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MODULE TEACHING HANDBOOK

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1. Introduction

This Guideline represents a response to the lack of defined competencies needed for teaching social rehabilitation at the tertiary as well as professional level of education in Kosovo. Indeed, it aims at enhancing competencies in course planning and in producing relevant study material, and bridge formative, non-formative and informative learning strategies. It will complement other outputs of the Project such as the newly established Continuous Professional Development Courses focusing in

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The process of actual content development was conducted based on the Co-constructivist theory and collaborative working method. This method is widely argued to be suitable for developing social rehabilitation competence especially when rehabilitation is based on collaboration between clients and professionals in complex contexts.

University teachers and clinical supervisors active in the area of social rehabilitation are the main target groups.

2. Key Concepts in Social Rehabilitation

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Social Rehabilitation

Social rehabilitation is defined as an improvement of conditions and an enriched personal capacity. It encompasses the services meant for all individuals with disabilities and partial or complete incapacity for work, requiring help in dealing with everyday life problems resulting from disability or special needs (Mountain G, 2001).

Compared to physiotherapeutic or occupational rehabilitation, which are thought to be essential for optimal healing and rehabilitation where the main outcome is mainly focused on physical aspects (De Lee and Prez 1994, Harries et al 1994, Sallis and Massimo 1997) as well as directed to individuals of working age with a decreased capacity for work;, social rehabilitation deals directly with the social aspect of health, injury and disease. The main purpose of social rehabilitation is to improve social capability and coping with everyday life. The goal is for “people with and without disabilities to live in a self-determined manner and to live together in all areas of life” (BAS, 2015). This is achieved by assisting and educating people in need to restore their independence in domestic activities, personal self-care, dealing with finances maintaining their safety and socializing in their community (such as personal self-care, domestic tasks, dealing with finances, shopping, socializing, mobility within their community etc.).

Generally speaking, social rehabilitation aims at improving a multidisciplinary approach, collaborative development, interaction between individual and society, and encouraging individuals to be active in their own rehabilitation. Social rehabilitation is strongly linked to the Quality of Life (QoL). The concept of general QoL has traditionally included a number of distinct domains and major indicators, which were referred to by most authors as economic, social or subjective (Gigantesco A & Giuliani M, 2011).

Life Long Learning

The modern healthcare professional must be updated continuously with the contemporary medical achievements and discoveries. The present healthcare professional should always keep in mind that individuals have unlimited access to contemporary scientific knowledge through the Internet. Current patients are not the same to the patient of the past, but the currently patient has a very powerful weapon in his/her hands, being able to sometimes even diagnose him/her. And as much as the Internet has supported the continual development of professional skills and knowledge of medical practitioners, it has also increased the knowledge of health within in general population. Now it can be undoubtedly said that the period we are living on, offers endless possibility for an approach toward limitless knowledge.

The current growth of biomedical knowledge, technological advancements and social and health policy developments, are continuously influencing Medical Education (Drake RL et al., 2009; Romãozinho JM, 1995). This is directly reflected in medical curriculum's reforms, in which the traditional disciplined-based curricular programme is being replaced by integrative mixed systems and disciplines curricular programme (the so-called spiral curriculum) (Irby DM et al., 2010; Drake RL, 2014; Coelho C & Moles D, 2015).

The new emerging fields of knowledge can fulfil not only existing gaps in the core curriculum, but also provide non-cognitive skills to learners, essential for clinical practice (Martins e Silva J, 2013). These new fields of knowledge are not expected to be integrated in the university curriculum degrees only, but also in post and extra-graduate degrees.

Life Long Learning (LLL) literally means that learning should take place at all stages of life cycle (from the cradle to the grave) and, in more recent views it should be life-wide; that is embedded in all life contexts from the school to the workplace, the home and the community. The learning society therefore, is the vision of a society where there are recognized opportunities for learning for every person wherever they are and however old they are (Green, A., 2002).

Besides, LLL is about providing second chances to update basic skills and also offer learning opportunities at more advanced levels. All this means that formal systems of provision need to become much more open and flexible, so that such opportunities can truly be tailored to the needs of the learner, or indeed the potential learner (European Commission, 2007).

Today, lifelong professional learning represents an important part of every health institution and healthcare policy around the world. Several studies have shown that lifelong learning is a must for every healthcare professional (Abernethy AP et al., 2010; Adler, 2011; Guadalupe-Grau A et al., 2009; Archambault PM et al., 2012). There is encouraging evidence supporting a positive predictive association between participating in Continuing Professional Development (CPD) and performance on in-practice peer assessments (Bocalini DS et al., 2009).

Management of Social rehabilitation

Management is the body that greases the cogwheels so that all the parts of the machine will continue to work smoothly. It assures that there is a flow of structural and practice integrity that flows smoothly throughout the social rehabilitation system. The role of management can be broken into four progressive segments: evaluation of the educational or health situation; identify problems, concerns or barriers; select and propose appropriate interventions and/or solutions; evaluate outcomes.

Managers take the lead in setting the stage for solution development to take place through calling staff meetings, focus groups, speaking with individuals and seeking the advice of service-users for input on their perceptions of the problems. Managers' follow-up on implementation strategies to evaluate the outcomes of the problem solutions. After establishing the proposed solution and implementation, they set specific re-assessment dates to assure that desired outcomes are being achieved.

Further, the continual need to limit the uptake of costly residential care and reduce length of hospital stay is leading to the incorporation of rehabilitation into the mainstream business of social services, whereas it seems that the best way of promoting and enabling the social rehabilitation process, is by shifting the responsibilities of home care staff (healthcare and social experts) towards the facilitation of simple rehabilitative tasks [Mountain G, 2011]. The whole idea of transforming and reconverting the existing institutional resources and finding new and qualitatively different ones [Rotelli F et al., 2004], while maintaining focus on the multidisciplinary cooperation, presents a unique challenge in social rehabilitation.

Nevertheless, it is suggested that the introduction of intermediate care services must be within the context of the overall configuration of services provided in a locality, as well as bring together the best practice in both clinical and social rehabilitation [Mountain G, 2011], with suggestions that a whole-systems approach is the most effective way of responding to rehabilitation needs [Herbert G et al., 2000]. Yet, it's up to the manager to consider the full implications of changing the nature of home care services to that of an enabling rather than a caring function [Mountain G, 2011].

Quality Management

Management assures that all service providers are using best-practice principles, approaches, methods and techniques. Managers assure that best practice includes a service-user-centred approach which assures adherence to codes of ethics and professional conduct when providing health and educational services.

Some of the tasks to assure quality of services might include (this is not an exhaustive list):

- a. Mentoring;
- b. Motivating others;
- c. Providing staff development opportunities;
- d. Strategic planning;
- e. Gathering evidence-based information;
- f. Communicating evidence-based information to service-providers;
- g. Selecting and organizing staff in a way that allows staff to excel in their skills and service users may receive high quality services;
- h. Removing staff who put service-users at physical, emotional, psychological health risk;
- i. Providing consistent and efficient documentation;
- j. Communicating and interacting with all levels of management and service providers;
- k. Setting standards of practice for service providers;
- l. Monitoring performance of service providers, projects and programs;

User – involvement

The service-user (patient, client, and student) is empowered and encouraged by the service-provider (health professional, education staff) to express their priorities regarding their desired health and educational outcomes. The service-user is allowed and encouraged to be involved in the full health and education provision process. In other words, in the health context, they are asked permission before services can be provided. They are given choices of intervention. They are included in the goal-setting process and intervention plans are developed in collaboration with the service-user. Intervention strategies are designed to take in account the service-users' values and views.

In an education setting, students are given opportunities to interact with and to take responsibility for their own learning. Course instructors plan their lessons to include student creativity in designing methods for learning and demonstrating their knowledge of information learn. Instructional material is disseminated in a way that accommodates all student learning styles (i.e. visual, auditory, kinaesthetic, tactile, etc....).

Co-creation

Co-creation is a teamwork approach where the service-user and the service-provider are equal partners in the development and creation of problem-solving methods, techniques and program development. All the stakeholders gather together for brainstorming problem identification and problem solutions. When co-creation takes place, it facilitates incorporation of individual and corporate cultures, values, priorities, achievable expectations and subjects that are meaningful for all stakeholders. All participants are co-producers of programs, learning methods, health interventions and community development that will bridge gaps in areas that prevent individuals and communities from reaching their desired health and educational outcomes.

Evidence informed Practice

Contextualized (cultural based) approach, based on a step wise process (searching, collecting, evaluating and translation into practice) towards a person centered rehabilitation.

Evidence-informed practice (EIP) involves using various types of research when making decisions about policy and practice. EIP considers:

- The best available research evidence
- 1. Client preferences and values
- 2. The clinical state and circumstances
- 3. Practitioner knowledge and experience

3. Teacher's competence - Definition of the skills

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This report is related to the impact of teacher's competence in the whole process of the education. A key theme is the advancement of social education methods and the involvement of different methods aimed at achieving the competences of teachers in collaboration with students.

Effective teaching techniques are now a requirement for every teacher, and can be learnt and perfected like any other skill. Every medical teacher is expected to deliver teaching, whether to nursing and midwives students, and allied health professionals. Furthermore, there is an expectation to show formal training in teaching methods. A passionate teacher will be an asset to any medical education department. There are many skills that make a good medical educator. Some of most important are: Approachable, Enthusiastic, Leader, Mentor Patient, Facilitator, Learner, Reliable, Logical, Knowledgeable etc.

The definition of competence

The concept and definition of the competence is understood as an excellent capability that includes knowledge, skills, attitudes and experiences which has to be target (Slavik, 2008). Instead building competencies has been identified as the main objective of education. The concept of competence is central to empirical studies dealing with the development of human resources and the productivity of education (Sternberg & Grigorenko, 2003).

Improving teaching skills and competences

It is vital to have a basic grasp of how adults learn, the different learning styles, how to adapt teaching to different situations, and an understanding of assessment. A great deal can also be learnt from observing and discussing teaching methods with experienced teachers. This can be taken further in the form of a mentor. The potential utilities of this role model are vast but can include advice, guidance, resource facilitation, and counselling about difficult teaching situations. The mentor is usually a senior colleague who can offer positive and negative feedback in a non-judgmental manner. Innovation related competence referring to presentation of ideas, creativity, networking, adaptability, efficiency, communication, teamwork, and social

responsibility. The students support this perception in relation to teamwork, but their self-assessment also suggests that more attention should be paid to the development of other competences, especially those pertaining to leadership (Kopelyan, Godonoga & Yasmin, 2016).

Enlisting the help of modern technology

The past decade has seen an exponential increase in the use of modern technology in the field of medical education. E-learning and webcasting are examples of educational strategies that have become commonplace in many medical institutions. More recently, interest has moved towards the use of mobile technologies to improve learning. Interactive white boards combine the traditional flipchart, overhead projector, and white board. These are large touch sensitive surfaces that are connected to a computer and a digital projector. They can be useful in problem based learning when working with a small group. Simulation based medical education allows the learner to use a variety of resources that aim to mimic real life situations. Simulation includes simplistic (low fidelity) procedural models that have been used for many years to assist individuals in task specific clinical skills—for example, genitourinary models for catheterization. Here are included methods of specified fields that affect the improvement of the level of education, particularly on some fields of rehabilitation, like occupational therapy and other related occupations for example (Performance Standards and Competencies, 2015):

- Cooperative Work Exaction
- Medical Careers Education
- Technology Education
- Automotive Technology
- Computer Aided Drafting and Design
- Engineering Technology
- Digital Video Production Systems
- Wood Technology

Research and its challenges

As in clinical medicine, evidence based practice in clinical education is paramount. As medical and social educators it is essential to ensure that the methods used, in which there is considerable national financial investment, are improving the practice of future Health Care Professions and therefore patients' outcomes. High quality evidence is necessary to establish policy and practice of the highest standard. Contemporary educational research faces numerous challenges i.e. funding which has to be resolved by teacher and managerial level.

Many students now have the opportunity to take formal qualifications and fellowships. Educational excellence, along with clinical excellence, is increasingly being recognized and rewarded appropriately. However, there needs to be continual improvement in how we teach and to embrace new ways of delivering teaching, while not losing sight of the main goal: to be better at treating patients and delivering high quality healthcare.

Research into social rehabilitation practice is an evolving field and the evidence base is better for some aspects than others. The need to understand what works in current social rehabilitation practice is vital if we are to understand the effectiveness of social rehabilitation models of intervention and develop an evidence base that helps raise the quality of social rehabilitation.

Studies by Moore et al. (2014), Albert et al. (2002), Challis et al. (2002) and Engelhardt et al. (2006) suggested that for example social workers' effectiveness was largely based on a combination of skills. These included assessment, knowledge about local resources, and the ability to provide counselling and/or ongoing support.

Use of Emotions as a teaching skill

Research on learning and neurobiology suggests that the human brain's center that process emotions are intimately connected with those that process and store incoming information. In other words, lessons learned in the context of strong emotions are altered by those emotions. Negative emotions such as anger or anxiety may interfere with the process of learning, because they alter the student's ability to efficiently process information. Similarly, positive emotions may lessen anxiety and lead the student to take more risks and pursue positive learning behaviours such as asking questions, challenging assumptions, and testing hypotheses.

A key frame of knowledge, skills and competences for teachers

The development of key knowledge, skills and competences for social rehabilitation teachers are guided in the following dimensions:

- Teaching in social rehabilitation education programs;
- Monitoring and support of students;
- Examination of students;
- Develop curricula and lifelong trainings;
- Evidence based teaching;
- Publishing;
- Representation of profession;

Development of teachers' competence is different through formal education (pre-service teacher development) and in non-formal training (in-service teacher development). In formal education, a particular credit transfer is used, like for example the European Credit Transfer System (ECTS), where one ECTS equivalent is to 25-30 learning hours (1h = 45 minutes). While non-formal education, credits are awarded more in modular approach, based on the developed training curricula.

4. Modern pedagogy

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Problem based learning

Problem Based Learning is one of the most popular and influential modern pedagogical approaches, which is widely used in medical education. PBL can be considered as a learning environment where the problem drives the learning. Mainly, the learning process takes place in small groups and is supervised by tutors (Klegeris & Hurren, 2011). Instead of fuelling the student's brain with information, PBL chooses to mimic the natural learning process, where students learn through action, through making connections with what they already know, through collaboration with others and through making mistakes. In PBL, the problem is presented to the students first and students formulate hypotheses that might explain the problem, and then determine what further information is required to better understand the problem. "Students then independently research and gather information to clarify their hypotheses, which ultimately help them generate new personal understandings about the problem. These personal understandings are then shared with the group, and a collaborative understanding is arrived at." (The University of Notre Dame, 2017, p. 3). There are many advantages of problem-based learning (PBL) compared to traditional curricula. Improved integration of basic and clinical skills, improved communication, team working skills and self-directed learning skills, a more enjoyable and motivational format are just some of the advantages toward traditional approaches (Onyon, 2012).

Project-based learning

In project-based learning, students select and work cooperatively to investigate and solve challenging problems that are authentic, real, curriculum-based, and often interdisciplinary (Bell, 2010; Colley, 2008). The project-based learning creates active learners. Students take charge, question, make decisions, analyse, think critically, create, present. In the learning process, which involves the Project Based Learning, the teacher's role is to guide and advise, rather than to direct and manage student work (Solomon, 2003).

Simulation based learning

Simulation-based learning is a teaching method that allows the learner to become immersed in an interactive, realistic environment where skills, knowledge, and attitudes can be developed without risk to patients and help students understand problems and manage when they occur for real in clinical practice (Hovancsek 2007; Lateef, 2010). More specifically, simulation is a person, device, or set of conditions, which attempts to present and solve the problems authentically (Sharma, 2017). There are several ways to organize the simulation in clinical setting, such as Role play, Standardized patients, Models, Three dimensional simulations like manikins, Virtual reality simulations, Computer simulations, Video interactions. There is evidence that it is an effective learning tool especially for the patient communication (Kneebone et al. 2006). Role-playing with actors and virtual online environments may also be used to simulate the clinical environment (Seropian et al. 2004, Medley & Horne, 2005).

Blended learning

Blended learning is defined as the combination of online and face-to-face learning in order to facilitate the acquisition of knowledge and skills. Even though there is a lack of consensus in definition, blended learning is defined as “learning that happens in an instructional context which is characterized by a deliberate combination of online and classroom-based interventions to instigate and support learning” (Boelens, Van Laer, De Wever, & Elen, 2015, p.5). Blended learning involves a significant online component, but it required the effective integration of both virtual and face-to-face methods (Garrison & Kanuka, 2004). As such, lecturer can place course materials on a virtual learning environment, but also provides face-to-face consultation and facilitation. The goal of blended learning is to empower the individual to achieve understanding of a given topic, become self-sufficient, improve his or her job performance and ultimately drive results that support business objectives (Woodall, 2012).

Research informed learning

Students can learn from, about and through research (Hodson, 1992). Learning through research means that students acquire knowledge of their discipline by doing research themselves (Centre for Education and Learning; CEL, 2016). In this method the learning division between teacher and students is minimized and the teaching mode is based on cooperation/dialogue. In this method, students are engaged in finding the answers through research, rather than other methods.

Facilitating learning (tutoring and coaching)

In the most modern pedagogy techniques the teacher's role is to facilitate the learning process. For example, Barrows (2010) believed that the tutor should have expertise in-group facilitation (process expertise) rather than in a subject area (content expertise). Teachers no longer need to be the sole source of information given the access to information that technology provides, so it makes sense for teachers to shift to a knowledge facilitator (rather than deliverer) role (Maudsley, 2009). Instead of teachers providing feedback, they can instruct students to give feedback to one another, and the teacher provides a structure and guiding questions to ensure that their feedback was helpful, then stepped back to let the peer-to-peer discussions ensue (Martinez, McGrath, & Foster, 2016). Also, teachers in modern pedagogy have the coaching role. Coaching can be seen as a process of human development that involves focused interaction between the coaches and the coaches, and the use of appropriate strategies, tools, and techniques in order to promote desirable and sustained cognitive, emotional, and behavioural changes that facilitate well-being, goal attainment, and enhanced performance in work and personal life domains with non-clinical populations (Cox, Bachkirova, & Clutterbuck, 2010).

5. Co-creation

Jennifer Caldwell, Bujar Gallopeni, Anisa Hasani, Adnan Hoxha

What are Co-creation and Co-design?

Co-creation is a very broad term with a broad range of applications. Co-creation is defined as any act of collective creativity that is experienced jointly by two or more people. It is a special case of collaboration where the intent is to create something that is not known in advance. The concept of co-design is directly related to co-creation. Co-design is identified as to collective creativity as it is applied across the whole span of a design process. By these definitions, co-design is a specific instance of co-creation (Díaz-Méndez & Gummesson 2012).

There are many different types of co-creation happening today, including:

- Co-creation within communities;
- Co-creation inside companies and organizations;
- Co-creation between companies and their business partners;
- Co-creation between companies and the people they serve, who are variously called customers, consumers, users or end-users;

Therefore the focus of this type of co-creation is that which occurs between organizations and the people that they serve.

The guide is organized into two sections, respectively how co-creation is defined and used:

What is co-creation?

Co-creation is a key concept in the development of public services (Bovaird 2007). It has the potential to make an important contribution to all of the big challenges that face health and social care services. This is a guide to what co-creation is and how to develop co-creative approaches to working with people who use services and careers. It is aimed at managers and commissioners, frontline practitioners and people who use services and careers. Co-creation can support:

- Cost-effective services;
- Improved user and career experience of services;
- Increased community capacity;
- Outcome-focused and preventative services;
- Integration;

The idea that public services need to work with the people who use services is not new (Bovaird 2007). However, the failure to listen to the voices of people who use services and careers has been a key theme in all the high-profile scandals in health and social care in recent years. Enquires into the abuse and neglect of people who use services, have highlighted the need for providers to develop more equal relationships with people who use services and careers. Co-creation provides the concept and the framework to develop these more meaningful relationships. In particular, co-creation should be used to develop preventative, strength-based services, support assessment, shape the local care market and plan information and advice services.

There is an interest in co-creation across the full range of public services, not just social care and health. Public and private sector organizations and politicians from all three major parties have shown an interest in co-creation. This interest is partly motivated by the pressure to cut costs but is also indicative of the widespread acknowledgement that the citizen has a vital role in achieving positive outcomes from public services (Bovaird 2007).

Implementing co-creation is challenging and complex. It involves looking at every aspect of how an organization works. This resource draws on the learning from a wide range of sources to help managers, practitioners, people who use services and careers to both understand and implement co-creation in social care and beyond.

How to do co-creation¹

The following recommendations are based on a framework for change management structured around a four piece jigsaw addressing culture, structure, practice and review. The recommendations are categorized into the following four main groups:

¹ Co-creation examples: <http://eprints.gla.ac.uk/86126/>

Culture

- Ensure that co-creation runs through the culture of an organization.
- Ensure that this culture is built on a shared understanding of what co-creation is a set of principles for putting the approach into action and the benefits and outcomes that will be achieved with the approach.
- Ensure that organizations develop a culture of being risk aware rather than risk averse.

Structure

- Involve everyone who will be taking part in the co-creation from the start.
- Value and reward people who take part in the co-creation process.
- Ensure that there are resources to cover the cost of co-creation activities.
- Ensure that co-creation is supported by a strategy that describes how things are going to be communicated.
- Build on existing structures and resources.

Practice

- Ensure that everything in the co-creation process is accessible to everyone taking part and nobody is excluded.
- Ensure that everyone involved has enough information to take part in co-creation and decision making.
- Ensure that everyone involved is trained in the principles and philosophy of co-creation and any skills they will need for the work they do.
- Think about whether an independent facilitator would be useful to support the process of co-creation.
- Ensure that frontline staff is given the opportunity to work using co-creation approaches, with time, resources and flexibility.

- Provide any support that is necessary to make sure that the community involved has the capacity to be part of the co-creation process.
- Ensure that policies and procedures promote the commissioning of services that use co-creation approaches.
- Ensure that there are policies for co-creation in the actual process of commissioning.

Review

- Carry out regular reviews to ensure that co-creation is making a real difference and that the process is following the agreed principles.
- Co-create reviews and evaluations.
- Use the review findings to improve ways of applying the principles of co-creation, so that continuous learning is taking place.
- During reviews and evaluations, work with people who use services and carers, to think about ways of showing the impact that co-creation has, as well as the processes that are involved

Co-creation of the teaching method

Benefits – relevant literature signals for the following benefits of co-creation teaching method: enhanced student-staff relationships and development of a range of graduate attributes; motivation and learning; enhanced meta-cognitive awareness and a stronger sense of identity; enhanced teaching and classroom experiences; and enhanced engagement (Bovill, Cook-Sather, Felten, Millard, & Moore-Cherry, 2015).

Challenges – despite the numerous benefits, the Co-creation teaching method is also associated with these three broad themes of challenges: resistance to co-creation of learning and teaching, establishing an inclusive approach, navigating institutional structures, practices and norms.

Overcoming challenges – ensuring full transparency throughout the process of co-creation of knowledge is most often recommended way to overcome the above-mentioned challenges. Further, engaging all parties in discussion is argued to effectively avoid anxiety about the unknown and a worry that the appropriate scaffolding for learning would not be provided.

Applications – there are different forms that co-creation can take when applied at different institutions, as it challenges norms from different angles. Indeed, it may be used at different scales such as addressing institutional strategic, operational and pedagogical goals, course, a classroom initiative and individual initiatives. More specifically, it may be applied in cases when staff and students collaborate in terms of co-re(designing) course contents, researching teaching and learning, undertaking disciplinary research, choosing and/or designing assessment tools i.e. essay questions, grading others and their own work, evaluating teaching processes and course content (Bovill et al., 2015).

Besides, the co-generation model may be used as a means for generating and collecting patient ideas, developing patient-centered care based on the single patient's story, and providing a greater understanding about the patients' experiences over health care (Elg, Engström, Witell, & Poksinska, 2012).

6. Course Planning

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Who is this guide for?

If you're new to training, or still finding your feet, this guide will help you through the overall course planning process. Course planning is deciding in advance what is to be done, when, where, how and by whom it is to be done. Planning bridges the gap from where we are to where we want to go. It includes the selection of objectives, policies, procedures and courses from among alternatives. A plan is a predetermined course of action to achieve a specified goal. It is an intellectual process characterized by thinking before doing. It is an attempt on the part of manager to anticipate the future in order to achieve better performance. Planning is the primary function of management (Fink 2015).

Before you start course planning

Consider whether there is a specific process in your organization that needs to be followed to set out the overall design of your training initiative. If there is a set process in place, make sure you follow the steps that have been laid out rather than using the steps below.

If the scoping document or training specification that you produced of the course is sufficiently detailed, you may be able to omit this stage and go straight into designing each session in detail. In order to be able to design each session in detail, you will need to have clarity on the following points:

- Working title for the course and each section;
- Business outcomes;
- Learning objectives/outcomes;
- Target population (participants);
- Header for each section;
- Each individual section mapped out in a logical sequence;

Planning each session

When you are delivering a course, you need to be clear about where you are, where you are going and what you need to do at each stage of your delivery. To achieve this, you will need to create a trainer's guide/handbook. A well thought out trainer's guide is especially important when you are developing a training programme which is going to be delivered by different trainers across multiple sites. However, even if you are running a one off programme by yourself, you will still need to create some sort of guide to help you, although the formality and detail may be less than it would be for a larger number of trainers.

Guide aims

This guide will help you to:

- Divide the training into different sections;
- Develop a logical sequence and running order for each section;
- Start thinking about different methods you will use at each stage;
- Plan the approximate timings for each section;
- Check your overall design meets the required business outcomes and learning objectives;

Each of your training sessions needs to be well-structured in terms of content and activities so that participants get the most out of it. You need to create a detailed plan for each section of your training. Once you have done this, you will be able to move on to produce a trainer's guide and participant notes more easily. Consider whether there's a specific process to planning out each of your training sessions in detail. If there is, make sure you follow that rather than the steps outlined in the following section.

Overall course planning stages

1. Planning the overall design of your course
2. Planning each session in detail
3. Create a trainer's guide
4. Create participants' material
5. Designing a group exercise

6. Writing realistic skills practice scenarios
7. Helping participants understand the process
8. Checking participant understanding
9. Using demonstration in training
10. Getting support for yourself
11. Create a piloting training session
12. An effective title for your course
13. Selecting the right training venue
14. Creating engaging pre-course materials
15. Preparing the training environment

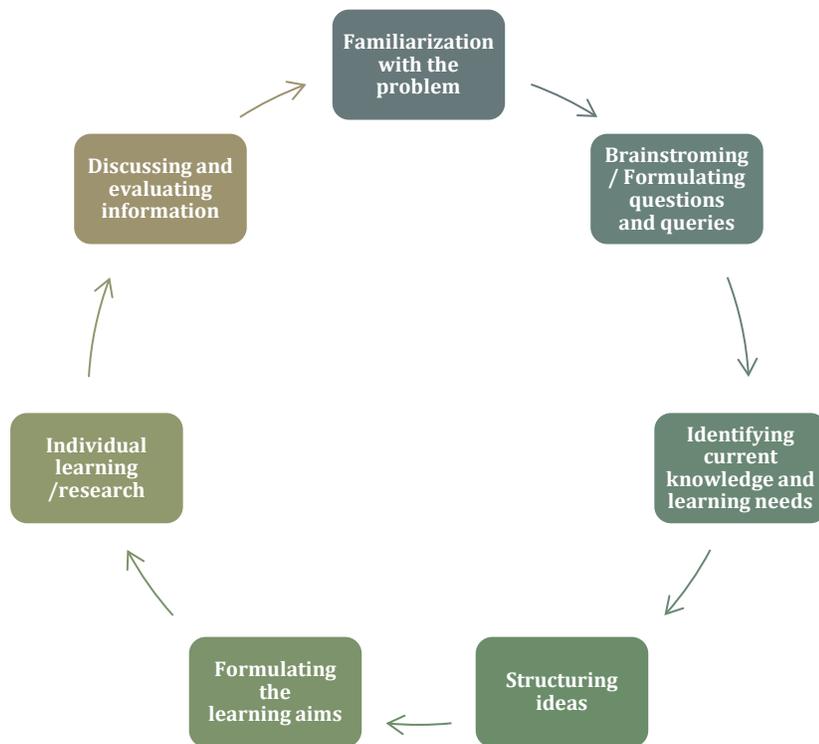
ANNEXES

1. Problem based learning

Bujar Gallopeni, Shpresa Mehmed

Introduction of the method

Problem based learning (PBL) methodology has seven steps to accomplish for a learning topic or a problem case study.



The seven steps approach is realized in two sessions of work among the students and the teacher over the week, with a few days in between. During the first session, the students and the teacher go through the first five steps. In the sixth step students read, consult and research sources of literature (mostly individual learning, or learning in pairs or groups) to better understand problem solving approaches. The second session includes the seventh step, and relates to the discussion

among students and knowledge sharing from read and researched literature sources to bring solutions to the problem.

Implementation

While undergoing the seven steps of PBL, a combination of working modalities among students could take place, like group work, individual work, and sometimes working in pairs.

Below it is given a description of each step with allocation of tasks and time.

Steps		Activities	Time	An example demonstrated using PBL method
Step 1	<i>Familiarization with the problem</i>	Students read the problem individually or in pairs, and try to understand it.	15-20 minutes	<p>The problem case:</p> <p><i>“Last week, Rob, Senior Vice President at a major oil and gas company, guested on Turning Managers into Leaders, talking specifically about how organizational change needs to be implemented differently today than it was done ten or fifteen years ago. Rob is back today to continue the dialogue by offering a specific example of how change should be implemented today. Let’s have a look at an example of this “new way” that I referred to in my last post. In a recent major change that I was part of, I set out a case for change and some initial thoughts but the details of the case were extensively debated and shaped at my leadership table. This included a high level structure but more importantly key values and objectives. This was all done without any of the participants knowing what roles they would have in the “new world”! Sure, it takes a level of maturity of all those involved for this to happen, but I firmly believe we got a better product than I could dream up on my own, and nobody was being territorial because they didn’t know what territory was theirs! I finally staffed “level 1” only once we were set to move to the next stage. And the next stage was to bring in the next level of leaders to</i></p>

				<p><i>further shape and refine – with the same personal uncertainty for them. This process was repeated a third time during which the final structure was set and staffed.</i></p> <p><i>Along the way, however, the fact that change was coming was public knowledge! The entire organization was aware of what was going on. They had opportunities to input and more importantly provide their personal desires – not that they would automatically get what they wanted, but at least their desires were on the table when decisions were being made. And through it all, I needed our people to continue to deliver the business in this time of uncertainty. That was a risk, but I’m glad I took it.</i></p> <p><i>The whole process took nine months with “everybody” in the know for six of those nine. We delivered the business goals during that time. The new organization went live as planned and within a few weeks was running smoothly. I wouldn’t claim there were no hiccups or this is the panacea approach for every organizational change but it sure worked this time. As leaders we are always challenged to come up with the “right way” and my thesis remains that the “right way” is always changing.”</i></p>
Steps 2-4	<i>Brainstorming</i>	Students discuss about the problem as a group and try to identify key elements that	15-20 minutes	Key words & ideas identified and structured from brainstorming discussion:

	encompass the problem. One of students is appointed as moderator to moderate the group discussion.		<ul style="list-style-type: none"> - Organizational change - Personnel concerns - Opinions of the workers
<i>Identification of key learning needs</i>	In the brainstorming sessions students identify and list key themes that are important and crucial to approach the problem. Students can also put forwards different questions linked to the problem and key themes. One of students is assigned to take notes for the key themes identified.	15 minutes	<ul style="list-style-type: none"> - New structure - Risk - Challenges about the change - Timeline - Stages of the changing process - Process implementation - Need for change - Discussion and debate for the change - Values and objectives for the change - Stress
<i>Structuring ideas</i>	This step involves mainly drawing a mind map, where students decide which ideas belong together and group them around the pre-defined questions. The group decides what has to be learned and what requires further research.	15 minutes	<ul style="list-style-type: none"> - Information about the change - Resolution for the change - Proposals and suggestions for change - Functionality of the organization during the change - Continuous change

		One of students is assigned for drawing the mind-map.		
Step 5	<i>Formulating the learning aims/goals</i>	Students propose a few learning aims/goals to research and discuss literature sources. The learning goals should be developed in the direction of bringing solutions to the problem. One of students is assigned for writing the learning goals.	15-20 minutes	<p>Learning goals</p> <ol style="list-style-type: none"> 1. When and why the organizational change should happen? 2. What influences the organizational change and what are its challenges? 3. What is the role of organizational culture and climate during the process of organizational change? 4. What are the stages of organizational change?
Step 6	<i>Individual learning and research</i>	The research and reading of literature continues for a few days during which time students can consult various sources and find information leading to a solution to their problem.	A few days	<p>Instructed literature</p> <p><i>Students should read at least three sources from the main list (the first in bold obligatory for all) and two from optional list.</i></p> <p><u>Main literature:</u></p> <ol style="list-style-type: none"> 1. Frank J. Landy & Jeffrey M. Conte. Work in the 21st Century: An Introduction to Industrial and Organizational Psychology. Third edition, 2010. John Wiley and Sons. Inc. Chapter 14.3, page: 658-669; 2. Kotter's 8-Step Change Model - Implementing change powerfully and successfully;

			<p>3. Campbell, R.J. (2008). Change Management in Health Care. The Health Care Manager. Volume 27, Number 1, pp. 23–39;</p> <p>4. Anders, C. & Cassidy, A. (2014). Effective organizational change in healthcare: Exploring the contribution of empowered users and workers. International Journal of Healthcare Management, VOL. 7 NO. 2;</p> <p>5. Kettinger, W.J. & Grover, V. (1995). Special Section: Toward a Theory of Business Process Change Management. Journal of Management Information Systems, Vol. 12, No. 1, pp. 9-30;</p> <p><u>Additional literature:</u></p> <p>1. Cunningham, C.E., Woodward, C.A., Shannon, H.S., Macintosh, J., Lendrum, B., Rosenbloom, D., and Judy, B. (2002). Readiness for organizational change: A longitudinal study of workplace, psychological and behavioural correlates. Journal of Occupational and Organizational Psychology, 75, 377-392;</p> <p>2. Zand, D.E., and Sorensen, R.E. (1975). Theory of Change and the Effective Use of Management Science. 532/Administrative Science Quarterly, Volume 20;</p> <p>3. Shin, J., Taylor, S.M., and Gu Seo, M. (2012). Resources for change: The relationships of organizational inducements and</p>
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				<p>psychological resilience to employees' attitudes and behaviours toward organizational change. <i>Academy of Management Journal</i>, Vol. 55, No. 3, 727–748;</p> <p>4. Caldwell, D.F., Chatman, J., O'Reilly, C.A., Ormiston, M., and Lapid, M. (2008). Implementing strategic change in a health care system: The importance of leadership and change readiness. <i>Health Care Manage Rev</i>, 33(2), 124-133.</p>
Step 7	<i>Discussing and evaluating information</i>	<p>Students try to provide information and knowledge from theoretical information and practical cases and articulate practical solutions to the problem.</p> <p>One of students is appointed as moderator to moderate the group discussion.</p>	90 minutes	

The whole implementation of the PBL process is led and worked out by the students themselves. The teacher has only a tutoring/coaching role, where in most cases is an observer. Besides students need to get involved in tasks in each step, additional engagement is also required from students. Each student should be tasked to experience being a moderator of group discussion, either in the problem brainstorming discussion or in the discussion of literature sources, or in both cases. Furthermore, each student should experience also the role of taking notes in the tasks related to steps 2-5. The teacher should enlist and guide the sources of literature, which at least is the basis for research and reading for the related learning topic. Students should be also encouraged to further search additional literature sources in order to maximally be able to achieve the developed learning goals.

Preparation

All this process follows after a careful preparation phase previously conducted by the teacher. The teacher should be sure that the problem case studies must be very relevant to the study topics and content of the related course where PBL is used as ground methodology. More specifically, the teacher should make sure that the problems developed and selected should guide students to achieve the learning outcomes set for the course. For each of the course's key topic, the teacher should define a comprehensive problem which encompasses the whole topic to be addressed for learning.

Besides that, the teacher could also prepare and hold comprehensive lectures from theoretical concepts related to the course topics, which serve as a basis for orientation of students towards the learning frame for the course. Lectures could be organized in different ways, like for example every week, after each problem finalized (1-7 steps), or can be organized every two-weeks or otherwise, as the teacher estimates the best combination modality.

Assessment of students

A variety of assessment methods could take place for the evaluation of student's learning progress. The key assessment techniques may be, for example, the individual observation of students regarding their regular engagement in PBL process tasks and duties (with quality and

quantity of engagement). Furthermore, a 360 degree evaluation approach could be used, through which the student peer evaluation is encouraged. The teacher may also conduct final evaluations in a written exam format, which could be an essay format to certain questions, or a detail report on certain problem(s) to be examined, and/or a presentation of certain work to have been previously developed. In any of the cases, the teacher should make sure that the assessment methodology is adequately selected and combined in order to assess student's progress towards achieving the learning outcomes for the course.

2. Project based learning is the assignment of making a poster. Adnan, Margriet, Dianna

Introduction of the method

The Project Based Learning provides students with the opportunity to work intensively while seeking to respond to engaging, complex and authentic problems, questions or challenges. Doing so, the students gain certain knowledge and skills as part of the specific competences mentioned below. An example when such a learning approach may be used is the Poster Presentations in Occupational Performance Module, concerning various issues.

Implementation

The respective approach is implemented through going the following steps:

Step 1 – The students are given a project to identify the main occupations that are commonly performed across the life spans, the role of occupational therapy related to those occupations and the theoretical basis of intervention for the specified phase of life.

Step 2 – The students are allocated an age range to be their assignment group.

Step 3 – They are to observe their assignment group in the community and record the occupations that are observed. Then they will arrange the occupations by their respective occupational areas such as: self-care, leisure, social, educational and productivity.

Step 4 – The students will arrange the areas they had identified on a poster board, using arts and craft materials and computer designs to present a visual presentation of their findings.

Step 5 – The students will individually research, development theories that relate to their assignment group, occupational therapy models and frameworks, which highlight the foci of the occupations they have identified, and research articles, which provide evidence for clinical reasoning in occupational therapy intervention, specific to their assignment group.

Step 6 – Discussion and evaluation information – The students present their findings via poster presentations to their peer audience. The audience is given an opportunity at the end of each presentation to ask clarifying questions from the presenter. After the presentations are completed, the audience is then given an opportunity to vote on which presentations were most effective in increasing their knowledge of the topic.

Preparation

Students are asked to combine creativity with learning, while teachers are expected to provide clear guidelines and rules to which all the posters need to adhere to. Simultaneously, teachers need to encourage their students to make a unique poster, which is according to the previous prescribed factors. The teacher can make different suggestions on how this poster looks like, so that students are challenged to use their creativity.

Assessment

There are two main factors that need to be considered when grading: first of all the content, which most probably is according to their study direction. Together with the content, the references need to be mentioned and will have to refer to the state of the art of that subject; and second, the appeal of the poster, and its presentations, in terms of whether it is interesting, illustrated by pictures, written clearly, or easily understandable, and visible from distance.

It is advisable to check the process of the students while they are carrying out this project, to ensure that the required quality is given. An example could be to ask the students to hand in a few weeks before they are to present their poster, to give a list of literature that they want to use. This avoids that they base themselves on out dated or irrelevant literature and secures they use a couple of sources, instead of just one or two.

Moreover, students are assessed for the following general and professional competencies:

- 1) Poster appearance and content
 - a. Visual appeal
 - b. Relevancy of information and visuals
 - c. Appropriateness of content
 - d. Reference style

2) Presenting skills

- a. Verbal fluency
- b. Reference to poster during presentation
- c. Stance in relation to poster and audience
- d. Eye contact with audience
- e. Speech pace
- f. Listening to Questions
- g. Time management
- h. Professionalism

3) Knowledge of topic

- a. Expressed knowledge
- b. Ability to answer the audience's questions

Consequently, students are expected to gain the following competencies:

1) General competencies

- a. Peer collaboration
- b. Research skills
- c. Time management
- d. Critical thinking
- e. Reflection
- f. Creativity

2) Profession-specific competencies

- a. Develop knowledge of occupation and occupational therapy practice
- b. Explain theoretical constructs
- c. Engage and influence others in occupational related debates
- d. Use professional and ethical reasoning
- e. Collaborate with communities
- f. Critically evaluate information related to occupational therapy
- g. Appreciate and respect individual differences
- h. Demonstrate confidence in self-management

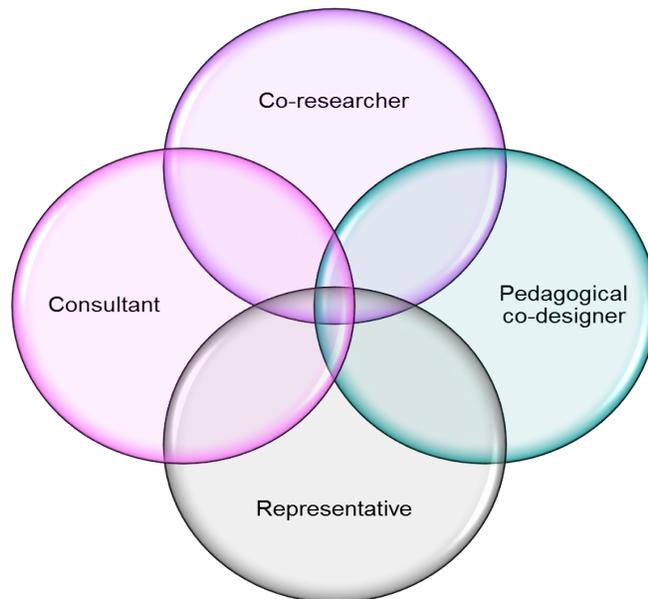
3. Co-creation – Jennifer Cardwell

Introduction about the Co-creation learning strategy

Students as partners, change agents, producers, and co-creators of their own learning has been the subject of increasing interest in recent years (Bovill et al. 2011; Dunne and Zandstra 2011).

Within most universities, decision-making in teaching and learning is generally the domain of academic staff and students often lack voice (Mann 2008). Recent work on co-creation of learning and teaching, challenges these traditional norms/practices regarding the ‘academic’ and ‘student’ roles within higher education and advocates a greater democratisation of the educational process. Co creation occurs when teachers and students work together to create the curriculum, outcomes, learning and teaching styles/outcomes and then identify appropriate assessments – students are active in the whole process and not just recipients of information but fully involved in the whole process of learning from beginning to conclusion.

Student co-creation roles include:



Implementation

Co-creation can take a variety of forms across different disciplines and institutions. Staff and students may collaborate to: evaluate course content and learning and teaching processes; (re)design the content of courses; research learning and teaching; undertake disciplinary research; design assessments such as essay questions or choose between different assessment methods; and grade their own and others' work. Likewise, co-creation can occur on different scales including: individual, classroom and course initiatives up to the institutional level addressing pedagogical, operational and strategic goals. At each of these levels, co-creation challenges the norms of education in different ways (see Cook-Sather et al. 2014) There are challenges to the implementation of co creation education which are typically identified by both staff and student participants, and fall into three complex and overlapping themes: resistance to co-creation of learning and teaching; navigating institutional structures, practices and norms; and establishing an inclusive approach.

Preparation

A virtual learning environment such as Moodle is often perceived as being a one-way communication medium but can be essential in the preparation of co-creation learning activities allowing access to recourses, discussion forums, Wikis, feedback etc. where students and staff interact which is not confirmed by set time-frames and attendance at on location.

Task: Review of First year module of program by 3rd year students

Steps	Activities	Time	Examples demonstrating using Co-Creation
1.	The first step is to identify who you want in your Co-Creation Session. Perhaps it's a handful of people you've already interviewed. Maybe it's a particular demographic like teens or female farmers or people without jobs.	15 minutes	Students from 3 rd year of program invited to join group to evaluate and rewrite an identified module – maximum 12 students

2.	<p>Initiate – the Brief</p> <p>Clearly state the purpose and goal of the event and then set out the framework for participation. Describe the educational objective and then ask for contributions in terms of what you want opinions on.</p>	30 minutes	Outline the project, ask students how they might approach the project, what resources they need, what is available – e.g. rooms, IT, staff, Library etc.
3.	<p>Inspire Participation</p> <p>Make participation easy and explain the benefits of contributing to the learning and the methods being used.</p>	20 minutes	Outline what the benefits of this learning will be to the students
4	<p>Starting</p> <p>Make the most of a Co-Creation Session with <u>Conversation Starters</u>, a <u>Brainstorm</u>, <u>Role Plays</u>, or other activities to get your group engaged around the problem you’re looking to solve.</p>	60 minutes This may be repeated as necessary	Students form into small groups to work together, deciding on tasks and allocating these within the group - brain storming, allocating work, reading, who will interview students and/or staff .
5	<p>Ideation, copy and design</p> <p>Group decide different areas of investigation/learning</p>	60 minutes This may be repeated as necessary	The group work together using problem solving skills, ability to collaborate, take feedback, and respond constructively to information received to date. A staff member may bring their expertise and knowledge to the groups as an active equal

			member of the group.
6	Revision and Refinement Group review work to date and refine details, re-writing content.	30 minutes	Students refine their outcome in discussion groups.
7	Presentation Summarizing process on learning/development to date	60 minutes	Students present results of project (new module) to staff and other students seeking feedback
8	Finalizing Review learning based on feedback	30 minutes	Make adjustment to module details based on feedback
9	End and Identification of learning Final learning/development and identifying what has been learned from the project/activities undertaken	60 minutes	Students identify what they have learned from being involved in the project – i.e. skills and knowledge gained.

Student assessment

Within a (true) Co-Creation setting students should be encourage to co-create their own assessments based on competencies and/or learning outcomes. Students and staff working in co-creation groups may discuss and create the actual assessment tools such as:

1. Seminar tasks & contribution to working in co-creation (peer assessment)
2. A group presentation (15mins)
3. An individual written report identifying learning (1,500 words)
4. An individual electronic portfolio recording activities individual students engaged in (2,500 words)

Students and staff develop the marking criteria based on tools and competences/learning outcomes. They will also set the bench-line criteria for failure, pass level, for merit level and for distinction level work; all this is agreed within the co-creation groups of students and staff discussing and reviewing together until agreement is achieved.

4. Simulation based learning –

Introduction of the method:

Simulation-based learning may lead to the answer on creating health experts' knowledge, abilities, and attitudes, while shielding patients from risks that are unnecessary. Simulation-based strategy in healthcare terms can be a stage for observing how to alleviate ethical pressures and resolve pragmatic difficulties (Mims, 2004). Simulation-based preparing methods, apparatuses, and procedures can be connected in planning organized learning encounters, and be utilized as an estimation instrument connected to focused collaboration capabilities and learning targets (Goeree, 2011). It has been connected broadly in the avionics business, anaesthesiology, and in addition in the military. It mitigates mistakes and keep up a culture of wellbeing.

Competencies students gain after conducting a simulation activity: Knowledge, skill performance, critical thinking and, self-confidence.

Implementation:

Step 1. Describe the scenario briefly

The teacher must give a brief scenario overview that includes the patient's profile and history and the health professionals that need to be involved in the client's care.

Step 2. Identification of target learners.-

In order to get the positive outcomes, the teacher must consider if the learners are staff, students or members of one or more different disciplines.

Step 3. Develop a description of the scenario

Develop a more extensive composed summation of the study of scenario which distinguishes particular patient parameters and the abilities expected of particular healthcare experts involved with the care of the patient. Think about utilizing a current case scenario as opposed to building up your own.

Step 4. Design of the training activity.-

While designing a simulation scenario training a script and a design of such activity should be applied. The situation must be clearly reflected.

Actions to be taken in this part:

- Identifying the profiles of students and their needs
- Identifying the competencies that should be trained
- Define exact objectives for the training activity
- Identifying the guideline components that portray the deliberate practise and scenario.
- Define the evaluation approach for the results of the learning activity.

Step 5. Dividing students into groups

Recently, healthcare team and group learning is known as one of the most important objectives that must be attained in the educational framework of future healthcare professionals. Students should be divided into 4 groups with 5 students in each group.

Step 6. Select learning/ teaching methods

Simulation based learning activities may incorporate any assortment of following:

- Power-point presentation
- Case scenarios
- Debrief and feedback
- Short videos
- Online video clips
- Evaluation
- Discussions in groups
- Face-to-face lectures

Step 7. Set the equipment and the simulation activity type.

When a teacher is about to implement any simulation activity, he/she may include: part-task trainers (e.g. arm or pelvis), computer based systems, integrated simulator, simulated clients, inter-professional learning, role play, and paper-based scenarios.

It important for the teacher and students to be familiar with the equipment that are being used in order to ensure the safety while implementing any of simulation activities.

Step 8. Organize a teaching/ learning plan

DURATION	TOPIC	TECHNIQUE OF ACTIVITY
30 minutes		Online Video clips
45 minutes		Face-to-face lectures
15 minutes	Break	
90 minutes		Hands on session/skills station with part task trainer
45 minutes	Break	
15 minutes	Feedback and open discussions	

Step 9. Show detailed instructions to students

The teacher must describe briefly what he/she wants the students to do. As an important instruction could be for instance to ask the students to sign in the list of attendance.

Step 10. Implement the teaching plan

Preparation:

Teacher can implement scenarios by using standardized patients, basic simulators or advanced simulators that may offer a better feedback and let students manipulate different variables and parameters with the scenario. It would be very difficult if the teacher/ instructor would not be able to rely on audio-visual recording media or to not have access to them at all. The teacher must have a high level experience in the utilization of simulators as well as the recording system so that he/she can focus on the major activity such scenario(Cross, Spencer, & Hills, 2014). If the teacher does not have experience, there should be at least the staff that can assist the teacher in this endeavour. In the performance of such activity a huge impact can be relied upon the

necessary conditions like clinic rooms or operating rooms. The physical environment is a crucial factor that can help in improving the intensity and realization of the scenario.

Amongst the teacher's preparatory work, it should not be considered as lesser importance. It is the principal responsibility of ensuring that every simulator is being used in the scenario and the recording system is working properly(Turan, 2015). It must as well be proved that that are enough connections in the room and that all the consumables needed to realize the scenario—gowns, gloves, masks, syringes, bag-masks, are enough. Depending on how the scenario develops and the participation of the group, it would be really interesting including problems that oblige leadership's changes or result in order to increase the participation of a student with a role or another(Gallagher & O'Sullivan, 2012). It is very important for students to obtain critical thinking while implementation of a simulation activity.

Assessment

After the simulation activity has been conducted, now it is the time to make the students and outcomes' assessment of such activity using the activity recording that is made up to do the debriefing. As an important feature of simulation based learning strategy when assessing students, is their self-assess and making critics to others colleagues performance as well as the teacher. Scenarios allow the teachers to evaluate students relating to their personal skills for instance, communication style, leadership initiatives, interpersonal activities, ethical behaviour(Granado & Riley, 2013). The teacher must always tell the student what competencies are being assessed before the activity. The evaluation must as well be based on a different framework from traditional evaluation. The teacher ought to likewise assess his or her own performance and anything that affected the development, the level of cooperation that has been accomplished, the objectives that were not accomplished during such activity(Zunzarren & Rodriguez-Sedano, 2011). Educators will progress toward becoming aides and viably help students on the off chance that they assess their own performance and ask themselves how they can enhance as aides.

5. Blended learning – Shaban, Idriz, Skender

Blended learning presents the form of teaching methodology that combines digital media with traditional classroom-based methods. This method enables both teachers and students to:

- integrate theoretical with practical approach;
- learn by seeing.

For applying the blended learning in the teaching process, the teaching session will be divided in four different phases:

- 1st phase – the online lecture (recorded from the last topic) will be showed to students. This material includes the most important things learned on the last lecture, and allows students to recall the most important issues learned.
- 2nd phase - the regular teaching of the new topic (which will also be recorded for the next teaching session). This is the part where teacher has his/her own
- 3rd phase – introducing videos of different conditions, problems, issues, personal experience etc. in the teaching process. This form allows the teacher to describe the topic of interest and enables students visualize the problem/contest/issue.
- 4th phase - an online simple assessment of gained knowledge is performed.

This format will provide a continuous passage from one topic to another and also the online lectures will serve for preparation for the final exam.

6. Research Informed Learning - Arben, Kushtrim Grezda

Students are divided into small working groups. Every two groups have a specific task assigned.

The tasks are finding out about the body of research existing regarding some issue within the Social Rehabilitation process (e.g. social rehabilitation in Kosovo, integration through social rehabilitation, social rehabilitation in elderlies etc.).

Based on the set keywords from the assigned task (e.g. Social and Rehabilitation and Kosovo), students will have to find published information.

This “research” process will last for 30 minutes, whereas the teachers move between groups to supervise, offer help and answer to any possible questions.

Students are encouraged to use online databases, public documents, papers and dissertations’, both electronic and regular library and all the other potential resources available. Besides the other resources, we suggest to use:

- Scopus;
- Webofscience;
- Pubmed/Medline;
- EBSCO;
- WorldCat;
- DOAJ;
- Googlescholar;

Students could work on the class room, or if they find it easier to work on the library, they can move there as well.

The aims of this strategy are:

- highlight the value of research to student learning;
- highlight the potential of research in learning strategies;
- introduce research to be a learning methodology;

- involve everyone on the learning process;
- enhance critical thinking through research;
- enhance problem solving through research;
- highlight the importance of team work.

Each task is given to two groups simultaneously, in order to allow students (from both groups) to discuss and come into mutual conclusions afterwards regarding their findings.

Once the 30 minutes of “research” are finished, each group presents (in turns) their findings.

Presentation lasts up to 10 minutes, whereas 5 extra minutes are reserved for questions from the other group (or even other students if they have any question).

Finally, both groups (with the same topic) get together and prepare a set of conclusions regarding their topic (maximum 10 minutes). These conclusions should be as comprehensive as it gets and should serve as a “take home message”.

A final 5 minute presentation of these conclusions and a reflection with all groups should conclude the task.

7. Facilitating learning (tutoring and coaching) – – Dianna Jennifer, Kushtrim Veliu

Introduction

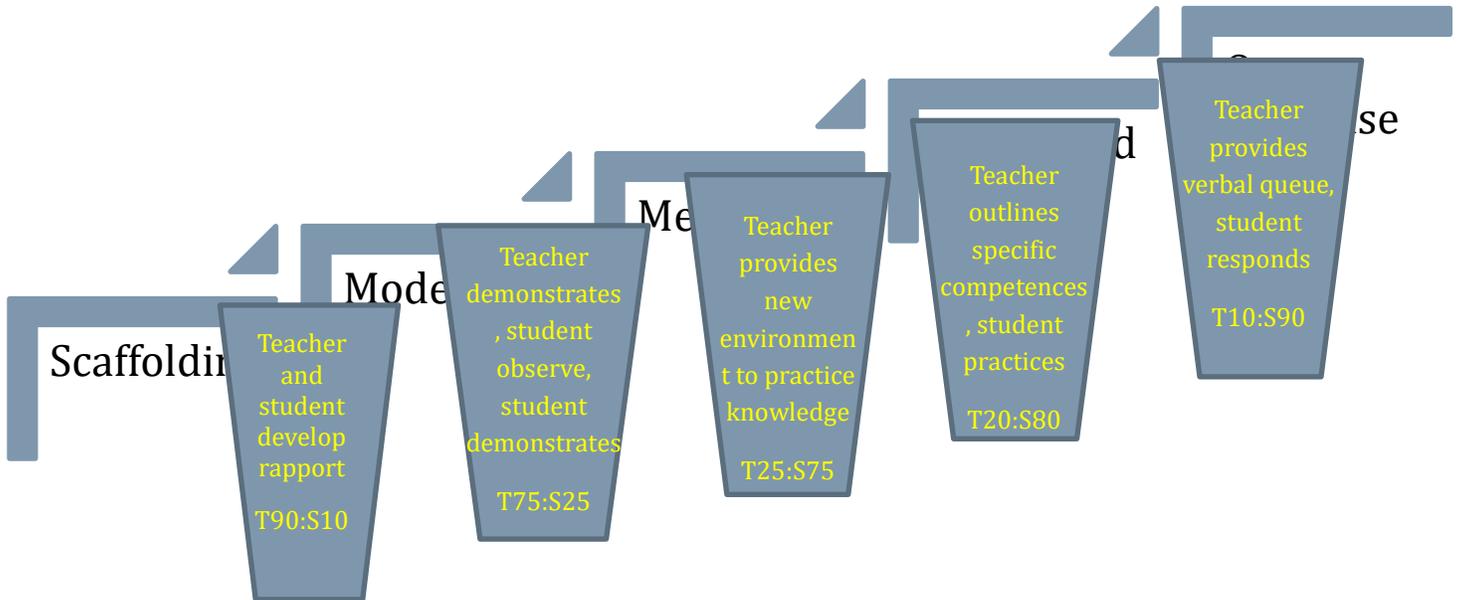
To learn effectively, the learner needs to experience concrete information, reflective observation, abstract conceptualization and active experimentation (Matsuo, 2015). The role of the coach or tutor is to facilitate the learning process in each of these areas. The coach can be a live person in the classroom or it can be digital format which transmits information what will inforce theoretical and practical learning (Leung, Critchley, Yung, et al., 2015). However, in a classroom setting, a successful learning facilitating coach adapts their behaviour to meet the demands of the learning environment (Nash, Sproule & Horton, 2011). The coach also stimulates critical thinking and clinical logicity skills. A tutor uses their clinical content knowledge and abilities to create a supportive learning environment that encourages active participation by all members and continuously monitors the quality of learning (Wang, Li & Pang, 2016). In essence both the

learning facilitator coach and tutor provide the same type of learning environment. Both the coach and the tutor glean from the students' own resources and encourage them to find their own solutions. Therefore, both names can be used interchangeably to describe the learning facilitator. From now on, "Facilitator" will be used.

The facilitator enables student competencies through modelling, scaffolding, mentoring, structuring tasks and providing queues, without explicitly giving final answers (Wang, Li & Pang, 2016). The facilitator begins to fade as students increase in knowledge and in experience. In the classroom setting, modelling is used to provide a visual guide in the learning process. The facilitator uses their expertise to model practical application of learning theory in either a live or simulated context. The facilitator demonstrates practical methods or techniques and the students repeat what they have observed. A trust between the student and facilitator must be formed. This trust is called scaffolding. It can be equated with "therapeutic use of self" that health practitioners use with the patients or clients. The same concept is used to build trust between the student and the teacher or facilitator. Emotional scaffolding builds a rapport and trust and maintains a nurturing relationship between the student and facilitator which encourages growing motivation to learn. The facilitator uses mentoring as a tool to monitor the learning performance of the student by providing the students with tools to guide their experience. The students take what they have learned, and the facilitator provides a variety of scenarios or environments where the practical skills can be applied. The student is no longer learning through mentoring but is now offered more doors to step through where they can demonstrate what they have learned. The mentor opens the doors for them. The facilitator also structures tasks so that expectations are clear by the student of what their assignments are. Such as the case in each practice placement, the students are put in an environment where they can demonstrate their skills as practitioners, however it is the placement facilitator who explains to them what learning and practice competencies they should achieve or demonstrate by the end of the practice placement. Queues are given to the students by the facilitator to indicate if they are on the right path or not in what they are supposed to be learning. The queues can be in the form of simple questions that would either affirm or redirect a student's actions. For example, "How did that work for you?" or "How was that for the client?"

Implementation

The steps of modelling through queue giving can be a progressive teaching strategy for facilitative learning. Below is a visual of the progression from the responsibility of the facilitator in the teaching process and the progression of responsibility on the learner. A practical example case study follows.



Example:

During Adaptive Technology module the objective is for the students to learn how to adapt a wheelchair to specifically fit a client.

Step 1: Scaffolding

- A. The teacher explains the background of intervention and how it pertains to the profession
- B. The teacher asks the students if they have had experience themselves being in a wheelchair or if they have known someone in a wheelchair. The teacher asks the students to share their experiences while the teacher listens and affirms comments related to client perception of wheelchair use.
- C. The teacher provides experiential anecdotes from personal practice in order to increase student comfort and trust in the competencies of the teacher.
- D. Teacher teaches theory on wheelchair adaptation

Step 2: Modelling

- A. The teacher furnishes all of the supplies and equipment needed to make a wheelchair seat and support inserts, as well as strapping materials.
- B. The teacher uses a student who is thinner than the wheelchair width to use as a model and demonstrates measuring techniques and makes the adaptive seat and supports and inserts appropriate straps in various steps as the students observe.
- C. The teacher pauses between steps to allow the students to measure and make the items themselves as the teacher observes.

Step 3: Mentoring

- A. The teacher either brings a live client in or teams the students to use each other as clients, or the students are put into a practice placement setting where wheelchair adaptation is necessary.

- B. The teacher encourages the students in how to find materials necessary and to continue each step in the process.
- C. The teacher assesses and advises as students progress in their projects.

Step 4: Structured Tasks

- A. The Teacher informs the students of learning competences that they should gain within the wheelchair adaptation experience. For example; interview of client, using therapeutic use of self, working with colleagues, ability to use tools, ability to use problem solving skills, management of time, etc.....
- B. The Students take initiative to acquire supplies and proceed through every step of the wheelchair adapting process independently.
- C. The teacher observes and provides feedback on progress

Step 5: Queue Response

- A. During the practice, the teacher uses hand gestures or verbal phrases as queues to alert a need for behavioural adaptation of the student or to affirm behaviours of the student.
- B. After the conclusion of the project, the teacher provides opportunities for the students to reflect on their work.
- C. The students discuss their experiences as a group in a class setting as the teacher listens.
- D. The teacher uses inquiring questions to encourage student self-evaluation

Preparation

Preparation for providing a facilitative learning environment requires consideration of the aesthetics of the learning environment. The classroom needs to be in an open space where there is enough room for the teacher to approach each student at a close distance. It is preferred that there be round tables where the students of grouped in sizes of no more than 8 per table. The chairs must be light and easy to move. The tables and chairs must be spaced so that the students and teacher may move freely throughout the classroom. The classroom should have white boards

and flip charts available for students to be able to write down ideas as well as for the teacher to provide visuals of theory. There should be access to large poster paper and markers for brainstorming sessions.

The acoustics in the room should be as such that the students would be able to hear each other during group discussions and the teacher would be able to hear the students clearly without background echo or voice drowning. The temperature of the room should be comfortable, so as to not distract the students or force them to open windows, which would cause sound distractions. There must be freedom for the students to post or display activities throughout the classroom without fear of their work being destroyed or stolen by other groups of students. The classroom environment should present an atmosphere of ownership by the students, where they feel comfortable and that they are respected as student. It should be a student-centered environment.

Creating a healthy learning environment also includes a teacher's responsibility to exercise proper time and stress management techniques. They must try to exercise a balance between work, rest and social activities. They must try to protect their health and assure good sleep habits. They must know their boundaries regarding time availability and skill set. They must delegate activities to others, which would cause them to be unprepared for their class times. They must learn how to say "no" at appropriate times, so as to protect the time they need with their students. If teachers are under too much personal or professional stress, they will not be in a healthy position to facilitate a functional learning experience for the students.

Assessment methods of students

A variety of assessment methods may be used which can be in written or in practical demonstration form. Facilitative learning or teaching does not use closed answer written exams. Written exams must be open ended such as in the form of case studies. Questions on exams must use questions that begin with: how, what, where, when, and why, explain, list, show or tell, draw, etc..... Written exams might be in the form of essays, where the students can demonstrate their knowledge in depth of a specific topic. Another evaluation method could be through observation of task or assessment of quality of project work, such as in the example of wheelchair adaptation. Assessments may include engagement in class discussion, attendance, professional conduct with

their peers, clients, placement site staff and with their teacher. Assessment might include adherence to professional codes of ethics and school policies. Assessment might include the demonstration of self-initiative in group and individual projects. The assessment methods must facilitate critical thinking just as a teacher facilitates creative and functional learning during regular class times.

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