Quality Plan for Prevention Science Education and Training In Europe

Science for Prevention Academic Network (SPAN)

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Executive Summary

The Quality Plan for Prevention Science Education and Training In Europe (hereinafter referred to as Quality Plan or QP) was written upon the initiative of the Science for Prevention Academic Network (SPAN). The overarching goal of SPAN is to: (i) improve the integration of prevention science in the higher education sector and to improve skill mobility across Europe; (ii) develop and share best practice in prevention science education training and workforce and; (iii) support the development of innovative ICT based content for prevention science.

The Quality Plan sets out the policy, framework and tasks that are required in order to improve the integration of Prevention Science education / degree across Europe. This can be done through quality assurance standards, employment of standard methods and clearly defined approaches in Tertiary Education.

This document introduces specific recommendations about what particular actions the individual institutions in Europe should do in order to become a reliable partner within a consistent quality education framework in Prevention Science, and one which is underpinned by the ECTS.

This document may assist the individual partners when planning to:

- Implement a range of activities designed to improve the integration of Prevention Science standards, methods and approaches within their institution.
- Include measures to implement ECTS framework enabling individual partners to review their course design / learning outcomes, encouraging partners to develop necessary ECTS documents.
- Foster international collaboration within Prevention Science education.
Foreword for the SPAN Quality Plan

The field of prevention science represents a multi-disciplinary endeavour to consider aetiology, epidemiology, intervention design, effectiveness and implementation for the prevention of a variety of health and social problems. These include, but are not limited to, substance misuse, sexual health and teenage pregnancy, HIV/AIDS, violence, accidents, suicide, mental illness, delinquency, obesity, diet/nutrition, exercise, and chronic illness. A common characteristic is the importance of behaviour as a determinant of ill-health and health inequality. Prevention Science covers the systematic study of interventions to reduce the incidence of maladaptive behaviours, and to promote adaptive behaviours, in populations. This requires expertise in a variety of theoretical and methodological approaches for the purpose of conducting research within the social and societal systems of the family, health and education, workplace, community, social welfare, environmental planning, urban design and fiscal policy.

In 2010, a couple of years before the Science for Prevention Academic Network (SPAN) was launched, a training and education workshop at a meeting of the European Society for Prevention Research brought together fourteen prevention researchers, practitioners and policy makers from Sweden, the United States, Austria, Italy, Belgium, Croatia, the United Kingdom and the Middle East. This workshop identified a particular need to develop a comprehensive education and training portfolio for prevention theory, research and practice, which would clearly define the scope of prevention research and practice. Following this, from its launch in 2013 SPAN had a clear ambition to identify and improve education and training for Prevention Science across Europe. The Quality Plan contained in this report provides a key milestone on our journey to achieve this ambition.

The SPAN project has been funded by the European Commission Erasmus programme until March 2016, and in order to ensure the sustainability of SPAN beyond this date, SPAN will merge with the European Society for Prevention Research (EUSPR). Over the next few months and year SPAN activities will be subsumed within EUSPR, largely under the remit of the EUSPR Education and Training Committee. EUSPR therefore provides a platform for continuing to develop prevention science in Europe, building on the recommendations set out in this quality plan, and also the outcomes from the other work packages in the SPAN project.

Many thanks to all the SPAN partners and colleagues whose hard work has kept the project on track so that we are in a strong position for further development and sustainability.

Professor David Foxcroft
SPAN Project Co-ordinator, September 2015
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1 Information about SPAN initiative

The Science for Prevention Academic Network (SPAN), consisting of experts from 32 European institutions across 25 countries, has been awarded a large grant (€595,000) by the European Commission Lifelong Learning Programme (LLP). This grant enables the establishment of a network of prevention scientists and educators across Europe, who aim to:

- Improve the integration of prevention science in the higher education sector and to improve skill mobility across Europe;
- Develop and share best practice and benchmarking in prevention science education training and workforce and;
- Support the development of innovative ICT based content for prevention science.

The SPAN project will map the prevention science sector, improve education and training, build networks and run workshops with researchers, with a particular focus upon young researchers. In addition, the project will contribute to the integration of prevention science in higher education across Europe and will provide recommendations on how best to align prevention science with the European Credit Transfer and Accumulation System (ECTS).

2 Purpose of the QP

The Quality Plan sets out the tasks that are required in order to improve the integration of Prevention Science education / degree across Europe. This can be done through quality assurance standards, employment of standard methods and clearly defined approaches in Tertiary Education.

This document introduces specific recommendations about what particular actions the individual institutions in Europe should undertake in order to become reliable partners within a consistent quality education framework in Prevention Science, which is underpinned by the ECTS.

This document should assist the individual institutions when planning to:

- Implement a range of activities designed to improve the integration of Prevention Science standards, methods and approaches within their institution.
- Include measures to implement ECTS framework enabling individual partners to review their course design / learning outcomes, encouraging partners to develop necessary ECTS documents.
- Foster international collaboration within prevention science education.
3 Key terms and concepts

3.1 What is quality?
Quality means we are doing right things right. Quality represents a degree of excellence in what we do.

The quality in higher education may be defined as “...a high evaluation accorded to an educative process, where it has been demonstrated that, through the process, the students’ educational development has been enhanced ... not only have they achieved the particular objectives set for the course but, in doing so, they have also fulfilled the general educational aims of autonomy of the ability to participate in reasoned discourse, of critical self-evaluation, and of coming to a proper awareness of the ultimate contingency of all thought and action” (Barrow, 1991; Barnett, 1992, pp. 61).

3.2 What is quality planning?
QP is a systematic process that translates quality policy into measurable objectives and requirements, and outlines a sequence of steps for realizing them within a specified timeframe.

QP is the initial constituent of the four components of the Quality Management System. QP should be followed by Quality Control (“Are the specific requirements met?”), Quality Assurance (“As the quality maintained and how?”), and Quality Improvements (“How to improve what needs to be improved?”).

3.3 Learning Outcomes
Learning outcomes are categorized as: Knowledge, Skills, and Competencies. These learning outcomes may be measured and provide information on the level of obtained understanding in the individual.

In brief knowledge, skills, and competencies may be characterized as (Kolar, 2011):
- Knowledge - structured assimilation of information (e.g., facts, principles, theories) from a specific field acquired through learning
- Skills - the ability to apply knowledge and use know-how to complete tasks and solve problems.
- Competencies - the proven ability to use knowledge and skills, influenced by a given degree of autonomy, in real-life and professional situations.

Different countries put emphasis on different composition of learning outcomes (CEDEFOP, 2006).

3.4 ECTS - European Credit and Transfer System
ECTS is a learner-centred system for credit accumulation and transfer based on the transparency of learning outcomes and learning processes.

It aims to facilitate planning, delivery, evaluation, recognition and validation of qualifications.
and units of learning as well as student mobility. ECTS is widely used in formal higher education and can be applied to other lifelong learning activities.

ECTS credits are based on the workload students need in order to achieve expected learning outcomes and relate to level descriptors in national and European qualifications frameworks. Workload indicates the time students typically need to complete all learning activities (such as lectures, seminars, projects, practical work, self-study and assessments) required to achieve the expected learning outcomes.

60 ECTS credits are nominally attached to the workload of a full time year of formal learning (academic year) and the associated learning outcomes. In most cases, full time university student workload ranges from 1,500 to 1,800 hours for an academic year, whereby one credit corresponds to 25 to 30 hours of student work of which around 7 hours are direct lecture time in the case of taught ECTSs (EC, 2009).

3.5 Prevention Science
The field of Prevention Science represents a multi-disciplinary endeavour which includes research in regard to aetiology, epidemiology, intervention design, effectiveness and implementation for the prevention of a variety of health and social problems. These include, but are not limited to, substance misuse, sexually transmitted diseases and teenage pregnancy, HIV/AIDS, violence, accidents, suicide, mental illness, delinquency, obesity, diet/nutrition, sedentary or passive lifestyle, and chronic illness. A common characteristic is the importance of behaviour as a determinant of ill-health and health inequality. Behavioural risk factors, insufficient knowledge, low resilience etc. are important causes of Non-Communicable Disease (NCD).

Prevention Science covers the systematic study of interventions to reduce the incidence of maladaptive behaviours, and to promote adaptive behaviours in populations. This requires expertise in a variety of theoretical and methodological approaches for the purpose of conducting research within the social and societal systems of the family, health and education, workplace, community, social welfare, environmental planning, urban design and fiscal policy.

3.6 Health Promotion
Health promotion is the process of enabling people to increase control over and to improve, their health (The Ottawa Charter for Health Promotion, 1986). Health promotion strategies are not limited to a specific health problem, nor to a specific set of behaviours. Health promotion differs from prevention or risk reduction interventions by being broader and non-specific. Health promotion does not target a single risk factor or disease, but tries to enhance each person’s ability to improve their own health.
4 Tertiary education in Prevention Science: Recent situation in Europe

An analysis of the present situation of tertiary education in Prevention Science in Europe was carried out by means of a questionnaire survey mapping higher education across EU academic institutions in 2013 (Jongbloet et al., 2014). We introduce main results. For more detailed results please see the SPAN website (www.span-europe.eu).

4.1 Respondents

Fifty-nine respondents from 21 EU countries came from 48 institutions, nearly all (n=55) offered a Ph.D. degree in Prevention Science while the rest offered a programme at M.A./MSc level. Most respondents in the survey had their highest degree in psychology (n=26), followed by those with a public health degree (n=8) and epidemiology (n=6) background. The majority of respondents (80%) had been in practice for more than 10 years.

4.2 Courses / study programmes

The survey indicated that there is a mix of individual study courses taught at the educational institutions across the EU in Prevention Science as well as there are study programmes solely focusing on this area. Prevention Science is taught at all university levels as follows:

- Bachelor (lasting from 3 to 4 years): 15 study programmes,
- Master (lasting from 1 to 2 years): 45 study programmes,
- Postgraduate / Doctoral (lasting from 3 to 4 years): 24 study programmes.

Regarding the ECTS allocation, there is a range of allocation of between 3 – 8 ECTS credits awarded.

Of the total of 92 courses / study programmes only 24 (26%) are taught exclusively in English, see Table 1.

Table 1: Language of the course / module.

<table>
<thead>
<tr>
<th>Language</th>
<th>Number of individual courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>24</td>
</tr>
<tr>
<td>Croatian</td>
<td>17</td>
</tr>
<tr>
<td>Hungarian</td>
<td>9</td>
</tr>
<tr>
<td>Italian</td>
<td>9</td>
</tr>
<tr>
<td>Polish</td>
<td>5</td>
</tr>
<tr>
<td>Spanish</td>
<td>5</td>
</tr>
<tr>
<td>English in combination with other language</td>
<td>4</td>
</tr>
<tr>
<td>Dutch</td>
<td>3</td>
</tr>
<tr>
<td>German</td>
<td>3</td>
</tr>
<tr>
<td>Greek</td>
<td>3</td>
</tr>
<tr>
<td>Lithuanian</td>
<td>3</td>
</tr>
<tr>
<td>Czech</td>
<td>3</td>
</tr>
</tbody>
</table>
The main foci of the 92 individual courses / study programmes were in public health, behavioral problems, mental health promotion, and alcohol and drug abuse – while most courses had combinations of two or more foci, see Table 2.

Table 2: Main foci of the 92 individual courses.

<table>
<thead>
<tr>
<th>Focus of courses</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public health</td>
<td>67</td>
</tr>
<tr>
<td>Behavioural problems</td>
<td>54</td>
</tr>
<tr>
<td>Mental health promotion</td>
<td>47</td>
</tr>
<tr>
<td>Alcohol and drug abuse</td>
<td>39</td>
</tr>
<tr>
<td>Behavioural / lifestyle aspects of communicable diseases</td>
<td>38</td>
</tr>
<tr>
<td>Non Communicable Diseases (e.g. cancer, diabetes, heart disease, chronic lung conditions)</td>
<td>26</td>
</tr>
<tr>
<td>Minorities</td>
<td>19</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>14</td>
</tr>
<tr>
<td>Safety issues</td>
<td>10</td>
</tr>
</tbody>
</table>

In these 92 individual courses / study programmes, the perspective on Prevention Science focussed on intervention development, intervention evaluation, and epidemiology, see Table 3.

Table 3: Perspective on prevention science within the courses / study programmes.

<table>
<thead>
<tr>
<th>Perspective in courses / study programmes</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention development</td>
<td>50</td>
</tr>
<tr>
<td>Intervention evaluation</td>
<td>48</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>45</td>
</tr>
<tr>
<td>Implementation and dissemination</td>
<td>42</td>
</tr>
<tr>
<td>Quantitative research</td>
<td>33</td>
</tr>
<tr>
<td>Policy</td>
<td>32</td>
</tr>
<tr>
<td>Qualitative research</td>
<td>23</td>
</tr>
<tr>
<td>Project-based organization</td>
<td>18</td>
</tr>
<tr>
<td>Research Ethics</td>
<td>16</td>
</tr>
</tbody>
</table>

After completion of their education, most of the students were found to be active in the fields of public health, prevention, psychology, social work, epidemiology and health promotion, see Table 4.

Table 4: Area of students’ future employment.
### 4.3 Learning outcomes

Learning outcomes were grouped into the categories 1) knowledge 2) comprehension 3) basic skills 4) advanced skills and 5) competencies. The most common learning outcomes are presented below.

1) Knowledge
   - professional prevention terminology
   - main principles and methods of different levels of prevention in different settings
   - multiple scientific theories and models on determinants and knowledge of determinants of health problems and health behaviour in greater depth
   - major public health challenges affecting the population and how these are changing in different parts of the world
   - psychological, social and policy factors and issues relating to non-communicable diseases
   - theoretical background and knowledge of evidence-based approaches in different settings and target groups
   - arguments for evidence-based practice and research in prevention
   - concepts of social exclusion and related theory
   - principles of risk assessment
   - most important organizations and stakeholders

2) Comprehension
   - theories and basic concepts of behaviour modification
   - basic statistics (sampling, probability, statistical testing, uncertainty, ...)
   - fundamentals of design and evaluation issues in prevention research (bias, confounding, study design, etc.)
   - importance of cooperation between sectors

3) Basic skills
   - analytical and critical thinking (e.g. critical approach to research and its results)
• formulate own research topics
• methods of primary data collection
• basic skills in statistical computing and data management
• interpretation of graphics and statistical analysis used in epidemiology and global health
• literature research, writing papers and their presentation
• independent and team working
• ability to use theoretical models and empirical knowledge of determinants to infer potentially effective intervention strategies for prevention and mental health promotion
• Intervention Mapping

4) Advanced skills
• identification of effective programmes (strategies/activities) (e.g. evidence-based developmental pathways of mental disorders and mental health across the life span)
• enhanced practical skills in public health evaluation
• cross-cultural awareness in evaluating public health interventions and policies
• communication plan for the evaluation results
• needs assessment
• assessment of the impact of inequalities on health promotion planning and practice
• community organizing

5) Competencies
• critical thinking on how to elaborate a realistic epidemiological study with constrained resources
• health promoting project management
• transdisciplinary methodologies (issue-driven research, qualitative, quantitative, and participatory approaches)

5 Prevention Science and Other Issues Related to Prevention and in Higher Education

5.1 Learning Outcomes
Graduates of undergraduate, doctoral and post doctoral programmes in Prevention Science should have (i) a profound knowledge of the risk/protective environment and risk/protective behaviours rooted in a transdisciplinary framework and (ii) the latest science-based knowledge to solve problems related to prevention, with an emphasis on the aspects of health promotion, prevention science, mental health care and public health (Miovský et al., 2014).

Knowledge, skills and competencies should be defined for:
• a single course and or a set of courses (usually leading to specialization)
• the whole study programme:
  o undergraduate – bachelor
  o undergraduate – masters
  o doctoral
  o post doctoral

5.2 Learning outcomes – students

As noted above, Prevention Science could be taught as, for example, a single course or as an individual study programme at the doctoral level. The differences between a single course and any-level study programme will depend on intensity, scope, expertise etc. However, irrespective of the type, there should be minimal requirements the course or the study programme must cover.

In Prevention Science, course titles, years in which courses are taught (this also depends on prerequisites), time burden etc., differ across educational institutions within the EU. Instead of introducing a list of Prevention Science courses that ought to be taught in certain years in a given order, we present an example of how learning outcomes might be defined for a graduate of a doctoral study programme. In other words, we have defined what could the minimum a person recently awarded a Ph.D. should know, what s/he should be capable of and what s/he should already have accomplished in Prevention Science. At this level (Level 8 of the Framework for Qualifications of the European Higher Education Area; see https://ec.europa.eu/ploteus/content/descriptors-page), students should be able to demonstrate the following:

• Knowledge: Knowledge at the most advanced frontier of a field of work or study and at the interface between fields
• Skills: The most advanced and specialized skills and techniques, including synthesis and evaluation, required to solve critical problems in research and/or innovation and to extend and redefine existing knowledge or professional practice
• Competencies: Demonstrate substantial authority, innovation, autonomy, scholarly and professional integrity and sustained commitment to the development of new ideas or processes at the forefront of work or study contexts including research

The above learning outcomes build on outcomes at Level 7 (typically Masters level) and level 6 (typically undergraduate degree level). We use findings from the survey (section 4.3) to define the learning outcomes.

Prevention education should build on the existent knowledge base (prerequisites), e.g., the student should have basic knowledge about epidemiology, developmental psychology (helping to understand, e.g., developmentally appropriate prevention programing), alcohol, tobacco, other drug specifics, smoking, eating behaviour, physical activity and other risk behaviours. If this is not the case, the student must attend relevant courses to gain such knowledge.

5.2.1 Knowledge

Generally speaking, all knowledge presented below should be wide (enough to allow
common and intuitive understanding, including the ability to further analyze and synthesize knowledge) deep (typically represented by a higher level of comprehension and criticism), and systematic (enabling to effectively structure thoughts and create beneficial cognitive maps) (Kolar, 2011) at the same time.

Ph.D. graduates should be familiar with and understand:

- prevention terminology and terminology of other related professional domains
- levels of prevention and specificities
- key scientific theories and models determining health problems and health behavior in greater depth
- major public health challenges affecting the population and how these are changing in different parts of the world
- arguments for evidence-based practice and research in prevention
- types of risk behaviors that should be prevented
- fundamental models and concepts in prevention
- types of prevention interventions
- target groups in prevention, providers of prevention interventions and other prevention specialists
- quality assessments and prevention / professional standards
- types of evidence (e.g., observation vs. efficacy vs. effectiveness)
- fundamentals of design and evaluation issues in prevention research (bias, confounding, study design, etc.)
- tools for and methods of evaluation, assessment, and data collection
- basic statistics (sampling, probability, statistical testing, uncertainty...)
- qualitative methods in Prevention Science (used, e.g., in development of new prevention intervention)
- publishing of Prevention Science
- importance of cooperation between sectors

5.2.2 Skills

Skills are applied knowledge in test situations and/or real life (Kolar, 2011).

Ph.D. graduates should (be able to):

- use analytical and critical thinking
- formulate own research topics
- design a research project/study
- conduct needs assessments
- write a grant application
- select samples rigorously
- use basic methods of data collection
- execute basic statistical computing and data management
- analyze and interpret qualitative data
- interpret graphics and outputs of statistical analyses
- conduct literature research
- write scientific papers
• present oral papers at scientific venues
• conduct independent and team work
• take into account cross-cultural differences in implementing and evaluating public health interventions and policies

5.2.3 Competencies
Competencies as a set of knowledge, skills, abilities, attitudes and values applied in real-life settings. Competencies are the most difficult to define and evaluate (Kolar, 2011).

Ph.D. graduates already demonstrated that they are able to:
• apply existent theoretical background and knowledge of evidence-based approaches to different settings and target groups
• co/write and publish scientific papers
• present oral papers at scientific venues
• strive to obtain funding for their own research plans
• try to use and merge transdisciplinary methodologies (issue-driven research, qualitative, quantitative, and participatory approaches)
• actively seek further education / life-long learning activities

5.3 Learning outcomes – educators/supervisors
In addition, educators/supervisors are expected to be familiar with recent developments and publications, with a consistent improvement in skills and competencies. Using the learning outcomes for educators may also enhance the quality of Prevention Science.

5.4 What could a Ph.D. Study Programme in Prevention Science look like?
In most EU countries, Ph.D. study programmes differ from M.A. study programmes, in the degree that education content is structured and delivered. While M.A. study programmes are usually a combination of lectures (mainly theoretical lessons), seminars (more practically focused lessons oriented at solving tasks), home study assignments, and practical training in the field, Ph.D. study programmes are mainly centered around a dissertation project and scientific publications (manuscripts and conference presentations). In this aspect a Ph.D. student is expected to learn by doing and observing the supervisor and by self-study. A Ph.D. student is not required to take an extensive number of courses.

On the contrary, prestigious educational institutions in the U.S. (e.g., Johns Hopkins School of Public Health) build their Ph.D. study programmes on providing the student with profound and up-to-date scientific knowledge and skills throughout considerable number of courses and seminars. These are delivered in the first two years of the study course. The remaining time the student devotes his/her time to his/her doctoral project.

In order to provide high quality education in Prevention Science in Europe, we propose to adopt the U.S. educational model, i.e.:

• Set up courses providing the Ph.D. student with specific, profound knowledge (above to M.A. level) in the first and/or second year of his/her study programme.
• Provide the Ph.D. student with specific, profound skills (above to M.A. level) in the second and third year of his/her study programme.
• Let the Ph.D. student gain and reinforce his/her competence (above to M.A. level) in the remaining years of his/her study programme.

5.5 Learning resources
An on-line platform (data bank) with key study materials which are accessible to all registered teachers of Prevention Science should be developed.

The suggested content of the on-line platform:
• References / links to recently published manuscripts and books:
  o Monographs
  o Reviews
  o Studies (including meta-analyses)
• List of conference proceedings (live-recorded talks or presentations; e.g. SlidesLive platform: http://slideslive.com/?locale=en)
• List of invited lectures together with a “talks exchange” introducing Prevention Science professionals who are willing to give guest lectures in other institutions
• Data sets available for Prevention Sciences researchers

5.6 Research projects
A conjoint platform where ongoing and completed prevention research projects (together with the published results or links to main scientific papers) and other supportive materials - accessible to all interested in Prevention Science - should be developed.

5.7 International collaboration
International collaboration should be encouraged not at the European level but also at the trans-continental level.

5.8 Specific Needs in Training of Future Prevention Scientists
For future development of Prevention Science it is important to attract adequate number of students. Prevention Science should be presented as an interesting discipline with the promising perspective of further professional growth. At the doctoral and postgraduate level, programmes in Prevention Science should be able to attract candidates with different educational backgrounds (e.g., statistitians, psychologists, medical doctors, special pedagogics etc.).

Emphasis should be put on mastering the English language – “the mother tongue of science”. Thus, study programmes in English or partly in English should be supported, e.g., through joint domestic and international study programmes, students and teachers exchange. Study programmes taught (at least partly) in English may attract foreign students and increase participation of foreign trainers.

High quality teachers, trainers and Ph.D. supervisors must be capable of carrying out research projects that attract young people to Prevention Science. This is vital in order to
increase the overall quality of Prevention Science taught in various Ph.D. programmes across Europe. Students should be actively involved in such projects and should be able to publish the results of their work extensively.

6 ECTS – European Quality Framework

The main goal of this document is to take such actions that lead to an implementation of ECTS framework across the partners, including a further steps review of their course design / learning outcomes, development of necessary ECTS framework documents etc.

An ECTS Action Plan Template will be developed. The Template will be used by the project partners to fit already existing Prevention Science courses into the ECTS framework. The information packages produced from this exercise can then be used to develop a 30 credit core Masters level Prevention Science Programme. This will bring together elements from prevention science courses offered in universities across Europe.

A pan-European Prevention Science ECTS framework will be set up. The goal will be to promote improved progression and increased student mobility. This pan-European Prevention Science ECTS framework will provide students with a clear and transparent guide as to how various qualifications and qualification frameworks are integrated in the EU.

7 Implementation strategies

Implementation strategies at the institutional level may be guided and supported at the international level. However, the success of implementation lies primarily on activities executed at the institutional level.

7.1 International Level

With respect to the European dimension of Prevention Science quality assurance standards, methods and approaches in the European Higher Sector, establishing the International Working Group (IWG) is crucial. The SPAN project provides such a platform.

In order to innovate Prevention Science courses and/or study programmes the following tasks should be prioritized:

• Create a more accurate description of the practical part of the study in terms of training methods and techniques so that they can be categorized and described in a harmonized way, i.e., using concepts that are widely accepted and agreed to by all European partners.
• Prepare a project with the participation of at least three EU member states and try to create the concept of a European curriculum in Prevention Science and take legal steps to codify this new professional specialization at the EU level. The outcome
should be the Guidelines to Implementation of the Best Practices of Prevention Science Education.

7.2 Institutional Level

In order to innovate / bring into existence Prevention Science courses and/or study programmes the following tasks should be prioritized (ENQA, 2009):

- Identify the responsible person / working group within the institution
- Assign the responsible person to specific working tasks (specified in this document)
- Create a detailed description of the outcomes of learning (learning outcomes) for the course and/or study programme

It is to be assumed that the higher educational institutions have already defined (ENQA, 2009):

- Policy and procedures for quality assurance
- Approval, monitoring and periodic review of programmes and awards
- Assessment of students
- Information systems

For the existent courses the institutions should have also defined (ENQA, 2009):

- Quality assurance of teaching staff
- Learning resources and student support

For the non-existent courses, the competent teaching staff should be selected. This teaching staff of Prevention Science is responsible for collecting learning resources and providing student support.

Other important tasks to be executed prior or during implementation (SPAN project proposal):

- Reviewing curriculum design
- Setting up or reviewing the existent learning outcomes
- Calculating/re-calculating their credit allocation
- Calculating/re-estimating workloads, and
- Reviewing course documentation (Course Catalogue, Student Application Form, Learning Agreement and Transcript of Records)
- Considering areas of students’ future employment

7.3 General Barriers to Successful Implementation

There are possible threats to a successful implementation of novel courses, specializations or new multidisciplinary academic programmes, such as inadequate (QAAHE, 2011; Mishra, 2007):

- Understanding and acceptance at the institutional level that may be caused by, e.g.
  - Lack of prioritization of the institution
  - Economical reasons limiting staff
- Fragmented collaboration at the international level that will not result in the improved integration of the Prevention Science degree / quality assurance standards,
methods and approaches in the European higher Education Sector.
• Lack of vision and planning that slow down the whole process and discourage essential professionals from entering the Prevention Science field.
• Insufficient English language skills

It is fundamental to limit the possible threats to a minimum through proactive communication and constant propagation of the idea.

8 Maintaining and Enhancing Quality

Strong emphasis should be put on obtaining periodic feedback. “Institutions should have formal mechanisms for the approval, periodic review and monitoring of their programmes and awards” (ENQA, 2009, pp 7).

8.1 Obtaining feedback

Regular feedback on educational activities is crucial for quality enhancement.

Irrespective of the institutional system that may vary across countries, the feedback may have different forms. The feedback can be obtained on:
• Institution (University / Faculty) evaluated by
  o Students
  o Teachers
  o Colleagues from other institutions
• Courses evaluated by students
• Teachers evaluated by students
• Exams evaluated by
  o Students
  o Teachers
  o Committee members

The evaluation results should be accessible to other partners within the SPAN consortium.

8.2 Regular Meetings of Experts at the International Level

The level of quality of education should be a regular discussion topic of the international working groups.

The discussions should be centered around:
• Visions and planning with the emphasis on constant development.
• Sharing best practice (up-to-date knowledge in Prevention Science, including novel methods, fundamental research findings etc.) – EU-SPR Conference, designated journals etc.
• Enhancing mobility of students and teachers within Europe.
• New opportunities in EU funded grants enabling international collaboration in the
development of the field of Prevention Science.

9 Timeframe

9.1 Review of existent Prevention Science course designs / learning outcomes with relation to ECTS framework in SPAN partner countries
- Involvement of ideally all SPAN project partners.
- Exact procedure to be agreed by the SPAN consortium
- Deadline: to be decided by the SPAN consortium.
- Responsible: Work Package 9

9.2 Implementation of ECTS
- Involvement of ideally all SPAN project partners.
- Exact procedure to be agreed by the SPAN consortium
- Deadline: to be decided by the SPAN consortium.
- Responsible: Work Package 9

9.3 Innovation / Establishment of new Prevention Science courses and/or study programmes in European educational institutions
- Questions that need to be answered:
  - Do members of the SPAN consortium want it?
  - Who should be involved?
- Involvement of ideally all SPAN project partners.
- Exact procedure to be agreed by the SPAN consortium.
- Deadline: to be decided by the SPAN consortium.

9.4 Development of the model Prevention Science Curriculum
- Questions that need to be answered:
  - Do members of the SPAN consortium want it?
  - Who should be involved?
- Deadline: to be decided at any of the SPAN meetings.

9.5 Prevention Science Education Expert Group Meeting
- Venue: EU-SPR Conference
- Number of meetings a year: 1
- Term: autumn each year
- Main issues to be discussed:
  - Who will be the members of the group?
  - What format of the meetings will be chosen?
  - Visions and planning with the emphasis on constant development.
  - EU funding fostering international collaboration.
9.6 Position paper on Prevention Science education across Europe

- Communicating the scope of, need for, area of interest and economic realm of Prevention Science to the outer professional world and the management of educational institutions.
- Main issues to be discussed (Decisions to be taken still during the SPAN project):
  - Do we want it?
  - What should be the content?
  - Who will author the paper?

9.7 Website

- Website may be useful for the dissemination of information of interest and may foster international collaboration in Prevention Science education.
- Decisions to be taken during the SPAN project:
  - Do we want it?
  - Who will be responsible for the SPAN website after the SPAN project is over? EUSPR?
  - What sections exactly will be in the website?

9.8 Prepare a pilot project focusing on the developement of the concept of a European curriculum in Prevention Science

- EU funded project
- Main issues to be discussed (Decisions to be taken still during the SPAN project):
  - Do we want it?
  - What should be the aim and content?
  - Who will be the partners in different partner statuses (co-beneficiaries, associates, etc.)? Who will be the leader?
  - When do we want it?

10 Quality Improvements Checklist

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References


