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HEALTHCARE QUALIFICATIONS PRACTICE FOR B&H

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The implementation of National Qualifications Frameworks presents many challenges for the many stakeholders, including programme designers, professors, education providers, awarding bodies and of course the student body. A core dimension to the success or otherwise of national frameworks is the link between them and the issue of quality. Quality systems are now common place and in this paper, we will explore if the elements of a qualification framework can lead to a more effective quality system. The research in this paper produces data on how the Baseline of the QF in B&H is perceived and used by healthcare professionals and the views of medical students who are final beneficiaries of its use. The research was conducted as part of Tempus project Bosnia and Herzegovina Qualification Framework for Higher Education financed by European Commission (2013-2017). In particular, we will examine if elements such as modularisation and the development of learning outcomes at the programme and module levels are beneficial to a quality system for the higher education system. The research was undertaken within the emerging Bosnia Herzegovina framework for the higher education sector. It is very much a pilot for what we hope will be a much larger exercise once the framework is more firmly established. Indeed, it would appear that there is a substantial gap between the aims and objectives of the Baseline of the QF in B&H, and the reality of its impact on learning and academic practice as evidenced by the views of the two groups in this study.

Key words: qualification, healthcare, academics, students

[1]The research was conducted as part of Tempus project Bosnia and Herzegovina Qualification Framework for Higher Education financed by European Commission BHQFHE (544464-TEMPUS-1-2013-1-DE-TEMPUS-SMHES)" (2013-2017).

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INTRODUCTION

Qualifications frameworks have been used with increasing frequency within Europe, where exists the European Qualification Framework (EQF) that attempts to harmonise and consolidate multiple national frameworks into a single point of reference (EUA 2010; Karseth & Solbrekke 2010). All EU candidate and potential candidate countries are required to relate their national qualifications levels to the relevant levels of the EQF. Introducing the EQF in 2011, the Council of Ministers of B&H adopted a Baseline of the Qualifications Framework in B&H ("Official Gazette", No. 31/11), and established the Inter-Sectorial Commission for making the QF in B&H within two years of this publication ("Official Gazette", No. 9/13). Baseline of the QF in B&H includes full matching of two European meta-frameworks: QF-EHEA and EQF LLL.

Despite some effort, Bosnia and Herzegovina is still at the beginning of the process and the report by the EHEA Working Group on QFs presented at the Bologna Ministerial Conference at Bucharest in March 2012 reasonably showed that this is an area where considerable work is yet to be done. The Council of Ministers (national government) of B&H adopted the "Framework for Higher Education Qualifications in Bosnia and Herzegovina", and the Strategy for its implementation in December 2007. Two important strategic documents highlighting the necessity of the adoption of the Qualifications Framework in B&H were drafted and published: Strategy for Development of Vocational Education and Training in B&H 2007-2013 (Official Gazette of B&H no. 65/07) and Strategic Directions of Education Development in B&H 2008-2015 (Official Gazette of B&H no. 63/08). The proposed framework is on the generic level (contains generic descriptors for three cycles of higher education: bachelor, master and PhD), but need to be developed further particularly on the level of each study programme at all higher education institutions in the country. Further, to be recognized in EHEA, QF has to be designed to facilitate self-certification against the Overarching Qualifications Framework.

Since the formal adoption of the B&H QF-EHEA in 2007 and despite the publication of the afore mentioned strategy documents very little has happened. Generic descriptors outlined in the Document are not commonly used, qualifications standards have not been further developed and currently study programs at the higher education institutions are not learning outcome based. Universities staff is obligated to constantly improve courses, modules, adoption procedures as precondition to reach modern curricula, developed in according to student needs and to needs of society and labour market.

Little research has focused on how the Baseline of the QF in B&H is used in day-to-day academic practice at the University level, especially practice of Medicine. The Medicine programmes in B&H provide a well-rounded intellectual training with particular emphasis on the basic science research that underpins medicine, which offers a breadth of experiences that it is impossible to find in any other subject.

The research in this paper produces data on how the Baseline of the QF in B&H is perceived and used (or not) by healthcare professionals who are supposedly instrumental in its application and the views of medical students who are final beneficiaries of its use. The research was conducted as part of Tempus project Bosnia and Herzegovina Qualification Framework for Higher Education financed by European Commission BHQFHE (544464-TEMPUS-1-2013-1-DE-TEMPUS-SMHES)" (2013-2017).

RESEARCH APPROACH

A quantitative approach using a descriptive design, involving an online survey was used for this study. The objective of the questionnaires was to collect data for mapping existing healthcare qualifications practice and academic practice in correlation with the Qualifications Framework for the European Higher Education Area (QF-EHEA) and the European Qualifications Framework for Lifelong Learning EQF LLL. The Questionnaire was designed specifically to involve as many healthcare professionals and students as possible. The questionnaire had six parts: general information, general information about the Study Programme, general opinion about learning outcomes in the study programs, opinion about the quality and relevance of study programme, opinion about the quality of the program and its implementation and opinion about competences. A ranking system was utilised and respondents were asked to rank with a grade of 1 – 5 with 1 - general disagree, 2 - partly disagree, 3 - no opinion, 4 - partly agree and 5 – completely agree as the highest ranked score.

We received 153 completed questionnaires from 76 medical students and 77 university healthcare professors from 3 public Faculty of Medicine. The questionnaire contained questions pertaining to the following programs and were at the three levels of Bachelors, Master and Doctorate. Data were collected using an online questionnaire over a five-month period, between November 2015 and March 2016.

General opinion about the learning outcomes

Table 1. Details the responses to a series of questions pertaining to Learning Outcomes.

		N	M	SD	t	df	Sig. (2-tailed)	Mean Difference
Intended competences are well defined at the level of programs	Students University professors	76 77	3.43 3.98	.97 .89	-3.661	151	.000	-.55280
Intended competences are aligned with the needs of the labour market	Students University professors	76 77	3.19 3.61	1.27 1.12	-2.124	151	.035	-.41302
Intended competencies at the level of programs are aligned with the achieved learning outcomes within subjects	Students University professors	76 77	3.35 3.90	.93 .89	-3.753	151	.000	-.55383
The learning outcomes are aligned with the assessment criteria and procedures in subjects	Students University professors	76 77	3.47 4.02	1.14 .87	-3.351	151	.001	-.55229

Table 1. General opinion students and university professors about the learning outcomes

The tendency of the answers of the remaining four scales is quite constant, with mild benefits that respondents have no opinion about learning outcomes and intended competencies. Also, we observed that university professors in most cases tended to be more positive than students with the proposed claims. In order to determine whether there are differences between these two groups, we applied the t-test and the results showed that there were significant differences between these two groups on all proposed variables.

Opinion about the quality and relevance of medical programmes in terms of employability

Students need both relevant qualifications and employability skills to enhance their career prospects and contribute to their personal development. Medical sectors that typically employ students after graduation in the opinion of the majority of respondents are institutions in the public and private sector. On the question, what needed to change in the existing study programs most respondents in the comments pointed out that it is necessary to correct the approach to defining learning outcomes at the level of subjects and study programs to align them with the needs of the labour market with special emphasis on practical work and research. According to the majority of responses from students, six month's or two years was usually needed to gain experience for active work in different institutions/sectors, after finishing the study programmes.

Opinion about the quality of the medical program and its implementation

Table 2. Outlines the answers to a series of questions regarding the actual delivery of the medical programmes.

			General disagree		Partly disagree		No opinion		Partly agree		Completely agree
Variable			F	%	F	%	F	%	F	%	F
Nearly all students actively participate in classes	Students	76	5	6.6	9	11.8	16	21.1	27	35.5	19
	University professors	77	0	0	2	2.6	21	27.3	39	50.6	15
Previous students' knowledge and skills are sufficient to follow all courses in the Study Programme	Students	76	5	6.6	9	11.8	25	32.9	26	34.2	11
	University professors	77	3	3.9	11	14.3	28	36.4	24	31.2	11
Teaching methods, literature and other studying conditions are suitable in this Study Programme	Students	76	3	3.9	14	18.4	11	14.5	35	46.1	13
	University professors	77	0	0	2	2.6	11	14.3	41	53.2	23
The success of the students on the exam reflects the quality of the achieved learning outcomes	Students	76	5	6.6	18	23.7	14	18.4	28	36.8	11
	University professors	77	0	0	8	10.4	17	22.1	36	46.8	16
After graduation, you'd like to use future programs at this institution for your further lifelong learning	Students	76	5	6.6	10	13.2	12	15.8	21	27.6	28
	University professors	77	1	1.3	6	7.8	8	10.4	29	37.7	33

Table 2. Quality of the medical program and its implementation

Most of the medical students and university professors agree that nearly all students actively participate in classes. They are of the view that the students' previous knowledge and skills are sufficient to follow all courses in the study Programme. Also, the majority of students and professors are of the opinion that teaching methods, literature and other studying conditions are suitable and appropriate. The number who completely agree that success of the students in the exam reflects the quality of the achieved learning outcomes is quite small. The majority of respondents would return to their alma mater post-graduation for further study.

Opinion about competences

Table 3. Displays the answers to a series of questions regarding competencies and their relevance in medical sectors and situations.

Variable			M	SD	t	df	Sig. (2-tailed)
Expert knowledge and skills in the main field or discipline of the study programme	Relevant for institution/sector	76	3.7105	.90651	-3.511	151	.001
		77	4.1688	.69590			
	Graduates possess	76	3.3684	.76319	-2.598	151	.010
		77	3.6753	.69664			
Acquire new knowledge and skills /Willingness to learn	Relevant for institution/sector	76	3.8158	.96209	-1.439	151	.152
		77	4.0130	.71623			
	Graduates possess	76	3.6842	1.00943	-1.511	151	.133
		77	3.8961	.69933			
		77	3.4026	.78237			
Entrepreneurial thinking	Relevant for institution/sector	76	3.6579	.93170	-.755	151	.451
		77	3.7662	.84130			
	Graduates possess	76	3.4605	.98578	.478	151	.633
		77	3.3896	.84536			
Engagement	Relevant for institution/sector	76	3.7368	1.03754	-1.723	151	.087
		77	4.0000	.84293			
	Graduates possess	76	3.6579	1.01394	.149	151	.882
		77	3.6364	.75931			
Personal responsibility	Relevant for institution/sector	76	3.7237	1.07825	-2.706	151	.008
		77	4.1429	.82261			
	Graduates possess	76	3.7237	.98791	-.025	151	.980
		77	3.7273	.77181			
Willingness to change	Relevant for institution/sector	76	3.7105	1.22001	-1.529	151	.128
		77	3.9740	.88814			
	Graduates possess	76	3.9079	1.14517	.711	151	.478
		77	3.7922	.84818			
Work in a foreign language	Relevant for institution/sector	76	3.3816	1.21070	-2.376	151	.019
		77	3.8312	1.12861			
	Graduates possess	76	3.5263	1.07671	.930	151	.354
		77	3.3636	1.08711			
Communication skills	Relevant for institution/sector	76	3.8026	1.02006	-1.913	151	.058
		77	4.0779	.73924			
	Graduates possess	76	3.6974	.98006	-.302	151	.763
		77	3.7403	.76782			
Teamwork	Relevant for institution/sector	76	3.7237	1.11473	-2.936	151	.004
		77	4.1818	.79019			
	Graduates possess	76	3.5000	1.13725	-1.709	151	.090
		77	3.7792	.86790			
Empathy	Relevant for institution/sector	76	3.3421	1.16106	-2.659	151	.009
		77	3.8052	.98727			
	Graduates possess	76	3.6316	1.05631	-.031	151	.975
		77	3.6364	.82572			

Table 3. General opinion about competences medical new graduates possess and their relevance

The answers to this set of questions generated the highest level of indifference on the issue of competencies. In particular, there was a low ranking as to the relevance of competencies to the institution. There were also some interesting results as regarding whether the knowledge and competencies of graduates could be measured or assessed following the completion of the medical programme. Statistically significant differences were found on variables expert knowledge and skills in the main field or discipline of the study medical programme, Personal responsibility, work in a foreign language, teamwork and Empathy in favour of the professors, who have a greater degree of

agreement than just end-user beneficiary. Few amongst students and professors completely agreed with given statements. Most of them are unsure in their answers and the average value of the results are in favour of this claim. The research has shown that the Baseline of the QF in B&H is not well understood or used by healthcare academic staff and the students.

CONCLUSION

Contrary to the aspirations of the Baseline of the QF in B&H, it is difficult to argue, as a consequence of this study, that the Baseline of the QF in B&H has made any significant progress in attaining some of its key aims and consequently on academic practices. There is no evidence to suggest the Framework is used as an instrumental benchmark to aid in the design, development or implementation of medical study programs.

It is therefore questionable whether the competences are well defined at the level of programs, or aligned with the needs of the labour market at the level of programs. Equally it is debatable if with the achieved learning outcomes within subjects and aligned with the assessment criteria and procedures in subjects.

Indeed, it would appear that there is a substantial gap between the aims and objectives of the Baseline of the QF in B&H, and the reality of its impact on learning and academic practice as evidenced by the views of the two groups in this study.

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