



STUDIJŲ KOKYBĖS VERTINIMO CENTRAS

Lietuvos sveikatos mokslų universiteto
SLAUGOS PROGRAMOS (61211B112, 612B70002)
VERTINIMO IŠVADOS

EVALUATION REPORT
OF NURSING (61211B112, 612B70002)
STUDY PROGRAMME
at Lithuanian University of Health Sciences

Grupės vadovas: Team Leader:	Prof. Valerie Fleming
Grupės nariai: Team members:	Asoc. Prof. Heather Mercer Asoc. Prof. Inga Millere Prof Nadine Oberhäuser Jonas Bartlingas

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DUOMENYS APIE ĮVERTINTĄ PROGRAMĄ

Studijų programos pavadinimas	<i>Slauga</i>
Valstybinis kodas	61211B112, 612B70002
Studijų sritis	biomedicinos mokslai
Studijų kryptis	slauga
Studijų programos rūšis	universitetinės studijos
Studijų pakopa	pirmoji
Studijų forma (trukmė metais)	nuolatinė (4)
Studijų programos apimtis kreditais ¹	160
Suteikiamas laipsnis ir (ar) profesinė kvalifikacija	slaugos bakalauras, bendrosios praktikos slaugytojas
Studijų programos įregistravimo data	1997-05-19, renewed 2004-02-17

¹ – vienas kreditas laikomas lygiu 40 studento darbo valandų

INFORMATION ON EVALUATED STUDY PROGRAMME

Name of the study programme	<i>Nursing</i>
State codes	61211B112, 612B70002)
Study area	Biomedical sciences
Study field	nursing
Kind of the study programme	university studies
Level of studies	undergraduate
Study mode (length in years)	full-time (4)
Scope of the study programme in national credits	160
Degree and (or) professional qualifications awarded	bachelor of care, general practice nurse
Date of registration of the study programme	19-05-1997, renewed 17-02-2004

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The Centre for Quality Assessment in Higher Education

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I. INTRODUCTION

We have assessed first level (bachelor) *Nursing* study programme of which is realised in full-time studies format. The programme was approved 1997-05-19 and renewed 2004-02-17.

KMU consist of five faculties: the Faculty of Medicine, the Faculty of Nursing, the Faculty of Odontology, the Faculty of Pharmacy, and the Faculty of Public Health. In the Kaunas University there is also Kaunas University Hospital, Kaunas Oncology Hospital and 4 research institutes - Biomedical Research, Cardiology, Endocrinology, and Psychophysiology and Rehabilitation.

At January 2010 there were totally 5253 students. The University employs 100 professors, 212 Associate Professors (Docents), 229 Lecturers and 410 Assistants. At the Kaunas University there are several facilities for the staff and students - The Information Technology (IT) Centre, Library and the Centre of information of Health Sciences, Academic Pharmacy, Museum of Pharmacy and History of Medicine, Museum of Anatomy and Museum of Embryology.

The structure of the university is appropriate for implementation of the study programme of Nursing.

The Faculty of Nursing was established in 1990. At the moment there are four departments: Kinesiology and Sports Medicine, Rehabilitation, Nursing and Care, and Clinic of Geriatric. In the process of realisation of the bachelor programme of Nursing 22 Departments and Clinics from other faculties of the University take part.

The self-evaluation of the first level (bachelor) study programme of Nursing was conducted following the Law on Science and Studies of the Republic of Lithuania and the Order of the Director of the Centre for Quality Assessment in Higher Education.

Self-evaluation was performed by the self-evaluation team, which was appointed by the Rector of KMU on the 12 th January 2010. Self-evaluation team worked in the period 12.01.10. – 28.05.10. and wrote the SAR Volume 1.

The goals, content, structure of the study programme; evaluation of teaching and studies; teachers' qualification; assessment of knowledge and skills; learning resources; programme self-control were submitted for evaluation.

Overseeing the process of self-evaluation and evaluation, the external assessment team comes to the conclusion that there are various critical remarks about the whole process and its results.

These remarks are also intended as recommendations to improve this process.

Education of nurses and their professional activity is regulated by many national and international legal acts, declarations and laws. At KMU there is developed university

development strategy, which says that “that the study programme and process must correspond the requirements of EU Directives”.(p.8, Vol.1)

External assessment team found that particularly Directive 2005/36/EC of the European Parliament and of the Council. „On the requirements for nurses’s and midwives’s minimal education and the mutual recognition of professional qualifications“ Annex 5.2.1 is not met. Study programme practice should take place in genuine clinical settings with trained mentors but not simulation or observation classes.

II. PROGRAMME ANALYSIS

1. Programme aims and learning outcomes

This is a 4 years Bachelor’s programme, 160 credits (240 ECTS credits) leading to Degree of Bachelor of Arts and qualification of Nurse of General Practice.

The study programme comprises 8 semesters; the volume of each semester - 20 LT credits (600 hours). The programme subjects are delivered through modules, which are divided into the subject groups, self-learning , final work and exam. The modules comprising the programme are varied and interesting and in the main relevant to nursing. Some of these remain rather too based in biomedicine to develop the discipline of nursing .

The general structure of the programme is clear; modules identify the learning outcomes, and relate to the topics. The design of the program shows some modules, which seem to have similar or identical purposes.

The learning outcomes are too long and should be reformulated in order to give a better picture of the different outcomes, and be linked to the complexity level, which are relevant.

1.1. Programme demand, purpose and aims

1.1.1. Uniqueness and rationale of the need for the programme

Kaunas University of Medicine is one of the three universities of Lithuania providing University level education in Nursing. Same level programme are realised in Klaipeda University and Vilnius University. Six colleges - Kaunas, Klaipeda, Panevezys, Siauliai, Utena and Vilnius offer the study programmes of nursing.

It is very important to provide university education for the future professionals who are capable of performing practical and administrative work, organizing the modern nursing on primary and secondary health care.

According to the latest Health System Reform Framework issued by the Ministry, integration of nursing services into the primary health care institution will lead to the transfer of hospital activities of a nurse to community. In this situation will grow responsibility and obligations of nurses in the multiprofessional team. In this situation it is necessary to increase the number of community nurses with high qualification.

Admission of students to universities is organized by the Association of Lithuanian Higher Education Institutions through the general admission system and the number of students is regulated by the number of state-funded places approved by the Ministry of Science and Education of the Republic of Lithuania.

Self evaluation Report shows the dynamics of the results of general admission to the „Nursing“ programme over the last five years. It shows that the competition for budget payed places is quite big and each year there are some students who start their education at their own expenses. Total amount of students each year varies from 17 – 20 students in each year of study programme.

Nursing programme is closely related to other study programmes at Kaunas University of Medicine, such as physicians, pharmasists, physical therapists, occupational therapists, and social workers and this make influence on the program statements.

1.1.2. Conformity of the programme purpose with institutional, state and international directives

The programme is four years in duration and consists of 8 semesters, two semesters per academic year. Programme is realised according with university requirements. There are some deficiencies in relation to the European Union’s requirements (Directive 2005/36/EC) for nursing programmes which specify that initial programmes contain a minimum of 2300 hours of theory and 2300 hours of practice¹ with at least 50% of the programme being based in practice. The subject titles of the theoretical component do not correspond with required subjects listed in Annex 5.2.1 of Directive 2005/30/EC. The theoretical instruction must be weighted and coordinated with the clinical instruction in such a way that the knowledge and skills to which this Annex refers can be acquired in an adequate fashion.

1.1.3. Relevance of the programme aims

Self -evaluation report describes the aims of University and the aim of *Nursing* study programme is defined according to that.

¹ Note that the word practice is used to mean hours students spend in hospital or community settings working with mentors to meet the competencies required to become a nurse.

Nursing programme corresponds closely to the Strategic Plan and further development of the KMU.

The aim of *Nursing* study programme is wide and explained in the self-evaluation document – to educate professionals of high qualification, who are able to perform their activities independently as well as in team when implementing European health policy „Health for all in the XXI Century” and the strategy of personal health care formulated in the Lithuanian National Health Concept.

1.2. Learning outcomes of the programme

1.2.1. Comprehensibility and attainability of the learning outcomes

The learning outcomes of the programme are long and do not give a clear picture and linkage to the complexity level, which is relevant. In analysing the study subjects outcomes it seems to be more knowledge oriented and less understanding and ability oriented. Learning outcomes from year 1 to year 4 are not in the progression from the gaining of knowledge to higher categories of analysis, synthesis and evaluation.

1.2.2. Consistency of the learning outcomes

The consistency is sufficient, learning outcomes of the programme and learning outcomes of modules and subjects in some cases are not consistent.

1.2.3. Transformation of the learning outcomes

Self-evaluation report describes the process of renewal of the learning outcomes in response to the changing EU and LR legal acts that regulate professional competencies and skills. KMU has established internal assurance system of study quality and the internal quality of the studies is set by Statute

The system of quality is ensured at the several levels - departments for subjects and modules, the faculty and university. The SARs show no clear procedure nor any actions towards the renewal of the learning outcomes.

It seems that the quality of the study programme is assessed by its developers. During our discussions with students, academic staff and stakeholders it appears an insufficient involvement in decision making about the learning outcomes of the programme and about the programme itself.

2. Curriculum design

2.1. Programme structure

2.1.1. Sufficiency of the study volume

There is a very high theoretical content in the programme. The main concern in relation to the theoretical component of the programme is that it is too based in biomedicine to develop the discipline of nursing. The design of the program shows some modules, which seem to have close or same purposes. There is very big deficiency of practice which students spent in supervised structured clinical setting in relation to the European Union's requirements Directive 2005/36/EC (2300 hours of practice² with at least 50% of the programme being based in practice)

2.1.2. Consistency of the study subjects

The Bachelor's study programme is consistent but the deficiency of a programme is its accent on biomedical sciences and there is a need to place more emphasis on nursing to drive professional development and to consistent with nursing as an art.

2.2. Programme content

2.2.1. Compliance of the contents of the studies with legal acts

As it is mentioned in the self assessment document The Regulation (order) of nursing field studies is not initiated in Lithuania, but education of nurses and their professional activity is regulated by many legal acts, declarations, laws concernig Nurse practice, nurse rights, functions, competence and responsibility and general requirements for study programmes . However the team had not had advance information concerning the legal requirements for nurses in Lithuania this was difficult to assess.

Similarly it is mentioned in the self assessment document that programme is realised according Directive 2005/36/EC and the Appendix on nurses. It is not clear form the documentation that the requirements of this Directive are being met. The various emetings failed to resolve this point with practical education appearing to comprise a considerable amount of observation rtaher than working in practice with mentors.

² Note that the word practice is used to mean hours students spend in hospital or community settings working with mentors to meet the competencies required to become a nurse.

2.2.2. Comprehensiveness and rationality of programme content

It appears that programme is realised using less lectures than seminars and practical classes. The SAR and teaching practice shows a good variety of methods used in the programme. The students as well as the graduates state that the variety is good but it could be more practice at the clinical setting, similarly as determine EU directive mentioned above.

Study subjects are too based in biomedical sciences and not enough in nursing. Learning outcomes are continuously assessed mostly by written exams. There is insufficient and incomplete development of competence assessment and evaluation of practical training in hospital settings. The team needs to take a more creative approach to its learning, teaching and assessment strategies.

The study subjects descriptors do not reflect the deepening of the students' knowledge through adjustment to learning outcomes from their descriptive emphasis to one of critique and from first year of programme to 4th year.

3. Staff

3.1. Staff composition and turnover

3.1.1. Rationality of the staff composition

As mentioned in SAR there are 69 teachers involved in the „Nursing“ programme: 8 (11.6%) professors, 18 (26.1%) associated professors, 21 (30.4%) lecturers, 22 assistants (31.9%); 68.1% of all teachers have a doctoral degree, which is in accord with the legal acts, but there is an over reliance on non nurses to teach in the programme. It is particularly important that nursing practical subjects are taught by nurse teachers. Due to university regulations, it is difficult to recruit nurses to more senior positions than “assistants” The academic staff with whom we met acknowledge this problem and also the relative recent emergence of nursing as a university discipline but have a good programme in place for the education to doctoral level of future nurse academics. There are 10 nurses who have a doctoral degree in the nursing study field and in the nearest future could take advanced positions. In the Self assessment document there was mentioned less nurses as teachers, but during meeting and discussions team found that quite a big amount of nurses are working in part time to ensure the programme.

As mentioned in SAR and in discussions of meetings since 2010/11 academic year an advanced practice of mentorship will be introduced in clinical practice. Nurses who are in charge of student's practice and responsible for the mastering of practical skills will have a training course in mentorship. This will lead to the better organisation, insurance and evaluation of practice.

3.1.2. Turnover of teachers

There appears to be stability in the teaching staff. We were not able to ascertain how this fed into the modules being offered but suggest that some movement is desirable. With changes to the programme this may be achieved.

3.2. Staff competence

3.2.1. Compliance of staff experience with the study programme

The staff employed all are experienced university lecturers and active researchers. The teachers participating in the programme not only have a long educational experience, but also experience in clinical practice. As it is mentioned in SER and analysis of CV (Annexes 3.2, 3.3.) revealed that the subjects the teachers teach correspond with the field of their research activity. Teachers involved in the „Nursing“ programme have a sufficient experience in international collaboration in the field of science and study.

The main issue is with the lack of nurses leading modules as stated above and the absence of a ‘programme team’ which co-ordinates all planning, scheduling and assessment strategies. This is actively being addressed but a longer term strategy should be in place for ensuring that except in some minority specialty subjects all lecturers are nurses.

3.2.2. Consistency of teachers’ professional development

As stated above a strategy is in place in the short term to ensure nurses become full members of academic staff. Present staff appeared confident in teaching nurses but some attention needs to be given to the clear iteration of the expectations of a nurse so that the teaching can be reoriented towards this.

It is seen that teachers have an opportunity to take part in national and international activities - conferences, seminars, intensive programmes, training courses etc. There is possibility to make international exchange through Erasmus LLP and other bilateral agreements. Teachers participate in conferences and seminars with oral reports and poster presentations and they also are active members of organizational groups. There is demand in the KMU that every teacher should have a 40-hour course on educational competence over the five years.

4. Facilities and learning resources

4.1. Facilities

4.1.1. Sufficiency and suitability of premises for studies

The Bachelor's study programme of nursing is carried out according to the general KMU study organization procedure, the study location and time are coordinated with other university programmes. 15 classrooms which are shared with other university departments are used for lectures and seminars - there are from 200 to 300 places in three classrooms, 100 – in six classrooms, 20-60 - in five, and 10 places in one classroom. The classrooms of other units as well as clinical basis of University Hospital are used for the studies. In order to carry out Nursing Bachelor's studies classrooms are allocated just to the department of Nursing and Care: in the Teaching Laboratory building two classrooms (each of 30 places). The Cardiological clinic two classrooms (20 and 10 places), Oncological hospital three classrooms (1-22 places and two- 15 places each), and one classroom for students' consultations. In order to form students' nursing skills the mannequins-models are used: models for subcutaneous injections, muscular injections, hypodermic injections, intravenous injections, a model for catheterization and stoma care; adult and child mannequin. One classroom is equipped with functional beds and many other means necessary for nursing skills.

KMU library maintains the international standards of university library.

During the site visit the EAT found that the facilities are good wi-fi widely available and sufficient to the programme.

4.1.2. Suitability and sufficiency of equipment for studies

Teaching materials provided were appropriate for the modules in the programme but did not embrace the wider role of the nurse. As it is mentioned in SER and during discussions we found that KMU will obtain new equipment, in 2010 from EU structural funds for the project „The establishment of practical educational center of public health, nursing and rehabilitation“ implementation of which will provide a successful education.

4.1.3. Suitability and accessibility of the resources for practical training

We were shown nursing and science laboratories. The latter were better equipped while the nursing laboratories would benefit from additional equipment and simulation facilities. The self assessment document lists several institutions in which practical experience is obtained. Due to time constraints we were able only to see a very limited selection of these, all of which were

hospital based. There are obviously no constraints on student numbers therefore it should be relatively easy to ensure that students gain sufficient experience of the appropriate quality to ensure that the EU Directive is met.

4.2. Learning resources

4.2.1. Suitability and accessibility of books, textbooks and periodical publications

Library facilities are good with electronic databases as well as hard copies of materials available for students to see. The number of books, textbooks and other publications is sufficient and their resources are continuously renewed. Students have an access to them in the library and reading room. There are also Lithuanian journals of medicine and periodics of foreign countries. All information is available on the KMU website. Students and teachers have an access to the 18 subscribed electronic databases.

During the site visit the EAT found that the access to literature is suitable to support the programme.

4.2.2. Suitability and accessibility of learning materials

The programme includes orientation to library and its associated facilities. During the site visit the EAT found that the access to learning materials is suitable to support the programme. It would be useful for the programme team to include assessed work in these facilities early in the programme that ensure that students will be familiar with the facilities and competent to use the databases.

5. Study process and student assessment

5.1. Student admission

5.1.1. Rationality of requirements for admission to the studies

General admittance to the higher education institutions has a limited number of „admission numbers for students“. This may prevent the admission of suitable students as the nursing study programme is in competition with other prestigious professions in the biomedicine field. There are no special requirements for admission.

There is a clearly developed admissions strategy in evidence and students confirmed this policy during the meeting.

5.1.2. Efficiency of enhancing the motivation of applicants and new students

The self-evaluation document outlines key recruitment strategies which are commendable. Students appear to be motivated and enjoying their studies.

5.2. Study process

5.2.1. Rationality of the programme schedule

During each semester students study between three and four modules. The volume of studied subjects in all semesters is 20 credits (30 ESTC). There are too many modules with a focus on the natural sciences. The expected workload of the students is extremely high and attention needs to be paid to the apparent over-assessing of students, as shown through the module descriptors. There is no evidence of clinical assessment and these needs to be addressed as a matter of urgency. Learning outcomes are continuously assessed and may be over assessed. Marks are very high and there is no student failing a module, which seems to be some problems of practice in evaluation system, because there is deficiency of normal grade distribution. Some learning outcomes are not compatible with times within which they are to be achieved.

5.2.2. Student academic performance

Students appear to score very high in assessments and there appears to be no attrition from the programme on the basis of student failure. This is not acceptable as there needs to be an accurate reflection of the range of abilities. Although we pursued it in every meeting it appears that there are no clear criteria for assessing students' clinical practice performance and no criteria against which this should be measured. Given the practice based nature of the profession this is a serious shortcoming.

As it is possible to see in tables in SER and it was also discussed during our meetings dropout rates over the last five years were not very high. The main reason of dropout was admittance to another faculty or emigration (table 3 p.25).

5.2.3. Mobility of teachers and students

Some exchange programmes are in place and students are selected for these in a fair way. the faculty of Nursing has signed 19 with European institutions of higher education and three with universities in the USA. Mobility of the teachers and students is coordinated by the International relations and study centre of the University where responsible persons coordinate

the visits. The dynamics of teacher mobility over the assessed period is presented in Tables 4 and 5 in the SER.

The mobility is restricted due to the limited by the financing scheme. More available are the two-week intensive programmes (IP) during which they study one part of chosen module.

Teachers participate in some conferences and seminars with oral reports and poster presentations.

5.3. Student support

5.3.1. Usefulness of academic support

The self-evaluation document lays out a number of approaches to student support. For example, students who entered KMU are introduced to the contact person, coordinator for the programme and other persons responsible for the study administration. In the beginning of the studies students have a study subject „Introduction to the studies“, personal consultations in the departments etc. All of these appear to be actualised. The EAT concludes from the SARs and the site visit meetings with the students and graduates that the academic support is useful.

5.3.2. Efficiency of social support

Students felt comfortable with what was offered and able to challenge where appropriate. It is possible for students to have psychological support in which volunteers and psychologist work. University offers the several art and sport activities. social grants that may be given to a student who has a very low income, or incentive grants, which are regulated by KMU Regulations on grant allocation for the students.

5.4. Student achievement assessment

5.4.1. Suitability of assessment criteria and their publicity

The students are well informed about the programme, the study subjects, its requirements and evaluations. A 10-point system is used to accumulate and combine the semester final mark. Students are always introduced to their marks; a teacher makes a comment on students' mistakes. All assessment are displayed in databasis KMUSIS, where every student using his own password may observe them. The assessment of the knowledge is described in “The Regulation of undergraduate, continuous and second-level studies of Kaunas University of Medicine“.The accumulative grade system has been applied in KMU. Students are aware of the criteria in advance.

As stated above students' work is both over-assessed and marks are too high. The latter could be because there is too much emphasis on exams but dissertations were also scoring with high marks. It is necessary to develop practice of evaluation system, because there is deficiency of statistically normal grade distribution

Nursing and patient care is a qualitative process and needs to have equal respect and focus in assessment strategies.

5.4.2. Feedback efficiency

Feedback appears to be timely and, in the work we saw, appropriate. Students are introduced to their marks and teachers makes a comment on student's mistakes. All assessment are displayed in databasis KMUSIS, where every student using his own password may observe them.

5.4.3. Efficiency of final thesis assessment

Final thesis is prepared according to „Preparation and defence of the study works. There is a need to switch from biomedical science and quantitative research to more usage of qualitative research and nursing as an art development, so that there is too much use of questionnaires and quantitative research. there is not enough evidence of using qualitative research.

Scores of 9 and 10 which students are receiving are not realistic and a more appropriate scale should be developed to reflect the range of abilities.

5.4.4. Functionality of the system for assessment and recognition of achievements acquired in non-formal and self-education

The programme did have some room for seminars and presentations but we believe that these were also part of the formal assessment process. It would be useful for the university to develop a system for accreditation of work based on other learning.

5.5. Graduates placement

5.5.1. Expediency of graduate placement

All graduates are successful in achieving positions. It was of some concern to the team that as first level nurses these positions were in the main quite senior. It would be of use to the programme teams to consider the Declaration of Munich (WHO, 2000) and its follow up document (WHO, 2005)

http://www.euro.who.int/__data/assets/pdf_file/0013/102235/E86582.pdf and the global

standards for initial education of nurses and midwives (WHO 2009)

http://www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf

So the EAT concludes from the SAR and the site visit meetings with graduates and employers that graduate placement is sufficient.

6. Programme management

6.1. Programme administration

6.1.1. Efficiency of the programme management activities

The programme appears to be well managed with what is stated in the self-evaluation happening in reality. There was a feeling that teachers have lack of activity and power of influence to the programme management and development. This limits the development of the programme.

6.2. Internal quality assurance

6.2.1. Suitability of the programme quality evaluation

University has established internal assurance system of study quality. KMU internal quality of the studies is set by Statute, regulation for the studies and other legal acts of the Republic of Lithuania. The system of quality is ensured at the several levels: departments (pedagogical staff, subjects and modules), the faculty, university etc.

The self-evaluation document was well presented and generally reflective of reality.

6.2.2. Efficiency of the programme quality improvement

While this was acceptable there needs to be a broadening of the scope of the programme and it was a bit disappointing to see that the latest EU Directives had not been considered.

6.2.3. Efficiency of stakeholders participation.

Relevant stakeholders were included in all the meetings. Larger nursing presence would have been welcomes. During the EAT meetings with the staff, the students and the employers it was expressed that the influence was there and that they have contact with the programme management. But the exact role and influence is not clear.

III. RECOMMENDATIONS

1. Review of credit value of each module/content, sequencing, clinical experience linked to module outcomes and competencies.
2. Clear identification of where practice hours occur and are recorded (ideally all practice hours should take place in genuine clinical settings with trained mentors rather than simulation or observation).
3. Module descriptors need to correspond with the subject titles of Annex 5.2.1 of Directive 2005/30/EC.
4. Review of assessment strategy to include graded assessment of practice (this should be given equal consideration to assessment of theoretical proportion of work) and more 'applied assessment' (currently 19 exams/9 projects).
5. Realistic assessment strategies in place so that failing students are identified and remedial action taken (use of external examiners would help).
6. Integration of scientific theory from non-nursing taught modules into advancing nursing practice modules should be clearly articulated.
7. It should be made clear how research is integrated into curriculum throughout the programme so that students can begin to be more critical in years 3 and 4.

IV. GENERAL ASSESSMENT

The study programme *Nursing* (state codes – 61211B112, 612B70002) is given **positive** evaluation.

Study programme assessment in points by fields of assessment.

No.	Evaluation Area	Evaluation Area in Points*
1.	Programme aims and learning outcomes	2
2.	Curriculum design	2
3.	Staff	3
4.	Material resources	4
5.	Study process and assessment (student admission, study process student support, achievement assessment)	2
6.	Programme management (programme administration, internal quality assurance)	3
	Total:	16

*1 (unsatisfactory) - there are essential shortcomings that must be eliminated;

2 (poor) - meets the established minimum requirements, needs improvement;

3 (good) - the field develops systematically, has distinctive features;

4 (very good) - the field is exceptionally good.

Grupės vadovas:
Team Leader:

Prof. Valerie Fleming

Grupės nariai:
Team members:

Asoc. Prof. Heather Mercer

Asoc. Prof. Inga Millere

Prof Nadine Oberhäuser

Jonas Bartlingas