



University of Maribor

Faculty of Health Sciences



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# EVALUATION

# EVALUATION OF INTERDISCIPLINARY WORKING GROUP

**[September 2016]**

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# **EVALUATION OF INTERDISCIPLINARY WORKING GROUP**

**INTERDISCIPLINARY STRUCTURE REFORMATION AND INNOVATIVE HIGHER  
EDUCATION FOR NEW PROFESSIONS: EVALUATION OF INTERDISCIPLINARY  
WORKING GROUP**

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# ABBERIVATIONS & ACRONYMS

CVET	Council for Vocational Education and Training
INSTEAP	Interdisciplinary structure reformation and innovative higher education for new professions
IWG	Interdisciplinary Working Group
MEST	Ministry of Education, Science and Technology of Kosovo
MoH	Ministry of Health
NARIC	National Academic Recognition and Information Center
NQA	National Qualification Authority
SEE	The Institute of South East Europe
WHO	World Health Organization

# EXECUTIVE SUMMARY

## EVALUATION AIM AND EVALUATION QUESTIONS

The main aim was to analyse and evaluate the IWG work within INSTEAP project. We evaluated how successfully did IWG fulfil their aims and responsibilities as planned.

## PROJECT BACKGROUND

The project was prepared as a response to a situation in Kosovo, where consolidation and development, especially of professions in health care was needed to provide adequate health care services. Two master's study programs, Management and Health Care and Education and Health Care were developed, which are based on the master program from the University of Applied Sciences Muenster/Germany. An important part in implementing and sustaining the new profiles within education and health system had IWG, consisting of different experts in the fields of education and health.

## EVALUATION DESIGN AND METHODS

Qualitative design was used to evaluate the IWG work. Review of relevant documentation and semi-structured interviews were conducted and analysed using a qualitative content analysis in three stages: preparation, organizing and reporting. Themes and subthemes are described and illustrated with verbatim quotes.

## FINDINGS AND CONCLUSIONS

IWG was mostly successful in fulfilment of their initially planned aims and responsibilities. The changing structure, lack of organizational commitment and challenging communication influenced on not accomplishing tasks according to the initial milestones. Although different perceptions about task performance between IWG leaders and its participants were found, all participants had the opportunity to be actively involved in the work of the IWG. They have started to implement liaisons and created conditions for working structure. Analysis of a labour market was prepared together with a drafting of occupational standards and job descriptions. However, a development of a platform for health care professions is still in progress. As standards of professional regularities and its transmission to other professions are in progress, a further individual and especially organizational commitment within IWG is needed in order to successfully implement this platform in the Kosovo education system.

# EVALUATION AIM, PURPOSE & EVALUATION QUESTIONS

## **EVALUATION AIM**

The main aim was to analyse and evaluate the IWG work within INSTEAP project.

## **EVALUATION PURPOSE**

The evaluation purpose was to analyse and evaluate the installation and implementation of IWG in terms of their task description, responsibilities, regulations, preparation of a profile for professions and activities, inter-ministry affiliation, adoption to educational system and conversation into a national programme for implementation.

## **EVALUATION QUESTIONS**

The main evaluation question was: How successfully IWG fulfil their aims and responsibilities as planned within INSTEAP project?

Three more specific research questions were developed:

RQ1: What was the structure, regulations and functioning of IWG?

RQ2: How successfully did IWG perform analysis of an actual situation of regulations of professionals and work profiles in the health care system?

RQ3: How successfully did IWG develop a platform for health care professions?

# PROJECT BACKGROUND

The INSTEAP project' aim was to establish a course for teaching and education in the health system, develop the quality as exemplars in a university through adoption and implementation of a study program in the EU health system. The project wanted to establish new unified structures for the development of the respective regulations, development of the occupational profile as exemplars for new study programs such as Master Education in the health system. Within project several issues were planned: improvement of the employability for the graduates; establishment of a course for teaching and education in the health system, resulting in pedagogical and managerial profiles; development of the quality as example/standard in a university through adoption and implementation of a study program in the EU health system; counselling at the political level to improve the relationship of graduates with their profession and development of international relations of universities in Kosovo with universities of the EU (Rode & Bonato, 2013).

The project was prepared as a response to a situation in Kosovo, that required consolidation and further development, especially different professions in health care was needed to provide adequate health services to the population. The MoH recognized, that nurses need special skills and knowledge in order to answer the current needs in the health care system. Also, the MoH established the Chamber for health professions, who will play a key role in the standardization of health professions in Kosovo. In addition, Kosovo did not have a clear framework how to influence the development of the health system that should be responsive to the country needs and what kind of professional profiles should be developed. The immediate need for special qualifications in the field of healthcare required a framework for education in health care and nursing. Within the project TEMPUS INSTEAP two master's study programs, Management and Health Care and Education and Health Care were developed, which are based on the master program from the University of Applied Sciences Muenster/Germany.

To solve the above issues and successfully implement and sustain new framework, it was necessary to establish an interdisciplinary team consisting of experts in the fields of education and health. The goal of creation of an interdisciplinary working group was to contribute in the

improvement of employment situation for the university graduates, carried out through the development of necessary conditions, a regulation for professionals at country level, a regulation for the professionals and work profiles, in order to involve university graduates in the labour market. The project counselled the political level to improve the relationship of graduates with their profession. It aimed to develop the international relations of universities in Kosovo with EU universities (Rode & Bonato, 2013).

The aims of the IWG were:

- Description of responsibilities of working group as well as regulation, profession profiles and activity for graduates in the ministries.
- Analyses of actual situation and the out-coming recommendations.
- Development of structure and the basis of work of the IWG.
- Implementation of the liaison of the IWG for development of structure is implemented.
- Implementation of job description with ministries.
- Development of standard professional regularies and rules for a study programme "Education in Health System".
- Description of teachers' profession appearance of in the health system (Rode & Bonato, 2013).

Several activities were planned for IWG:

- Acquisition of participants from practical fields.
- Determining method of work.
- Creation of conditions for work package leader and structure for work group.
- Interdisciplinary work group meetings in Pristina (every month).
- Implementation of work group.
- Development of standard professional regularies and rules.
- Transmission of standard professional regularies und rules for other profession.
- Implementation in the education system (Intermediate Report, 2016).

# EVALUATION METHODS

Indicators of achievement and or/performance as indicated in the project proposal regarding the IWG work were evaluated based on a qualitative approach. Review of relevant documentation, such as work documents, exemplars of developed regulations, profiles, job description and semi-structured interviews were conducted and analysed using a qualitative content analysis. The purpose of semi-structured interviews was to ascertain the opinion, experiences and perceptions of members of the IWG about structure, regulations and functioning of the IWG and about the tasks and work that have been done according to the purpose of the IWG. Interview guide (see Appendix 1) consisted of 16 main questions divided in three main themes. Interviews were conducted in July 2016. 11 members of the IWG working at 8 participating institutions were interviewed. Consent was implied by participant reading the research information sheet and attending the interview and answering the structured questions. Research aims, the interview process, anonymity and confidentiality issues were also explained to the participants. The interviews were audio-taped and transcribed. Names and other personal identifiers were removed from transcripts. Qualitative content analysis described by Elo and Kyngäs (2008) was adapted. Analysis was performed in three stages: preparation, organizing and reporting. In the preparation phase, the documentation and transcribed interviews were read several times to gain a deeper meaning of the interviews. In organizing phase, we used a deductive approach and coded the data by content and developed themes. In reporting phase, themes and subthemes were described and illustrated with verbatim quotes.

# FINDINGS

Four main themes were identified: a) role of the IWG, b) structure, regulations and functioning of the IWG, c) analysis of actual situation and d) development of a platform for health care professions. Below an overview of identified themes and subthemes is listed. Each theme and subtheme is in detailed described in following paragraphs.

Overview of identified themes and subthemes:

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## ROLE OF THE IWG

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- Cooperation
- Development of a structure for a national framework in education field of health

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## STRUCTURE, REGULATIONS AND FUNCTIONING OF THE IWG

- Changing structure
- Lack of organizational commitment
- Implementation of liaisons in progress
- Creating the conditions for working structure
- Challenging communication
- Awareness of responsibilities
- Difficulties in accomplishing tasks according to milestones
- Different perceptions about tasks performance between IWG group leaders and its participants
- Opportunity to be actively involved in the work of IWG

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## ANALYSIS OF ACTUAL SITUATION

- Analysis of labour market
- Drafting occupational standards
- Drafting a job description for anaesthesia nurses

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## DEVELOPMENT OF A PLATFORM FOR HEALTH CARE PROFESSIONS

- Development of standard professional regularies in progress
  - Transmission of standard professional regularies und rules for other profession in progress
  - Implementation of the platform in the education system in progress
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## ROLE OF THE IWG

The theme, role of IWG included two subthemes: cooperation and development of a structure for a national framework in the education field of health.

The main role of the IWG was the cooperation with relevant institutions in the field of education and health, to define the framework of regulated professions in the field of health, what is evident from interviews and also documents. IWG planned to prepare a job profile for educators and health care managers, occupational standards and regulate the newly developed profile.

*P1: The main aim was the cooperation between different institutions and we developed two different programmes, which we did not have in Kosovo until now. For two different profiles we planned to prepare two job profiles, even more, we wanted to perform activities that new profiles would be implemented in working field and also that the institutions would be prepared for the new job profiles.*

*P2: Through the tasks of IWG – the idea was that this kind of working group gets a formal structure allocated to the Ministries in order to work together also after finishing the project and to develop other new professions and to develop other new job profile. Because national certification authority has to develop a kind of structure for a job profile, but the institutions did not recognize this. The idea was to help the Kosovo in such a formal organization and we think that if ministries will recognize the structure of IWG than this working group can make a transfer to other professions and help them in order to show how to prepare job profile, what are the findings...*

As is evident from the documents, the purpose for the establishment of an IWG inside the project was to define a national framework for education in the field of health, with a focus on two main levels:

- The review of the existing professional groups (the extent to which they are unified in comparison with the professional standards at international level, and to what extent these professional groups unified at the state level),
- To define how the new health profiles will be implemented in a professional environment.

IWG was responsible for analysing the actual status of health professions, and as such to

develop a long-term platform of health care professions in need for Kosovo, developing occupational standards for healthcare professions, ensuring the human resource development in healthcare fields relevant to labour market needs, contributing in adoption of the programme, building a standard on how to apply the professional environment in the world of the profession, both in political and structural aspect. Thus, the responsibility of IWG was to deal with the conditions needed for the graduates of the selected programme, and to develop the environment for improvement of the employment status for example regulation of the professions (Grant agreement, 2012).

### **STRUCTURE, REGULATIONS AND FUNCTIONING OF THE IWG**

The theme, structure, regulations and functioning of IWG included nine subthemes: changing structure, lack of organizational commitment, implementation of liaisons in progress, creating the conditions for working structure, challenging communication, awareness of responsibilities, difficulties in accomplishing tasks according to milestones, different perceptions about tasks performance between IWG group leaders and its participants and opportunity to be actively involved in the work of IWG.

IWG was initially composed as a wide list of institutions in the field of education and health, which play a key role in drafting legislation and national policies, and even the definition, implementation and evaluation of health standards at work.

*P3: At the beginning the group was bigger and then the departments from Ministry of Health found out (decided) that they have nothing to do with the project and they cannot contribute and they decided to quit, however we have always supported from MEST and MoH...*

*P4: At the beginning they were many institutions, the IWG was diverse. The focus of the IWG was broader at the beginning. Some sectors were not quite relevant.*

As is evident from the documents, initial suggested participating institutions were:

1. The Ministry of Education, Science and Technology

- The Ministry of Higher Education
- Centre for International Cooperation
- Centre for Academic Recognition and Information
- Department of Education and Training
- Pedagogical Institute

## 2. The Ministry of Health

- Central Board for Licensing and registration of health
- A representative of the Coordination Group of the Chamber of Medicals
- A representative of the Coordination Group of the Chamber of Dentists
- A representative of the Coordination Group of the Chamber of Pharmacists
- A representative of the Coordination Group of the Chamber of Nurses and medical technicians
- Institute of Public Health

## 3. Agency for Accreditation Kosovo

## 4. Southeast European Institute for Advancement in health and nursing

## 5. Private Higher Education institution 'Qeap-Heimerer "

## 6. University of Pristina

- Faculty of Medicine
- Department of Medicine,
- Department of Dentistry
- Department of Pharmacy
- Department of nursing and midwifery
- Department of Physiotherapy
- Faculty of Education

## 7. University Medical Centre Pristina

## 8. National Qualification Agency Kosovo

## 9. Psychological Association Kosovo

## 10. Association of Nurses in Kosovo

## 11. The Ministry of Social Welfare and Labour

The supervisors of the IWG were representatives of the University of Applied Sciences Münster (Monika Rode, Marcellus Bonato) and the coordinator of the IWG was the Southeast European Institute for Advancement in health and nursing (Petrit Beqiri).

At the first meeting held on January 2013, 31 representatives from different invited institutions participated:

1. Department of Higher Education, MEST

- Kosova Center for International Cooperation in HE&RTD, MEST
- NARIC, MEST
- Division of Vocational Education and Training, MEST
- Pedagogical Institute

2. The Board for Licencing and Registration of Healthcare Professionals, MoH

- Representative of the Coordinating Group for Chamber of Doctors
- Representative of the Coordinating Group for Chamber of Dentists
- Representative of the Coordinating Group for Chamber of Pharmacists
- Representative of the Coordinating Group for Chamber of Nurses and other healthcare professionals
- Kosova Institute for Public Health

3. Kosova Accreditation Agency

4. National Qualifications Authority

5. South-East Europe Institute for Advancement of Nursing and Health

6. Private Bearer of Higher Education “QEAP-Heimerer”

7. Faculty of Medicine, University of Pristina

- Department of Health, UP
- Department of Dentistry, UP
- Department of Pharmacy, UP
- Department of Nursing and Midwifery, UP
- Department of Physiotherapy, UP
- Faculty of Education, UP

8. Kosova University Clinic Centre
9. Kosova Psychological Association
10. Kosova Nursing Association
11. Ministry of Labour and Social Welfare
12. Kosova National Tempus Office
13. Centre for Development of Domestic Medicine
14. Division of Nursing
15. Centre for Continual Nursing Education
16. WHO

IWG composition has changed as the project evolved. Commitment of persons, and especially institutions in the interdisciplinary working group were lacking, therefore this indicator of achievement was not fulfilled as planned in the project proposal. This was explained by interviewers:

*P2: The MEST was great support, but from MoH we missed a strong commitment from MOH.*

*P5: The group was too big, the people were very different, much too different to make a good group of them. The first meeting was not so effective as it should be, what we did not do, we did not get a good structure for commitment. People did not want to work overtime. The people were sent from organisations. We did not want the personal commitment, but organisational commitment. We did not know the country very well and we did not know the system. The number of the participants was diminished.*

*P2: The participants agreed to sign the letter of commitment, but they did not send it back.*

The IWG planned to meet every month. Part time of the IWG met several times, but the whole group not (Intermediate Report, 2016). As a response to a situation, MoH took over invitations and underline the importance of the working group. As a result of this situation, a number of IWG members was reduced. A division of the working group was made regarding to the professional field. As a result, the IWG has started with implementation of liaisons for development of structure. Letter of commitment was developed and confirmed (Intermediate Report, 2016), however, as reported by interviewees, not returned.

The composition of IWG changed also due to MoH's demands, who prioritize a job description and study programme for anaesthesia nurses.

*P2: The demand of MoH was that they said that the teacher and manager in the health sector are not priority for preparing of job description, because they have many problems with preparing the anaesthesia program and licencing them. So they ask us for preparing the new program for anaesthesia nurses. And to prepare recommendations and international comparison. And also the job profile for anaesthesia. We have to change the structure of IWG because of demand. At this stage we decide to have a special group inside the IWG, only with experts for anaesthesia to develop a job profile and this profile we can transfer to teachers and educators. So we had two different working groups, the general stake holders and stake holders for anaesthesia.*

*P6: I signed this declaration, institution (University) didn't, they supported the project, but as an institution they didn't sign. People (the IWG participants) had interests to actively work in a project and advance in a professional aspect.*

Although the structure has changed, acquisition of participants from practical fields was carried out and this is evident from participant lists. The IWG also determined method of work, where the structure and the basis of their work is stated, what is evident also from Mind mapping documents. Time and action plan was prepared, therefore IWG has created the conditions for work package leader and structure for working.

*P1: There are three different fields that are very important for this work: Institutions from the health sector, education sector and the social sector. They were two institutions from each sector and we worked closely together. At the first meeting we concluded that we will prepare documentation for each meeting, a working plan and we will send everything to the participants...*

*P4: At the first meetings, we did not discuss about what we have to do, but what was meant to do. We discuss what we need to do. The first meetings were dedicated to qualifying the scope of the work.*

Participants were aware of their responsibilities, tasks were defined, although they have stated they have problems in accomplishing them. Time-limitations/milestones within the group for

the performance of the tasks were prepared, however not always successfully fulfilled. Therefore, there were some delays in progress and planned indicator of achievement. Time tables, work plans and minutes of meetings are available. However, there were some differences in perception about performance of tasks between leaders of the IWG and its participants.

*P3: Yes, when I signed the contract I knew what were my tasks inside the IWG. It was not always enough time for doing all tasks, but we were understanding of project management and leading institution. Because we were working on the project packages. And sometimes the time was too short. However, it was always possible. They were protocols, and agendas for each meeting, a list of participants. 95 % of the participants always attend the meetings.*

*P2: Coordinator of IWG sent the documents and what they agreed on the meetings, but when participants have to do some tasks they said it is done but they didn't send any documents.*

Collaboration and communication were challenging, partly also because of the diversity of the group and probably also different expectations of project outcomes. However, participants had been able to actively participate and contribute in decision making processes. They had the opportunity of presenting their work, ongoing and completed tasks. Meetings occur as roundtables, contact was also maintained using e-mails and Skype meetings.

*P4: The collaboration was challenging, because of the interdisciplinary nature of the group. Not every participating institution found themselves in every part in the work of the IWG.*

*P2: There was a poor communication between the leaders of IWG) and participants. The communication with MoH was very difficult and with MEST, the communication runs properly. We communicate through mail (sending documents...) we also miss the feedback from other participants, when for example we developed a job profile and send the document for review. If the task was to review or to send any documentation, the communication did not run properly. I think that two reasons could be for poor communication: the participants were very busy with their jobs and they didn't have a strong commitment to the project, less attention to the task topic. The tasks that we gave to the participants were not very complicated it was more to attend to IWG meetings, to give advice or to share a professional experience. Every participant was able to share their knowledge, recommendations and opinion and they have all an opportunity to have influence on documentation that IWG prepared.*

*P3: Because of the partner from abroad, we had Skype meetings. Because when we communicate per Skype or e-mails, we did not include all participants from the IWG. At this meeting we address some of the issues. Mostly we had round tables.*

## **ANALYSIS OF ACTUAL SITUATION**

The theme, analysis of actual situation included three subthemes: analysis of the labour market, drafting occupational standards and drafting a job description for anaesthesia nurses.

The project was a response to a situation in Kosovo, where there was a lack of models for teaching educators in health care and health managers. Consequently, the professional pedagogy was not part of the education and majority of managers were physicians without knowledge in health care management. Analysis of actual situation was evident from the start of the project. Recommendations were given based on labour analysis.

*P2: The SEE prepared labour market analysis. The analysis was done in the time that we prepared project application. Later, inside the IWG we invited participants from the labour market in order to get their recommendation on that and ask if they have any experiences. Also a kind of analysis was done when different participants from different institutions attend the IWG meeting and we ask them if they can imagine to have – to employ such a profile in their institutions the UP confirmed that there are demands and needs for employment. We also made an analysis of literature that was available about lack of education in the health care system in Kosovo.*

*P3: We helped to prepare the analyses of the labour market. We are trying to create a research with the first generation of master students and the problem that we recognise is that there are some unknown topics in the field of health management, for example actual managers in health care sector do not know, what kind of feedback is beneficial for health care provider (what kind of leading style or management style, they need to follow in order to produce better results).*

*P6: For the Medical faculty University of Pristina, we have done an analysis about education in health care.*

As planned, IWG had prepared an analysis of existing occupational standards, what is evident also from the documentation. Recommendations were given, as they found a structure for profiles were missing, what additionally influenced on the project's progress.

*P2: I prepared an analysis about existing profiles and prepare a literature review, but I found out that there is only a profile for polices. And after the literature review about such a profiles that exist in developing countries we prepare/developed a first draft for the structure. This structure is oriented to the existing structure of the NQA and has added some aspect of others job profile that we missed in the structure. There are no occupational standards in the health care sector (only for the police) We didn't get any document from the ministries so we don't – didn't know if the occupational standards exist.*

A draft of a standard for occupation/qualification, profession Teacher in Health Care/Education in Healthcare was prepared.

*P1: We were interested to look which are existing job profiles in health that MOH and MEST prepared so far. We found out that MEST have a good concept for some educational programs but there were no educational programs in the field of health care.*

Analysis of the documents showed that a standard for occupation/qualification, profession Teacher in Health Care/Education in Health care included the title of function related to the occupation and its description with key activities, performance criteria, knowledge, skills and key competencies of teaching in health profession education programmes are listed. In addition, the assessment/evidence requirements are listed. However, this document should be approved and verified by the CVET and NQA (Karahoda et al., n.d.) and also recognition from MEST and MoH is necessary and as reported by interviewees, in progress.

However, as already stated, MoH demanded a short-term solution for job profiles for anaesthesia nurses. They needed in advance a job profile for nurses, who is working in intensive/ anaesthesia without an education for specialization, was needed. The job profile of "Education in Health Care" developed in the project was stated to be a long-term solution for a job profile of new professions. In the first step, the job profile was planned to be developed for

anaesthesia nurses and in the second step into the job profile for education in health care as an example of a new profession (Rode, 2013; Rode & Bonato, 2014).

*P7: It was necessary to prepare a programme that offers a license for anaesthesia. I cooperate as an expert in this field. We allied the programme with European Directives.*

*P9: My role in IWG was to advance anaesthesia profile and make it comparable with the international standards.*

*P10: My role inside IWG was to prepare a framework for practical and theoretical part of anaesthesia study programme. The reason was to know what will be the possibilities and legal way to certificate the anaesthesia study program. For me it is very interesting to prepare new 2-year specialization study program for anaesthesia nurses.*

As evident from documentation, an attempt to prepare a job description of intensive care and anaesthesia was done (Burgheim, 2016), however analysis of the current status showed that education of intensive care and anaesthesia nurses should be restructured in order to be comparable to other countries. Recommendations were given regarding defining aims and professional fields for special vocational training, calculation of the labour market' demands, classification of requirements of NQA and MoH, development of a module based curriculum structure for different vocational trainings (specialization of health care professions), adoption of the existing curriculum and recognition by the ministry (Rode, 2016).

## **DEVELOPMENT OF A PLATFORM FOR HEALTH CARE PROFESSIONS**

The theme, development of a platform for health care professions included three subthemes: development of standard professional regularies in progress, transmission of standard professional regularies und rules for other profession in progress and implementation of the platform in the education system in progress. As is evident from the interviewers this are running processes.

Development of standard professional regularies and rules in terms of description of responsibilities of the working group as well as regulation, profession profiles and activity for graduates were planned to be available in the ministries. Transmission of standard professional regularies and rules for other profession was planned. The standard of professional regulations, adaptation of job profiles, as well as a check list should be available. Review of exemplars of developed regulations at the local level for professions, profiles of professions and activities through a content analysis and participants' interviews was made. A draft has been developed.

*P2: There is a description for the obligatory and mandatory competencies, and the idea we talked is to ask MEST in order to prove that and also we have to include MoH, because they have licencing process and registration and that is the next point we have to work on during September. Both ministries have to officially recognise both job profiles because both are responsible and we have to discuss what we must do regarding licencing process. Recognition of new professions: from the feedback from both ministries there will be a big possibility that they will recognise both profiles. Hopefully during September, October.*

*P3: When we started to work on the platform for health care professionals, we consulted different lows and strategies in Kosovo and we also consider the international frameworks for health professionals, that the students after graduation will have the same skills, knowledge and competencies like other health professions in other international institutions. We discuss inside the IWG that we have to adopt the international standards to Kosovo. We have draft for professional standards, but I do not know if we can call it the final draft. Recognition of both new professional profiles was ensured through MoH and MEST.*

*P2: We get a confirmation from MEST to the meeting for the last recommendations for the existing profiles and we are also working on the profile for managing we plan to finish during the next month and afterwards we will have a meeting with ministries in order to clarify how will the implementation of job profiles take place and if there is possibility to publishing a platform. I can say that we are on the last stage on that. But in allocation to have a kind of platform with an existing IWG as a kind of multiplication for other professions, I think that that is a problem and we have to change the time frame because I don't think that we would be able to implement during the project.*

*P6: For the management, we have prepared a job profile the first draft, and we have to review again. For the anaesthesiology, I know the process too, after the AG research, we know the standards, that are applied in Kosovo at that moment and now we know the standards that European association for nursing anaesthesiology have as standards for nurse anaesthesiology. And IWG know how to implement those standards, but we have a legislative problem, because that people that are applying the old program they are not ready to apply new standards,*

*because they are very high and this new program will push the health professionals, especially anaesthesia nurses to study and they have to do more hours in practice to become the degree or certificate that they are prepared for that kind a special work. For the master program education in health care, we finished a description of job profile.*

*P5: We can prepare a proposal how should look the platform like, but we have to work with the Ministries and exchange our views on both profiles and we together can develop new regulations.*

*P1: We prepared both job profiles. These two job descriptions were presented to the MEST and MoH and we hope that job description will prepare the labour market in the public sector and provide the tender for the two new profiles. From Project aspect, we find out, that this platform is relatively good feed with information. We have taken two examples; how could Kosovo organize specializations. In addition, what this platform makes even more interesting is cooperation – teamwork and organization of the IWG. We hope this will be an example of how these sectors could work together. We hope that IWG will work together in the future. Because there are many standards, that should be prepared and organized for all profiles in health care. From a project perspective, I think the IWG has brought all “actors” together to work job profiles and standards and I hope that IWG will be structured in the further, because we have provided recommendations together and how could we work together and go further.*

*P8: IWG prepare a draft for Job description a profile educator in health care. Competencies for both profiles are described in the accreditation proposal. I hope that MoH and MEST promise that they will recognize both profiles, and I have no doubt about that.*

*P9: Also for anaesthesia profile, we helped to prepare duties for anaesthesia - job description, and competencies. Also we prepared a platform for job systemization for anaesthesia.*

*P11: It will be very good to prepare – to have this platform, because it will help us to know the professional standards and when we have an evaluation process, we have a document - a platform as an orientation of our work. I know that standards that IWG prepared are allied with national standards and the role of NQA is to see if all criteria are full field.*

According to the available documents, these developments of a platform for health care professions are a running process (Intermediate Report, 2016).

# CONCLUSIONS & RECOMMENDATIONS

## CONCLUSIONS

IWG was mostly successful in fulfilment of their initially planned aims and responsibilities. The changing structure, lack of organizational commitment and challenging communication influenced on not accomplishing tasks according to the initial milestones. Although different perceptions about task performance between IWG leaders and its participants were found, all participants had the opportunity to be actively involved in the work of the IWG. They have started to implement liaisons and created conditions for working structure. Analysis of a labour market was prepared together with a drafting of occupational standards and job descriptions. However, a development of a platform for health care professions is still in progress. As standards of professional regularies and its transmission to other professions are in progress, a further individual and especially organizational commitment within IWG is needed in order to successfully implement this platform in the Kosovo education system. However, it should be emphasised that within project, it was anticipated, that IWG could depend on the decisions of ministries and institutions. Kosovo is a young developing country. Institutions do not have long working experiences and are at their beginnings of the development of platforms for health care professions, especially for nurses, because their postgraduate nursing education has not long tradition. This will hopefully change in the future also because of INSTEAP project.

## RECOMMENDATIONS

Further organizational support is recommended in order to fulfil the sustainability of the INSTEAP after its conclusion. IWG should actively collaborate in order that standard professional regularies, rules and its transmission to other profession will take occur. The development of a platform for health care professions that is in progress should continue. Recognition of new professions is necessary.



# APPENDICES

## APPENDIX I: DATA COLLECTION INSTRUMENT – INTERVIEW GUIDE

### PART 1: STRUCTURE, REGULATIONS AND FUNCTIONING

1. How was IWG group structured?
  - Was the participants list of the of the IWG available?
  - Have there been changes in the Group structure during its functioning and were you informed about the changes?
  - Which institution were included in the IWG?
2. What were the responsibilities of individual members - representatives of the institutions in the IWG?
  - Was your cooperation in the group agreed by signing a declaration on cooperation (for example an agreement)
  - Have you been aware of the group's goals and objectives?
3. What were the tasks of individual members - representatives of the institutions in the IWG?
  - Were the tasks defined in writing?
  - Did you have enough time to perform the tasks?
  - Did you set time-limitations/milestones within the group for the performance of the tasks?
4. How would you rate the organization and functioning of the IWG?
  - Timetable and work plan?
  - Meetings according to timetable? Minutes of meetings?
  - Delays in progress and achievements in all or key areas?
  - Conditions for coordinator?
5. Please describe the communication carried out in the group?
  - Type of communication?
  - Maintaining contact?
  - Provision of information?
  - Problem solving?
6. How did the various professional groups cooperate within the group (inter-professional collaboration)?
7. How would you evaluate your role in decision-making within the group?
  - Were you able to contribute in decision-making processes.
  - Did you have an opportunity of presenting your work, ongoing and completed tasks?

## PART 2: STRUCTURE, REGULATIONS AND FUNCTIONING

8. Did the IWG prepare the analysis of the labour market, and what are the outcomes/recommendations?
  - What are the outcomes/recommendation of the analysis about perspectives of higher education in the labour market?
  - Did the IWG prepare analysis on how will both new profiles target the local market, and what are the outcomes/recommendations?
9. Did the IWG make a stakeholder analysis (analysis of consumer demands), and what are outcomes/recommendations?
10. Did the IWG prepare Analysis of regulations of professionals and work profiles in the health care system, and what are the outcomes/recommendations?
11. Did the IWG prepare an analysis of existing occupational standards, and what are the outcomes/recommendations?

## PART 3: DEVELOPMENT OF A PLATFORM FOR HEALTH CARE PROFESSIONS

12. Did the IWG prepare a platform (foundation) of professional standards and rules in the health care sector (Development of the Standard Professional Regulations and Rules) taking into account:
  - Regulation of Professions (National Regulations)?
  - EU Directives?
  - Development of professional standard? National qualification framework?

12.1 How was the platform implemented or presented?
13. Did the IWG prepare:
  - Job description?
  - Job systematization?
  - Competences?
14. Did the IWG prepare the Description of Competences for both profiles and NQF - Qualifications at level 7?
15. How did the IWG ensure Recognition of New Professions? (Recognition of new professional profile)
16. How was the platform with integral components implemented or presented?

## APPENDIX II: SOURCES OF INFORMATION - LITERATURE

In addition to documentation such as meetings agendas, lists of participants, minutes of meetings, other sources were also used and are listed here:

Burgheim, A. 2016. *Report of Internship Development of a further education concept Intensive care and anaesthesia for the Republic of Kosovo*. Münster: MSH FB Gesundheit Münster School of Health.

Elo, S., & Kyngäs, H. 2008. The qualitative content analysis process. *Journal of Advanced Nursing*, 62 (1), 107-115.

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Karahoda, N., Beqiri, P., Gallopeni, B., Rode, M., & Bonato M. (n.d.). *Standard for occupation/qualification profession Teacher in Health Care/ Education in Health Care*.

Rode, M. 2013. *Potential Questions INSTEAP*. Word document.

Rode, M., & Bonato, M. 2013. *Kick-off meeting: Interdisciplinary structure reformation and innovative higher education for new professions (INSTEAP)*. Power Point Presentation.

Rode, M., & Bonato, M. 2013. *Interdisciplinary structure reformation and innovative higher education for new professions (INSTEAP)*. 2014. Power Point Presentation.

Rode, M. 2016. *Interdisciplinary structure reformation and innovative higher education for new professions (INSTEAP)*. Power Point Presentation.

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