



Pan-European Prevention Science Framework Workpackage 9: ECTS RECOGNITION AND AWARD

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| Science for Prevention Academic Network (SPAN) |
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| WP9 Pan-European Prevention Science ECTS Framework |

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Executive Summary

The overarching goal of SPAN (Science for Prevention Academic Network) was 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.

Mutual European recognition in education focuses on five key elements that together make up a qualification i.e. level, workload, quality, profile and learning outcomes. An integral part of this project was the development of a *Pan European Prevention Science Framework* for the future development of a *Pan-European postgraduate degree* in prevention science. It aims to promote improved progression and increased student mobility; provide students with a clear and transparent guide as to how various qualifications and qualification frameworks integrate with each other.

The main focus of WP9, which was co-ordinated by the University of Malta as WP leader, was the preparation of an ECTS (European Credit Transfer Systems) Action Plan, using ECTS guidelines and Framework for Qualifications for the European Higher Education Area. In this regard, an ECTS action plan template was created and used to generate ECTS information packages in order to assist in the implementation of ECTS in academic institutions. This WP followed on directly from WP6 i.e. the Quality Plan for Prevention Science Education and Training In Europe. It was also dependent on the results of other WPs specifically WP3 (mapping of existing courses); WP4 (worksforce needs analysis), and WP5 (the mapping of existing research in the area)

This document provides recommendations for ensuring student mobility through ECTS which increases the transparency and readability of the educational process. It thus plays an effective role in stimulating change and modernisation of individual institutions by facilitating:

a review of curriculum design,

- a review of learning outcomes and competencies,
- calculation and re-estimation of ECTS workloads,
- a review of course documentation (Course Catalogue, Student Application Form, Learning Agreement and Transcript of Records).

This document also provides a basis for the implementation of a range of activities designed to improve the integration of Prevention Science standards, methods and approaches within tertiary educational institutions and fostering international, specifically European collaboration within prevention science education. This would allow the development of future professional prevention scientists by establishing academic processes which establish a closer link between educational programmes and societal requirements and enhances interaction with all stakeholders, including the world of work and wider society.

The following recommendations can thus be made:

- The setting up of future pan-European prevention science course needs to link programme activities with theoretical and research insights on the basis of a comprehensive needs assessment in order to develop transferable European qualifications.
- The course should include fundamental aspects such as development and implementation of prevention programs; prevention campaigns; ethics in prevention research; research in prevention evidence base in health promotion and prevention and biostatistics
- In the shorter term mobility can be facilitated through the translation of course content to English and development of digital infrastructure.
- Transdisciplinary teams with an array of expertise are required to address the complexity of the issues addressed by prevention science.
- Better identification of the various drivers and barriers to the inward and outward mobility of researchers and students to such programmes and a greater degree of openness and transparency associated with recruitment and mobility is needed.

- More programme evaluations need to be planned and conducted with monitoring and feedback from students, staff and where appropriate, stakeholders for checking and revising credit allocation.
- Mobility requires further the development of ECTS supporting documents and possible work placements within the development of EUROPASS Mobility
- SPAN partners and prevention scientists across Europe should investigate the possibility of further funding to implement these recommendations.

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Acronyms

AQPRU Academic Programmes Quality and Resources Unit (University of

Malta)

ECTS European Credit Transfer and Accumulation System

EHEA European Higher Education Area

EMQT ERASMUS Mobility Quality Tools

EQF European Qualifications Framework

EQF-LLL European Qualifications Framework for Lifelong Learning of the

EU

EU European Commission

F2F Face to Face

ISCED International Standard Classification of Education

QF-EHEA Framework for Qualifications of the European Higher Education

Area

SPAN Science for Prevention Academic Network

WP Work Package

1. Information about the SPAN Initiative

The Science for Prevention Academic Network (SPAN), consisting of partners from 32 European institutions across 25 countries, has been awarded a large grant (€595,000) by the European Commission Lifelong Learning Programme (LLP). This 36-month grant enabled the establishment of a network of prevention scientists and educators across Europe, who aimed 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.

For the purpose of this project, Prevention Science was understood as being that science which aims to improve public health by identifying malleable risk and protective factors, assessing the efficacy and effectiveness of preventive interventions and identifying optimal means for dissemination and diffusion. Across Europe there are thousands of interventions in prevention science yet few have been evaluated. One of the reasons cited is that of lack of academic expertise. It has been asserted that much of the current knowledge about scientific evaluation has been monopolised by a few 'centres of excellence'. 2

The SPAN project thus aimed at mapping the Prevention Science academic sector, improving education and training, building networks and running workshops with researchers, with a particular focus on early stage researchers. In addition, the project planned to contribute to the integration of prevention science in higher education across Europe and provide recommendations on how best to align education of prevention scientists within the European Credit Transfer and Accumulation System (ECTS).

ECTS is a tool used in the European Higher Education Area (EHEA) for making

¹ SPAN Kick Off meeting (2013) Key Points from the SPAN Kick Off Meeting. Internal Correspondence

² European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (1997). EMCDDA Scientific Monograph Series N° 2 Evaluating Drug Prevention in the European Union EMCDDA Scientific Monograph Series N° 2. Papers arising from the 'First European Conference on the Evaluation of Drug Prevention' held in Lisbon, Portugal, 12–14 March 1997 www.emcdda.europa.eu/attachements.cfm/att 44761 EN Monograph2.pdf

studies and courses more transparent and thus helping to enhance the quality and mobility of higher education degrees.³ It is this aspect of the research that was developed in WP9 in SPAN.

2. Objectives of WP9: the pan-European Prevention Science ECTS Framework

The International Standard Classification of Education (ISCED) highlights the importance of an intra-European academic mobility which gives knowledge transfer a key cross-border dimension that enhances innovation. ECTS recognition has a key role in this regard. ISCED lists three potentially mobile groups of people in higher education: staff, early stage researchers, and students in the Bologna bands of short-cycle undergraduate qualification, Bachelor and Master, corresponding to levels 5, 6 and 7 in the European Qualifications Framework (EQF). Mobility facilitated by ECTS is also important as it enhances the experience of European identity and reinforces European cohesion and competitiveness. The European Area of Recognition Manual (EAR Manual, 2012) focuses on five key elements which together make up a qualification i.e. level, workload, quality, profile and learning outcomes.

The main aim of WP9 in SPAN was the creation of a pan-European Prevention Science European Credit Transfer System (ECTS) Framework. As agreed by Education Ministers of the countries involved in the Bologna Process, which established the foundations of tertiary student mobility, the primary responsibility for quality assurance lies with each institution.^{7,8} Thus this WP

³ European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/publications/2015/ects-users-guide en.pdf p 6

⁴ UNESCO (2014), ISCED: International Standard Classification of Education: <u>www.uis.unesco.org/Education/Pages/international-standardclassification-of-education.aspx</u>
⁵ Colucci, E.; Davies, H.; Korhonen, J.; Gaebel, M. (2012). Mobility: Closing the gap between policy and practice; European University Association, Brussels. http://www.eua.be/Libraries/Publications homepage list/EUA Maunimo.sflb.ashx

⁶ European Higher Education Area (EHEA) (2008). European Recognition Manual for Higher Education Institutions: http://eurorecognition.eu/Manual/EAR%20HEI.pdf

⁷ European Higher Education Area (EHEA) (2014) European Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). http://www.ehea.info/Uploads/SubmitedFiles/5 2015/151153.pdf

⁸ Berlin Communiqué (2003). Realising the European Higher Education Area. Communiqué of the Conference of Ministers responsible for Higher Education in Berlin on 19 September 2003. www.ehea.info/Uploads/about/Berlin Communique1.pdf.

was the culmination of a process that based itself on the recommendations of previous work packages in SPAN, in particular the Quality Plan (WP6). WP9 was also the culmination of the work of the previous WPs specifically WP3 which helped to map the scope and focus of existing Prevention Science learning programmes, curricula, qualifications, paedagogies, learning outcomes and competencies currently being delivered across the tertiary education sector in Europe. WP4 also was essential since it lead to a robust understanding of the workforce skills needs of current employers of prevention workers across Europe (including scientists, researchers, practioners etc). In WP5, a detailed mapping of current and previously funded research which has sought to address Prevention Science issues and to develop a database of relevant events, conferences, researchers, public policy specialists, funding agencies and officials that might potentially interested in developing links with the SPAN initiative. As already explained WP6 developed the quality plan, which set out the tasks required to improve the integration of Prevention Science degree/quality assurance standards, methods and approaches in the field of Prevention Science Higher Education across Europe. WP9 could also not have occurred without the physical networking needed for best practice exchange as outlined in WP7.

The main objectives of WP9, which was co-ordinated by the University of Malta, were to encourage partner institutions in SPAN to develop internal quality assurance procedures for the development of prevention science courses, create credit allocations for these courses which are ECTS based and monitor the credit allocations to establish whether the estimated workload is realistic.

The specific tasks in this work package were listed as thus⁹:

Task 9.1 Partners implement individual action plans to implement ECTS in their own institution

• Following the production of the Quality Plan, each partner will be responsible for implementing their own ECTS action plan, by reviewing the outcomes of the quality plan, reviewing their own curriculum design, reviewing their 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). The culmination of this task will be

⁹ Lifelong Learning Programme Application Form (2012 Call for proposals). Detailed description of the project: Science for Prevention Academic Network (SPAN). http://www.span-europe.eu/about/workpackages/ects-recognition-and-award.

the preparation of an ECTS Information Package by each learning provider involved in the project. In completing this task partners may also take advantage of ECTS Helplines and the ECTS Counsellors programme.

Task 9.2 External Peer Review of ECTS proposals

• Where appropriate, and desirable, project partners will support the partners implement the ECTS locally, by providing peer-peer mentoring support to institutions.

Task 9.3 Development of a pan-European Prevention Science ECTS framework

• Upon completion of the individual action plans to implement the ECTS in their respective institutions, the project will produce a pan-European Prevention Science ECTS framework, to promote improved progression and increased student mobility. This pan-European Prevention Science ETCS framework will provide students with a clear and transparent guide as to how various qualifications and qualification frameworks integrate with each other.

The WP deliverables were listed as thus:

9.1 20 ECTS Information Packages (month 30)

- Twenty partners will produce an ECTS Information Package containing ECTS core documentation, including course catalogue, student application form, learning agreements, transcript of records etc.
- These Information Packages will be used, in tandem with ECTS Helplines and the ECTS Counsellors programme, to quality assure the individual institutions learning provision against the ECTS framework. These information packages will be completed by month 30.

9.2 Pan European Prevention Science ECTS framework (month 32)

- The production of a pan-European Prevention Science ECTS framework, to promote improved progression and increased student mobility.
- This pan-European Prevention Science ETCS framework will provide students with a clear and transparent guide as to how various qualifications and qualification frameworks integrate with each other. This framework will be produced by month 32, and will be made available in paper and electronic format.

These tasks were integral to the SPAN project since within the EHEA, ECTS system increases the transparency and readability of the educational process and plays an effective role in stimulating change and modernisation. By using learning outcomes and workload in curriculum design and delivery, ECTS places the student at the centre of the educational process. Moreover, using ECTS credits makes it easier to create and document flexible learning pathways, thus allowing students greater autonomy and responsibility. ¹⁰

Due to its outcome-based approach, the use of ECTS also:

- facilitates the recognition of prior learning and experience and encourages a higher level of completion and wider participation in lifelong learning;
- establishes a closer link between educational programmes and societal requirements and enhances interaction with all stakeholders, including the world of work and wider society;
- facilitates mobility within an institution or country, from institution to institution, from country to country, and between different educational sectors and contexts of learning (i.e. formal, non-formal, informal and work-based learning), through recognition and credit transfer. ¹¹

The advantage of ECTS is that it can be applied to all programs, whatever the mode of delivery (classroom-based, work-based, distance learning) or the status of students (full-time, part-time), and to all kinds of learning contexts (formal, non-formal and informal). The Framework for Qualifications of the European Higher Education Area (QF-EHEA) and the European Qualifications Framework for Lifelong Learning of the EU (EQF-LLL) both use IECTS learning outcomes to describe qualifications (e.g. Bachelor, Master, Doctor) and are compatible with each other as far as Higher Education is concerned (QF-EHEA cycles 1, 2 and 3 correspond to EQF-LLL levels 6, 7 and 8) and cover qualifications at ISCED levels 6, 7, 8. In the QF-EHEA, three main cycles, are identified and described by the so-called Dublin Descriptors, in terms of: applying knowledge and understanding, making judgments, communication skills, and learning to learn. First cycle qualifications (i.e Bachelor) typically include 180 or 240 ECTS credits. Second cycle qualifications (i.e Masters) typically include 90 or 120 ECTS credits, with a minimum of 60 ECTS credits at the level of the second cycle. The use of ECTS in the third cycle (i.e. PhD) varies. The second cycle is at the level of the second cycle.

These and similar guidelines and documents formed the basis for the realization of WP9 and thus the development of a pan-European Prevention Science ECTS framework, which promotes improved progression and increased student mobility in prevention science, while providing students with a clear and transparent guide as to how various courses

¹⁰ Gosling, D. and Moon, J. (2002), How to use learning outcomes and assessment criteria (Third Edition) London(SEEC). <u>www.aec-music.eu/userfiles/File/goslingmoon-learningoutcomesassessmentcriteria(2).pdf</u>

¹¹ European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/pubications/2015/ects-users-guide_en.pdf p 14

¹² European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/pubications/2015/ects-users-guide_en.pdf p6

¹³ European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/pubications/2015/ects-users-guide en.pdf p 19

across institutions can integrate with each other.

WP9 deliverables were achieved through the development ECTS of action plans by selected partners from different member institutions in SPAN, under the co-ordination of the University of Malta. The partners involved, in fact, performed an exercise which included a review of their present curriculum, learning outcomes, estimation of credit allocations, workloads and review of course documentation. This lead to the creation of a SPAN ECTS Information Package by each participating institution at Month 30 (Task 9.1; Deliverable 9.1). Through the SPAN consortium, these ECTS information packages underwent peer review by the partners from different institutions (Task 9.2). This led to the development of a pan-European Prevention Science ECTS framework (Task 9.3; Deliverable 9.2)

3. Glossary of Key Terms and Concepts

In order to ensure that the knowledge gained is transferable and understandable by all the partners, it was key to first develop a glossary of key terms and concepts, in order that they were understood in the same way by all the partners. These definitions hold for the purpose of this project and WP. These are outlined in **Table 1**.

| Term | Definition | Reference |
|---------------------------------|--|---|
| Bologna Process | In 1999 the Bologna Declaration included ECTS among the main objectives to be achieved by countries participating in the Bologna Process. Through the reforms implemented in the course of the Process, ECTS has become a key tool of the European Higher Education Area (EHEA). the establishment of the European Higher Education area the consolidation of lifelong learning, the paradigm shift from teacher-centred to student-centred higher education, the increasing use of learning outcomes, and the development of new modes of learning and teaching. It includes a specific focus on programme design and delivery, and builds on the experience of higher education institutions in using qualifications frameworks and in applying ECTS principles in | European Commission (2005). Framework for Qualifications for the European Higher Education Area; Bologna Working Group on Qualifications Frameworks, published by the Ministry of Science, Technology and Innovation, Copenhagen, February 2005. http://www.ond.vlaanderen.be/hogeronderwijs/bologna/documents/050218 QF EHEA.pdf |
| Course/ | academic practice. A short syllabus, delivered over 1 or 2 semesters, which provides an x number of ECTS credits. | 37 BOIOGHA/ GOCAMENTS/ 030218 QT ETIEA.BAT |
| Module Study unit/ | ECTS European Credit Transfer System credits express the volume of learning based on the | European Higher Education Area (EHEA) |
| ECTS credit | defined learning outcomes and their associated workload. 60 ECTS credits are allocated to the learning outcomes and associated workload of a full-time academic year or its equivalent, which normally comprises a number of educational components to which credits (on the basis of the learning outcomes and workload) are allocated. One ECTS credit is approximately equivalent to 25-30 hours of student work. For the purpose of this research this was taken to include direct lecture time/seminars) of approximately 5-7 hours in the case of taught ECTSs. 14 | (2008). Bologna Framework and Certification. www.ehea.info/Uploads/QF/Bologna Framework and Certification revised 29 02 08.pdf |
| ECTS | European Credit Transfer and Accumulation System .A learner-centred system for credit accumulation and transfer, based on the principle of transparency of learning, teaching and assessment processes. Its objective is to facilitate planning, delivery and evaluation of study programmes and student mobility by recognising learning achievements and qualifications and periods of learning. | Bologna Conference (2004). Using Learning Outcomes, Edinburgh, 1-2 July 2004. http://www.ehea.info/article-details.aspx?ArticleId=119 |
| ECTS Action Plan Template | A document which guides the user to outline all the essential information about a course/module within an ECTS framework. In the SPAN project, the objective of its creation was use by SPAN partners from different institutions, with population of the template with courses/modules deemed necessary for the formation of a prevention scientist. | |
| Learning Outcomes | Learning outcomes are statements of what the individual knows, understands and is able to do on completion of a learning process. The achievement of learning outcomes has to be assessed through procedures based on clear and transparent criteria. Learning outcomes are attributed to individual educational components and to programmes at a whole. They are also used in | European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/pubicati |

¹⁴ In UK, 2 UK credits = 1ECTS credit. Higher education credit framework for England: guidance on academic credit arrangements in higher education in England August 2008 http://www.universitiesuk.ac.uk/highereducation/Documents/2008/CIDG HE.pdf p8

| | European and national qualifications frameworks to describe the level of the individual qualification. | ons/2015/ects-users-guide_en.pdf p 20 |
|------------------------------------|--|--|
| Prevention | Prevention of psychological, behavioural and social determinants of injury, physical disease or mental disorders | SPAN Kick Off meeting (2013) Key Points from the SPAN Kick Off Meeting. Internal Correspondence |
| Prevention Science workforce | Prevention researchers and practitioners who are involved in the design and implementation of research and evaluation projects to produce new knowledge for effective prevention. This includes advance prevention practitioners who are working with researchers in the implementation and evaluation of prevention programs | SPAN Kick Off meeting (2013) Key Points from the SPAN Kick Off Meeting. Internal Correspondence |
| Study Program | This is a series of accreditated courses or modules leading to an academic award, such as diploma, Bachelor, Masters, PhD. | European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/pubications/2015/ects-users-guide-en.pdf , p 28 |
| Workload | Workload is an estimation of the time the individual typically needs to complete all learning activities such as lectures, seminars, projects, practical work, work placements and individual study required to achieve the defined learning outcomes in formal learning environments. The correspondence of the full-time workload of an academic year to 60 credits is often formalised by national legal provisions. In most cases, workload ranges from 1,500 to 1,800 hours for an academic year, which means that one credit corresponds to 25 to 30 hours of work. It should be recognised that this represents the typical workload and that for individual students the actual time to achieve the learning outcomes will vary. | European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/pubications/2015/ects-users-guide en.pdf, p 77 |

Table 1: Glossary of key terms and concepts

4. Methodology

4.1 Drawing up of the ECTS Action Plan Template

Key to the development of this WP was the drawing up of an ECTS Action Plan template (Task 9.1) which would ensure that the data collected would fit in with the Bologna Process. This template was designed such as to allow the development of an institutional self-evaluation tool. Similar techniques have been found to be very useful sounding boards for current European policy developments as regards mobility. It also allows more focused and strategic reflection on the many kinds and aims of short- and long-term student and staff mobility. It also facilitates the involvement of those institutions who perhaps are not so well equipped to respond to external pressures, particularly those stemming from regionally or nationally set targets with respect to the measurement and evaluation of mobility. ¹⁵

The action plan was designed so as to allow the monitoring of whether the credit allocation, defined learning outcomes and the estimated workload are achievable, realistic and adequate. It was also important to inform the participating institutions about the purpose of the exercise, and how it will be carried out, to ensure accurate answers and a high response rate foster an ongoing, cooperative feedback in the consortium. This methodology also allowed self evaluation by the participating institutions into whether the assessment methods and criteria chosen for a specific ECTS are consistent with the learning outcomes that have been defined for it and with the learning activities taking place. It thus allowed the benchmarking of the situation and also the compilation of data across partners on ECTS (Task 9.2).

The data requested in this action plan included various subcriteria such as Course and year; Description and aims; Learning outcomes; Knowledge and understanding; Student skills at end of study unit; Teaching and learning methods; Method of assessment together with main texts and readings for the study unit. This data was selected following advice by a responsible person for mobility programmes, specifically the Registrar's Office of the University of Malta, which is Malta's official representative on the Bologna Process. This Office is the entity which is responsible for approving mobility of incoming students and is committed to give them academic support in the course of their studies at the receiving institution. It also provides templates for Learning Agreements. This Office recommended the use of the University of Malta Academic Programmes Quality and Resources Unit (AQPRU) forms pecifically the

¹⁵ Colucci, E.; Davies, H.; Korhonen, J.; Gaebel, M. (2012). Mobility: Closing the gap between policy and practice; European University Association, Brussels.

http://www.eua.be/Libraries/Publications homepage list/EUA Maunimo.sflb.ashx

European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/pubications/2015/ects-users-guide_en.pdf p 28

¹⁷ European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/pubications/2015/ects-users-guide_en.pdf p 27

¹⁸ Ms. Jo-Anne Attard Assistant Registrar at the University of Malta

¹⁹ European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/pubications/2015/ects-users-guide en.pdf p 37

²⁰ University of Malta (2015). Academic Programmes Quality and Resources Unit APQRU forms

Study Unit Approval Form and the Stage 1 and 2 Proposal Forms for New Programmes of Study as a template for the collection of data. These forms are presently used at the University of Malta during the process of introduction and validation of a new study unit (the former) or a new program of study (the latter) and are based on standard forms used across Europe. These forms were then adapted for the purposes of the SPAN project.

The subsequently designed **ECTS Action Plan Template** (see Annex 1) was set out in the following sections:

Section A: Program of Study, for listing the titles of each course/module included in the template, together with ECTS value and title of the study program from which each course/module is derived.

Section B: Details about availability of each course/module in Section A; to be repeated for each course/module listed in Section A, with general information about the course/module, such as mode of attendance and duration.

Section C: Course/module details; to be repeated for each course/module listed in Section A, this is an outline of the course/module, include description, aims, learning outcomes, teaching and learning methods and method of assessment.

The templates thus developed were piloted with a consortium member and fine-tuned after feedback. This was done in order to ensure that the template was suitable for the intended purpose and enabled the user to fill in all the necessary information about the courses/modules selected. The detailed schematic flow is outlined in **Figure 1**.

4.2 STEP 1: Use of the ECTS Action Plan Template to draw up ECTS Information Packages (Task 9.1)

Task 9.1 in the project description called for the preparation of 20 ECTS Information Packages. Following discussion with the other SPAN partners at the Management Committee meeting held in month 20 in Czech Republic, it was decided to focus the work package tasks on drawing up of ECTS information packages by five SPAN partners. The decision was taken that focusing on creation of this number of information packages would be advantageous in the following ways:

- allocation of more time and assistance to each partner who provided feedback enabling in-depth, individual evaluation of the different ECTS systems adopted by each institution
- generation of more detailed and accurate information ECTS packages.

Five SPAN consortium partners were identified and invited to participate in this exercise (Table 2).

| Country | Institution | Staff Member identified | |
|-----------|-------------------------------|-----------------------------|--|
| United | Oxford Brookes University | David Foxcroft | |
| Kingdom | | | |
| Croatia | University of Zagreb | Martina Feric Slehan | |
| Sweden | Karolinska Institute | Maria Rosaria Galanti | |
| Germany | University of Bremen/Leibniz- | Claudia Pischke, Berit | |
| | Institute for Prevention | Steenbock (both are | |
| | Research and Epidemiology - | employees of the BIPS, but | |
| | BIPS | performed the mapping | |
| | | exercise for courses taught | |
| | | at the University of | |
| | | Bremen) | |
| Lithuania | Vilnius University | Laima Bulotaite | |

Table 2: WP9 participating institutions

After obtaining feedback from the pilot of Croatian partner, it was decided that in order to ensure maximum clarity, the following sections were to be added at the beginning of the Action Plan Template:

- A short introduction explaining the background, objectives and desired outcomes.
- A glossary of terms

It was also decided that the most feasible way to proceed would be the collection of taught courses which could be offered as part of a second cycle Master's degree i.e. one with 90 ECTS. Such a Master's programme would prepare graduate students to become experts and develop international skills that prepare them for doctoral studies, and/or professional industrial careers in prevention science. ²¹ For the purpose of the SPAN project, it was agreed that this Masters would be one which included 30 ECTS of formal lectures, while 60 ECTS would be allocated to a dissertation or research.

It was also agreed:

- to include courses/modules that the participants believe are essential in a prevention science program. The courses/modules listed did NOT need to belong to the same study program but would be selected from various study programs.
- the courses/modules listed did not necessarily all need to be equivalent to the same number of ECTS credits. Thus, for example, one course may be equivalent to 3 ECTS credits, another to 5, etc., depending on the work and time that each course involves. However, the courses/modules selected by each partner should, if possible, add up to a total of 30 ECTS credits.
- Courses which are not currently delivered in English can still be included, as long

²¹ European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/pubications/2015/ects-users-guide_en.pdf p 100

as the details outlined are translated into English.

The updated ECTS Action Plan Template (**Appendix 1**) was then sent out to all five partners. The partners were asked to send back the relevant ECTS information packages within four weeks (Deliverable 9.1).

4.3 STEP 2: External Peer Review, assessment and evaluation of ECTS Information Packages (Task 9.2)

On receipt by the co-ordinating WP partner, each information package for the participating institutions was peer reviewed. The data was organized in Excel® and a spreadsheet was created, with a worksheet assigned to each of the five participating institutions. A row was used to describe each course/module included in the information package and the information about each course/module was spread over the following columns: Course Title, ECTS Value, Institution, Language (that the course is taught in), Title of Study Program, Course Type, Description, Aims, Learning Outcomes: Knowledge and Understanding, Learning Outcomes: Skills, Teaching Methods, Total Hours, Methods of Assessment, Textbooks.

The summarised ECTS information packages were presented to the participating partners during a Face to Face (F2F) Management Board meeting held in Gyor, Hungary, April 2015.

The next step in the process was the use of *the Moderation Method* during F2F meeting of the participating institutions which was used to facilitate the Peer Review. This allowed the participating partners to set aside the data they had sent and identify knowledge and skills deemed to be necessary learning outcomes of an ideal prevention science course. This was done by each partner being invited to write the knowledge and skills identified on individual pieces of paper anonymously. All the contributions were the organized on a large surface and the partners were invited to organize the text, remove overlaps and group the associated knowledge and skills. A holistic list of the essential knowledge and skills was thus created by all the partners working together. They were then asked to indicate which courses/modules listed in the information packages aim to impart the listed knowledge and skills.

Subsequently *a SWOT Analysis* was carried out at the end of the meeting on the development of a Pan-European Prevention Science Framework (Task 9.3). During this exercise, the participating partners pointed out the strengths, weaknesses, opportunities and threats involved in the generation of such a framework. All the meeting outcomes were documented.

4.4 STEP 3: Follow-up and collation of data and Development of a pan-European Prevention Science ECTS framework (Task 9.3)

The evaluation carried out in 4.3 was subsequently used to draw up a summary table of the 'Knowledge and Skills essential for a prevention scientist'. This table was sent out to the five participating partners. The partners were once again asked to look at the

information packages drawn up for their institutions and to identify the essential knowledge and skill/s, if any, imparted by each course described in the information package. Once received, the feedback was evaluated and used to draw up the final recommendations for the implementation of a Pan-European Prevention Science Framework (Deliverable 9.2).

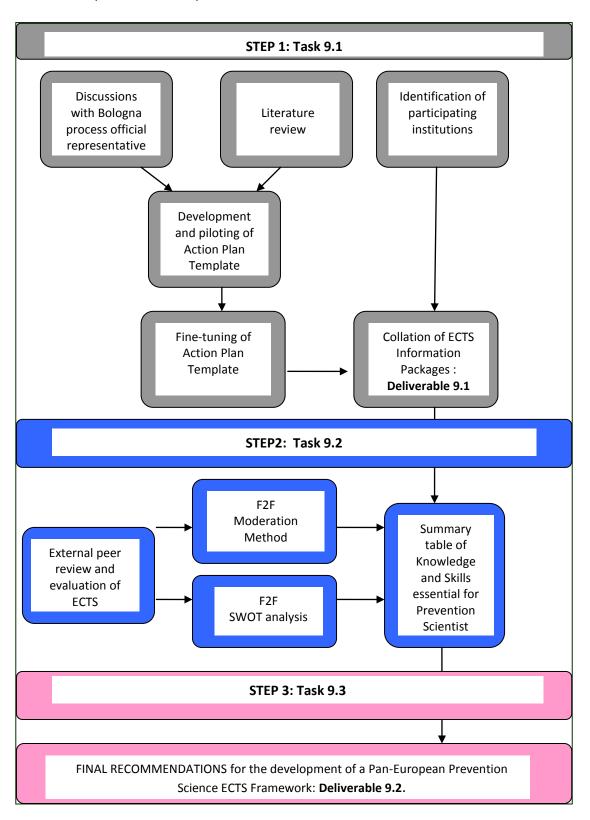


Figure 1: Schematic representation of collation and evaluation of data for the development of a Pan-European Prevention Science Framework in WP9.

5. Results

5.1 STEP 1: Collation of ECTS Information Packages (Task 9.1)

Tables 3 to 7 outline the courses/modules presented by each partner in the information packages generated for their institutions. The full set of information provided can be viewed in **Appendix 2: Spreadsheet of ECTS Information Packages**. A total of 25 courses were presented in the ECTS information packages thus compiled.

| | Course Name | Study Program | ECTS | Hours of Learning |
|---|--------------------|-------------------------------|---------|-----------------------|
| | | , | Credits | (PER CREDIT) |
| 1 | Methods for | Masters in Public | 7.5* | 27.1hrs, of which |
| | outcome | Health/Epidemiology | | 12.9hrs direct |
| | evaluation of | | | lecture time |
| | Public Health | | | (lectures+seminars) |
| | interventions- | | | |
| | Theories and | | | |
| | principles | | | |
| 2 | Applied | Masters in Public | 5* | 25.2hrs, of which |
| | Epidemiology 3: | Health/Epidemiology | | 2.8hrs direct lecture |
| | Outcome | | | time (lectures) |
| | evaluation of | | | |
| | public health | | | |
| | interventions | | | |
| 3 | Public health | Doctoral Studies | 7.5 | Information not |
| | intervention and | | | available. |
| | implementation | | | |
| | research | | | |
| 4 | Economic | Master in Public | 7.5 | Information not |
| | Evaluation of | Health/Health | | available. |
| | Health Care | economy, policy and | | |
| | programs | management | F | Information of |
| 5 | Advanced course in | Master in Public | 5 | Information not |
| | health economics | Health/Health | | available. |
| | | economy, policy and | | |
| | | management Total ECTS Credits | 32.5* | |

^{*}courses 1 and 2 will be merged in 2016 and the resulting course will be equivalent to 10 ECTS Credits, bringing the total ECTS credit value down to 30

Table 3: Karolinska Institute ECTS Information Package

| | Institution: University of Zagreb. Completed by: Martina Feric | | | | | |
|---|---|---|-----------------|---|--|--|
| | Course Name | Study Program | ECTS Credits | Hours of Learning (PER CREDIT) | | |
| 1 | Theories of Prevention 1 | Undergraduate Study of Social Pedagogy | 2 | 30hrs, of which 10hrs direct lecture time (lectures). | | |
| 2 | Theories of Prevention 2 | Undergraduate Study of Social Pedagogy | 6 | 25hrs, of which 7.5hrs direct lecture time (lectures+seminars). | | |
| 3 | Prevention programs in family and school environment | Undergraduate Study of Social Pedagogy | 4 | 25hrs, of which 11.3hrs direct lecture time (lectures+seminars). | | |
| 4 | Strategic Approaches to Preventive Interventions in the Community | Graduate Study of Social Pedagogy | 4 | 30hrs, of which 11.25hrs direct lecture time (lectures+seminars). | | |
| 5 | Development and implementation of prevention programs | Graduate Study of Social Pedagogy | 4 | 25hrs, of which 7.5hrs direct lecture time (lectures). | | |
| 6 | Prevention Campaigns | Graduate Study of Social Pedagogy | 3 | 25hrs, of which 5.7hrs direct lecture time (lectures+seminars). | | |
| 7 | Prevention of internalized and externalized disorders | Graduate study of Social Pedagogy | 3 | 30hrs, of which 10hrs direct lecture time (lectures). | | |
| 8 | Ethics in Prevention Research | Graduate study of Social Pedagogy | 2 | 30hrs, of which 11hrs direct lecture time (lectures+seminars). | | |
| 9 | Research in Prevention | Graduate study of Social Pedagogy | 2 | 30hrs, of which 7.5hrs direct lecture time (lectures). | | |
| | | Total ECTS Credits | 30 | | | |

Table 4: University of Zagreb ECTS Information Package

Institution: University of Bremen Completed by: Claudia Pischke, Berit Steenbock (Leibniz-Institute for Prevention Research and Epidemiology – BIPS)

| | Course Name | Study Program | ECTS Credits | Hours of Learning (PER CREDIT) |
|---|--|---|-----------------|---|
| 1 | Health promotion and prevention in communities | M.A. Public Health: Health Promotion and Prevention | 9 | 30hrs, of which 6.2hrs direct lecture time (seminar) |
| 2 | Evidence base in health promotion and prevention | M.A. Public Health: Health Promotion and Prevention | 9 | 30hrs, of which 6.2hrs direct lecture time (seminar) |
| 3 | Evidence base in community and family health nursing | M.Sc. Community and Family Health Nursing | 9 | 30hrs, of which 6.2hrs direct lecture time (seminar) |
| 4 | Health promotion and ethics in community and family health nursing | M.Sc. Community and Family Health Nursing | 9 | 30hrs, of which 6.2hrs direct lecture time (seminar) |
| | | Total ECTS Credits | 36 | |

Table 5: University of Bremen ECTS Information Package

| | Institution: Vilnius University. Completed by: Laima Bulotaite | | | | | |
|---|--|---|-----------------|---|--|--|
| | Course Name | Study Program | ECTS Credits | Hours of Learning (PER CREDIT) | | |
| 1 | Health promotion and prevention | Masters program in psychology: Health psychology branch | 5 | 27hrs, of which 9.6hrs direct lecture time (lectures+seminars) | | |
| 2 | Addiction psychology | Masters program in psychology: Health psychology branch | 6 | 26.7hrs, of which 7.7hrs direct lecture time (lectures+seminars) | | |
| 3 | Contemporary health psychology: theory and practice | Masters program in psychology: Health psychology branch | 7 | 30.3hrs, of which 9.1hrs direct lecture time (lectures+seminars) | | |
| 4 | Health psychology | Bachelor program in psychology | 5 | 27hrs, of which 9.2hrs direct lecture time (lectures+seminars) | | |
| | Total ECTS Credits 23 | | | | | |

Table 6: Vilnius University ECTS Information Package

| ı | nstitution: Oxford I | Brookes University. Co | mpleted b | y: David Foxcroft | | |
|---|--|---|-----------------|--|--|--|
| | Course Name | Study Program | ECTS Credits | Hours of Learning (PER CREDIT) | | |
| 1 | Evidence Based Prevention | Masters in Public Health | 10 | 20hrs, of which 2.4hrs direct lecture time (lectures) | | |
| 2 | Evidence Based Social Interventions | Masters in child, young people and family wellbeing | 10 | 20hrs, of which none are direct lecture time | | |
| 3 | Substance misuse | Masters in child, young people and family wellbeing | 10 | 20hrs, of which none are direct lecture time | | |
| | Total ECTS Credits 30 | | | | | |

Table 7: Oxford Brookes University ECTS Information Package

5.1.1 Level of Courses

Out of these courses, four form part of undergraduate study programs, one forms part of a doctoral program while the remaining twenty (80% of the courses) form part of graduate or Masters programs.

5.1.2 Language

Out of the 25 courses, 8 courses are taught in English (all five courses presented in the Karolinska Institute information package and all three courses presented in the Oxford Brookes University information package). Two out of the nine courses presented in the University of Zagreb's information package can be partly taught in English, in order to accommodate foreign students. The remaining 15 courses (60% of the courses) are taught in languages other than English (7 in Croatian, 4 in German and 4 in Lithuanian).

5.1.3 Course Type

Eleven of the courses included in the information packages are offered as 'full time taught' courses and another 11 were described as 'full time taught and research' courses. Only the three courses presented in the Oxford Brookes University information package offer flexibility: one is offered as 'full time taught' or 'part time (day, taught)' while the other two are distance learning courses that can be pursued full time or part time.

5.1.4 Methods of Teaching

Since information on the methods of teaching employed was not readily available for three of the courses presented in the Karolinska Institute information package, the methods of teaching of the remaining 22 courses were reviewed. Out of the 22 courses, 21 courses (95.45%) involved a degree of independent study, preparation for exams/seminars and/or independent online learning. 16 courses (72.73%) involved lectures, 12 courses (54.55%) included a degree of group learning and 12 courses (54.55%) incorporated seminars. 4 courses (18.18%) listed a project as a method of teaching and 4 courses (18.18%) included essay writing. The following methods of teaching were only listed once: tutorials, public discussion, fieldwork.

5.1.5 Hours of Learning

Information on the hours of learning was not available for three of the courses presented in the Karolinska Institute information package; the hours of learning of the remaining 22 courses were reviewed. A summary of the total hours of learning per credit, as well as the hours of direct lecture time per credit, is included in Tables 3 to 7 for each course. The lowest number of total hours of learning was 20 hours per credit in the case of all three courses included in the Oxford Brookes University Information Package. The greatest number of total hours of learning was 30.3 hours per credit in the case of the 'Contemporary health psychology: theory and practice' course included in the Vilnius University information package.

For the purposes of this exercise, direct lecture time was considered to consist of lectures and/or seminars only. All the other modes of learning were considered to be indirect learning hours. Two of the courses included in the Oxford Brookes University information package: 'Evidence based social interventions' and 'Substance misuse' included no direct lecture time. The greatest number of hours of direct lecture time were 12.9 hours per credit for the Karolinska Institute course: 'Methods for outcome evaluation of public health interventions - theories and principles. The 7.5 credit ECTS course includes 57.5 hours of lectures and 39 hours of seminars.

5.1.6 Methods of Assessment

Information on the methods of assessment was not available for three of the courses presented in the Karolinska Institute information package; the methods of assessment of the remaining 22 courses were reviewed.

Only 3 out of the 22 courses employ a single method of assessment. All three courses are part of the University of Zagreb information package; for 2 of them the method of assessment is a written exam and for the other course the method of assessment involves the writing up of two essays. All the other 19 courses included in the information packages employ multi-modal methods of assessment.

The most common components were found to be:

- written exams (component of the method of assessment of 13 out of the 22 courses)
- presentations (component of the method of assessment of 11 out of the 22 courses)
- seminar papers (component of the method of assessment of 9 out of the 22 courses)
- assignments (component of the method of assessment of 7 out of the 22 courses)

Other methods of assessment employed are oral exams, analysis tasks, class work, essays, oral and written exercises, project proposals, case studies, workshops and projects.

5.1.7 Textbooks

Karolinska Institute

The courses presented in the Karolinska Institute information package listed a mix of textbooks and journal articles, some of which may vary from year to year. All textbooks and articles listed are in English.

University of Zagreb

The required literature consists mainly of journal articles in Croatian with some journal articles in English. The optional literature includes journal articles in English and Croatian.

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University of Bremen

No required literature was listed for any of the courses presented in University of Bremen information package. Optional literature includes books in English and journal articles in German.

Vilnius University

The literature for the courses presented in the Vilnius University information package includes books in English and other literature in Lithuanian.

Oxford Brookes University

No textbooks were specified for the courses included in the Oxford Brookes University information package.

5.2 STEP 2: External Peer Review, essential Knowledge and Skills for a Prevention Scientist (Task 9.2)

Table 8 outlines the essential knowledge and skills required by a prevention scientist which were collected in Step 2 using the Moderation Method and SWOT analysis. This list was drawn up during the F2F meeting with participating institutions held in Gyor, Hungary on Monday 20th April 2015.

The data collected in fact matched well with the domains and core competencies listed in Standards of knowledge for the science of prevention as defined by the Society for Prevention Research (2011). This document in fact listed three major domains in Prevention Science: epidemiology, intervention development, and research methodology (including design and statistical applications).²²

| Generic Skills | Specific Skills | Prevention Theory | Interventions (Development, Design and Evaluation) | Implementation and Monitoring |
|------------------------|--|--|--|--|
| Student General Skills | social inequality epidemiology biostatistics mixed methods design and measurement - evaluation of complex interventions health economics | theories of behaviour change integrate actual research findings | designing interventions (social inequalities) knowing target groups | setting up an intervention theme policies and guidelines - community mobilization/partnerships |

Table 8: Essential Knowledge and Skills for a Prevention Scientist collated in STEP 2

The tables outlining the knowledge and skills imparted by each course listed in the five ECTS information packages can be found in **Appendix 3**.

http://www.preventionresearch.org/Society%20for%20Prevention%20Research%20Standards%20of%20Knowledge.pdf

²² Society for Prevention Research (2011). Standards of knowledge for the science of prevention

5.3 Essential Knowledge and Skills for a Prevention Scientist

The tables outlining the knowledge and skills covered by each course included in the ECTS information packages (**Appendix 3**) were compared to **Table 8**, which outlines the essential knowledge and skills required by a prevention scientist. Since the twenty five courses presented in the ECTS information packages were quite heterogeneous in subject matter and content, this exercise was carried out to determine which required knowledge and skills, if any, are imparted by each course.

5.3.1 Generic Skills

Publishing skills are only covered by the 'Ethics in Prevention Research' course, which is present in the University of Zagreb information package. Project management is only covered by the 'Development and implementation of prevention programs' course, also present in the University of Zagreb information package. The other three generic skills (critical and scientific thinking skills, teamwork and networking and ethics) are covered by a good number of courses, including one or both of the two above mentioned University of Zagreb courses cover all the Generic Skills considered to be essential for a prevention scientist.

5.3.2 Specific Skills

The six specific skills identified as essential for a prevention scientist are social inequality, epidemiology, biostatistics, mixed methods, design and measurement (evaluation of complex interventions) and health economics. Out of the these, biostatistics is the only specific skill that is not covered by any of the courses included in the information packages. Mixed methods are only covered by the 'Evidence base in health promotion and prevention' course included in the University of Bremen information package.

The remaining specific skills are covered by various courses. Together, the following three courses cover five out of the six specific skills essential for a prevention scientist (with the sixth specific skill, biostatistics, not covered by any course):

- 1. Evidence base in health promotion and prevention, University of Bremen
- 2. Prevention campaigns, University of Zagreb
- 3. Research in prevention, University of Zagreb

5.3.3 Prevention Theory

The essential learning outcomes that fall under prevention theory are theories of behaviour change and integration of actual research findings. Various courses cover each of these learning outcomes and the following three courses cover both:

- 1. Theories of prevention 2, University of Zagreb
- 2. Development and implementation of prevention programs, University of Zagreb
- 3. Prevention campaigns, University of Zagreb

5.3.4 Interventions (Development, Design and Evaluation)

The essential skills that fall under interventions are design interventions (social inequalities) and knowledge of target groups. Various courses cover each of these skills and the following seven courses cover both:

- 1. Health promotion and prevention in communities, University of Bremen
- 2. Health promotion and ethics in community and family health nursing, University of Bremen
- 3. Theories of prevention 2, University of Zagreb
- 4. Prevention campaigns, University of Zagreb
- 5. Prevention of internalized and externalized disorders, University of Zagreb
- 6. Evidence based prevention, Oxford Brookes University
- 7. Substance misuse, Oxford Brookes University

5.3.5 Implementation and Monitoring

The three learning outcomes that fall under implementation and monitoring are the setting up of an intervention theme, policies and guidelines and community mobilization/ partnerships. Various courses cover each of these learning outcomes and the following three courses cover both:

- 1. Prevention campaigns, University of Zagreb
- 2. Prevention of internalized and externalized disorders, University of Zagreb
- 3. Ethics in prevention research, University of Zagreb

5.4 STEP 2: SWOT Analysis (Task 9.2)

The following table displays the outcome of the SWOT analysis on the development of a pan-European prevention science framework. This exercise was carried out at the end of the F2F meeting with participating institutions held in Gyor, Hungary, April 2015.

| Strengths | Weaknesses | Opportunities | Threats |
|--|--|---|--|
| Overlap between courses | Weighting of ECTS seem to differ between institutions | Unmet need | Complex |
| Content in place | Language - not always English - cannot be understood by all | Opportunity for mobility | Barriers |
| Very doable | Resources differ | Internships in different countries | Administrative burden |
| Quality plan is complimentary to ECTS information package findings | Unbalanced mobility (students from other areas of Europe go to England but not vice versa) | Mobility for staff | Imbalance due to language skills |
| EXPAND (can be name of new Erasmus funded project to translate certain courses to English) | Digital infrastructure required for flexible learning courses | Discussions | Increased workload |
| | | Increase the number of courses taught in English | Finances |
| | | Funding from Erasmus for translations | Different education funding mechanisms |
| | | Summer schools | |
| | | Distance learning | |
| | | Learning technologists to take part of technical aspect of making content available for distance learning | |

Table 9 – F2F SWOT Analysis held in STEP 2

6. Discussion: development of a pan-European Prevention Science ECTS network (Task 9.3)

6.1 Level of courses included in the ECTS information packages

In its discussion on higher education in prevention science, the Quality Plan developed in WP6 focused on the knowledge, skills and competences that a prevention scientist should have at the doctoral level. However, focusing on courses offered at the doctoral level during the compilation of the ECTS information packages was not possible since in most EU educational institutions, Ph.D. study programs do not usually incorporate a significant number of taught courses but generally focus on the pursuing of a research project. On the other hand, most Masters level courses combine a taught element with a research project in varying proportions.

In fact, the great majority (80%) of the courses presented in the ECTS information packages are Masters level courses. Including a number of taught courses into Ph.D. programs in EU institutions, as is already done in some U.S. institutions, may be beneficial as a means of ensuring that Ph.D. students acquire up-to-date knowledge and skills as they work towards attainment of the Ph.D.

6.2 Hours of learning

The ECTS Users' Guide states that an estimated 25 to 30 hours of student workload is required per ECTS credit. All courses presented in four out of the five ECTS information packages are in line with this range of hours of learning per ECTS credit.

All three courses presented by the fifth institution, Oxford Brookes University, fall short of this range with an estimated 20 hours of student work per ECTS credit. This may be due to the differing weighting of ECTS in UK.²³ An evaluation of the process of course design at Oxford Brookes is recommended in order to identify a root cause, assess the impact and determine possible corrective actions.

6.3 Translation of courses to English

One of the principal aims of the SPAN project was to promote integration of prevention science education across Europe. For true integration and mobility, it is essential for the courses to be delivered in a language that can be understood by students hailing from all European countries. As discussed in the Quality Plan, this language must be English, which is naturally considered 'the mother tongue of science'. Out of the twenty five courses included in the information packages compiled, only eight are taught in English.

This is evidently one of the main barriers to the free movement of the remaining

²³ Quality Assurance Agency for Higher Education (2008). Higher education credit framework for England: guidance on academic credit arrangements in higher education in England, August 2008. http://www.universitiesuk.ac.uk/highereducation/Documents/2008/CIDG HE.pdf

seventeen courses from their mother institution to other institutions across Europe. The situation may be rectified through the translation of the content of selected courses to the English language.

6.3.1 Textbooks

For most of the courses included in the ECTS information packages, the required and optional literature consist of a mix of textbooks and journal articles. While some of the books and journal articles indicated are in English, others are in Croatian, German and Lithuanian. This presents a significant barrier to mobility of students and delivery of courses across institutions located in different countries. A possible solution is translation of key textbooks and journal articles to English, although this may be costly and impractical, especially if the textbook and journal article recommendations are frequently changed. Instead, suitable alternative English textbooks and journal articles may be identified.

6.4 Learning Flexibility

Only two out of the twenty five courses included in the information packages are offered as distance learning courses. Modifying the course structure so that courses can be taught flexibly is an essential element in the path towards integration of prevention science education across Europe.

Information and recommendations regarding this matter were obtained from the IT Services Unit²⁴ and the Faculty of Information and Communication Technology²⁵ at the University of Malta. Firstly, a Virtual Learning Environment is required. The way that material will be placed online and the sort of material used must be considered. There are various options, such as presentations and course notes supplemented by short video clips or recordings of entire lectures. It is essential to devise ways to make learning more interactive since students may not be following the course in real time. In addition, regular contact with students must be established without excessive burden on administrators and academics. An alternative to adapting courses so that they are taught exclusively virtually is the adoption of blending learning. This combines face-to-face instruction with online learning and offers a great deal of flexibility without completely doing away with the conventional way of teaching. Blended learning courses may be taught virtually over long periods while incorporating in-person intensive taught components at regular intervals, say once or twice a year over a week or two, during which time the students and academics involved convene at a particular institution or other suitable location.

6.4.1 Methods of Teaching

Most of the principal methods of teaching encountered in the ECTS information packages can easily be adapted to an online learning setup, particularly independent study, including preparation for exams and seminars and independent online learning as

²⁴ Mr. James Cilia, IT Services Deputy Director at the University of Malta

²⁵ Dr. Ing. Saviour Zammit, Senior Lecturer at the Faculty of ICT at the University of Malta

well as lectures and essay writing.

Methods of teaching requiring a greater degree of interaction, such as projects, group learning and seminars as well as the less common tutorials, public discussion and fieldwork are more difficult to adapt to a virtual learning scenario. These components can, however, be incorporated into the intensive learning sessions if a blended learning structure is adopted.

6.4.2 Methods of Assessment

Two of the most common methods of assessments used for the courses included in the ECTS information packages, assignments and seminar papers, lend themselves well to a virtual learning setup. The other two common methods of assessment, written exams and presentations, may be logistically and technically more challenging if courses are offered exclusively via an online learning platform. Their use is more feasible if a blended learning approach is adopted.

6.5 Essential Knowledge and Skills for a Prevention Scientist

The evaluation of the knowledge and skills tables revealed that all of the knowledge and skills identified as essential for a prevention scientist are covered by the five courses listed in **Table 10**, except for biostatistics, which is not covered by any of the courses listed in the ECTS information packages. It is therefore recommended that one or more suitable courses that tackle biostatistics are identified.

| | Course | Institution | No. of ECTS Credits |
|---|--|-------------------------|------------------------|
| 1 | Development and implementation of prevention | University of Zagreb | 4 |
| 2 | Prevention campaigns | University of Zagreb | 3 |
| 3 | Ethics in prevention research | University of Zagreb | 2 |
| 4 | Research in prevention | University of Zagreb | 2 |
| 5 | Evidence base in health promotion and prevention | University of Bremen | 9 |
| | Total N | lumber of ECTS Credits | 20 |

Table 10 - Courses covering essential knowledge and skills in Pan European Prevention Science ECTS framework (Deliverable 9.2)

All of the five courses listed in **Table 10** are only offered on a full time basis. The first four are taught in Croatian while the fifth course is taught in German. As discussed above, both of these factors make it very difficult for the courses to be followed by prevention science students hailing from other institutions. This reinforces the need to re-design courses to make them more flexible, in part by including a virtual learning element. In addition, consideration should be given to the translation of course content to English.

The courses listed in Table 10 fit in well with the progressive steps required in Prevention Science i.e.:

- conducting research to understand predictors of problem and positive developmental outcomes and understanding the epidemiology and natural history of the problem,
- developing interventions to motivate changes in individuals and environments, based on theories of human behavior and our understanding or mechanisms for behavior change,
- · testing the efficacy of these preventive interventions,
- testing the effectiveness of efficacious interventions in contexts under realistic delivery conditions.

Dissemination of research findings is the responsibility of prevention researchers. These steps are critical for accruing knowledge and assuring the quality of delivery of comprehensive prevention.

These steps also fit in with the components of the Intervention Model and Evaluation Model depicted below in **Figure 2**.

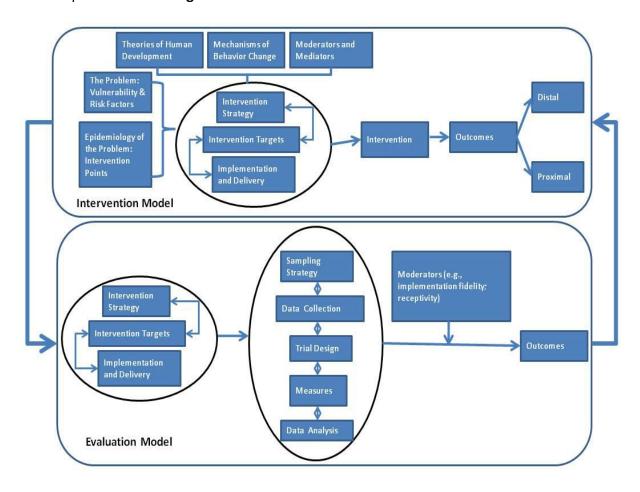


Figure 2: Components of the Intervention Model and Evaluation Model²⁶

Transdisciplinary teams with an array of expertise are required to address the complexity of the issues addressed by prevention science. This expertise includes understanding the aetiology of a range of problem behaviours; intervention development and practice expertise; knowledge of research design, sampling and data collection and analysis, as well as understanding program and policy implementation and analysis. Ethical practices guide all aspects of prevention research and associated practices and processes and a continuous feedback between theoretical and empirical investigations.

²⁶ Society for Prevention Research (2011). Standards of knowledge for the science of prevention. http://www.preventionresearch.org/Society%20for%20Prevention%20Research%20Standards%20of%20Knowledge.pdf

6.6 SWOT analysis

The results of the SWOT analysis proved to be very similar to other SWOT analysis carried out by other studies.²⁷ Considering all the evidence available on drivers and barriers to the inward and outward mobility of researchers, it is clear that a number of strong and obvious factors that help determine mobility flows, e.g. salary levels and the comparative quality of research communities and infrastructures, are complemented (or exacerbated) by a range of more subtle factors, often difficult to discern clearly because of the varying levels of transparency or opacity surrounding recruitment procedures. It appears, however, that many of the subtler factors hindering mobility are stronger or more prevalent in systems with weaker research capacities.

Why this is so is not immediately obvious, but one possibility is that the greater degree of openness and transparency associated with recruitment procedures in countries with strong research capacities (reflected in part by their greater propensity to advertise research positions internationally) makes it more difficult for subtle deterrents to mobility (e.g. conscious or unconscious xenophobia) to continue to exist. Policy efforts to increase transparency could thus have a positive influence on overall levels of mobility.

Monitoring can be managed in different ways through questionnaires, focus groups, or interviews, or by monitoring the results achieved. Whatever method is used, feedback from students, staff and where appropriate, stakeholders should constitute an essential element for checking and revising credit allocation. Data on completion times and the assessment results of programmes and their components should also be used. ²⁸

7. Recommendations for future work

The three tasks (9.1; 9.2 and 9.3) and two deliverables (9.1 and 9.2) carried out in WP9 are just the beginning of a complex chain of tasks needed to implement Pan European Prevention Science Education. Further work is needed to implement these recommendations such as the development of ECTS supporting documents. These would include items such as a course catalogue with general information on the host institution, resources and services, and information on programmes and on individual educational components. An agreed, correct transcript of records is also key to implement a Learning Agreement between institutions since it provides an official, binding commitment between the student, the sending institution, and the receiving institution/organisation/company on all the learning activities to be carried out.²⁹

In addition, further work needs to be carried out on possible work placements within such an ECTS Framework. The new EU Directive on mobility of professionals has

²⁷ Colucci, E.; Davies, H.; Korhonen, J.; Gaebel, M. (2012). Mobility: Closing the gap between policy and practice; European University Association, Brussels.

http://www.eua.be/Libraries/Publications_homepage_list/EUA_Maunimo.sflb.ashx p 27

European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/pubications/2015/ects-users-guide_en.pdf p 28

²⁹ European Commission (2015). ECTS Users' Guide. Luxembourg. Publications Office of the European Union, 2015. http://ec.europa.eu/education/library/pubications/2015/ects-users-guide en.pdf p 57

extended its scope to the recognition of work placements which are necessary to have access to a regulated profession. These can be undertaken in any EU/EEA member state, irrespective of where the qualification is delivered, and enjoy full recognition. Article 27 states that the 'recognition of a professional traineeship completed in another Member State should be based on a clear, written description of learning objectives and assigned tasks, to be determined by the trainee's supervisor in the host Member State.' Article 55a, in fact, requires Competent Authorities to 'publish guidelines on the organisation and recognition of professional traineeships carried out in another Member State or in a third country, in particular on the role of the supervisor of the traineeship.' Finally, the new Directive introduces common training frameworks based on 'common sets of knowledge, skills and competences' required in the systems of education and training applicable in at least one third of Member States. These curricula may be proposed by representative professional bodies operating at EU or national level, or by Competent Authorities. They are to be referenced to the European Qualifications Framework and are free to make full use of ECTS. EU Directive 2013/55/EU amends Directive 2005/36/EC on the recognition of professional qualifications.³⁰

Assessment methods also need to be further investigated in order to facilitate the organisation of credit mobility and its recognition, the three parties involved – the student, the sending institution and the receiving institution or organisation/enterprise – should agree on the programme abroad.

Further tasks would involve the development of EUROPASS Mobility: an instrument which validates periods spent learning, training and working abroad. It records the sending and receiving organisations, details of the framework programme if any, duration and dates, the objectives of the experience, competences and skills acquired.³¹

All this information should be formalized in a Learning Agreement, to be signed by the three parties before the start of the mobility period. The Learning Agreement is intended to give the student the confirmation that the credits he/she successfully achieves during the mobility period will be recognised. The Erasmus+ programme provides templates for the Learning Agreement for studies and for traineeships for institutions participating in the programme. It also provides guidance for institutions on how to use the templates, and sets out specific deadlines institutions need to comply with. The Diploma Supplement is designed to provide graduates with a transparent record of their achievements. Therefore, the educational components successfully completed abroad will be included in the Transcript of Records attached to the Diploma Supplement with their original titles (and their translation into the language(s) in which the Diploma Supplement is issued), the indication of the institution where they have been taken and the credits and grades awarded. In the case of work placements abroad, the transfer of credits will be documented in the Work Placement Certificate and the Diploma Supplement or Europass Mobility Document.

³¹ European Centre for the Development of Vocational Training (CEDEFOP) (2012). EUROPASS 2005-2020: achievements and prospects', CEDEFOP Briefing Note May 2012. www.cedefop.europa.eu/EN/Files/9069_en.pdf

³⁰ Directive of the European Parliament and of the Council (2005/36/ EC) of 7 September 2005 on the recognition of professional qualifications: http://eur-lex.europa.eu/legal-content/EN/TXT/ PDF/?uri=CELEX:02005L0036-20140117&from=EN

8. Conclusion

This WP9 has lead to the production of ECTS Information Packages which can used, in tandem with ECTS Helplines and the ECTS Counsellors programme, to quality assure the individual institutions learning provision against the ECTS framework (Deliverable 9.1) The implementation of a pan-European Prevention Science ECTS framework will assist in promoting improved progression and increased student mobility. This pan-European Prevention Science ECTS framework can now be used to provide students with a clear and transparent guide as to how various qualifications and qualification frameworks integrate with each other. (Deliverable 9.2)

WP9 tasks and deliverables have shown that In order to fully achieve the SPAN objectives i.e. a Pan European Prevention Science Education, it is necessary for individual institutions to invest in the development of prevention programmes and of the individual ECTSs being offered. It is envisaged that eventually a programme similar to that of the European Centre for Disease Prevention and Control ECDC (2014) can be developed.₃₂

WP9 has shown that this can be achieved if the following recommendations are followed i.e. by:

- linking programme activities with theoretical and research insights,
- defining programme activities on the basis of a comprehensive needs assessment,
- planning and conducting programme evaluations.³³

These recommendatons are akin to what is present in the US model, where *research* and evaluation have both been intergrated in order to specify principles of prevention established *prevention science*. This understands *research* as the process used to discover a set of principles or laws that have been replicated through systematic approaches. *Evaluation* is the research approach that specifically determines the level of effectiveness of an intervention strategy. This process relies on a set of empirically based theories, accepted terminology, standardised measurements, and agreed research designs and data-analysis methodologies.³⁴

Initially, one of the aims of SPAN was to create a standardized set of prevention science

³² European Centre for Disease Prevention and Control (ECDC) (2014). Curricular process guide for EPIET and EPIET-associated fellowships For use by fellows, coordinators and training site supervisors. Stockholm. http://ecdc.europa.eu/en/publications/Publications/EPIET-curricular-process-guide-2014.pdf

³³ Kranželić K, Ferić Šlehan M, Jerković D (2013). Prevention Science As A Base For Substance Abuse Prevention Planning – Lessons Learned For Improving The Prevention. Kriminologija Socijalna Integracija. Vol. 21 (2013) Br. 2, 1-164.

³⁴ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (1997). EMCDDA Scientific Monograph Series N° 2 Evaluating Drug Prevention in the European Union EMCDDA Scientific Monograph Series N° 2. Papers arising from the 'First European Conference on the Evaluation of Drug Prevention' held in Lisbon, Portugal, 12–14 March 1997 www.emcdda.europa.eu/attachements.cfm/att/44761_EN_Monograph2.pdf

courses to be delivered in different institutions across Europe as the taught moiety of a Master's level degree. Throughout this exercise, it became increasingly clear that this objective would be difficult to implement due to the great administrative burden involved and the varied procedures adopted by different institutions. Future work could include an assessment of the entry requirements for this Master's level degree. This means, for example, that a comparable Bachelor degree should be recognised for the purpose of consideration for admission to a Master's programme, independently of whether it is based on 180 or 240 ECTS credits.

While this is still a valid long-term goal, a great deal can be achieved in the shorter term through two main actions:

- translation of course content to English
- development of digital infrastructure.

The translation of course content to English will help to overcome the language barrier and will consequently lessen the issue of imbalanced mobility, whereby students from other areas of Europe traditionally choose to study in England but not vice versa. The redesign of courses to incorporate virtual learning together with the traditional face-to-face teaching should augment the opportunity for students to take up courses offered by different institutions across Europe. Particular consideration should be given to a setup which incorporates virtual learning together with one or two-week long intensive face-to-face teaching periods, such as summer schools. This will facilitate movement of both staff and students, who might otherwise not be able to relocate for prolonged periods due to work and other commitments. Both involve significant expense, including recruitment of professionals such as translators and learning technologists; therefore, sourcing of funding is essential.

The courses listed in **Table 10**, together with a suitable biostatistics course, are considered a suitable starting point for the implementation of the above actions since together, they cover all the knowledge and skills considered necessary for the formation of a prevention scientist.

SPAN partners and prevention scientists across Europe should thus investigate the possibility of further funding for this project. The Commission proposal for the next generation of funded programmes in the areas of education, training, youth and sport, provisionally named 'ERASMUS for All' is now available. Its aim is to align existing actions and programmes more closely with EU employment and growth strategies, as well as to streamline them under a single umbrella. In order to tighten its educational focus, the proposal coins the term 'learning mobility', which is likely to become standard usage. 'ERASMUS for All' would be very relevant to a Pan European Science Framework since it will also integrate international mobility (between EU and third countries) and transnational (intra-EU) mobility, a distinction that has hitherto been held in place by the dispersed management of the programmes in different Commission units and departments.

EU strategies for international research and higher education, announced for 2012 and 2013 respectively, can be expected to conceptualise this approach much further.³⁵ In this process it is key to establish the necessary competencies for Prevention Scientists using the ECTS templates developed and thus develop transferable European qualifications for prevention scientists in Europe. Further work needs to be undertaken on the use of knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development in the context of the EQF competence for prevention scientists.³⁶

In the Erasmus programme, several charters such as the Erasmus Charter for Higher Education (Institutional Commitment), the European Quality Charter for Mobility, the Erasmus Student Charter (European Code of Good Practice for Erasmus+ students) provide a framework for arranging credit mobility and recognition. Grade conversion and equivalence is also key. Establishing 'mobility windows' in prevention science curriculum will facilitate learning mobility. Mobility windows may be prescribed both in content and timing in the programme design or may allow flexibility in timing and in content for the individual student.

Independent learners joining a formal programme should receive appropriate counselling/advice to support them in complying with progression requirements. Where relevant, this counselling should include recognition of prior learning and experience. Flexible programme structures in prevention science would allow students' choice, including by incorporating possibilities to access new modes of learning and teaching. Following this exercise, it would be beneficial for institutions to re-examine the time allocated to each course, including time assigned to the different methods of learning, in order to work towards equal weighting of ECTS across all institutions. It would also be useful to define the different methods of learning so as to avoid confusion. One such example is use of the word 'seminar'. During discussions with partners it emerged that while in certain institutions this refers to a lecture given to a larger than average number of students, in other institutions it refers to contact time with a smaller than average number of students. This is even more so if joint programmes are to be developed. ^{37, 38}

These recommendations should assist in increasing student mobility while promoting integration of Prevention Science education across Europe, thus fulfilling the central objectives of the SPAN project. This would then allow the recognition of professional qualifications of prevention scientists as outlined in EU Directive 2013/55/EU amends Directive 2005/36/EC conversion into lifelong learning and continuing professional development. It would also address ERASMUS Mobility Quality Tools (EMQT) for

³⁵ Colucci, E.; Davies, H.; Korhonen, J.; Gaebel, M. (2012). Mobility: Closing the gap between policy and practice; European University Association, Brussels.

http://www.eua.be/Libraries/Publications homepage list/EUA Maunimo.sflb.ashx

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³⁷ European Approach for Quality Assurance of Joint Programmes (2013). Standards and guidelines for quality assurance in the European Higher Education Area. https://eqar.eu/projects/joint-programmes.html

³⁸ European Consortium for Accreditation in Higher Education (ECA). Portal on joint programmes of the European Consortium for Accreditation in Higher Education (ECA), co-funded by the EU Erasmus Mundus Programme. http://ecahe.eu/w/index.php/Portal:Joint_programmes

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Prevention Science students, which include guidelines on good practice in issues such as collaborative agreements, logistics, language preparation, orientation, reception of incoming students and recognition³⁹.

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³⁹ Erasmus Mobility. (2011) Erasmus Mobility Quality Tools. http://www.emqt.org/what-is-emqt.html

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10. Appendices

Appendix 1: ECTS Action Plan Template



Science for Prevention Academic Network (SPAN)
WP9 : ECTS Recognition and Award



ECTS Action Plan Template

Aim of this Action Plan Template

In the Erasmus Thematic Network, SPAN, the University of Malta is Work Package leader for WP9, which aims to produce a pan-European Prevention Science ECTS framework in order to promote improved progression and increased student mobility. This pan-European Prevention Science ECTS framework aims to provide students with a clear and transparent guide as to how various qualifications and qualification frameworks, across various EU institutions, integrate with each other. The objective of this work package is to implement the recommendations contained in the Quality Plan (WP 6), by encouraging institutions to develop their internal quality assurance procedures, create credit allocations for their programmes, or components, to validate them according to their national and/or institutional rules and to monitor the credit allocations to establish whether the estimated workload is realistic.

In order to develop the most relevant framework possible, we need your collaboration. We would be very grateful if you could provide some information about study programmes which are already offered by your institution. Within these study programmes, we require that you identify the courses/modules which, in your opinion, are essential for the proper formation of a prevention scientist. It is important to note that the courses/modules chosen do NOT need to belong to the same study programme but can be selected from various study programmes.

Select a number of courses/modules that, in total, if possible, sum up to 30 ECTS credits. Fill in the details of each course/module in the template provided below.

Thanking you for your co-operation

Janet Mifsud and Anne Marie Dimech







For the purpose of this template this Glossary of Terms may be useful in the compilation of the information requested.

Study unit/ECTS credit

This is the measure used to evaluate the amount of student work, whereby one ECTS credit is approximately equivalent to 25-30 hours of student work, of which around 7 hours are usually direct lecture time in the case of taught ECTSs.

Course/Module

This is a short syllabus, delivered over 1 or 2 semesters, which provides an x number of ECTS credits.

Programme

This is a series of courses or modules leading to an academic award, such as diploma, Bachelor, Masters, PhD.







<u>Section A – Programme of Study</u>

Note: In this section additional courses/modules and rows may be added as required

| Course/ Module | Title of Course/module | Period ⁴⁰ | ECTS Value | Title of Study Programme ⁴¹ |
|-------------------|---------------------------|----------------------|---------------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
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 $^{^{}m 40}$ Duration of study unit e.g. 1 semester, 2 semesters, or semester during which it is taught, as applicable

⁴¹ Title of the Study Program within which the Course/Module is originally taught





<u>Section B : Details about availability of each course/module in Section A</u> This section may be copied and repeated for each course/module listed in Section A

Course/module No:

| B1 | Proposed Title of Award | | |
|-----|---|---|---|
| В2 | Level | | |
| В3 | Area/s of Study | | |
| В4 | Initiating Department | | |
| B5 | Collaborating | | |
| כם | Department/Institution ⁴² (if any) | | |
| В6 | Servicing Department/s ⁴³ (if any) | | |
| A7 | Faculty/Institute/Centre | | |
| B8 | Mode of Attendance | ☐FT (Taught) ☐PT Day (Taught) ☐FT (Research) ☐FT (Taught & Research) ☐FT Dist Learn | ☐ PT after hours (Taught) ☐ PT (Research) ☐ PT (Taught & Res) ☐ PT Dist Learn |
| В9 | Duration in Semesters (include | | |
| Б9 | summer periods, if any) | | |
| B10 | Expected Student Numbers | | |
| | Maximum Student Numbers (if | | |
| B11 | applicable, please give reasons | | |
| | for capping) | | |



⁴² Refers to another entity with which the initiating department is formulating the programme.

⁴³ Servicing departments are those which provide the teaching of one or more study-units which fall outside the academic responsibility of the initiating or collaborating departments.





<u>Section C – Course/module Details</u>

<u>Section C</u> may be copied and filled in as many times as required, depending on the number of modules/courses selected

Course/module No:

| C.1.1 | Course/module Title | |
|-------|-------------------------|-----------------------------------|
| C.1.2 | Level | PG □07 □08 |
| C.1.3 | ECTS Credits | |
| C.1.4 | Course/module Type | |
| C.1.5 | Period of Study | Sem1 Sem2 Year Summer Period/Sem3 |
| C.1.6 | Department offering the | |
| | Course/module | |
| C.1.7 | Faculty Responsible | |

Course/module Details

| C.1.8 | Description of this course/module |
|-------|-----------------------------------|
| | |
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| C.1.9 | Course/module Aims |
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| | |
| | |







| | Learning Outcomes | | |
|--------|--|--------------------------|---------------------|
| C.1.10 | 1. Knowledge and Understar student will be able to: | nding: By the end of the | e course/module the |
| | 2. Skills (including transferab course/module the student v | _ | e end of the |
| C.1.11 | Teaching and Learning Meth | ods | |
| 0,1,11 | Method | Number of | Duration hours |
| | | Sessions | each |
| | Fieldwork | | |
| | Independent Study | | |
| | Lectures | | |
| | Placement | | |
| | Practical | | |
| | Project | | |
| | Seminar | | |
| | Tutorials | | |
| | Independent online | | |
| | learning | | |
| | Group learning | | |
| | Other (please specify) | | |
| | Total learning hours (FOR | | |
| | 1 ECTS credit: should | | |
| | amount to 25-30 hours, of | | |
| | which 7 hours are direct | | |
| | lecture time) | | |





| | Method of Assessment (when t comprises two or more compo | | |
|---------|--|---|-------------------------|
| | is to be clearly indicated) | | · |
| C.1.12 | Method | Duration in hours or length in words (as applicable) | Percentage weighting |
| | Assignment | аррисско | |
| | Analysis Task | | |
| | Case Study (take home) | | |
| | Case Study (exam | | |
| | conditions) | | |
| | Clinical Assessment | | |
| | Clinical Report | | |
| C.1.12 | Class work | | |
| (cont.) | Competencies | | |
| | Essay | | |
| | Examination | | |
| | Oral and Written Exercises | | |
| | Oral Examination | | |
| | Seminar Paper | | |
| | Placement | | |
| | Fieldwork | | |
| | Logbook | | |
| | Long Essay | | |
| | Portfolio | | |
| | Practical | | |
| | Presentation | | |
| | Project | | |
| | Reflective Diary | | |
| | Report | | |
| | Research Paper | | |
| | Transcription | | |
| | Workbook | | |







| | Other (please specify) | | |
|--------|---|--------|--|
| C.1.13 | Required Literature/Bibliogra | phy | |
| | Title | Author | |
| | | | |
| | | | |
| | | | |
| | | | |
| | • | | |
| | Optional Literature | | |
| | Title | Author | |
| | | | |
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Appendix 2: Spreadsheet of ECTS Information Packages

| ON councy | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Hou | Method of Assessment | Textbooks |
|-----------|--|--|-----------------------|----------|---------------------------------------|----------------------|---|---------------------------------------|--|------------------------------|---------------------|-----------|--|---|
| | Methods for outcome evaluation of Public Health interventions- Theories and principles | 7.5 (to be merged with course 2 in 2016 - total 10 ECTS credits) | Karolinska Institutet | EN | Master in Public Health/ Epidemiology | FT Taught and Resear | During the course, principles of epidemiologic study design and of scientific inference will be applied to the task of evaluating the outcome of public health interventions in several fields (e.g. infectious disease control programs, lifestyle modification, etc.). Leading track of the course will be an appraisal of the complexity of this evaluation, implying both systemic and individual changes, as well as both distal and proximal outcomes. Topics will include: goals of evaluation and types of evaluation questions in Public Health, related to the concepts of outcome, process, reach, impact and equity; design and analysis of studies of intervention outcomes, such as randomized controlled trials (individual- or cluster-based) controlled nonrandomized trial, pre-post comparisons, natural experiments, ecologic studies and other observational studies; the use of intermediate outcomes to understand how an intervention works; processes to be monitored in evaluating interventions in natural field conditions, such as adaptation and dissemination. | encompassing intervention evaluation. | 1. Formulate evaluation question(s) relevant to the outcome(s) of specific projects/types of intervention, 2. identify indicators and standards for the evaluation, 3. identify sources of information and type of data necessary to answer the evaluation question(s), 4. identify possible confounding factors when establishing the causal role of a given intervention on the projected outcome. | evaluation design and | 40hrs project, | 203 hrs | 33% 40hr assignment, 33% 3hrs oral & written exercises, 33% 15min presentation | Habicht JP, Victora CG, Vaughan JP Evaluation designs for adequacy, plausibility and probability of public health programme performance and impact. Int J Epidemiol. 1999;28:10; A framework for the development and evaluation of RCTs for complex interventions to improve health. London: Medical Research Council; 2000. + 5-8 articles per week that may vary from year to year. |

| Course No. | | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understandi ng | Learning Outcomes: Skills | Teaching Methods | Total Hours | Method of Assessment | Textbooks |
|------------|--|--|----------------------|----------|---------------------------------------|------------------------|---|--|--|---|---------------------|-------------|---|---|
| | National Applied Epidemiology 3: Outcome evaluation of public health interventions | 5 (to be merged with course 1 in 2016 - total 10 ECTS credits) | Karolinska Institute | EN | Master in Public Health/ Epidemiology | FT Taught and Research | Knowledge and skills acquired earlier will be applied to a concrete case of complex intervention in Public Health. The case can be any of the following: 1. a projected intervention proposed by the student, 2. an ongoing or completed intervention suggested by supervisors; 3. a simulated case. Examples of included areas of intervention will be: Infectious disease control; smoking prevention and cessation; prevention of alcohol misuse; promotion of physical activity; safety promotion and injury prevention; reproductive and sexual health; mental health. | course is to enhance practical skills in public health evaluation, by | given. | Propose an evaluation plan including methods of data collection and data analysis, relative to a public health intervention in a given area of prevention or health promotion; Motivate the choice of the proposed evaluation plan in the light of: level of inference, validity, level of decision making, and costs; 3.Outline a communication plan for the evaluation results under different scenarios; 4.Describe the possible scientific and policy implications of the evaluation results. | 72hrs project, | 126 hrs | 70% 2000 word essay, 30% 15 min presentation | Rychetnik L, Frommer M, Hawe P, Shiell A. Criteria for evaluating evidence on public health interventions. J Epidemiol Community Health. 2002;56(2):119-27; Schell SF, Luke DA, Schooley MW, Elliott MB, Herbers SH, Mueller NB, et al. Public health program capacity for sustainability: a new framework.Implement Sci. 2013;8:15; Victora CG, Habicht JP, Bryce J. Evidence-based public health: moving beyond randomized trials. American journal of public health. 2004;94(3):400-5. |

| ON COMPANY | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understandi ng | Learning Outcomes: Skills | Teaching Methods | | Total Hours | Method of Assessment | Textbooks |
|------------|--|------------|----------------------|----------|---------------------|-------------|---|--|--|---------------------------------|---------------------|-----------------|-----------------|-------------------------|--|
| | Dublic health intervention and implementation research | 7.5 | Karolinska Institute | EN | Doctoral Studies | FT Taught | As this course aims at giving doctoral students knowledge in theory, method and practice in the field of public health intervention and implementation research, the content focuses on the following themes: 1. Models and frameworks in intervention and implementation research 2. How to apply a theoretical perspective using relevant change theories 3. Intervention and implementation core components, barriers and facilitators 4. Appropriate study designs for process and outcome evaluation 5. Systematic and critical appraisal of published intervention and implementation studies 6. Dissemination of scientific results. The course is based on lectures in combination with seminars in order to promote a reflective, analytical and critical apprach towards this research field. The course will also use group assignments and group discussions to promote the students active participation in their learning process, as well as the ability to accomplish tasks both individually and in groups. All teaching activities aim at enhancing the student's ability to apply for example core concepts and theoretical frameworks, not the least ethical aspects, in an analytical and reflective practice and to apply this on the students own research projects. All teachers in the course are active researchers in the field of intervention and implementation research. | evaluation design 6. Design the implementation of an evidence-based programme or practice, and describe the evaluation design 7. Understand concepts of | See Aims. | No information. | | No information. | No information. | No information. | Intervention research: Developing social programs - Fraser MW, Richman, JM, Galinsky MJ, Day SH (2009); Dissemination and Implementation Research in Health: Translating Science to Practice - Brownson RC, Colditz GA, Proctor EK (2012); plus research articles. |

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Hours | Method of Assessment | Textbooks |
|------------|---|------------|----------------------|----------|--|------------------|---|------|---|--|---------------------|---------------------|-------------------------|--|
| 4 | Economic Evaluation of Health Care Programs | 7.5 | Karolinska Institute | EN | Master in Public Health/ Health economy, policy and management | aught and Resear | The course covers cost-effectiveness analysis, cost-utility analysis, cost-benefit analysis, costs, modelling, decision rules, willingness to pay for health improvements, practical applications and critical assessment of economic evaluation studies. | | evaluation; 2. to describe and compare basic cost concepts and methods for analysing uncertainty; 3.describe and compare methods for modelling and collection of data for economic evaluation; 3. to describe and | perform a basic economic evaluation; 2. select medical interventions according to the decision rules of cost-effectiveness analysis; 3. calculate costs and health | Missing inf | Missing information | Missing information | Methods for the economic evaluation of health care programmes - Drummond, Michael F. |

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Hours | Method of Assessment | Textbooks |
|------------|-------------------------------------|------------|----------------------|----------|---|----------------------|--|--|---|---|---------------------|---------------------|-------------------------|--|
| 5 | Advanced course in health economics | 5 | Karolinska Institute | EN | Master in Public Health / Health economy, policy and management | FT Taught and Resear | The course covers critical assessment of decision models, decision tree and Markov modelling by using a computer programme (TreeAge - each student will have a copy of the programme with a license during the course), including to structure the model, populate the model with data, analyse the cost-effectiveness, present and interpret the results of the uncertainty analysis. | understanding of practical and methodological issues related to different decision analytic modelling | To describe and compare different decision modelling approaches in economic evaluation. | Skills and abilities: 1. develop a decision model using a computer programme; 2. analyse the cost-effectiveness of a health care programme based on a decision modelling approach and by using a computer programme; 3. analyse and present the results of an economic evaluation based on decision tree and Markov modelling. Judgement and approach: 1. to critically appraise and review decision models for economic evaluation; 2. to reflect on the potential and limitations of modelling in economic evaluation and its role for different actors in society. | Missing information | Missing information | Missing information | Methods for the economic evaluation of health care programmes - Drummond, Michael F. |

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Hou | Method of Assessment | Textbooks |
|------------|--------------------------|------------|----------------------|---------------------------------|--|------------------------|---|---|--|---|--|-----------|---|--|
| 11 | Theories of Prevention 1 | 2 | University of Zagreb | Croatian | Undergraduate Study of social pedagogy | FT Taught and Research | Introductory course in prevention science covering themes about the historical development of prevention, definitions of prevention, terms of mental health promotion and prevention of mental and behavioural disorders as well as levels of prevention interventions and theoretical background of preventive concepts. | Familiarize students with the theoretical basics of preventing behavioral problems and risk behaviour of children and youth. | Use a recent terminology and conceptual definitions of prevention science. 2. Critically judge historical facts and concepts of prevention. 3. Select and defend arguments to advocate preventive practices and prevention research. 4. Demonstrate knowledge and understanding of different models of prevention. | 1. Connect levels and a continuum of risk with outcomes in child and youth behaviour. 2. Integrate lessons learned in the selection of prevention strategies, the level of prevention, models and prevention programs for children and youth in practice. 3. Critically assess the level to which individual prevention programs belong. 4. Integrate the various theoretical approaches underlying the understanding of the development of children and youth. | Independent study - 30hrs, Lectures - 20hrs, Practical - 8hrs, Group learning - 2hrs | 60 hours | 100% exam | Required literature: journal articles in Croatian. Optional literature: journal articles in English. |
| 2 | Theories of Prevention 2 | 9 | University of Zagreb | can be partly taught in English | Undergraduate Study of social pedagogy | FT Taught and Research | Covers themes about the theoretical concepts of prevention in different domains – family, school and community based prevention interventions. | To familiarize students with the theoretical basics of preventing behavioral problems and risk behaviour of children and youth with special accent on prevention in different domains – family, school and community. | Use a recent terminology and conceptual definitions of prevention science. 2. Understand the theoretical concepts underlying prevention interventions in different domains – family, school and community . 3. Demonstrate knowledge and understanding of different prevention strategies. | Integrate the various theoretical approaches underlying the understanding of prevention programs planning. Integrate lessons learned in the understanding of theoretical background of prevention interventions. | Independent study - 60hrs, Lectures - 30hrs, Practical - 15hrs, Seminar - 15hrs, Essay writing - 30hrs | 150 hours | 100% 2hr exam (also essay and presentation) | Required literature: journal articles in Croatian. Optional literature: journal articles in English and Croatian. |

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Hours | Method of Assessment | Textbooks |
|------------|--|------------|----------------------|----------|--|-------------|---|---|---|---|---|-------------|--|--|
| 3 | Prevention programs in family and school environment | 4 | University of Zagreb | Croatian | Undergraduate Study of social pedagogy | FT Taug | based prevention programs. The course is focused on characteristics | students' knowledge and skills in the field of family-based and school-based prevention programs and empower students for making decisions about implementation of specific prevention program, offered in | 1. Understand correlation between risk and protective factors in family and school environment and development outcomes for children and youth. 2. Explain characteristics of effective family-based and school-based prevention programs. 3. Explain different approaches implemented in family-based and school-based prevention programs. 4. Understand and explain implementation principles for prevention programs in family and school settings. 5. Recognize key components of community-school-family partnership. | Analyze effective family-based and school-based prevention programs according to effectivenes characteristics. 2. Analyze theoretical backgrounds of different prevention programs. 3. Plan improvements of implementation setting for family-based and school-based prevention programs. 4. Make decision about adoption and implementation of offered prevention programs. 5. Use communication skills in the process of establishing and maintainingschool-family partnership. | 30hrs, Seminar - 15hrs, Group learning - 15hrs, Essay | 100 hrs | 100% essay (10 hours for 2 essays - up to 5 pages each) | Required literature: journal articles in Croatian. Optional literature: journal articles in English and Croatian. |

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total | Method of Assessment | Textbooks |
|------------|---|------------|----------------------|---------------------------------|-----------------------------------|--------------------|---|--|--|--|---------------------|-------|--|---|
| 4 | Strategic Approaches to Preventive Interventions in the Community | 4 | University of Zagreb | can be partly taught in English | Graduate study of Social Pedagogy | FT Taught and Rese | Comprehensive prevention strategies, environmental preventive strategies, community sensibilization, community mobilization, coalition for the prevention, quantitative and qualitative methods of assessment of needs in the community, capacity development / planning to implement preventive strategy in the community, models of community, models of community organizing for prevention. | The development of students understanding of planning, developing, implementing and evaluating prevention strategies in the community. | 1. Demonstrate understanding of the concept of health communities. 2. Demonstrate understanding of comprehensive prevention strategies in the community. 3. Demonstrate understanding of models of community organization for prevention. 4. Connect the principles of comprehensive prevention in the community and the effectiveness of prevention effort. 5. Demonstrate an understanding of the basic principles and techniques of community mobilization. | Plan needs assessment in the community. Analyse the data obtained by assessment of community needs . | | 12 | 70% exam, 30% seminar paper (around 7 pages/ student - teamwork 3-4 students). | Required literature: journal articles in Croatian. Optional literature: journal articles in Croatian. |

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Hours | Method of Assessment | Textbooks |
|------------|---|------------|----------------------|----------|-----------------------------------|-------------|---|---|--|---|---|-------------|--|---|
| 5 | Development and implementation of prevention programs | 4 | University of Zagreb | Croatian | Graduate study of Social Pedagogy | FT Taug | and implementation of prevention programs. During the course students develop one program proposal in the group. Program | The course aim is to empower students for development and implementation of prevention programs in different settings according to high quality and effectiveness standards and principles. | according to science-based criteria. 2. Analyze and compare prevention programs with respect to prevention programs quality | Create the theory-based outcomes of the prevention programs. 2. Develop the logic framework of the prevention program. 3. Plan the outcome and process evaluation of the prevention programs. 4. Create the guidelines for prevention programs improvement according to results of evaluation. 5. Work in teams. 6. Use communication skill in the process of program development. | Independent study - 30hrs, Lectures - 30hrs, Project - 10hrs, Group learning - 30hrs. | 100 hrs | 65% exam (2hrs), 35% project proposal (10hrs, logframe model) | Required literature: journal articles in Croatian. Optional literature: journal articles in English and Croatian. |

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Hou | Method of Assessment | Textbooks |
|------------|----------------------|------------|----------------------|----------|-----------------------------------|--------------|--|--|---|---|--|-----------|-------------------------|---|
| 6 | Prevention Campaigns | 8 | University of Zagreb | Croatian | Graduate study of Social Pedagogy | t and Resean | social marketing concepts and approaches used in | Understand the theoretical and practical principles of designing preventive media campaigns. | 1. Understand theoretical concepts and approaches of social marketing. 2 Understand the historical development and elements of the media campaigns. 3. Distinguish and understand the elements of the process of needs assessment and analysis of the "market" in order to design prevention campaign. 4. Understand the elements of "media brief's". 5. Critically review the effects of the preventive campaigns. 6. Understand the principles of cooperation of social pedagogues in the process of designing preventive campaign. | in the prevention and promotion of mental health. 2. Evaluate the differences in the effectiveness of the strategy of using media in achieving behavior change. 3. Critically analyze prevention media campaigns. 4. Design and implement a research as a base for planning media campaign. 5. Investigate whether the existing public policies are favorable to launch media campaign. 6. Critically reflect on examples of Croatian and | study - 30hrs, Lectures - 15hrs, | | 100% exam (2hrs) | Required literature: journal articles in Croatian. Optional literature: journal articles in English and Croatian. |

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Hours | Method of Assessment | Textbooks |
|------------|---|------------|----------------------|----------|-----------------------------------|-------------|--|---|---|--|---|-------------|--|---|
| 7 | Prevention of internalized and externalized disorders | 8 | University of Zagreb | Croatian | Graduate study of Social Pedagogy | t and Res | Presents specific etiology and epidemiology of various internalized and externalized disorders with accents on evidence-based programs aimed at preventing depression, anxiety, suicide, eating disorders, violence, delinquency, drinking, drug abuse and risky sexual behaviour. | specifics of internalizing and externalizing behavior problems in | Demonstrate knowledge about the importance of targeted interventions for internalized and externalized behavior problems. 2. Understand and argue preventive strategy designed to reduce anxiety symptoms. 3.Understand and argue preventive strategy designed to reduce depressive symptoms. 4. Understand and argue preventive strategy designed to reduce suicidal symptoms. 5. Understand and argue preventive strategy designed to reduce bullying. 6. Understand and argue preventive strategy designed to reduce bullying. 6. Understand and argue preventive strategy designed to reduce delinquency. 7. Understand and argue preventive strategy designed to reduce drinking and abuse of alcohol and psychoactive substances. 8. Understand and argue preventive strategy designed to reduce risky sexual behavior. | evaluate different approaches in defining problems and behavioral disorders. 3. Evaluate the effects of the program of selective and indicated prevention of internalized individual or externalizing behavioral problems. 4. Create specific preventive interventions for internalized and externalized problems on the basis of epidemiological research 5. Assess characteristics, complexity and connectivity internalizing and externalizing behaviors in the planning of preventive interventions. | Independent study - 30hrs, Lectures - 30hrs, Practical - 20hrs, Essay writing - 10hrs. | 90 hrs | 50% exam (2hrs), 50% 1 seminar paper | Required literature: journal articles in Croatian. Optional literature: journal articles in English. |

| ON CONTRACT | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Hours | Method of Assessment | Textbooks |
|-------------|-------------------------------|------------|----------------------|----------|-----------------------------------|------------------------|--|---|--|---|---|-------------|--|---|
| 8 | Ethics in Prevention Research | 2 | University of Zagreb | Croatian | Graduate study of Social Pedagogy | FT Taught and Research | Educate students on ethical principles of helping professions, addresses possible ethical dilemmas and challenges in prevention research and practice, with special accent on children and adolescent participants and their best interest and rights. | To develop competencies needed to recognize and solve ethical dilemmas in prevention research and practice in best possible manner. | Valorise professional responsibility and importance of ethical conducts in prevention practice and research. 2. Estimate which ethical principle needs to be implemented in preventive work and research, depending to the characteristics of users and situation. | Apply ethical principles in concrete examples and dilemmas. Critically appraise characteristics of ethical principles in specific care for users. 3. Draft a concrete proposal to solve ethical dilemmas and misconducts. | Independent study - 22hrs, Lectures - 12hrs, Practical - 10hrs, Seminar - 10hrs, Group learning - 6hrs. | 60 hrs | 10% analysis task, 10% case study, 50% exam, 30% seminar paper | Required literature- journal articles in English and Croatian. Journal article in English: Toward a Code of Ethics for Primary Prevention. The Journal of Primary Prevention, 13, 3, 173-182 Bloom, M. (1993). |
| c | Research in prevention | 2 | University of Zagreb | Croatian | Graduate study of Social Pedagogy | FT Taught and Research | Research methods and trends in prevention science which includes: knowledge about etiological and epidemiological studies, prevention interventions' effectiveness studies and studies of implementation quality, programs' efficiency and effectiveness and cost effectiveness studies. By the end of course they will be prepared for prevention research planning and conduction. | Aim of the course is to introduce students with research approaches and methods in a prevention science and practice. | Understand and argue prevention as science. 2. Demonstrate knowledge about etiologicalandepidemiological studies. 3. Demonstrate knowledge about effectiveness studies and studies of implementation quality. 4. Distinguish study of prevention programs' efficiency and study of program's effectiveness. 5. Demonstrate knowledge about cost effectiveness studies. 6. Compare the quality of conducted effectiveness studies and studies of implementation quality. | Critically evaluate examples of different prevention research. 2. Critically describe research trends in Croatia and world trends. 3. Demonstrate the application of conducted studies in prevention planning. 4. Prepare a research design of one prevention intervention. | Independent study - 30hrs, Lectures - 15hrs, Practical - 15hrs. | 60 hrs | 50% exam (2hrs), 50% 1 seminar paper | Required literature: journal articles in Croatian. Optional literature: journal articles in English. |

University of Bremen ECTS Information Package [Total ECTS Credits: 36]

| 1 Course No. | Course Title | 9 ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Ho | Method of Assessment | Textbooks |
|--------------|--|--------------|----------------------|----------|--|-------------|--|--|--|---|---|----------|---------------------------------|---|
| | Health promotion and prevention in communities | | University of Bremen | DE | M.A. Public Health – Health Promotion and Prevention | FT Taug | Obligatory module; Seminar (2 hours/week): Neighbourhood and health — theories, research approaches and empirical results; Seminar (2 hours/week): Health promotion in communities; Presence (in seminars): 56 hrs; Preparation time (before and after seminars): 112 hrs; Self-learning: 42 hrs; Exam preparation: 60 hrs | Students learn about the following topics: models and operationalization of neighbourhood and environment; theoretical and epidemiological concepts of social capital (Putnam, Bourdieu), socioeconomic deprivation, social heredity, obesogenic environment; health-related indicators for living environment/neighbourhood and assessments; empirical studies, systematic evidence regarding the influence of environment on health; principles, target groups, strategies and aims of health promotion in communities; methods of health promotion in communities; of planning and implementation of health promotion programmes and innovative approaches. | the student will: 1. know | By the end of the course/module the student will be able to: critically appraise national and international projects; conceptualize and design own projects in the community setting (including an evaluation). | for seminar (before and after), 42hrs self learning, 60hrs exam | 270 hrs | (30mins), 100% Seminar paper | No required literature. Optional literature: Process of Community Health Education and Promotion - Doyle, E. I. , Ward, S. E., Oomen- Early, J. (2009); Health Promotion Programs - From Theory to Practice - Fertman, C. I., Allensworth, D.D. (2010); Neighborhoods and health - Kawachi, I. & Berkman, L. F. (2003); Obesogenic environments: Complexities, perceptions and objective measures - Lake, A. A., Townshend, T. & Alvanides, S. (Eds.) (2010) + 1 article in German. |

| Course No. | Course Title | ECTS Value | Institution | Langnage | ogram Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Fotal Hours | Method of Assessment | Textbooks |
|------------|--|------------|-------------------------------|----------|--|-------------|---|--|---|--|--|-------------|---|---|
| Course | Evidence base in health promotion and prevention | 9 ECTS Va | University of Bremen Institut | DE Langu | M.A. Public Health – Health Promotion and Prevention Study Program Title | FT Taught | (2 hours/week): Evidence base in health promotion and prevention; Journal club (2 hours/week); Presence: 56 hrs; Preparation (before and after seminar & journal | and health promotion interventions: evaluation and appraisal; population-level; small long-term effects; | By the end of the course/module the student will be able to: 1. know characteristics of interventions/programs in Public Health/Health Promotion; 2. know the most important indicators for success in health promotion programs; 3. know different designs and methods for evaluation (including appraisal of strengths and limitations); 4. know quality criteria and standards in the evaluation of health promotion | By the end of the course/module the student will be able to: 1. assess the suitability, strengths and limitations of evaluation designs and methods; 2. critically assess studies and their results; 3. understand approaches of | 56hrs seminar, 112hrs (before and after seminar & journal club), 42hrs self | Total | 100% Oral exam (30mins), 100% Seminar paper (20 pages), 100% | No required literature. Optional literature: Evidence-based Public Health - Gerhardus, A., Breckenkamp, J., Razum, O., Schmacke, N. & Wenzel, H. (Hrsg.) (2010); Global Perspectives On Health Promotion Effectiveness - McQueen DV and Jones CM (eds). (2007); + other journal articles in German. |
| | | | | | | | | approaches; participatory evaluation; complex intervention designs, evaluation of complex interventions; multilevel-analyses; quality and evidence; reviews and meta-analyses and; criteria and recommendations (e.g., TREND, STROBE). | | reviews | | | | |

University of Bremen ECTS Information Package [Total ECTS Credits: 36] (continued)

| Course No. | Course Title | ECTS Value | Institution | Language | Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and | Learning Outcomes: Skills | Teaching Methods | Total Hours | Method of Assessment | Textbooks |
|------------|--|------------|----------------------|----------|---|-------------|---|---|--|---|--|-------------|---|--|
| 0 | | | | | Study | | | | Understanding | | | | | |
| E | Evidence base in community and family health nursing | 6 | University of Bremen | DE | M.Sc. Community and Family Health Nursing | FT Taug | Seminar (2 hours/week): Assessment and evidence based interventions in community and family health nursing; Seminar (2 hours/week): Quality management of networks; Presence: 56 hrs; Preparation (before and after the seminars): 112 hrs; Self-learning: 42 hrs; Exam preparation: 60 hrs | implementation and evaluation; examples for nursing processes in communities and families; quality management: Approaches for quality | | family-level; 2. develop concepts regarding | 112hrs prep for seminar (before and after), 42hrs self learning, 60hrs exam preparation. | 70 | (30mins), 100% Seminar paper (20 pages), 100% Presentation (30- 45mins) | No required literature. Optional literature: Public Health Nursing — Population-Centered Health Care in the Community - Stanhope, M., & Lancaster, J.(2012); Community as client: assessment and analysis - Shuster, G.F. in Stanhope, M., & Lancaster, J. (2012); Quality Management - Stanhope, M. in Stanhope, M., & Lancaster, J.(2012). |

University of Bremen ECTS Information Package [Total ECTS Credits: 36] (continued)

| ON opinion | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | ~ | Method of Assessment | Textbooks |
|------------|--|------------|----------------------|----------|--|-------------|---|--|--|--|--|---|---|---|
| | Health promotion and ethics in community and family health nursing | 6 | University of Bremen | DE | M.Sc. Community and Family Health Nursing St | н | family health nursing; Seminar (2 hours/week): Health promotion and prevention in vulnerable groups; Presence: 56 hrs; Preparation(bef ore and after the seminars): 112 hrs; Self- | reflection (with a focus on the individual but also on organizational aspects as well as social and political aspects); | course/module the student will have: 1. intensified knowledge about basic ethical positions, especially regarding concepts of ethics in nursing, to deal with complex problems in the health care and social system; 2.a critical understanding of the origins of social disparities; 3. a detailed understanding regarding disparities in care in different | be able to make valid decisions; 2. analyse ethical issues in ambulant care and develop | 56hrs seminar, 112hrs prep for seminar (before and after), 42hrs self learning, 60hrs exam preparation. | 0 | 100% oral exam, 100% seminar paper and 100% | No required literature. Optional literature: Quality Management - Stanhope, M. in Stanhope, M., & Lancaster, J.(2012) + journal articles in German. |

Vilnius University ECTS Information Package [Total ECTS Credits: 23]

| Course No. | Course Title | ECTS Value | Institution | Language | Title | Туре | Description | Aims | Learning | Learning | Teaching | urs | Method of | Textbooks |
|------------|---|------------|--------------------|-----------|--|--------|--|---------------------------|------------------------|---|-------------|-------|-------------------|--|
| 9 | e_ | Š | Ħ | 2 | - | E | | | Outcomes: | Outcomes: Skills | Methods | 훈 | Assessment | |
| ΙŞ | 2 | 3 | ŧ | 듩 | 퉏 | 2 | | | Knowledge and | | | æ | | |
| ပိ | S | 낊 | 드 | -1 | Program | Course | | | Understanding | | | Total | | |
| 1 | - | | ı | ı | | • | | | | | | _ | | |
| 1 | I | | ı | ı | tudy | | | | | | | | | |
| \perp | | | | | | | | | | | | | | |
| 1 | ou | 5 | Vilnius University | an | branch. | ght | 1. WHO policy on health promotion and | Familiarize with the | Knowledge of the | 1. Ability to analyse and | Independent | hrs | 2hrs assignment | 1. Health promotion |
| 1 | prevention | | e | ithuanian | 듄 | æ | illness prevention. 2. Health promotion | modern health | modern health | assess the need for | study - | 35 | (no % weighting), | Health promotion throughout the life span. 2010. St. Louis: Mosby |
| 1 | š | | 鱼 | Ę. | ā | - | and illnesses prevention concept, | promotion and | promotion and | individual, group and | 87hrs, | 1 | I | |
| 1 | ď | | 2 | = | 80 | | strategies and models. Health promotion | prevention concept, | prevention theories, | society health promotion | Lectures - | | (activity during | Elsevier - Ed. Carole |
| 1 | E S | | 를 | ı | 줟 | | during different age periods. Ethic | health promotion and | models and | and disease prevention. | 32hrs, | | seminars), 80% | Lium Edelman, Carol |
| 1 | Ë | | 5 | ı | 35 | | problems of prevention. 3. Prevention | prevention models and | possibilities of their | 2. Ability to create and | Seminar - | | 1hr exam, 10% | Lynn Mandle. 2. Global |
| 1 | 픃 | | ı | ı | e. | | planning models: Ecological, PRECEDE- | methods as well as | application in | implement the modern | 16hrs. | | 30 min | action plan for the |
| 1 | Ě | | ı | ı | 픑 | | PROCEED, Haddon matrix, etc. 4. Health | application possibilities | practice. | health promotion and | | | presentation. | prevention and control |
| 1 | bud | | ı | ı | 포 | | promotion and illness prevention | and perspectives. | | prevention programmes. | | | | of noncommunicable |
| 1 | 듇 | | ı | ı | 8 | | objectives, tasks and used methods in | | | 3. Ability to perform | | | | diseases |
| 1 | Health promotion and | | ı | ı | program in psychology: Health psychology | | different levels: individual, community, | | | consultations for | | | | 2013–2020 - WHO. 3. |
| 1 | _ | | ı | ı | Ę | | society. 5. Health promotion and illness | | | individuals and | | | | Health promotion and |
| 1 | I | | ı | ı | 8 | | prevention in the workplace - the new | | | organizations on the | | | | aging :practical |
| 1 | I | | ı | ı | = | | public health strategy. 6. Modern | | | issues of health promotion and | | | | applications for health |
| 1 | I | | ı | ı | Ē | | approach to mental health promotion, | | | | | | | professionals.2010. New |
| 1 | I | | ı | ı | 8 | | mental illness prevention. Mental health | | | prevention. 4. Ability to | | | | York: Springer Publishing |
| 1 | I | | ı | ı | ā | | concept changes. Objectivity and subjectivity problems in assessment of | | | analyse the scientific literature on the topics of | | | | Company-D. Haber. 4. European Pact for |
| 1 | I | | ı | ı | æ | | mental health. 7. EU mental health | | | the health promotion | | | | Mental Health and |
| 1 | I | | ı | ı | Masters | | strategy. Common actions in the | | | and prevention, to plan | | | | Wellbeing, 2008 + other |
| 1 | I | | ı | ı | 2 | | promotion of mental health in the EU | | | and complete the | | | | texts in Lithuanian. |
| 1 | I | | ı | ı | | | countries Five priority mental health | | | scientific research in this | | | | texts in curdanian. |
| 1 | I | | ı | ı | | | promotion directions. 8. Psychological | | | area. | | | | |
| 1 | I | | ı | ı | | | consultations on health promotion and | | | | | | | |
| 1 | I | | ı | ı | | | illness prevention. Assessment of the | | | | | | | |
| 1 | I | | ı | ı | | | health-related behaviour, motivation to | | | | | | | |
| 1 | I | | ı | ı | | | change the behaviour and assistance in | | | | | | | |
| 1 | I | | ı | ı | | | changing it. 9. Specialised health | | | | | | | |
| 1 | | - | ı | ı | | | promotion and illness prevention | | | | | | | |
| | | | I | ı | | | programmes. Psychologist's work in a | | | | | | | |
| | | | I | ı | | | specialist team. | | | | | | | |
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Vilnius University ECTS Information Package [Total ECTS Credits: 23] (continued)

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understandi ng | Learning Outcomes: Skills | Teaching Methods | | Method of Assessment | Textbooks |
|------------|----------------------|------------|--------------------|------------|--|-------------|---|---|---|---|---------------------|---------|--|--|
| 2 | Addiction psychology | 9 | Vilnius University | Lithuanian | Masters program in psychology: Health psychology branch. | Taught | Addiction stages. 7. Co-dependent. The addict's | modern approach to drug use and addiction as well as the main solution principles of this problem: decreasing the supply, harm and demand. treatment and prevention possibilities. 2. Ability to analyse and interpret the drug use scope data. Identification, analysis and assessment of different drug use | the contemporary theories of drug use and viewpoints of this behaviour, ability to recognize different viewpoints, assessment of drug policy of different countries, different treatment and prevention programmes. | 1. Ability to analyse the drug use prevalence situation in the community, identify the primary, secondary and tertiary prevention need (and possibilities) and creation of an action plan. 2. Ability to participate in theoretical discussions on the issues of drugs using the correct and appropriate terminology. Ability to integrate the subject-specific and speciality knowledge during the discussions on addictions. 3. Ability to analyse the scientific literature on the topics of addiction psychology, to complete the scientific research in this area. | | 160 hrs | 2hrs assignment (no % weighting); 10% classwork (activity during seminars), 70% 1hr exam, 20% 30 min presentation. | 1. Annual report: the state of the drug problem in Europe. European Monitoring Centre for Drugs and Drug Addiction (Published annually) - EMCDDA. 2. Handbook of Addictive Disorders. A practical guide to diagnosis and treatment. USA, John Wiley &Sons, Inc., 2004 - Ed. By R.H. Coombs. 3. Preventing Drug Use among Children and Adolescents. A research-based guide. Second ed., NIH publication. 2003 - NIDA. 4. The new EU drugs strategy (2013–20) EMCDDA + other literature in Lithuanian. |

Vilnius University ECTS Information Package [Total ECTS Credits: 23] (continued)

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Type | Description | Aims | Learning Outcomes: | Learning Outcomes: Skills | Teaching Methods | Hours | Method of Assessment | Textbooks |
|------------|--|------------|-------------|------------|---------------------|--------|--|-------------------------|------------------------|------------------------------|---------------------|-------|-------------------------|---------------------------|
| 1 5 | LS | TS | sti | au | au | rse | | | Knowledge and | | | | | |
| ုပ | 8 | 낊 | 프 | - | ogı | Course | | | Understanding | | | Total | | |
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| c | ej. | 7 | University | Lithuanian | branch. | 0.0 | 1. The aim and tasks of the contemporary health | To provide with | 1. Knowledge of | 1. Ability to critically | Independent | hrs | | 1. Handbook of clinical |
| | 듗 | | ers | an | e e | anî | psychology, its relations with other fields of | advanced knowledge | biopsychosocial model | analyse and discuss | study - | 12 | 20% - 1000 word | health psychology. 3 |
| | bra | | <u>-</u> | ᇎ | lq / | - | psychology and biomedical disciplines. 2. The | of and discuss the | of health and disease; | the studies and | 132hrs, | 21 | seminar paper, | volumes, 2004 - Ed. |
| | 밀 | | S U | 5 | 8 | | overview of health services and health policy in | biopsychosocial model | 2. Understanding of | researches in | Lectures - | | 30% - 2500 word | Raczynski J.M 2. Health |
| | Contemporary health psychology: theory and practice. | | Vilnius | | psychology | | Lithuania. The role of psychology in the health | of health and disease; | psychosocial aspects | contemporary health | 32hrs, | | presentation, | psychology in practice, |
| | Š | | ⋝ | | 3ýC | | services and public health. 3. The psychosocial | to analyse the | of physical illnesses | psychology; 2. | Practical - | | 10% - 8hr | 2004 - Eds. S.Michie, C. |
| | Ĕ. | | | | ğ | | aspects of the somatic diseases and physical | psychosocial aspects of | and somatic | Applying psychological | 16hrs, | | workshop. | Abraham. 3. Health |
| | | | | | psychology: Health | | conditions. Living with chronic conditions. Disability | the somatic illnesses | conditions; 3. | knowledge in practical | Seminar - | | | psychology: and |
| | 9 | | | | He | | and rehabilitation. 4. Pediatric psychology. | and diseases, and | Understanding of | work with patients, | 32hrs | | | introduction to behavior |
| | ğ | | | | ÷ | | Children's diseases. Family contexts. 5. The stress, | chronic conditions; to | main functions and | equally working in | | | | and health, 5th ed., 2004 |
| | psy | | | | <u>o</u> | | coping and disease. Pain and its management. | teach the modern | professional areas and | team with medical | | | | Brannon L., Feist J. + |
| | £ | | | | 용 | | Relaxation, biofeedback and other mehods for | theories and | activities of health | staff. | | | | other literature i |
| | ea | | | | S | | effecive pain management, stress coping and | approaches of clinical | (medicine) | | | | | Lithuanian. |
| | ۲ ۲ | | | | Ē. | | improving health.6. Behaviour and medicine: the | health psychology; to | psychologists. | | | | | |
| | īg | | | | program in | | changing models of behaviour, health promotion. | introduce the main | | | | | | |
| | 요 | | | | 8 | | The context of consulting health issues: the health | functions and tasks of | | | | | | |
| | eπ | | | | 2 | | related beliefs, the doctor-patient relations, the | health psychologists in | | | | | | |
| | out | | | | | | hospitalisation, the medical procedures. Adherence | various medical | | | | | | |
| | Ö | | | | Masters | | to treatment. 7. The tasks, objectives, and ethical | settings. | | | | | | |
| | | | | | Ĕ | | aspects of psychological interventions. The | | | | | | | |
| | | | | | | | successful cooperation of medical team. 8. | | | | | | | |
| | | | | | | | Psychological aspects of health promotion. Social | | | | | | | |
| | | | | | | | marketing of health. | | | | | | | |
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Vilnius University ECTS Information Package [Total ECTS Credits: 23] (continued)

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Ho | Method of Assessment | Textbooks |
|------------|-------------------|------------|--------------------|------------|---------------------------------|-------------|--|---|---|--|---|----------|--|---|
| 4 | Health psychology | S | Vilnius University | Lithuanian | Bachelor program in psychology. | Taug | 1. Historical overview and current theories and approaches in health psychology. Epidemiology of health and illness: causes of mortality/morbidity, behavioral epidemiology, bio-statistics. 2. Norm and pathology, health and disease concepts, criteria of mental health. 3. Health related behavior: theoretical models, protective/promotive behavior, behavioral risk factors, socio-cultural factors. 4.Health-related cognitions. Efficacy and control beliefs. Attributions. Health beliefs. Symptom perception. Perceptions of risk. 5. Stress, health and illness. Models of stress. Stress management. 6. Social support. Coping. Models of coping. 7. Health promotion/prevention. Social marceting in health promotion. Primary, secondary and tertiary prevention. 8. Research methods in health psychology. | context and perspectives in health psychology. 2. Introduction to current theories and approaches in health psychology. 3. To discuss the biological mechanisms of health | disciplines: medical sociology, medicine, behavior medicine, health policy, health economics, medical anthropology. 2. Knowledge of the process and outcome in illness. | Ability to analyze health-related behavior and design primary prevention actions or programs. Ability to analyze scientific literature on health psychology and do research in this field. | Independent study - 87hrs, Lectures - 32hrs, Project - 2hrs, Seminar - 14hrs. | 135 hrs | 2hrs assignment, 10% classwork (activity during seminars), 80% 1hr exam, 10% project (prevention project for the community of the faculty). | Health Psychology. Biopsychosocial Interactions. Sixth Ed.2008 - Sarafino E.P. 2. Health psychology: an introduction to behavior and health.2007 - Linda Brannon, Jess Feist. 3. Cambridge handbook of psychology, health and medicine.2007 - Ed. Susan Ayers + other literature in Lithuanian. |

Oxford Brookes University ECTS Information Package [Total ECTS Credits: 30]

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Hours | Method of Assessment | Textbooks |
|------------|---------------------------|------------|---------------------------|----------|--------------------------|-------------------------------|--|---|---|--|---|-------------|---|-----------------|
| | Evidence Based Prevention | 10 | Oxford Brookes University | EN | Masters in Public Health | FT (Taught) or PT (Day, Taugh | reading and syllabus orientation; Week 1: The burden of non- communicable diseases (NCDs); Week 2: Behavioural determinants of NCDs; Week 3: Prevention theories and frameworks; a critical perspective; Week 4: Developmental epidemiology and prevention; Week 5: Specification, development and evaluation of complex preventive interventions; Week 6: Focus on young people's alcohol and drug misuse: what works in prevention; Week 7: Cluster randomised trials of preventive interventions with behavioural endpoints; Week 8: Undertaking systematic reviews of prevention research studies; Week 9: Quality assessment of prevention research; Week 10: Quality frameworks for preventive interventions; Week 11: Leading and Implementing evidence | based prevention policy and practice. It is therefore crucial to strengthen the links between prevention science and public health practice. This module will cover the accumulated scientific knowledge from prevention research that has direct relevance to the development of prevention policy and practice at local, national and international levels. The three major goals of the course are to provide an objective analytical basis on which to build relevant policies, to inform practitioners who have responsibility for prevention programming and delivery in local communities, and to establish a basis for further research into prevention effectiveness. The course will appeal to those involved in public health preventive services, as well as those in the wider fields of public health, health policy, advocacy, social work, epidemiology, health and social care, teaching | and understood in a historical, cultural and societal context, including the burden of non-communicable diseases; 2. Identify and critically assess evidence on what works in preventing risky behaviours and non-communicable diseases; 3. Express and critically examine the psychological, social and policy factors and issues relating to non-communicable diseases and prevention in different cultures | strategic development, planning, delivery and evaluation of evidence-based working in the | Independent study - 120hrs, Lectures - 24hrs, Practical - 12hrs, Independent online learning - 44hrs. | 200 hrs | Assignment (2500 words) - 70%; Presentation (equiv. To 1000 words) - 30%. | None Specified. |

Oxford Brookes University ECTS Information Package [Total ECTS Credits: 30] (continued)

| Course No. | Course Title | ECTS Value | Institution | Language | dy Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | ⋾ | Method of Assessment | Textbooks |
|------------|-------------------------------------|------------|---------------------------|----------|---|--|---|--|--|--|--|----|---|-----------------|
| 2 | Evidence Based Social Interventions | 10 | Oxford Brookes University | EN | Masters in Child, Young people and Family Wellbeing Study | FT Distance Learning; PT Distance Learning | Students will be provided with a variety of learning materials, and signposted to a range of research output that will enable them to identify interventions. They will explore the different types of study designs used for evaluating evidence informed interventions, where these are best applied and the strengths/weaknesses of each. The acquired theory and skills are then applied to a variety of interventions across the developmental stages of children and families including: 1. Mental Health Interventions for Infants; 2. Parenting Interventions for Young Children (The Incredible Years); 3. Family Interventions (Strengthening Families for Primary Prevention of Alcohol Use in Children); 4. Family Interventions (Motivational Interviewing with Uncooperative or Hostile Families); 5. Cognitive Behavioural Treatment Interventions for Children & Young People. Individualised and applied learning is facilitated in the assessment where students focus on a childhood/adolescent problem encountered in their place of employment (or of interest to them), search the literature, identify and summarise the interventions which have been utilised, and critique the evidence and suitability for application of the interventions. | This module builds on the key concepts and theories, which students will have studied in the Building the Evidence module. It will ask students to explore the research literature on evidence-based and developmentally appropriate psychosocial interventions with children and adolescents, and to identify their strengths and limitations. It will also look at the role of cognitive-behavioural and other brief therapies in meeting identified need. | contexts and causes. 3. Identify and evaluate research into what works in reducing the contexts within which | 1. Develop critical, analytical and reflective skills for use in assessment, planning and decision making with troubled children and adolescents. 2. Demonstrate original and creative solutions to complex issues and problems. 3. Identify the core issues and the evidence base for resolving complex emotional and behavioural problems. | Independent study - 50hrs, Independent online learning - 80hrs, Group learning - 30hrs, Preparation for assessment - 40hrs. | 00 | Assignment (3000 words) - 90%; Analysis task (1 page - pro- forma) - 10%. | None Specified. |

Oxford Brookes University ECTS Information Package [Total ECTS Credits: 30] (continued)

| Course No. | Course Title | ECTS Value | Institution | Language | Study Program Title | Course Type | Description | Aims | Learning Outcomes: Knowledge and Understanding | Learning Outcomes: Skills | Teaching Methods | Total Hours | Method of Assessment | Textbooks |
|------------|------------------|------------|---------------------------|----------|---|--|--|---|--|--|--|-------------|---|-----------------|
| 3 | Substance Misuse | 10 | Oxford Brookes University | EN | Masters in Child, Young people and Family Wellbeing S | FT Distance Learning; PT Distance Learning | assess available evidence and policy and practice implications. The module will cover the following areas:- 1. What is substance misuse; 2. Epidemiology of substance misuse; 3. Psychological and social factors and substance misuse; 4. The experience of drug users and their lives; 5. Education and prevention; 6. | misuse policy and practice at local, national and international levels. The two major goals of the module are to provide an objective analytical basis on which to build relevant policies, and to inform practitioners who have direct responsibility for the health and social welfare of children, young people and families where substance misuse is a significant issue. The module will appeal to those involved in addiction science and substance misuse service development and delivery, as well | 1. Describe how substance misuse can be conceived and understood in a historical and societal context, including the extent of substance misuse. 2. Express and examine the psychological, social and policy factors and issues relating to substance misuse. 3. Identify and critically assess evidence on what works in preventing and intervening with young people and families in the context of substance misuse. 4. Recognise own beliefs and values, and how they influence the development, planning, delivery and evaluation of evidence-based working in the context of substance misuse. | 1. Build skills in research utilisation, in critical analysis of research and in exploring the applicability of research to work for children young people and family wellbeing in the context of substance misuse. 2. Develop ability to apply strategies to promote user involvement through exploration of children, young people and family experiences in the context of substance misuse. 3. Communicate complex concepts clearly and effectively, through the spoken and/or written word. 4. Communicate complex concepts clearly and effectively, through the spoken and/or written word. 5. Select and use appropriate academic skills (research, analysis, synthesis). | Independent study - 80hrs; Independent online learning - 40hrs; Group learning - 20hrs; Assessment preparation - 60hrs. | 00 h | Assignment (2500 words) - 70%; Analysis Task (500 words) - 30%. | None Specified. |

Appendix 3: Knowledge and Skills Tables Karolinska Institute Knowledge and Skills Table

| Course/Module Name | Learning Goals | | | | |
|--|---|---|--|---|---|
| | Generic Skills | Specific Skills | Prevention Theory | Interventions (Development, Design and Evaluation) | Implementation and Monitoring |
| Methods for outcome evaluation of Public Health interventions- | Critical thinking on causal inference | Study design for evaluation of complex interventions Principle of data analysis of field trials | Theory of causation in etiology and prevention | Intervention evaluation | Intermediary variables in evaluation |
| Applied Epidemiology 3: Outcome evaluation of public health interventions | Relation to committers and stakeholders Equity and ethical principles | Compilation of an evaluation protocol, instruments and process | _ | Intervention evaluation and reporting | Protocol of data collection for evaluation |
| Public health intervention and implementation research | Models and frameworks in intervention and implementation research, ethics | Systematic and critical appraisal of published intervention and implementation studies Study design designs for process and outcome evaluation | Theoretical perspective using relevant change theories | Process and outcome evaluation | Intervention and implementation core components, barriers and facilitators; Concepts of fidelity and adaptation |
| Economic Evaluation of Health Care Programmes | Develop decision models Reflect on the role of health economic evaluation for different actors in society | Perform a basic economic evaluation; Select medical interventions according to the decision rules of cost-effectiveness analysis; Calculate costs and health outcomes of different medical intervention | Theory and principles of economic evaluation | Perform a basic economic evaluation | <u>-</u> |
| Advanced course in health economics | Develop a decision model using a computer programme Critically appraise and review decision models Reflect on potential and limitations of modelling in economic evaluation | Economic evaluation based on decision tree and Markov modelling | _ | Analysis of cost- effectiveness of a health care programme by using a computer programme | |

University of Zagreb Knowledge and Skills Table

| Course/Module Name | Learning Goals | | | | |
|---|---|--|--|---|---|
| | Generic Skills | Specific Skills | Prevention Theory | Interventions (Development, Design and Evaluation) | Implementation and Monitoring |
| Theories of Prevention 1 | Student General Skills - thinking skills/critical/scientific - ethics | - epidemiology | - integrate actual research findings | - knowing target groups | setting up an intervention themepolicies and guidelines |
| Theories of Prevention 2 | Student General Skills - thinking skills/critical/scientific - teamwork/networking - ethics | | theories of behaviour change integrate actual research findings | designing interventions (social inequalities)knowing target groups | setting up an intervention themecommunity mobilization/ partnerships |
| Prevention programs in family and school environment | Student General Skills - thinking skills/critical/scientific - ethics | | - integrate actual research findings | - knowing target groups | - setting up an intervention theme |
| Strategic Approaches to Preventive Interventions in the Community | Student General Skills - thinking skills/critical/scientific | | - integrate actual research findings | | policies and guidelinescommunity mobilization/ partnerships |
| Development and implementation of prevention programs | Student General Skills - thinking skills/critical/scientific - project management - teamwork/networking | - design and measurement - evaluation of complex interventions - health economics | theories of behaviour change integrate actual research findings | - designing interventions (social inequalities) | - setting up an intervention theme - policies and guidelines |
| Prevention Campaigns | Student General Skills - thinking skills/critical/scientific - teamwork/networking | - social inequality - epidemiology; design and measurement - evaluation of complex interventions | - theories of behaviour change - integrate actual research findings | - designing interventions (social inequalities) - knowing target groups | setting up an intervention themepolicies and guidelinescommunity mobilization/ partnerships |
| Prevention of internalized and externalized disorders | Student General Skills - thinking skills/critical/scientific | - epidemiology | - theories of behaviour change - integrate actual | - designing interventions (social inequalities) - knowing target groups | - setting up an intervention theme - policies and guidelines |

| | - teamwork/networking | | research findings | | community mobilization/ partnerships |
|----------------------------------|---|--|--------------------------------------|---|---|
| Ethics in Prevention Research | Student General Skills - thinking skills/critical/scientific - publishing skills - teamwork/networking - ethics | - social inequality | - integrate actual research findings | - designing interventions (social inequalities) | setting up an intervention themepolicies and guidelinescommunity mobilization/ partnerships |
| Research in prevention | Student General Skills - thinking skills/critical/scientific - teamwork/networking - ethics | - epidemiology - design and measurement - evaluation of complex interventions - health economics | - integrate actual research findings | - knowing target groups | - setting up an intervention theme |

University of Bremen Knowledge and Skills Table

| Course/Module Name | Learning Goals | | | | | |
|--|-------------------------------------|---|---------------------------------------|--|--|--|
| | Generic Skills | Specific Skills | Prevention Theory | Interventions (Development, Design and Evaluation) | Implementation and Monitoring | |
| Health promotion and prevention in communities | -critical thinking | -methodological approaches -systematic overview -'good practice' criteria -epidemiological concepts of social capital, socioeconomic deprivation, social heredity, obesogenic environment | -various theoretical models | -design interventions (in the community setting) -evaluate interventions -know target goups | | |
| Evidence base in health promotion and prevention | - critical & scientific thinking | -evaluation designs and methods -mixed methods -complex intervention designs and evaluation -multilevel analyses -criteria and recommendations (e.g. TREND, STROBE) | - understand systematic reviews | - know intervention characteristics | | |
| Evidence base in community and family health nursing | critical thinking | -quality management -assessment | - integrate current research findings | -develop concepts/evidence – based care plans | -implement research and practice-oriented projects | |
| Health promotion and ethics in community and family health nursing | -ethics | -social disparities -different social milieus -needs assessment -quantitative and qualitative instruments | - integrate actual research findings | -develop interventions -knowing vulnerable groups -develop concepts for evaluation | | |

Vilnius University Knowledge and Skills Table

| Course/Module | Learning Goals | | | | | | |
|--|---|---|---|--|--|--|--|
| Name | Generic Skills | Specific Skills | Prevention Theory | Interventions (Development, Design and Evaluation) | Implementation and Monitoring | | |
| Health promotion and prevention | - interpersonal and collaborative skills in different contexts, work independently and in a team - diversity (racial, ethnic, gender, religious, etc.) awareness and sensitive service delivery - professional, legal, ethical and social responsibility - ability to plan and conduct psychological research | - ability to analyse the scientific literature on the topics of the health promotion and prevention, - to plan and complete the scientific research | - knowledge of the modern health promotion and prevention theories and models | - ability to analyse and assess the need for individual, group and society health promotion and disease prevention - ability to create and implement the modern health promotion and prevention programmes - ability to perform consultations for individuals and organizations on the issues of health promotion and prevention | - evidence based psychological service delivery in medical settings | | |
| Addiction Psychology | - interpersonal and collaborative skills in different contexts, work independently and in a team - diversity (racial, ethnic, gender, religious, etc.) awareness and sensitive service delivery - professional, legal, ethical and social responsibility - ability to plan and conduct psychological research | - testing and assessment of addiction behaviour, - analysis of epidemiological data - counselling skills | - contemporary theories of drug use and viewpoints of this behaviour - ability to recognize different viewpoints on addiction | - identify the primary, secondary and tertiary prevention need (and possibilities) - creation of an action plan of the primary, secondary and tertiary prevention | - assessment of drug policies, different treatment and prevention programmes - ability to analyse the drug use prevalence situation in the community | | |
| Contemporary health psychology: theory and practice. | - interpersonal and collaborative skills in different contexts, work independently and in a team | - ability to critically analyse and discuss the studies and researches in contemporary health | - knowledge of biopsychosocial model of health and disease - understanding of | applying psychological knowledge in practical work with patients, equally working in team with medical | - the main functions and tasks of health psychologists in various medical settings | | |

| | - diversity (racial, ethnic, | psychology | psychosocial aspects of | staff. | |
|-------------------|--------------------------------|-------------------------------|---------------------------|-----------------------------|---------------------------|
| | gender, religious, etc.) | | physical illnesses and | | |
| | awareness and sensitive | | somatic conditions | | |
| | service delivery | | - understanding of main | | |
| | - professional, legal, ethical | | functions and | | |
| | and social responsibility | | professional areas and | | |
| | - ability to plan and conduct | | activities of health | | |
| | psychological research | | (medicine) psychologists | | |
| Health psychology | - interpersonal and | - ability to analyze | - introduction to context | - design primary prevention | - analyze health-related |
| | collaborative skills in | scientific literature on | and perspectives in | actions or programs. | behaviour |
| | different contexts | health psychology | health psychology | | - to discuss healthcare |
| | - professional, legal, ethical | - ability to plan research in | - introduction to current | | contexts and the practice |
| | and social responsibility | health psychology | theories and approaches | | of health psychology |
| | | | in health psychology | | |

Oxford Brookes University Knowledge and Skills Table

| Course/Module | Learning Goals | | | | |
|---|--|---|---|--|---|
| Name | Generic Skills | Specific Skills | Prevention Theory | Interventions (Development, Design and Evaluation) | Implementation and Monitoring |
| Evidence Based Prevention | Build skills in research evidence retrieval, appraisal and utilisation, in critical analysis of research and in exploring the applicability of research to prevention policy and practice. | Recognise, critically appraise and reflect on own beliefs, values and leadership style, and how they influence the strategic development, planning, delivery and evaluation of evidence-based working in the context of noncommunicable diseases and prevention in a range of cultures and settings | Describe how prevention science can be conceived and understood in a historical, cultural and societal context, including the burden of noncommunicable diseases. Specific topics covered include: the burden of noncommunicable diseases (NCDs); behavioural determinants of NCDs; prevention theories and | and Evaluation) Identify and critically assess evidence on what works in preventing risky behaviours and non-communicable disease. Specific topics include: specification, development and evaluation of complex preventive interventions; logic models; focus on young people's alcohol and drug misuse: what works in prevention; cluster randomised trials of preventive interventions with behavioural endpoints; undertaking systematic reviews of prevention research studies | and Monitoring Topics covered include: quality frameworks for preventive interventions; Leading and Implementing evidence based prevention programmes; normalisation process theory for implementation and |
| Evidence Based Social Interventions | Demonstrate original and creative solutions to complex issues and problems. Identify the core issues and the evidence base for resolving complex emotional and behavioural problems. | Develop critical, analytical and reflective skills for use in assessment, planning and decision making with troubled children and adolescents. Identify and explore the national and international contexts within which behaviour is defined as problematic. | frameworks; a critical perspective; developmental epidemiology and prevention Critically examine models of problematic behaviour, contexts and causes. | Identify and evaluate research into what works in reducing the contexts within which problematic behaviours develop in children and young people; Identify and critically assess recent evidence on what works in psychosocial interventions with children and young people; Identify appropriate interventions and critically appraise their use. The acquired theory and skills are applied to a variety of interventions across the developmental stages of | monitoring of prevention programmes |

| Substance Misuse | Communicate complex concepts clearly and effectively, through the spoken and/or written word. Select and use appropriate academic skills | Build skills in research utilisation, in critical analysis of research and in exploring the applicability of research to work for children young people and family wellbeing in the context of substance misuse. Recognise own beliefs and | Describe how substance misuse can be conceived and understood in a historical and societal context, including the extent of substance misuse. Express and examine the psychological, social and | children and families including: 1. Mental Health Interventions for Infants; 2.Parenting Interventions for Young Children (The Incredible Years); 3. Family Interventions (Strengthening Families for Primary Prevention of Alcohol Use in Children); 4. Family Interventions (Motivational Interviewing with Uncooperative or Hostile Families); 5. Cognitive Behavioural Treatment Interventions for Children & Young People Identify and critically assess evidence on what works in preventing and intervening with young people and families in the context of substance misuse. Develop ability to apply strategies to promote user involvement through exploration of children, young people and family experiences in the context | |
|---------------------|--|---|--|--|--|
| | 1 ' ' | Recognise own beliefs and values, and how they influence the development, | psychological, social and policy factors and issues relating to substance | | |
| | | planning, delivery and evaluation of evidence- based working in the context of substance misuse | misuse | | |