality of Arnhem was deciding upon where to build a new rehab centre. The inhabitants were scared that this facility would drive criminals and junkies to their area. Thus, Lenferink and colleagues took precautions and talked with neighbourhood representatives who seemed reasonable and willing to compromise on the issue. When the time came to discuss the plan in a town hall meeting, however, all goodwill seemed to have made place for outrage. Six hundred upset citizens, including the neighbourhood representatives, showed up to express their discontent with the decision. ‘I was sitting at the front of the hall. They were all yelling tremendously. It really affected me that evening. They were the same people I had a civil and polite conversation with just earlier that day. I realised that you can never be too careful with how emotion drives people in that way.’

Listening to the stories, fears, and perspectives of the people of his city became an important part of his process as a councillor. And luckily, ‘it becomes easier over time’ says Lenferink. Even though the halls filled with upset citizens did not disappear, his approach toward them changed. Walking up to them, talking face-to-face when someone starts yelling instead of hiding behind a desk. ‘These were very emotional evenings, but also beautiful ones. It’s important to not create distance between yourself and these people’.

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Meet Prof. Dr. Martin Schalij

Captain in the COVID-storm

By Maxime Garritsen

In this interview on leadership, we will embark with Professor Dr. Martin Schalij, practicing cardiologist and board member of the LUMC, on his journey while he contributes to navigating the Netherlands through times of COVID-19.

“I do not have the tendency to just follow the crowd – which might be a weakness – but I always try to leave my mark. And not just because I always know better, but because it’s part of me,” Martin Schalij answers when reflecting on the question of whether he is a born leader. Over the years the professor has proven himself as ever-growing in this role. Being head of the cardiology department of Leiden University Medical Centre (LUMC) was one of his first major opportunities to develop his leadership skills. For Schalij true leadership holds one essential truth:

Next to his own strong-minded guidance, Schalij explains that diverse leadership styles are needed to create balance within teams. “If we all were to be dominant alpha males, it wouldn’t work out,” he points out.

In the cardiology department, he already aimed for a high diversity of his staff members. Not solely expressed by an equal men-women ratio, but also by including people of diverse cultural backgrounds. He recognises that the composition of people working in the healthcare sector is often very monotonous and pleads that “Hospitals should mirror the composition of society itself.” Actively looking for talent and offering more possibilities to minority groups might be a way to reach this goal. Starting this year he moved into a position that is possibly benefi cial for this cause. As a board member of the LUMC he now represents its 18,000 employees and surely can focus on the next generation of care workers.

Unfortunately, time is scarce. Since October of last year, Schalij has also been chairman of the Western Regional Committee of Acute Care (ROAZ). Both functions are currently taken up by navigating the organisation of regional healthcare through times of the COVID-19 pandemic. Schalij has to set the coordinates in the collaboration between healthcare institutions and professionals in the region of the LUMC. Preparing the feared “Code Black” – a scenario in which patients will overfl ow the hospitals and outnumber the available beds - in one of its main tasks. Professionals from all care levels are included to contribute relevant information from different perspectives. Trying to sail this ship through the storm, Schalij remains in service for all employees at the vanguard of caring for the COVID patients. He illustrates their need for a supportive network. Difficult decisions embedded in the Code-Black protocol can namely entail an emotional impact on his healthcare workers:

“You, a healthcare worker, have to choose between a woman of 67 years with COVID or a man of 39 years after a reanimation. Who will get that fi nal spot on the IC? Well, it turns out to be the woman of 67 years – based on her higher chance of survival. Everyone has diffi culty dealing with this decision. Even though it is a simulated case. At those moments you have to support each other…”

Within this turbulent storm, Schalij sets sail to innovate healthcare. Under his command the inspiring project “The Box” was developed to safely monitor discharged COVID patients on distance. The professor thinks that similar projects are needed in the context of an ageing society. Closely monitoring older individuals with tools, such as fall sensors, might enable them to live independently in their homes for a longer period of time. He explains that technical tools will not only reduce the number of unnecessary hospital visits but also make people partly more responsible for and involved in maintaining good health. On the other hand, Schalij emphasises not to focus solely on these technical measures, but also on the social aspect of care.

Overall, Schalij aspires healthcare to become more service-friendly and easily accessible in the future. With this goal set on the horizon, our online interview on leadership ends. While wrapping up, I spot a framed photo on the wall. The impressive sailboat reveals that Schalij literally sets sail in his spare time. When asking, I see a glimpse of his sense of humour: “Sometimes I have to show leadership there as well. But on board of that ship actually no one listens to me.”

“You can replace care workers partly by robots without losing the human touch. In the future some care tasks will be taken over by robots. This will create more time for the care worker to drink a cup of coffee with the patient and ask how someone is actually doing.”

“Sometimes I have to show leadership there as well. But on board of that ship actually no one listens to me.”
Meet Prof. Dr. A.J. Rabelink

The secret to the work life balance?

By Niall Moloney

Taking a break from helping lead Leiden University Medical Centre’s fight on the COVID crisis, his work as head of division Nephrology, Internal medicine, division 2, and his medical advisory position at the company Nextkidney Prof. dr. A.J. Rabelink talked to me about the leadership in this difficult COVID-19 filled time.

“My job is three-fold” Ton explains “hospital administration; head of division 2 which is the division containing all the specialities of internal medicine, stem cell research and third as a clinician”, “normally I focus on transplant medicine, … my last year has been clinically preoccupied with COVID.”

“I also do the work myself; no one can say that I am making theories, we have to all face it, that is my leadership model,” Ton says.

“Managing 1700 people with a budget of €160 million” – The division works like a law firm Ton explains, “… I am like the managing director … I have to work with the other people to be on the fl oor and lead by example.”

Key to Professor Rabelink’s leadership style he explains is that he wants to be involved and that he is happy to not be on the highest executive level. When we move on to talking about what helps his leadership Ton explains “I have a lot of good people around me, but I still try to be visible in all of the dimensions, and that is important to me, I still love medicine and that hasn’t changed.” Ton also let me in on something I had not quite thought of “but being visible is diffi cult, you need to be up to date with research and compete for fi nance for research”. We then moved on to talk about Professor Rabelink’s education and how he got to the position of professor and head of internal medicine at the LUMC. “It was all based in Utrecht, I studied MD and during my studies, I explored things beyond this. I did research projects, I was fascinated by biology and wasn’t sure to do research or biology”. Ton also explains that he is very ideologically motivated and that he previously worked for a year and a half in East Africa.

"In hindsight, I made a too fast career when I was 37, I became a professor, at the time I did not think it was so odd."

Talking about his road to his current position Ton explains “I got a residency in internal medicine I was doing a combination of medicine and research”, “I was fortunate enough to get a fellowship at the Royal Academy of Sciences, it paid off that I had a good CV and experience”. Ton explained to me that while at the time for him becoming a professor at 37 felt normal that he later realised that it was not so normal and he reached the top of his career, where he remains now at the age of 40, “that meant at 40 I had the same position as I have now”.

Ton moved to Leiden for a change in his working life and headed nephrology, going back to science and medicine before getting called to head the department of internal medicine.

When we move on to discuss his work-life balance Ton lets me in on his secret “work hard and play hard, since I love what I do it is not very separated. My wife also works as a career”. For Ton work does not necessarily feel like work so the traditional balance that people struggle to reach, Ton has found.

Ton reiterates the inspiration he gets from others “it is inspirational to see and witness the dedication of the people around you… when on call on the COVID fl oor you see nurses… and they have no hesitation in their dedication” and “in my research work I fi nd it inspiring to see my students come up with ideas that I haven’t thought of”. When we move on to talking about the elephant in the room, COVID, Ton tells me that it was “not whether but when” and that working in the COVID department was “scary and at the same time a little exciting this was history”, but Ton also feels that the “societal context has changed, people are fed up, everyone is affected”. Ton is realistic yet hopeful and explains "we are probably going to face a fourth wave but at the same time I am confi dent… we will survive".

When we move on to talking about the future Ton is excited “now I am very passionate about resolving chronic diseases using regenerative medicine, COVID placed a huge emphasis on acute medicine but in the end, we have to acknowledge the societal challenge is a chronic disease and how do we derive quality of life from that situation”. Ton’s regenerative medicine research fi ts well into the theme of Vitality and Ageing, and Ton has high hopes there for regenerative therapies for examples for Parkinson’s disease “…the fi rst results look exciting… these types of therapies have a lot to add to the quality of care instead of institutionalising people and using drugs for the side effects, and that is why I am involved in NextGen I want to apply these things in humans and not just mice”.

"But I must go," Ton says, "Teams is calling". ■
Meet Theo Roes and Johan van Wijk

By Jodie Dekker and Marieke Vieveen

After being a member of the elderly board for years, Johan van Wijk decided to join the elderly council in January 2021. About eleven to twelve years ago, when his mother started to develop dementia, Johan took care of his mother in the nursing home for seven years. From that moment on, he became involved in various areas of the care sector. As a sociologist, Theo Roes has worked for the Netherlands Institute for Social Research for many years. Additionally, he worked for supervisory councils in the care sector and took on the role as a president of social organisations. Let’s find out what Johan and Theo think about being a member of the national elderly council, department South-Holland North.

Since the minister Hugo the Jonge established the elderly council in 2018, the council has an advisory role toward the Ministry of Health, Welfare, and Sports. The recommendations may be initiated by the minister raising an issue or the council starting a discussion on a societal issue. The council consists of elderly who also take positions in regional and national elderly networks. These regional networks select a few members who may represent their department in the national elderly council. Usually, the Minister of Health, Welfare, and Sports is present to personally talk to the members of the council. Unfortunately, due to the situation surrounding the COVID-19 pandemic with minister De Jonge having other COVID-19-related obligations, he had to send a substitute colleague to the council.

Thus, the main goal of the council is to give the elderly in our society a voice towards the ministry. Based on the members’ expertise and experiences, the council provides a useful framework of advice on the issues that arise in our current society. “It was called the elderly-document (bejaarden nota) back in the days, in 1976” Theo mentions. But that name changed, since the municipality is not executing policy on special target groups anymore. They work in close collaboration with several regional elderly organisations to cover a broad range of the elderly’s needs and wishes. The immediate connection to the minister allows them to directly contribute to the policies created by the ministry.

An important issue that is currently on the table is elderly housing. Closing of nursing homes and a desire to live independently for longer caused elderly to experience difficulties getting access to care and affordable housing. Therefore, the elderly council collaborates with regional elderly organisations to organise personalised district home care.

According to Johan, working for the elderly council is especially interesting because of the wide range of topics that are being addressed and the various backgrounds of fellow board members that are being encountered. “Within the council, a wide range of problems and frustrations are being raised which are directly picked up on by all members involved, even problems which we would have never thought of before.” Although working for the council requires a lot of time investment and results might sometimes be disappointing, Theo motivates himself with a feeling of usefulness toward society.

Before the start of the COVID-19 pandemic, the involvement in the council used to be a good reason to go out and meet new people.
Dear students/alumni,

Can you believe it? You did your internship online! Being together with your peers online in teams working on exercises from December 2020 onwards, you started your internship online on your own in April 2021. After a couple of weeks, you thought out creative solutions meeting each other live at a 1.5-meter distance but working together. More precisely, one or two days a week you did your online internship together with your peers in one room at the LUMC. I was impressed by your vitality!

During the year I met you several times during online lectures, working groups, and walk-in hours. I experienced that you were a very independent, strong, and vital group of students! You knew what you wanted to do with no hesitation, and you were very creative in finding a “corona-proof internship” that suits you.

You organised internships at different departments at the LUMC and several organisations outside the LUMC. For example: the Ministry of Health, Welfare and Sports, Vilans, Zilveren Kruis Achmea, Bilingualism and Aging Lab, Academische Werkplaats Ouderenzorg Limburg, Leyden Academy on Vitality and Ageing, Transuralis, Fietmsaatjes, The Leiden University of Applied Sciences, Erasmus University Medical Centre, and BHAM Institute in Bern Switzerland. I enjoyed your perseverance to find the right spot and research. In April, 25 students were able to start their internship.

Interviewing older individuals and professionals by phone or Zoom, analysing existing databases or focus groups, etc. You did it on your own at your place and joined online team meetings at the internship organisation and meetings with your supervisor. In the last week of June Julia was able to visit Switzerland and meet her supervisor and his team.

Thank you for the inspiring time, I wish you all the best for the future!

Carla Bakker
Course Coordinator Science and Career

Dear students,

Congratulations on completing your Master! We have very much enjoyed our (online) classes together: the early morning ones with everyone still in pyjamas, the exciting ones with your wonderful FameLab talks, and even the hard ones, where the concepts were difficult and you worked together to figure it all out. It’s been a privilege getting to know you all, and witnessing your enthusiasm for your topic and the way in which you worked together—on creative group projects, by offering one another thoughtful and encouraging feedback, and in those collaborative breakout room sessions. And all of that under the often trying circumstances of social distance and even total lockdown! We have every confidence you will all go on to achieve wonderful things and wish you all the best for the future.

Warmest wishes,

Emma Galloway, Jelle Kranenburg and Inge ‘t Hart
The CIS team
BIHAM Institute of primary health care

Impact of the COVID-19 pandemic on the intensity of health services use of older patients in general practice during the second shutdown in Switzerland

By Julia Minnema

For the past three months, I have been conducting my internship at the BIHAM Institute of Primary Health Care, which is a department of the University of Bern in Switzerland. Unfortunately, due to the pandemic circumstances, I was not allowed to travel abroad for almost the entire internship period (this was only allowed for countries with yellow travel advice and Switzerland was orange at that time). Therefore, I have written my thesis mostly at home – just like my fellow students – and communicated with my supervisors through Zoom and by email. Although it was a shame that I was not able to meet my supervisors in person, you get used to the situation and try to get the most out of it. But then, two weeks before the ending of my internship period, the travel advice for Switzerland suddenly changed and I was allowed to travel to Bern!

During my week in Switzerland, I have experienced and learnt a lot. I was finally able to see my supervisors in-person, but also to get to know their city and the institute. Bern is in size and antiquity somewhat similar to Leiden. Besides the breathtaking nature, the hospitality of my supervisors and other people I met along the way stood out for me. On the first day, I went out for lunch with my supervisor and other members of her research team. This was a great opportunity to get to know each other and they explained to me a lot about the Swiss culture and their working environment. Besides, both my supervisors invited me over for dinner and, therefore, I was able to see multiple places next to Bern. We cooked typical Swiss dishes, such as spätzli, and obviously, I ate tons of Swiss cheese and chocolate. The short period in Switzerland was a time I will never forget, and I would recommend everyone to go abroad for their internship once they have the opportunity.

My thesis was a quantitative project in which I investigated the impact of the COVID-19 pandemic on healthcare seeking behaviour of Swiss older adults in general practice. People designated to be at-risk for attracting a severe case of COVID-19 (among which older adults) were advised to stay at home and moreover, there was a ban on non-urgent healthcare in place. However, since polypharmacy and comorbidities are very common among older patients, they often require regular chronic disease monitoring at the general practice. Avoidance of these visits can potentially lead to seriously adverse health outcomes and therefore it is important to investigate the healthcare seeking behaviour of Swiss older adults during the pandemic. We found significant decreases in healthcare seeking behaviour during the first shutdown period (early spring 2020), but luckily consultations seem to align with non-pandemic years after that period and for the remainder of 2020.
Feasibility of telerehabilitation in outpatient geriatric rehabilitation

By Lisanne Dierx

For my internship, I went to the south of the Netherlands to the Living Lab in Ageing and Long-Term Care (AWO-L: Academische Werkplaats Ouderenzorg Limburg). In the AWO-L, people from long-term care organisations, academia, and educational institutes exchange knowledge and experiences. Currently, the AWO-L is a structural partnership between nine care organisations and four knowledge institutions. The AWO-L aims to use scientific research to contribute to improving the quality of life of older adults and their loved ones, the quality of care, and the quality of work in long-term care for older adults. I could help them with research in the use of a telerehabilitation app ‘telerevalidatie.nl’ in geriatric rehabilitation. This application has been used in the geriatric rehabilitation centre ‘Maastricht UMC+ Herstelzorg’ and is currently also used as a pilot in the clients’ home situation after discharge. I was allowed to visit the geriatric rehabilitation facility, to gain some insights into how the application was used by the clients and their care professionals. I also got to help out during an information day on which the application was explained to care professionals.

For my research, I investigated the feasibility of the application in the home situation after discharge according to both care professionals and clients. I did a mixed-methods study, with several data collection methods. I looked into the log files of the application, read evaluation conversations between clients and care professionals, sent out a questionnaire, and did some interviews with both clients and care professionals about their experience, satisfaction, and potential barriers with using the application in the home situation.

Unfortunately, I had to do my internship from home, but I had really nice talks via the phone with my participants. Despite working from home, my study was never boring so I really enjoyed my internship! It turned out that ‘Telerevalidatie.nl’ is largely feasible to use in the home situation according to both clients and care professionals. Clients and care professionals were satisfied with the application and found it easy to use. They experienced the application as an added value for recovery from home. However, I found that active participation of both clients and care professionals is crucial to be able to evaluate the progress of clients. There are still some improvements to make, so I hope that my research can contribute a little bit to that! The knowledge gained in my research can be used to improve the feasibility of ‘Telerevalidatie.nl’ in terms of its general utility, value, and user satisfaction. More positive effects on recovery resulting in better long-term rehabilitation outcomes for older adults can then be achieved!
After learning about the biological processes of ageing, the impact of ageing diseases and problems in older individuals, and the organisation of the Dutch healthcare system, I started my internship in April. I did my internship at the Bilingualism and Ageing Lab (BALAB) in Groningen. In this research lab, research is being conducted into the effects of bilingualism on healthy ageing. I was involved in a study, in which was being investigated how different activities, learning a new language, learning to play a musical instrument, and attending a series of lectures, could strengthen the cognitive flexibility and wellbeing of healthy seniors. There were three intervention groups in this study: a group of seniors who learnt English, a group of seniors who learnt to play the guitar, and a group of seniors who attended a series of lectures and discussed them afterwards. As an intern, I was responsible for the lectures intervention group. I took care of the gatherings and I guided the discussions. Moreover, I supported the teacher of the English classes. The participants were really enthusiastic about participating in the study, which became clear in their reactions: “It is a tremendously nice group and the teacher performs the English classes in a playful way. I enjoy participating and the interaction with the other participants is very fun.” (Man, 77 years old)

Additionally, I conducted my study for my thesis. I investigated to what extent seniors experience (self-)ageism as a barrier to learn a new skill in the third age. Ageism is discrimination based on age. For example, there are prejudices in society about older adults and their reduced capacity to learn new skills and that can influence how seniors are treated in society. Older individuals themselves can believe in these stigmatising ideas as well and can act according to these ideas, which is called self-ageism. I conducted a qualitative research design and I performed semi-structured interviews. Thereafter, I analysed the data and searched for certain patterns in the given answers that could lead to an answer of my research question. The hypothesis was that (self-)ageism could lead to two divergent outcomes. Seniors would either benefit from age prejudices in society by being extra motivated to show the contrary of these ideas, which would lead to especially good learning performances. Or, seniors would be negatively influenced by the preconceptions, resulting in reduced self-confidence and cognitive functioning, which in turn would negatively affect the learning activities. The results of my study suggest that seniors believe they experience little to no ageism and self-ageism and that they generally do not feel hindered in learning new skills because of societal or their ideas about learning at an older age. However, their expressions imply that they implicitly are influenced by ageism stereotypes.

The participants in this study, however, were already motivated to learn and had confidence in their learning capacities. Therefore, future research needs to reveal whether these results are valid for the total senior population. A positive self-image, however, seems to be beneficial for learning new skills in the third age.

All in all, it was an interesting and valuable internship for me and I liked that I could combine both my fields of study, Linguistics and Vitality & Ageing, in this internship!
Erasmus University Medical Centre

CO-LIVE study: Giving meaning to the death and farewell of a loved one in times of the COVID-19 pandemic

By Marieke Vieveen

Over the past three months, I have worked within the department of Public Health, subdepartment of Medical Care and Decision-Making at the End of Life, at the Erasmus Medical Centre in Rotterdam. As I am combining the MSc Vitality and Ageing with a master’s in bioethics, I was looking for a field in which I could combine both disciplines. Very soon I explored my interests in the field of palliative care. Within this department, I researched the process of meaning-making after bereavement among relatives of elderly patients in the Netherlands. Most of the internship period, I have spent at home due to the COVID-19 restrictive measures. Luckily, I have had regular contact with both of my supervisors at the internship institution. Additionally, quite soon I got in e-mail contact with several other members of the research group. Although most of the interaction within the department was forced to be virtual, I am glad I got the chance to participate in biweekly meetings to learn about their procedures. Additionally, right from the start of the internship, I was assigned a buddy at the Erasmus Medical Centre who started her internship a few months earlier. On my first day, she virtually guided me through the procedures and regulations within the department.

This gave me a chance to feel a little more engaged with the research group. During the second last week of my internship period, I was fortunate enough to give my final presentation in-person and meet several co-workers at the department.

For this internship, I performed a qualitative framework analysis into meaning-making processes among bereaved relatives. I interviewed several participants who had lost their partners during the first wave of the COVID-19 pandemic. A variety of serious but interesting experiences were presented. With this project, I got to be a part of the existing CO-LIVE project, which is a collaboration between the Erasmus Medical Centre, Rotterdam University of Applied Sciences, and University of Humanistic Studies. This internship has been a very interesting and valuable experience as it provided me with some unique conversations on the topic of meaning-making after bereavement. The fact that the research participants were willing to share their exceptional stories with me made this internship extra special. I am very grateful I got the chance to contribute to this very topical issue in the context of the COVID-19 pandemic.
**Fietsmaatjes**

**Aligning the intervention Fietsmaatjes more to older individuals experiencing socially loneliness**

By Laura Vos en Jodie Dekker

Our internship started at the headquarters of Fietsmaatjes; in other words, at the home of our supervisor. We were invited for a big welcoming lunch and got introduced to Fietsmaatjes the only way possible; by cycling with the duo-bicycle. This relaxing day was the start of an amazing internship which was about finding out what barriers and facilitators older individuals encounter when applying for Fietsmaatjes, what role the professional could play in this process, and what dilemmas older individuals and volunteers of Fietsmaatjes encounter regarding loneliness.

We got started right away by piloting the topic list with two interviews each on the second day of our internship. The pilots went great, some adjustments were made to the topic list, and off we went interviewing the older individuals. In the third week, we had already interviewed 12 older individuals and two online focus groups were also performed. After a short rough analysis, we decided to continue with four older individual interviews and also conduct some interviews with the volunteers of fietsmaatjes to get a better view of the other perspective. We got our data collection complete in no time and the analytic phase started. We got familiar with Atlas.ti and were helped so much by our supervisors from Mullier Institute and the LUMC, Dorine, Kirsten, and Yvonne. It was amazing to have these very experienced researchers guide us; their insights and practical experiences really helped us every time we got stuck and made the analysis logical and result-oriented. Although sometimes only some words of encouragement and a demonstration of their trust in our abilities were enough to get us going again. The preliminary analysis was done and people got curious. We got to present our first results to the study group of Fietsmaatjes, as well as during the science hours at the department of geriatric medicine.

What we liked the most about this internship was the close contact with the older individuals. Especially in the beginning, the interviews were quite difficult; the older individuals were sometimes really lonely and of course we were strangers to them. It was a confronting difference from the capable and well-connected older individuals we got to know during our study, which really showed us the reality of loneliness and ageing. We are so happy we got to interview the older individuals at their homes and got to have a deep, inspiring, and sometimes difficult conversation with them. Not rarely we got shown the whole collection of paintings or other things the older individuals gladly wanted to show us. We really loved to be able to make this sincere connection and at the same time do research that was going to be implemented in the organisation. Our first hands-on experience with qualitative research could not have been better!
I found my internship through the M.F.L.S. Brightspace. There was an announcement that a large study was being conducted on the effects of the pandemic on the Dutch people and that it was possible to do an internship. So I reacted, had a wonderful conversation with Suzan van der Pas and Jet Bussemaker, my supervisors, and we decided to look at trust in different institutions among older individuals and its association with social capital (SC). The latter is a concept used to describe the collective of social relationships and resources within a community.

For the quantitative part, I did linear regressions in SPSS and looked at trust in the central and local government and trust in the GP. One thing that was striking, was that health was an important variable associated with trust in all three institutions. However, for SC the association was not that clear. There could be various reasons for this. For one, the questionnaire might not be optimal for estimating SC. After all, we chose variables about willingness to help family/friends and expectations of help from family and friends as an estimate for SC, but those might not give a complete enough picture of someone’s SC. A second reason could be that there is actually no association and that the significant findings I have are there by chance. Or thirdly, other factors might be more important for trust.

That is where the qualitative part of my research comes in. We wanted to contextualise the findings and look for other factors that influenced older people’s trust in the three institutions. At first it was a challenge to find participants but that improved when I started contacting community centres in the Hague. At my first location, I could just walk in and approach people to ask whether they wanted to participate in an interview. Some were hesitant, but others were more than willing to tell me about their experiences. Keeping them on topic was one of the biggest challenges :-) Thus far, I’ve found various reasons why people did (not) trust the government: a belief that humans are fundamentally flawed, not understanding the news, thinking that politicians did their best despite their mistakes and many more. How I will write this in my thesis will be my next challenge. But above all I am touched by how open people told me about some truly horrible experiences they had during the pandemic and how resilient some of these people were. It was an honour to talk to them.
Transmuralis
Collaboration: the main road to integrated elderly care
By Jolinde Broere

The last few months of my time as a student I’ve spent my days working on improving integrated care for home-dwelling older individuals. My internship was at Transmuralis, a network organisation working with nursing and care homes, home care organisations, hospitals, general practitioners, rehabilitation care, and mental health care in Zuid-Holland Noord. The population in that region is ageing just as the general Dutch population and healthcare professionals experienced barriers in the provision of integrated care, resulting in consequences like additional or more severe health problems for older individuals, more and improper administrative tasks for healthcare professionals, and increased healthcare expenditures. To investigate what kind of barriers they experience and how these barriers can be reduced, we developed a questionnaire in which healthcare professionals could give an example of a recent situation in which one of those consequences could have been prevented with simple adjustments in agreements, financing, or organisation. Additionally, I interviewed some of the respondents to dive deeper into the problems they experience in providing integrated care and what they see as a possible solution. Furthermore, I asked about their perspective on improving integrated care in general.

The most important result is that many of the given examples on barriers in care provision can be prevented by better collaboration: collaboration is seen as the main route to improving integrated care. First, there needs to be the collaboration of healthcare professionals with patients, family, and informal caregivers to know their needs, desires, and perspectives and to work together on the goals of the patient. Secondly, interprofessional collaboration needs to be strengthened to lower costs, increase job satisfaction, and put your interest aside to work together in the interest of the patient. A third party to collaborate with are healthcare insurers, to better align the reimbursements with what is needed in the region and to stimulate collaboration with patients as well as other healthcare professionals by providing the right financial incentives.

The healthcare professionals also provided me with many possible ways to improve collaboration with all these parties: simply sharing phone numbers and creating direct ways of communication with other healthcare professionals, developing a single, shared electronic patient system, and organising regional network meetings are just examples.

As I am very much interested in organisation and quality of care and I love to improve inefficient situations and processes, I really enjoyed my internship. Of course, it is a pity that I haven’t seen my colleagues in real life, was behind the same desk at home almost every day, and couldn’t meet with my interviewees. However, I have learnt a lot from the expertise and passion of healthcare professionals; how care to home-dwelling older people is organised, what they experience as barriers, and how integrated care could be improved. Their opinion is so valuable!
Dear V&A classmates,

Working from home, sitting behind your desk all day, staring at the computer screen, only online lectures, communicating with students and teachers digitally: this, unfortunately, became the ‘new normal’ during these times of corona. I know that this crazy year has asked a lot from the students, so we as year representatives (JVT) have not been sitting still. We organised online activities so the students could connect regardless of corona. Kicking off with a fun pub quiz and during Christmas we went crazy with an online Christmas cookie baking competition, writing cards to older people, and Secret Santa! After this, several game nights followed and we created a V&A group in the ‘Ommetje App’ in which students competed against the Master staff at walking daily 20-minute ‘ommetjes’ outside. Last but not least, as I am writing this, the one and only V&A sweater is being made.

Behind the scenes, we have been working together with the V&A Master staff, evaluating the education: the lectures, working groups, assignments, and tests. This was the first year in which the weekly assignments of BVA were implemented and this group work was very much appreciated by the students. However, the greatest nightmare of any student occurred as well: during the OI exam, a worldwide breakdown of Proctorio took place, immediately followed by an intense WhatsApp group discussion on how the planning of the exam should be continued. After this, more stress occurred when we experienced that creating a video pitch in times of corona turned out to be a great challenge. However, in my opinion, the results were impressive. Soon it will be time to relax and enjoy a well-deserved holiday.

Best wishes to everyone and I am curious what the future will bring for all of you!

Love,

Suzanne (Secretary)
MEET THE V&A STUDENTS

Upper row:
Linda Dielen, Madelon Westdorp, Brenda Childers, Niall Moloney, Jolinde Broere, Julia Heidstra, Mila Stada

Middle row:
Lisa Goossen, Tom van der Helm, Jodie Dekker, Kjell Paris, Taku Inada, Savannah van Ruppenfeld, Jean Sloome, Berit Lewis

Lower row:
Irene Barseem, Laura Yen, Lisanne Blazek, Emma van Raapen, Roberto van Rheenen, Julia Minnema, Maarten Garritsen, Susanne van Wieringen

On the ground:
Samuel Ackermann, Marianne Vleesoon

Missing:
Anita Boruma, Lucia Buijs, Cedric Flanegia, Leyan Li, Zoe Beutier
As the Corona pandemic started to unfold, I welcomed the opportunity to reflect on my career goals and research areas where I wanted to continue making an impact. Relatively quickly, I found myself at the MSc Vitality & Ageing page of Leiden University, thinking how amazing it would be to learn how to contribute to helping our society age more healthily. In fact, Corona offered the ideal opportunity for me to contemplate this MSc programme because it was going to be offered 80% online. This allowed me to work in parallel two days a week, teaching entrepreneurship at a university of applied sciences whilst also still looking after my 3 teenagers. Or, more accurately, our cooking rooster at home means they have been looking after me!

I have really enjoyed changing from suit to jeans to sit amongst my fellow V&A colleagues once a week, whilst catching up on missed lessons in the evenings or at the weekend. What I've relished most is the relative ease in which one can study these days. When I first went to university we had no computers or lecture handouts and had to traipse to the library to get additional information. These days studying is just SO much more efficient and focused. I do feel somewhat sorry for my younger student colleagues, though.

I also have fond memories of spending most evenings in student bars when I was young but they've mostly been closed this year so I guess students now simply work instead?

Being an 'international' student in Leiden has been quite straightforward for me as the entire MSc is in English anyway. As it is, I've now spent a third of my life living in a rural part of The Netherlands so I learnt Dutch early on. I'm grateful to be able to do all assignments in English, though and I have a lot of respect for all the students who have to do this when English isn't their native language!

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**Not Your Average Classroom**

By Cedric Flanegin, Jodie Dekker and Marieke Vieveen

**Cedric**

What a rollercoaster it was to be a student during the COVID-19 pandemic. From packed classrooms, lecture halls, and an active student life to studying online at home with limited social contacts. However, I felt the V&A teachers, staff and students learnt from this big changing situation together and adapted quickly. To give an example of one of the biggest perks: I was able to attend classes, and even an exam, while being out of the country and so could other students. Moreover, our year-representatives set-up social events from game nights to a cookie baking contest, which created a sense of community between the students. What I liked most about being a student ambassador was giving sneak peeks of my student life during times of corona. I could be creative with the topics I wanted to include. Also, providing students with the necessary information was among one of my favourite things.

**Jodie**

A rollercoaster it is. Halfway I stepped in together with Marieke to take over the task of student ambassador. Even though my period of student ambassador was brief, I hope to have inspired potentially new students to sign up for Vitality & Ageing. I loved giving small insights into my study experience and specifically the internship period via posts on Instagram, Facebook, LinkedIn, and presentations at the online experience days. I enjoyed meeting potential new students and taking them along on a day of studying V&A aside from the open day and experience day. We did everything from home, studying, socially connecting and even enjoying an after exam drink. We were challenged to stay connected even though we were forced to stay apart due to the pandemic and I feel like we succeeded.

**Marieke**

For about 6 months, I had the chance to get to know the Master's and develop my own skills and interests. With the gained enthusiasm, I enjoyed working as a V&A student ambassador. I have addressed a wide variety of questions or concerns from potential future V&A students. Via the website of our Master's programme, potential students were able to send me a chat message about anything they could think of. I enjoyed explaining about our programme, giving insights into my experiences, and connecting potential students to staff members or current students. In addition, I loved sharing about my experiences during Master days and experience days. Although we were not able to meet in person, I hope to have inspired and encouraged students to find a suitable Master's programme.
Studying in Leiden while living in the USA

By Kjell Paris

The year 2020 was a weird year for us all and affected our personal, professional and social lives. For me, the biggest impact was the fact that I was not able to join my fellow classmates in Leiden for the Friday sessions, which were held on campus for most of the time. Due to the craziness with international COVID-19 rules, I was not allowed to leave the US until I graduated from my previous studies in mid-December 2020. With a 6-hour time difference between the Netherlands and the US, attending all lectures and working groups seemed difficult from time to time. Nonetheless, I was fortunate enough to receive an incredible amount of support from the professors, junior lectures, study advisors and fellow students. I was provided with notes and reminders about reading assignments, group work and the rest of the many tasks we had to submit on a weekly basis.

Even though I have not had the chance of meeting my fellow classmates yet (as of January 2021), I feel truly connected and included in this special group and I cannot wait to finally meet everybody in person because it seems like everybody had a different background in life and had their very unique journey of coming into this cohort.

My biggest hope is to meet everybody in person over a G&T or a beer in the upcoming months and to be able to attend an in-person graduation with everyone as well as staying connected to everyone while we are each on our journey to influence the vitality of the people around us.

My life in the Netherlands during the COVID-19 pandemic

By Taku Yamada

“Mondkapje!” “Anderhalve meter afstand!” These are some of the Dutch words I learnt from living in the Netherlands during the COVID-19 pandemic, even in an unrequested way, besides following the Master Vitality and Ageing. Not only Dutch words, the COVID-19 pandemic also brought me a lot of awareness of my perspective in Dutch life. Particularly, as an international student from Japan, I have recognised a cultural difference between the Netherlands and Japan through the measures against the COVID-19 pandemic and citizens’ reactions (I do not mean to compare these countries to say “good” or “bad”).

For example, people in the Netherlands have stronger individualism compared to people in Japan. In the beginning of the pandemic, many of them questioned or opposed wearing masks and they finally started to do so in public transportation due to the regulation with penalties. The government sets a strong lockdown in the whole country to restrict the movement of people. However, some of them still broke the rules such as fireworks during “Oud en Nieuwjaar”, saying “Het maakt me niet uit!”

On the other hand, people in Japan are more homogeneous, and they started to wear masks almost everywhere without any national regulation. It is likely due to the social pressure to conform as well as their cautious traits. Although this collectivistic character seems to work out positively for the precautions of the pandemic, people are sometimes monitored by others and blamed by doing something different from the social rules or trends. They can rarely speak out how they truly feel or their opinions to others due to peer pressure.

Therefore, I feel as if I experienced the extreme examples of “individualism” or “collectivism” through these two countries.

Besides this awareness, I have experienced and learnt even more stuff by living in the Netherlands and I note them in my blog “Lekker met Nederland!” (the blog link: https://taku-yamada.tumblr.com/). I hope you enjoy reading my blog too.

Thank you for reading, ありがとう (arigatou)!
MEET THE V&A STUDENTS

Sanne Akkersma
Why did you choose to study the MSc Vitality and Ageing?
As an anthropologist, I thought there was much to win from a social perspective in elderly care. I’d love to be part of this switch in mentality.

What is your most vivid memory of your V&A year?
Baking our beautiful “Billenkoekjes” during the Christmas bake-off with Maxime and Suzanne!

In what way do you feel connected to your fellow V&A students?
Apart from digitally, I feel that we can all get along greatly, even though we haven’t seen each other much this year.

What are your plans for the future?
To be a student for at least one more year to do another board year at L.S.R.G. and after that we shall see!

Imke Bareman
Why did you choose to study the MSc Vitality and Ageing?
I studied Nutrition and Health in Wageningen and was looking for a Master’s different to the one offered there. With a minor in healthy ageing this Master seemed the best option for me.

What is your most vivid memory of your V&A year?
My grandparents tried to help my group with an assignment. We needed them to say something about a VR innovation. They can’t hear that well, so instead they gave random answers that would probably sound good while video chatting.

Describe your V&A year in one word
Screentime.

What is your secret for successful ageing?
Find joy in little moments every day and reflect on them in the evening.
Anete Berzina

Why did you choose to study the MSc Vitality and Ageing?
I was keen on learning about the different challenges faced by the elderly, gaining knowledge on how to tackle these, and inspiring people to live a healthy, vital life.

What is your most vivid memory of your V&A year?
Oudtopia visit was very eye-opening – I gained a better sense and understanding of what the world is like for elderly with impairments. A bizarre experience, yet a very valuable lesson.

Describe your V&A year in one word.
A rollercoaster.

What are your plans for the future?
Continue my journey on the academic path.

Jolinde Broere

Why did you choose to study the MSc Vitality and Ageing?
My grandfather had severe dementia but thanks to my grandmother and many involved caregivers, he could continue to live at home; with all the freedom and space he needed and all the possibilities to do the things he enjoyed to do, in his own way. That situation motivated me to learn more about elderly care and to start studying Vitality & Ageing with the intention to contribute to optimal care for all older individuals.

What is your most vivid memory of your V&A year?
I am not sure what the topic was of one of the first lectures of this year, but the movies shown there of young children visiting older people were so adorable and inspiring!

What are your plans for the future?
The near future is filled with plans for the summer holidays to rest and spend time with friends and family. After that, I hope to start working for an organisation where I can contribute to the quality of care for older individuals and work on one of the biggest challenges of the coming years: the ageing population.

What is your secret for successful ageing?
Care about others.

Jonneke Bouwhuis

Why did you choose to study the MSc Vitality and Ageing?
Because I would love to contribute to a sustainable health care system, and this programme covers all major subjects on health care in the Netherlands. Besides that, I think the emphasis on the elderly population is very valuable for a society with an ever increasing percentage of elderly.

What are your plans for the future?
I would like to join a health care insurance company or become a policy maker for the government, so I can contribute to a more fair and sustainable health care system.

Describe your V&A year in one word.
Legen – wait for it – dary.

What is your secret for successful ageing?
Enjoy life.

Lucia Buijs

Why did you choose to study the MSc Vitality and Ageing?
Learning more about the ageing society, which will be the biggest hospital patient group in the future.

What is your most vivid memory of your V&A year?
Building Lego’s during one of the lectures.

What are your plans for the future?
Finishing my Medicine Master.

What is your secret for successful ageing?
Drinking Coca Cola Zero every morning (if this question is meant more serious: Keep setting goals for yourself and don’t let misfortune bring you down).
MEET THE V&A STUDENTS

Brenda Childers

Why did you choose to study the MSc Vitality and Ageing?
I’ve always loved older people, and my grandmother was very special to me. Watching her, my parents, and ‘schoonouders’ age, I thought there must be a better way. After an injury made me feel suddenly older and brought an abrupt halt to my career in the financial/business world, I decided to embark upon a new path and follow my interests and passions. The MSc V&A seemed to fit the bill, and I decided to embark upon a new academic study following a hiatus of 30 years!

What is your most vivid memory of your V&A year?
The Fame Lab presentations in the first week – a great way to discover something new while discovering your fellow students at the same time.

Describe your V&A year in one word.
Possibilities.

What is your secret for successful ageing?
Keep moving, eat well, remain curious and connected, be mindful, and stay young at heart!

Jodie Dekker

What is your most vivid memory of your V&A year?
I clearly remember the co-creation conversation our team had during the older individual course, with a man from the elderly board. He really believed in our innovation and it gave us so much inspiration and spirit it was amazing.

Describe your V&A year in one word.
Unexpected.

What are your plans for the future?
Help as much people as good as I can.

What is your secret for successful ageing?
Love, friends and food.

Linda Dielen

Why did you choose to study the MSc Vitality and Ageing?
Because I saw in practice that care for elderly was not optimally organised and could be improved.

What is your most vivid memory of your V&A year?
All the times I had the opportunity to see my fellow students in real life.

Describe your V&A year in one word.
Eye-opening.

What is your secret for successful ageing?
Staying active and being surrounded by family and friends.

Lisanne Dierx

Why did you choose to study the MSc Vitality and Ageing?
To learn how to make society well suited for (healthy) ageing!

In what way do you feel connected to your fellow V&A students?
Almost everyone has experienced asking fellow students for help when the LUMC badge was struggling again, hah! And of course we have our beautiful V&A sweater!

What are your plans for the future?
I aim to finally use everything I’ve learnt in the past years to improve the quality of healthcare for the elderly. I hope to find a nice and challenging job back home in Limburg, where most elderly people of the Netherlands live!

What is your secret for successful ageing?
A joyful spirit is always young!
Maxime Garritsen

Why did you choose to study the MSc Vitality and Ageing?
During my medicine Master I fell in love with the medical discipline geriatrics. Besides only looking from a medical perspective, I was eager to learn more about the way in which we organise healthcare and how we can adapt it better to the needs of older individuals. Especially for the older adult, the context in which they live and act is everything.

What is your most vivid memory of your V&A year?
The trip to Oudtopia. Loved the experience (and tomouce).

What are your plans for the future?
Working as a physician in elderly care.

Lisa Goossen

Why did you choose to study the MSc Vitality and Ageing?
The COVID-19 pandemic gave me the once in a lifetime opportunity to combine (online) education with my 30-hour job. It really helped me through this boring year full of lockdowns and limited social activities.

Describe your V&A year in one word.
Indispensable.

What are your plans for the future?
I just want to continue my current job as a psychologist in a nursing home, but with a lot more knowledge, skills and guts than before.

What is your secret for successful ageing?
Always be curious and explore new ways to stay happy and healthy.

Julia Heidstra

What is your most vivid memory of your V&A year?
When the exam for ‘Older Individual’ was cancelled due to technical errors.

Describe your V&A year in one word.
Vital!

What are your plans for the future?
To enable change (by means of population health management).

What is your secret for successful ageing?
Reframe to gain.
MEET THE V&A STUDENTS

Maxime being in charge of the Christmas letters, which were handed out to residents of the Reinalda nursing home in Haarlem.

Our lovely JVT wishing everyone a merry Christmas with this beautiful card.

Tom van der Helm

What is your most vivid memory of your V&A year?
Seeing people join lectures from the most odd places.

In what way do you feel connected to your fellow V&A students?
It feels like a family sometimes.

What are your plans for the future?
Going on a holiday asap, and start working.

What is your secret for successful ageing?
The less you’re stressed, the more you’ll be blessed.

Emma van Kampen

Why did you choose to study the MSc Vitality and Ageing?
I became immediately enthusiastic about this study since the Master deals with topics I am really interested in and has a unique and appealing type of education. I really enjoy being in contact with older people, because I like the way they act, think and interact. I am interested in everything there is to learn about them and it is of an added value for me that this Master offers different perspectives on vitality and ageing.

In what way do you feel connected to your fellow V&A students?
Mainly in an online way, but the group assignments and JVT activities were a great opportunity to get to know your fellow students.

What are your plans for the future?
I would like to learn more about the topic of vitality and ageing and study in this field for another year.

What is your secret for successful ageing?
Exercise enough, Encourage the brain, Engage in social activities, Eat healthy and Eat a cookie everyday ;)

Savannah van Kuppenveld

Why did you choose to study the MSc Vitality and Ageing?
I chose V&A because I thought ageing has a lot of interesting ethical dimensions.

What is your most vivid memory of your V&A year?
Kaltura technical problems ;) No just joking, I think the leadership interview and the first nerve-racking FAME-lab presentation.

What are your plans for the future?
Finish my other Master in medical ethics and then hopefully a PhD.

What is your secret for successful ageing?
Own a pet, preferably a cat.
Julia Minnema

Why did you choose to study the MSc Vitality and Ageing?
During my work as caregiver for older people at ‘Mantelaar’ I got interested in and inspired by older individuals. It surprised me that there was such a great variability in vitality and resilience between them. Additionally, my bachelor thesis which focused on colorectal cancer in older individuals showed me that older adults are underrepresented in research. All these factors combined led me to the Master’s programme of Vitality and Ageing.

Describe your V&A year in one word.
(A lot of) fun!

What is your most vivid memory of your V&A year?
When I was able to travel to Bern for the last week of my internship. It was great seeing my supervisors in person after 3 months over Zoom.

What are your plans for the future?
I will start working as junior lecturer at the Master’s programme together with Babette, which I am very looking forward to. Afterwards, I hope to continue working in research and hopefully to enrol in a PhD programme.

Berit Lewis

What is your most vivid memory of your V&A year?
The guy that decided to eat a cookie during his presentation and paused in order to crunch loudly.

Describe your V&A year in one word.
Busy.

What are your plans for the future?
Continue to offer my newly developed mindfulness courses for elderly and write a book.

What is your secret for successful ageing?
Mindfulness.

Leyan Li

What is your most vivid memory of your V&A year?
Filming a video in the snow for a V&A project last minute.

Describe your V&A year in one word.
Kaltura.

What are your plans for the future?
Becoming a physician.

What is your secret for successful ageing?
Don’t stress and listen to yourself.

Niall Moloney

Why did you choose to study the MSc Vitality and Ageing?
Love of the elderly.

Describe your V&A year in one word.
Screen-time.

What are your plans for the future?
Another Master’s.

What is your secret for successful ageing?
Plants.

Leyan Li
Kjell Paris

Why did you choose to study the MSc Vitality and Ageing?
I chose to study the MSc in Vitality and Ageing to gain a deeper perspective of the health, social and cultural issues the aged population is struggling with and how we can tackle these issues. Further, I wanted to learn what we as young people can do to stay healthy throughout our life cycle.

In what way do you feel connected to your fellow V&A students?
I feel connected to my fellow V&A students in too many ways to list them all but I think what stands out was the support from them I received while following the MSc online due to the COVID-19 situation in the US in 2020 and then in Europe in 2021.

What are your plans for the future?
Working as a chiropractor in Germany seeing athletes and the general population. In addition I see myself lecturing at a local university for an introductory class in vitality and ageing.

What is your secret for successful ageing?
Hibiscus tea – one of the beverages with the highest amount of antioxidants. It has been shown to lower blood pressure and blood fat levels while boosting liver health. Further, it promotes weight loss and helps the body to prevent cancer and fight bacteria.

Zoe Sauter

What is your most vivid memory of your V&A year?
Raymond’s colourful blouses or eating tompouce while having temporary arthritis.

Describe your V&A year in one word
Breakoutroom.

What are your plans for the future?
Continue my medicine Master’s.

What is your secret for successful ageing?
Don’t sweat the small stuff and enjoy yourself.

Babette van Rheenen

Why did you choose to study the MSc Vitality and Ageing?
During my Bachelors I was working in various nursing homes in Amsterdam. During this time I learnt a lot about the elderly care, but also that there is still a lot that can be improved. When I noticed this Master’s, I saw it as the perfect opportunity to specialise myself more in the elderly population and make a change in the future.

Describe your V&A year in one word.
Successful.

What are your plans for the future?
For now, I hope to start as a junior lecturer at the Master’s this summer together with Julia. After that, I will eventually find a job in the organisation of elderly care.

What is your secret for successful ageing?
Be positive, stay active and surround yourself with people that make you happy :)

Twan Simons

Why did you choose to study the MSc Vitality and Ageing?
To broaden my perspective on ageing and the ageing society. The curriculum is very diverse so it’s a good way to get acquainted with all kinds of topics.

What is your most vivid memory of your V&A year?
The casual drinks after the on-campus days at the start of the year.

What are your plans for the future?
Not 100% certain yet; I also like to accept where life takes me. But regarding future endeavours, the biology of ageing really interests me. I would happily pour all my energy into elderly research.

What is your secret for successful ageing?
Staying positive. Having my goal to become 104 years old.
**Mila Stada**

Why did you choose to study the MSc Vitality and Ageing?
Because I’m fascinated with the resilience and experiences of the elderly population!

What is your most vivid memory of your V&A year?
Making the innovation video where Jolinde was dressed as an elderly woman was a lot of fun!

Describe your V&A year in one word.
Out-of-my-comfort-zone.

What is your secret for successful ageing?
Never skip your beauty sleep!

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**Marieke Vieveen**

Why did you choose to study the MSc Vitality and Ageing?
For some time, I have been quite intrigued by the elderly population. I have always experienced the incredible differences in age and experiences between the elderly and younger generations to be very valuable. After completion of my bachelor’s in Biomedical Sciences, I wanted to remain active in the healthcare sector but take a break from the purely academic world. With the Master V&A, I expected to learn about the interesting opportunities arising from an ageing population and specifically dive into the world of management and policy-making in the healthcare sector.

What are your plans for the future?
After completion of the MSc Vitality and Ageing, I will continue another Master’s in bioethics which I have started in parallel to V&A. After that, I will probably try to find a job in a field that I have yet to figure out. However, a large part of my future plans involve gaining much more international experience so chances are that I will be moving abroad for a certain period of time after completion of both Master’s programmes. Most importantly, I am looking forward to what the future will bring which, luckily, is not yet set in stone.

What is your secret for successful ageing?
Keep yourself busy and surrounded by friends and family. In my opinion, successful ageing involves doing the things that you like and living with those you love. Although we all have to face things that might be less fun, make sure to enjoy most of the things that you are doing and make sure to stay active and happy!

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**Laura Vos**

Why did you choose to study the MSc Vitality and Ageing?
I have always been very enthusiastic about the story behind the patient. Especially in the care for the ageing, the person and their goals become more important than the illness and therefore I wanted to study V&A.

What is your most vivid memory of your V&A year?
My internship at Fietsmaatjes! It’s great to interview the participants and it feels really good that our results will be implemented actively in their organisation.

What are your plans for the future?
Still a bit unsure haha, but definitely something to do with the ageing population! I really like the qualitative research during my internship, so maybe I’ll pursue that.

What is your secret for successful ageing?
Make a healthy lifestyle fun and enjoyable!

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**Madelon Westdorp**

Why did you choose to study the MSc Vitality and Ageing?
I liked the broad perspective on health from different angles. I found that a nice change from the molecular/clinical perspective I had learned about at biomedical sciences.

What is your most vivid memory of your V&A year?
One of them would be the leadership interview. My interviewee told me she thoroughly enjoyed performing colonoscopies. I had never considered that those could be fun.

What are your plans for the future?
Doing the Master’s Population Health Management.

What is your secret for successful ageing?
Never stop doing anything because you turn a certain age.
Suzanne van Wieringen

What is your most vivid memory of your V&A year?
Oudtopia: we did not have to wait to experience what it is like to be old.

In what way do you feel connected to your fellow V&A students?
We were all in the same (corona) boat.

Describe your V&A year in one word.
Kaltura.

What are your plans for the future?
I will start my medical internships in September and hopefully become a doctor in three years.

Taku Yamada

In what way do you feel connected to your fellow V&A students?
Sharing our experiences in life, and plans about our own future :)

Describe your V&A year in one word.
A ray of light during the pandemic.

What are your plans for the future?
A passionate doctor who explores people’s happiness and meaning of life in both Japan and the Netherlands.

What is your secret for successful ageing?
"Fortune comes in by a merry gate" (Japanese quote, which means “Laughter always brings happiness to you”).

Our future selves: 70 years later
Enjoying some drinks
Playing games during our online ‘borrel’
Going to the cinema to watch the documentary ‘100up’
Although this year has come to an end, we will always stay connected through our shared V&A experiences.