



STUDIJŲ KOKYBĖS VERTINIMO CENTRAS

Klaipėdos universiteto  
**SLAUGOS STUDIJŲ PROGRAMOS (612B70003)  
VERTINIMO IŠVADOS**

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**EVALUATION REPORT  
OF *NURSING* (612B70003) STUDY PROGRAMME  
at Klaipėda University**

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Išvados parengtos anglų kalba  
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## DUOMENYS APIE ĮVERTINTĄ PROGRAMĄ

|  |                          |
|--|--------------------------|
| Studijų programos pavadinimas                        | <i>Slauga</i>            |
| Valstybinis kodas                                    | 612B70003                |
| Studijų sritis                                       | Biomedicinos mokslai     |
| Studijų kryptis                                      | Slauga                   |
| Studijų programos rūšis                              | Universitetinės studijos |
| Studijų pakopa                                       | Pirmoji                  |
| Studijų forma (trukmė metais)                        | 4                        |
| Studijų programos apimtis kreditais                  | 240                      |
| Suteikiamas laipsnis ir (ar) profesinė kvalifikacija | Slaugos bakalauras       |
| Studijų programos įregistravimo data                 | 2001-05-24               |

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## INFORMATION ON EVALUATED STUDY PROGRAMME

|   |                     |
|---|---------------------|
| Title of the study programme                        | <i>Nursing</i>      |
| State code  | 612B70003           |
| Study area  | Biomedical Sciences |
| Study field   | Nursing             |
| Kind of the study programme                         | University Studies  |
| Study cycle   | First               |
| Study mode (length in years)                        | 4                   |
| Volume of the study programme in credits            | 240                 |
| Degree and (or) professional qualifications awarded | Bachelor of Nursing |
| Date of registration of the study programme         | 24-05-2001          |

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## I. INTRODUCTION

The undergraduate BA Nursing (BAN) Programme that was reviewed by the evaluation team is delivered within Klaipeda University (KU) in the Department of Nursing (DN) within the Faculty of Health Sciences (FHS). This programme was launched in 2001 and was last evaluated by international evaluation panel in 2010. The programme was given three years accreditation. The programme is delivered over four years and upon successful completion the students are awarded with Bachelor Degree.

The evaluation team were provided with a self-evaluation report (SER) that was developed by an appointed self-evaluation group prior to the site visit in April 2014. This report provided the basis for the evaluation visit. Unfortunately there were a number of major errors that were evident within this report (e.g., number of clinical hours was incorrect) and this needed to be raised with the SER team at the start of the evaluation visit. It was emphasised that in the future the SER should be checked for accuracy before submission and dissemination to an evaluation team as inaccurate reports do not allow a curriculum to be assessed effectively. In addition the evaluation team identified after the site visit that the report did not accurately reflect the activity that was happening within the University and for this reason it has to be emphasised that the SER and the evaluation visit jointly provide the basis for this report.

The evaluation team also paid special attention to the developments recommended after last evaluation in 2010 and recognized some positive changes introduced into the programme. The recommendations of the previous evaluation team were as following:

- Clear philosophy of expectations of a graduate nurse needs to be articulated.
- Module descriptors need to:
  - correspond with subject titles of Annex 5.2.1 of Directive 2005/30/EC;
  - clearly define **levels** of theoretical and practical competence in each year with all competencies being achieved at the end of the programme (the excellent workbooks could be used as a basis for portfolios);
  - ensure that both theoretical and practical assessment is linked to learning outcomes;
  - ensure that a learning and teaching strategy develops during the programme to take into account the integration of student learning in practice being integrated into theoretical development/learning;

- Reading lists need to be current.
- Clinical practice:
  - must explicitly meet EU requirements and be recorded as such;
  - must attract assessment of equal value and status to that of theory;
  - a strategy needs to be developed which clearly articulates structures for students not achieving competence or showing dangerous practice.

However, some of these requirements were not discussed in the SER and are not followed by the programme implementers (see SER, Table 22. Changes made in the programme after the last assessment). Therefore, there are still some place for improvement, which is discussed in this report and further recommendations are formulated which, the evaluation panel hope, will help programme team to develop this programme further.

The evaluation team was led by professor dr. Lynn Kilbride (Glasgow Caledonian University, United Kingdom) and comprised of associate professor dr. Carol Hall (University of Nottingham, United Kingdom), Hannele Tiittanen (Lahti University of Applied Sciences, Finland), Inge Bergmann-Tyacke (FH Bielefeld University of Applied Sciences, Germany), Kristi Toode (North Estonia Medical Centre, Estonia), and Laura Žlibinaitė (Lithuanian Sports University, Lithuania).

## II. PROGRAMME ANALYSIS

### *1. Programme aims and learning outcomes*

The aims and learning outcomes (LOs) of the programme were clearly articulated within the SER and references were made to all of the pertinent higher education regulatory documents and international requirements for nursing that these aims and learning outcomes were based upon.

Although the SER provided some insight to the relationship between the programme aims and LOs to academic/professional requirements, public needs and the needs of the labour market it was only through face to face discussion that the evaluation team could establish the appropriateness of these for the Lithuanian Nursing Workforce.

The SER team identified in discussions that the programme team were aware of the changing health needs of Lithuanian population in terms of an increase in nursing care such as elderly care, dementia, community nursing, hospice care, home care and generally more emphasis on

prevention. They agreed with the evaluation team and acknowledged that these future requirements of nurses should have been made more explicit within the LOs of the programme.

The social partners and students were very complementary about their involvement in the evaluation and development of the programme and this allowed them to ensure that the aims and LOs of the programme was suitable for them as employees and employers.

The academic level of the LOs within the documentation is appropriate for first cycle studies however it was identified that the content of the programme (module content and assessment) does not align with the aims and LOs stated. This will be discussed more within section 2 of this report.

In addition, the learning outcomes A1 (the ability to critically and systematically analyse and to apply to the practice of nursing and research the latest knowledge of all these subject included in the curriculum), A2 (the ability to apply knowledge and theory of biomedical, social, humanities, and other sciences to the practice of nursing and research and to use it for the development of erudition and analytical and critical thinking), B1 (the ability to conduct independent research and interpret its outcomes from the viewpoint of the science of nursing and other sciences), B2 (the ability to apply the outcomes of research in the modelling of nursing problem and health promotion solutions in health care, in the improvement of professional activity, and in the implementation of innovative nursing services to individuals of different age groups, families, the community, the healthy, and the disabled), and E2 (the ability to retrieve and use national and international sources of information, to use information technologies, and to deal with confidential information) does not clearly come out in the current formulation of the aims of the BAN programme. It is recommended that the aims should clearly articulate above listed abilities to acquire, analyse and implement latest knowledge in practice, and the research ability in order to meet all 1<sup>st</sup> cycle learning outcomes required in the Descriptor of the Study Cycles (Order No. V-2212, 21 November 2011, of the Minister Education and Science of the Republic of Lithuania).

Overall the evaluation team determined that the BA Nursing programme that is delivered within KU is needed and valued by students and social partners. The aims and learning outcomes are suitable for first cycle studies but perhaps they could incorporate more specific skills, knowledge and competencies needed for nursing into the future.

## ***2. Curriculum design***

The evaluation team were shown evidence to suggest that the curriculum design meets legal requirements. However, the study process and plan identified within the SER does not adequately identify the breakdown of theoretical and practical hours, nor the assessment process related to clinical practice. This was investigated fully by the evaluation team during the visit.

The evaluation team concludes that there is currently insufficient evidence to demonstrate clearly that the programme being delivered now and the intended programme for 2014 entry includes sufficient practical hours to meet the requirements of EU and therefore National legislation. This is because of the following reasons.

- The hours of direct clinical practice are not clearly articulated within the study plan (similar problem was identified also during the last external evaluation in 2010).
- The practice hours included within the study plan are calculated in ECTS and transferred back to actual hours. While this does suggest that the number of practice hours completed meets legal requirements within the boundaries of the hours awarded to ECT's, and this practice is commensurate with previous practice within the EU (De Dekker et al 2010), the newly published EU/55/2013 (which must be fully ratified by January 2016) makes it clear that hours should be determined and ECTS can only emerge from the calculation of actual hours completed.
- Simulated and lab practice is being used in addition to face to face clinical practice but the differentiation of these hours is not clearly articulated within the SER. When asked, the FN identified a further diagrammatic representation which demonstrated these hours more clearly. In accordance with EU/36/2005, these hours should not be incorporated as practice time and it was not clear from any paperwork seen that this was the case.

As a matter of urgency, KU must ensure that the study plan for the BN articulates clearly where actual clinical practice hours are included for all nursing programmes currently running and proposed and identifies that sufficient practice opportunity is offered to all nursing students in accordance with the EU/36/2005 and EU/55/2013. This identifies that the number of practical and theoretical hours completed should be 4600 hours, of which at least half must be direct patient care and no less than a third taught theoretical hours. Also, KU must ensure that nurses qualifying from the BN programme of study have a transcript/diploma supplement which clearly articulates the hours completed. In order to comply with the directive EU/36/2005 amendment

EU/55/2013, calculation of practice hours for a nursing course must be achieved in actual hours of practice and then converted to ECTs if required for the benefit of the university.

The modules within the programme are not repetitive in their content but Table 9 in the SER (The links between the learning outcomes of the study programme and individual courses) indicates that the programme team need to spend more time aligning the module content with the LOs of the programme. For example: Some of the core LOs e.g. A2 (the ability to apply knowledge and theory of biomedical, social, humanities, and other sciences to the practice of nursing and research and to use it for the development of erudition and analytical and critical thinking) details skills that should be embedded within a large proportion of the modules, however they are only aligned to a few modules in the programme. Additionally some of the skills that are very important e.g. team work (detailed in LO C2: The ability to implement nursing services, independently or as a team member, by choosing complex technological, organizational, and methodological means) it is hard to comprehend how team work principles could be taught and assessed within the modules cited in Table 9; e.g. within a module entitled Pathology. The corresponding learning outcome of this module (4. The ability to independently implement nursing services by choice of complex technological, organizational, and methodological means), does not include team member's perspective. Also the principal aim of this module is knowledge-based and does not include special abilities. Referred study method (practical assignments; problem solution sessions; discussion) does not reflect any assignments where team work is requested and the corresponding student achievement assessment (activity reflection, case study) is not enough to assess ability to work in team. In addition, the procedure of the knowledge and ability assessment (a ten-point criteria-based assessment scale and a cumulative assessment system is applied; the semester assignments of independent work are graded, and the final grade is derived during the exam session: individual grades are multiplied by the lever coefficient and the products are summed up) does not include any aspects how the ability to work in team could be assessed. The same problems were detected with regard to other LOs of abilities. Particularly, teaching the ability to conduct research and the ability to acquire and apply evidence-based knowledge (LOs B1 and B2) need more purposeful and systematic measures in the programme. More than 6 credits of the Research Methodology and Techniques (more contact hours) are needed for developing students' ability to complete independent work (71,1% of the study programme), including course papers 1, 2 and Bachelor's thesis.

Above described lack of alignment between the LOs, courses' content and the methods of teaching and assessment needs to be addressed to ensure that the students have a 'holistic'



learning experience and ensure that the scope of the programme meets the LOs. Part of this problem (theoretical and practical assessment were not linked to learning outcomes) was already identified during the last external evaluation in 2010, however it has not been solved yet.

The lack of alignment within the curriculum applies to both theory and practice. Practice is highly valued by the staff, students and social partners but articulating where and how practice integrates to the theory and design of the programme was hard to elicit within this visit. It would be beneficial if into the future the curriculum had a clear statement of what, where and when the practice element of this programme is delivered and what alignment it has with the LOs. This level of detail could be embedded within the module descriptors or within the curriculum mapping table.

The team need to be commended on the transition that has happened within this curriculum as through great leadership and motivation they have managed to move this curriculum from being medically dominated to having nursing as a key focus in the content of courses. The aims and the courses of the programme have been revised with the focus transferred on the subjects of nursing. The programme team have also started to embed some themes for the future workforce e.g. community nursing and such changes are really welcomed by the evaluation team. These positive changes are also related to the new head of the department who is a nurse. However this transition needs to continue if the programme is going to continue to improve and ensure that it is preparing nurses that are adequate for the future of Lithuania and the rest of the world. The programme needs to incorporate up to date nursing literature and databases to ensure that the teaching reflects the latest advancements in nursing research and advancements in teaching and learning skills e.g. reflective practice where individuals learning from their own professional experiences, rather than from formal teaching or knowledge transfer. Through reflection the students are able to see and label theory within the context of their work in nursing practice. The team might also want to reconsider whether Latin language teaching is really necessary or whether this time could be used better for nursing issues.

### ***3. Staff***

The staff at KU is competent to successfully deliver the BAN programme. There has been significant investment in DN to change the profile of the staff from being medically and/or science orientated to having a nursing background. This has had a positive impact on the

curriculum and has ensured that the DN is now in a transitional stage of its development. This was very apparent to the evaluation team during the site visit as the students and staff all mentioned that they had noted these significant details in the profile of the staff.

The staff within the DN meets the legal requirements. Over 50% of the programme is taught by scientists and 79.4% of the staff has no less than 3 years of practical experience. The total number of the teaching staff in the DN is 34 teachers of which six teachers are full-time and 28 are part-time. The DN teachers deliver 85% of the programme and the rest is taught by the teachers from the other faculties. Ratio of teachers and students is 1:12, which is very good, however it is suggested that the percentage of part time staff could be lessened over time to ensure continuity within the teaching team, the curriculum and the student's learning and teaching experience.

The qualifications of the teaching staff are adequate to ensure the learning outcomes of the programme. There is an increase in the number of highly academically qualified nurses within the teaching team, (two associate professors have PhDs in nursing, and four teachers are currently undertaking doctoral studies in nursing) and all the nursing subject teachers have completed an MSc nursing. This has had an extremely positive effect on the nursing curriculum. However there is still a large number of medical staff involved in the teaching of the BN curriculum and it is hoped that into the future the number of academically qualified nurses within the teaching team continues to rise significantly. There may be a need for pedagogical development of these staff into the future to ensure that they are suitable for this new 'era' of the Department. This will have a positive impact on the curriculum.

Clinical modules are taught in practice by teachers from the fields of medicine and nursing who are working as a team. Although all of these individuals have significant clinical experience they are not specifically prepared for this clinical supervision role. A mentoring training programme for the supervising nurses in clinical settings is highly recommended in order to provide qualified education according to the objectives of curriculum. At present, nurse practitioners have had no training about how to supervise nursing students in practice bases; they may have a sense of inadequacy and lack of confidence in the ability to provide teaching and assessment of practical skills.

KU supports the professional development of the teaching staff in terms of teaching and research. It offers staff the possibilities to attend international conferences, to write textbooks, participate

in internships and to write and defend scientific research papers. Every 5 years staff need to demonstrate their capability (60 hours of certified Continuous Professional Education to be able to hold their position. Between 2010-2013 almost all the teachers improved their pedagogical qualifications by attending courses or seminars according to their interests, and they have been financed from various university and European funding sources. It was noticed by the evaluation panel that most of the staff development has been research focused and/or focused upon staff personal interest. What was unclear was how staff development aligned itself with the development of the nursing departments and its educational provision. For example, more pedagogical training could be advantageous for implementing contemporary teaching and assessing methods within the programme and achieving advancements in staffs' teaching skills and thereby also the students' learning skills.

The teaching staff of the programme is actively involved in research related to the study programme being reviewed. Teachers are actively organizing and participating national and international scientific conferences, projects and seminars. The full-time teachers are carrying a great responsibility to develop the nursing programme, but it was evident that the number of the full-time teachers with their PhD's in nursing remains small for the development of a real nursing research community. For a nursing focused research strategy to have also a regional impact, greater consideration must be given to the development of a stronger teaching faculty and sustainable partnerships with other stakeholders with the existent skills to enhance the provision. During the visit, teachers reported that 1/3 of their working hours should be committed to research, but in reality it is mostly more than that.

#### ***4. Facilities and learning resources***

Through a campus tour, the evaluation team were able to assess that the facilities, equipment and teaching materials were suitable and adequate for the provision of the programmes. There were areas where the evaluation panel felt there could be more investment to improve this for the staff and students into the future. Classrooms and premises for studies are inconveniently situated in different places of the city so it is strongly advised to organize study process that students migrate from one place to another as less as possible.

The number of bases for practical training is appropriate for providing education according to the objectives in the curriculum. The students study in several healthcare institutions based on bilateral agreements and organized according to the regulations of KU. There are sufficient study rooms and adequate equipment to conduct practices in each of these areas.

All the necessary study materials for the BN are available for students in the KU Library or in the methodological centre but the majority of these are in Lithuanian. It is recommended that scientific articles on contemporary research of nursing practice in the Lithuanian and English language should be added to the present collection of principal and supplementary literature of study field subjects (as discussed in section 2). Consideration should be given also to updating texts to the most recent editions where knowledge has advanced and perspectives regarding nursing theory and practice have changed. This recommendation, that reading lists need to be current, was also made by previous evaluation team. Nevertheless, in the opinion of the current evaluation team, the development of reading list is still needed and is specifically relevant to clinical subjects where the role of nursing should be more incorporated. In addition the staff should start with using the new resources of the library while the evaluation team saw in the library some good nursing books (in English) what was not mentioned in the readings list of the subjects.

In many subjects the number of textbook copies are limited (1-10) but students indicated that they had good access and that the shortages of literature in the traditional format are compensated for by the subscription to e-books and databases. There is free on line access to full text articles for all student and teachers. The databases and subscribed periodicals (in Lithuanian and English) are appropriate for providing education and research of nursing at Bachelor's level.

### ***5. Study process and student assessment***

Students are admitted to the Bachelor in nursing in Klaipeda through National regulation in a competitive process. There is a low conversion rate from applicants to student numbers but this was justified adequately by the SER team. As the number of students that can be admitted to KU is limited then they need to apply strict admission criteria and this causes such a low conversion rate.

The organisation of the study process has been revised in light of the last expert review which was critical of the provisions made by Klaipeda University. There have been some changes to alter the balance between biomedical science and nursing. The institution has attempted to place nursing at the core of the curriculum since the previous review in 2010. The aims and the courses of the programme have been revised with the focus transferred on the subjects of nursing; more PHDs of nursing are involved in the teaching process. This change although still small and in

need of greater development, has had a significant impact on the programme and how it is perceived by students, staff and social partners. There are a high percentage of lectures within the programme, which is useful for just sharing the knowledge, rather than developing any abilities or skills. Therefore, as suggested in section 2 it would be beneficial for the teaching and learning activities of the programme to be reviewed to incorporate different and more active teaching styles that would embed some of the skills that are stated within the LOs but are not being met within a number of the modules. In addition, the recommendation made by the previous evaluation team in 2010, that the teaching/learning strategy should be gradually developed to be more complex during the programme (citation from previous report: ensure that a learning and teaching strategy develops during the programme to take into account the integration of student learning in practice being integrated into theoretical development/learning) still needs to be followed.

The documentation that is used by students and staff to assess their learning within practice is beneficial but could be improved by incorporating elements such as self-reflection which is core to students practice learning.

The students within the programme are given the opportunity to participate in research as part of their final thesis. The students all expressed that they were provided with the opportunities to participate in research that was aligned to the work of their supervisors and the topics of study witnessed within completed theses all had a nursing focus. The topics of thesis were relevant for the programme and the supervision of the students is adequate although it would be nice to see more highly qualified nurses involved.

The SER identifies that students can participate in international mobility programmes of 1 week or up to 1 semester through ERASMUS programmes. Although Klaipeda nursing has 4-5 students on outward mobility each year to Russia and to other partners, they more dominantly receive students (27-30) from across the EU including Belgium, Ireland, Finland, Denmark and Poland. This is an extremely positive aspect of the students teaching and learning activity and they are actively encouraged where possible to integrate with these individuals. Students' outward mobility should be encouraged and supported.

The level of academic and student support provided to students is adequate and the pass rate is high. Students have a close relationship with the teachers and they indicate that they are readily available when support is needed. The social support provided to students is well evaluated and

appears well organized. The students have a head of their group that is a first line of contact and also have ample opportunities to express their needs to all the staff and they expressed in their meeting with the review team that they feel that these are always met effectively. In clinical practice, the students expressed the view that they were supported the majority of the time. However they feel at times staff cannot supervise them adequately due to the demands of the clinical area. As suggested in section 3, a mentoring training programme for the supervising nurses could be advantageous here in order to provide nurse practitioners with necessary ability and confidence to supervise.

The assessment system is clearly identified and there are clear structures for supporting failing students. The assessment procedures are clearly described and publicly available at the University's website. The University also offers guidance for schools about academic integrity including ethics, misdemeanors and plagiarism. The assessment of practice is very task orientated and skills like reflection, and assessment and decision making are not included in the assessment books. These should be revised to be more a holistic practice assessment tool.

The social partners were extremely complementary about the KU programme and its graduates. They feel that the students are prepared with the correct knowledge, skills and competence for practice and their roles within hospitals and community. The close relationship between the social partners and the University is extremely beneficial and students appear to benefit from this immensely. In the future it will be interesting to see if the advancements in the programme prepare the graduates for working outside Lithuania too.

## ***6. Programme management***

The programme management is at 4 levels: (1) general supervision by the Senate and the Rector's office; (2) coordinating work between the departments and resolving specific study-related problems by the Council of the Faculty of Health Sciences and the Dean's Office; (3) administration of the BAN programme, quality assessment and programme development; independent decision-making related to the programme by the department of Nursing.

There are clear arrangements of programme management at KU but the DN does have responsibility for ensuring the quality and administration of the BAN programme. There are regular (once a month) meetings of the team about student issues and progress and student attendance is monitored closely. Evaluation happens frequently and is collected from students,

staff and social partners. Evaluation of this data collection happens and action is taken promptly if necessary.

The processes and procedures used with KU for programme management seem to be clear and transparent however the programme still needs further development. The processes for change do not appear to be lengthy but there is a high level of overall satisfaction with the management of the programme.

### III. RECOMMENDATIONS

1. Future evaluation reports need to be completed accurately and reflect the activity of the department to prevent detrimental evaluation feedback.
2. The aims of the study programme should clearly articulate also the abilities to acquire, analyse and implement latest knowledge in practice and the research ability.
3. Ensure that the study plan for the BN clearly articulates actual clinical practice hours and a transcript/diploma supplement clearly articulates the hours completed.
4. The number of practical and theoretical hours completed should be 4600 hours, of which at least half must be direct patient care and no less than a third taught theoretical hours.
5. Calculation of practice hours for a nursing course must be achieved in actual hours of practice and then converted to ECTs if required for the benefit of the university.
6. The transition of the nursing programme needs to continue to ensure that this nursing programme continues to produce graduates that are suitable for Lithuania and the rest of the world.
7. The linkage between aims, learning outcomes and module content needs to be aligned to ensure that there is a holistic programme delivered to students.
8. To enhance the practice learning of students it is suggested that there is preparation of mentors in practice and expansion of the learning log to incorporate additional skills e.g. reflection.

9. Attract more PhDs in nursing to be involved in the staff and increase pedagogical development of the current staff to ensure that they are suitable for teaching and developing BA Nursing programme in the Department of Nursing.
10. Ensure specialised teaching and learning materials are available in sufficient numbers, up-to-date, and implemented into the study programme, particularly books and journal articles on nursing science.
11. Incorporate more active teaching and learning styles and modern assessment methods into the programme in order to obtain all the learning outcomes of the curriculum.

#### IV. SUMMARY

The report was very badly written and it did not reflect any of the positive activity within the Department. The report could have been extremely detrimental to the department in terms of this evaluation.

Taking great steps to take the programme from being 'medically dominated' to being nursing programme led by nurses and incorporating nursing principles this is evidenced in: increasing number of academic staff with higher qualification in the subject area of nursing; increase in nurse led teaching and learning; nursing being core to the focus of the Programme and topic of final thesis.

The content of the BAN Programme (module content and assessment) does not align with all the aims and LOs stated. Also some learning outcomes do not clearly come out in the current formulation of the aims of the BAN Programme.

There is a need to continue with the development of BAN Programme to be more nursing centered, e.g. nurses teach all of the theory modules using up to date literature and standards of nursing, their modules all relate to nursing as opposed to medicine, the embedding of nursing principles using recent evidence based literature of nursing science.

The study plan for the BN must articulate clearly and transparently details relating to the clinical practice hours demonstrating accordance with the directive EU/36/2005 and EU/55/2013. In



addition, in order to comply with these directives, it is not acceptable to have large number of simulation hours identified as direct care in practice nor is it acceptable to have calculation of practice hours for a nursing course not in actual hours of practice but interpreted from ECTs.

Staff are engaged positively in the transition of the Department and they have great enthusiasm to be involved in this process. Having PhDs in nursing involved into the leadership and the staff provides biggest strength for continuous development of the Programme and the Department. More pedagogical training for staff and mentoring training programme for supervising nurse practitioners is needed for providing qualified education with modern teaching and learning styles in order to achieve all the objectives of the curriculum.

Student and social partner engagement is very positive and the student/staff ratios are to be commended. The students feel very well represented within the Department and have positive experience in terms of 'being heard'.

## V. GENERAL ASSESSMENT

The study programme *Nursing*(state code – 612B70003)at Klaipeda University is given **positive** evaluation.

*Study programme assessment in points by evaluation areas.*

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

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

2 (satisfactory) - 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. Dr. Lynn Kilbride

Grupės nariai:  
Team members:

Assoc. Prof. Dr. Carol Hall

Ms. Hannele Tiittanen

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Ms. Kristi Toode

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**KLAIPĖDOS UNIVERSITETO PIRMOSIOS PAKOPOS STUDIJŲ PROGRAMOS  
SLAUGA (VALSTYBINIS KODAS –612B70003) 2014-09-19 EKSPERTINIO  
VERTINIMO IŠVADŲ NR. SV4-467 IŠRAŠAS**

&lt;...&gt;

**V. APIBENDRINAMASIS ĮVERTINIMAS**

Klaipėdos universiteto studijų programa *Slauga* (valstybinis kodas – 612B70003) vertinama **teigiamai**.

| Eil.<br>Nr. | Vertinimo sritis                                 | Srities<br>įvertinimas,<br>balais* |
|-------------|--|------------------------------------|
| 1.          | Programos tikslai ir numatomi studijų rezultatai | 3                                  |
| 2.          | Programos sandara                                | 2                                  |
| 3.          | Personalas                                       | 3                                  |
| 4.          | Materialieji ištekliai                           | 3                                  |
| 5.          | Studijų eiga ir jos vertinimas                   | 3                                  |
| 6.          | Programos vadyba                                 | 2                                  |
|             | <b>Iš viso:</b>                                  | <b>16</b>                          |

\* 1 - Nepatenkinamai (yra esminių trūkumų, kuriuos būtina pašalinti)

2 - Patenkinamai (tenkina minimalius reikalavimus, reikia tobulinti)

3 - Gerai (sistemiškai plėtojama sritis, turi savitų bruožų)

4 - Labai gerai (sritis yra išskirtinė)

&lt;...&gt;

**IV. SANTRAUKA**

Savianalizės suvestinė labai prastai parengta ir joje neatspindėjo jokia teigiama Katedros veikla. Dėl tokios Savianalizės suvestinės Katedra galėjo sulaukti itin neigiamų pasekmių per šį vertinimą.

Imamasi veiksmų, kad studijų programa, kurioje dominuoja medicina, taptų slaugos studijų programa, kuriai vadovauja slaugytojai ir kurioje vadovaujama slaugos principais. Tai

patvirtina didėjantis akademinio personalo su aukštesne kvalifikacija slaugos dalyko srityje skaičius, auganti dėstymo ir studijų, kurioms vadovauja slaugytojai, dalis ir tai, kad studijų programos ir baigiamojo darbo dėmesio centre yra slauga.

Studijų programos *Slauga* turinys (modulių turinys ir vertinimas) neatitinka visų nurodytų tikslų ir studijų rezultatų. Kai kurie studijų rezultatai aiškiai neatspindi dabartinėje bakalauro studijų programos *Slauga* tikslų formuluotėje.

Reikia toliau tobulinti bakalauro studijų programą *Slauga*, kad ji būtų labiau sutelkta į slaugą, pavyzdžiui, slaugytojai dėstytų visus teorinius modulius, naudodami naujausią literatūrą ir vadovaudamiesi slaugos standartais, visi moduliai būtų susiję su slauga, o ne tik medicina, į juos būtų įtraukti slaugos principai, kuriuose naudojama naujausia įrodymais pagrįsta slaugos mokslo literatūra.

Bakalauro studijų programos studijų plane būtina aiškiai ir skaidriai pateikti išsamią informaciją apie klinikinės praktikos valandas, parodant atitiktį Direktyvai 36/2005/EB, o ateityje – Direktyvai 55/2013/EB. Siekiant atitikti šias direktyvas, tiesioginei priežiūros praktikai reikėtų skirti 2 300 valandų ir ateityje slaugos studijų programos praktikos valandos turi būti skaičiuojamos pirmiausiai valandomis, o tada jos turi būti paverčiamos į ECTS kreditus.

Personalas aktyviai dalyvauja Katedros pertvarkymo procese ir yra labai entuziastingai nusiteikęs šiuo klausimu. Asmenų su slaugos mokslų daktaro laipsniu įtraukimas į vadovybės ir personalo veiklą sustiprina galimybę studijų programai ir Katedrai nuolat tobulėti. Reikia daugiau pedagoginių mokymų personalui ir slaugos praktikos vadovų rengimo programų, siekiant teikti aukštos kvalifikacijos išsilavinimą, naudojant modernius dėstymo ir studijų būdus, kad visi studijų turinio tikslai būtų pasiekti.

Studentai ir socialiniai partneriai labai tinkamai įtraukiami į studijų programą, o studentų ir personalo santykis – pagirtinas. Studentai mano, kad jiems labai gerai atstovaujama Katedroje ir mano, kad jų nuomonė išklausoma.

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### III. REKOMENDACIJOS

1. Ateityje savianalizės suvestinės turi būti tikslios ir atspindėti Katedros veiklą, kad būtų išvengta neigiamų vertinimo pasekmių.
2. Reikia aiškiai nurodyti studijų programos tikslus ir gebėjimus įgyti, išanalizuoti ir praktikoje taikyti naujausias žinias bei gebėjimą vykdyti mokslinę veiklą.
3. Užtikrinti, kad bakalauro studijų programos *Slauga* studijų plane būtų aiškiai nurodytos realios klinikinės praktikos valandos, o studijų pažymoje ir (arba) diplomo priedėlyje praktikos valandos būtų taip pat aiškiai nurodytos.
4. Bendra praktikai ir teorijai skirtų valandų suma turėtų sudaryti 4 600 val., kurių bent pusė turėtų būti skirta tiesioginei pacientų priežiūrai ir ne mažiau kaip trečdalis – teorinei medžiagai.
5. Studijų programos *Slauga* praktikos valandos turi būti skaičiuojamas pagal realias praktikos valandas ir tuomet jos turėtų būti paverčiamos ECTS kreditais, jeigu to reikia Universitetui.
6. Atrodo, kad reikia toliau tobulinti studijų programą *Slauga*, siekiant užtikrinti, kad joje būtų toliau rengiami absolventai, atitinkantys Lietuvos ir pasaulinius reikalavimus.
7. Reikia susieti tikslus, studijų rezultatus ir modulių turinį, siekiant užtikrinti, kad studentai studijuotų holistinėje studijų programoje.
8. Siekiant gerinti studentų praktiką, siūloma parengti praktikos vadovus ir išplėsti studijų aprėptį į ją įtraukiant papildomus gebėjimus, pavyzdžiui, refleksiją.
9. Pritraukti daugiau slaugytojų su daktaro laipsniu, kurie prisijungtų prie personalo ir padėtų dabartiniam personalui tobulėti pedagogikos srityje, siekiant užtikrinti, kad jie tiktų Slaugos katedros bakalauro studijų programai *Slauga* dėstyti ir plėtoti.

10. Užtikrinti, kad specializuotos mokymo ir studijų medžiagos, ypač knygų ir žurnalų straipsnių apie slaugos mokslą, būtų pakankamai, ji būtų naujausia ir naudojama studijų programoje.

11. Studijų programoje naudoti aktyvesnius dėstymo ir studijų būdus bei modernius vertinimo metodus, kad būtų pasiekti visi studijų turinyje numatyti studijų rezultatai.

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Paslaugos teikėjas patvirtina, jog yra susipažinęs su Lietuvos Respublikos baudžiamojo kodekso 235 straipsnio, numatančio atsakomybę už melagingą ar žinomai neteisingai atliktą vertimą, reikalavimais.

Vertėjos rekvizitai (vardas, pavardė, parašas)