***CCNURCA Quality Monitoring Visits***



***Prof.Dr. André Govaert – KU Leuven***

***Prof.Dr. Dejan Bokonjic – University of East Sarajevo***

***Report: Catherine Verriet – KU Leuven***

1. **Introduction**

**1.1. Title of the Project:**

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| Tempus “Competency based Curriculum Reform in Nursing and Caring in Western Balkan Universities”*544169-TEMPUS-1-2013-1-BE-TEMPUS-JPCR* |

* 1. **Places of Quality Monitoring visits:**

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| BIH and Montenegro – 18th till 21th of November 2015* University of Zenica
* University of East Sarajevo
* University of Montenegro
* University of Mostar
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* 1. **Aims and outcomes of the project:**

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| 1. The CCNURCA project addresses to the curricular reform in Health education, which is a national priority for all 3 partner countries (Montenegro, Bosnia and Herzegovina and Albania). More particularly the project concerns the nursing and caring higher education.
2. Main goal of this project is the reform of the curriculum of the nursing and caring.
3. The reform of the nursing curricula would be in line with the Bologna declaration (EQF, NQF, Dublin Descriptors…) and is aiming at introducing better contacts with the work-field, more clinical practice, more competence based training focused on learning outcomes.
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* 1. **Aims and outcomes of the monitoring visits:**

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| 1. By the end of first project’s year it was expected that the first draft of new competence based curriculum would be completed.
* So we will check the new competence based curriculum. We need in each university a presentation of the new curriculum (educational objectives, learning outcomes (particularly the practical nursing skills), teaching methodology, assessment methodology, ECTS credits, Ects description files (programme handbook) ... (program level and course units level)
1. Checking the internal dissemination (staff training) and the external dissemination of the project. (presentation in each university).
2. Capacity building
	* 1. Each WB university had a budget of 30 650 euros to further equip Nursing/Health departments in view of a smooth implementation of a competence based curriculum. Checking the equipment, implementation in the curriculum (training (of the staff) of the use of the new equipment) (presentation in each university and visit to the infrastructure for the trainings);
		2. Checking action plans for preparing and providing all material necessary for teaching of students after introducing Competence Based Curriculum. Materials must be prepared in e form.
		3. Checking action plans for tracking student performance indicators KPI and the for tracking of the clinical skills
		4. Checking of the introducing of new assessment methodology in the curriculum
3. Checking the future implementation of the pilot programme Action plan of the implementation of the pilot programme will be presented in each university.

Project proposal: Curriculum will be established from the first year of studies. For selection of students, entering exam will be organized and number of students will be defined by Ministries from the WB region. During pilot phase we will follow implementation of the new curriculum.1. Checking cooperation with professional field and ministry Presentation in each university. Presentation of each university.
2. Presentation of the action plans of all project activities by each university till the end of the project.
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1. **Quality Monitoring Visit University of Zenica**

**2.1. Attendees**

**University of Zenica:**

Mirza Oruc, Quality Assurance Manager of Faculty of Health

Adnan Mujezinovic, Senior Assistant

Adisa Krehmic, Secretary General

**Partners from Zenica**

Harun Hodzic, Cantonal Hospital Zenica

Zeljiko Bodul, Ministery of Education

**University of East Sarajevo:**

Dejan Bokonjic, Vice-Rector for International Cooperation and Quality Assurance

**KU Leuven**:

André Govaert, Visiting Professor

Catherine Verriet, Project Officer

**2.2. Introduction**

The visit started with a welcome and a brief introduction of the department, by Mirza Oruc:

The department of nursing was a 3 + 1 years programme in the past. After starting with the Bologna process, a 4 + 1 programme was made. The programme contains 4800 hours.

The first year is mainly basic, the other 3 years are specialization years. The whole programme is designed in cooperation with the working field and with the support of the government.

The faculty has about 400 students for the 3+1 years, with 65 students that started in the first year. Between 7 and 10 percent of the graduated students also subscribe for the master programme.

There aren’t a lot of differences in nurses with a faculty degree and nurses without one. They both do the same work and they also receive the same wages. This is referred to as a problem.

 At this moment, they have 12 nurses with a master degree. 7 or 8 nurses are involved in the teaching process. Only the master levels can be involved, which makes them rather hard to find. The university is working very hard to improve the image of nurses teaching other nurses. Before this was done by doctors, which still causes discussions. There are constant consultations with the clinic to see which nurses can be involved in the teaching process.

**2.3. New Competence Based Curriculum**

New teaching plan – see annex 1:

* 4800 hours: 3 + 1 year
* 50% of theory and 50% of practice (in hours)

As written in the introduction, this new curriculum is designed in cooperation with the working field and the government. They used different steps in this process:

* Consultation with faculty staff
* First draft
* Feedback of working field
* Corrections
* Bringing together of students & alumni + feedback
* Approval from senate
* Presentation government

In this way, the whole ecosystem was involved, could give feedback and approved the new curriculum.

A new competence based content is created, but the names of the different courses stayed the same. New content and some new lessons were created when it appeared that students were missing some knowledge and skills after their study.

* All is now learning outcome based:
* Which goals are needed?
* Which skills are needed?
* Which outcomes are needed?

A matrix of the learning outcomes for the development of the curriculum is created, but not published publicly.

Per year, different skills are being proposed which have to be reached by the students. By doing this, a clear progress is being noticed with the students starting from the first year.

It is not easy to change the assessment methodology. From now, this will mainly be done with the use of portfolios. It is stated as a long-term work which will happen step by step.

Proposal André: maybe it’s better to start with the assessment methodology for practice and change the methodology for theory somewhat later as this will be harder to change.

The final work of the students contains the whole skills package:

* Work with tutor (in cooperation with the scientific office)
* Paper + oral presentation
* 10 ECTS credits

Every year the university send an evaluation to their staff and students concerning the teachers and the courses. This will also be the case for the new curriculum. The feedback they already received is positive; students were always complaining about the lack/not enough practice. This is solved within the new curriculum.

New teachers also receive permanent feedback from the other teachers with tips and ideas for improvement.

**2.4. Internal and External Dissemination**

* A message or short report is being published on the website, after every meeting.
* A calendar with the different teaching method activities is created for the teaching staff.
* Conference in Zenica ‘Nursing yesterday, today and tomorrow’ - 18-21/11/2015.
* Several published papers.
* Presentation about the project on conferences in Tallinn and Turkey.
* Regular use of (social) media: Facebook and website.

**2.5. Capacity Building**

The first product purchases are done with project money; till now only computers were bought. Because a part of the faculty will move to a new building in January, they are not installed yet.

The second part of the purchases is coming and will be mainly phantoms for the capacity building.

The new training center (which we visited) was paid by the university itself.

**2.6. Pilot Programme**

They already started with the pilot; change of the curriculum. 3 courses (principles of nursing/ anatomy/ health promotion and prevention of diseases) are completely adjusted in these topics:

* Assessment methodology
* Teaching methodology
* Evaluation of competences

How will they test if the new curriculum and teaching methods are being followed by their staff? Evaluation will be done mainly via the students. They are honest and highlight problems if needed. The catalogue will be the guidance for the teacher , at the end of the year they are assessed with a satisfaction survey.

**2.7. Cooperation with the industry and the government**

There is a very good cooperation with the clinic. The clinic also stimulates the use of new things, such as new courses and support with and from the practice.

The clinic does highlight a problem: the building capacity is too small. This will be solved with the launching of the new building.

**2.8. Action plans for University of Zenica**

* All documents (ECTS files, dates of dissemination meetings, pictures, etc.) are needed as proof. Even if the documents aren’t in English.
* Please provide us with your action plan – end of this year.
* Creation of a matrix with the overview of ECTS credits. 3 matrixes are needed; one for the learning outcomes, one for the teaching methodologies and one for the evaluation methodologies.
* Creation of a programme handbook (syllabus), which will be translated into English and German.
* Preparation of the Tempus monitoring visit – beginning of next year.

**2.9. Possible help for/from the partnership**

* André to send the software for the testing of competences in final work, created by KU Leuven.
* Idea for the next consortium meeting in Groningen:
* How to improve the involvement of nurses in the teaching process?
* Best practices from all involved partners/countries on this topic.
* Software for the testing of competences in final work, created by KU Leuven.
1. **Quality Monitoring Visit University of East Sarajevo**

**3.1. Attendees**

**University of East Sarajevo:**

Dejan Bokonjic, Vice-Rector for International Cooperation and Quality Assurance

Maja Racic, Vice Dean

**KU Leuven**:

André Govaert, Visiting Professor

Catherine Verriet, Project Officer

**3.2. Introduction**

The visit started with a welcome and a brief introduction of the department, by Dejan Bokonjic and Maja Racic.

Before the new curriculum was introduced, the programme consisted of +2000 hours. Now there are 3000 hours of active teaching and 960 hours of internship. In total, the 4 years consist of 7200 hours, 240 ECTS.

Before this was also a 3+1 programme, but now it is better organized. This programme is very modern for BIH as it is mainly research based and oriented. All what was missing in the former programme is now included.

The problem that was stated with the new programme is a problem of organization for the internship. External, there are no trained tutors for the support and supervision of the students. This is for instance a problem in the palliative institutions.

This problem also exists because the tutors don’t get paid, so it is very difficult to motivate them or to give them the needed skills (problem for all universities in BIH).

Dejan is now working on a catalogue for these tutors to solve a part of the problem.

They will start using the new curriculum in October next year. More than 20% of the curriculum is changed, so the faculty needs a certificate from the government as approval. They haven’t received it yet, but this won’t be a problem. The new curriculum contains a lot more practical work, which is positively welcomed by everybody.

The new syllabi are ready, but not in English as there won’t be any English courses.

In Foca, there are 2 nurses with a PhD and 3 with a master’s degree. There aren’t a lot of negative reactions from the medical doctors concerning the teaching by nurses. The doctors mainly understand why nurses are needed in the education process and why they are of great value. Nurses are also often invited to conferences to speak or to present their work.

The old syllabi were send to the (old generation) teachers with the request to adapt the courses within a certain template. Most of them did this, leaving many people involved in the process. There were also a lot of people involved with the gap analysis, who changed the curriculum different times to different ideas. Among them were the government, the community, the nurses and the staff from the clinic. Afterwards, the new curriculum was presented to the senate and also at university level.

Next year, all other curriculums from the other programmes from the university will follow for improvement/change. The creation of this new curriculum is the base and will be used as an example.

The faculty has about 30 to 40 starting students in the first year, 40 students in the other years, with a total of 200 to 250 students for the 3+1 programme. Percentage boys/girls is 40%/60% which is exceptionally high this year.

**3.3. New Competence Based Curriculum**

The new curriculum (see annex 2) is already presented to and approved by the faculty council.

Adjustments of the new programme:

1st year:

* Clinical practice: to reduce the differences between high school and college for nurses. This course is only practice oriented and also focusses on communication skills.
* Physiology
* Biochemistry
* Hygiene
* Multidisciplinary Care Nursing: before this course was called ‘intensive care nursing’. This also includes first aid in this new programme.

+ Internship during the summer break. For this, the faculty has contracts with external organizations in BIH.

2nd year:

* Pathology
* Pharma
* Geriatrics: more hours and more practice with community now.
* Medical psychology: mandatory subject.
* Patient safety: this wasn’t very well known before in BIH, that’s why they introduced it in the new programme.
* Health statistics: to stimulate research and to be sure the students can participate in conferences.

 + Internship of 6 weeks, of which 2 weeks is in geriatrics. Not a lot of geriatric institutions in BIH, so the students split their 2 weeks in two different institutions.

3rd year:

* Surgery: 60h of practice, 30h of theory
* Primary health care: community based nursing is imbedded in this course, with implementation of new assessment systems.
* Patient education: two new profs from Belgrade are appointed to teach this to the students.

+ Internship: in this year also internship in palliative institution in Tuzla.

4th year:

* More concentrated on public health -> community/schools/children/etc.
* Research skills stimulation due to methodology of scientific research.
* Final paper: mostly research based now, increased the number of hours.
* Internship: also concentrated on public health.

Remark from André: in EU, competences are now mostly called ‘intended learning outcomes’. Maybe it is also better to change this in future texts/catalogue/handbook?

The final work has 6 ECTS credits, which is rather low following European standards. But in BIH, this work is only a test for one topic (research skills), not to test the student’s nurse skills. It also concerns a Bachelor degree here, so not all skills need to be tested with this final work.

Yet, there are differences with the final work from the former curriculum. Before, this work wasn’t taken very seriously (esp. not if you compare with a master thesis or PhD). Now this work also tests communication skills and communication learning outcomes.

The teaching methodologies are also adapted to more problem based learning and in close contact with the community. There are not a lot of theoretically based courses left. The new methods are already being tested in the faculty. They will also start using the new evaluation methods and measuring of these new teaching methods. The results are expected by the end of June and will be presented at the final conference in Foca.

**3.4. Internal and External Dissemination**

* 6 people from Foca followed the trainings from the project (in BE, NL etc.).
* Good cooperation with the government and community.
* Presentations of the project at different domestic and foreign conferences.
* Alumni-organization: not very active, but they have a Facebook page and they gather to discuss future opportunities and the current teaching methods.

**3.5. Capacity Building**

The first product purchases are done with project money; till now only computers were bought.

The second part of the purchases is coming and will be mainly the purchase of phantoms for the capacity building.

**3.6. Pilot Programme**

The organization of a pilot isn’t possible, as they already start using the new curriculum next year. What they already do is implement a lot new teaching methods in the current programme. These will be tested with evaluations.

**3.7. Cooperation with the industry and the government**

There is a good understanding and cooperation with the government and the community. As already written in this report, both were involved with the creation of the new curriculum and the future plans for the faculty.

**3.8. Action plans for University of East Sarajevo**

* All documents (ECTS files, dates of dissemination meetings, pictures, etc.) are needed as proof. Even if the documents aren’t in English.
* Please provide us with your external and internal dissemination activities.
* In cooperation with Zenica: development of teaching materials and practical training.
* Creation of joined catalogue with nurse skills. Based on minimum of skills and progress of students.
* Train the trainer workshop is planned for March.
* Final conference will be held in Foca.

**3.9. Possible help for/from the partnership**

Please check the above – 3.8. Action plan.

1. **Quality Monitoring Visit University of Montenegro**

**4.1. Attendees**

**University of Montenegro:**

Bogdan Asanin, Former dean of Medical Faculty

**University of East Sarajevo:**

Dejan Bokonjic, Vice-Rector for International Cooperation and Quality Assurance

**KU Leuven**:

André Govaert, Visiting Professor

Catherine Verriet, Project Officer

**4.2. Introduction**

The visit started with a welcome and a brief introduction of the department, by Bogdan Asanin.

(Prof. Dr. Asanin was dean for 6 years.)

The new curriculum is already approved within the university and is already send to the ministery for accreditation. Hopefully, they will approve within 6 months.

For the EU, 4600 hours of practice are needed, which is mostly missing in the Western Balkan countries.

The study programme nursing is often seen as a part of the medical faculty, not as a separate entity. Another problem they face is that there is no post-graduate specialization training system, not in the hospital or any other system. This highlights the request for better cooperation with the work field and community.

Another problem that is stated is that nurses often go (and stay) abroad after their studies and start other jobs than nursing. The problem here lies within the employability of nurses. This number is far below the OECD average of 8,4 per 1000.

At the start of the project, the faculty self-assessed their curriculum to see what needed to be changed or improved.

The programme was 3 years and stays 3 years (Bachelor degree). Old and new curriculum consist of 180 ECTS or 5400 hours.

They do offer a postgraduate year for specialization. The programme is applied and not academic based.

Remarks by André: In the EU (Bologna) the term ‘competence based’ is now replaced by ‘Intended Learning Outcomes’ based curriculum. This as well for the subjects as for the programme.

50 to 60 students started in the current first year. The students switch campuses during their studies, between Berane and Podgorica. Some lectures take place in Berane, others only in Podgorica. In total, there are 250 to 300 students for the whole study programme.

There are only a few nurses for teaching, only for the practical courses. Almost none teach theoretical courses. Nurses can’t achieve a PhD in Montenegro, so they also can’t become professors. Also in the clinics, students are supervised by graduated nurses. And although these nurses act as mentors, they often miss sufficient practical skills for this job.

All profs were involved in the creation of the new curriculum, their feedback and suggestions were asked. The new curriculum was also send for approval to the QA department, the senate and the board of directors. They all approved.

**4.3. New Competence Based Curriculum**

* Before, the students had summer and winter breaks. Now they use this periods for internships. About these clinical internship, the nurse department have mentors for monitoring of the students. Nurses aren’t paid yet for this task, but they plan to do this in the future.
* In the first year, the students must perform 4 days of 15 hours on call in the clinical department for the winter semester. This is 60 hours in total, for a total of 2 ECTS credits. In the summer semester, they perform 4 weeks (20 working days x 8 hours) and 5 days on call (5 days x 16 hours) with a total of 240 hours or 8 ECTS. This is the same for the second year.

In third year, the clinical internship is an elective of 600 hours or 20 ECTS. For this elective, the students can choose out of 9 different institutions/ subjects such as internal diseases, gynecology, psychiatry, etc.

Clinical training (non-internship) is embedded in the whole programme for almost every subject.

* The new curriculum consists of clinical training (practice), lectures, seminars and independent work. They have 795 hours of individual work and 4605 contact hours. Within these contact hours, 2160 hours (or 47%) are theoretical education and 2445 hours (or 53%) are clinical training.
* The new curriculum has 7 elective subjects in the second year.
* A final work and exam is added in the curriculum; 10 ECTS.
* The university made catalogues for all subjects, with the implementation of learning outcomes and competences.

**4.4. Internal and External Dissemination**

* Involvement of all profs, the QA department, the senate and the board of directors for the new curriculum.
* Alumni was informed of the project and was excited about the impact of it.
* One representative of the nurse association went to Groningen. This person also made a report/paper from this visit for the external dissemination.
* There is a good cooperation with the ministry, they are well involved and informed.
* A dissemination seminar is planned for all colleagues in Berane as a training for mentorship.
* The project outcomes and purposes were shared via newsletters, publications and congresses. They also shared the project website via social media and an overview of the dissemination activities is shared on their website.

**4.5. Capacity Building**

The first product purchases are done with project money; till now 27 computers and 4 laptops were bought. See annex 3 for pictures.

The second part of the purchases is coming and their list of purchases will be shared (see annex 3).

**4.6. Pilot Programme**

A pilot for testing the new curriculum is planned for the academic year 2015-2016. The new curriculum will be validated with this pilot and will show effects on satisfaction of students, self-efficacy and satisfaction of the work field. All stakeholders will be closely involved in this pilot; students, community, government.

An action plan needs to be created in which they explain how to implement the new teaching methods and the assessment procedure.

**4.7. Cooperation with the industry and the government**

There is a good understanding and cooperation with the government. As already written in this report, they were involved in the creation of the new curriculum and the future plans for the faculty.

**4.8. Action plans for University of Montenegro**

* Please also add to the presentation that additional skills are achieved during the programme: leadership, communication, research, etc.
* Please share your matrix with the overview of ECTS credits. 3 matrixes are needed; one for the learning outcomes, one for the teaching methodologies and one for the evaluation methodologies. Learning outcomes are needed for all course units, also for the final work.
* All documents (ECTS files, dates of dissemination meetings, pictures, etc.) are needed as proof. Even if the documents aren’t in English.
* Please provide us with your external and internal dissemination activities + also include this to your presentation. Zenica will create a list with future activities, please send comments and adapt to own situation.
1. **Quality Monitoring Visit University of Mostar**

**5.1. Attendees**

**University of Mostar:**

Ivona Ljevak, Assistant – Nurse Skills Lab responsible

Kristina Vidovic, High Assistant

Vajdana Tomic, Vice Dean

Mladen Mimica, Professor – Responsible for Master Study

**University of East Sarajevo:**

Dejan Bokonjic, Vice-Rector for International Cooperation and Quality Assurance

**KU Leuven**:

André Govaert, Visiting Professor

Catherine Verriet, Project Officer

**5.2. Introduction**

The visit started with a welcome and a brief introduction of the department, by Kristina Vidovic.

The programme consists of 6 semesters: 3 years + 2 for master’s degree. They decided not to change the programme into 4 years.

There is a summer and winter internship; 2 x 4 weeks. In total they now have 24 weeks internships for the bachelor’s degree.

About 80 students started the programme this year (1st year). In total, there are +/- 250 students at the faculty. 15 students started the master’s degree this year. This amount is about the same every year.

The new curriculum is already approved by the ministry and the senate.

A new skill lab was introduced, for which a responsible is employed. Ivona Ljevak will support, guide and supervise the students for their clinical skills in the lab. She is doing a PhD for nursing and will soon be the first doctor in nursing at the university.

An extra person will also soon be employed for the coordination of the practical work.

The ratio between practice and theory is now 51% practice and 49% theory.

**5.3. New Competence Based Curriculum**

See annex 4 for the documents regarding this new curriculum. This new curriculum will start in October 2016.

Before, the programme consisted of +/- 4300 hours. Because this needed to be changed to 4600 hours, they implemented 3 new courses. The new courses are:

* Managing during stress (2nd year)
* Research methodologies (3rd year)
* Evidence based learning (1st year)

An extra person will also be employed for the coordination of the practical work.

There is a final work of 6 ECTS. A lot of learning outcomes are tested with this final work, but they aren’t included in the manual yet. Also, the general skills of this final work need to be listed.

For the new teaching and assessment methods, they use the Payton method. They now let their students practice first on phantoms in the skills lab, before going to the clinic and working with real patients.

The groups for the skills lab are now changed. Before there were at least 15 students per group which was too much. Now they work in groups of 7-8. This allows time and place for personal assistance and supervision. A PhD and/or doctor are always present in the skills lab for cooperative learning.

The teaching methods are now much more focused on interaction. This is a modern way of teaching in which discussions etc. are encouraged. The education is now much more stressed on practical skills, with phantoms than oral or theoretical.

Oral exams always need to be taken by doctors. Also, a master’s degree can only become the highest assistant degree.

As part of the new curriculum, they added elective courses. In their first semester, the students chose 1 elective. In second semester, they do this again. Examples of these electives are: the safety of the patient, emergency interventions, etc. Off course, the learning outcomes can’t be reached with these electives only as all students must get the opportunity to achieve them. Only for their chosen specialties these electives are very important.

A general remark on this new curriculum by André: there are a lot of subjects which lead to low amounts of ECTS credits per subject. In Belgium you can’t count with 0,5 ECTS credits or design subjects with less than 3 ECTS credits. In Mostar, lowering the amount of subjects will lead to major problems with their staff. So this isn’t an option. What is important for the EU is that the competences are the same for all nurses. They will look at the amount of hours, but not at the amount of subjects or their names.

They also started with midwifery. For this programme, they still need much more material (phantoms, birth simulator, etc.).

The faculty started with the controlling of nurses who are in charge of the internships. Nurses will be monitored by another person so the internship can lead to a win-win for the students and the clinics. Therefore, a training of the mentors would be helpful.

**5.4. Internal and External Dissemination**

The new curriculum was shared with the whole university staff. They are also all informed about the project and its purpose.

**5.5. Capacity Building**

The first product purchases are done with project money; till now 16 computers were bought for different labs and cabinets.

The second part of the purchases is coming.

**5.6. Pilot Programme**

The organization of a pilot isn’t possible, as they already start using the new curriculum next year. Dejan will send the evaluation for students to assess the new curriculum. They will use the first year as an actual pilot.

**5.7. Cooperation with the industry and the government**

It is best if the faculty contacts the government concerning their new curriculum.

**5.8. Action plans for University of Mostar**

* Creation of a matrix with the overview of ECTS credits. 3 matrixes are needed; one for the learning outcomes, one for the teaching methodologies and one for the evaluation methodologies. Learning outcomes are needed for all course units, also for the final work (not yet included in the manual).

Please also provide this in English.

* All documents (ECTS files, dates of dissemination meetings, pictures, etc.) are needed as proof. Even if the documents aren’t in English.
* Catalogue needs to be finished, so this can be presented in Groningen. The most important is to match the joint catalogue in the field of skills and the list of nursing procedures.
* Please provide us with your external and internal dissemination activities. Zenica will create a list with future activities, please send comments and adapt to own situation.
* Create a list with all intended material for the equipment purchases. Permission is needed if the phantoms for nursery and midwifery comes from outside the EU. For every article, 3 offers are demanded. Please make a list of the material and send it, together with the offers, to Willem.
* Please pick a date for the dissemination training for practical skills of mentors.

**5.9. Possible help for/from the partnership**

As the faculty has plans for a dissemination training of mentors, they could use some help from the partnership. In this project you can organize such a training for all teachers/mentors, supported by an external supervisor from the project. The practical training and changes will be much fast approved by the staff if an external supervisor is present. The staff also has to see this change is important and necessary.