

# ALONE

Innovative Health Professionals Training Program on  
Existential Loneliness among Older People

## PEDAGOGICAL REPORT



Co-funded by the  
Erasmus+ Programme  
of the European Union

ALONE is co-funded by the European  
Commission under the agreement  
2019-1-PL01-KA202-064933



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This work has been funded by the Erasmus+ Program of the European Union, project „Innovative Health Professionals Training Program on Existential Loneliness among Older People”, project no. 2019-1-PL01-KA202-064933.

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

## INTRODUCTION

According to ethical guidelines, healthcare professionals should be able to provide care that allows for the patients' values, customs and beliefs, and the existential issues that are communicated through them. One widely discussed issue is existential loneliness. Existential loneliness is part of being human that is little understood in health care, but, to provide good care to older patients, professionals need to be able to meet their existential concerns. To avoid unnecessary suffering in older people, health care professionals in all professions and care contexts need to meet older people's existential concerns. Although previous research shows that nursing staff are willing to pay attention to existential issues (Strang, Strang, & Ternstedt, 2002; Sundström, Edberg, Rämgård & Blomqvist, 2018), more recent research shows that it is difficult and challenging to find time and space for this in everyday elderly care (Beck, Tornquist, Brostrom & Edberg, 2012). This can lead nursing staff to feel compelled to focus more on practical tasks than on relations with the older people and their relatives. In turn, when care is focused more on tasks than on the relational aspects that allow a good encounter, older people often feel alienated and existential lonely (Sjöberg, Beck, Rasmussen & Edberg, 2018).

Older people with multimorbidity and polypharmacy have been receiving increasing attention from healthcare research and health policies. Interventions to improve their care frequently focus on medication safety, the prevention of delirium and falls, or the maintenance of mobility and pain control. Common strategies to achieve these goals are the provision of knowledge (e.g., by involving pharmacists into care, comprehensive geriatric assessments, or disease and case management). Although the value of implementing standards and evidence-based knowledge into healthcare is undeniable, there is a risk of focusing healthcare for older patients too much on standardized measures overlooking other, more individual dimensions of care which also influence perceived quality of life (Straßner, Frick, Stotz-Ingenlath, et al., 2019).

Historically, care providers have been reluctant to address the spiritual domain of health because a biomedical model has been used to frame care provision. Spirituality can be conceptualised as being hidden beneath, and often expressed in, the physical, psychological and social dimensions. In order to be clear why spiritual needs are connected to existential, it is important to define the concept. Spirituality is the dynamic dimension of human life that

relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred (Nolan 2011). The spiritual field is multi-dimensional, containing:

- a) Existential challenges (e.g. questions concerning identity, meaning, suffering and death, guilt and shame, reconciliation and forgiveness, freedom and responsibility, hope and despair, love and joy);
- b) Value based considerations and attitudes (what is most important for each person, such as relations to oneself, family, friends, work, things, nature, art and culture, ethics and morals, and life itself)
- c) Religious considerations and foundations (faith, beliefs and practices, the relationship with God or the ultimate) (Nolan, 2011).

The spiritual dimension of human nature is often regarded as being hidden because it underlies the physical, psychological and social sphere and is not always directly visible, accessible or talked about. This has led to a narrow and directive approach to care that, in turn, has led to a culture that care providers are disinclined to move away from (Brémault-Phillips et al., 2015). NHS England (2015) explains that insufficient training and experience, poor communication, insensitivity and lack of understanding of individuals' belief systems can all have detrimental effects on the provision of good spiritual care.

High levels of unmet needs may be related to practitioner unfamiliarity with common spiritual concerns. Without an awareness of older adults' needs, it is easy to overlook their existence, even if one is committed to providing holistic services. It is often hard to identify information external to the paradigm into which one has been socialized. Developing a working knowledge of older adults' existential loneliness can help practitioners provide better services by heightening their ability to recognize and address care needs to relieve existential loneliness. Many gerontological practitioners are interested in learning more about spirituality, perhaps because of sensitivity regarding their lack of knowledge, and the potentially adverse effects upon clients (Curl, Hodge, Horvath & Larkin, 2012).

There is plenty of evidence that, in many health and social care settings, the spiritual needs of older people are not met. This may be due a range of factors, including:

- Lack of time;

- Lack of training;
- Lack of awareness, knowledge or understanding;
- Reluctance or fear;
- Concerns about imposing one's own values and beliefs on others (Wiltjer& Kendall, 2019).

Spiritual care is a critical part of holistic care, and health care professionals require adequate preparation to address the spiritual needs of patients. Developing competency to deal with spiritual issues in nursing education is still a challenge. Issues of conceptual clarity and articulation around the ontological and phenomenological aspects of nursing must be addressed to prepare nurses to provide truly holistic care, including spiritual and existential issues. Adequate preparation, environmental support for both nursing educators and students, and explicit representation of spirituality in the nursing curriculum will facilitate this (Gulnar, Snowden, Wattis, & Rogers, 2018).

## CHALLENGES IN TEACHING HEALTHCARE PROFESSIONALS

The training of highly qualified healthcare professionals depends not least on the qualification of teachers (lecturers, mentors) and their creative attitude towards the discipline (Ermalovich, 2017; Laptieva & Rublevskaya, 2014). The mentor provides students with the orientation on the development and self-development of their skills and abilities. He/she forms their attitude towards the training, education, and future profession. Teachers (lecturers, mentors) prepare not only the theoretically and practically well-educated healthcare worker. It is more important in such preparation it is integrated the holistic, creatively thinking individual training with the formed sense of professional and civic responsibility (duty).

The utilization of information technologies within the space of professional activity has become a mandatory attribute of the modern society of Western type. It would not be an exaggeration to say that the professional activity of a healthcare worker is almost always connected with the use of achievements of digitalization: from electronic medical records stored in the "cloud" to telesurgery (remote surgery). It is obvious that no matter how diligently and efficiently teachers prepare a new generation of professionals for work in current socio-economic conditions. The knowledge of these specialists will be inadequate as

soon as the basic technological platform is replaced. The change of the basic technological platform is getting regular and happen once in 3-5 years. Therefore, the obsolescence of knowledge of specialists turns out to be a factor that fatally captures all spheres of society. It means that the main pedagogical imperative of the modern era is that the educational institution must teach a student how to think and how to learn (Denisov, 2004). The educational activity of a student at a higher educational institution implies the existence and subsequent development of skills for independent work, as well as self-control and independent regulation of behavior. Critical thinking is an essential process for the safe, efficient and skillful nursing practice. The nursing education programs should adopt attitudes that promote critical thinking and mobilize the skills of critical reasoning.

The shift from the principle of education “for life” to the principle “through life” is particularly relevant in the field of medical education and should be carried out utilizing three aspects of the educational process (Ermalovich, 2017; Laptieva & Rublevskaya, 2014):

- Traditional educational resources (lectures, practical classes, workshops, presentations, models, analytical scrutiny of video recordings, etc.);
- Independent educational resources that require the teacher’s participation (preparing reports for presentations at scientific and practical students’ conferences, preparing for competitions of professional mastery, controlled independent supervision of patients, monitoring results, etc.);
- Autonomous educational resources that do not require the teacher’s participation (distance learning, a multimedia course for self-training, electronic copies of handbooks, Internet-resources, etc.).

## THE OBJECTIVES OF LEARNING AND OUTCOMES

Course objectives are clear and concise statements that describe what you intend your students to learn by the end of the course. The difference between course objectives and learning outcomes—and the reason these terms are so often conflated with each other—is the former describes an intended state (what you hope your students will learn), whereas the latter expresses a present or observed state (what your students actually learned). Both course objectives and learning outcomes are distinct from learning goals, which are more broadly conceived (Bloom, Engelhart, Furst, Hill & Krathwohl, 1956).

The way of defining goals suggested by the pedagogical technology is quite technical. Its essential part is that educational goals are formulated through the learning outcomes. These learning outcomes are described in student's actions that could be clearly identified and assessed by a teacher (mentor).

In the everyday practice of educational work, the following solutions may be suggested:

- Building up the system of goals with categories and consequential levels (hierarchy); such systems are now called taxonomies.
- Creating a clear and comprehensive language suitable for describing educational goals. Nowadays, the model of learning outcomes is preferred. At some point, we may call the EQF (European Qualification Framework) (2018) being this language system (instrument, tool) to state goals.

We may consider the following instruments suitable for the realization of educational goals in the affective (emotional) scope: lectures, learning through observation (by personal example), group discussions, mental (mind) experiment, situational tasks (including ethical ones), group charity project, etc.

Skills in the psychomotor domain are in special demand in such fields as natural sciences, clinical medicine, disease prevention, arts, music, engineering, and physical education. However, for the unknown reason, Bloom and his team had decided not to trouble themselves with formulating possible instruments for this scope. Later on there were other specialists who developed this further.

So, for example, R.H. Dave (1970) suggested the following 5-level hierarchy:

1. Imitation. Observation and replication of other people behavior. A student observes the mentor's actions and copies them in safe situation.
2. Management. The ability to perform some certain actions following the instructions and applying obtained previously skills. A student follows the instruction, algorithm, or protocol and replicates the necessary actions as required with no improvisation.
3. Accurateness. Skill is acquired, which is evident from its clear and accurate performance. On this level, a student is capable of performing a task with fewer mistakes. Skill is getting more accurate with no example, algorithm, or schema.
4. Connection. It is about the ability to coordinate a range of actions by combining two or more motor skills. A student is capable of doing a difficult task which consists of a few stages

(elements) using various skills obtained earlier. Algorithms may change in accordance with the precise requirements or to solve a problem.

5. Naturalization. Skills are combined, integrated and used sustainably and with no struggle. A student demonstrates the high level of performing a skill automatically (with no considerations).

A student is confident about his/her professional skills and is capable of doing an improvisation or to perform actions in unusual professional situations.

We may find a lot of information regarding what is the best practice of writing learning outcomes (Fry, 2000, Jenkins & Unwin, 2001, Moon, 2002).

In his work, R.M. Harden (2002b) considers the utilization of learning outcomes for creating a kind of educational model suitable for training of healthcare professionals. Learning outcomes should be defined so that they can cover the whole range of necessary competencies and put the focus on the integration of various competencies into medical practice. Graphically Harden's model of learning outcomes looks like a complex of three circles placed one into another. In the inner circle, there are seven learning outcomes related to what a physicians (healthcare practitioner) can do, meaning his/her expected technical competencies ("to do a demanded thing"). In the middle circle, there are learning outcomes associated with how exactly a physician (healthcare professional) performs a professional task: with knowledge and comprehension, with appropriate attitude and strategy of decision-making ("to do a manipulation correctly and carefully").

The outer circle includes learning outcomes characterizing the continuous professional development of a healthcare practitioner as a specialist and as a personality ("the right man does this") (Harden, 2002b).

The delivery of effective, high-quality patient care is a complex activity. It demands health and social care professionals collaborate in an effective manner. Interprofessional education offers a possible way to improve interprofessional collaboration and patient care. The design of interdisciplinary study programmes is the common work of teachers from different disciplines. Study programmes can be designed by both groups of teachers who have experience of interdisciplinary work and teachers, who do not have such experience (Putriene, 2017). Inter-professional education refers to students from different professions learning from each other, with each other, and about each other. Students and health care professionals need to achieve competence, i.e., acquiring knowledge, skills and attitudes.

Spiritual care competence is defined as an active ongoing process characterized by three interrelated elements which involve a growing awareness of one's value, developing an empathic understanding of the client's world view and the ability to implement individualized interventions appropriate to each client disciplinary study programme design (Baldacchino, 2015).

This innovative, inter-professional educational course may be transferable for use in other educational settings. In addition to the physical presence of students together in class, online forums enable learners to discuss and outline the contribution of each discipline to spiritual care (i.e. understanding of existential loneliness) and holistic care of a patient case study. Thus, online forums may enhance understanding and appreciation of the precious contribution of each member of the interdisciplinary team to holistic care.

Four main areas as essential for learning spiritual/existential issues:

a. importance of learning in real-life situations with repeated exposure to patients in the clinical placements supported by role modeling and mentorship;

b. use of pedagogical methods that assist students to understand, work with and reflect on patient's spirituality such as, reflective journals, written reflective accounts; writing care plans, which include spiritual interventions; role plays to practice spiritual assessment, including values, beliefs, and spiritual needs; group discussions on the relationship between religion, spirituality and health; analysis of case studies; reading literature and analyzing research on spirituality in illness and care;

c. awareness of and overcoming conditions inhibiting spiritual care learning, such as, lack of knowledge about spirituality; uncertainty about the health care professional's role in spiritual care; unawareness about one's own spirituality; having a different faith from that of the patient; incompetence in addressing spiritual needs; lack of role models; lack of time; and work overload; and

d. evaluation of students' spiritual care learning related to how students are prepared and how they are followed up after clinical studies by, for example, post clinical-reflection sessions; sharing of stories with fellow students, teachers and chaplains; supporting their learning by literature and research on spiritual care; reflective exercises and debriefing sessions to enhance safety of students and safe patient care (Giske, 2012).

These areas are reflected in the ASSET Model for (Actioning Spirituality and Spiritual Care Education and Training) teaching spiritual care. The ASSET model incorporates a tripod

of structure content, process of learning and outcome of education. First, the structure content encompasses self-awareness, spirituality and spiritual dimensions of care. Second, the process of teaching and learning incorporates experiential learning related to value clarification, holism, a broad perspective of spirituality, the four stages of the nursing process, and evaluation of teaching and learning. Third, the outcome of education, which is measured by value clarification, knowledge and competence in the delivery of spiritual care (Narayanasamy, 1999).

## METHODS THAT CAN BE UTILIZED

Education in health care becomes a great collection of principles, methods, educational templates, and vocabulary and practical skills. There is an importance in addition to the proficient skill in education, which is paying attention to the spiritual dimension of faculties and learners, such as the importance of moral and educational self-efficacy in the educational environment. It is the responsibility of education that it should awaken in the student the existential awareness as a single subjectivity present in the world (Malik, Akhter, 2013). This capability requires a set of cognitions, tendencies, and skills that a teacher can promote the physical, intellectual, emotional, social, and spiritual development of students.

One of the main problems in modern training activity assume to be the extensive theoretical preparation in association with professional practical skills of poor quality. It explains the tendency to the wide implementation of interactive training methods, especially in the field of health care education where the harmonious combination of theory and practice matters a lot (*Artjukhina & Chumakov, 2012*). The significance of self-training (self-preparation) in students is getting more vivid. It supposes the qualitative change of traditional forms of educational activity in accordance with the goals and objectives of the development of students' intellectual potential.

Interactive educational (training) methods agree with the personality-centered approach to the most extent since they supposed to recruit co-education (training in cooperation). In the context of co-education, both a teacher and a student become subjects of the educational process.

The European Union has made a framework, describing the different levels of qualifications (EQF, 2018). In our project we have focused on EQF level 4, so below is the

descriptors for the European Qualification Framework Level 4 (Descriptors defining levels in the European Qualification Framework (EQF)).

1. Table 1. Educational (training) tools associated with descriptors of the EQF Level 4

<i>Knowledge</i>	<i>Factual and theoretical knowledge in broad contexts within a field of work or study</i>	<i>Lectures*, seminars**, work in small groups, group discussions, concepts maps, discussion complex and ambiguous moments (concepts, models, hypothesis, etc.) in the studied materials and empirical observations, utilization of public (social) resources (invitation of a specialist, excursion)</i>
<i>Skills</i>	<i>A range of cognitive and practical skills required to generate solutions to specific problems in a field of work or study</i>	<i>Creative tasks, case study method, behavioral modeling, reflective writing, storytelling, the method of action learning, social projects, discussion the cases from one's own practice, analysis of video-recordings</i>
<i>Reflection</i>	<i>Critical-dialectical discourse is a strategy for communicative learning that emphasises the importance of critical reflection and critical self-reflection to assess what concepts have usually been taken for granted in teaching and learning.</i>	<i>Self-awareness exercises, self-reflection, supervisions, diaries, group discussions, interview.</i>

2. Source: <https://ec.europa.eu/ploteus/content/descriptors-page> (05. October 2020)

\* Taking into account the availability of an enormous amount of information (theoretical data) via the Internet, we must admit that teachers are having a hard time trying to capture students' interest (attention). Even personality (psychological) influence does not work, if the study content seems to have no value or students may find it in books or via the Internet on their own. Therefore, the normative (mandatory theoretical minimum) content is better to

offer using information technologies like distance (the Internet) learning with mandatory checks.

These control points (after studying some new materials) should require not only reproductive mental (cognitive) actions but also creative cognitive actions. Saving lectures as a way of transferring of theoretical knowledge to students seems rational only if these lectures are presented by famous researchers or practitioners who are able to provide students with unique data. For example, it might be the results of their newest research projects, their own clinical observations, presentations of exclusive method or technique.

\*\* To date, seminars consider being the way to control students' knowledge and a kind of space to share and exchange opinions, which is partly a way to get new information too. In addition, attending seminars helps students to clear ambiguous moments in studying material. These educational goals may be also achieved by working in small groups or having group discussions.

Education is not possible without philosophizing, and therefore, searching for meaning, increasing self-awareness, critical thinking, reflective speaking and writing. From this point of view, the challenge is to create educational opportunities for self-reflection and asking questions about what really matters in life.

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## EUROPEAN CREDIT SYSTEM FOR VOCATIONAL EDUCATION AND TRAINING (ECVET)

The aim of the project is to develop a best practice collection in coping with older persons loneliness and a training package for nurses and other health care professionals who currently have limited or no training in how to cope with older persons affected by existential loneliness provide qualified and integrative care to this vulnerable target group.

The implementation of the ECVET system could lead to a better understanding of the learning outcomes obtained by learners, greater transparency, and should result in an increased professional mobility both within the national and European labour market.

### KEY OBJECTIVES AND CORE PRINCIPLES OF ECVET

ECVET aims at facilitating transnational mobility and recognition of learning outcomes in VET and at borderless lifelong learning. Transnational learning mobility is very specific since it focuses on transnational mobility for the purpose of acquiring new knowledge, skills and competences (Council, 2011). This concept points to qualifications as the core element and objective of mobility and it is central to ECVET.

ECVET could therefore:

- help transfer and recognise learning that has taken place during a stay abroad (geographical mobility);
- and support lifelong learning, by allowing people to transfer and accumulate learning outcomes achieved in different contexts within their country to build up recognised qualifications, update or upgrade them.

In order to achieve this, ECVET was based on common principles concerning the design of qualifications and arrangements for credit transfer and accumulation:

- Qualifications are designed based on learning outcomes. Learning outcomes are statements of what a learner knows, understands and is able to do upon completion of a learning process, and are defined in terms of knowledge, skills and competence. Through learning outcomes, it is possible to identify whether the learning in one context, system or country, is comparable to another one.

- Qualifications are structured in units of learning outcomes that can be assessed, validated and recognised separately.
- Assessment of units is documented and enables progressive accumulation and transfer, by constituting credits.
- Credits can be validated and recognised in the context of other qualification systems.
- Partnerships among competent bodies facilitate the recognition of credit as they trust in each other's qualifications and assessment.
- Qualifications and units can additionally be described using ECVET points. The points help identify the size of a qualification and the relative weight of the units within the qualification. 60 points are allocated to the learning outcomes expected to be achieved within a year of full-time VET. This quantitative reference in terms of points is meant to serve a descriptive function, while the learning outcomes structured in units form the core of transfer and accumulation.

The ECVET system is built on four elements: 1. Units of learning outcomes; 2. Transfer and accumulation of learning outcomes, ECVET partnerships; 3. Learning agreement and personal transcript; 4. ECVET points.

## NATIONAL VET POLICY AND APPROACHES IN LINE WITH ECVET RECOMMENDATION IN THE PROJECT'S PARTNER COUNTRIES

### Sweden

In 2011, the Swedish National Agency for Education was mandated by the Swedish government, in cooperation with the Swedish Agency for Higher Education and the International Program Office for Education, to analyze and propose measures to support regional and local actors in applying the European Credit System for Vocational Education and Training (ECVET) in vocational education and training at all levels. In Sweden, no formal decisions have been taken on how ECVET will be applied in Swedish vocational education and training. The Swedish National Agency for Education and the Swedish Agency for Vocational Education and Training, which has analyzed the regulation of upper secondary vocational education and training and polytechnic education and training in Sweden, believes that it is in line with the intentions of the ECVET Recommendation.

Vocational training coordinators such as upper secondary schools and colleges and universities have tested and are testing the system in the framework of European cooperation projects and exchanges. The Alone project is an example of where EQVET is being tested. To facilitate reading, understanding, and comparing qualifications from different countries and systems, a common reference framework, the European Qualifications Framework (EQF), is used. There are eight reference levels within the EQF where each level should reflect the knowledge, skills, and competences an individual should have achieved in order to obtain the qualification. Level 1 is basic qualifications and level 8 is the highest level of academic and vocational education and training. The Alone project is at level 4. In Sweden, the EQF is coordinated by the Swedish Agency for Higher Education.

## **Lithuania**

Lithuania adopted a commitment to implement the European Credit System for Vocational Education and Training (ECVET) in 2014, launching the project “National ECVET Experts”, one of the main goals of which is to promote and develop the applicability and use of ECVET in Lithuania. However, this is not a complete innovation in our country: examples of the implementation of ECVET can be found in the mobility and innovation transfer projects of the Leonardo da Vinci sub-program of the Lifelong Learning Program since 2009. (information source [www.adam-europe.eu](http://www.adam-europe.eu)). The monitoring report of the European Center for the Development of Vocational Training (CEDEFOP) “Stronger VET for better lives” (2015) assesses Lithuania as making progress in implementing the elements of ECVET. The modular programs, the mobility and strategic partnership projects of the new European Commission's Erasmus + program remain the main testing tool for ECVET. The analysis of the situation of ECVET implementation in Lithuania allows us to state that the processes are taking place. In the process of implementing ECVET in Lithuania, the following achievements can be distinguished:

- The project “National ECVET Experts” is being implemented at the national level (<http://www.smpf.lt/lt/vykstantys-projektai/ecvet/apie-ecvet>). National experts provide advice to VET institutions on the implementation and enforcement of ECVET for VET institutions, employers and other stakeholders;
- Modular training has been introduced in vocational training
- Vocational training mobility charters provided to VET institutions.

- An increasing number of VET institutions are applying ECVET principles to the crediting of learning outcomes achieved through student mobility.

It has been observed that the processes are not fast and successful because:

- The benefits and opportunities of ECVET among the administration and educators of VET institutions are not sufficiently understood. Both VET teachers and administrators are often skeptical about the use of ECVET in their institutions, which is another non-mandatory European recommendation. Employees in VET institutions do not have a clear enough understanding of the benefits of applying ECVET in the learning process, as training and assessment processes become clearer to all stakeholders;
- Not all VET institutions in the country yet apply modular training. Only more than half of vocational training institutions in Lithuania use modular training, which is one of the important conditions for successful application of ECVET;
- Employers have little involvement in the formulation, assessment and recognition of learning outcomes. Often the attitude of employers is fundamentally different from that of the employees of vocational training institutions. Employer participation in curriculum development, assessment of learning outcomes and recognition of workplace competencies is not always consistent and effective.

From 2020, the following areas of activity are envisaged during the development of the project:

- Improved use of ECVET elements in Lithuanian vocational training institutions;
- Increased awareness of the application and benefits of ECVET in VET institutions, enterprises and other stakeholders;
- Closer cooperation between stakeholders in the implementation of ECVET in Lithuania;
- 2 peer learning workshops and 1 webinar on the use of ECVET in the geographical mobility of learners;
- Preparation of recommendations for legal acts in order to improve the application of ECVET in Lithuania;
- Wider dissemination of the application and benefits of ECVET elements: expert reports, publications, articles and newsletters;
- Increased ECVET user community.

Assessing the general situation of the implementation of the European credit system for vocational education and training in Lithuania, it can be stated that there are more positive aspects - strengths and opportunities than weaknesses. It is particularly important that the implementation of ECVET offers many opportunities for improving the quality of vocational training, strengthening cooperation between educational and business institutions, and increasing the transparency of processes.

## Italy

As far as the Italian context, it's possible to state that the key impact of ECVET can be found mainly in the context of transnational mobility, while in the context of lifelong learning, ECVET has played a lesser role. In addition, the lack of an official adoption of ECVET as a reference framework was highlighted. In Italy, the years 2012-2014 were marked by significant reforms, both of lifelong learning policies (e.g., the reform of adult education centres) and of systems and tools for the transparency of qualifications (through the legislative decree 13/13 focused on the drafting of the reference framework for the validation and certification of competences acquired through experience). Many principles of ECVET were however implicitly adopted, especially with regard to the recognition and validation of Learning Outcomes (LOs) acquired through informal learning, without however explicit reference to ECVET. ECVET is also given a significant role in promoting the principle of structuring qualifications into units of LOs. There are discussions about whether the tools and principles of ECVET could be used by employment services in the context of recognition of prior learning for foreigners who have obtained qualifications abroad. On the other hand, the discussion on the use of ECVET principles to promote progression between VET and higher education institutions has stalled and is currently not a political priority.

There are several websites and bodies offering more information on ECVET in Italy and support for the recognition of vocational qualifications.

- Isfol - Istituto per lo sviluppo della formazione professionale dei lavoratori (Institute for the Development of Vocational Training for Workers) - created an information page on ECVET, explaining its objectives, functioning, key concepts and references.
- The Atlante del lavoro e delle qualificazioni (Atlas of Work and Qualifications) is a detailed map of work and qualifications. The proposed job description is the result of an intense collaboration and

participation of different institutional actors, and has seen the involvement and participation of employers and trade unions, bilateral representatives, professional associations, sectoral experts and stakeholders of the work-learning system. It is organised in three sections: Atlas Work, Atlas and Qualifications and Atlas and Professions. · The Assistance Centre for the Recognition of Professional Qualifications provides citizens and assistance centres of other Member States with useful information on the recognition of professional qualifications, for the purposes of establishment or temporary and occasional pursuit of the profession, and on Italian legislation governing professions and their pursuit. · “Impresa in un giorno” contains in one portal the list of regulated professions in Italy. It contains, in alphabetical order, all the regulated professions according to: the Italian legislation; the competent Italian Authority; information on the recognition procedure and the relevant forms. · The European Professional Card is an electronic procedure introduced in 2016 for obtaining recognition of one's professional qualification and practising in another EU country. It is easier, faster and also more transparent to manage than the ordinary procedures for recognising professional qualifications. Currently, only the following professions can use the procedure to obtain a European Professional Card: nurse responsible for general care, pharmacist, physiotherapist, mountain guide, real estate agent.

An Italian citizen, in possession of a professional qualification, who wishes to exercise his profession on a stable basis in another EU Member State, the European Economic Area (Iceland, Liechtenstein and Norway) or Switzerland, must submit an application for recognition of the professional qualification to the competent authority of the State where he wishes to carry out the activity. · The European Policy Department has produced a User guide on the Directive 2005/36/CE on the recognition of professional qualifications to facilitate the understanding of the rules governing the system of free movement of professionals in the European Union. The Guide is updated to the latest directive on the subject (December 2014).

## **Romania**

The Romanian VET system has undergone a major improvement through a reform carried out in the post-Copenhagen and Lisbon period. The reform was primarily aimed at the alignment of the Romanian VET system to the European VET system.

In Romania the organisations which are responsible for VET are:

- The Ministry of Labour and Social Solidarity whose responsibilities are to elaborate policies and programs in the field of vocational training and control the way in which these programs are implemented;
- The Ministries of various economic and social sectors which seek to ensure the continuous vocational training of the employees who operate in these sectors;
- The National Council for Vocational Adult Training, a council which works under the Ministry of Labour and Social Protection and the Ministry of Education, determines the medium and long term needs of vocational adult training and collaborates horizontally with others organisations involved in vocational adult training;
- The National Agency for Occupational and Vocational Training is a national public institution whose role is to organise and finance employment-related services. In addition, it also acts as a mediator between employers and the people who need a job and administrates the budget for the payment of unemployment benefits;
- The Council for Occupational Standards and Certification is a national organ which elaborates and approves new occupational standards or modifies and cancels the existing ones. Its role is to represent and support Romania's interest regarding the certification of vocational competences at a international level;
- The Commissions for Authorization of Training Providers is in charge with the authorization of the training providers whom they provide with counselling and all the in-training they need and also monitors the latter's activity.

The development of the curriculum for continuous vocational training is highly regulated and centralised. Most providers use the national standards for vocational training issued by the National Agency for Occupation and Vocational Training.

The document describing each qualification is called "Standard Training" and has the following structure: The units – a coherent set of learning outcomes /The level of qualification /No of credit points /The learning outcomes / The performance criteria/The requirements for assessment The curricula are designed after the National Qualifications Framework(NQF), which is aligned with the European Qualifications Framework (EQF).

Training program (modular approach)- Modules are created on the basis on units of competences and 1 module may consists in 1 or 2 units. Units of Competences (Learning units) = a unit of competences consists from a coherent set of competences/ learning outcomes.

The evaluation of knowledge and competences is carried out both throughout the entire training period and at the end of a module, through a graduation exam which can consist of either a theoretical and practical test or a practical test. The most common form of evaluation is that aiming at the assessment of knowledge and competences in relation to the taught syllabus

The Council for Occupational Standards and Accreditation (COSA) plays an important role in devising a new system of evaluation and accreditation for vocational competences based on occupational standards. The new system takes into account the evaluation and accreditation of competences regardless of the way in which these were acquired throughout the formal VET system, independently or at work.

## **Poland**

The Polish Team of ECVET Experts was established in 2012 under an agreement signed between the Foundation for the Development of the Education System and the European Commission. The Team was composed of 9 Experts nominated by the Ministry of National Education and the Ministry of Science and Higher Education. The project was implemented until March 31, 2014, and its main goals are to promote the development and implementation of the ECVET system as an element of the idea of lifelong learning and the strategy “Europe 2020 implementation of actions indicated in the Recommendation of the European Parliament and of the Council of 18 June 2009 in on the establishment of a European Credit System for Vocational Education and Training (ECVET).

In Poland, the status of ECVET is not regulated by law. ECVET is currently a set of rules – a concept whose assumptions are applied in various areas. ECVET in Poland is not usually mentioned by name (with the exception of learning mobility projects), but its elements and principles are applied in several areas:

1. Learning mobility projects
2. Vocational training within the education system
3. Market qualifications operating within the Integrated Qualifications System
4. Higher education

It should be noted that in higher education, ECVET is used the least frequently – so far in two types. The first of these are projects implemented at state higher vocational schools – where ECVET is used to integrate apprenticeships with study programs and to award additional

qualifications. The second case is postgraduate studies, which were described on the basis of principles consistent with ECVET – qualifications awarded after graduation have been included in the IQS – so far there have been several of them (in this case without referring directly to ECVET).

The most common area of using ECVET is learning mobility projects in the form of foreign internships and internships. ECVET principles and tools support the planning and organization of learning mobility by partner institutions, and are also intended to support learners in using learning outcomes obtained abroad for further education or professional development.

It is common practice in mobility projects to issue additional certificates and the Europass mobility certificate is mandatory. These documents stay with the mobility participants forever – the technical language of ECVET refers to ‘accumulation of achievements’. They can use them in the future to better present their experiences in the context of educational and professional development (e.g. by gaining new qualifications, applying for a job).

In Polish vocational education as part of the education system, the principles of ECVET are applied in solutions that support the accumulation and transfer of achievements (Dębowski, Stęchły 2015; IBE 2012). One of them is the very structure of qualifications – there are full qualifications in the education system (diplomas corresponding to professions, e.g. IT technician), which consist of partial qualifications (certificates / certificates corresponding to qualifications distinguished in the professions, e.g. network operating systems and computer networks administration ). This approach facilitates the phased, and thus – flexible obtaining of full qualifications or obtaining only those partial qualifications that we need at a given moment. In addition, partial qualifications consist of sets of learning outcomes.

The Integrated Qualifications System – established in Poland under the IQS Act of December 2015 – aims, firstly, to integrate qualifications operating in the country and to ensure the quality of qualifications acquired outside the education and higher education system, and secondly, to increase the credibility of qualifications obtained in Poland on the European labor market. With the establishment of the IQS, the possibility of creating and awarding new qualifications, the so-called market qualifications.

## **CONCLUSIONS**

What is especially important for the Project is the fact that any qualification acquired through non-formal or informal learning for which a formal learning pathway reference can be

identified, and the corresponding units, carry the same ECVET points as the reference, since the same learning outcomes are being achieved<sup>1</sup>.

ECVET is intended to facilitate the recognition of learning outcomes in accordance with national legislation, in the framework of mobility, for the purpose of achieving a qualification. Thus, as conclusion it is possible to declare all countries are ready for ECVET implementation at the same level and agreed that ALONE training program will receive 1 ECVET point.

Annex 2

## **ENCOUNTERING EXISTENTIAL LONELINESS AMONG OLDER PEOPLE: TRAINING PROGRAM FOR HEALTH PROFESSIONALS**

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<sup>1</sup> The Recommendation of the European Parliament and of the Council on the establishment of a European Credit System for Vocational Education and Training (ECVET) of 18 June 2009 (2009/C 155/02)[https://bracket.erasmus.site/wp-content/uploads/2019/10/Definition-of-learning-outcomes\\_EN.pdf](https://bracket.erasmus.site/wp-content/uploads/2019/10/Definition-of-learning-outcomes_EN.pdf)

## CURRICULUM

### GENERAL INFORMATION

The course is given within the context of the Erasmus+ project ALONE, project nr 2019-1-PL01-KA202-064933. The course is available in English, Italian, Lithuanian, Polish, Romanian and Swedish.

### AIM

The purpose of the training program is that the participants should develop knowledge and skills to strengthen their abilities to encounter older people experiencing existential loneliness

### CONTENT

The training program cover the following content:

- Ageism
- Personcentredness
- The older person as a part of a family and health care system
- Different forms of loneliness with focus on existential loneliness
- The art of listening
- Conversations about emotional and existential aspect

### INTENDED LEARNING OUTCOMES

#### Knowledge and understanding

On completion of the course, students should be able to

- describe the components of a personcentred approach and the prerequisites to provide a personcentred care (1)
- understand older peoples' situation in society with focus on ageism, power, dependency and being a part of a family and/or health care system (2)
- understand the meaning of spirituality in the country specific context (3)
- describe different forms of loneliness and understand the meaning of existential loneliness (4).

#### Competence and skills

On completion of the course, students should be able to

- encounter the other as a person with focus on the other's experience, self-determination/autonomy, dignity, integrity, and vulnerability (5)
- interpret the other person's expressions through listening, seeing, and sensing the other's experiences and needs, such as the need of seclusion, communion, and meaningful activities (6)
- carry out conversations about emotional and existential aspects and being able to encounter existential loneliness (7).

## Judgement and approach

On completion of the course, students should be able to

- critical value and review own prejudices and the health care system, to receive a consciousness about how this influences the encounter (8)
- value and have an insight on the power of being a professional in contrast to being a fellow human being (9).

## IMPLEMENTATION

The course will be provided as a web-based program with digital lectures and seminars, individual assignments, and group-discussions as well as reflection over practice. The course can be provided as a two-day education or as a four half-day education. The content should be adjusted to the country specific context and to the target group of the education, meaning that the content in some parts can differ between contexts.

Participation in the course requires internet connection though a computer or a smartphone device, external headphones, a microphone, and a webcam.

## EXAMINATION

### *Assignment 1*

Individual written test one week before the course starts and about one week after the course has ended. Encompass knowledge about personcentred care, older peoples' situation in society, spirituality and different forms of loneliness and the meaning of existential loneliness (learning outcomes 1-4)

### *Assignment 2*

Group-discussions based on experiences of encounters with older people receiving care experiencing existential loneliness (learning outcomes 2,4,8,9)

### *Assignment 3*

Reflection over abilities and obstacles in the encounter through video recorded pairwise practical training of a conversation with another person. The reflection should include the ability to capture the other's experience and encounter existential needs (learning outcomes 5-8).

## COURSE EVALUATION

Written evaluation of the completion of the learning outcomes, content, structure, learning resources and the group process will be completed after the course has ended.

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