

CURRICULUM STRUCTURE AND KEY PERFORMANCE INDICATORS FOR NURSING AS REGULATED PROFESSION IN THE TIME OF INTENSIVE MIGRATION

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Abstract: Increasing needs for qualified medical workers, particularly general care nurses, in European Union led to the massive migration of educated medical workers from Eastern Europe and Middle East countries. However, soon it became obvious that there is a significant inconsistency in the quality of health professional education as well as in the structure of curricula. This inconsistency was the main reason to adopt Directive on the recognition of professional qualifications 2005/36/EC of the European Parliament and of the Council. This paper will discuss the implementation of Directive 2005/36/EC into the current version of Serbian Regulations on standard and procedure for accreditation of study programmes.

Key Words: nursing, curriculum, regulated profession, European legislative

1. INTRODUCTION

Curriculum planning is a decision-making process referring to the content and the organization of learning for which the school is responsible. The *curriculum* is the sum total of skills and concepts that students learn and acquire, both explicitly and implicitly. Decisions about which skills and concepts have to be included in the curriculum are shaped by the intended learning outcomes. In the case of medical professions, however, the content and the organization of learning are additionally conditioned by legal regulations, adopted by a government on both national and international level.

The most important legislative that affects European Education Area curriculum planning in medical profession is Directive on the recognition of professional qualifications 2005/36/EC of the European Parliament and of the Council. The purpose of Directive is to establish "rules according to which a Member State which makes access to or pursuit of a regulated profession in its territory contingent upon possession of specific professional qualifications (referred to hereinafter as the host Member State) shall recognize professional qualifications obtained in one or more other Member States (referred to hereinafter as the home Member State) and which allow the holder of the said qualifications to pursue the same profession there, for access to and pursuit of that profession" (quoted Directive 2005/36/EC).

2. NURSING AS REGULATED PROFESSION

The number of qualified medical workers, particularly general care nurses, in European Union does not reach the required number. Increasing needs for this type of professionals in Western countries led to the massive migration of educated medical workers from eastern countries. However, soon it became obvious that there is a significant inconsistency in the quality of medical worker education as well as in the structure of curricula. This inconsistency was the main reason to adopt Directive on the recognition of professional qualifications 2005/36/EC of the European Parliament and of the Council.

Medical workers, including nurses, are so called regulated profession. As defined in Directive 2005/36/EC, as a regulated profession is considered "a professional activity or group of professional activities, access to which, the pursuit of which, or one of the modes of pursuit of which is subject, directly or indirectly, by virtue of legislative, regulatory or administrative provisions to the possession of specific professional qualifications; in particular, the use of a professional title limited by legislative, regulatory or administrative provisions to holders of a given professional qualification shall constitute a mode of pursuit. Where the first sentence of this definition does not apply, a profession referred to in paragraph 2 shall be treated as a regulated profession".

Regulated profession, therefore, are subjected to attestation of competence in order to be recognized. Student can obtain a professional qualification only through a "regulated education and training": any training which is specifically geared to the pursuit of a given profession and which comprises a course or courses complemented, where appropriate, by professional training, or probationary or professional practice.

When talking about general care nurses, regulated education and training is strictly defined in Directive 2005/36/EC, in term of duration of study as well as in term of specified list of skills that nurse must adopt during

training. Training of nurses responsible for general care shall be given on a full-time basis and shall include at least the programmed described in Annex V, point 5.2.1. of Directive 2005/36/EC. Duration of the program is also well defined and the training of nurses responsible for general care shall comprise at least three years of study or 4600 hours of theoretical and clinical training, the duration of the theoretical training representing at least one-third and the duration of the clinical training at least one half of the minimum duration of the training. Clinical training is that part of nurse training in which trainee nurses learn, as part of a team and in direct contact with a healthy or sick individual and/or community, to organize, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge and skills which they have acquired.

Previous version of Serbian Regulations on standard and procedure for accreditation of study programs did not take in account Directive 2005/36/EC whatsoever. Importantly, the current version of Regulations on standard and procedure for accreditation of study programs, adopted by The National Council of Higher Education ("Official Gazette of the Republic of Serbia" No. 13/2019) incorporated Directive 2005/36/EC in term of total 4.600 hours of theoretical and clinical training, with full hours, during at least three years of professional education or applied studies, which can bring an appropriate number of ECTS credits. Beside total training hours, Standard 6 of Serbian Regulations on standard and procedure for accreditation of study programs incorporate another important issue from Directive 2005/36/EC "The duration of the theoretical education mentioned in paragraph 2 of this article must last at least in the duration of one third of the minimal duration of schooling, while clinical education must last at least one half of the minimal duration of the schooling."

Yet, the specified list of skills that nurse of general care must adopt during training is not identified by Serbian Regulations on standard and procedure for accreditation of study programs and international conformance is anticipated only through the requirement for standard 6.3 "The study program is in accordance with at least three accredited programs of foreign higher education institutions, of which there are at least two from European educational space."

In accordance with Annex V, point 5.2.1. of Directive 2005/36/EC, the training leading to the award of a formal qualification of nurses responsible for general care shall consist of the following two parts.

A. Theoretical instruction

a. Nursing:

- Nature and ethics of the profession
- General principles of health and nursing
- Nursing principles in relation to:
 - general and specialist medicine
 - general and specialist surgery
 - child care and paediatrics
 - maternity care
 - mental health and psychiatry
 - care of the old and geriatrics

b. Basic sciences:

- Anatomy and physiology
- Pathology
- Bacteriology, virology and parasitology
- Biophysics, biochemistry and radiology
- Dietetics
- Hygiene: — preventive medicine — health education
- Pharmacology

c. Social sciences:

- Sociology
- Psychology
- Principles of administration
- Principles of teaching
- Social and health legislation
- Legal aspects of nursing

B. Clinical instruction

- Nursing in relation to:
 - general and specialist medicine
 - general and specialist surgery
 - child care and paediatrics

- maternity care
- mental health and psychiatry
- care of the old and geriatrics
- home nursing

It is important to note that, although Serbian Regulations on standard and procedure for accreditation of study programs prior to 2019. did not take in account Directive 2005/36/EC, Serbian Medical School of Applied Sciences started with the implementation and incorporation of Directive 2005/36/EC principles into their curricula already during accreditation cycle in 2011. The importance of the Nursing study programs harmonization with European Union was recognized not only in the light of the facilitation of student mobility and employability of Serbian nurses in EU, but also in the light of accreditation of hospitals and other medical institutions. Therefore, all Schools of Applied Sciences that are offering Nursing study program, organized by the Medical-field Committee of Conference of Academies of Applied Sciences Serbia, agreed to incorporate the principles of Directive 2005/36/EC and significantly increase hours of theoretical and clinical training, to reach total number of 4600 hours.

3. KEY PERFORMANCE INDICATORS FOR NURSING STUDY PROGRAMME

The accreditation system ensures the quality of higher education institutions and study programs through the ensuring compliance with the minimum standards. However, adherence to the minimum standards, which must be regulated by law, in the academic community cannot be considered as the ultimate indicator of quality. On the contrary, quality as "excellence" in achieving its performance is an academic approach, according to which only the highest levels of quality are understood as realized true academic quality. Accordingly, the ranking of higher education institutions and study programs recognizes excellence as a ranking category.

University ranking has been a significant process since 2003. with the publication of the Academic Ranking of World Universities (ARWU) by the Shanghai University (Shanghai List) and the Times Higher Education World University Rankings a year later. Today there are over fifty national and ten world rankings of educational institutions, including the U-Multirank of the European Union. Given that it has no legal consequence, ranking is partly a matter of prestige, particularly in the conditions of globalization and marketing of education.

Instruments for performance monitoring and assessment at higher education institutions are so-called quality indicators. The main objective of the indicators is to make quality conclusions in an objective manner and to prepare a work plan for the future. Measuring, ie analyzing indicators requires systematic planning and execution; a plan for measuring and defining baseline values, as well as benchmarks whose comparisons assess the improvement of the institution's performance.

Typically, the list of Key Performance Indicators, adopted by the vast majority of ranking systems includes measurable indicators in the area of Teaching and Learning, Research, Knowledge Transfer, International orientation, such are:

- Quality of students
- Quality of teaching staff
- Quality of resources
- Inclusion of work/practical experience
- Student's satisfaction
- Employability
- Number of scientific projects
- Number of publications
- Research in cooperation with the economy
- Industry co-patents
- Foreign language programmes
- Student mobility
- International cooperation
- International diploma recognition

Clinical part of nurse's training, obviously, has to take place in hospitals and other health institutions and in the community. Therefore, the most important part of curriculum planning in the Medical Schools of Applied Sciences is to provide students with the access to hospitals and health institutions. Student education in nursing clinical placements integrates environmental, collegial, pedagogical and clinical attributes. Clearly, clinical training has to be carefully supervised to prevent any mistake or malpractice that may occur during students contact with patients.

Clinical training is performed under the responsibility of nursing teachers, in cooperation with and assisted by other qualified nurses. Selection of nursing teachers and other personnel included in student training, therefore, has to be done with particular concern. The planned number of teaching staff cannot be less than the number anticipated by internal standards and national quality assurance standards. The selection of teachers and associates has to be performed in accordance with the Regulations on the appointment of teachers.

The very important part of Medical Schools of Applied Sciences curriculum planning and quality assessment, is the estimation of hospital capacities to accept all enrolled student. Even more important, students are supposed to gain the experience in general care of patients with different pathological conditions. Although one may presume that major clinical center will be in a position to provide a good training with the variety of patients with all pathological conditions that are predicted by curriculum, this is not necessarily a case. It requires additional management skills to temporarily and spatially organize student's activities in order to provide the best possible learning experience.

Thus, in addition to key performance indicators (KPI) common for all higher education institutions, the education in medical field must include following KPI:

- Size of medical institutions affiliated to study program
- Medical institutions department variability
- Bedside teaching
- Skills development
- Academic staff dividing working time between HEI and affiliated medical institutions
- Academic staff with work experience in medical institutions for the duration at least 5 years
- Inclusion of practical experience in medical institutions
- Linking clinical/preclinical teaching

4. CONCLUSION

Successful curriculum implementation in medical school of applied science requires careful synchronization of student activities in the school and the activities that occur in health care institutions. With respect to the requirements from Directive on the recognition of professional qualifications 2005/36/EC of the European Parliament and of the Council, the list of skills and experiences that student has to master in three-years program requires high level of flexibility and accommodation to the health care providers work schedule.

There are two critical aspects for nursing education: (1) facilitating learning by creating supportive learning environments (2) strengthening students' professionalism by empowering the development of their professional attributes and identities and enhancing attainment of students' professional competence in nursing.

5. LITERATURE

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