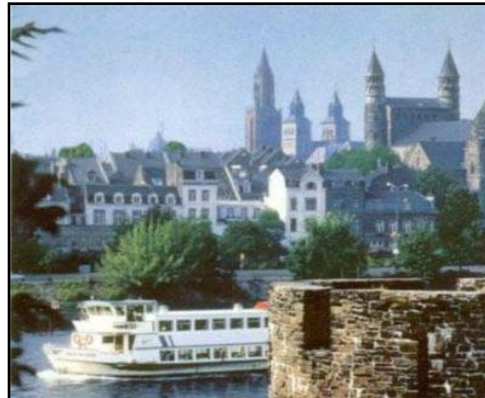


# The potential of blended learning to deliver an international curriculum across national boundaries

Dr Stephen J. O'Connor,  
Assistant Professor of Nursing Science  
Programme Leader, MSc Nursing in a European Perspective,  
Faculty of Health, Medicine and Life Sciences,  
Maastricht University.



# Greetings from Maastricht



# Greetings from Maastricht



Maastricht University *Leading in Learning!*



# Greetings from Maastricht



Maastricht University *Leading in Learning!*



# Why develop an international curriculum?

## ➤ *The economic imperative*

- Between now and 2060 the population of the EU over 65 years of age will increase by almost 70 million.
- The very oldest of these (>80 years) will represent the fastest growing sector of the EU population.
- Concerns about the economic sustainability of current healthcare provision because of this and emerging threats, including the resurgence of communicable diseases (e.g. H1N1) in many European countries.
- Growing emphasis therefore, on the economic imperative to obtain the best possible value for every pound, euro or dollar spent on healthcare (and healthcare education!)

# Why develop an international curriculum?

- Nurses frequently identify cheaper and more cost-effective 'low-tech' solutions to the many problems that patients face, and are often at the forefront of innovation in these areas (Hughes, 2006).
- Nurses provide, *'the most cost-effective resource for delivering high quality public health and clinical packages in relation to the management of communicable diseases, coronary heart disease, stroke, cancer, chronic obstructive pulmonary disease, diabetes mellitus and the increasing incidence of neurodegenerative conditions such as Alzheimer's disease'* (World Bank, 1993).
- These challenges require an increasingly skilled nursing workforce (including the expansion of the current number of nurse specialists) capable of working flexibly and creatively across national and cultural boundaries.

# Why develop an international curriculum?

## ➤ *The political imperative*

- The European Council has made explicit its determination to achieve much greater harmonisation in European health policy and the European Union's influence in healthcare is even greater.
- Article 152 of the European Treaty provides for greater community action in the areas of public health and protection designed to ensure *'safer, healthier and more confident citizens'* by *'preventing more illness and diseases and obviating sources of danger to human health'* hence...
- Pan-European decision making increasingly influences policy making at national and regional levels (e.g. EMEA, data protection etc. where EC directive 95/46/EC has direct implications for nurse researchers, managers, policy makers and clinicians alike).

# Why develop an international curriculum?

- Historically, the contribution of nurses, Europe's largest single workforce has been poorly recognised (OECD, 2009) but...
- A 2008 Green Paper by the Commission of the European Communities (Promoting a Sustainable Workforce for Health in Europe) envisages a greater role for nurses in future aided by...
- EC Directive 2005/36/EC which provides for the recognition of professional qualifications across the whole of the European Union (as well as EFTA and some other non-EU countries).
- Mass migration and greater European integration also increase the scope for nurses to travel, live and work abroad in response to well documented manpower shortages both nationally and internationally so a pan-European approach to specialist training is to be encouraged (WHO, 2006).

# Why develop an international curriculum?

- The transition of pre-registration nurse education from vocational schools or technical colleges has been completed in some European countries, but in others, it has not even started.
- The number of qualified nurses with an MSc or PhD in Europe is low in comparison to the USA where 9.6% of 2.7 million nurses held a Masters degree and 0.6% a Doctoral degree in 2004 (AACN, 2005).
- In the Netherlands, only 1,650 (0.7%) of 232,117 qualified nurses had an MSc in Nursing Science and only 50 (0.02%) a nursing doctorate in 2005.
- Pre-qualifying diploma nursing programmes started in Spain as long ago as 1977, but the first Masters' and PhD's in nursing were only proposed in 2005 (Zabalegui and Cabrera, 2008).

# Why develop an international curriculum?

- In many European countries, Masters education is provided at both higher vocational level (ISCED 4 or ISCED 5b) and at university level (ISCED 5a) though many MSc programmes are clinical rather than scientific in nature.
- Whilst this meets present needs, it does little to increase the knowledge base of the profession or prepare practitioners for the greater challenges which lie ahead.
- International collaboration is increasingly important when applying for research funding, developing practice guidelines, or even when writing for publication in a peer reviewed scientific journal.
- This provides a rationale for the identification of a common Masters level training designed to enhance professional identity, encourage greater international collaboration and develop common solutions to the problems which specialist nurses face in every corner of Europe.

# Why blended learning?

## ➤ *What is blended learning?*

*‘At its simplest, blended learning is the thoughtful integration of classroom face-to-face learning experiences with online learning experiences’*

(Garrison and Kanuka, 2004 p96).

- Blended learning can be synchronous or asynchronous, as long as it uses e-learning technologies to help students achieve the learning objectives of a programme taught both in the classroom and via the internet (Campbell et al, 2008).
- The EU defines e-learning as *‘the use of new multimedia technologies and the internet to improve the quality of learning by increasing the ease of access to support resources and services, as well as the exchange of such through remote collaboration’*.

# The advantages of blended learning

- The *'analysis, construction, and confirmation of meaning and understanding within a community of learners through sustained discourse and reflection'* (Garrison and Anderson, 2003 p55).
- The integration of face-to-face and online 'text-based' exchanges and matching an appropriate learning task to them (Vaughan and Garrison, 2005).
- Better course completion rates, improved retention and higher student satisfaction (Heterick and Twigg, 2003).
- A permanent record of student interaction which often results in more thoughtful, reasoned and evidenced discussion than that found in traditional classroom interactions (Meyer, 2004).
- More cost-effective than traditional teaching and learning approaches over the longer term (Twigg, 2004).

# The advantages of blended learning

- The development of an international learning community which is characterised by reflection, responsiveness and higher levels of critical thinking (Garrison and Kanuka 2004).
- Inclusion of many different cognitive activities including 'Learning by Doing', 'Learning by Instruction', and 'Learning by Exploration' (Tricot et al, 2000).
- The development of a 'borderless' higher educational environment (Davies, 2001).
- Blended learning does not represent 'more of the same' - or even the addition of new learning approaches to older, more established ways of teaching, but is about rethinking and redesigning the teaching and learning relationship in its entirety (Vaughan and Garrison, 2005).

# The blended learning experience at Maastricht

- FHML initially started providing healthcare courses using a blended learning PBL approach for the Swiss Red Cross, followed by an MSc Nursing Science for students of the Weiterbildungsinstitut für Gesundheitsberufe in Aarau, Switzerland in 2006/7.
- A blended learning MSc in European Healthcare Systems and Midwifery Practice is currently running in partnership with Glasgow Caledonian University (UK), the Charité Medical Institute (Freie Universität / Humboldt-Universität) in Berlin, and universities in Ljubljana (Slovenia), Hannover (Germany), Lausanne and Geneva (Switzerland).
- The University is currently involved in several similar projects in Vietnam and the far East, Switzerland, Austria, Germany and other European countries where specialist nursing (and other health) education is not traditionally available in HE environments.

# The blended learning experience at Maastricht

- Courses are provided with the support of the FHML education department and a designated blended learning facilitator within the Department of Healthcare and Nursing Science using the services of the University's own specialist IT service provider 'Science Vision'.
- Plenary lectures, reading and course materials are made available on MU's Blackboard® based electronic learning environment 'ELeUM'.
- Additional communication tools including Skype, Lightweight Chat, Surfgroepen and Polaris are used to facilitate synchronous or asynchronous discussion groups, seminars, group-work, online group presentations and the submission of completed written assignments at a distance.
- The only requirement is a good broadband connection, camera and microphone.

# The blended learning experience at Maastricht

- FHML initially started providing healthcare courses using a blended learning PBL approach for the Swiss Red Cross, followed by an MSc Nursing Science for students of the Weiterbildungsinstitut für Gesundheitsberufe in Aarau, Switzerland in 2006/7.
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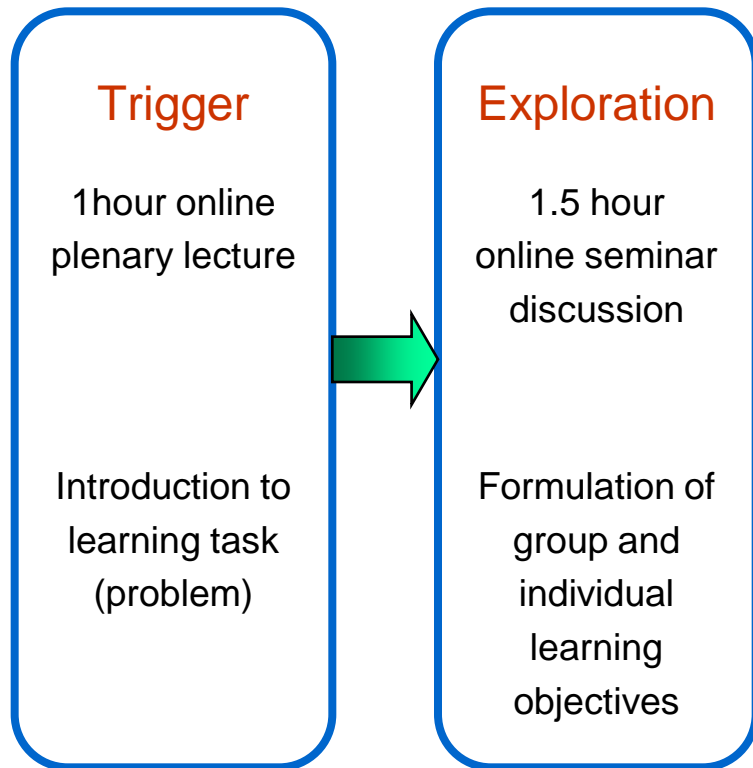
# How does blended learning work at Maastricht?

## Trigger

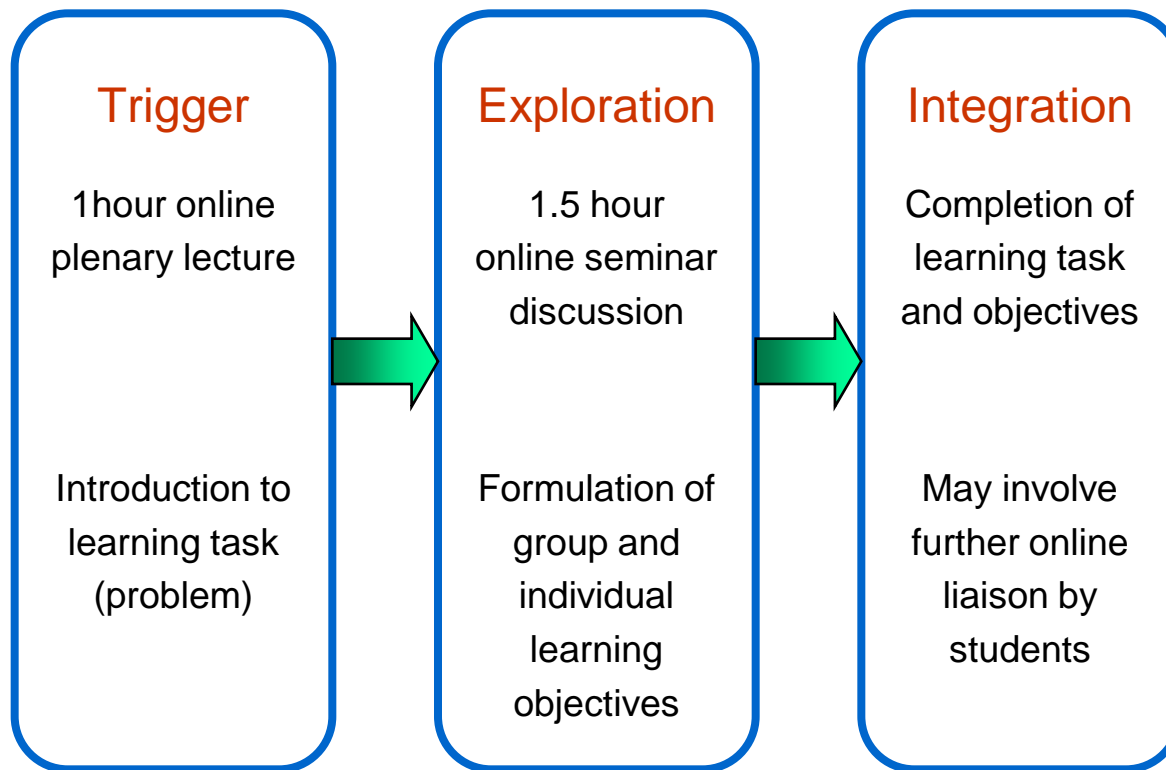
1 hour online  
plenary lecture

Introduction to  
learning task  
(problem)

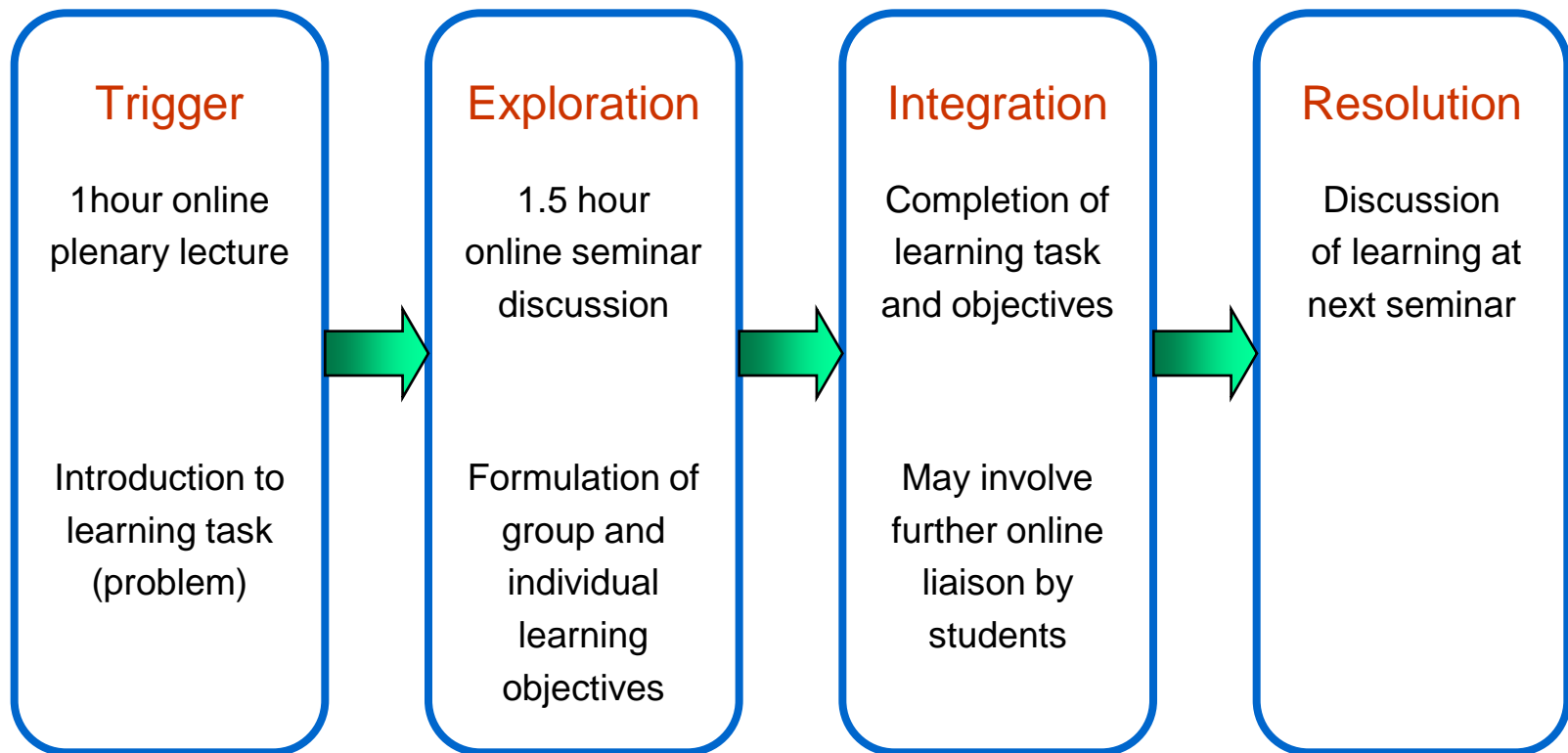
# How does blended learning work at Maastricht?



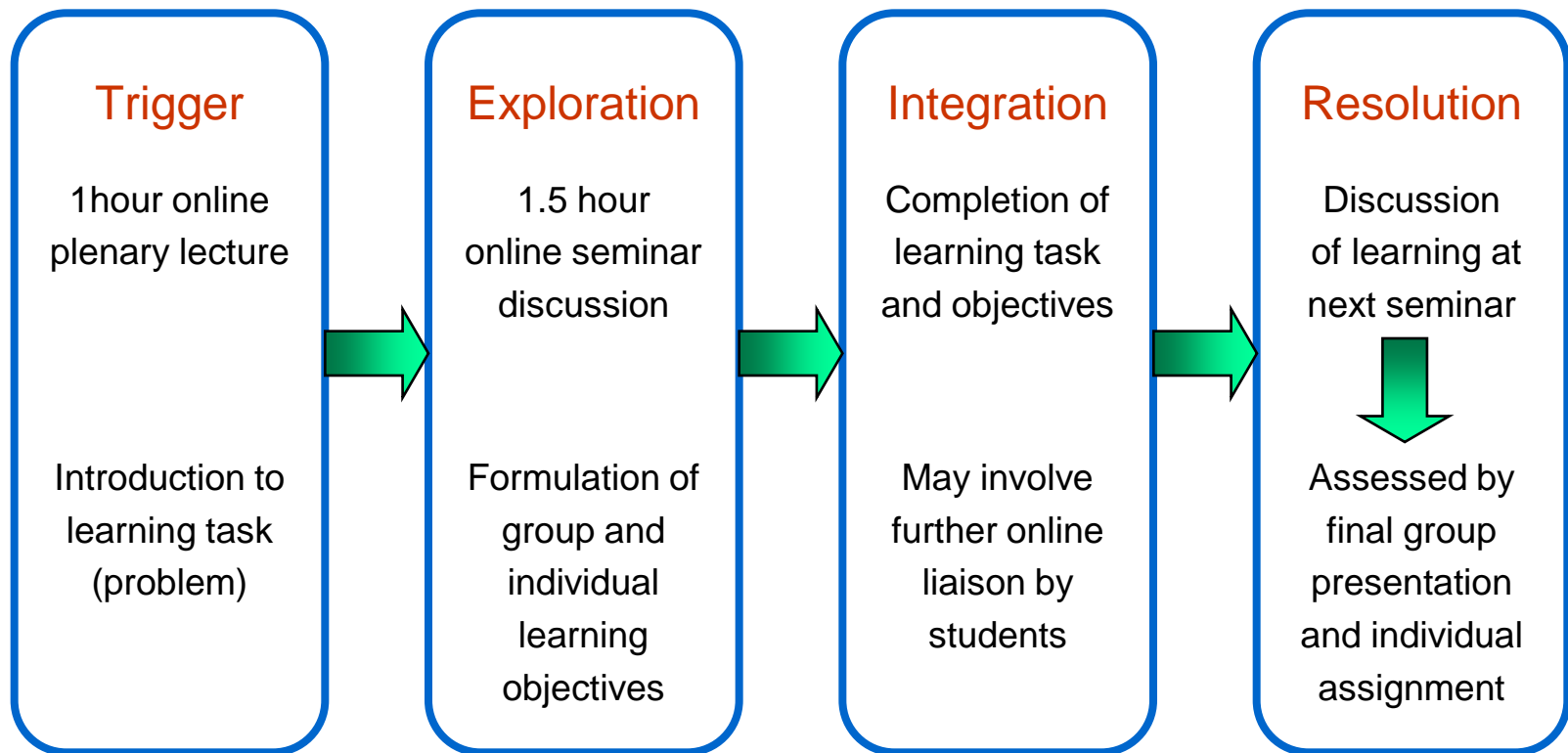
# How does blended learning work at Maastricht?



# How does blended learning work at Maastricht?



# How does blended learning work at Maastricht?





Simultaneous online and classroom lecture

# Face-to-face tutorial during taught days



# Pre-recorded video lecture



# Pre-recorded video lecture

[http://media02.sv.unimaas.nl/AVM/Lectures/AVM Mieke college Stephen\\_1Mbaangepast.wmv](http://media02.sv.unimaas.nl/AVM/Lectures/AVM Mieke college Stephen_1Mbaangepast.wmv)

Windows Media Player

File View Play Tools Help

Now Playing Library Rip Burn Sync MSN Music NL

AVM University  
maastricht

Quality of care  
in Dutch midwifery practice

November 2009  
Mieke Clement

university of Midwifery Education & studies

AVM University, Maastricht 00:13

24 of 24 - Clipboard  
Item collected.

# Online discussion group using Surfgroepen

The screenshot displays the Surfgroepen Connect Pro Meeting interface. The top menu bar includes "Meeting", "Present", "Layouts", "Pods", and "Help".

**Video Conference:** A grid of 10 participants is visible. The participants shown are Stephen O'Connor, Annelieke Niezen 2, Judith Kuijpers, stefan zielhuis, Sander Bosch, Nicole Koster, Marina Siegers, and Pavlo Kovtoniuk.

**Slide 1.ppt:** The main content area displays a slide from Maastricht University. The slide title is "Learning Task 1. Quality of Care: how, where, who?". The slide content includes four numbered questions:

1. What is a definition of quality in healthcare?
2. What are the similarities and differences between the three models used in the text?
3. By which key performance measurements (or quality indicators) could you measure quality?
  - Define in which unit could be measured?
  - How are measurements done within the 3 models?
4. Who sets standards for quality in healthcare? (and why?)

The slide footer reads "Faculty of Health, Medicine and Life Sciences".

**Attendee List (10):** A list of participants is shown on the right side of the slide area, including My Status:Active, Guestzv guestzv, Nynke de Jong, Stephen O'Connor, Annelieke Niezen 2, Judith kuijpers, Marina Siegers, Nicole Koster, Pavlo Kovtoniuk, Sander Bosch, and stefan zielhuis.

**Chat Window:** The chat window at the bottom shows a conversation:

**Slut 7**

Pavlo Kovtoniuk: hi everyone. its nice to see you all  
Annelieke Niezen: hi there, strange that your so far away now!  
Nynke de Jong: Please trun off your mic in Surfgroepen  
Nynke de Jong: Thank you  
Nynke de Jong: Judith?  
Nynke de Jong: Marina  
Nynke de Jong: ok thank you  
Stephen O'Connor: Just one moment - Sorry !!  
Nynke de Jong: sander can you phone me  
Judith kuijpers: nicole, dat is beter...  
Nicole Koster: nog een beetje donker...  
Judith kuijpers: heb je geen schemerlampje?  
Nicole Koster: en dan bedoel ik niet mijn haar  
Nicole Koster: lampje net al aan gezet maar dan ben ik nogal verblind.. lekker halogeen geval  
Marina Siegers: I lost connection can you please add me again?

The bottom of the interface features a toolbar with icons for "Sharing", "Discussion", and "Collaboration".





# Followed by feedback and discussion

## Forum: Problem 1: Interpreting regression models

| <a href="#">Subject</a>   | <a href="#">Author</a> | <a href="#">Date</a> | <a href="#">?</a> | <a href="#">!</a> | <a href="#">📶</a> | <a href="#">&amp;</a> | <a href="#">📎</a> | <a href="#">🔍</a> | <a href="#">👉</a> | <a href="#">#</a> |
|---|------------------------|----------------------|-------------------|-------------------|-------------------|-----------------------|-------------------|-------------------|-------------------|-------------------|
| <input type="checkbox"/> <a href="#">Minutes Problem 1</a>                                    |                        |                      |                   |                   |                   |                       | <a href="#">+</a> | <a href="#">🎯</a> | <a href="#">🎯</a> | 3                 |
| <input type="checkbox"/> <a href="#">  <a href="#">remarks</a></a>                            |                        |                      |                   |                   | <a href="#">▼</a> |                       | <a href="#">+</a> | <a href="#">🎯</a> | <a href="#">🎯</a> | 2                 |
| <input type="checkbox"/> <a href="#">  <a href="#">Minutes Problem 1</a></a>                  |                        |                      |                   |                   |                   |                       | <a href="#">+</a> | <a href="#">🎯</a> | <a href="#">🎯</a> | 3                 |
| <input type="checkbox"/> <a href="#">  <a href="#">questions</a></a>                          |                        |                      | <a href="#">■</a> |                   | <a href="#">▼</a> |                       |                   | <a href="#">🎯</a> | <a href="#">🎯</a> | 1                 |
| <input type="checkbox"/> <a href="#">  <a href="#">answer / latest version</a></a>            |                        |                      |                   |                   |                   |                       | <a href="#">+</a> | <a href="#">🎯</a> | <a href="#">🎯</a> | 3                 |
| <input type="checkbox"/> <a href="#">  <a href="#">Remark</a></a>                             |                        |                      |                   |                   |                   |                       |                   | <a href="#">🎯</a> | <a href="#">🎯</a> | 1                 |
| <input type="checkbox"/> <a href="#">  <a href="#">questions regarding the minutes</a></a>    |                        |                      |                   |                   |                   |                       |                   | <a href="#">🎯</a> | <a href="#">🎯</a> | 1                 |
| <input type="checkbox"/> <a href="#">  <a href="#">reaction on Lonneke's comments abc</a></a> |                        |                      |                   |                   | <a href="#">▼</a> |                       | <a href="#">+</a> | <a href="#">🎯</a> | <a href="#">🎯</a> | 2                 |
| <input type="checkbox"/> <a href="#">  <a href="#">Generalization</a></a>                     |                        |                      |                   |                   |                   | <a href="#">▲</a>     |                   | <a href="#">🎯</a> | <a href="#">🎯</a> | 0                 |
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# Followed by feedback and discussion

## Forum: Problem 1: Interpreting regression models

| <a href="#">Subject</a>   | <a href="#">Author</a> | <a href="#">Date</a> |
|---|------------------------|----------------------|
| <input type="checkbox"/> <a href="#">Minutes Problem 1</a>                        |                        |                      |
| <input type="checkbox"/> <a href="#">  remarks</a>                                |                        |                      |
| <input type="checkbox"/> <a href="#">  Minutes Problem 1</a>                      |                        |                      |
| <input type="checkbox"/> <a href="#">    questions</a>                            |                        |                      |
| <input type="checkbox"/> <a href="#">      answer / latest version</a>            |                        |                      |
| <input type="checkbox"/> <a href="#">      Remark</a>                             |                        |                      |
| <input type="checkbox"/> <a href="#">      questions regarding the minutes</a>    |                        |                      |
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| <input type="checkbox"/> <a href="#">      Generalization</a>                     |                        |                      |
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| <a href="#">?</a> | <a href="#">!</a> | <a href="#">📶</a> | <a href="#">&amp;</a> | <a href="#">📎</a> | <a href="#">🔍</a> | <a href="#">👉</a> | <a href="#">#</a> |
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Students can add, comment, question, and agree upon final documents uploaded

# Online lecture with learning tasks

Blackboard Academic Suite - Windows Internet Explorer

http://eleum.unimaas.nl/webapps/portal/frameset.jsp?tab\_id=\_52\_1&url=/bin/common/course.pl?course\_id...

File Edit View Favorites Tools Help

Blackboard Academic Suite

EleUM Electronic Learning Environment

Home Help Logout

Maastricht University

My EleUM My FHMLgw Courses Organizations Content Library Personal Area

Announcements  
Schedules  
Staff Information  
General information  
Seminars  
Workshops  
Skills  
Examination  
Communication  
SafeAssign

Tools  
Communication  
Course Tools  
My Portfolios  
Course Map

Refresh  
Detail View

Stopped

The state is sovereign. It has clear boundaries. The state controls the territory demarcated by these boundaries. A government holds the highest authority on that demarcated territory. This means control over the population which lives on that territory. On the territory, there is hierarchy: the government of the state can make authoritative decisions which bind the people living on the territory (cf. control over the population).

|  |
|--|
| (a) demarcated <b>territory</b>                  |
| (b) <b>hierarchy</b> on this territory           |
| (c) authoritative decisions by <b>government</b> |
| (d) <b>control</b> over population               |

**sovereignty** ⇨ no higher authority beyond state ⇨ **anarchy**

Last row of the table tells us the situation beyond the state. Each state in the world is sovereign and and there is no authority beyond the state: there is not institution which can bind the state. This is a situation of anarchy. Anarchy is no synonym for chaos. Anarchy is on order which founding principle is the equality of the constitutive members. Or, all states are sovereign and equal in principle.

|                           |            |           |
|---------------------------|------------|-----------|
| hierarchy                 | heterarchy | anarchy ↓ |
| international cooperation |            |           |

# Online lecture with learning tasks

The screenshot shows a Windows Internet Explorer browser window displaying the Blackboard Academic Suite interface. The address bar shows the URL: [http://eleum.unimaas.nl/webapps/portal/frameset.jsp?tab\\_id=\\_52\\_1&url=/bin/common/course.pl?course\\_id](http://eleum.unimaas.nl/webapps/portal/frameset.jsp?tab_id=_52_1&url=/bin/common/course.pl?course_id). The page title is "Blackboard Academic Suite".

The main content area displays a video player with a "Stopped" status. A red arrow points from a green box labeled "Video clip or lecture" to the video player. Below the video player, there is a paragraph of text:

The state is sovereign. It has clear boundaries. The state controls the territory demarcated by these boundaries. A government holds the highest authority on that demarcated territory. This means control over the population which lives on that territory. On the territory, there is hierarchy: the government of the state can make authoritative decisions which bind the people living on the territory (cf. control over the population).

Below the text is a table with four rows:

|  |
|--|
| (a) demarcated <b>territory</b>                  |
| (b) <b>hierarchy</b> on this territory           |
| (c) authoritative decisions by <b>government</b> |
| (d) <b>control</b> over population               |

Below the table is a diagram showing the relationship between sovereignty and anarchy:

**sovereignty** ⇨ no higher authority beyond state ⇨ **anarchy**

Below the diagram is a paragraph of text:

Last row of the table tells us the situation beyond the state. Each state in the world is sovereign and and there is no authority beyond the state: there is not institution which can bind the state. This is a situation of anarchy. Anarchy is no synonym for chaos. Anarchy is on order which founding principle is the equality of the constitutive members. Or, all states are sovereign and equal in principle.

At the bottom of the page, there is a diagram showing the relationship between hierarchy, heterarchy, and anarchy:

|                           |            |           |
|---------------------------|------------|-----------|
| hierarchy                 | heterarchy | anarchy ↓ |
| international cooperation |            |           |

# Online lecture with learning tasks

The screenshot shows a Blackboard Academic Suite interface. The main content area contains a video player (labeled 'Video clip or lecture') and a text block with a list of learning tasks (labeled 'PBL learning activity'). The text block includes a paragraph about state sovereignty and a diagram illustrating the relationship between sovereignty, anarchy, and international cooperation.

**Video clip or lecture**

The state is sovereign. It has clear boundaries. The state controls the territory demarcated by these boundaries. A government holds the highest authority on that demarcated territory. This means control over the population which lives on that territory. On the territory, there is hierarchy: the government of the state can make authoritative decisions which bind the people living on the territory (cf. control over the population).

(a) demarcated **territory**  
(b) **hierarchy** on this territory  
(c) authoritative decisions by **government**  
(d) **control** over population

**sovereignty** ⇔ no higher authority beyond state ⇔ **anarchy**

Last row of the table tells us the situation beyond the state. Each state in the world is sovereign and and there is no authority beyond the state: there is not institution which can bind the state. This is a situation of anarchy. Anarchy is no synonym for chaos. Anarchy is on order which founding principle is the equality of the constitutive members. Or, all states are sovereign and equal in principle.

|                           |            |           |
|---------------------------|------------|-----------|
| hierarchy                 | heterarchy | anarchy ↓ |
| international cooperation |            |           |



What about mobile technology?

# What about mobile technology?



# Video lecture using mobile technology



# MSc Nursing in a European Perspective

- Developed in response to discussions amongst members of the European Academy of Nurse Scholars (EANS) regarding the need / content of a pan-European nursing Master's degree with subject specific advice from:
  - Professor Angie Titchen, Fontys University of Applied Sciences (NL)
  - Professor Christa Lohrmann, Medical University of Graz (Austria)
  - Professor Davina Porock, University of Nottingham (UK)
  - Professor Gabrielle Meyer, University of Witten-Herdecke (Germany)
  - Professor Marieke Schuurmans, Utrecht University Medical Centre (NL)
  - Dr. Deborah Fitzsimmons, University of Wales, Swansea (UK)
  - Mr. Paul Baartmans, Ehrendingen (Switzerland)

# Programme learning outcomes

## A) *Knowledge and understanding*

- demonstrate a sophisticated understanding of the social, political, cultural, professional, technical and biomedical factors which determine the development of nursing science within Europe
- demonstrate their ability to evaluate the strengths and weaknesses of different health care systems and critically consider the benefits of scientific inquiry, research utilisation, continuous quality improvement and service innovation for individual service users and a demographically changing society
- demonstrate a sound knowledge of the ontological and epistemological origins of scientific inquiry, the development of professional identity and nursing theory, and the methods used to conduct nursing and/or multiprofessional research at both national and international levels.

# Programme learning outcomes

## *B) Applying knowledge and understanding*

- demonstrate their ability to conceptualise, plan and conduct nursing and/or multiprofessional research which has practical application to the health and social care needs of individuals and/or a changing demographic society
- critically evaluate the social, political, cultural, professional, statutory and organisational factors driving health and/or social care policy in their own country, and consider the value of broader professional and/or international perspectives or experience to the health and/or social care of individuals or society
- demonstrate proficiency in the elicitation, evaluation and synthesis of new ideas to meet the complex health and/or social care needs of individuals and/or a changing demographic society.

# Programme learning outcomes

## C) *Making judgements*

- demonstrate their ability to locate, summarise and appraise the outcomes of scientific inquiry, define further research questions, and initiate ethical research projects which address the health and/or social care needs of a demographically changing society at national and/or international level
- demonstrate their ability to apply critical reasoning and problem solving skills to the conduct of an independent scientific inquiry and the development of a dissemination plan to ensure the implementation of its findings in clinical practice
- demonstrate their ability to reflect upon and respond to changing social, political, cultural, professional, statutory and organisational factors which impact upon the provision of health and social care within both in their own, and other European countries.

# Programme learning outcomes

## D) *Communication*

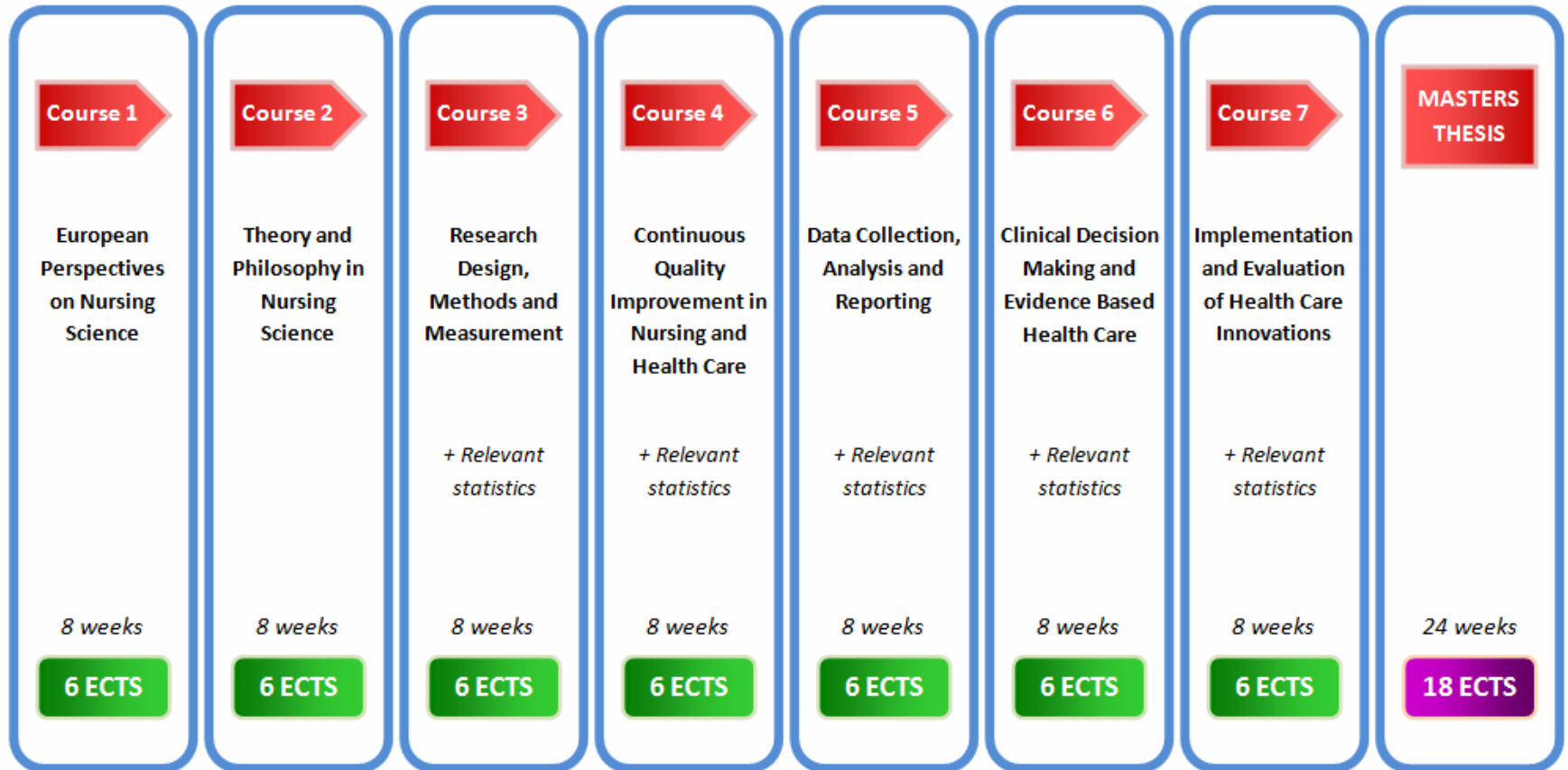
- demonstrate their ability to orally communicate the rationale, conduct, findings and conclusions of independent study in a clear and unambiguous fashion
- demonstrate their ability to write at an advanced academic level, draft at least one manuscript for submission to an international, peer reviewed scientific journal, and act appropriately upon the advice of others when writing a paper
- demonstrate their ability to respond appropriately to the different needs of those with whom they are communicating as for example, when communicating with a predominantly nursing, multiprofessional or lay audience.

# Programme learning outcomes

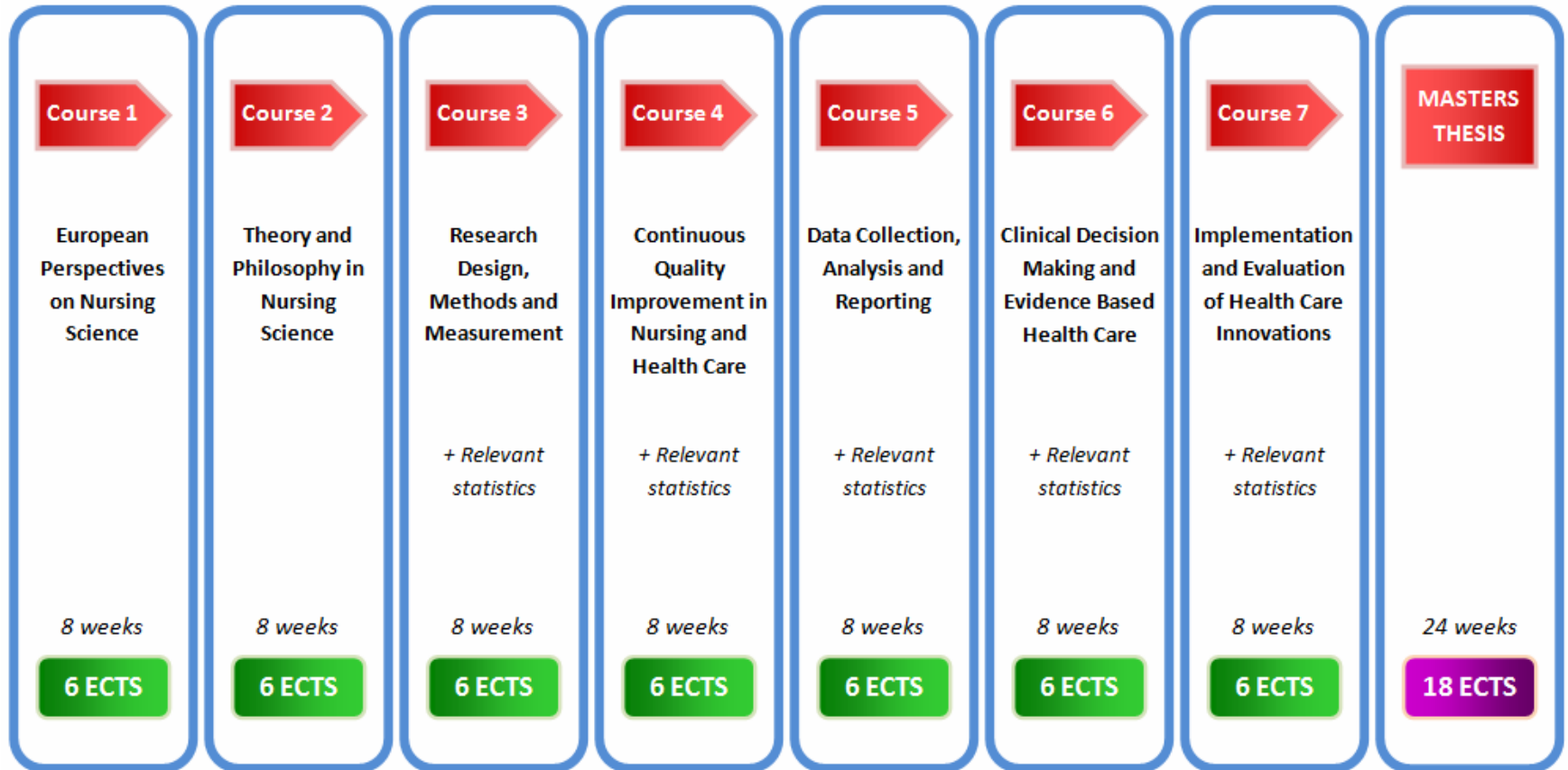
## E) *Learning skills*

- demonstrate their ability to identify their own learning needs and undertake independent learning in order to meet the clearly defined objectives of a Masters level programme of study
- demonstrate their ability to act independently and in collaboration with others to meet both their own and others' learning needs through the use of independent study, problem-based learning and collaborative inquiry
- demonstrate their ability to access multiple sources of knowledge and/or scientific evidence in order to develop their understanding of the complex health and social care needs of individuals, carers and/or a demographically changing society.

# MSc Nursing in a European Perspective



# MSc Nursing in a European Perspective



# What about an EONS curriculum?

- EONS curricula already have demonstrable utility across Europe.
- They are already written in modular format with clear outcomes making it possible for individual institutions to take responsibility for leading on the delivery of a particular module.
- The ‘face-to-face’ component / delivery could be facilitated at planned EONS meetings such as EONS Spring Convention, ECCO, EONS Masterclasses etc.
- An international faculty could be drawn upon to provide taught content without having to travel from their home countries or institutions.
- Module content and resources could be made available via a special area of the EONS website (or individual institutional websites) creating a ‘virtual’ European cancer nursing faculty e.g.

# What about an EONS curriculum?

Module 1: core (taught) module

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The Basic Science  
and Treatment of  
Respiratory Cancers

*EONS Spring Convention*

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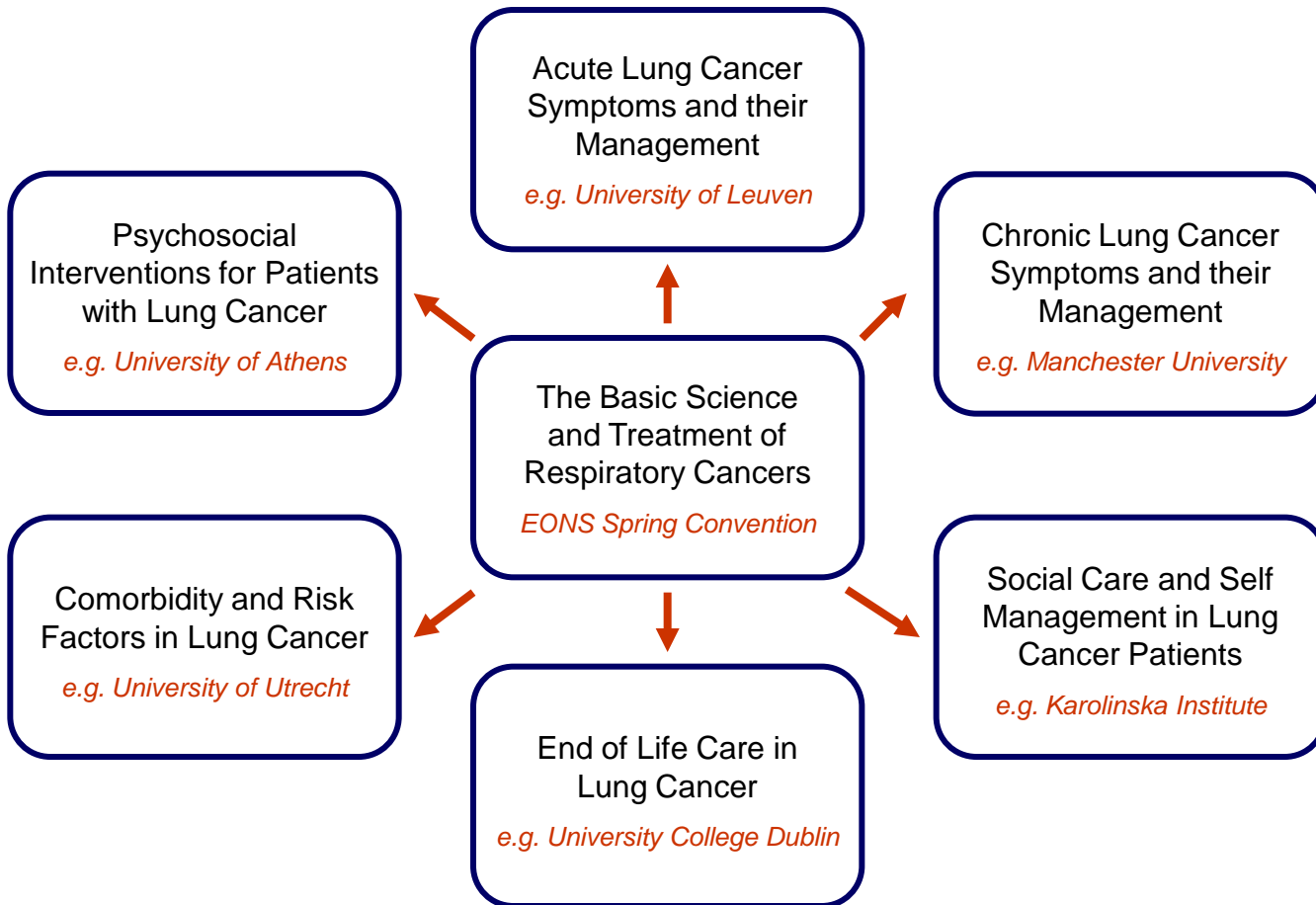
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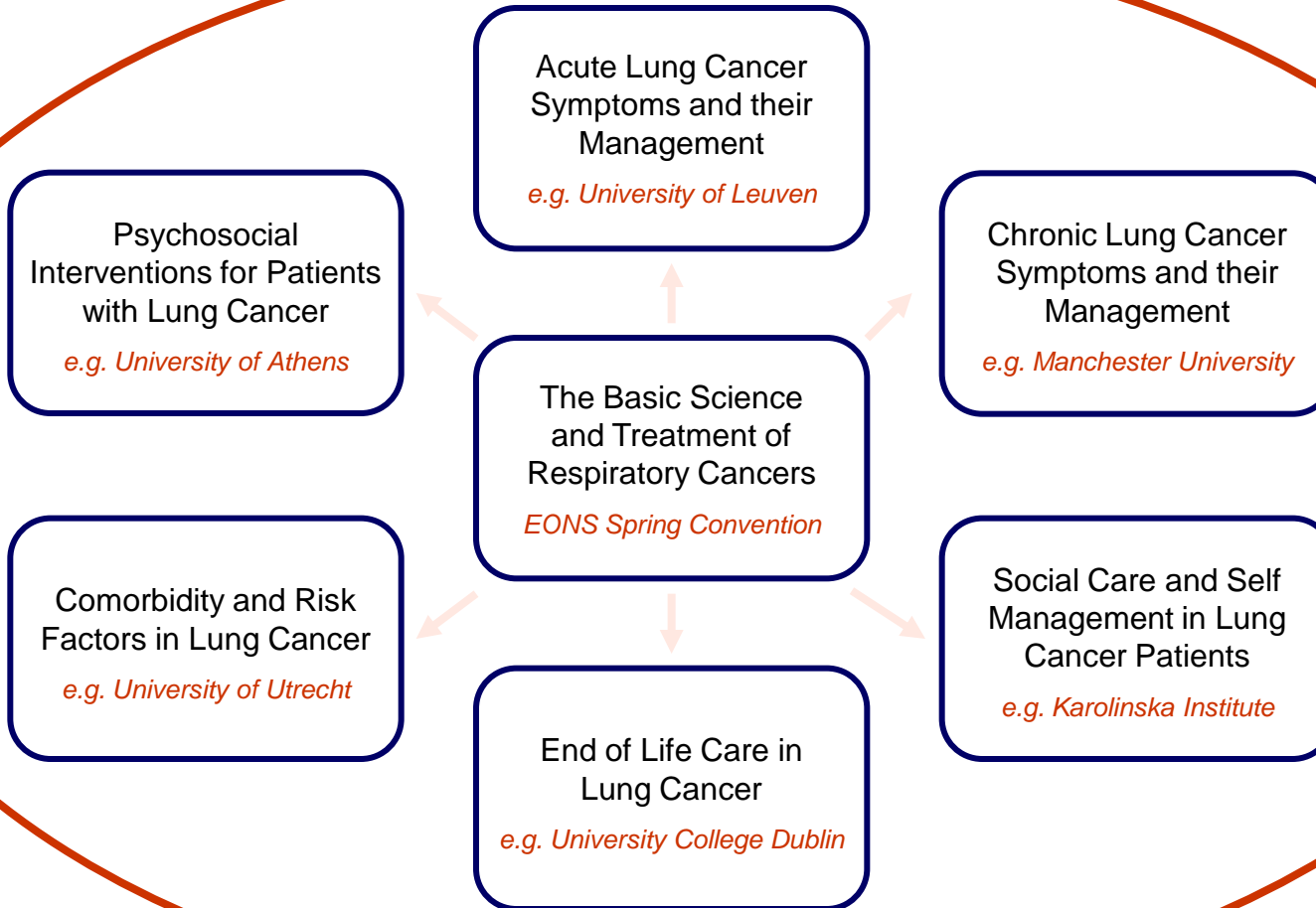
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Followed by optional modules

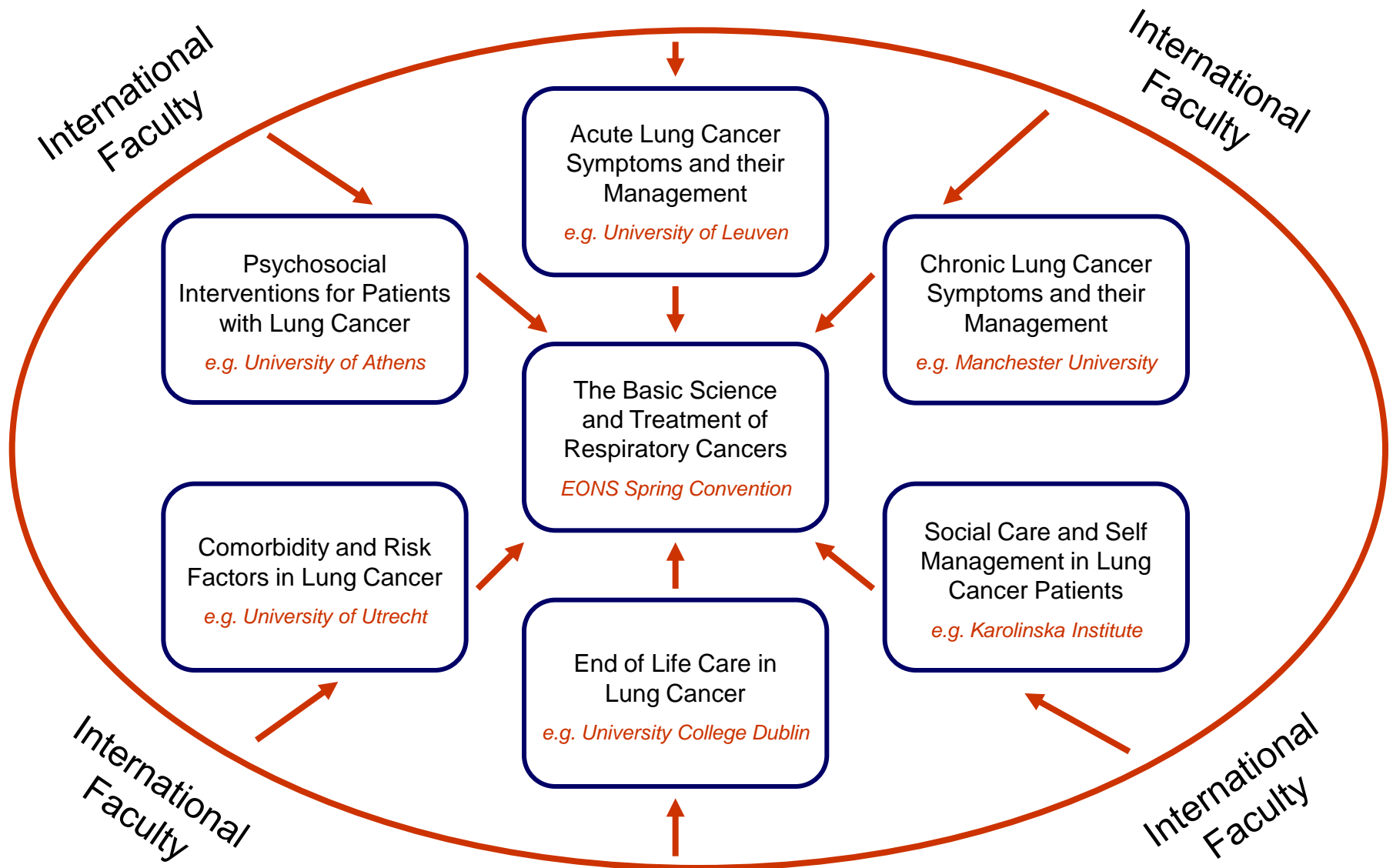
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# What are the advantages of such a system?

- Better oversight of how EONS curricula are being taught and by whom, together with streamlined quality assurance mechanisms.
- Reduces the need to validate multiple individual courses in different countries since it is only necessary to validate preferred educational provider institutions.
- Closes the 'feedback loop' i.e. easier to get feedback from faculty and students about the modules.
- Provides greater accountability and lines of responsibility for educational provision whilst drawing upon international expertise.
- Stimulates the development of a subject specific community of practice in relation to cancer nursing education.
- Provides scope for EONS curricula to be taught more widely (and cheaply) than at present without costly conferences and travel – possibly with EU or other funding to pump prime the model.



Thank you!