Skjemainformasjon

Skjema	SFU
Referanse	1006526
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Host

Information about host institution and center

Name of centre	INTERPROF, Centre for Interprofessional Education in Health Sciences
Host institution	University of Tromsø, the Norwegian University of the Arctic, Faculty of Health Sciences
PO Box address	postmottak@uit.no
Postal code / City/place	9037 TROMSØ
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Contact person

Contact person

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About the centre

About the centre

Is the centre already established at the time of application	No

Describe briefly the plans for establishing the centre (maximum 1500 characters)

INTERPROF- Centre for interprofessional Education in Health Sciences will be established at the Faculty of Health Sciences under the direction of Vice Dean of Education Inger Njølstad. Integration of INTERPROF in the existing organization at H-Fac will ensure solid organizational anchors (Appendix 6). The establishment of the Centre will however depend on funding from NOKUT and could be operative as soon as allocation of funding is settled. Mari Wolff Skaalvik will serve as the Centre manager. There will be a leader and co-leader for each of the three working groups. Study programme leaders and student representatives from participating programs will form the working groups together with representatives from the consortium participants. The three consortium participants will set up a governance structure which will be in place when the project starts. A steering committee with members from the consortium partners, students, and the Norwegian Association of Local and Regional Authorities (KS) will be established for 5 years and report to the Faculty Board and NOKUT. The steering committee will give overall guidelines for the three working groups. The working group leaders report to the Steering committee through the Centre manager. An advisory board will be established with members from our three international collaborating institutions (Appendix 6).

Describe briefly the aims and current as well as planned activities of the centre (maximum 1500 characters)

With our Consortium participants and together with internationally leading educational institutions in this field, we will develop, implement and evaluate a three-component longitudinal IP-curriculum.
Already conducted: INTER-BASE: (first year: 10 ECTS) A mandatory, introductory course for all 650 first year students across ten professional study programmes. The course is based on an on-line curriculum, allowing dissemination to other institutions. Research and evaluation has been initiated/is in progress
Future plans: INTER-PRAX: (near-final /final year: two weeks) - will train students in interprofessional clinical learning situations in hospitals, nursing homes or in the municipalities.The following IPE-activities will be planned: a) Interprofessional clinical practice in various clinical placements, b) University nursing home, c) Patient pathway from hospital to home-based service, d) Student training wards at the University hospital, e) University Health Centre.
INTER-SIM: (final year: two days) IP simulation of emergency situations.

Evaluation and research will be integrated in all IPE activities. We will define a detailed core curriculum, learning outcomes and activities, examination forms and ECTS, enhance faculty expertise in IPE tutoring, and address restraining factors to IPE as logistical barriers, professional cultures and attitudes and resistance to change among faculty and students. The new knowledge will be widely disseminated.

Application Document

Application Document

Upload application document	profile_SFU_INTERPROF_Application document_2013.pdf

Timeline and budget

Timeline and budget

Upload planned timeline and the activities to be conducted	timeline_Timeline_activities_INTERPROF.pdf
Upload plan for financial resource acquisition	financial_Funding plan_INTERPROF.pdf
Upload budget	budget_Budget_INTERPROF.pdf

Attachments

Attachments

- Appendix6_Organization_steering_management_INTERPROF.pdf
- Appendix5_CV_s_INTERPROF.pdf
- Appendix4_Current_positions_student_flow_H_Fac.pdf
- Appendix3_Report_quality_education_H_Fac_2012.pdf
- Appendix2_Letters_of_support.pdf
- Appendix1_Strategic_Plan_H_Fac_2009_2013.pdf
- timeline_Timeline_activities_INTERPROF.pdf
- profile_SFU_INTERPROF_Application document_2013.pdf
- budget_Budget_INTERPROF.pdf
- financial_Funding plan_INTERPROF.pdf

Comments

Comments to the application form (maximum 1500 characters)

The Application consists of the following components:
1. Application document
2. Budget
3. Funding plan
4. Timeline and activities
5. Appendix (number 1-6)

UNIVERSITY OF TROMSØ UiT

NOKUT
Postboks 1708 Vika,

0121 Oslo

Your reference:
Our reference:
Date: 12.05.2013

STATEMENT FROM THE UNIVERSITY OF TROMSØ REGARDING APPLICATION FOR CENTRE of EXCELLENCE in EDUCATION

I am pleased to confirm with this letter that the University of Tromsø support the application from our Faculty of Health Sciences to be awarded status as a Centre of Excellence in Education. We view the project as an important contribution to the achievement of our strategic goals.

Sincerely

for Jarle Aarbakke
Rector

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INTERPROF - Centre for Interprofessional Education in Health Sciences

Host institution: University of Tromsø – Norwegian University of the Arctic, Faculty of Health Sciences (H-Fac)
Consortium partners: University Hospital, North Norway (UNN) and Tromsø municipality
International collaborating institutions: Faculty of health sciences, Linköping University, Sweden; Faculty of Health Sciences, Aarhus University, Denmark; Dept of family medicine, Faculty of Health Sciences, McMaster University, Canada

Vision and goals

Our vision is to educate health care students for future interprofessional collaboration in a transforming society and a transforming health care system. By focusing upon interprofessional skills, student-active learning and patient-centred care we will address demands of the *Coordination Reform* with regard to:

- Shifting the focus from the dichotomous thinking hospital care vs primary health care to an integrated patient centred approach for seamless patient pathways
- Handling known and novel technologies in a changing health care sector
- Caretaking and treatment of patients of all ages, with a variety of cultural backgrounds, and who suffer from well-known and emerging health problems
- Achieving best possible results for patients and society and best possible use of available resources

In a consortium with our two major partners for clinical placements and together with internationally leading educational institutions in this field, the Faculty of Health Sciences will develop, implement and evaluate a three-component longitudinal interprofessional educational (IPE) curriculum to our health professional study programmes, which will include:

1. INTER - BASE – a 10-ECTS introductory course for all first-year students
2. INTER - PRAX – interprofessional team based learning activities in clinical practice setting
3. INTER - SIM – interprofessional simulations of emergency situations

We will define a detailed core curriculum including learning outcomes and activities, examination forms and ECTS, develop simulations and case studies, engage students in multi-professional learning groups, enhance faculty expertise in IPE tutoring, use digital technology in tutoring, and address restraining factors including logistical barriers as well as differences in professional cultures and resistance to change among faculty and students. The activities will be organized within a centre for interprofessional education in health sciences – INTERPROF. The new knowledge will be widely disseminated.

Introduction

WHO has expressed a strong need for improved collaboration between health professions within and across sectors and levels of health care(1). Interprofessional education (IPE) occurs when two or more professions learn with, from, and about each other to improve collaboration and the quality of care (2), and may contribute to improve outcome for patients with chronic diseases, shorten hospital stays, improve survival, increase patient safety, and improve patient satisfaction (1). In White paper No. 47 2009 *Coordination reform* (3), Norwegian health authorities pinpointed the profound challenges that Norway is facing with regard to organization and delivery of efficient and effective health care services. Better interprofessional collaborative practice is one explicit demand from our health authorities to overcome those problems. The need for new competences and for interprofessional learning in health care students is addressed in White Paper No 13 (2011-2012) *Education for welfare: Interaction as key (4)*. Core competencies for interprofessional collaborative practice have been defined (5) and should set the direction for IPE content and learning activities.

Furthermore, northern Norway is facing specific regional challenges regarding delivery of health services. Some 470,000 people populate 1/3 of the area of Norway. Urban centres and hospitals are few, and 56 out of the 88 municipalities have less than 3,000 inhabitants. Also, the historical lack of an educated workforce is not yet eliminated. In this multiethnic and multicultural region, the *Coordination reform* represents both a great challenge regarding equity and high quality in health services to all, and a unique opportunity for innovative solutions involving health personnel as well as novel technologies. The University of Tromsø and it's clinical placement partners has a special obligation to educate health personnel for North Norway.

Although IPE is being implemented on a large scale across educational institutions internationally, a number of fundamental questions remain and need to be addressed through systematic and comprehensive evaluation and research:

- How much (ECTS) of health care professional studies need to be devoted to IPE to obtain specified learning outcomes?
- Should learning outcomes be identical, or designed to programme level (BSc, MSc) and/or profession?
- What are the most adequate IP learning activities for students in the different cycles?
- Which knowledge, skills, and attitude are needed for faculty involvement in IPE?
- What are the most adequate learning activities and interactions in faculty development for successful implementation of IPE activities?
- Does IPE in undergraduate studies lead to improved intercollaborative practice in the health care sector?

Who are we?

This three-party consortium represents the largest and most important institutions for educating health personnel for northern Norway.

a) Faculty of Health Sciences, (H-Fac) (host institution)

The 2009 merger between the University of Tromsø (UiT) and the University College of Tromsø paved the way for the first and hitherto only faculty of health sciences in Norway. H-Fac has adopted a strong commitment to high quality in education, reflected in our strategy for education 2010-13 (Appendix 1). The faculty is the largest out of six at UiT, with eight departments, more than 1000 employees, and some 2700 undergraduate students and 300 phd students. Each year we admit > 650 students within 10 health care study programmes: nursing, occupational therapy, dental hygiene, physiotherapy, radiography, biomedical laboratory analyses, medicine, pharmacy, dentistry and psychology, in addition to several postgraduate specialties. The 2013 merger between UiT and University college of Finnmark will give us another 210 nursing students.

The faculty has a longstanding tradition of innovative study programmes. In 1990, the University College of Tromsø was the first in Norway to offer decentralized (off-campus) BSc for nurses (6), followed by physiotherapy, with the first internet-supported, partly off-campus physiotherapy programme world-wide (7). Medical students spend most of their 5th year in local hospitals (16 weeks) and primary health care (8 weeks). Subgroups of 24 students spend the two last years of medical study in the neighbouring Nordland county, and we are planning for a similar distributed campus for 10-15 students in Finnmark county. The 1973 innovative medical curriculum (8,9) has proved most successful in recruiting physicians to North Norway (10-12). Our dentistry students spend 6 months in dentistry clinics throughout North Norway, and 93% of the dentists who graduated from UiT since 2009 are working in this region.

b) University Hospital of North Norway (UNN)

UNN is the leading healthcare provider of the northern health region offering highly specialised medical treatment for some 500,000 people. UNN is also the local hospital for residents of parts of Nordland, Troms, and Svalbard and runs hospital facilities in Tromsø and 3 other sites. With 11 clinics, 6000 employees, 542 beds in somatic and 164 in psychiatric care and 330,000 outpatient consultancies a year, UNN also provides an excellent learning environment for health care students at UiT and university colleges in this region. Some 900 students from 20 different study programs undertake their clinical practices in UNN on a yearly basis, of which the largest groups are nursing (280) and medical (250) students. UNN has an ambitious strategy of education and has established a Unit of Education and Research with dedicated staff and a systematic approach to provide high

quality clinical placements. A Norwegian version (13) of a questionnaire (CLES+T) developed by Saarikoski (14) is used in an ongoing evaluation of clinical placement quality. Results of the survey will be used to improve the clinical learning environment.

In 2008, UNN went through comprehensive structural changes. Lean methodology and tools has supported the organizational change in order to improve patient pathways across functional and organizational borders. UNN will facilitate students' and researchers' access to hospital patient care projects in order to gain knowledge about the overall quality of work by focusing on processes. Students are invited to participate in projects, surveys and focus groups where Lean is the tool on improvement of quality in patient care.

Norwegian Centre for Integrated Care and Telemedicine (NST)

NST is a research and development department at UNN, aiming for telemedicine and eHealth services to be integrated into the health service provision. Technological and safe solutions for videoconferencing in emergency situations have been developed in collaboration between clinical departments at UNN and are used in clinical settings. VEMI (video based emergency medical interaction) (15) and VIDEOCARE (decentralised psychiatric emergency care through videoconferencing) (16) will be introduced to undergraduate students through the proposed centre.

c) Tromsø municipality

Tromsø (pop 70,000) is the host municipality of UiT and is the faculty's main clinical placement partner within primary health care. Each year, more than 630 H-Fac students spend more than 2,500 student weeks in currently uniprofessional clinical placements in Tromsø, including home based care services, nursing homes, rehabilitation centres, psychiatric institutions, and primary prevention services (public health nurses, midwifes), and in GP offices. Health care professionals are tutoring students as a part of their work. Tromsø municipality will provide those clinical placement arenas also for interprofessional learning, and will contribute to the interprofessional tutoring of students.

International collaboration (Appendix 2)

The Faculty of Health Sciences at Linköping University (17), Aarhus University (18), and the Dept of family medicine at McMaster University (19) are leading institutions with expertise of high relevance for the interprofessional learning activities in the proposed curriculum at UiT. We will bring their experiences with similar learning activities into our curriculum development for mutual benefit, we will share IPE experiences, evaluations, develop research joint projects through common workshops and papers and by means of INTERPROF adjunct professor positions.

Documented excellence in education

All undergraduate health professional studies at H-Fac will participate in the proposed IPE curriculum. Quality in education will therefore be described on a faculty level and with examples from individual study programmes.

Recruitment of students is generally stable and good, but with some variation for specific programmes. The faculty has implemented a plan for student recruitment, addressing all stages in the recruitment process, as described in our yearly Report on Education (Appendix 3).

Student flow, credits and candidate production is generally satisfactory. Student dropouts are few after the initial few weeks; on average 90% finished their studies according to individual plan during 2009-2012. (Appendix 4, Table II).

Exams are given in a number of varieties; oral rehearsals, mimicking real patient encounters, written (short essays, MCQ, written home assignments). The percentage of H-Fac students who do not pass their exams was 8% -9% through 2009-2012 (20).

Pedagogical platforms: Our professional study programmes are free to choose pedagogical platforms, but all are focussing on student activating learning activities. Problem based learning (PBL) is the platform for at least four study programmes. The 1973 integrated medical study programme (8) is implementing a new curriculum from 2012, with an emphasis on case based learning (CBL), team based small group learning, mentoring by experienced clinicians (MDs), and interprofessional learning (21).

The UiT **study quality assurance system** was approved by NOKUT in 2012.

Student evaluation of study programs occur on a regular basis (Appendix 3), using Questback surveys, focus groups, or regular discussions with whole classes of students. Students are members of all programme committees. In nationwide surveys, our medical students scored themselves higher in clinical competences and motivation for clinical work than others (22, 23).The INTER-BASE introductory course [HEL-0700 (10 ECTS)] was run as a full scale pilot for > 650 students in autumn 2012, with learning outcomes focusing on ethics, communication skills, knowledge of the Norwegian health care system, and reading and writing academic texts. Student evaluation was generally positive with regard to interprofessionality and subject matter, but there were problems connected to logistics, ICT and harmonisation of student assessment. An external research organisation (NORUT) has evaluated the project (24). The findings will be systematically addressed in the planning of next year's course.

Peer teaching occurs within and across study programmes: a) Physiotherapy vs nursing and dentist assistant students, b) medical vs medical students in small group teaching. Medical students are trained as instructors at our Skills training and simulation centre (FOSS). Peer teaching will be a mandatory learning activity in the revised medical curriculum (21).

Staff qualifications: Among those 529 scientific and/or pedagogical staff members (i.e "faculty"), 353 hold a phd degree or are qualified as professor/associate professor) (Appendix 4, Table I). In principle, all faculty members have a shared position of teaching/research, commonly 50/50 or 80/20 in scientific and pedagogical staff, respectively.

Research activity at H-Fac is organized through 51 thematic research groups of which one is the Research group for Education in Health Sciences, head: Bente Norbye (Appendix 5). All groups have strategic leadership and both faculty and students are included as active participants(25). Research output and quality is generally good to excellent, as evaluated by the Research Council of Norway in 2011, with a few groups graded fair or weak.

Student participation in research: As a part of the national strategy to recruit more physicians into research, we admit a maximum of 10% of medical students per year into a MD-PhD trainee programme with more applicants than we can admit. Plans are in progress for a similar programme in dentistry. Master students in psychology are invited into department research groups.

Research within education and evaluation of study programmes has been a part of the faculty's research portfolio long before the formal organizing into research groups. Previous evaluations and research of relevance to this application may be characterised under the following headings: a) structure and evaluation of study programmes, b) students' clinical and communication skills, c) clinical decision making, d) development of teaching programmes.

We participate in the EKKO-project (evaluation of clinical and communication skills in medical students) together with researchers at the medical faculties of UiB, UiO and NTNU (26).

The ongoing implementation of a revised medical curriculum is being evaluated in a research study by prof II Sylvi Hovdenak (Appendix 5), who uses qualitative methods including focus groups and observational participation, and who has free access to all relevant meetings and documents.

A research proposal on IPE submitted for the RCN call PraksisVEL in 2012 (Appendix 5) received high scores (6 /7) but no funding. A pilot study will be funded by H-Fac and will be run in a rural site in Troms in parallel with the proposed INTER-PRAX part a) clinical placements in Tromsø. The project by Bente Norbye (Appendix 5) will use an action research approach.

Faculty strategy and actions for high quality in education

The 2009 merger did not only merge two institutions, but brought together two different cultures within higher education: the university college tradition with a strong emphasis on pedagogy and education and less emphasis and competence in research, and the university tradition with the opposite priorities. Building on a 20-year long history of co-localisation at the university campus and collaboration on interprofessional education of health care students (27-29), the new faculty has taken a deliberate effort to take advantage of and maximise our gains from the merger of the former

Faculty of Medicine and the University College Dept of Health Sciences, reflected in our strategy for education 2010-2013 (Appendix 1) and in the yearly educational report (Appendix 3).

In order to strengthen pedagogical competence of our staff, and to increase the interest and prestige of teaching as compared to research, we have recently established:

Centre for innovative pedagogical and ICT-based education in health sciences (2012) which will develop/offer: Online course and seminars in mentorship and student tutoring, teacher assistance in planning of innovative learning activities, meeting point for educators across study programmes (Pedagogical forum), and a common "base" for research in education.

Mandatory multiprofessional seminar for all faculty members on the national qualification framework and student activating pedagogy.

Biannual two-day regional conference in education: a joint H-Fac and Regional Health Trust of Northern Norway (Helse Nord) enterprise, addressing topics relevant to the *Coordination reform* and interprofessional education and collaborative practice (200 participants in 2011, 160 in 2013).

Tutor seminars – yearly seminars for clinical practice tutors for quality assurance of placements.

Joint Boards of Education which handle educational issues of common interest. The UNN/H-Fac Joint Board of Education administers a yearly budget of NOK 10 mill from UNN and NOK 3 mill from H-Fac, enabling incitements for better collaboration and innovative practice components. The Tromsø municipality/H-Fac Joint Board of Education administers about NOK 1 mill per year on actions to improve student tutoring in clinical placements.

Sabbaticals for education (1-2 semesters) (2011) (complementary to sabbaticals for research)

Combined clinical and teaching employments in UNN and H-Fac (2012): 20% adjunct positions to enhance collaboration; 35 positions for the allied health professions included 15 for nurses.

Coordinator for clinical placements in Tromsø municipality, funded 50/50 by the municipality and H-Fac. Similar coordinator positions are planned for rural municipalities

Formal contracts with placement institutions: To ensure long term sustainable clinical placement arenas, H-Fac has signed formal agreements with collaborating hospitals and with all (groups of) municipalities in North Norway.

INTERPROF Centre organisation and governance

The centre will be established at the Faculty of Health Sciences under the direction of Vice Dean of Education Inger Njølstad. Mari Wolff Skaalvik will serve as the Centre manager. There will be a leader and co-leader for each of the three working groups. Study programme leaders and student representatives from participating programmes will form the working groups. The three consortium participants will set up a governance structure which will be in place when the project starts. A

steering committee with members from the consortium partners, students, and the Norwegian Association of Local and Regional Authorities (KS) will be established for 5 years and report to the Faculty Board and NOKUT. The steering committee will give overall guidelines for the three working groups (Appendix 6). The working group leaders report to the Steering committee through the Centre manager. An international advisory board will be established with members from our three collaborating institutions (Appendix 6).

Core activities and development tasks

We will offer an interprofessional longitudinal curriculum to all our undergraduate health professional programmes, with a common core and yet designed for each programme. A detailed description of the three IPE curriculum components is included in the attached Timeline and Core activities document. Overall learning objectives will be worked out, and should cover (30):

- To elevate patient-centred care from individual interactions with patients, to the interprofessional team level
- Discuss and reflect upon the meaning the professionals give to values, language, culture, and actions implicit in healthcare interactions with patients
- Demonstrate interprofessional, patient-centred care processes in practice with individuals and families
- Reflect upon and describe interprofessional, patient-centred principles

Evaluation and research will be integrated in all following IPE activities and will be carried out in collaboration with our international partners

INTER-BASE: (first year: 10 ECTS) is a mandatory, partly e-learning introductory course for all 650 first year students across ten professional study programmes. The course introduces the students to an interprofessional approach from their first semester, providing a base of common values which facilitates interprofessional learning. The course is run over a 3-month period in parallel with other learning activities. Interprofessional student groups of 10 meet with a tutor/mentor from day one.Learning outcomes focus upon: 1) Professional ethics and communication 2) Structure of the health care system in Norway exemplified by a case (patient pathway) 3) Reading and writing academic text. Blended learning pedagogy is used and includes lectures, interprofessional on-line discussion groups, clinical placement, seminar for reflective learning, and individual written assignments on patient pathways. The course is based on an on-line curriculum, allowing dissemination to other institutions.

Research and evaluation has been initiated (24, 31) / is in progress.

INTER-PRAX: (near-final /final year: two weeks)

INTER-PRAX will train students in interprofessional clinical learning situations in hospitals, nursing homes or in the municipalities, and will vary according to locally available learning sites during clinical placement periods. Accordingly, we will develop several equivalent activities. Learning activities are: team based problem solving of complex cases in real clinical settings, involving students from 3-4 study programmes. Assuming that interprofessional competencies require active participation in several IPE situations over time, we aim to let all students participate in relevant IPE- clinical situations with patients for at least two weeks during their last years of studies. The following IPE-activities will be planned:

a. Interprofessional clinical practice in various clinical placements
b. University nursing home
c. Patient pathway from hospital to home-based service
d. Student training wards at the University Hospital North Norway (UNN)
e. University Health Centre

INTER-SIM: (final year: two days) interprofessional simulation of emergency situations. Following an implemented simulation model at the University of Linköping coupled with the existing resources at FOSS Skills lab and Simulation centre, simulation of emergency situations will be offered to undergraduate students of medicine and nursing in their final year of study. Small groups of students will participate, actively playing roles as professionals and family members etc. Whether other undergraduate student groups should be included in INTER-SIM has yet to be decided. We will use video assisted debriefing, and will introduce students to remote tutoring via VEMI and VIDEOCARE concepts (15,16) and mobile platforms developed at NST.

Collaboration with UiT units

RESULT - Resource Centre for teaching, learning and technology

H-fac has developed the INTER-BASE introductory course in a close collaboration with RESULT. UiT is using Fronter as a learning management system. The INTERPROF consortium will collaborate with RESULT on net-supported and digital tools to be used in IPL. A preliminary list includes

1. Cases for IPE, incorporating multimedia (video, photos, animations, text, sound). Virtual patient cases based on the digital learning tool OpenLabyrinth are already being developed.
2. Virtual worlds (SecondLife and SIMS) for IPL connected to patient cases, possibly using CaseConnexion (32).

3. Videobased learning resources including videos produced by students and/or teachers.
4. Use of collaborative digital tools (Adobe Connect, discussion forum, Share Point etc) and HelseTV, our locally produced platform/database for quality controlled educational films.

ProTED Centre of excellence in education

ProTed's existence on the same university campus as INTERPROF offers great possibilities for synergetic effects in general. More specifically the two Centres will arrange one to two annual seminars to ensure exchange of experience and pinpoint mutual challenges. Development of useful indicators for quality in education is one area of interest. Also, designs of faculty development activities enhancing expertise in tutoring of students both on-campus and in professional practice activities may be developed in collaboration. We anticipate that areas of educational research have potentials for collaboration on several levels.

Innovation and Dissemination

IPE curriculum and faculty IPE development programme will be presented and shared through a website, at national and international meetings and conferences, and through our existing networks with other institutions of higher education in Norway. Faculty from other institutions are free to adopt our blended educational modules. Our distributed/ decentralized study programmes necessitate IPL activities that can be offered to all our off-campus students, thereby encouraging the use of e-learning elements and videoconferencing as integrated parts of IPE, also ensuring dissemination to partner institutions and the health care sector throughout and beyond northern Norway.

Added value of a Centre for excellence in interprofessional education

The Centre will strengthen an existing collaboration between the Consortium partners and will ensure a clear and committing IPE consortium profile. It will ensure high quality interprofessional learning activities and enable sustainable environments for evaluation and research on IPE and for addressing obstacles for successful IPE, such as differences in professional cultures and attitudes. Finally, a Centre of excellence will facilitate Norway's participation in international educational research networks and contribute to increased prestige and interest for teaching and education within health professional educations.

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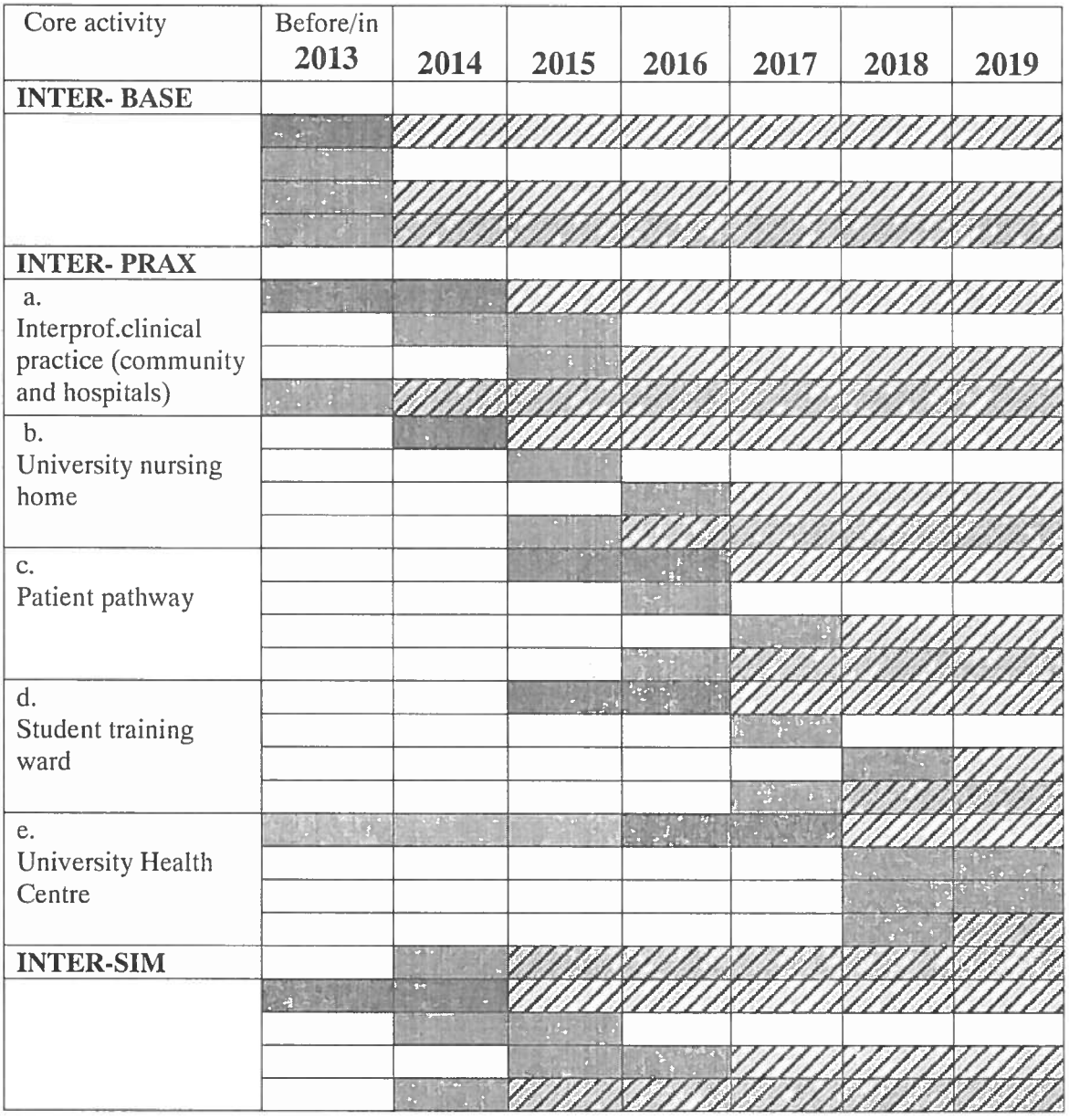
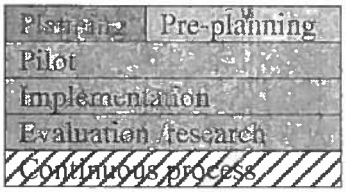
INTERPROF
Centre for Interprofessional Education in Health Sciences

Timeline Year 2013-2019 (Project plan 2014-2018)





Description of the core activities

INTER – BASE
Leader: Professor (Docent) Ragnhild Nilsen UiT

Current activity
In a close collaboration with the university resource center (RESULT) we have developed a mandatory e-learning introductory course for all 650 first year students across 10 health care programmes. The course introduces the students to an interprofessional approach from their first semester of studies providing a base of common values which facilitates interprofessional learning. The course was carried out as a full scale pilot in autumn 2012. The 10 ECTS are extended over a period of three months running in parallel with other learning activities in the ten participating programmes.
The students will meet from day one in interprofessional groups of 10 students with a tutor/mentor
Learning outcome focus upon:
1) Professional ethics and communication 2) Structure of the health care system in Norway exemplified by a case (patient pathway) 3) Reading and writing academic text
Blended learning:

- Day 1 Introductory seminar: All 650 students together; live lectures from patient and health workers perspectives, meeting in interprofessional group to get to know each other and plan the groups´ future work on communication and ethics.
- E-learning during the course: on-line lectures, written texts, video films (cases on ethics and communication) serve as introduction and inspiration for the group discussions.
- Discussion groups in Fronter with and without mentor
- One-day observation in different clinical placements, meeting patients and care takers.
- Individual reflective report on experience from the observation and patient meeting.
- Interprofessional half-day seminars where groups of students present a chosen topic within ethics and communication based upon their experience from meeting with patients for other students; using sketches combined with student led discussions.

10 ECTS, written digital examination: 1) Patient pathway described by a case. 2) Text, discussing what skills is needed for becoming a professional and interprofessional competent health worker.

Evaluation and research: Pilot study 2011/12 (250 students) the students evaluation was mainly positive. The evaluation of the full scale pilot in 2012/13 (650 students) showed some expected problems. The project is complex and the organizing turned out to be the main challenge. Resistance among faculty members and problems recruiting the amount of tutors needed was another challenge. There were some unforeseen issues as well, like a three week long strike disturbing the planning. In addition the examination process revealed major differences in assessment of student assignments. These kinds of obstacles to interprofessional education are known[1]. An external research organization (NORUT) has evaluated the project[2]. The report's findings as well as other observed weaknesses will be systematically addressed in the planning for the next year's course.

INTER – PRAX

Leader: Assistant professor Ellen Birgitte Pedersen

Inter- prax will train students in interprofessional clinical learning situations in hospitals, nursing homes or in the municipalities and will vary according to locally available learning sites during clinical placements periods. Learning activities are: team based problem solving in complex cases in real clinical settings involving students from 3-4 study programmes. Assuming that interprofessional competencies require active participation in several IPE situations over time, we aim to let all students participate in relevant IPE- clinical situations with patients for at least two weeks during their last years of studies. The following IPE-activities will be planned upon centre formation:

a. Interprofessional clinical practice in different clinical placements
b. University nursing home
c. Patient pathway from hospital to home-based service
d. Student training wards at the University Hospital of Northern Norway (UNN)
e. University Health Centre

E-learning: E-learning will be used to support the students' learning in their clinical placements including on-line tutoring, films, photos or animations and the locally produced HelseTV as well as other e-learning resources available.

a. Interprofessional clinical practice in different clinical placements

Project partner: UNN, Tromsø municipality, and distributed sites in the rural area. The aim is

[1]2011 Interprofessional Education Collaborative Expert Panel. Core competencies for Interprofessional Collaborative Practice

[2]Gaski M. NORUT-Rapport 2013:4

to create IP-learning situations in existing uni-professional clinical placements. Students from different programmes located at the same institution or community will meet patients and develop professionally through a set of IP- learning outcomes focusing upon the patient's needs

Current activity: The initial planning has started; a meeting with stakeholders is scheduled in May 2013.

Pilot: The first pilot will hopefully take place in 2014 depending upon the capability of participating partners.

Implementation: In 2015 all health care students will have two weeks of IPE-practice during the last two years of their studies.

Evaluation and research: An actions research project is in its very beginning, aiming at: *"... to improve professional health education... and to provide knowledge of professional cooperation and inter-professional learning processes in real life practices."*[3] In this project new clinical IPL activities will be created, learning outcomes will be described and the students´ process of learning will be followed throughout the course.

b. University nursing home

Project partner: Tromsø municipality

The aim is to use one or two nursing homes in the municipality of Tromsø as IP teaching arenas for groups of students working on learning activities and patient cases relevant for their future professional roles.

Examples:

Polypharmacy: Students in pharmacy, medicine and nursing address the problem of polypharmacy with a group of selected patients. Students will learn about illness and medication in addition to other professions skills and competencies. After the two weeks they will be asked to reflect upon the effects of interprofessional cooperation.

Rehabilitation: Students of physiotherapy, occupational therapy, medicine and nursing work together in order to create rehabilitation and activity programs for the patients.

Quality improvement: Different groups of students are given a task in which they will have to improve an existing practice.

Current activity: No

[3]Appendix 5

Planning: The staff at the nursing home will plan the upcoming activities together with the program coordinators at UiT, staring in 2014

Pilot: One nursing home will be selected as a pilot. Depending upon participation and interest from the municipality and the study programmes, and funding of a coordinator, the first pilot may take place in 2015.

Implementation: After evaluation of the pilot, the project may expand, and more students will be able to take part in nursing home activities. Hopefully other nursing homes may be included in the project.

Evaluation and research: The project and the students learning outcomes will be evaluated followed by necessary refinement, and the project will be followed by research.

b. Patient pathway from hospital to home-based service

Project partner: UNN and Tromsø municipality together with other distributed municipalities.

International collaborator: Aarhus University, Denmark.

Our early plans are based on ideas from Aarhus University. IPE groups of students follow a patient ready for discharge; one week at the hospital, then the transfer from hospital to the home care service, and finally one week in the home care setting.

Possible learning outcomes (adapted from Aarhus University):

The students will, through describing, assessing and reflecting upon a chosen patient's pathway from hospital to home, be able to:

- *Discuss their own competencies and skills compared to the other professions roles, competencies and working conditions*
- *Discuss the importance of the transmission of knowledge between the sectors of care*
- *Discuss how the organizational frames of the health care sector support or hinder interprofessional cooperation.*

Current activity: No.

Planning: Planning can start in 2015

Pilot: The first pilot should be done in 2016 in collaboration with Tromsø municipality, combined with further planning to extend the project to patients from other municipalities which will give the students experiences from the rural areas.

Implementation: The project can be fully implemented in 2016, depending upon funding and support.

Evaluation and research: The project is inspired from Aarhus University and implementation in two institutions of different nationalities will give a great opportunity of comparative research.

d. Student training wards at the University Hospital of Northern Norway (UNN)

Project partner: The university hospital Northern Norway (UNN)

International collaborator: Linköping University, Sweden.

The students training ward will to some extent be based upon experiences from the students ward in Linköping, yet tailored to the local context. Students will be responsible for the care and the clinical management of the patients in a ward at UNN. The students are expected to function as a clinical team to deliver safe, high-quality patient-centered care. The students will be supported by their profession specific supervisors, who will take an active role in the orientation and debrief of students, and who will oversee the implementation of the students' care plans.

Current activity: No

Planning: A student training ward is demanding, especially for the hospital involved. Depending on funding of a coordinator, the planning may start in 2015.

Pilot: 2017

Implementation: 2018

Evaluation and research: The model is inspired from the experience from Linköping, and research projects will be planned in collaboration with Linköping, Aarhus and McMaster Universities exploring the student ward as an IP-learning site.

e. University Health Centre

Project partner: Tromsø municipality and UNN.

International collaborator: Department of Family Medicine (prof. David Price), McMaster University, Canada.

The aim of this project is to create an interprofessional learning environment for different kinds of health care students as a part of the health care service in the municipality of Tromsø. Family health centers in Hamilton, Canada serve as models. The centers in Hamilton are fully planned with all positions combined between the university and the municipality. Students in these settings experience interprofessional team-based care, supervision from the staff and formal teaching sessions on site.

The municipality of Tromsø received a grant from the Norwegian Directory of Health to plan a "university family physician centre". In meetings between H-Fac and the municipality the plans have developed into the idea of planning for a university interprofessional health centre similar to the centers in Hamilton, with some local adaptations. The plans are ambitious and encompass a partly reorganization of the structure of the health services in Tromsø. In the University health centre family physicians, PTs, OTs, nurses, midwifes and psychologists will be localized together working around the same (the physicians´) patient population, addressing the problems of the system of to-day where interprofessional cooperation is made difficult because of lack of congruence in patient population.

Current activity: preliminary discussions have started

Planning: A new organization of some of the health care services is required, and might include new buildings. In the beginning only doctors with combined positions at the university will participate; however our aim is for the Centre to become an interprofessional teaching and learning site.

Pilot: A pilot including one or more professions together with the physicians may be launched in 2017 or 2018.

Implementation: Implementation will most likely be done gradually, gaining experience along the way, starting one year after the pilot.

Evaluation and research: Evaluation and research will be done in collaboration with our partners at McMaster University, Aarhus and Linköping.

INTER-SIM

Leader: Assistant professor Liv Mari Brandt UiT, Co-leader: Assistant professor Rita Stenseth, UiT

International collaborator: University of Linköping. Networking: SUN (Simulation User Network), SESAM (Society in Europe for Simulation Applied to Medicine

Current activity: FOSS – Centre for skills training and simulation – is owned by H-Fac and is centrally located on the UNN premises. It is intended for all health professional students, who have first priority for learning activities and for health professionals. The 250 sqm centre has rooms for simulations and is equipped with five high-tech simulation mannequins from babies to adults (SimNew B, SimBaby, SimJunior, SimMan2G, and SimMan3G). Simulation of surgery and emergencies scenarios have been implemented in the nurse specialties education since 2006 and follow a pedagogical model adopted from Danish Institute of Medical

Simulation (DIMS). All students participate multiple times in scenarios across the nursing study programmes, and debriefing with and without videoassistence is used. Simulations may include actual health professionals from anesthesiologists and pediatrics to ambulance drivers. Two local facilitators are licensed for educating new facilitators.
Examples of scenarios: a critically sick child, anaphylactic shock, the multi-traumatized patient etc. Some scenarios are bought from SimStore or developed locally. Written cases are used together with simulations during the yearly "Trauma week" for the five nurse specialty educations. Student evaluation is highly positive. In 2012, a pilot project was run, an interprofessional full scale simulation "in situ" in a local hospital in Finnmark (Hammerfest hospital) with nurse students and local health professionals.

Planned activity:
Following an implemented simulation model at the University of Linköping coupled with the existing resources at FOSS, simulation of emergency situations will be extended to include undergraduate students of medicine and nursing in their final year of study. Small groups of students will participate, actively playing roles as professionals and family members etc. Whether other undergraduate student groups should be included in INTER-SIM, has yet to be decided.
Possible learning outcomes:

- Explore collaborative ways of improving communicative aspects of clinical care.
- Improving attitudes toward interprofessional collaboration.
- Knowledge about teamwork and enhance teamwork attitudes.
- Handle emergency situations adequately in an IPL-team

Evaluation/research: Research projects will be planned during the pilot phase.

Distributed simulation sites:
A group of 24 medical students spend their 5^{th} and 6^{th} year of study in Nordland, based in the regional hospital in Bodø. Another group of 10-15 medical students may in future be based ain Finnmark for the two last years of study. After the merger with the Finnmark University College the BSc program for nurses (a total of 210 students) in Hammerfest has become a part of the UiT. INTER-SIM should be arranged in those distributed locations.

	Position	2014	2015	2016	2017	2018	Sum	Source of funding
Scientific Centre Leader	10 %	120	125	130	135	140	650	UIT
Centre Manager	100 %	800	832	865	900	936	4333	NOKUT
Administration	100 %	626	651	677	704	732	3391	NOKUT
Indirect costs (manager, administrator)		520	520	520	520	520	2600	UIT
Steering Committee								
Members other public	3x5%	160	166	173	180	187	867	Other public\UNN\Tromsø municipality
Members UIT	8x5%	120	125	130	135	140	650	UIT
Travel (manager\steering comimitee\advisory board)		25	25	25	25	25	125	NOKUT
Operating costs centre		54	50	50	50	50	254	NOKUT
Seminar ProTED			50		50		100	NOKUT
Overhead 3,5%		105	105	105	105	105	525	NOKUT
Dissemination (web sites, conferences, workshops)		75	75	75	75	50	350	NOKUT
INTER-BASE								
Leader	20 %	160	166	173	180	187	867	UIT
ICT-programme developer, RESULT	20 %	224	230	237	244	251	1187	UIT
Study program coordinators	10x10%	826	851	877	904	932	4391	UIT
UNN/Tromsø municipality coordinators	2x5%	80	83	87	90	94	433	UNN and Tromsø municipality
Research position	50 %	560	576	593	610	628	2967	UIT
Research position (Linköping)	20 %	155	161	168	174	181	840	NOKUT
Travel costs		50	50	50	50	50	250	NOKUT
INTER-PRAX								
Leader	20 %	160	166	173	180	187	867	UIT
a. Interprof. Clinical practice								
Coordinator UIT	20 %	224	230	237	244	251	1187	UIT
Tromsø Municipality coordination tutoring	10 %	112	115	119	122	126	593	Tromsø municipality
UNN coordination tutoring	5 %	56	58	59	61	63	297	UNN
Research position	50 %	224	230	237	244	251	1187	UIT
b. University nursing home								
Coordinator UIT	10%/ then 5%	112	115	59	61	63	410	UIT
Coordinator Tromsø municipality	20 %	155	161	168	174	181	840	NOKUT
Research position	50 %	660	676	693	710	728	3467	Other public
C. Patient pathway								
Coordinator UIT	10 %	112	115	59	61	63	410	UIT
Coordinator Tromsø municipality	10 %	112	115	59	61	63	410	Tromsø municipality
UNN coordination tutoring	20 %	162	169	176	183	190	880	UNN
Research position (Aarhus)	20 %	155	161	168	174	181	840	NOKUT
Travel costs		50	50	50	50	50	250	NOKUT
d. Student training ward.								
Coordinator UIT	10 %	112	115	59	61	63	410	UIT
Coordinator UNN	20 %	155	161	168	174	181	840	NOKUT
Research position	50 %	400	416	433	450	468	2167	Other public
e. University health centre								
Coordinator UIT	10 %	112	115	59	61	63	410	UIT
Coordinator Tromsø municipality	10 %	78	81	84	87	91	420	NOKUT
Coordinator Tromsø municipality	5% then 10%	40	40	40	90	90	300	Tromsø municipality
Travel costs		75	75	75	75	75	375	NOKUT
workshops			50		50		100	NOKUT
INTER-SIM								
Leader	20 %	224	230	237	244	251	1187	UIT
UNN coordinator	10 %	78	81	84	87	91	420	NOKUT
Training fasiliators			50				50	NOKUT
SIM-baby/SIM-Man					700		700	NOKUT
SUM		**8227**	**8619**	**8429**	**9536**	**8979**	**43791**	

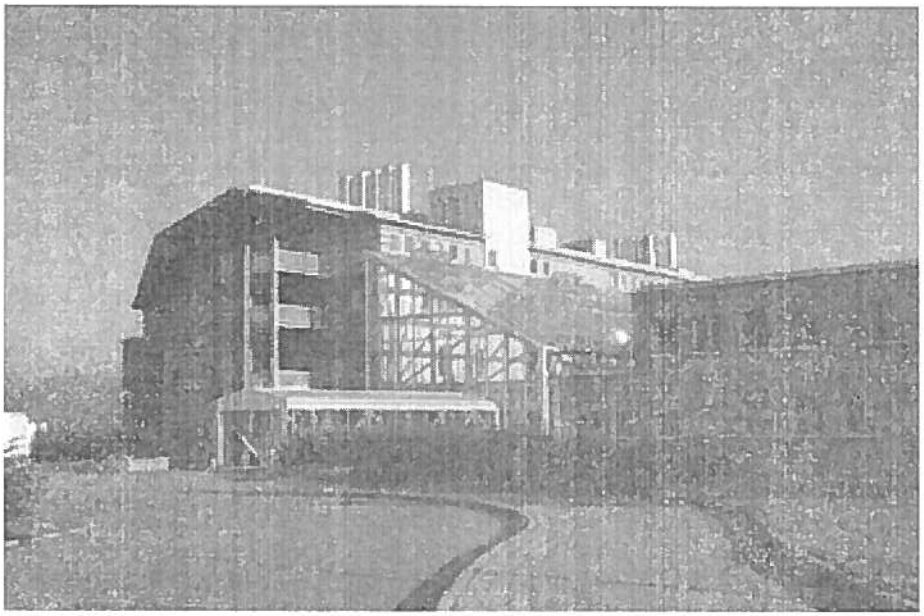
(Costplan in NOK 1000)

FUNDINGPLAN		2014	2015	2016	2017	2018	SUM
University of Tromsø (UIT)		3 810	3 912	3 781	3 884	3 991	19 378
University Hospital (UNN)		218	226	235	244	253	1 176
Tromsø municipality		264	270	218	273	278	1 304
Other public funding		1 300	1 342	1 385	1 430	1 477	6 933
From NOKUT		2 635	2 869	2 811	3 706	2 980	15 000
SUM Fundingplan		**8 227**	**8 619**	**8 429**	**9 536**	**8 979**	**43 791**

(Fundingplan in NOK 1000)

Faculty of Health Sciences
Strategic Plan 2010-2013

Well done is better than well said



Foreword

The strategic plan for the Faculty of Health Sciences 2010 - 2013 outlines the direction for the faculty over the next few years. The plan is rooted in the "Strategic document for the University of Tromsø 2009 - 2013" and the university's corporate values.

The faculty's strategic plan was developed in comprehensive collaboration between the faculty management, department representatives, employee representatives and students through four work groups; education, research and professional development, dissemination and public relations as well as the human element in the organisation. Representatives from the public health service have also participated in the work groups. Following external consultation and internal processes, the revised plan was adopted by the Faculty Board in January 2010.

The faculty's strategic plan outlines how we will utilize our resources and our competence in order to best be able to accomplish our mission and contribute to development of the community and the region as Northern Norway's faculty of health sciences. We shall deliver health science education, research and dissemination of high quality. The strategy shall also support further development of a modern, efficient, open and inspirational organisational culture that makes us an exciting workplace and an attractive partner for other organisations in the sector.

The strategy's significance is reliant on the degree to which it triggers determined actions within education, research and dissemination. Consequently, the overall objective has been to involve all staff and students in order to create ownership of and quality in the plan by using the competence of the entire organisation. The plan shall be a motivating and governing framework in order to be able to prepare specific annual plans parallel with the annual budget allocation. As such, there will be a correlation between objectives and available resources. In this way, we will move from strategy to action through annual plans and budget allocations. The requirement in order to be able to do this lays, of course, in the faculty's human resources – committed, good leadership and employee responsibility in collaboration with motivated students.

Chair of the Faculty Board Åge Danielsen
Dean Arnfinn Sundsfjord

The faculty's vision

The Faculty of Health Sciences shall be an innovative centre of power for multidisciplinary health science education, research and dissemination with a special responsibility for the population in the High North.

The Faculty of Health Sciences is a resourceful national innovation. The offensive gathering of all programmes of study relating to health professions gives perspectives and creates expectations. An arena has been created for multidisciplinary interaction in the education of the healthcare professionals of tomorrow. Educational provisions, competence requirements and teaching arenas must be relevant and adapted to meet society's needs.

The university sector has a special responsibility for basic research. The new faculty also provides opportunities for modern multidisciplinary health research in a broad sense, in close collaboration with the practice field. In this way, we can further develop the competence of practitioners in complex vocational and professional fields.

Ever since its formation, the regional perspective has been a dominant part of the university's profile – now also with a special focus on competence as the central infrastructure in the development of the High North. The new Faculty of Health Sciences shall also be Northern Norway's faculty of health sciences. With our 950 staff and almost 3000 students, in collaborate with the clinical practice field we have a special responsibility for being a resource and pushing for the population in Northern Norway to have the best provision of competent and caring health professionals.

The University of Tromsø shall also have an international profile over and above the High North perspective. The faculty shall take to heart that modern research demands participation in international networks and will arrange for this. We also have academic environments and individual employees with a strong commitment to international solidarity work. The faculty shall contribute with competence in order to strengthen the research and education environments in developing countries.

The university's corporate values

Activities at the University of Tromsø shall be characterized by:

Openness and closeness
Staff and students shall work in an academic, professional and social collaboration that is open to impulses, thoughts and ideas. The closeness that characterizes the relationship between staff and students shall be taken care of.

Open exchange of opinions and dialogue between people with different backgrounds, competence and life experience shall lay the foundation for knowledge exchange, a positive and inspiring working environment and fruitful relations with the societal and professional fields outside the university. Efforts to further develop the university as a zone free from racism shall continue.

Academic freedom
The university shall protect and promote academic autonomy and individual academic freedom so that the university can accomplish its tasks in an independent and critical manner. Staff shall have the right to choose the topic and method of their research or development work within the scopes that result from employment conditions or special agreements.

Commitment
The university shall be interested in asking questions and finding answers, but also with managing, disseminating and applying its knowledge in close interaction with the surroundings. Staff and students shall be encouraged to engage in critical participation in public discussion, based on respect for human rights, equality and freedom of speech.

Creativity
The university shall be creative and innovative, both intellectually and in the manner in which we operate our activities.

Traditions and continuity shall be combined with a willingness to see and do things differently and better than before. The university shall distinguish itself as a creative and adaptable organisation.

Credibility
Activities at the university shall be operated in accordance with high professional and ethical standards. The activities shall be characterized by equal opportunity, equality and confidence. Work involving education, research and dissemination shall be subject to continual quality assurance and review in relevant forums. The ability to see the opportunities and limitations of its discipline is a prerequisite for professional development. Staff and students shall be interested in and informed about the risk associated with the activities in which they are participating.

Education

The Faculty of Health Sciences has 2900 students spread among a total of 35 different programmes of study/programme options. The portfolio covers 10 programmes of professional study, further education provisions, thematic and subject-specific Master's degree programmes and one-year programmes in medical disciplines and psychology. The broad educational provision represents challenges, but at the same time provides opportunities for professional and pedagogical development.

The faculty shall offer courses of study for professional practice in health sciences and courses of study with a view to health science research. The faculty shall also offer courses of study within biomedical subjects and promote research interest among the students with the intention of translational activities towards medical environments.

The educational activities shall promote the formation of a separate health science professional identity among students on programmes of professional study and willingness to cooperate and interact with other groups of healthcare professionals.

We shall use teaching methods that shall make the student conscious of the contribution of the various health disciplines' towards promoting health and prevent, treating and alleviating illness and suffering.

The structure and content of the studies shall motivate the students to choose future workplaces within the entire region of Northern Norway and to work within all sectors of the health service.

The studies shall provide competence that makes the candidates graduating from the faculty attractive on the national and international labour market.

The design of the programmes of professional study shall occur in close collaboration with the clinical practice institutions, i.e. the University Hospital of Northern Norway (UNN) and other health enterprises in the region, county municipal clinics and the municipal health service.

Objectives for education 2010-2013

1. The faculty shall offer programmes of study that are aimed towards the future competence requirements of the population and professional fields by

- the continuation and further development of established programmes of professional study and relevant Master's degree programmes with a view to the best possible quality in the educational provisions
- establishing new Master's provisions that are related to the population's requirement for health services, secure efficient resource utilization in the academic environment and have a stable basis of recruitment
- offering education in biomedical disciplines that are aimed at work and research within medically-related business activities
- offering quality-assured international exchange programmes and course components in English in all programmes culminating in degrees at the faculty
- further developing the use of clinical practice in the programmes of study and start using more educational arenas for all students on programmes of professional study in the municipal health service, at the health enterprises and at other health institutions in the region
- creating a win-win situation in which supervision of students contributes to increased professional competence at the clinical practice arenas

2. The faculty shall strengthen the pedagogical and academic competence of teaching staff and supervisors by

- securing an academic leadership of the programmes of study that promotes the staff's pedagogical competence and high quality of the programme of study and education
- establishing departmental forums for people with academic responsibility that ensure that the department's educational duties are attended to
- developing a good culture for exchanging of teaching on an inter-disciplinary and inter-department basis
- developing and offering training for supervisors in collaboration with the clinical practice field
- giving R & D sabbaticals to pedagogical development work and merits, including remuneration incentives for good teaching efforts
- creating multidisciplinary arenas for the exchange of pedagogical competence and teaching experiences, including annual education seminars/conferences in collaboration with the practice field

3. The faculty shall stimulate good interaction skills among students by

- arranging for teaching arrangements across the programmes of study
- developing new learning arenas via web-based solutions and in clinical practice involving interdisciplinary examination, care and treatment of real patients
- establishing a skills and simulation centre (SimSenter Nord) in collaboration with UNN and other actors, and use simulated learning situations in order to train in complex and difficult clinical issues

4. The faculty shall be a leader in flexible and decentralized education by

- the continuation of established decentralized programmes of professional study and working to establish educational provisions that may be implemented on a part-time basis and with a larger element of non campus-reliant teaching
- increasing information and communication technology (ICT) competence among the teaching staff and have solid support functions for computer-based learning
- adopting ICT tools that focus on student-active learning forms and work with issues that are relevant to clinical practice

5. The faculty shall be a dynamic and innovative educational institution by

- developing an evaluation culture that promotes quality of education and pedagogical commitment and competence
- drawing up evaluation forms that focus on the learning outcome of the students and the total competence of the candidates in collaboration with the professional field and former students
- strengthening research on education and working to achieve increased research-based learning and teaching
- working to ensure that academic and pedagogical diversity at the faculty is reflected in the further development of the content and organisation of the programmes of study
- establishing a centre of educational development. This unit shall contribute to the environment at the faculty being able to apply for the status of a Centre of Excellence in Teaching (SFU)

Research and professional development work

By organising research activities in research groups, the Faculty of Health Sciences shall optimize the framework conditions, make use of comparative advantages and, in collaboration with local, regional, national and international actors, engage in research and professional development with the necessary breadth and high quality. The faculty has a special responsibility to engage in basic research within all the faculty's subject areas.

Objectives for research and professional development 2010-2013

1. Increase the production of knowledge within all the faculty's subject areas through

- organising the research activity in robust, dynamic and thematic research groups
- the consolidation and further development of joint infrastructure for technology platforms, health registers (The Tromsø Study/quality registers), the Clinical Research Facility and biobanks that will provide service to researchers at the faculty
- orienting the research towards external sources of finance
- taking out synergy effects through increased and closer collaboration with local actors (other faculties at UiT and the University Hospital of Northern Norway), regional actors (the Northern Norway Regional Health Authority (Helse Nord RHF) and the municipal health service) and national and international partners
- increasing the number of post doctoral research fellowships
- further developing an efficient and qualified research administration support network and department and faculty level
- establishing career plans for especially talented younger researchers in temporary positions
- providing strategic support to researchers during the establishment phase
- stimulating to increased scientific production through the establishment of research prizes for researchers with high research production and solid quality

2. Develop effective research environments that assert themselves internationally by

- collaborating with Helse Nord regarding the contribution of top-level research funding for the health-related environment in the region in order to increase the competitive potential of the national (e.g. YFF and SFF) and international arena (e.g. EU og NIH)

- set aside strategic funds for the establishment of international research networks and to the production of project applications for the international arena (e.g. EU and NIH)

3. Further develop arrangements for the recruitment of candidates to research, promote research training of international quality and increase the number of PhD graduates by

- further developing the faculty's arrangements for the recruitment of candidates to research and prepare for their career
- establishing through incentive schemes complementary PhD courses of high quality within all the programme options for research education
- improving the supervision competencies among the faculty's staff
- developing research education programmes within central health areas at the faculty that are organised in research school structures and through international connection will be able to recruit external PhD students

4. Contribute to the Faculty of Health Sciences being a national leader in research/projects founded in questions raised from clinical practice by

- stimulating to increased research focus on the interaction between the healthcare professions
- engaging in patient-near research to improve the quality of professional practice as well as optimize patient pathways to the benefit of patients/clients and their relatives, professional practitioners and the public health service as a system

5. Stimulate all academic staff to publish the results of their research and development work by

- organising the activity in research groups that shall promote interaction and synergies in research production
- making demands about regular publishing of R & D work in order to qualify for research sabbaticals
- stimulating the publishing of professional development work in channels that are suitable and of strategic relevance

6. Promote innovation and business development by

- further development of support networks with competence in IPR/innovation in collaboration with the university centrally (TTO Nord) and other partners

- developing incentive schemes that shall serve to stimulate researchers to assess their research in a commercial/applied perspective

- stimulating business-oriented research and commercialisation within some of the faculty's subject areas in order to generate income for UiT and society in general

7. Stimulate research within selected subject areas with policy provisions and/or special geographic advantages

- marine bioprospecting
- health in a High North perspective
- translational research
- research based on the Tromsø Study

Dissemination and public relations

The Faculty of Health Sciences shall strengthen its position and its reputation in the community through stronger and clearer dissemination of health science education, research and competence.

Dissemination is one of the main tasks of the faculty. In this part of the strategy, we want to focus on general dissemination. With general dissemination, we mean communication from the academic environments to the general public as a whole and to specific target groups.

Efforts involving dissemination shall contribute to informing, developing and improvement of the individual person's possibilities of insight and control, in addition to betterment of society in general. Research-based knowledge is important in order for people, institutions and society to make informed decisions.

Moreover, dissemination shall profile and market the breadth and scope of health science research, education and competence at the faculty.

The faculty shall in particular strengthen its general dissemination activities in order to highlight our societal relevance and contribute to legitimize our important work in higher education and research with clear focus on the High North, rural areas and the region's distinctive challenges.

Public opinion plays an important role in political decisions. Consequently, the general opinion people have of the faculty, staff, students and their effort for the community is of major significance.

The responsibility for dissemination shall be highlighted throughout the entire organisation, where not only managers but all staff and students have a responsibility for dissemination. Through our attitudes, behaviour and actions, we all play a part in giving the Faculty of Health Sciences a face. The faculty's general dissemination and public relations rely on good internal communication.

Objectives for dissemination and public relations 2010-2013

1. The faculty shall engage in determined dissemination activities in order to strengthen efforts with the recruitment of students and staff through

- focussing on special advantages in programmes of study in health sciences and our good student and learning environment
- highlighting the faculty's prioritized work with good leadership and employee responsibility
- highlighting the faculty's areas of priority within research and education
- the active use of students and staff in recruitment activities

2. The faculty shall stimulate and strengthen general research dissemination and create a culture for this type of dissemination through

- raising individual competence about general research dissemination and systematically reward such work
- strengthening and academic and administrative support network connected to dissemination
- emphasizing and highlighting general research dissemination in all health research education and in annual plans and reports at various leadership levels (faculty, department, programme board and research group)

3. The faculty shall use the internet as the primary channel for highlighting research, education and competence by

- using the internet actively as a publishing channel in order to disseminate the right information to the right target group
- using the faculty's website to profile educational provisions, research activity, competence and organisation
- prioritizing the necessary resources and individual competence measures to maintain and develop the unit's web pages

4. The faculty shall be a clear actor regionally and nationally and have close collaboration with the municipal health service, health enterprises, national health authorities and the business community through

- utilizing the clinical practice arenas in the programmes of professional study to strengthen the faculty's collaboration with the public health service and profile the faculty's competence within health science research and education
- highlighting the faculty's alumni activities (efforts involving networking with former students)
- stimulating and strengthening the participation of staff and students in public discussion
- highlighting the staff's health science competence to partners and the media

5. The faculty shall highlight its international profile by

- profiling international collaboration in research and education
- profiling students and academic staff from other countries
- profiling international solidarity work connected to research and education
- profiling the staff's competence and how this is in international demand for this

The human element in the organisation

The Faculty of Health Sciences shall have high competence, motivated and reflective staff and students who work in a dynamic and robust organisation with good academic quality, efficiency and attainment of goals.

The human element in the organisation covers both staff and students who collectively comprise the faculty's most important resource. This resource needs to be managed, supported and developed. The greatest potential for development of the knowledge organisation lies in the further development of employee responsibility throughout the entire organisation. Research groups and educational units represent the backbone of the faculty's new structure, and therefore a special focus is needed in the coming years to develop these operative units. Management shall be practiced with quality, academic legitimacy, openness, broadmindedness, credibility and predictability. The managers shall be developed and feel secure in their role, and acceptance for management in the knowledge organisation shall be developed. Clear management through academic legitimacy and organisational rooting is necessary in order to realize the organisation's potential.

Establishing and practicing good employee responsibility deals with the understanding of systems, building of cultures, attitudes and practical wisdom. Good employee responsibility can be further developed through practice and in a morally rooted approach/attitude to one's self, their colleagues and workplace. Consequently, there are good reasons to cultivate employee responsibility at the faculty in a systematic manner. Development of employee responsibility goes over and above the role of good researchers, educators, disseminators, administrators or students. The central features for developing employee responsibility are included in an overall plan of which approaches/attitudes provide favourable conditions at the workplace. All employees must experience security, professional challenges to strive for and pride over their own effort for this collaboration.

Students are important contributors to education, research and dissemination, and as a group they can add more to the overall operation and management of the faculty. They have important, and often new, perspectives that contribute to a better discussion and the students constitute an invaluable resource for the faculty. As part of the faculty, the students have a responsibility to contribute to the development of the organisation, while at the same time the management has a responsibility to arrange processes and discussions in such a way that the students are included and are heard.

The faculty is facing a generational change, especially among academic staff, and we have major challenges in relation to being able to recruit the best staff. Efforts concerning the recruitment of young people to research and education must be intensified, and preparations must be made to ensure good management of the current human resources. This must be supported by good routines, systems and coherent career development for the best research talents. The faculty's administration and technical support networks shall be professional and academically competent, and support the core activities in a proactive and overall manner. Internationalisation demands development of the support networks. The management has a special responsibility to arrange for good communication and information channels at the faculty.

Objectives for the human in the organisation 2010-2013

1. Good leadership shall be characterized by quality, academic legitimacy, openness, broadmindedness, credibility and predictability, and this shall be realized by

- having leaders with a reflective conduct to their own leadership and that creates understanding and acceptance for their own leadership and room to act
- practicing timely and competent leadership
- having leaders that promote a good working environment, allowing the employees to develop their competence and skills in the best manner possible. Being attached to the Faculty of Health Sciences shall be attractive.
- developing the leadership competence of its managers/heads of department. The faculty shall develop and clarify guidelines for heads of research groups and managers of educational units

2. Good employee responsibility shall provoke added value in the organisation and give the individual employee security round their co-creative role by

- the employees having a reflected conduct to their own co-creative responsibility. Good employee responsibility shall be practiced at the faculty in interaction with good leadership
- the employees experiencing their work as rewarding and see their effort as part of an entirety
- the employees experiencing a real influence on their workplace and how the working methods and organisation shall be developed. Employee responsibility shall be a tool for developing leadership, co-determination and working environment

3. The students are an invaluable resource for the faculty and shall have increased influence in the development of the faculty by

- the leadership arranging for increased dialogue and student co-determination. The students who express an opinion on a matter shall be heard, and the students' point of view shall be sought and highlighted in processes
- making it attractive to be a student representative and taking on duties in a student democracy
- the students having increased influence in the development of the core area education
- the students developing interaction skills and having good places to meet across the programmes of study

4. The faculty shall have an efficient organisation and good support tools so that

- the competence is managed in light of future competence requirements that shall be expressed in a strategic labour plan that takes care of central HR policy guidelines
- management of the organisational resources focuses on the core areas education, research and dissemination. The employees shall have the possibility of specialization and development work within all three of the faculty's core areas
- the faculty has good information and decision-making systems that secure good foundations for decision making
- the administration acts in a united and solution-oriented manner. Support for internationalisation shall be developed
- the faculty has good communication and information that supports an open and safe working environment

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INTERPROF
Centre for Interprofessional
Education in Health Sciences

Letters of support

Consortium participants:

- University Hospital, North Norway
- Tromsø municipality

International collaborating institutions:

- Faculty of health sciences, Linköping University, Sweden
- Faculty of Health Sciences, Aarhus University, Denmark
- Dept of family medicine, McMaster University, Canada

UNIVERSITETSSYKEHUSET NORD-NORGE
DAVVI-NORGGA UNIVERSITEHTABUOHCCEVIESSU

HELSE NORD

To whom it may concern,

Letter of support - INTERPROF

We hereby confirm that the University Hospital of North Norway (UNN), will be a consortium partner in the proposed centre for excellence in education: INTERPROF – Centre for Interprofessional Education in Health Sciences.

As a teaching hospital, as a major work place for health professionals, and with a close collaboration with the primary health care sector throughout North Norway, UNN strongly supports this educational initiative for future improved interprofessional collaborative practice.

The proposed INTERPROF consortium is built on an existing close collaboration with the Faculty of Health Sciences and with the municipality of Tromsø. UNN is a major site for clinical placements for health care students, and the proposed centre fits well in with UNN 's ambitious strategy for education. Into this consortium UNN will bring clinical placement arenas for interprofessional learning (in-patients wards and outpatient clinics), as well as intermediate wards in the intersection between hospital and primary health care. Through the UiT-UNN collaborative Board of Education, UNN will contribute with funding of interprofessional training in the FOSS centre for skills training and simulation. UNN is hosting the National centre for integrated care and telemedicine (NST), and we will provide our innovative system for video based tutoring of emergency situations (VEMI and psychiatric emergencies) for the use in interprofessional simulation for health care students.

Tromsø 8th May, 2013

Marit Lind

Marit Lind

CEO

University Hospital of North Norway
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Tromsø kommune

Byråd for helse og omsorg

DET HELSEVITENSKAPELIGE FAKULTET
UNIVERSITETET I TROMSØ

9019 TROMSØ

Deres ref.:	Vår ref.:	Saksbehandler:	Dato:
	10/4034 /22102/13-A61	Trond Brattland Telefon: 77 79 00 17	06.05.2013

LETTER OF SUPPORT
FROM TROMSØ MUNICIPALITY

On behalf of the municipality of Tromsø, we hereby confirm to be a consortium partner in the proposed centre for excellence in education:
INTERPROF – Centre for Interprofessional Education in Health Sciences.
The consortium between Faculty of Health Sciences, University Hospital of North Norway and Tromsø municipality will represent an extension of on-going collaboration, and we are strongly supporting this initiative.

Tromsø municipality will provide clinical placement arenas for interprofessional learning in undergraduate health care study programs, and will contribute to the tutoring of students. Clinical placement arenas will include nursing homes, home based care services, health centres and arenas for primary prevention services.

We will also contribute with funding and human resources for a two-staged process to first establish a University family physician office and second, to make plans for a future innovative University health centre for interprofessional education, integrating a number of health professions.

Med vennlig hilsen

Kristoffer Kanestrøm
Byråd for helse og omsorg

Linköping, May 8, 2013

To whom it may concern

Letter of support

I hereby confirm that the Faculty of Health Sciences at Linköping University will collaborate with the Faculty of Health Sciences, University of Tromsø and their consortium partners on the proposed INTERPROF – Centre for Interprofessional Education in Health Sciences.

We will contribute with our experiences and expertise in interprofessional education; in particular interprofessional clinical placements (clinical training wards) and interprofessional simulation of emergency situations.

We will also collaborate with INTERPROF on evaluation of and research on our common interprofessional learning components.

We are strongly in favour of this initiative, which we believe will strengthen the collaboration between the Nordic countries within higher education for health sciences and which we furthermore think will address many challenges within health sciences in innovative ways.

Sincerely,

Johan D Söderholm
Dean, Faculty of Health Sciences
Linköping University

AARHUS
UNIVERSITY

To whom it may concern

Letter of support

I hereby confirm that we want to support and collaborate with the Faculty of Health Sciences, University of Tromsø, Norway and their consortium partners on the proposed INTERPROF – Centre for Interprofessional Education in Health Sciences.

We will continue and expand on our established collaborations. We can contribute with our experiences and expertise in inter-professional education; in particular inter-professional clinical placements. We would also like to share our model for "inter-professional education across primary and secondary health care sectors" – a unique educational element centred on the patient´s point of view and involving hospitals, primary care and the municipality health care system. Finally we could add to the project a new aspect as we soon will be training students for the emergency setting, also by including a team-based approach.

We will also collaborate with INTERPROF on evaluation of and research on our common inter-professional learning components. Professor, PhD, consultant Torben Bæk-Hansen who founded an inter-professional study unit and promoted research within this field has expressed willingness and interest in being a principal actor in the project.

In summary, we see the proposed centre as an innovative project addressing several challenges in the future health care systems. We also see the project as a mean to strengthen the collaboration between the Nordic countries within higher education for health sciences.

Faculty of Health
Deanery

Berit Elka

Vice-dean for education,
professor, PhD

Date: 08. maj 2013

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Mobile.: +45 28992463
E-mail: be@sun.au.dk

AARHUS
UNIVERSITY

Yours sincerely

Berit Eika

Berit Eika
Vice-dean for education, professor, PhD

McMaster University

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May 6, 2013

TO WHOM IT MAY CONCERN:

It is with enthusiasm that I write this letter of support for INTERPROF, a Center for Interprofessional Education Health Sciences. The University of Tromsø and McMaster University have had a strong relationship and a number of exchanges over the last five years. We have learned much from each other.

Our McMaster Family Health Team has a long history of interprofessional care, as well as interprofessional education. As patients become older, and have increasingly complicated medical illnesses, it is ever more important that they are cared for by a well-functioning interprofessional team. Our work in this area has benefited from understanding both the similarities and some of the differences between our two nations and communities. The development of our family health team [caring for over 30,000 patients by an interprofessional team consisting of physicians, nurses, nurse practitioners, pharmacists, occupational therapist, physiotherapists, lactation consultants, social workers, system navigators, etc.], has progressed over the last decade. We are now starting to try to understand how to integrate our interprofessional primary care team with the broader community [see Health Links www.hchealthlink.ca].

I would welcome the opportunity to bring our experience and learnings to the team in Tromsø, and collaborate with them. As importantly, the lessons that they learn will help inform us as we strive to continuously improve, not only the care that we provide our patients, but the environment in which our staff and professionals work, and the linkage with the broader community.

Please don't hesitate to contact me if you would like more information or for the clarification.

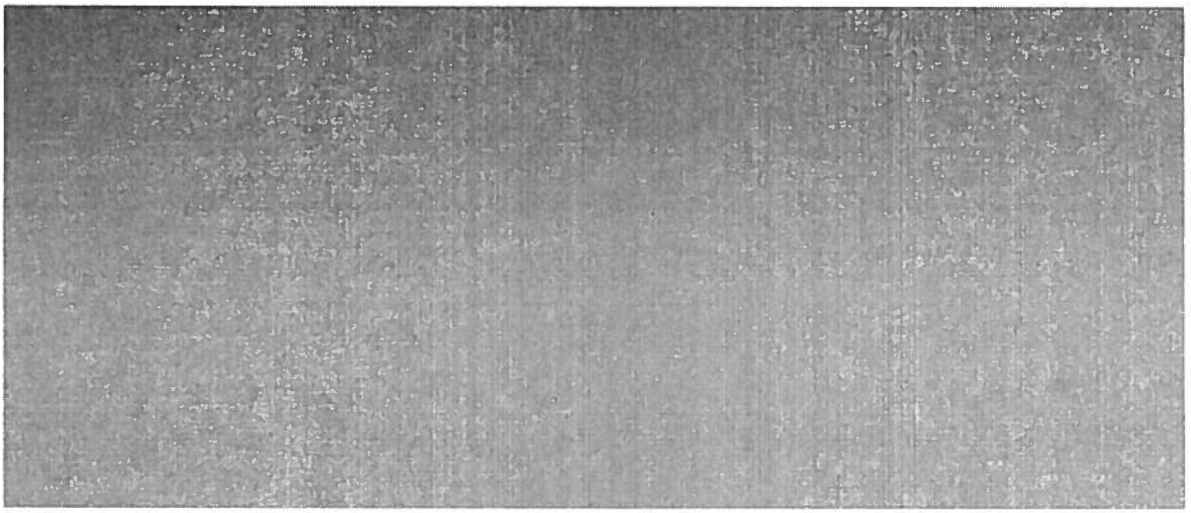
Yours sincerely,

David Price, MD, CCFP, FCFP

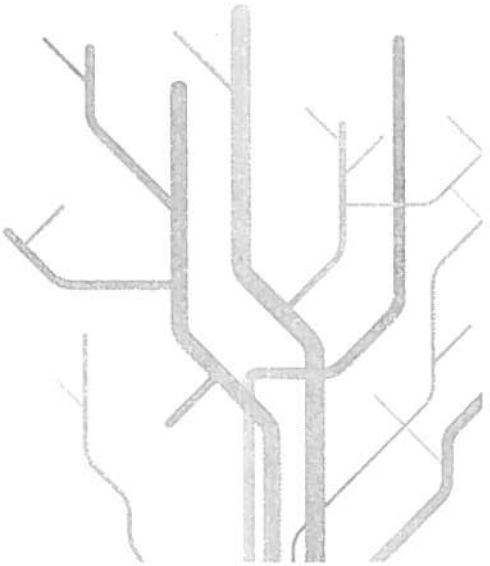
Hamilton Health Sciences

UNIVERSITETET I TROMSØ UIT

Faculty of Health Sciences



Reporting of quality in education for the 2011/2012 academic year
Considered by the Faculty Board in item FS Helsefak 7-13 on March 18, 2013



Contents

Introduction

As a part of the governance and management of educational activities at the Faculty of Health Sciences, all departments are required to report on the quality of education to the faculty's own Report on Educational Attainments.

In order to ensure consideration at all necessary levels, both the academic programme management and the departmental management shall consider the department's report before it is submitted to the faculty for consideration by the Faculty Board. The departments submitted their final reports in February 2013.

This report presents the challenges and measures from the departments, and also answers questions raised in a letter from the Department of Academic Affairs of January 15, 2013[1].

The report was considered by the Faculty Board on March 18, 2013 in item FS Helsefak 7-13.[2]

The faculty's strategic plan 2010- 2013[3] forms the basis of our education activities. The strategic plan is a necessary tool to collect the education activity in clear priority areas. The objective is that all educational activities will be reflected in this plan. In other words, any activities that fall outside the guidelines shall be phased out and new activities shall be established in line with the plan. The status and measures shall appear in an annual Report on Educational Attainments to the Faculty Board.

The reporting of the quality of education to the Faculty and University Boards does not follow the same timetable as for budgets and annual plans. Consequently, suggested measures outlined in this report should be viewed in relation to the autumn's annual planning and budgetary work for 2014.

The strategic plan for 2010 – 2013 at the Faculty of Health Sciences has five main objectives for the educational activities:

The faculty shall offer programmes of study that are aimed towards the future competence requirements of the population and professional fields

The faculty shall strengthen the pedagogical and academic competence of teaching staff and supervisors

The faculty shall stimulate good interaction skills among the students

The faculty shall be a leader in flexible and decentralized education

The faculty shall be a dynamic and innovative educational institution

[1] ePhorte 2012/4371
[2] ePhorte 2012/5345
[3] http://uit.no/Content/179500/Strategidokument_Helsefak_Utdanning.pdf

Part 1: Status for follow-up of measures

I. Efforts concerning quality of education at the Faculty of Health Sciences

> The faculty shall be a dynamic and innovative educational institution by developing an evaluation culture that promotes quality of education and pedagogical commitment and competence, drawing up evaluation forms that focus on the learning outcome of the students and the total competence of the candidates in collaboration with the professional field and former students.
>
> *Extract from the strategic plan for 2010 – 2013, objective number 5*

1.1 Quality assurance of educational activities

In the autumn semester 2009, the Faculty of Health Science drew up procedures for following up of the quality assurance system, including a system for external evaluations (see www.uit.no/helsefak/Student and Academic Affairs). To ensure that students and staff have sufficient knowledge of the quality assurance system, a special quiz was implemented in the spring semester 2012 in which the students had to search through the quality assurance system to find the answers. The first prize in the quiz was an iPad, which led to a good response from the students.

1.2 Evaluation of programmes of study

The majority of programmes of study at the faculty are evaluated regularly. An exception is the Master's degree programmes and further education provisions at the Department of Health and Care Sciences (IHO) and the Integrated Master's degree programme in dental sciences at the Department of Clinical Dentistry (IKO). The Master's degree programmes at IHO are relatively new so no evaluations of the programmes of study have been implemented.

External evaluation of the programmes of study at the Department of Psychology (IPS) and the Department of Pharmacy (IFA) were commenced in the autumn semester 2012, and these are expected to be completed in the spring semester 2013. At IPS a committee has been formed, comprising internal and external representatives, students, the administration and representatives from the clinics. This committee is chaired by Lars Wichstrøm (NTNU).

At IHO quality deficiencies have been reported in the programme of study in radiography. This programme has a precarious need to replace equipment, out of consideration to both quality of education and also in relation to the provisions of the Regulations for radiation protection. See more in the chapter concerning Learning environment. This programme of study has reported poor recruitment, admission quality and drop-out rates as well as poor examination results.

1.3 Evaluation of courses

All programmes of study have a plan for the regular evaluation of all courses. Dialogue-based and written evaluations are utilized, as well as mid-way evaluations. In some cases, the faculty finds it can be a challenge to get the students to provide feedback, particularly in first degree courses. In such cases, oral evaluations appear to work best.

The evaluation reports are reviewed at academic programme management level, which includes student representatives. The student representatives also have a responsibility to obtain the point of view of their fellow students. The academic programme management then provides guidance of how this work shall be followed up and recommends / decides minor changes. Changes may occur in the implementation of a course as a result of the mid-way evaluation.

Some programmes of study at IHO have regular evaluation meetings with the year groups throughout the semester. This provides an opportunity for continuous changes in the academic provisions, which is assessed as a particularly suitable evaluation form in order to ensure quality in the programmes of study.

Close and good cooperation with the students is a requirement for efforts regarding quality assurance. Feedback between students and teachers on a day-to-day basis, without needing to be formalized, is important and can lead to the rapid implementation of measures.

An overview of the departments' evaluations is contained in Appendix 1

1.4 Feedback and follow-up of evaluations

All evaluations shall be documented in writing. Following an analysis of the results, a report containing proposed measures / changes to be followed up shall be prepared and presented to the academic programme management. Written feedback about the follow-up / changes to be implemented shall also be prepared and sent to the students. However, students report that they do not receive sufficient follow-up of the changes to be implemented. The faculty sees major potential in pursuing this work.

NOKUT's observations during an institution visit in the spring semester 2012 indicate that the use of Questback is perceived as little motivation for the students and has a low level of participation. The content and timing of the evaluations are also regarded as unsuitable. NOKUT recommends that the faculties introduce systematic continuous evaluation to a greater extent.

This spring all the departments have prepared their own overviews of the courses and programmes of study to be evaluated during the next three-year period. These overviews will be published on the faculty's website so they are easily accessible. This will be part of the effort in establishing a toolbox for evaluation at the faculty.

1.5 Proposed measures

- A special internal evaluation of the programme of study for radiography shall be implemented, and that this shall include external representatives. Responsible: IHO in collaboration with the Section for Student and Academic Affairs

- During the spring semester 2013 the Section for Student and Academic Affairs shall develop a system for external evaluation over and above that already outlined in the faculty's procedures and appurtenant quality assurance system. This shall amongst other things include details of which year the various programmes of study shall undergo external evaluation, so the departments may include this in their respective annual plans and budgets.

- During the spring semester 2013 the Section for Student and Academic Affairs shall develop a website that will be a "toolbox" for everyone working on evaluations. The website shall contain an overview of which courses and programmes of study shall be evaluated and the timing of these evaluation, as well as information about when the individual programmes of study shall undergo external evaluation. The website shall also contain information about how evaluation in general shall occur, the use of methods and how reports shall be followed up and the further reporting process. The faculty shall follow up the work that is implemented on the various programmes of study by setting deadlines in order to create progression in the work.

- The faculty should review the evaluation routines of the current use of the online surveying tool Questback and assess the introduction of systematic mid-way evaluations in several programmes of study. The experiences from the programmes of study at IHO can form the basis for implementation in other programmes. In the event that the online surveying tool Questback shall be utilized, the questionnaire must be adapted for the course in question.[4]

- The faculty shall be an active participant in the university's newly established quality forum, and the Vice-Dean and Head of Section for the Section for Student and Academic Affairs will represent the faculty on a regular basis.

II. Academic quality and learning environment

2.1 Efforts involving learning environment and adaptation

The faculty has major focus on the learning environment and the lack of space for the students. The Faculty of Health Sciences building (MH bygget) houses more than 1000 more students than the 965 students the building was originally designed for. Students sit on staircases during lectures, rental hospital barracks from the 1980 are used as reading rooms and corridors and foyers have been furnished as areas for students' group work. Parallel with the increase in student numbers, the number of staff has increased from 700 to 1080 (approx. 750 equivalent full-time work years as of 2012). The group room and laboratory area has been converted to office space for staff. Externally financed centres should have been integrated, but have needed to move to rented facilities outside the Faculty of Health Sciences building. We currently rent 1700 m² at the University Hospital of Northern Norway (UNN) and the Tromsø Science Park and significant resources are used on alternative solutions.

As mentioned above, the programme of study in radiography reports quality deficiencies. In addition to poor recruitment and implementation, a poor learning environment is also reported. This programme of study utilizes two student laboratories at the Faculty of Health Sciences building for practical training in positioning and phantom tests. These areas make good teaching more difficult as a result of cramped conditions in which there is not space for the students in the room during the practical training. Further, there is not space for cupboards to store equipment that is used in the laboratory.

During the last HSE review, the programme of study in radiography received written comments about radiation leakage through the control desk. Pursuant to the Regulations on radiation protection and use of radiation, this radiation leakage poses a gross non-conformance that poses a clear risk to the students that is in strong contrast to the principles of radiation hygiene that are one of the cornerstones in the programme of study.

As a result of the technological development, UNN has only a limited number of laboratories for standard x-ray as a consequence of an increasing number of examinations being transferred to other modalities such as CT and MR. Standard x-ray forms the basis of the programme of study on which all the teaching is based. If UNN could place the necessary number of laboratories at the radiography students' disposal, it would lead to a significant increase in the waiting time for patients at UNN. The problems associated with having a functioning x-ray laboratory at the university, and the costs this would involve, have been discussed at various forums, including at the Joint Education Committee. There is agreement that the matter must be considered further before a final decision can be reached.

[4] Quality assurance system page 18

2.2 *Special adaptation*

Students who require special adaptation receive an offer of this despite the lack of space. With respect to special adaptations for students in reading rooms, we currently have seven chairs and an adjustable table on loan.

With respect to special adaptations for examinations, 40 applications were received in the autumn semester 2012, of which 39 were granted. Twenty-seven applications were received In the spring semester 2013, of which 26 were granted. One application was rejected because of lacking documentation.

The website "Si i fra" provides information to students about the quality assurance system and learning environment. In addition, we have information about contact people for the various reading rooms.

2.3 *Proposed measures*

- The faculty management is continuing the work to investigate and report on the possibility of MHII, possibly using prefabricated elements. Feedback from students is processed by the faculty management, which may contact the Department of Property Management.
- The programme of study in radiology's requirement for skills training at the skeleton laboratory must be met. Further investigation is necessary to determine how thing can best be solved. Responsible: IHO in consultation with UNN
- The Section for Student and Academic Affairs shall make their websites more visible so that students can more readily find information concerning special adaptations.

2.4 *Implementation of the qualification framework*

The entire process concerning the implementation of the qualification framework at Helsefak is outlined in the process document: "Implementering av nasjonalt kvalifikasjonsrammeverk ved The Faculty of Health Sciences2010 – 2012" (Implementation of the national qualification framework at the Faculty of Health Sciences 2010 – 2012), dated June 16, 2010 by Dean Arnfinn Sundsfjord and Vice-Dean Marianne Aars[5]

The process document contains a timetable for the implementation work. This work started in the autumn semester 2010. The departments were to send revised programme descriptions and course descriptions with the learning outcome descriptors by June 30, 2011 for a decision at the meeting of the Faculty Board in September 2011.

The revision of the programme descriptions and course descriptions has been coordinated by Vice-Dean for Education, Nanna Hauksdottir, together with a working group comprising the Head of Section from the Section for Student and Academic Affairs and two advisers from the same section.

The working group has gone through all the programme descriptions systematically and in accordance with a request from the programmes of study has used various methods to review the programme descriptions. Some of the programmes of study have received an e-mail with

[5] ePhorte 2010/1073-4

necessary changes and have produced a new description, while others have requested meetings with the working group to discuss the necessary changes.

This work has taken longer than expected. The revision process has been challenging for the programmes of study from both a pedagogical and work perspective, and virtually all the programme descriptions have required several rounds back and forward between the respective programme of study and the working group for revision and quality assurance.

The programme descriptions have received feedback/proposed changes in the light of the following:

- Template for programme description[6]
- Template for course description[7]
- Design of the learning outcome descriptors
- Use of taxonomy for design of the learning outcome (Bloom's Taxonomy[8] and SOLO Taxonomy[9])
- Design of programme descriptions, coursework requirements and examination in accordance with the university's quality assurance system[10]

[6] http://uit.no/Content/246649/Mal%20for%20studieplan%20nov%2010.pdf
[7] http://uit.no/Content/229314/mal%20emnebeskrivelser.pdf
[8] http://uit.no/Content/229455/Bloom's%20taxonomy.pdf
[9] http://uit.no/Content/229453/SOLO-taxonomien.pdf
[10] http://uit.no/Content/248435/Kap%203%20KVALITETSSIKRING%20AV%20STUDIEPROGRAM%20OG%20EMNER%20VED%20UNIVERSITETET%20I%20TROMS%D8%20301209.pdf

Implementation of the qualification framework among academic staff – a pedagogical process

The objective of the quality framework is both to promote student mobility by facilitating the approval of the students' qualifications across international borders and to make the qualifications on successful completion of a degree (total competence) easier to understand for potential employers and educational institutions. In addition, it is a pedagogical reform, whereby the focus shifts from the programme content to the qualifications the students have attained; from the teaching of the teachers to the learning of the students. This has implications for the planning of the programme of study and design of programme descriptions, and challenges the pedagogical competence of the academic staff.

Three seminars (about quality in education and students' learning[11]) were arranged in the autumn semester 2011 and four in the spring semester 2012. In order to reach all the academic staff, a further three seminars are planned in the spring semester 2013. In this way, everyone will have had the opportunity to participate. The seminar has also been implemented in Bodø to cover our staff there, and has also been presented in English. In addition, an education conference was arranged at Helsefak in the spring semester 2012, the theme of which was quality in education.

The aim of the seminars was for all academic staff with teaching duties to use the principles of "constructive alignment" in the planning and implementation of their teaching, i.e. that there is coherence between the objectives for the learning outcome, the teaching methods and the examination/assessment. The qualification framework requires pedagogical new thinking and if the implementation at all levels is to be successful it is necessary, in our opinion, to involve all the academic staff in a pedagogical development process. The quality seminars are the first step in this process, while the work involving quality assurance of education is continued by the establishment of the Centre for Educational Development, faculty development for innovative pedagogical and technological education practices in health sciences.

[11] http://uit.no/ansatte/internekurs/kurs?p_document_id=321068

III. Examinations and learning results

3.1 Efforts involving flexible education, including the use of digital examinations

For the faculty's work involving flexible education, see Chapter VII Development of educational provisions

Use of digital examination

Many home examinations at the Faculty of Health Sciences are submitted in digital form via Fronter. For several years, the Department of Community Medicine (ISM) has also arranged supervised written examinations with the aid of computers. In addition, many students at Helsefak implement the common course HEL-0700, a course in which the teaching, coursework requirements and examination are implemented digitally via Fronter.

Common for all the digital supervised written examinations is that up to this point they have been more time-consuming concerning preparation associated with the Department of Information Technology (centrally/locally) and the Examinations Office, as well as considerable preparation and presence on the day of the examination for the student adviser responsible for the implementation, with respect to start-up and submission. Fronter has some problems which create additional work and stress for students, the administration and examination invigilators. In addition, for some of the courses the person with academic responsibility needs to be present during the implementation of the examination to a greater extent than is the case for ordinary supervised written examinations.

The examinations in HEL-3006 and Norwegian-specific topics for physicians/dentists from outside EU/EEA are implemented with the use of computers. The advantage is that the answer papers are easy to read and may be sent electronically direct to the sensors. The Faculty of Health Sciences also has some students that have a requirement for individually adapted use of computers. Consequently, the use of digital examinations will ensure that the students are assessed on equal terms, to the greatest extent possible.

3.2 Proposed measures

- The Faculty of Health Sciences wishes to utilize digital examinations to a greater extent than we currently do. In the event of future implementation of computer-based examinations, there is a clear need for a more adapted examination venue (a larger room with a better ventilation system).

- The faculty also sees a requirement for a submission tool other than Fronter.

3.3 Development of routines for monitoring of the use of grades in courses and programmes of study

The Faculty of Health Sciences is interested in a normal distribution of the grades. In the period 2008-2012, we can see predominance in the grades B and C, and slightly low use of the grades D and E (see table 1 in Appendix 2). Table 2 shows that there is greater predominance in the grades B and C in second-cycle degrees and even lower use of the grades D, E and F than in first-cycle degrees.

New guidelines have been issued for the use of grades for Master's theses in mathematics, natural science and technology subjects. The new descriptions of grades will contribute to the entire grading scale being utilized. In addition, the connection between the fixing of grades and the learning outcomes that are outlined in the national qualification framework for higher education shall be clarified.

We believe this work was both beneficial and thorough and we hope it will inspire other academic environments. Several national academic councils within the health sciences have developed subject-specific descriptions of grades, but these descriptions of grades can be improved. It is worth mentioning here that the four Norwegian universities that offer medical programmes have appointed participants to the Norwegian Association of Higher Education Institutions (UHR)-established committee which in the spring semester 2013 will commence the task of preparing subject-specific descriptions of grades within medicine. The National Academic Council for Health and Social Science Education will, according to Birgitte Levy at UHR, will raise subject-specific descriptions of grades for the entire field in connection with the grade surveys in 2013. This is something we are looking forward to.

The Department of Medical Biology (IMB) is one of the subjects that have their own subject-specific description of grades: "We have not received any negative feedback about either the subject-specific or general descriptions of grades. We perceive that the examiners are experienced in the use of the grading system, but in the few cases external examiners abroad are used the descriptions of grades are useful to the highest degree." We can therefore ask ourselves if the use of the grading scale is so established that it will be difficult for the examiners to use the entire grading scale to a larger extent than is the case currently.

Another department that has commented on the use of grades is ISM. This department mentions HEL-3950 (Master's thesis) as one of the courses with a relatively high grade level, but also mentions that this course has a relatively high proportion of fails (even though the percentage of students failing has dropped from 2011 to 2012). These are several reasons for the failure percentage for the Master's thesis. The department mentions two important points:

1. "even though they advise students against submitting their Master's thesis, some students choose do submit their theses anyway – because the employer will no longer give the student leave of absence to study / extended leave of absence to study, and/or that the student does have an ambition of getting a grade for his/her thesis that is higher than a pass. However, the supervisors are encouraged to provide clearer feedback to individual students concerning whether the thesis is ready for submission – and the result of submitting the thesis too early."

2. The students' English language proficiency. The department believes the improvement in the failure percentage from 2011 to 2012 can be attributed to the fact that "this year's international year group has better English language proficiency than last year's group". Over the past couple of years UiT has raised the requirement of English language proficiency for international students."

3.4 Proposed measures

- *The use of external examiners*

External examiners can play a part in adjusting the grades so that the academic environment does not develop in a different direction ("kinder" or "stricter") than the rest of the country. Therefore, the Faculty of Health Sciences urges that external examiners are used for ordinary examining (by grading the examination answer papers together with the internal examiner).

IV. Implementation and drop-out rate

4.1 Efforts involving fulfilment of activity requirements in the faculty's programmes of study

Programmes of study in health and social sciences are educational provisions that are of major significance to society, and it is important that our programmes of study fulfil the Ministry's activity requirements.

An activity requirement is a production requirement that the Ministry of Education and Research sets regarding the number of candidates that complete the first academic year of professional degree programmes. These requirements have been set to keep control of production of healthcare professionals and follow up the educational institutions. For the majority of the programmes of study the activity requirement is somewhat lower than the number of places. Among other reasons, this has been done to take into account the fact that some students have already passed ex. Phil and as a result do not produce 60 credits in the first academic year.

The programmes of study that have such requirements take this into account during the admissions process.

Starting with the admission for the autumn semester 2011, the Faculty of Health Sciences started taking special measures for medicine and dentistry by admitting more students than the available number of places (overbooking). This was important in order to take anticipated failure and drop-out into consideration. In the spring semester 2012 work was commenced to identify programmes of study that did not fulfil the activity requirement and to implement measures to increase the number of admissions. This was especially visible during the admission to the programme of study for nursing. In 2012 a total of 180 offers of admission were sent out in comparison to 132 to offers in 2011. In the autumn semester 2012 a total of 123 students attended the programme of study in nursing compared to 100 students in 2011.

There is continuous at IHO contact between the Head of Studies and the administration in order to admit additional students if students drop out too early. After the admission period, the focus is on getting the students to continue their studies by offering good educational provisions.

The strategy of overbooking of students may be used to advantage in more programmes of study.

However, there are some challenges associated with increased admission. This mostly concerns the shortage of lecture halls and the departments find it necessary to hold lectures later in the afternoon. In addition, there is a shortage of sufficiently large auditoriums. There are also challenges concerning the number of places for clinical practice. With respect to the latter, Helsefak is in dialogue with the practice field in order to investigate the opportunities for increasing the number of places for clinical practice as a result of increased admissions.

4.2 Efforts involving drop-out at Helsefak

The Faculty of Health Sciences has a good level of recruitment to the majority of programmes of study, but nevertheless is struggling with drop-out rates on some programmes.

When Helsefak sent out a request to the departments/programmes of study regarding information for this report, the programmes of study were asked to report on various conditions concerning implementation and drop-out. In order to be able to identify good measures against drop-out throughout the entire "lifecycle" of an applicant/student at both programme and department level, we need to know precisely where we are losing applicants/students, which measures the programmes of study have taken and the results of these measures over a longer period.

The faculty asked the programmes of study to report on two different conditions concerning implementation and drop-out: which types of drop-out they experience and which measures they have taken to prevent drop-out.

The programmes of study were asked to identify which of the following types of drop-out they experience:

- Drop-out between the application deadline and response deadline
- Drop-out after the response deadline
- Drop-out/non-attendance at the start of studies
- Drop-out before the registration deadline
- Drop-out during the first academic year
- Drop-out during the remainder of the course of study

What emerged through this reporting is that the majority of programmes of study, with only a few exceptions, are struggling with the same types of drop-out; between the application deadline and response deadline, after the response deadline and drop-out/non-attendance at the start of studies, and for most programmes this problem is typical at Bachelor level.

The category that appears to have the least drop-out is drop-out during the course of study. In other words, if the student has completed the first academic year and begun on the second year, he/she completes the programme of study, with the exception of illness etc.

The programmes of study were also asked to refer to measures they have taken through the reporting period for the various categories of drop-out. The programmes of study have implemented various measures to prevent the drop-out they experience. Several programmes have more and more actively contacted the applicant at an early phase by, for instance, sending an e-mail to everyone who has the respective programme of study as their first priority. Some programmes include current students in this work and offer the applicants the opportunity to contact a student to hear about the programme, academic environment etc.

The faculty as a whole chose this year to send a combined e-mail to everyone who had accepted a place at Helsefak. This e-mail contained information about the semester start, links to websites etc. Appendix 3 contains a comprehensive overview of the measures the various programmes of study have taken to prevent drop-out in the reporting period.

Appendix 3 shows an overview of the number of students who attended the start-up of the programme in comparison to the admission capacity, the departments' identification of various types of drop-out, and the measures they have taken to prevent drop-out.

Table 1 compares the number of students who attended the start-up of studies from 2011 to 2012. The majority of programmes can show an improved or equivalent number of students who attended the start-up of studies in 2012, with the exception of the programmes of study in radiography, dentistry and the Master of Health Science in psychiatry and the multidisciplinary programme, and Telemedicine and E-health. Of these, there is reason to take a closer look at the programme of study in radiography, the Master of Health Science multidisciplinary option, the Master's degree programme in Laboratory science and Telemedicine and E-health, all of which are some way off achieving the admission capacity.

4.3 Proposed measures

- The reports from the departments show that they are already well underway with analysing the various types of drop-out. The Resource group for recruitment[12] is using the reports in its work, and will implement information about problems relating to drop-out in the strategic plan for recruitment.

- Further, it is advisable to use more resources on the prevention of the types of drop-out that are shown to be decisive in the number of students for a year group, as well as continue and develop more measures to prevent drop-out.

- The admission of students to the programmes of study with the lowest recruitment must be problematized against the desire to establish new educational provisions as outlined in the annual plan for 2013.

V. Internationalisation

> The faculty shall offer programmes of study that are aimed towards the future competence requirements of the population and professional fields by offering quality-assured international exchange programmes and course components in English in all programmes culminating in a degree at the faculty.
>
> *Extract from the strategic plan for 2010 – 2013, objective number 1*

5.1 Student mobility

Table: overview of the number of students that have come to Helsefak on exchanges and the number of students from Helsefak who have travelled on exchanges

FS270.001		
	IN	OUT
Autumn 2011	42	44
Spring 2012	29	21
Autumn 2012	33	51
Total IN / OUT	104	116

Outbound students

The interest in exchanges has increased in recent years. This is in part due to national initiatives and focus on the learning outcome of exchanges as well as focus centrally at UiT and the snowball effect of students who return from exchanges as good ambassadors of an experience they will remember for the rest of their lives. With health science it is largely clinical practice placements that are taken when a student travels on an exchange. The exchange agreements for the programme in medicine are so popular that either the drawing of lots is required or the ranking of candidates is required to select the candidates for the available number of places for each agreement. In the spring semester 2013, medicine students accounted for the highest number of applications for exchanges (53 applications).

Each semester Helsefak arranges an information meeting about exchanges to provide information about the application process. In 2012 Helsefak has focused on website efforts and a new website for exchanges is currently being developed: www.uit.no/helsefak/utveksling.

[12] See the description of the mandate for the Resource group for recruitment in Chapter 6.1

Inbound students

Every semester the Department of Academic Affairs/International Student Union/Student Welfare Organization in Tromsø arranges an "Introductory week" for all incoming students (exchange, free movers and degree students). All faculties are part of this event. In the autumn semester of 2011, Helsefak for the first time arranged a joint information meeting for all incoming students at Helsefak. At this meeting the students were informed about the quality of education and have the opportunity to meet fellow incoming students from other departments. Some programmes of study/departments run their own such meetings on a more programme-specific basis.

In the autumn semester 2012, Helsefak applied for OM funding from the Erasmus Programme for social measures for students at Helsefak. The application was based on the fact that students that come to Helsefak do not meet their fellow students in the same way as students who study more theoretical subjects. The application was successful and a social evening was arranged at Ardna in October 2012. This event received positive feedback and the faculty is considering applying from new funding to repeat this in either the spring or autumn semester 2013.

Staff mobility

Through the Erasmus Programme it is now possible to implement mobility for teaching and other staff. This means that Helsefak, through the International Office/ Department of Academic Affairs, can apply for funding (the current grant is 900 Euro per trip) to visit a partner institution or potential partner. This may be a professor travelling to lecture, work on a project or simply to visit a university to investigate exchanges/learning outcome within the programme of study. This also applies to technical and administrative staff that now have the possibility to travel to a partner institution to see how they deal with the same type of cases as here at UiT. In the space of the reporting period and the spring semester 2013, Helsefak has received six grants for staff mobility, and some academic staff wish to apply for the spring semester 2013.

5.2 International semester in the programme of professional study in medicine

The implementation of the international semester in the programme of professional study in medicine at the Faculty of Health Sciences started in 2010, and is now in its second year. In the autumn semester in the fourth year of the programme of professional study in medicine, all teaching is given in English, and international medicine students may apply to come here. In the autumn semester 2010 in line with the international semester clinical courses were established in order to formalise all clinical practice implemented by international students at UNN, which also results in registration and taking of credits during the period of supervised professional training. The international semester in the programme of professional study in medicine is not only advantageous for incoming students, but also for our Norwegian students that receive a cultural and academic supplement as part of the programme.

In the autumn semester 2012, the Section for Dissemination Services wrote an article about this arrangement in which the students gave their opinion.[13] The coordinator of the international semester Ellen Nordal says that*"... it has become a trend that the universities offer an international semester. When the Faculty of Health Sciences started this arrangement last year there were some challenges at the start, but Nordal believes they have got used to it". "Both the students and lecturers need time to get used to everything occurring in English. Many lecturers got more work and the discussions were not as dynamic since they took place in English. But I haven't heard anything about that this year so I think it will improve year by year, she says."* With the implementation of the international semester medicine, Helsefak appeals to students in more countries, not only in the Nordic countries and Germany. International medicine students have so far appreciated the arrangement and we hope even more from our partner institutions were apply to come to Helsefak in the years ahead.

[13] http://uit.no/ansatte/organisasjon/nyhetsartikkel?p_document_id=320181&p_dimension_id=88108&p_menu=28723&p_lang=2

5.3 Clinical practice exchanges

For many years Helsefak has operated clinical practice exchanges, which is classified as student mobility if the placement forms a compulsory component of the programme. The exchange that students on programmes of professional studies take can be a 12-week at clinical wards or a combination of theory and practice that lasts one or two semesters. The experiences to date are that the students receive an insight and experiences from other health services that is valuable in their working life. It is important that work involving the quality assurance of the partners and agreements is evaluated regularly in order to ensure the practical skills of the students.

Incoming exchange students, who come from one of our partners with an agreement, may take their clinical practice at one of Helsefak's clinical practice partners (this is coordinated by Helsefak). However, the limited number of places and language barriers can prevent the number from increasing. We see no other obstacles in the continuation of the exchanges in the same manner as previously as long as we have places for the students that apply. The international semester in medicine is a good example of how theory and practice may be combined for exchange students, and there has not been a shortage of places.

The disadvantage of clinical practice exchanges is that the student contact and cultural learning outcome the students get in interaction with other students is less. Students that come to Helsefak and go often straight to a clinical practice placement do not belong to a learning environment with students and staff, as is the case with more theoretical subjects. Again, the international semester is a solution that other programmes of study can learn from.

5.4 Agreement portfolio

The term agreement portfolio means the exchange arrangements that faculty as a whole has entered into. The agreements are spread over the programmes of studies and academic agreements and may be used either for special student groups or for students within a specific field. Over a period of many years Helsefak has developed a solid agreement portfolio, which was audited in 2012. This audit involved removing agreements that were seldom used or where it was not strategic to continue with them. At Helsefak we have agreements in several categories including Erasmus, Nordplus, Barents+ and bilateral agreements.

Table: The number of institutions with which the departments have agreements

FS 280.001	Agreements per department
IPS	16
IKO	3
ISM	1
IFA	7
IMB	6
RKBU	0
IHO	19
Prog. of professional study in medicine	30
IKM	2
Total	84

5.5 Publishing of educational provisions taught in English

Helsefak offers three programmes of study taught in English: Master in Public Health, Master in Biomedicine and Master in Telemedicine and E-health. In the course of 2012 attention has been drawn to work involving the publishing of English language educational provisions. Under the auspices of the International Office, a process was initiated in which an external company, iE&D Solutions, went through the prospectus to look at the presentation of the Master's degree programmes. For that reason, a two-day seminar was arranged to commence the work and work was generated at the faculties involving changes to the programme descriptions based on suggestions from iE&D Solutions.

The Master's degree programme in Biomedicine, which is taught in English and only published in English, has gone through its programme description on the website and edited the content in accordance with the recommendations from iE&D Solutions. All the programme pages have been rewritten so the language is more personal, easier to read and hopefully easier to understand. The objective is that the presentation shall be more focussed on marketing.

For the Master's degree programme in Public Health, the coordination and arrangement with iE&D Solutions concerning the programme descriptions was a good process. Other central provisions for the programme and course descriptions were followed. The publication of the programme and course descriptions happened at the right time. In the autumn semester of 2012 changes were made in the admission requirements for the Master's degree programme in Public Health. The Department of Academic Affairs opened the National Student Database for student advisers to enable changes to be published on the programme page. In this way the correct admission requirements were published in the period the international students had access to the application website.

For the Master's degree programme in Telemedicine and e-Health, the comments on the programme description from the International Office (iE&D Solutions) at the Department of Academic Affairs were very useful. Changes are implemented in the publishing of the programme description on the website for the Master's degree programme in Telemedicine and e-Health. This programme has two programme options: health and technology. There has been some misunderstanding among applicants about this programme options and some think that the programme options are programmes of study that they may apply for. An overall solution is needed for the publishing of the programmes of study that offer various programme options.

5.6 Proposed measures

- Helsefak shall establish web pages for inbound exchange students along the lines of those for outbound students.

- In the course of the next reporting period, there shall be focus on quality assurance of the agreement portfolio and evaluation of the exchange periods at the faculty.

- The programmes of study should investigate the possibilities of offering more courses/course components in English, international semesters and the like in order to be competitive and receive more international students for exchange periods.

- In order to increase the benefit of clinical practice exchanges, Helsefak shall investigate the possibility of establishing a multidisciplinary module that incoming students may take together with our own students.

- In the annual plan for 2014, every programme of study should assess the possibilities of having a course in English.

VI. Recruitment

> The faculty shall offer programmes of study that are aimed towards the future competence requirements of the population and professional fields.
>
> The faculty shall engage in determined dissemination activities in order to strengthen efforts involving recruitment of students and staff.
>
> *Extract from Helsefak's strategic plan for 2010 – 2013 in education and dissemination*

6.1 Resource group for recruitment

The Faculty of Health Sciences has a "life course approach" to efforts involving student recruitment. In other words, the work involving student recruitment does not only deal with efforts towards potential applicants prior to the main application deadline for admission to programmes of study on April 15 each year, but includes a wide spectrum of activities and effort towards various target groups year-round.

The Higher Education sector has the main responsibility for proving the society with competent labour. The healthcare professionals of tomorrow do not only require solid professional competence; they must also have knowledge about the national health service and welfare services, teamwork skills and both the qualifications and willingness to work in the municipal health service. As a faculty of health sciences we will create an active learning environment that cooperates closely with the clinical practice field in order to create education that is relevant to clinical practice.

The faculty, in item FS Helsefak 14-12[14], approved the reputation and image plan. A resource group for recruitment was established, and this group has the following mandate:
"The group shall be an advisory body for the Vice-Dean for Education and the departments with respect to student recruitment."

The group shall contribute to the following:
- Draw up a plan for student recruitment, including identifying programmes of study with challenges with regard to recruitment
- Keep up-to-date and propose measures that can contribute to increased student recruitment
- Clarify the distribution of responsibility and roles with regard to student recruitment at Helsefak — level 1, 2 and 3

Distribution of responsibility
The group comprises representatives from the Section for Student and Academic Affairs, Section for Dissemination Services and the departments. The group is led by the Section for Student and Academic Affairs. The Department of Communications and Public Relations has an overall responsibility for recruitment to Bachelor's degree programmes, integrated Master's degree programmes and programmes of professional study with a target group of young people in the 18-24 age group. The ordinary recruitment that the Department of Communications and Public Relations concentrates on is mainly up to April 15.

At the Faculty of Health Sciences the Section for Student and Academic Affairs has the main responsibility for recruitment and the Vice-Dean for Education has academic responsibility. Information, coordination and responsibility shall go in a line between the Department of Communications and Public Relations, faculties, departments and programme boards at the various programmes of study. The programme boards should therefore be made aware that they have a responsibility for recruitment to their programme. The Section for Dissemination Services

[14] ePhorte 2011/5845

provides expertise in the relevant periods for recruitment activities to the various programmes of study.

6.2 Recruitment activities at the faculty

In Appendix 4 the activities that have been implemented at the various departments are mapped, and at the same time the need for coordination of activities has been revealed. The Resource group for recruitment has been an important contributor in this work.

Recruitment activities take place year-round. In January to April the focus is on the application deadline for admission to higher education. During this period the faculty participates in various student recruitment fairs, arranges a film competition, school pupils visit the campus and we are active on Facebook. Helsefak established an official Facebook page in the spring semester 2012 and has received around 700 "likes". This page is used to convey news, competitions etc. The page is managed by the Section for Student and Academic Affairs and anyone wishing to do so may suggest news items to be published on the page.

Efforts involving school visits and student recruitment fairs have in collaboration with the Department of Communications and Public Relations been coordinated from the Section for Student and Academic Affairs at Helsefak. In the spring semester 2013, Helsefak has had broad participation in expos and school visits across the faculty administration and the departments. Helsefak has been on school visits to Leknes and Svolvær in Lofoten, Sortland in Vesterålen and Kirkenes in Finnmark, and has participated in major fairs under the auspices of tautdanning.no in Bergen, Oslo, Tromsø and Trondheim. At the student recruitment fairs in Tromsø and Oslo, Helsefak took equipment from FOSS to create publicity around programmes in health sciences. This equipment included a patient simulator.

The annual open day arranged by the Department of Communications and Public Relations was this year arranged in full at the Faculty of Health Sciences building (MH bygget). All faculties held their lectures in various auditoriums at MH. Helsefak had two parallel lectures with the programmes of study in medicine, dentistry and psychology in one and the other Bachelor's degree programmes in the other. Students at Helsefak were engaged as ambassadors for the open day and spoke about their programmes of study. This received positive feedback and the pupils from the upper secondary schools were enthusiastic and asked questions. The Section for Dissemination Services was also involved, organising an imPuls exhibition and activities for the pupils.

The media plays an important role in reaching the general public. The editorial section at Helsefak produces and distributes news about research and education, and also in 2012 Helsefak has gained significant attention in local, regional and national media. An effort has also been made to increase visibility internationally by selecting some articles to be translated to English and published on sciencenordic.com. The editorial sections also work actively to send reports to external media.

In recent years Helsefak has participated in the National Science Week in Norway (Foskningsdagene), which takes place in September/October. The main target market is the general public, children and particularly young people. Helsefak took part in the Tromsø Science Festival in 2012, involving several academic environments and various activities. During the two-day period around 4000 people visited, a large proportion of which were children and young people. Helsefak also participated in the Finnsnes Science Festival.

Teaching provisions at primary, lower secondary and upper secondary school forms part of the long-term recruitment activity. Helsefak attaches special priority to the final year at lower secondary school and the first year at upper secondary school, but other groups also visit, covering the full spectrum from kindergarten through to adult education centres. Helsefak's

provision to school pupils is coordinated by the Section for Dissemination Services and in 2012 included teaching and school arrangements associated with the imPuls exhibition (which deals with the brain, heart and addiction), visits to the Anatomy Department, cartoon workshops (in collaboration with The Cultural Rucksack) and the offer of teaching modules in pharmacy and medical biology. Around 1000 school pupils visited Helsefak via teaching arrangements in 2012.

Helsefak mostly only offers provisions in Norwegian, but the faculty also offers some programmes in English. The main catchment area for recruitment activity is Northern Norway and Southern Norway, but this also needs to be seen in an international context. As most of the programmes are taught in Norwegian, there is special potential to recruit more students from Scandinavia.

Once the students have successfully completed Bachelor's degrees, activity commences concerning recruitment to Master's degree programmes, PhD programmes and further and continuing education provisions. Efforts involving alumni are also an important element, and faculty will commence these efforts in the spring semester 2013. The alumni activity (networking towards graduate students) is about to be introduced for UiT as a whole. Experience from other universities shows that alumni activity is of significance is many areas, including student recruitment. Given all our programmes of professional study and clearly defined year groups, Helsefak has special conditions to be able to develop good alumni networks and to utilize these with a view to student recruitment.

Several recruitment films have been produced, including for the programmes of study in medical laboratory science, biomedicine, telemedicine and e-health and the Master's degree programme in child welfare and protection. In addition, a film has been produced about study that is relevant to clinical practice. These films are utilized in various ways. A film competition was also organised for students with the aim of getting more films that could be used for recruitment activities. Visit http://uit.no/helsefak/video to see the winning film and other contributions. The Section for Dissemination Services' "Infotorg" has also provided students and potential students with material, information, guidance and help with a view to applying for educational provisions and referring them to the student advisers for the relevant programmes of study.

6.3 Proposed measures

- The Resource group for recruitment shall gather and analyse available data that deals with important and relevant information connected to student recruitment, including figures for application and admission, evaluations and other questionnaires.

- The Resource group for recruitment shall assess the need for implementing questionnaires among fresh students, to map among other things how they got information about the educational provision and what made them choose Helsefak.

- The Resource group for recruitment shall prepare a strategy for Helsefak's student recruitment activities for the period 2014-2017. This strategy must be based on Helsefak's overall strategy and be viewed in light of UiT's overall strategy and other relevant strategic and base documents concerning education and dissemination.

- The Resource group for recruitment shall prepare annual action plans for student recruitment. Priority shall be given to programmes of study with low recruitment and to new programmes of study. Special measures to increase the proportion of male students must be considered. Overbooking shall be used to achieve the activity requirement and ensure full year groups.

VII. Development of the educational provisions

7.1 Objective to be leader in flexible education

The faculty has the objective of being a leader in flexible educational provisions. Flexible education is a collective term for adapted educational provisions that may be utilized by students on campus as well as outside the institution. Flexible educational provisions make it possible to learn regardless of time and place, and in various ways. Decentralized educational provisions, where the teaching is provided locally where the students live, form part of the flexible educational provision.

During this academic year the decentralized programme in nursing has educated 10 nurses in North Troms, 11 at Finnsnes and nine at Bardufoss.

The Department of Psychology offers decentralized and online one-year programmes in psychology in conjunction with NKI. In addition, several of the educational provisions are part-time studies and session-based, with practice studies in the students' home municipalities.

Work to study the feasibility of increased regionalization of the programme in medicine commenced in the spring semester 2013. The objective is to establish studies in Finnmark equivalent to the current provision in Bodø.

The flexible educational provision HEL-FEL (HEL-0700) is to a high degree web-based, where students may work on various learning pathways via lectures, films and group discussions in Fronter. The Department of Pharmacy collaborates with Umeå on web-based courses. The Department of Medical Biology has developed a web-based Master's degree course (MBI-3102).

A common e-learning portal (Helse-TV) has been developed, where combined and quality assured e-learning material about the human musculoskeletal system is available. This resource is utilized in programmes in physiotherapy and medicine. Helsefak has is collaborating with the country's other medical faculties on a common e-learning platform where all e-learning material may be collected and made available to our students.

HEL-0700, MBI- 3102 and Helse-TV have all received development funding from the "Fleksibel utdanning" (Flexible Education) project.

In addition, Fronter is also used extensively for lectures, literature and submissions. With respect to submissions in Fronter, the faculty wishes that more programmes of study utilize this possibility so they are also able to use Ephorus to expose cheating.

7.2 Development of the programme portfolio

The faculty wishes further develop the programme portfolio in line with the needs as a result of the Coordination Reform and its annual plan for 2013 includes the desire to work towards the establishment of the following programmes of study:

- Bachelor's degree programme in preventative health work
- Bachelor's and Master's degree programmes in dietetics
- Master's degree programme in health technology
- Master's degree programme in gene ecology
- investigate a school of sports sciences at UiT

7.3 Securing academic quality of the educational provisions

The departments are working to ensure quality in their educational provisions in the form of discussions about and evaluations of courses, focus on content and quality in the practice studies, as well as in the work involving programme descriptions connected to the introduction of the qualification framework.

The faculty has continual focus on securing quality of the educational provisions. First and foremost, the following criteria apply:

- the work involving the qualification framework (see the chapter about academic quality and learning environment, point 2 Implementation of the qualification framework)
- implementation of compulsory seminars about quality in education
- establishment of the Centre for Educational Development

All the measures are aimed at increasing the academic staff's attention towards and competence in education. The objective is that all educational provisions fulfil the requirements of "constructive alignment", i.e. that there is logical and pedagogical coherence between the objectives for the learning outcome, the teaching methods and the examination/assessment.

In addition, the faculty has included the following points in its annual plan for 2013:

- The faculty shall contribute to the implementation of the education conference
- Prepare structure and e-learning material to train practice supervisors
- Develop HEL-FEL 2

7.4 Cooperation with UNN – joint education committee

The educational cooperation between the University Hospital of Northern Norway (UNN) and Helsefak is organized via the Joint Education Committee that comprises representatives from both organisations and is chaired by the Pro-Dean for Education. Both organisations have allocated funding that provides the opportunity for joint educational measures. The following measures were implemented in 2012:

- Established combined positions for different health care professions
- Established an arrangement with sabbaticals, which provides academic staff with the opportunity to develop their competence through education based on a more detailed plan
- Support to further develop the Skills and Simulation Centre (FOSS)

Table: Combined positions (20 % positions):

Nursing	15
Occupational therapy	2
Physiotherapy	2
Radiography	3
Medical laboratory sciences	4
Psychology	4
ABIO	4
Midwifery Coordinator	1

7.5 Effective utilization of resources

The faculty wants to ensure the efficient utilization of resources in the programme portfolio as a whole, through the implementation of common courses and analyzing the departments' resources through figures from the Activity database (AR2), amongst other things.

VIII. Cooperation with societal and professional fields

8.1 Assessment of the work involving the relevance of new and existing educational provisions to societal and professional fields

The qualification framework has implemented clearer guidelines and regulations concerning the design of the programme and course descriptions. Efforts to secure academic quality, as well as ensure the relevance of the educational provision to societal and professional fields has been included in this work (see the chapter about academic quality and learning environment, point 2 Implementation of the qualification framework).

Part 2 Other

1. Health policy guidelines from the Coordination Reform

White Paper no. 13 (2011-2012) Utdanning til velferd – samspill i praksis (Education to welfare – interaction in practice) outlines the competence requirements as a consequence of the Coordination Reform, including preventative health and community health work, failure of care, violence and abuse, poverty, mental health and addiction, habilitation and rehabilitation, as well as migration health. Priority is also attached to inter-professional education and practice, as well as competence in ethics, communication and knowledge of the national health service and the welfare state.

The local education conference, which was held in the spring semester 2012, focussed on how these challenges were taken care of in the various programmes of study.

The reporting shows that there is attention concerning the guidelines in the white paper, but to various degrees. At the Department of Health and Care Sciences (IHO), the Head of Department has been the introductory speaker in a hearing about the white paper at NHRS. The main elements in the white paper have been discussed by the department management throughout 2012, and have twice been presented to staff at the Head of Department's hour. The areas of preventative health and community health work, failure of care, violence and abuse, poverty, mental health and addiction, habilitation and rehabilitation, as well as migration health have been dealt with to varying degrees in the different programmes of study at IHO. Migration health and poverty probably receive the least time of the prioritized areas in the white paper. The department is awaiting changes to the regulations before major changes to the programme descriptions and teaching is implemented.

Major emphasis was attached to the white paper in the revision of the programmes of study in pharmacy, where the intention is to create a programme of study in pharmacy for the future and which includes all aspects from the white paper, to higher or lower degree.

The new programme description in medicine has been prepared with the view to graduate candidates being prepared to work as physicians in a national health service that is in line with the Cooperation Reform.

- The new health policy guidelines are being included in the preparation of the learning outcome for the individual courses in the descriptions of the course components. Several of the elements are also included in the choice of pedagogical means;
- introduced case-based teaching as a special means. The perspectives of the primary and specialized health services are integrated in the students' work with the patient career.
- introduced HEL-FEL in the programme description; an inter-professional course for all health-related programmes of study.
- introduced more primary medical practice.

The introduction of the common health course HEL-FEL (HEL-0700), which equates to 10 credits, is a direct follow-up of the guidelines in the Coordination Reform and the white paper relating to interaction. Around 640 first-year students implemented the in the autumn semester 2012. The course included learning outcomes that covered both academic preparation (information literacy and writing course) and professional preparation (ethics, communication and knowledge of the national health service). The course was to a large extent implemented via online learning pathways in Fronter.

2. Pedagogical development of education

The faculty shall strengthen the pedagogical and academic competence of teaching staff and supervisors

Extract from the strategic plan for 2010 – 2013, objective number 2

The Faculty of Health Sciences has major focus on strengthening the pedagogical and academic competence of teaching staff and supervisors through the establishment of the Centre for Educational Development and the Skills and Simulation Centre (FOSS). The Centre for Educational Development is a cross between an academic unit and a research group. As an academic unit it shall support the educational development that is occurring in the programmes of study, as well as ensure the necessary follow-up of the teaching competence of the teaching staff and contribute to evaluation and new thinking concerning the design of educational arrangements, including:

- advice and supervision in relation to specific educational arrangements, examination and evaluation arrangements and the like, as well as providing advice for existing and planned programmes of study
- planning of arrangements for colleague supervision or other forms of pedagogical support
- production and implementation of competence providing measures; courses and training for staff in teaching positions
- other forms of pedagogical support to the programmes of study
- push for department-wide projects/measures, e.g. entering into of agreements and maintenance of a system of agreements

Research and evaluation of educational measures will be an important part of the centre's field of action. During the course of the year, considerable pedagogical pioneering has been undertaken, both at the old university and university college. This work has to a low degree been rendered visible, written about or investigated. Consequently, there is a requirement to raise awareness about the work that has been undertaken here, both to render visible the research, but also be able to evaluate and develop knowledge about our experiences.

FOSS is a centre where students from Helsefak and staff at UNN can engage in clinical skills training and full-scale patient simulation. We want to foster a safe and positive learning environment for all users.

FOSS is located on level 8, wing B at UNN. FOSS is open from 8am to 4pm Monday to Friday and from 4.30pm to 7.30pm on Monday to Thursday, during which time a student is responsible. A room at FOSS may be booked in advance via the university's booking system or by contacting the coordinator at FOSS. Drop-in appointments are also possible if a room is vacant.

FOSS has undergone a major renovation and restructuring and officially opened on February 5, 2013, but started offering activities in the autumn semester 2012. A manager/coordinator is employed at FOSS who is responsible for operation of the centre and to play a part in developing or participating in the training. FOSS has a total of 10 rooms for various activities, three of which are intended for full-scale patient simulation and one is a special room for gynaecology and ear-nose-throat. All the rooms are intended to be flexible in order to be able to be used for as many types of activities as possible. FOSS has invested a considerable amount in new equipment for various types of skills training. There are six different patient simulators, video recording is possible in all rooms and there are computers connected to both the UiT and UNN networks.

The users of FOSS have their own teaching resources when using the centre, but FOSS can provide assistance. At a later stage it will be assessed whether FOSS will offer teaching resources and courses. It is desirable that FOSS will be "seething with life" in the future, during the daytime and in the afternoon/evening. We shall be an arena for scheduled teaching with the possibility of multidisciplinary arrangements as well as the possibility for students to just drop in when they have a change or want a break from everyday life.

3. Resources for teaching

As a result of the fact that several staff on the programmes of study at the Department of Health and Care Sciences have intermediate research position with the requirement of a PhD/doctoral degree and as a result of the introduction of sabbaticals for former university college staff, the resource set aside for teaching has gone gradually downwards in the period from 2009 to 2012. This has led to the programmes of study needing to cut the teaching hours offered to the students by between 10 and 20 percent. The number of teaching hours can be an indicator of quality in the educational provisions, but that is not necessarily the case. In the annual plan for 2012, the programmes of study were challenged to reorganise the teaching in order to provide teaching andgood quality even if the resources had gone down. This has been a challenging process for several of the programmes of study. In 2013 IHO will review the resource situation on the programmes of study with a view to the composition of competence in relation to the resource situation, as well as assess whether positions shall be reallocated between the programmes of study.

From the autumn semester 2012, old and new programmes of study in pharmacy have been run parallel, with the integrated Master's degree programme in pharmacy being phased out and the Bachelor's degree programme in pharmacy and Master's degree programme in pharmacy being phased in. This has led to the doubling up of some teaching. They have made use of synergies to the extent possible and have common teaching across the old and new courses, but nevertheless this has been extremely labour-intensive and demanding for the teaching staff involved. This also demands good planning and good administrative coordination.

3.1 Proposed measures

- Review of the registration from the activity account (AR2) would be able to provide an indication of how teaching hours are allocated between the various programmes of study. On this basis, a discussion is necessary about how the estimation of teaching per semester or credit can be standardized. This shall take the difference of the programmes of study into consideration.

4. Clinical practice places

Several programmes of study are experiencing problems obtaining enough clinical practice places for their students. Owing to increased admission, the programme of study in nursing requires more clinical practice places at both the hospital and in the municipalities. This is a challenge as the established arrangements do not take this into consideration. We are also experiencing challenges using contracted clinical practice places in some programmes of study, e.g. radiography.

Practice studies play a central role in many of the programmes of study at Helsefak. The faculty is reliant on good systems and arrangements in order to give the students practice places that are of good quality.

A specific "clinical practice project" has been established, which is working with the health enterprises and the municipalities as well as training for supervision of clinical practice.

Agreements have been entered into with all the health enterprises, the Tromsø City Council and one of the regions in Troms. The faculty has started on new routines for the overall responsibility for clinical practice places, including the joint ordering of the clinical practice places. Through collaboration agreements, routines for communication have been established. The internal division of work and responsibility between the departments and faculty has become clearer, but there will still be a need for work to optimize the communication and improve the efficiency of this work. In the spring semester 2012, the faculty sent out a joint order for the clinical practice places for the second time.

For some of the health enterprises and municipalities, the communication has functioned well and feedback has been received within the stipulated deadlines. However, for others the communication has been divided, which has led to many rounds backwards and forwards. The feedback from the programmes of study to joint ordering has been mixed. In particular, there is a need for earlier feedback about the allocation of clinical practice places. The "clinical practice project" has made an effort with this and in the first phase has advanced the deadline for feedback by 14 days. When we have implemented the order a few times, we will be able to overcome problems in the system and then be able to achieve earlier feedback.

In the autumn semester 2012, a forum for clinical practice at the faculty was established. Everyone involved with clinical practice work and coordination was invited. There is a need to discuss things together, and this forum will be an arena to take up matters associated with clinical practice affecting all departments. The intention is for the forum to meet once or twice each semester as long as the work involving new collaboration agreements and implementation of new ordering procedures is in the work phase.

The programme of study in nursing has had an increased need for places as a result of increased admissions, as is the case for the programme of professional study in psychology. Several programmes of study have encountered problems with being allocated sufficient places, in particular the programmes of study in midwifery and radiography. This work has taken place both at faculty level and at the departments. The "clinical practice project" has targeted health enterprises regionally and locally and the municipalities in order to find solutions.

4.1 Proposed measures

- The faculty will continue the task of entering into collaboration agreements with municipal regions in Northern Norway.
- The communication between the faculty's coordinator and the various people responsible for clinical practice at the departments will continue. We aim to implement evaluations each semester which can result in changes that can lead to more efficient communication.
- Implement training for clinical practice supervision in the form of multidisciplinary and subject-specific seminars in 2013. The aim is for 120 clinical practice supervisors to participate in this training.
- Implement a pilot of web-supported training for clinical practice supervision.
- The faculty shall assess the improvement process in this area.

5. HSE work and laboratory safety

In the autumn semester 2012 the administration has experienced an increase in the number of students during the start of studies, who struggle with tackling everyday life, the new student life or a combination of these; adjusting to a new city, illness, a death in the family and more. We cannot conclude whether this is systematic or an incidental accumulation.

For many contacting the Student Advisory Service at SiTø can be a big problem. In order to prevent students from dropping out owing to reasons that could have been rectified if adaptations were made, there is a need to set aside sufficient capacity so these students are also able to speak with someone from the faculty. The student advisers are often the first port of call, but counselling sessions with mentors are an alternative that is being utilized to a greater extent.

IMB, IFA, IHO and IPS have laboratory teaching and shall have a system for safety. The students receive training in HSE during the first academic year. Each individual lab exercise undergoes risk assessment in advance. Master's students receive individual training in the lab in which they shall work before they commence their Master's thesis.

No chemicals or equipment that can pose a safety risk for students are used in lab exercises at IPS. In experiments where there is a potential for injuries, in connection with for instance Master's theses, the students using these have received thorough training from competent personnel. The Staff Engineer carries out routine maintenance of the equipment. No accidents involving students have been reported in the time lab activities have taken place at IPS. However, it is important to have focus on HSE work in the lab in order to prevent accidents.

5.1 Proposed measures

- Routines for waste disposal must be reviewed. We have received notifications of non-conformance that end up in disagreement about what constitutes hazardous waste and what does not. UNN's routines for waste disposal are totally different to UiT's routines, and there is not conformity in what we teach the students in practice.

- Outdated x-ray equipment with radiation leakage means this equipment may not be used for educational purposes. An application has been lodged for funding to invest in new equipment. The rooms need to be renovated to prevent radiation leakage.

Appendix 1: Overview of the departments' evaluation work

The departments were asked to report to the faculty on conditions concerning evaluations of the programmes of study. The programmes of study were also asked to attach their plans for evaluation.[1]

Department	Evaluation of programme of study (internal)	Evaluation of programme of study (external)	Evaluation of courses	Evaluation methods	The student's role in the evaluation(s)	Follow-up of the evaluation	Reporting of the evaluation
IHO	The majority of the programmes of study have internal evaluation (lacking for Master's degree programmes/further education provisions)	No	Yes	Teaching evaluation, oral, Questback, evaluation form, meetings between students and lecturers, reports from "the class' hour", oral/written open evaluation	Reports from evaluations are considered in an advisory body including students representatives Student representatives have a responsibility to obtain the views of fellow students and write a joint evaluation from the class. Dialogue-based evaluation in accordance with programme description. Head of studies/Year group coordinator discusses the evaluation reports in meetings with the students.	The programme board considers and decides changes of the syllabus, teaching and minor changes to the programme description. Followed by Head of studies/teaching team Head of studies/teaching team implements changes. Head of studies informs the students.	The reports are a contribution to the Report on Educational Attainments submitted to the Head of Department in October every year.
IMB	Currently have or are planning internal evaluation for all programmes of study	No	All courses have a plan for evaluation	Oral, written, electronic, joint meetings	Provide feedback and participate on programme board when a decision is made based on the evaluation	The administration compiles a total evaluation report based on the lecturer evaluation and the students' responses. The report is sent to the programme coordinator before it is sent to the programme board	The evaluations are jointly submitted to the programme board which reviews them and decided any measures.
IKO	Annual programme evaluation for Bachelor in dental care, but not for IMA-ODO	No	Dental care: all courses are evaluated each autumn IMA-ODO: courses are evaluated	Oral and written, individual midway evaluations	The students contribute actively with continuous feedback, both written and oral. Participate on the programme board	Dental care: joint meeting to follow-up with students and lecturers ODO: regular meetings between student representatives and management	The programme board considers the evaluation report, and makes a decision if there are major changes as a consequence of the evaluation.
IPS	The evaluation can be implemented during the semester, at the end of a	Ongoing work with implementation	All courses shall be evaluated the first time they are implemented and then every	Questback, dialogue-based, midway evaluations	Participate on the programme board where the evaluation reports are	The reports shall be communicated internally to the students and any	All evaluations be documented in writing in the form of reports,

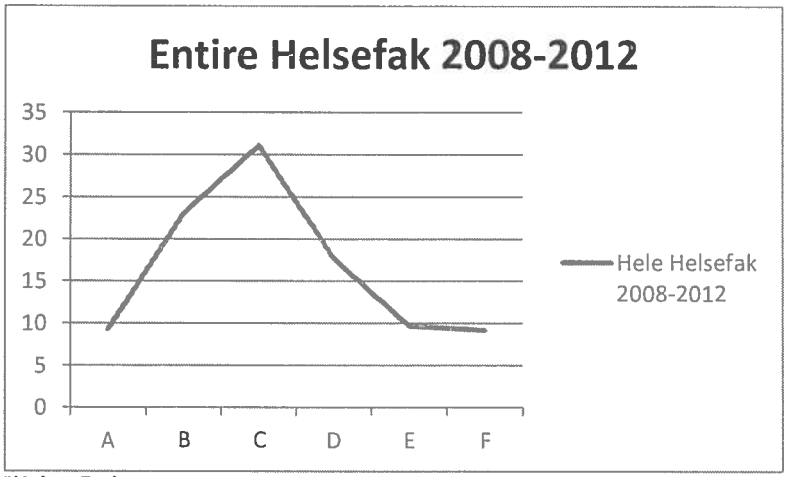
[1] Ephorte: 2012/5345

	semester, or both. This applies to the Bachelor's degree programme (incl. the one-year programme). The Master's degree programme and year groups on the programme of professional study	of external evaluation	third time. The content of the evaluations shall be agreed with the person with course responsibility based on the questions in the department's question database		discussed	external interests. In cases where measures are proposed, the report shall also be submitted as a separate item to the programme board for approval, and the reports are always included in the person responsible for evaluation's report to the programme board as an information item.	with results and proposed measures (if any).
ISM Public Health	Yes, once per year through dialogue-based evaluation	Yes, through the use of external examiners for all courses in the programme of study	Yes, all courses are evaluated during the programme period of two years	Written evaluation of courses – through standard form in FRONTER – where there is also an opportunity to provide supplementary comments. Oral evaluation of courses. Oral programme evaluation – involving the programme coordinator, student adviser and 3-6 students (representatives from first and second year), sometimes also the course coordinators.	The students participate – with various weight – in the course evaluations (written and oral evaluation forms), and in oral evaluation of the programme of study. The main impression is that too few students get involved in the evaluation work. The department informs students in detail about the evaluation routines in information meetings and through FRONTER.	The evaluation work is followed up in several ways: minor adjustments are discussed and measures are implemented immediately – and in close contact with the course coordinator and student advisor. Writes report	Larger changes require larger analysis and adaptations, and are discussed by the programme board and possibly the Education Committee.
IFA	The Bachelor's and Master's degree programmes in pharmacy are evaluated.	Start-up of external evaluation of the Bachelor's and Master's degree programmes in the autumn semester 2012	All courses included in the new programme descriptions at IFA shall be evaluated annually the first three years. Courses in the old programme description and that are being phased out are not evaluated.	Dialogue-based as standard, written as support, focus group	At the start of studies, the evaluation plan is gone through with the year group and student representatives are elected for a focus group	The objective with evaluation of a course is to provide the person with course responsibility with a basis to further develop the course, and it is also part of the students' learning process and academic environment's self-evaluation. File in a way that enables following development over time.	The evaluations shall be discussed in a meeting between the Head of Department, programme coordinator and the person responsible for the course. Any measures and changes shall be followed up by the person responsible for the course.
Programme of professional study in medicine	*The programme description* Is revised annually in order to ensure that it outlines the actual conditions to the greatest extent possible. This is considered by programme description	Total revision of the programme of study with external representatives in the steering group and	*Course components* are evaluated by focus groups or Questback the first time they are implemented. *Courses:* midway evaluation, form optional. Final	Focus groups, Questback, midway evaluations, final evaluations	The students are involved in all ongoing and future evaluation work; through Questback, as a participant in focus groups, through representation in the programme description	Following up of decisions relating to changes made by SPU or the programme board in evaluation items must occur at the department that is responsible for the teaching.	The result of the evaluations is considered by the department responsible and SPU. Larger findings can lead to the evaluation

	committee (SPU) and the programme board medicine (PM). Major changes require consideration by the Faculty Board.	working group	evaluation using Questback to all students.		committee and programme board	The departments have organised the teaching under people with academic responsibility and course component coordinators. The students are asking for better structure in the feedback from the results of the evaluations they participate in.	also being considered by the PM.
IKM Telemedicine and E-health	Evaluation of the programme of study occurs in the spring semester once per year. Both first and second-year students participate in the programme evaluation, as well as the chair of the programme board and the administration. For first year students, the programme of study evaluation is a midway evaluation since they shall continue with the second year.	No	Alle TLM courses shall be evaluated annually by lecturers and students	Form and dialogue meetings	The students are involved in the evaluation work through participation in the course evaluation and programme evaluation. In addition, there are student representatives on the programme board for Telemedicine and E-health, who participate in board meetings. The students are informed about their role in the evaluation work and quality assurance system through e-mails and on the websites.	Findings from the course evaluation were also included in the programme evaluation report. The report was sent out to all participants at the evaluation meeting, all members of the programme board and all lecturers.	The programme board and possibly IKM shall follow up the measures. The report from the programme evaluation meeting shall include a list of necessary measures.

Appendix 2: Monitoring of the use of grades

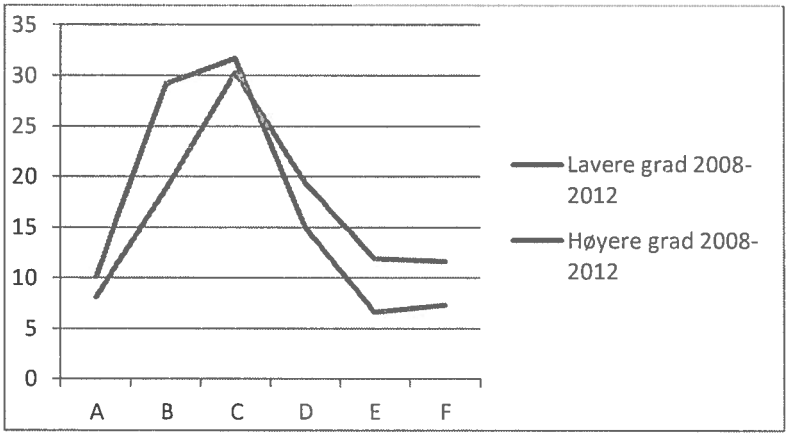
In the period 2008-2012, the total distribution of grades at Helsefak was as follows:



Hele = Entire

We can see predominance in the grades B and C, and slightly low use of the grades D and E.

The following figure shows the distribution of grades in first-cycle degrees vs. second-cycle degrees in the period 2008-2012:



Lavere grad = First-cycle degree, høyere grad = Second-cycle degree

The table shows that there is greater predominance in the grades B and C in second-cycle degrees and even lower use of the grades D, E and F than in first-cycle degrees.

Appendix 3: Implementation and drop-out

Table 1: Overview of programmes of study announced via the Norwegian Universities and Colleges Admission Service (NUCAS) and local admission in the autumn semester 2011and 2012[1] with:

- the table is obtained from board item S 41-12 (ePhorte, item 12/3372) concerning the programme portfolio
- admission capacity (number of budgeted places)
- number of student who attended the start-up of the programme, and the change in this number from 2011-2012

Name of programme of study	Admission capacity 11/12	Number of students attending start-up of programme 2011	Admission capacity 12/13	Number of students attending start-up of programme 2012	Change in attendance 2011-2012	Number of student attending in relation to admission capacity[2]
Medical Laboratory Sciences, Bachelor	24	28	24	27	-1	3
Biomedicine, Bachelor	15	11	15	19	8	4
Occupational therapy, Bachelor	24	30	24	30	0	6
Pharmacy, Bachelor	-	-	35	44	-	9
Physiotherapy, Bachelor	26	25	26	28	3	2
Psychology, Bachelor	70	79	70	80	1	10
Radiography, Bachelor	30	32	30	27	-5	-3
Nursing, Bachelor, full-time and decentralized/part-time[3]	145	100	145	121	21	-24
Dental care, Bachelor	12	15	12	15	0	3
Dentistry, Integrated Master	40	51	40	45	-6	5
Biomedicine, Master	15	8	15	8	0	-7
Pharmacy, Master	-	-	35	11	-	-24[4]
Public health, Master[5]	35-40	21	35	26	5	-9
Health science, Master, interdisciplinary option	30	18	30	13	-5	-17
Health science, Master, psychology option	56	38	20	20	-18	0

[1] Further education, externally financed educational provisions and programmes with a scope of less than 60 credits are not included in this overview.
[2] This column is included to show the correlation between the number of students who attended the start-up and the admission capacity. This column was not included in the board item.
[3] The admission capacities are combined for full-time and session-based/part-time. The attendance figures are only for nursing full-time, start-up autumn semester.
[4] Integrated Master was in 2011 changed to Bachelor + Masters, so these figures are not representative
[5] The admission capacities are combined for ordinary Master and experience-based Master

Health science, Master, Public health nurse	10	14	30	27	13	-3
Health science, Master, Aging and care for the elderly	16	8	16	14	6	-2
Health science, Master, clinical neurological physiotherapy option	-	-	-	19	-	-
Medical laboratory science, Master	10	1	10	1	0	-9
Psychology, Master	12	12	12	12	0	0
Telemedicine and E-health, Master (taught in English)	20	11	20	7	-4	-13
Medicine, programme of professional study	100	109	100	108	-1	8
Psychology, one-year programme	200	183	200	196	13	-4
Psychology, programme of professional study[6]	34	35	44	46	11	2

[6] 10 extra places were allocated in the revised national budget 2012, cf. item S 19-12

Table 2: Identification of various types of drop-out

Department	Types of drop-out
IHO	Mostly drop-out after the response deadline and drop-out concerning /non-attendance at the start of studies Problems with drop-out are clearest in programmes of study at Bachelor level Radiography and Occupational therapy are also experiencing drop-out during the first academic year and the remainder of the course of study Low drop-out rate at Master's level
IMB	Experience mostly drop-out between the application deadline and response deadline Experience some drop-out during the first academic year at Bachelor's level Little or no drop-out during the remainder of the course of study
IKO	Drop-out between the application deadline and response deadline Drop-out after the response deadline Drop-out / non-attendance at the start of studies
IPS	Drop-out at Bachelor's level / one-year programme before the registration deadline and during the first academic year Low drop-out rate for programme of professional study, can be some before the response deadline , little after it, the same applies to the Master's programme in psychology
ISM Public Health	Drop-out between the application deadline and response deadline Drop-out after the response deadline Drop-out / non-attendance at the start of studies
IFA	Drop-out between the application deadline and response deadline Drop-out after the response deadline Drop-out / non-attendance at the start of studies Drop-out is highest at Bachelor level Some drop-out during the programme in integrated pharmacy, which is now being phased out owing to a new programme description
Programme of professional study in medicine	Students accept a place at UiT, are starting but quit after 1-2 months Scope approx. 2-8 students per year in the first year group This drop-out in the first academic year has a negative impact on student production. However, the year group was supplemented with new students who have taken the first year as dental students in Tromsø, Bergen and Oslo.
IKM Telemedicine and E-health	Drop-out / non-attendance at the start of studies

Table 3:

	Measures to prevent drop-out	
IHO	• Letter to all applicants who have us as their first priority • Offer of ringing a student • Overbooking during the first admission • Apply for extra resources for the first academic year • Experienced lecturers in the first academic year • Clinical practice preparatory sessions in groups • Individual counselling sessions • Active use of the social service	Follow-up of mentors with responsibility for 15 students Close contact with the student advisory service Student adviser follows up the registration Make individual adaptations as required Focus on a good learning environment Counselling sessions with individual students about any necessary adaptations Advance the application deadline and admission process Concentrate on case work in advanced patient simulators
IMB	• Send personalised postcard to applicants who have us as their first priority • E-mail to applicants • Have rung students who did not attend the start of studies • Check if the students are registered – contact those who are not	Have gatherings for the students to contribute to the social environment and year group feeling Follow-up of students and guidance in order to become aware of problems Rapid processing of admissions at Master's level to avoid applicants accepting another offer first
IKO	• Information letter • Ring students who did not attend the start of studies • Check in the national student database that all students are registered. Contact those who are not. • Follow-up in the form of basis groups • Individual guidance as student counselling	
IPS	• Info meetings • E-mail containing academic information • Student guidance • Ring the students • Possibility of extended deadlines	
ISM Public Health	• Produce good, informative and interesting web pages for the programme • Provide very informative and explanatory information in the offer of admission sent to the applicant, including attaching week plans, campus map, contact details and course overview • Send an extra information circular to the applicants during the summer • Encourage part-time instead of drop-out • Info meeting for new students at the start of the first academic year	Social gathering for all students in the autumn semester Focus on a good flow of information from the Section for Educational Administration – through both the national student database and in rooms on Fronter. Have well updated websites for the programme of study and courses Active work with the student representatives concerning building a study environment, and be responsive in relation to conditions the students will discuss with ISM
IFA	• Information letter • Contact students by e-mail and phone • Mentor scheme • Social activities • Student guidance	Meeting between students, Head of Department and student adviser Guidance with academic and administrative staff Invitation to counselling session concerning problems relating to progression
Programme of professional study in medicine	• Medicine recruits well but we want more of the 13,300 applicants for medicine in Norway to have UiT as their first priority. • For the 2012 admission 2413 had UiT as their first priority.	Our effort involving recruitment focuses particularly on contact with applicants that have us as their first priority and then on good information to everyone who receives the offer of a place at UiT
IKM Telemedicine and E-health	• Improve information about the programme of study on the website • Improve the guidance for programme applicants • Closer cooperation with UTA in order to reduce drop-out of self-financed applicants	Stricter admission requirements, e.g. raising the English requirement to 6.0 for the IELTS test result; solid grade level (IFI).* Overbooking: approx. 10 %

Note: these measures to prevent drop-out are implemented in various programmes of study at the department, and there are also various measures for various types of drop-out. Some of the measures are mentioned here are also mentioned under measures for recruitment, as the measures end up under both categories.

Appendix 4: Overview of measures for recruitment

Department	Measures	Experiences	Results
IHO	• Further education provisions: info meetings with coordinators and clinical practice supervisors at the local hospital • Further education provisions: Open day • Further education provisions: info brochure • Decentralized nursing: Announcements to be visible in the local community • Occupational therapy/radiography: Letter to all applicants who have us as their first priority . Offer to ring a student	No one contacted the students who were available	
IMB	• Film for biomedicine and medical laboratory science • Film about forensic genetics that is used for recruiting to the course MBI-3103 Forensic genetics and medical genetics and the Master's degree programmes at the department • Cinema advertisements for biomedicine at Aurora Cinema • Instead of visiting school classes to IMB, we have referred school classes to the school arrangement via imPuls. The department has contributed with various teaching arrangements on imPuls and school classes that have made direct contact with us. • Brochure for each programme of study, which is handed out at student recruitment fairs, visits by school classes etc. • Produce an IMB postcard that we send to applicants who have us as their first priority • Presentation of the Master in medical laboratory science at the annual medical laboratory science day in Trondheim • Established a web-based course (MBI-3102) for bioengineers. The aim was to attract more students to the Master's programme in medical laboratory science	• The programme became known among people. • The department believes the arrangement concerning imPuls has worked well and it is satisfied with this arrangement.	• The majority of first-year students in the autumn semester 2012 on the Bachelor degree programmes had seen the films and they said they had been of significance. • There has been a big increase in applications for the Bachelor degree programmes, and we have not previously had as many male applicants for the programme in medical laboratory science. • ImPuls: Satisfied teachers contact us year after year. • During the presentation of the medical laboratory science in Trondheim, we got several applicants who had a Bachelor from HiST. • MBI-3102: there was a big demand for this course and it worked well as a basis to look further at flexible options for programmes/courses at the department.
IKO	No measures of their own		
IPS	• Web pages (films) • Facebook page • Send students to recruitment events • Publications • Opening a one-year programme • Online programmes (NKI and Armed Forces)	• High application figures mean that it is unnecessary to problematize recruitment.	• High number of applications and high average of getting into our programmes • High production of credits

ISM **Public Health**	• Programme page updated and tidied up • Norwegian applicants: announcements in regional and national newspapers. Completely new announcement with specially prepared text • International applicants: Recruitment is mostly through UiT's international website channel/English website	Large number of applicants – both Norwegian and international • 54 Nordic offers sent out • 21 accepted and 19 attended the start of studies. This is an increase compared to last year. Those who withdrew cited other studies, work/family situation or lack of accommodation in Tromsø as their reason for withdrawing. Stabile number of international applicants: 18 offers and 6 attended.	• The 2012 year group has 25 active students (increase compared to last year); 19 from Nordic countries, of which 9 are part-time
IFA	• Revision of programme description • Cinema advertisements in Northern Norway • New information material • Websites and Facebook page • Study visits at IFA → linked to ImPuls	• Material was well received at fairs and events. • ImPuls: good feedback on academic content and information. Demanding to implement.	• Larger application mass owing to lower admission requirements • Lower drop-out in the first semester
Programme of professional study in medicine	• Contact with applicants who have UiT as their first priority • Good information to everyone who receives the offer of a place at UiT	Medicine recruits well, but we want more of the 13,300 applicants to medicine in Norway to choose UiT as their first priority.	The effect of the information work is difficult to measure so we cannot say much about this.
IKM **Telemedicine and E-health**	• Information brochures are produced and distributed • These are translated to English and sent to relevant conferences • The Master's programme is announced in international portals for higher education • Attempt to create more exchange agreements with universities abroad • Direct contact with key people at UNN for recruitment of UNN staff as students • Subject day for telemedicine and student recruitment fairs (IFI) • Network building during sabbaticals abroad (IFI)		• We have received positive feedback about our web pages from applicants. • Two exchange agreements were signed: FH Joanneum, Health Care Engineering and e-Health (Austria: spring semester 2011) and Flensburg University of Applied Science (Germany: spring semester 2012). • Exchange students from same institutions return • The demand for the Master's degree programme has increased significantly, especially among international applicants (number of applicants: approx. 182 in autumn semester 2012 and 80 in autumn semester 2011).
RKBU	• Marketing plan	Have received food verbal feedback to date. The aim is to recruit 35 qualified applicants.	• Admission and start-up of studies will show if the plan and objective for the programme with start-up in the autumn semester 2013 is achieved.

Helsefak	• Created Facebook page for Helsefak • Resource group for recruitment • Improved coordination of school visits/recruitment fairs • Included FOSS/dissemination services in school visits/recruitment fairs • Improved coordination of open days • Use of students at Helsefak for open days • School visits		

Table I. Overview of positions including adjunct posts (a), and excluding adjunct posts (b) at the Faculty of Health Sciences in numbers, by April 9, 2013

a)

	College teacher	Assistant professor	Associate professor (Førstelektor)	Associate professor	Professor (Docent)	Professor	Total
	Number	Number	Number	Number	Number	Number	
ISM		17	2	16		26	
IKM		55		64		61	
IMB		4	9	21		36	
IKO		12		5		11	
IHO		66	6	14	1	10	
IPS		8		13		8	
IFA		4		16		10	
RKBU	3	4	1	6		6	
FAK.		3	1	8		2	
Total	3	173	19	163	1	170	529

b)

	College Teacher	Assistant Professor	Associate professor (Førstelektor)	Associate professor	Professor (Docent)	Professor	Total
	Number	Number	Number	Number	Number	Number	
ISM		6	1	14		18	
IKM		1		9		26	
IMB		3	7	16		25	
IKO		3		3		11	
IHO		60	6	11	1	7	
IPS		7		13		7	
IFA		1		14		6	
RKBU	3	4	1	5		4	
FAK.		3	1	4			
Total	3	88	16	89	1	104	301

ISM: Department of Community Medicine
IKM: Department of Clinical Medicine
IMB: Department of Medical Biology
IKO: Department of Clinical Dentistry
IHO: Department of Health and Care Sciences
IPS: Department of Psychology
IFA: Department of Pharmacy
RKBU: The Regional Centre for Child and Youth Mental Health and Child Welfare
FAK: Faculty Administration

Table II: Student flow. Completion according to individual education plans from students 2009-2012

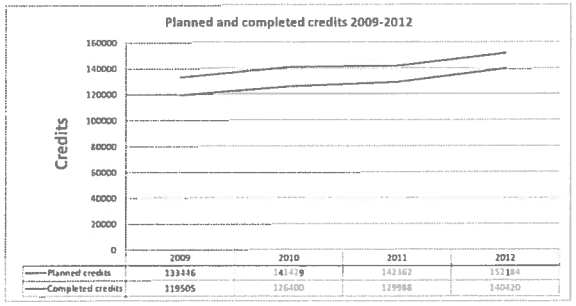
Planned credits: Number of credits planned in total for a spesific study programme in a academic year
completed credits: number of credits completed during the same academic year according to planned amount of credits

Study programs	2009			2010			2011			2012			2009-2012
	Planned credits	Completed credits	completion %	Planned credits	Completed credits	completion %	Planned credits	Completed credits	completion %	Planned credits	Completed credits	completion %	average completion in %
Bachelor in biomedicine				430	340	79,1	1060	680	64,2	1350	1060	78,50	73,93
Master in biomedicine				235	195	83	581	476	81,9	980	935	95,40	86,77
Research trainee program	1465	1654	112,9	1541	1427	92,6	2266	3069	135,4	3781	3580	94,70	108,90
Master in medical laboratory sciences				95	95	100	120	120	100	190	180	94,70	98,23
Undergraduate medical education	29280	28880	98,6	32970	32110	97,4	28720	27810	96,8	37971	36711	96,70	97,38
Year unit of medical sciences	3790	3030	79,9	3790	2820	74,4	3560	2510	70,5	1170	860	73,50	74,58
Master in public health (experienced based)	90	80	88,9	90	70	77,8				60	60	100,00	88,90
Master in public health	1895	1670	88,1	2255	1690	74,9	2165	1885	87,1	2215	1725	77,90	82,00
Bachelor in psychology	9375	6075	64,8	8050	5680	70,6	8830	6990	79,2	8770	6890	78,60	73,30
Master in psychology	1260	1150	91,3	1190	1130	95	1100	755	68,6	1430	1180	82,50	84,35
Psychology one year	12730	8840	69,4	16700	10700	64,1	14670	11050	75,3	10430	7990	76,60	71,35
Professional education in psychology	7205	6610	91,7	7715	7635	99	8605	8405	97,7	9015	9010	99,90	97,08
Bachelor in laboratory science	2446	2279	93,2	2555	2278	89,2	2631	2425	92,2	3252	2812	86,50	90,28
Master in biology	567	555	97,9	600	590	98,3	815	760	93,3				96,50
Master of science in medical biology	580	380	65,5	290	290	100	120	120	100	20	20	100,00	91,38
Master of molecular biotechnology	1435	1295	90,2	1210	1150	95	935	880	94,1	610	635	104,00	95,83
Master in dentistry	8495	8100	95,4	9940	9520	95,8	9485	8810	92,9	10650	9975	93,70	94,45
Bachelor in dental care	1874	1767	94,3	2211	2003	90,6	2139	2079	97,2	2322	2169	93,40	93,88
Master's of science in telemedicine and e-health	890	685	77	930	860	92,5	1020	930	91,2	880	840	95,50	89,05
Bachelor in occupational therapy	3410	3225	94,6	3585	3365	93,9	3685	3370	92	3890	3830	98,50	94,75
Bachelor in physiotherapy	4215	4125	97,9	4492	4437	98,8	4640	4530	97,6	4675	4290	91,80	96,53
Bachelor in physiotherapy (part-time)	795	840	105,7	240	230	95,8	600	600	100	600	600	100,00	100,38
Masters' degree programme of health sciences 1				291	269	92,3	316	321	101,5	353	364	103,20	98,93
Masters' degree programme of health sciences 2	2290	2180	95,2	1670	1500	89,8	3460	2900	83,8	5246	4660	88,80	89,40
Master in public health nurse	1230	1290	104,9	930	900	96,8	1650	1560	94,5	1590	1560	98,10	98,58
Post-bachelor programme in midwifery	1890	1760	93,1	1710	1656	96,8	1914	1894	99	2166	2166	100,00	97,23
Bachelor in radiography	3375	3245	96,1	3585	3135	87,4	3585	3245	90,5	3182	3018	94,80	92,20
Bachelor in nursing	13498	12259	90,8	14483	13974	96,5	15501	14915	96,2	15355	14930	97,20	95,18
Bachelor in nursing (part-time)				686	466	67,9	1197	1169	97,7	749	615	82,10	82,57
Bachelor in nursing (decentralized)	3122	2722	87,2	2720	2507	92,2	3416	2978	87,2	4926	4888	99,20	91,45
Post-bachelor programme in aging and care for the elderly	390	330	84,6	585	390	66,7	300	255	85	195	195	100,00	84,08
Post-bachelor programme in anesthetic nursing	390	360	92,3	510	510	100	630	630	100	660	645	97,70	97,50
Post-bachelor programme pediatric nursing				240	240	100	420	420	100	420	405	96,40	98,80
Post-bachelor programme in intensive care nursing	1140	1095	96,1	840	780	92,9	510	495	97,1	1590	1530	96,20	95,58
Post-bachelor programme in clinical nursing	960	1005	104,7	1020	975	95,6	900	870	96,7	600	585	97,50	98,63
Post-bachelor programme oncological nursing	420	450	107,1	516	480	93	750	720	96	624	630	101,00	99,28
Post-bachelor programme in theatre nursing	480	450	93,8	420	420	100	390	375	96,2	600	555	92,50	95,63
Post-bachelor programme in psychiatric and psychosomatic	731	731	100										100,00
Post-bachelor programme in mental health care				1290	1290	100	1260	1260	100	30			100,00
Post-bachelor programme in radiography	300	300	100	480	405	84,4	120	120	100				94,80
Post bachelor programme in relations and networks	2670	2370	88,8	780	780	100	780	750	96,2	510	510	100,00	96,25
Post-bachelor programme in dementia and psychiatry in the	375	360	96	240	165	68,8	15						82,40
Bachelor in pharmacy										1300	870	66,90	66,90
Master in pharmacy										300	285	95,00	95,00
Integrated master in pharmacy (5-years)	8388	7358	87,7	7319	6943	94,9	7521	6857	91,2	7527	6657	88,40	90,55
Total for The Faculty of Health Sciences	**133446**	**119505**	**92,10**	**141429**	**126400**	**89,85**	**142362**	**129988**	**92,90**	**152184**	**140420**	**92,69**	**91,88**

Completion in total for Helsefak	%
completion % 2009	92,10
completion % 2010	89,85
completion % 2011	92,90
completion % 2012	92,69
average completion 2009-2012 in %	91,89

The data can be found at Database for Statistics on Higher Education (DBH):

http://dbh.nsd.uib.no/dbhvev/student/stud_gjennomfort_rapport.cfm?progkode=x&studkode=x&niva=x&finans=egen&fakkode=510&ufakkode=x&sti=9!ufakkode!9!progkode&insttype=11&arstall=2012&imstkode=1130&beregning=Planlagte9999studiepoengIsum%28pl%29!9!Gjennomf%C3%B8rte9999studepoengIsum%28gj%29!9!Gjennomf%C3%B8ringsprosentIdbo.divisjon%28sum%28gj%29*100,sum%28pl%29%29&valgt_sti=Universitetet!9!Universitetet%20i%20Troms%C3%B8!9!Det%20helsevitenskapelige%20fakultet&grupperingstring=a.arstall&sti_hele=insttype!9!instkode!9!fakkode!9!ufakkode!9!progkode&sti_valgt=insttype!9!instkode!9!fakkode!9!ufakkode!9!progkode&viskode=0&nullvalue=-&brukersort=to&pageid=1



INTERPROF
Centre for Interprofessional
Education in Health Sciences

Curriculum vitaes (CV's)

1. Scientific Centre leader, Inger Njølstad (Vice dean Education, Medicine and Dentistry)
2. Centre manager, Mari Wolff Skaalvik
3. Leader INTER-BASE, Ragnhild Nilsen
4. Leader INTER-PRAX, Ellen Birgitte Pedersen
5. Leader INTER-SIM, Liv Mari Brandt
6. Co-leader INTER-SIM, Rita Stenseth
7. Key personnel, Anita Iversen (Leader Educational development centre)
8. Key personnel, Nanna Hauksdottir (Vice dean Education)
9. Key personnel, Sylvi Stenersen Hovdenak
10. Key personnel, Bente Norbye

May 2013

CURRICULUM VITAE
INGER NJØLSTAD, born 1954

Civil status: Married, 3 children born 1979, 1981, 1985
Position: Professor, Department of Community Medicine (ISM), Faculty of Health Sciences, University of Tromsø.

Education

1972	American High School, Newtown, CT.
1973	Examen artium, Kristiansand Handelsgymnasium
1979	Cand.med, (MD), University of Tromsø
1998	Dr. med (PhD in cardiovascular epidemiology) University of Tromsø *THESIS:Njølstad I. Incidence of and risk factors for myocardial infarction, stroke and diabetes mellitus in a general population. The Finnmark Study 1974 - 1989. ISM skriftserie Nr. 44. Tromsø: Universitetet i Tromsø, 1998.* ISBN 82 – 90262 – 50 – 7

Positions

1981	Full MD authorisation
1981-90	Primary health physician in Tromsø
1990-93	Research fellow, UoT. Funded by Norwegian Council on CVD
1993	Project leader on medical curriculum (6 months)
1994	Researcher, Dept of community medicine, UoT
1995	Assistant professor, Dept of pharmacy, UoT
1996-9	Research fellow/lecturer, Dept of community medicine, UoT
1999-2001	Post.doc UoT. Funded by the Norwegian Research Council
2002-	Professor, Dept of Community medicine, Faculty of medicine 2006 (fall) Guest professor, Research centre for preventive med, Glostrup, DK
1998-2012	Mentor for interns in primary health care in Troms county. 20% adjunct position at The county medical officer (group based mentoring programme)

Academic positions, scientific committees etc (selected)

1999-2009	Norwegian Social Science Data Service, Board member
2002 – 5	Norwegian Research Council, member of programme committee
2003 -	Cohort of Norway, member of Steering group (head: 2005-7)
2004-12	Biobanks for Health in Norway (FUGE platform) (Funded by Norwegian. Research Council. Member of steering group
2005 –	Head of the Tromsø Study
2007-9	Scientific leader, EPINOR research school
2007 -	Head of Board of medical study
2009 -	Vice dean of education, medicine and dentistry
2010 -	Biobank Norway (infrastructure funding from Norwegian Research Council. Work package leader and member of Steering Group
2010 -	CVDNOR. Epidemiological multicenter research project of cardiovascular diseases in Norway. Member of research group

PhD-candidates (main – and co-supervisor):

9 Dr.med and phd candidates who completed their degrees 2000-2013
6 ongoing phd students (main supervisor: 4 phd students, co supervisor: 2 phd students)

Main research activities

1988- Doctor-patient communication. Educational videoprogrammes and research papers;
1990-2001 The Finnmark Study. Epidemiological papers on MI, stroke and diabetes
1996- The Tromsø Study. Epidemiological papers on MI, stroke, diabetes, atrial fibrillation, carotid atherosclerosis, and kidney function in relation to CVD
1998 - The NORVIT trial (Norwegian Vitamin trial) (PI: Kaare H. Bønaa; I was Head of the Endpoint Committee;). Secondary prevention, randomised placebocontrolled trial. B-vitamins for homocysteine lowering in patients with MI.

International research collaboration (present and past)

- MORGAM – Monica, Risk, Genetics, Archiving and Monograph (PI: prof Alun Evans, Belfast). (myocardial infarction and stroke) EU –funded 7th framework. Tromsø Study is an associate member
- CHANCES - Cohorts of Health and Ageing in Europe and the US: EU –funded project from 2010. (7th framework). The Tromsø Study is one of 15 partners
- BiomarCaRE – Biomarkers for Cardiovascular Risk Assessment in Europe: EU-funded project from 2011 (7th framework), 11 participants. The Tromsø Study is a Third Party.
- Tethys Biosciences Inc, California, US. Novel biomarkers for MI, Stroke and VTE Bilateral collaboration Tromsø Study – Tethys
- SCORE (PI: prof Ian Graham, Dublin). Systematic Coronary Risk Evaluation. Collaborative Project with partners from about 15 European countries
- FUSION – Finland-US Investigation of NIDDM Genetics (diabetes) Funded by NIH. The Tromsø Study has joined the consortium along with the Nord-Trøndelag Health Study
- ERFC Emerging Risk Factors Collaboration (PI: prof John Danesh). The Tromsø Study is one of ca 100 participating cohorts and trials
- deCODE Genetics, Iceland (genetics of atrial fibrillation) (PI: Kari Stefansson), a Biohealth Norway – deCODE collaboration where all Norwegian data are from the Tromsø Study
- NORDAN. Norwegian – Danish study of CVD prediction models. Bilateral collaboration with the Research Centre of Preventive Medicine, Glostrup, Denmark
- B-vitamin Trialists' Collaboration (PI: Dr. Robert Clarke, Oxford)

Teaching and educational activities

1990 – 2013 extensive experience in teaching and planning of courses at BSc and MSc level (students of medicine, pharmacy, nursing, public health, and postgraduate specialist training of doctors. Topics: patient-doctor communication, epidemiology and medical statistics, preventive medicine.
2012-13 Mentor for first year medical students, tutor for introductory course students

International teaching experience

2004 – 08 Member of faculty for World Heart federation 's Ten Day International Teaching Seminar on Cardiovascular Epidemiology and Prevention) (phd-level)

Prizes

1991 Sverre Lundevall, Inger Njølstad, Ivar Aaraas. Norsk forening for medisinsk utdannelse (Norwegian society for medical education). Prize of pedagogy for the educational videobased programme: Handling og kommunikasjon

2001 Inger Njølstad. Prize of education. Faculty of medicine. University of Tromsø

Educational material

1. Lundevall S, Njølstad I, Aaraas I.Videobased programme Handling og kommunikasjon. (*Action and communication).* An educational programme for postgraduate training of physician. University of Tromsø/Medical Association of Norway (1990). Part I. What would my colleague have done? Part II. Communication in doctor-patient encounters. Approved for 10 hrs postgraduate training of family physicians. The programme is also used in pregraduate education of medical students.
2. Njølstad I, Steinert S, Aaraas I. Videobased programme. Forskrivning av B-preparater i allmennpraksis. (*Prescription of tranquilizers in general practice*) University of Tromsø. (1999); Target group: interns in primary health care.
3. Steinert S, Videobased programme. Den vanskelige konsultasjonen (*The difficult consultation).* University of Tromsø/MedicalAssociation of Norway (2005). A pedagogical tool for intern preceptors and other tutors in family medicine. Target group: interns in primary health care.

Selected publications (total listed in PubMed: 132)

1. **Njølstad I**, Aaraas I, Lundevall S. Look at the patient, not the notes. *Lancet* 1992;340:413-414.
2. Aaraas I, Lundevall S, **Njølstad I**, Melbye H. Stuck with the patient - what would my colleague have done? A videorecorded consultation experiment with an actor simulating as the same patient for different doctors. *Family Practice* 1993;10:43-45.
3. Lundevall S, **Njølstad I**, Aaraas I. Stop the video and involve the observers: an interreflective method to stimulate doctors' learning about their own consultations with patients. *Medical Teacher* 1994;16:189-195.
4. **Njølstad I**, Arnesen E, Lund-Larsen PG. Smoking, serum lipids, blood pressure, and sex differences in myocardial infarction. A 12-year follow-up of the Finnmark Study. *Circulation* 1996;93:450-456.
5. **Njølstad I**, Arnesen E, Lund-Larsen PG. Body height, cardiovascular risk factors, and risk of stroke in middle-aged men and women. A 14-year follow-up of the Finnmark Study. *Circulation* 1996;94:2877-2882.
6. **Njølstad I**, Arnesen E, Lund-Larsen PG. Sex differences in risk factors for clinical diabetes mellitus in a general population: a 12-year follow-up of the Finnmark Study. *Am J Epidemiol* 1998;147:49-58
7. **Njølstad I**, Arnesen E. Preinfarction blood pressure and smoking are determinants for a fatal outcome of myocardial infarction. A prospective analysis from the Finnmark Study. *Arch Intern Med* 1998;158:1326-32
8. Conroy RM, Pyörölä K, Fitzgerald AP, Sans S, Menotti A, DeBacker G, De Bacquer D, Ducimetière P, Jousilahti P, **Njølstad I,** et al : SCORE Project Group. Estimation of ten-year risk of fatal cardiovascular disease in Europe: SCORE project. *Eur Heart J 2003*; 24:987-1003
9. Bønaa KH, **Njølstad I**, Ueland PM, et al, for the NORVIT Trial Investigators. Homocysteine lowering and cardiovascular events after acute myocardial infarction. *N Engl J Med* 2006;354;1578-88.

10. Johnsen SH, Mathiesen EB, Joakimsen O, Stensland E, Wilsgaard T, Løchen ML, **Njølstad I,** Arnesen E. Carotid atherosclerosis is a stronger risk factor for myocardial infarction in women than in men. A 6-year follow-up study of 6226 persons. The Tromsø Study. *Stroke.* 2007;38:2873-80
11. Gudbjartsson DF, Holm H, Gretarsdottir S, Thorleifsson G, Walters GB, Thorgeirsson G, Gulcher J, Mathiesen EB, **Njølstad I,** et al. A sequence variant in ZFHX3 on 16q22 associates with atrial fibrillation and ischemic stroke. *Nat Genet.* 2009:41:876-8.
12. Bertelsen G, Erke MG, von Hanno T, Mathiesen EB, Peto T, Sjølie AK, **Njølstad I.** The Tromsø Eye Study: study design, methodology and results on visual acuity and refractive errors. *Acta Ophthalmol.* 2012 Sep 11. doi: 10.1111/j.1755-3768.2012.02511.x. [Epub ahead of print]
13. Fretheim A, Odgaard-Jensen J, Brørs O, Madsen S, **Njølstad I**, Norheim OF, et al. Comparative effectiveness of antihypertensive medication for primary prevention of cardiovascular disease:systematic review and multiple treatments meta-analysis. *BMC Med.* 2012 Apr 5;10:33. Review.
14. Jacobsen BK, Eggen AE, Mathiesen EB, Wilsgaard T, **Njølstad I.** Cohort profile: The Tromso Study. *Int J Epidemiol.* 2012;41:961-7.
15. Emerging Risk Factors Collaboration. Adult height and the risk of cause-specific death and vascular morbidity in 1 million people: individual participant meta-analysis. Int J Epidemiol. 2012;41:1419-1433.
16. Bertelsen G, Peto T, Lindekleiv H, Schirmer H, Solbu MD, Toft I, Sjølie AK, **Njølstad I.** Tromsø eye study: prevalence and risk factors of diabetic retinopathy. *Acta Ophthalmol.* 2012 Sep 20. doi: 10.1111/j.1755-3768.2012.02542.x.
17. Mannsverk J, Wilsgaard T, **Njølstad I**,et al. Age and gender differences in incidence and case fatality trends for myocardial infarction: a 30-year follow-up. The Tromso Study. *Eur J Prev Cardiol.* 2012;19:927-34
18. Kokkvoll A, Jeppesen E, Juliusson PB, Flaegstad T, **Njølstad I.** High prevalence of overweight and obesity among 6-year-old children in Finnmark County, North Norway. *Acta Paediatr.* 2012;101:924-8
19. Hopstock LA, Barnett AG, Bønaa KH, Mannsverk J, **Njølstad I**, Wilsgaard T. Seasonal variation in cardiovascular disease risk factors in a subarctic population: the Tromsø Study 1979-2008. *J Epidemiol Community Health.* 2013 ;67:113-8.
20. Eggen AE, Mathiesen EB, Wilsgaard T, Jacobsen BK, **Njølstad I.** The sixth survey of the Tromso Study (Tromso 6) in 2007-08: collaborative research in the interface between clinical medicine and epidemiology: study objectives, design, data collection procedures, and attendance in a multipurpose population-based health survey. *Scand J Public Health.* 2013;41:65-80.

Book chapters and reports (selected)

21. **Njølstad I.** Gender – a neglected dimension in medical research? In: 400 years and the way forward. Proceedings from International Conference on Public Health, June 15-17, 2003 in Bergen, Norway. Pp 62-67. Ministry of Health, Norway, 2003.
22. **Njølstad I.** Endringer i sykdomspanoramaet I: Rasmussen K, Forfang K. (ed). Det norske hjerte. Oslo: Universitetsforlaget 2007.
23. Hauksdottir N, **Njølstad I**, Sundsfjord A. Utdanning til fremtidens helsetjeneste i nord – samspill i praksis. I: Hvor går Nord-Norge? Bind 2. Red: Jentoft S, Nergård JI, Røvik KA. Stamsund: Orkana Akademisk, 2012. ISBN978-82-8104-218-6.
24. **Njølstad I**, Husebekk A. Befolkningsundersøkelser – nyttig for den enkelte, nyttig for folkehelsa, eller bare en Sareptas krukke for forskning? . I: Hvor går Nord-Norge? Bind 2. Red: Jentoft S, Nergård JI, Røvik KA. Stamsund: Orkana Akademisk, 2012. ISBN978-82-8104-218-6.

25. Report to the Faculty of medicine, University of Tromsø and the Dept of health, Tromsø University college: Committee recommendations: *Education for Collaboration in Health Care*. Tromsø: 1990. (member of committee)
26. Report to the Faculty of medicine, UiT: Recommendations from Committee on longitudinal revision of the medical curriculum (head: H. Stalsberg). *Revising the medical curriculum in Tromsø*. Tromsø: 1992 (member of committee)
27. Report to the Faculty of medicine, UiT. Recommendations from Committee on increased intake of medical students. Principles and consequences of admittance of 70 students per year to the medical study in Tromsø. Tromsø: 1993. (committee secretary)
28. Report to the Faculty of medicine, UiT. Recommendations from a working group at the Faculty of medicine. Recommendations on admittance of 120 students per year for the study of medicine at University of Tromsø. Tromsø: 1999 (committee co-leader)
1. **Njølstad I** (project leader): Medisinsk studieplan Universitet i Tromsø. (Medical curriculum University of Tromsø) Tromsø: 2011. http://site.uit.no/nystudieplan)

CURRICULUM VITAE

ASSOCIATE PROFESSOR/POST DOCTORAL STUDENT MARI WOLFF SKAALVIK
December 2012

PERSONAL INFORMATION

Full name Mari Wolff Skaalvik

Nationality Norwegian

Current position Associate professor/postdoctoral student
Faculty of Health Sciences,
Department of health- and care sciences.
University of Tromsø, Norway

Business Address

Home Address Hagaveien 11 B. 9007 Tromsø. Norway.

Telephone Business: +47 77 64 48 82

Mobile +47 41 58 73 67

E-Mail Mari.Skaalvik@uit.no

ACADEMIC QUALIFICATIONS

Philosophiae Doctor in Health Sciences. University of Tromsø.	2010
Master degree in education. University of Tromsø.	2001
ICT and didactics. University of Tromsø.	2002
Executive training. Iplus/Tromsø University College.	2002
Research course. Tromsø University College	2001
Professional counseling. NSF/Tromsø University College	1996
Health service- and social administration. Harstad College.	1991
Nurse lecturer study. University of Tromsø.	1984-1986
Medicine. University of Tromsø.	1978
Social science. University of Tromsø	1977
Philosophy. University of Tromsø.	1976

CURRENT RESEARCH PROJECTS

Identity preserving care for persons with Alzheimer's disease and their relatives.

Clinical Learning Environment and Supervision Evaluation Study. (At the University Hospital in Northern Norway)

Survey on recruitment and retention among nurses graduated from the decentralized nursing program at the University in Tromsø.

POSITIONS AND BOARD MEMBER

Head of evaluation committee for positions at the nursing education at Tromsø University. 2010

Chairperson at two doctoral defenses. 2012.

POSITIONS

Post doctoral student. Faculty of Health Sciences. Department of health- and care sciences. University of Tromsø.	2010-
PhD-student. Faculty of Health Sciences. Department of health- and care sciences. University of Tromsø.	2005-2009.
Acting Head of Bachelor program in nursing. Tromsø University College.	2001-2005.
Assistant professor. Bachelor program in nursing. Tromsø University College.	1998-2001.
Specialist nurse. Oslo University Hospital (1 month).	1999.
Registered Nurse. Tromsø University Hospital (15 % position).	1997-1999.
Acting head of Bachelor program in nursing. Tromsø University College.	1993-1998.
Lecturer. Tromsø University College.	1986-1993.
Consultant. Telemedicine Department. University Hospital in Northern Norway.	1994.
Registered Nurse. Oslo University Hospital and Tromsø University Hospital.	1982-1986

BOARD MEMBER

National Editor in "Journal of Nordic Nursing Research".	2010-

International experience

Member of project group "Collaboration in nurse education Zambia-Tromsø.	1996
Member of project group "Collaboration in nurse education Nepal-Tromsø.	1998
Member of project group . Batticaloa-Sri Lanka.	1999 -2005

REPORTS

"Decentralized Nursing Education- experiences based on student and teacher evaluations and perceptions of clinicians". Andersen, A. & Mari Wolff Skaalvik. Tromsø University College. 1998.

"Elements of distance teaching in nursing education – pedagogical aspects". Andersen, A. & Mari Wolff Skaalvik. Tromsø University College. 1998.

"Study manual: Distance teaching in nursing education". Espeland, K., Johannessen, T., Skaalvik, M.W. 1998.

"Pedagogical challenges in distance teaching in health care education". Andersen, A., Johannessen, T., Eide, E.M., Skaalvik, M.W. 1998.

SUPERVISION AND EXAMINATION OF DOCTORAL STUDENTS

Present

Per Jørgen Lange Kristiansen

Previous

Examinations

SUPERVISION AND EXAMINATION OF MASTER STUDENTS

Stine Gjessing Bruun	2007
Sylvin Thommassen	2012
Ankie Bertelsen	2012

VISITING POSITIONS

Professional Adviser. The University Hospital in Northern Norway.	2010-

SCHOLARLY PUBLICATIONS

Skaalvik, MW. (2010) Nursing homes as learning environments: A study of experiences and perceptions of nursing students and supervising nurses. A dissertation for the degree of Philosophiae Doctor. *University of Tromsø.* ISBN 978-82-7859-262-9. 86 pages.

BOOKS

BOOK CHAPTERS

REFEREED JOURNAL ARTICLES

Bruun, SG, Skaalvik, MW. (2010) "The old body": nursing students' thoughts about elderly care as future workplace". *Nordisk tidsskrift for helseforskning* 6 (2), 49-59. (In Norwegian).

Skaalvik, MW, Normann, HK, Henriksen, NO. (2010) Student experiences in learning person - centred care of patients with Alzheimer's disease as perceived by nursing students and supervising nurses. *Journal of Clinical Nursing* 19, 2639-2648.

Skaalvik, MW, Normann, HK, Henriksen, NO. (2010) To what extent does the oral shift report stimulate learning among nursing students? A qualitative study. *Journal of Clinical Nursing.*19,2300-2308.

Skaalvik, MW, Normann, HK, Henriksen, NO. (2011) Clinical learning environment and supervision: a questionnaire survey. *Journal of Clinical Nursing* 20, 2294-2304.

Skaalvik, MW, Normann, HK, Henriksen, NO. (2011) Nursing homes as learning environments: the impact of professional dialogue. *Nurse Education Today*

Henriksen, N, Normann HK, Skaalvik MW. (2012) development and Testing of the Norwegian version of the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) Evaluation Scale. *International Journal of Nursing Education Scholarship* 9 (1). Article 23.

PRESENTATIONS

"The supervising nurse as a role model". Tromsø municipality. 2012.

"Clinical learning environment: rich or poor?" Conference presentation. The future health care workers. The University in Tromsø and The University Hospital in Northern Norway. 2011.

"Home based nursing care as an arena for learning for nursing students".
Seminar presentation for the Center for development for home based nursing care.
2011.

Nursing homes as learning environments: a study of nursing students' and supervising nurses' perceptions. Conference on "Knowledge for practice. Tromsø Community. 2010.

"Nursing students' experiences of nursing homes as learning environments: a qualitative study. Fourth European Nursing Conference. Older persons: the future of care. Rotterdam. Netherlands. 2010.

Professional quality with elements of ICT-based learning strategies: a possibility in nursing education? Conference "Mot til å kunne- evne til å ville". NSF. 2003.

Technology is the answer: what is the question? Is collaborative learning fostered through use of ICT? University of Tromsø. 2003.

Quality learning with new technology: Attainable in nursing education? 4th Nordic Congress of Telemedicine. 2002-10-01.Tromsø. Norway.

"Quality learning with New technology: Attainable in nursing education"? 4th Nordic Congress on Telemedicine. The University Hospital in Northern Norway & University of Tromsø. Tromsø. Norway. 2002

Distance teaching in decentralized nursing education". First International Conference on medical Aspects of Telemedicine. University Hospital of Tromsø Norwegian Telecom research. 1993.

Curriculum Vitae

Name: Ragnhild Nilsen

Address: Bekkevollveien 28

N-9012 Tromsø

Phone: (+47) 77 66 06 39

E-mail: ragnhild.nilsen@uit.no

Year of birth: 1953

Education

2011 Professor at the University of Tromsø.
2006 University of Tromsø: Post graduate education, PhD-training
- 2006 Philosophy of Science and Ethics
- 2004 Mixed Methods - Qualitative Research Methods with In-depth Study of Action research.
- 2004 Research Methods in Professional Education.

1996 Tromsø University College: Associate Professor: Pedagogic,Mentorship and Tutoring
1990 Norwegian College of Fishery Science: *Candidata scientiarum*. Immunology and microbiology.
1972 University of Tromsø: *Examen philosophicum*

Working experience

2012 – This day	Leader INTER-BASE at University of Tromsø.
2000 – 2012	Scientific Course leader IPE for Health Science students at Tromsø University College.
2004	Associate Professor, Post Bachelor Education in Pedagogy.
2000 - 2004	Coordinator for R & D activities.
1996 – 2001	Associate Professor at the Bachelor programme in Medical laboratory science, Tromsø University College.
1994 – 1996	Assistant Professor at the Bachelor programme in Medical laboratory science, Tromsø University College.
1987 – 1994	Project Manager at A.S. Apothekernes Laboratorium, Department of Fish Health.
1986 – 1987	Project Manager at FORUT, The Foundation of Applied Research at the University of Tromsø.
1981 - 1986	Staff Engineer at the Institute of Medical Biology, University of Tromsø.
1976 – 1981	Laboratory Leader, Department of Immunology and Blood banking, Regionsykehuset i Tromsø.

Publications

1. Nilsen, R. and Lundvold Nilsen, L. (2013, in press) *Interprofessional Participation and Reflection in a Digital Network.* Seminar.net
2. Nilsen, R. (2012) *Digital Network as a Learning Tool for Health Sciences Students.* Seminar.net, http://www.seminar.net/index.php/component/content/article/75-frontpage/current-issue/197-digital-network-as-a-learning-tool-for-health-sciences-students
3. Nilsen, R. (2012) *IKT som verktøy for interaksjon og helsefaglig samarbeidslæring.* Bioingeniøren nr. 8/2012
4. Gerd Bjørke (prosjektleder og red.), Tone Hoff Almenning, Synnøve Hofseth Almås, Sissel Brenna, Kjellaug Kildahl Hansen, Elisabeth Haugland, Laila Luteberget, Bodil Nesse, Ragnhild Nilsen, Sigurd Roger Nilsen, Dorte Lybye Norenberg, Hanne Røising, Frøydis Vasset (2012). *Kvalifisering for tverrprofesjonelt samarbeid i helse- og sosialsektoren. Sluttrapport - CAB-prosjektet.* Oslo: Høgskolen i Oslo
5. Nilsen, R. (2010) *Er tverrprofesjonell samhandling noe annet enn utøvelse av fag?* Bodø: Nordisk tidsskrift for helseforskning nr. 1-2010 6. årgang
6. Nilsen, R., Almenning, T. H., Haugland, E., Bjørke, G. (red.) (2011). *Tverrfaglig undervisning eller tverrprofesjonell læring. Kvalifisering for tverrprofesjonelt samarbeid ved Universitetet i Tromsø.* (HiO-rapport 2011 nr. 4). Oslo: Høgskolen i Oslo
7. Bjørke, G. (red.), Almenning, T. H., Almås S. H., Ann Englund, Haugland, E., Haavie, N., Ingebrigtsen, O., Johannessen, K., Leirvik, E. H., Luteberg, L., Nilsen, R., Nilsen, S. R., Norenberg, D. L., Willumsen, E. (2009). *Samarbeid på tvers av profesjonsgrenser. Kvalifisering for tverrprofesjonelt samarbeid i helse- og sosialsektoren.* (HiO-rapport 2009 nr. 1). Oslo: Høgskolen i Oslo
8. Nilsen, R. (2011) *Samnett – en arena for tverrprofesjonelt engasjement. Et virtuelt fagnett for helsefagstudenter ved Universitetet i Tromsø.* http://hdl.handle.net/10037/2927
9. Egestad, H. og Nilsen, R. *(2011) Tverrprofesjonell samarbeidslæring ved radiografutdanningene i Norge.* Hold Pusten nr. 5 - 2011, side 25 - 31
10. Nilsen. R. (red.) (2010) *Samhandling i helsefaglig arbeid. Studentopplevelser fra praksisfeltet.* Oslo: Høyskoleforlaget
11. Nilsen. R. (2008) *Samtidens oppstemte temperatur.* Bodø: Nordisk tidsskrift for helseforskning nr. 2 -2008 4. årgang.
12. Nilsen, R. (2007). Samkraft i tverrfaglige grupper. Brekke, M. og Tiller, T. (red.) *Samklang. Nye utfordringer i helsefaglig utdanning og yrke.* (1. utg., s. 161 – 173) Oslo: Fagbokforlaget.
13. Nilsen, R. (2007). *Om taushet og følelser i veiledningen. Utfordringer som veilederen i en gruppe stilles overfor, når studentene forblir tause.* Oslo: Universitetsforlaget, Norsk pedagogisk tidsskrift nr. 1, side 56-66
14. Nilsen, R. (2007, February 15). *Rupture and Innovation: Joint Instruction to Health Science Students in Tromsø, Norway.* Across the Disciplines.

http://wac.colostate.edu/atd/articles/nilsen2007.cfm

15. Nilsen, R. og Iversen, A. (2006) *Veiledning i tverrfaglige grupper. Søkelys på veilederrollen i Felles innholdsdel for helsefagstudenter på Høgskolen i Tromsø.* Eureka digital. ISBN-10: 82-7389-102-X
http://www.ub.uit.no/munin/bitstream/handle/10037/2293/article.pdf?sequence=1
16. Bjørnsdottir, R., Eggset, G., Nilsen, R. and Jørgensen, T. Ø. (1992) *The A-layer protein of Aeromonas salmonicida: Further characterization and a new isolation procedure.* J. Fish Diseases, 15 (2), 105-118
17. Nilsen, R., Lund, V. and Holm, K. O. (1989) *DNA Fingerprints in Comparative Studies of Vibrios Pathogenic in Fish.* Bull. Eur. Ass. Fish Pathol. 9 (3), 58-60.
18. Jørgensen, T., Midling, K., Espelid, S., Nilsen, R. and Stensvåg, S. (1989) *Vibrio Salmonicida, a Pathogen in Salmonids, also causes Mortality in Net-pen Captured Cod (Gadus Morhua).* Bull. Eur. Ass. Fish Pathol. 9 (2), 42-44.
19. Lindquist, B. H. and Nilsen, R. (1983) *Restiction endonuclease analysis of mitochondrial DNA from Arctic charr (Salvelinus alpinus): A general method for fingerprinting strains of fish?* Rapport Universitetet I Tromsø.

EUROPEAN CURRICULUM VITAE FORMAT

PERSONAL INFORMATION

Name	PEDERSEN, ELLEN BIRGITTE, MD, ASSISTANT PROFESSOR
Address	HAGEVEIEN 5, N-8430 MYRE
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Fax	
E-mail	ellen.b.pedersen@uit.no
Nationality	NORWEGIAN
Date of birth	05.09.1952

WORK EXPERIENCE

• Dates (from – to)	1983 – 2013. (Main work)
• Name and address of employer	ØKSNES KOMMUNE, N-8430 MYRE
• Type of business or sector	Leader of the communal primary health care.
• Occupation or position held	General practitioner.
• Main activities and responsibilities	Responsible for Institution for elderly, sick persons, municipal psychiatric health services, infection prevention, directing/mentoring of newly educated doctors according to the EU-directives.

Other work experience:

2005- Assistant professor (20-40 %) for medical and dentist students, University of Tromsø. Main activity: Teaching, practical skills training, IPE and patients pathways.

2007 - Member of committee for revising the medical study programme. My main role is to participate in development of CBL (case based learning) and ensure that patient centered perspectives are integrated with biomedical sciences in the cases. Currently I am a member of the working group INTER-PRAX.

2008/2009 State Secretary of the Health Department, Norwegian government. Working with The New Health Reform, for better co-operation between levels in the health system.

2012 – Course leader INTER-BASE (medicine and dentistry), teaching in interprofessional approach towards patients.

1993 Clinical physician department of cancer treatment. University hospital of Tromsø

1979 Clinical physician, Department of surgery, Stokmarknes hospital

1986/1987 Clinical physician, Department of gynecology and pediatrics, Nordlandssykehuset Bodø

EDUCATION AND TRAINING

• Dates (from – to)	1971 – 1979.
• Name and type of organization providing education and training	University of Oslo.
• Principal subjects/occupational skills covered	Medical education
• Title of qualification awarded	Candidate of medicine. / Medical doctor.
• Level in national classification (if appropriate)	

Other Education and Skills:

2003-2005 Bachelor course in public health, University of Tromsø

2001-2002 Official Health Systems. Directing-group, part of competition.veileder tjester, Tutoring, public health, community medicine.

ORGANISATIONAL SKILLS AND COMPETENCES

2010: BOARD MEMBER OF NORDLAND LEGEFORENING.

2003-2005: BOARD MEMBER OF NORDLANDSSYKEHUSET HELSEFORETAK.

2001-2003: LEADER OF HÅLOGALANDSYKEHUSET HELSEFORETAK.

LIV MARI BRANDT

Assistant professor/Pediatric nurse, University of Tromsø, UiT
Faculty of Health Sciences, Department of Health and Care Sciences

Address: Gisløy, N-8430 MYRE
E-mail: liv.mari.brandt@uit.no
Phone: +47 90 20 23 49
Date of birth: 03.01.1960
Nationality: Norwegian

EDUCATION:

2011	Advanced Simulation Instructor Course Danish Institute for Medical Simulation, Herlev Hospital
2006 – 2009:	Master of Adult Learning, Thesis: «Simulated acute environment» A study in learning outcomes for paediatric nurse students. University of Tromsø, UiT
2002-2004:	Practical and Didactical Education University of Tromsø, UiT
1990-1992:	Specialist Education in Paediatric Nurse University Hospital of North Norway, UNN
1981-1984:	Authorized Clinical Nurse Vestfold University College, HIVE

WORK EXPERIENCE:

2001-:	University of Tromsø, UiT, Tromsø Acquired skills: Assistant Professor/Paediatric Nurse, Further Training in ABIKO, IHO and UiT
1999-2001:	University Hospital of North Norway, UNN, Tromsø Acquired skills: Subject Teacher, Further Training in Nurse Anesthesia, Pediatric Nursing, Intensive Care Nursing, Cancer Nursing and Surgical Nursing, ABIKO.
1993-1995:	University Hospital of North Norway, UNN, Tromsø Acquired skills: Academic Development Nurse, Paediatric Ward, NICU
1992- 1999:	University Hospital of North Norway, UNN, Tromsø Acquired skills: Paediatric Nurse, Paediatric Ward, NICU
1984-1990:	University Hospital of North Norway, UNN, Tromsø Acquired skills: Clinical Nurse, Paediatric Ward, NICU

LANGUAGES:

English – fluent oral and written
German – Basic oral and written

REFERENCES:

Employer:
Director of Studies, Else Berg Hansen
Section of Further Training in ABIKO, IHO and UiT, Tromsø
Phone: +47 77 62 81 72

RITA STENSETH

Address: Langsundveien 6, 9010 Tromsø
E-mail: rita.stenseth@uit.no
Phone: +47 92 44 87 63
Date of birth: 17.07.1967 in Finnsnes
Nationality: Norwegian

EDUCATION:

2004 – 2005: Norwegian University of Tromsø
Post bachelor nurse anaesthetist

1987-1990: University of Bodø
Nurse bachelor

1983-1986: Bardufoss upper secondary school, Bardufoss

WORK EXPERIENCE:

2010- : University of Tromsø, Institute of Health and Caring
Teacher student nurse anaesthetists, among others
Acquired skills:

- Lectures
- Tutoring clinical practice
- Medical simulation, implementing in curriculum and fascilitating
- Improving curriculum

2005-2010: University Hospital of Northern Norway, Department of Anaesthesia, Nurse Anaesthetist
Acquired skills:

- Providing nurse anesthesia to all in -hospital patient and sometimes assisting the anesthetist on helicopter duty.

1996-2004: University Hospital of Northern Norway , Post operative Ward, Registered nurse
Acquired skills:

- Advanced nursing skills including monitoring and treating post operative instabilities
- Pain management

1991-1996: University Hospital of Northern Norway , Department of Gastroenterological surgery, Registered nurse
Acquired skills:

- Nursing and care for the surgical patient
- Administering a stoma
- Nutrition, especially par- enterable
- Teaching and tutoring patient to handle their stoma
- Teaching and tutoring patient and co-worker s in nutrition and management of CVK

1990-1991: Målselv community, Home Care nursing, Registered nurse

LANGUAGES:

English – fluent oral and written
German – basic oral and written

Curriculum vitae-short

Name: Anita Iversen, PhD
Date of birth, 1 April 1968
Function, Associated professor, Leader Educational development Centre
Employed by, Faculty of Health Sciences, University of Tromsø, The Norwegian University of the Arctic (UiT)

Phone: +47 92 20 99 51, Office: +47 77 62 07 14, Email: anita.iversen@uit.no

Graduate Education

2013 Philosophia doctor in health sciences
1997 Cand.Scient in Biology. Faculty of Medicine, Institute of Biology, Department of Immunology, UiT.
1994 Enzymology and protein structure, UiT (15 ECTS)
1993 Cell Biology, UiT (15 ECTS)
1992 Biochemistry, UiT (9 ECTS)
1992 Immunology, UiT (9 ECTS)
1992 B.A in Biomedical Laboratory Science, Tromsø University collage, Faculty of Health sciences, Norway
1989 Psychology. University of Trondheim, Norway (60 ECTS)

Postgraduate Education

2010 Whole-genome sequencing; new methods, new challenges; new methods of treatment. Course responsible, The Norwegian Medical Association. UiT
2010 Summer Institute in Public Health Genomics; Genetic Epidemiology, Standing out from the crowd: Issues and Implications around risk of identifiability in genomic studies, Epigenetics. University of Washington, Seattle USA
2009 Methods and Issues in Using Biological Measurements in Epidemiologic research, University of Washington, Seattle USA
2009- Transdisciplinary Research on Energetics and Cancer (TREC) trainee, Fred Hutchinson Cancer Research Center, Seattle USA
2009 Logistic regression and survival analysis, PhD-training, UiT (2 ECTS)
2008 Applied regression analysis and other multivariable methods, PhD-training, UiT (10 ECTS)
2008 Biomedical research, EPINOR PhD-training, UiT (5 ECTS)
2008 Basic Epidemiology and statistics, EPINOR PhD-training, UiT (5 ECTS)
2007 Methods in Epidemiology, EPINOR PhD-training, UiT (3 ECTS)
2007 Leadership and design of organizations, UiT (15, 5 ECTS)
2006 PhD-training, "The researcher's development", Norwegian University of Life Sciences (UMB), Norway (10 ECTS)
2004 Transformational Leadership, UiT (15 ECTS)
2004 Leadership; Managing conflict and team building, UiT (15 ECTS)
2002 Information and communication technology and didactics, UiT (30 ECTS)
2000 Pedagogic and learning processes in students. Tromsø University Collage, Faculty of health sciences, Norway (30 ECTS)

Recent academic Employment

11/12-	Associated professor, Faculty of Health Sciences, UiT.
5/12-11/12	Assistant professor medical Biology, Department of Medical biology, Faculty of health sciences UiT, Norway.
2/08-5/12	PhD Student, Department of Community Medicine, Faculty of Health Sciences, UiT
8/03-2/08	Vice Dean, Tromsø University Collage, Faculty of health sciences, Norway.
2/98-8/05	Assistant Professor, Tromsø University Collage, faculty of Health Sciences, Norway.

Teaching areas

- Health care sciences, ethics and communication
- Epidemiology, statistics
- Biology, immunology and transfusion medicine, molecular biology

Research interests

- Education health sciences/professional development/faculty development
- Technology and development of skills in health care education
- Molecular Biology/biomarker epidemiology/estrogen metabolism and breast cancer risk factors/breast cancer epidemiology

Original publications and abstracts in peer reviewed Journals

Hauksdottir Nanna; **Iversen, Anita**; Nilsen Ragnhild; Sundsfjord Arnfinn. Interprofessional education -experiences of developing and implementing an IPE module for 10 different health education programs; Submitted AMEE 2013

Flote VG, Frydenberg H, Ursin G, **Iversen A**, Fagerland MW, Ellison PT, Wist EA, Egeland T, Furberg A-S, Thune I. Dyslipidemia, excess weight and high mammographic density are associated with high levels of daily estrogen and progesterone. Proceedings of the 104th Annual Meeting of the American Association for Cancer Research; 2013 Apr 6-10; Washington, DC. Philadelphia (PA): AACR; 2013. Abstract nr 1362.

Hanne Frydenberg, Vidar G. Flote, **Anita Iversen**, Sissi E. Finstad, Anne-Sofie Furberg, Morten Fagerland, Erik A. Wist, Ellen Schlichting, Peter T.Ellison P.T, Ursin G, Thune I.Insulin, Insulin-like Growth Factor-1 and cycling estrogen predict premenopausal mammographic density. Cancer Research: December 15 2012;volume 72, issue 24, supplement 3.

Iversen Anita, Thune Inger, McTiernan Anne, Makar KW, Wilsgaard T, Ellison Peter T, Jasienska Grazyna, Flote Vidar, Poole Elizabeth M, Furberg Anne-Sofie. Genetic polymorphism *CYP17* rs2486758 and metabolic risk factors predict daily salivary 17β-estradiol concentration in healthy premenopausal Norwegian women. The EBBA-I study. J Clin Endocrinol Metab. 2012;97:852-857.

Iversen, Anita; Thune, Inger; McTiernan, Anne; Emaus, Aina; Finstad, Sissi Espetvedt; Flote, Vidar; Wilsgaard, Tom; Lipson, Susan; Ellison, Peter T; Jasienska, Grazyna;

Furberg, Anne Sofie. Ovarian hormones and reproductive risk factors for breast cancer in premenopausal women: the Norwegian EBBA-I study. Human Reproduction 2011;26:1519-1529.

Iversen Anita, Thune Inger, McTiernan Anne, Makar Karen W, Wilsgaard Tom, Ellison Peter T, Jasienska Grazyna, Flote Vidar, Poole Elisabeth, Furberg, Anne-Sofie. Single nucleotide polymorphisms (SNPs) in CYP17A1 and daily 17-b-estradiol among young healthy women. The EBBA-I study. Norwegian Journal of Epidemiology Supplement 2010;1:15.

Iversen Anita, Thune Inger, Emaus Aina, Espetvedt Sissi, Flote Vidar, Wilsgaard Tom, Lipson Susan, Ellison Peter T, Jasienska Grazyna, McTiernan Anne, Furberg Anne-Sofie. 17b-estradiol and reproductive factors. The Norwegian Energy Balance and Breast Cancer Aspect (EBBA)-I study. American Journal of Epidemiology Suppl. 2010;171:24.

Iversen A, Thune I, Emaus A, Wilsgaard T, Ellison P.T, Jasienska G and Furberg A-S. Timing of menarche and first full-term birth in relation to 17β-estradiol levels in premenopausal women. The EBBA-I study. Norwegian Journal of Epidemiology Supplement 2008;18:20.

Furberg A-S, McTiernan A, Ellison P, Makar KW, **Iversen A**, Emaus A et al. Glutathione S-transferase M1 genetic polymorphism is associated with salivary 17-â estradiol levels. A study based on hormonal profiles from entire menstrual cycles. European Journal of Cancer Supplements 2008;6:207.

Iversen A, Thune I, Wilsgaard T, Ellison PT and Furberg A-S. *Parity, age at first birth and estradiol levels among women aged 25- 35 years in Northern Norway. The EBBA-I study.* The Annual Workshop of the International Network for Circumpolar Health Research, Tromsø, Norway, 12th-16th May 2008.

Conference Presentations - Invited Talks

Iversen, A (2011, May) "Genetisk disposisjon, livsstil og østrogennivå-implikasjon for forebygging av brystkreft?- Noen resultater fra EBBA-I studien" University of Tromsø, Institute of Community Medicine, Norway.

Iversen Anita (2010, November), Thune Inger, McTiernan Anne, Makar Karen W, Wilsgaard Tom, Ellison Peter T, Jasienska Grazyna, Flote Vidar, Poole Elisabeth, Furberg, Anne-Sofie. *Single nucleotide polymorphisms (SNPs) in CYP17A1 and daily 17-b-estradiol among young healthy women.* The EBBA-I study. The 18th Norwegian Conference in Epidemiology. Stiklestad 4.-5. November, Norway.

Iversen, A (2008, November) "Timing of menarche and first full-term birth in relation to 17β-estradiol levels in premenopausal women. The EBBA-I study. The 16th Norwegian Conference in Epidemiology. Bergen 11.-12. November, Norway.

Iversen, A (2008, June) "17 beta-estradiol, parity and age at first birth

in women aged 25-35 years, North Norway".UiT, Institute of Community medicine, N
Iversen, A. (2008, May) "Parity, age at first birth and estradiol levels among women aged 25-35 years in Northern Norway". Presented at The Annual Workshop of the International Network for Circumpolar Health Research, Tromsø.

Iversen, A. (2008, May)"Parity, age at first birth and estradiol levels among women aged 25-35 years in Northern Norway. The EBBA-I study ". Presented at a Symposium for the Energy Balance and Breast Cancer Group, M/S Vesterålen.

Iversen, A. (2007, Oct)" How do the Norwegian University Colleges use their PhD competencies?" Presented at The National Conference for Education in Health Sciences (NSH), Oslo, Norway.

Iversen, A. (2007, June) "The field of practice, a central arena for learning in health professions?" Presented at The National Congress for Biomedical Laboratory Scientists, Bergen, Norway.

Iversen, A. (2006, June)"Action research and professional development". Presented at The National Conference of Education for Biomedical Laboratory Scientists, Trondheim, Norway.

Iversen A. (2002, Oct) "Non scholae, sed vitae discimus-"nicht fur die schule, sondern fur das Leben lernen wir" Kan læringsvaner endres ved bruk av ny teknologi? Felles fagdag for hele høgskolen.

Poster Presentations, resent
Iversen, Anita; Thune, Inger; McTiernan, Anne; Makar, Karen W; Wilsgaard, Tom; Ellison, Peter T; Jasienska, Grazyna; Flote, Vidar; Poole, Elizabeth M; Furberg, Anne-Sofie. HDL-cholesterol and CYP17 rs2486758 influence daily estrogen levels. CTRC-AACR San Antonio Breast Cancer Symposium; 2011-12-06 - 2011-12-12.

Iversen, Anita; Thune, Inger; McTiernan, Anne; Makar, Karen W; Wilsgaard, Tom; Ellison, Peter T; Jasienska, Grazyna; Flote, Vidar; Poole, Elizabeth M; Furberg, Anne-Sofie. Genetic polymorphism predisposes to high 17β-estradiol levels depending on women's metabolic profile. Cancer Conference National Cancer Research Institute; 2011-11-06 - 2011-11-09.

Iversen, Anita; Thune, Inger; Emaus, Aina; Espetvedt, Sissi; Flote, Vidar; Wilsgaard, Tom; Lipson, Susan; Ellison, Peter T; Jasienska, Grazyna; McTiernan, Anne; Furberg, Anne-Sofie. 17b-estradiol and reproductive factors. The Norwegian Energy Balance and Breast Cancer Aspect (EBBA)-I study. 43rd Annual SER meeting; 2010-06-23 - 2010-06-26

Other productions: Iversen, Anita, Nilsen, Ragnhild. Veiledning i tverrfaglige studentgrupper. Fokus på veilederrollen i Felles innholdsdel for helsefagstudenter ved Høgskolen i Tromsø. Eureka Forlag (ISBN 9788273891020), 2006

May 2013

CURRICULUM VITAE

NANNA HAUKSDOTTIR

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Position: Vice dean of Education, Faculty of Health Sciences, University of Tromsø (UiT), Norway

Education

1969	Examen artium, Menntaskolinn i Reykjavik, Iceland
1972	Physiotherapy education. Statens fysioterapiskole, Oslo
1975	Samfunnsvitenskap grunnfag, University of Tromsø (60 ECTS)
1988	Folkehelseutdanningen (Master of Public Health) University of Tromsø (60 ECTS)
1999	Sosiologi mellomfag, University of Tromsø (30 ECTS)
2003	Pedagogic and learning processes in students.(videreutdanning veiledningspedagogikk) Tromsø University Collage (30 ECTS)
2004	Cand. San.in health sciences, UiT (120 ECTS)

Positions

1972-74	Physiotherapist Regionsykehuset i Tromsø
1976-78	Physiotherapist in primary health care in Tromsø
1978-79	Physiotherapist in Kvænangen
1980-83	Physiotherapist in primary health care in Tromsø
1983-1991	Chief physiotherapist for the municipality of Tromsø
1991-1993	Lecturer, Tromsø University College
1993-1998	Head of studies in Physiotherapy, Tromsø University College
1998-2003	Lecturer Tromsø University College
2003-2008	Head of Studies in Physiotherapy, Tromsø University College
2008-2010	Assistant professor UiT
2010-	Vice Dean of Education, Faculty of Health Sciences, UiT

Educational positions and committees

1991-2000	Member of Programme committee for "The Common Introductory Course", IPE-course in collaboration between the University of Tromsø (Med.Fac) and the University College (H.fac).
1998-2000	Leader of Programme committee for "The Common Introductory Course"
1997-2001	Member of Educational Collaboration board ((RUS) between University of Tromsø (Med-Fac) and Tromsø University College (H-Fac). Member of Board.

2001	Member of Committee for developing a new curriculum for IPE within The University College,(H-Fac.)
2008	Member of Committee for revision of the IPE-curriculum.Tromsø University College H-Fac.
2003-2007	Project leader: development of a internet-supported part-time decentralised curriculum in physiotherapy, establishing a database on physiotherapy.
2006	Member of Committee for planning a master programme for neurological physiotherapy, UiT.
2009	Member of Committee for planning a master programme for psychiatric and psychosomatic physiotherapy, UiT.
2010-2012	Project and working group leader: Developing a new IPE-curriculum 10ECTS for 10 study programs, H-Fac, UiT.
2012-	Leader of Steering group for IP-learning at H-Fac,UiT.
2010-	Leader of the Joint Board of Education between H_Fac,UiT and UNN.
2011 and 2013	Leader of program committee for the Regional Conference on Education, H-Fac, UiT
2012	Leader of program committee for the Local (H-Fac.) Conference on Education..

Teaching and educational activities

1991 – 2013 Extensive experience in teaching at BSc and MSc level
1992-2001Tutor in IPE-groups

May 2013

Publications and presentations

2013
Hauksdottir Nanna; Iversen, Anita; Nilsen Ragnhild; Sundsfjord Arnfinn. Interprofessional education -experiences of developing and implementing an IPE module for 10 different health education programs; Accepted AMEE 2013.

2012
Hauksdottir, Nanna; Njølstad, Inger; Sundsfjord, Arnfinn.
Utdanning til fremtidens helsetjeneste i nord - samspill i praksis. I: Hvor går Nord-Norge? Et institusjonelt perspektiv på folk og landsdel. Orkana Forlag 2012 ISBN 978-82-8104-218-6. s. 259-272
UiT UNN

2007
Hauksdottir, Nanna.
How does the use of video influence the therapeutic situation under investigation?. The 15th International Congress of the WCPT; 2007-06-02 - 2007-06-06
UiT

2004
Hauksdottir, Nanna.
Berøring-bevegelse, tale og taushet. En studie av kommunikasjon i fysioterapipraksis. Tromsø: Universitetet i Tromsø, IKM 2004 126 s.
UiT

2002
Kaale, Helga; Hauksdottir, Nanna.
Fysioterapi under kommunehelsereforma - 20 år etter. Fysioterapeuten 2002 ;Volum 14. s. 20-24HIB UiT

2000
Hauksdottir, Nanna
Student attitudes towards the patient – how do they change during the first year of study? Nordic Conference of physiotherapy, Iceland. Presentation.

Professor Sylvi Stenersen Hovdenak

Department of Teacher Education and School Research

Faculty of Education

University of Oslo

A short CV, three pages.

Publications and papers 2003-2013

1. Curriculum and the construction of identities. The importance of an ethnographic outlook. *Revue Européenne d'Ethnographie de l'Education, nb.3/2003.*
2. Elevens stemme. Om skolen som del av ungdoms utviklings- og oppvekstmiljø. Synteserapport fra prosjektet "Framtidsorientert identitetsutforming blant ungdom i ulike oppvekstmiljø. Norges forskningsråd og Universitetet i Tromsø 2003. (The Research Council of Norway and University of Tromsø.)
3. Den mangfoldige enhetsskolen og elevenes stemmer. I Østerud, P. og Johnsen, J. (red.): *Enhetsskolen – en saga blott? Kampen om en bedre skole – et kulturkritisk motskrift.* Oplandske Bokforlag/Høgskolen i Oslo 2003.

4. Elev i ungdomsskolen: Om ungdom, utdanning og identitet. HiO-rapport 2004, nr. 11.
5. Et kritisk blikk på Reform 97 og dens grunnlagstenkning. *Norsk Pedagogisk Tidsskrift* nr. 4/2004.
6. Mellom instrumentalisme og fornyelse. *Bedre skole* nr. 3/2004.
7. Education in the Arctic. In *Arctic Human Development Report.* Oddi Printing Co., Reykjavik, Iceland. 2004.
8. Education reforms and the construction of identities at a macro and micro level. The Norwegian case. *Nordisk Pedagogik* 4/2005.
9. School under suspicion: How to meet future challenges. The Norwegian case. Paper International conference University of Madeira, December 2005.
10. Tekstanalyse i diskursanalytisk og hermeneutisk perspektiv. I Brekke, M. (red.): *Å begripe teksten. Om grep og begrep i tekstanalyse.* HøyskoleForlaget Norwegian Academic Press 2006.
11. The Concept of Pedagogic Identities related to Macro and Micro Level. Paper international workshop "Vygotsky and Bernstein" NTNU (University of Trondheim) April 2006.
12. Education and identity, curriculum experiences in Norway. Paper International conference University of Madeira. December 2006.
13. Challenges and possibilities in analysing classroom settings in different social, cultural and economic areas in Oslo. Paper NERA conference, University of Turku, March 2007.
14. Escola sob suspeita: Como enfrentar desafios do futuro. O caso Norueguês. I Sousa, J. M. & Fino, C. N. (orgs.) *A escola sob suspeita.* Porto: Asa Edicões 2007.
15. Musikk – mulighetenes fag. I Olsen, E. og Hovdenak, S. S. (red.): *Musikk – mulighetenes fag.* Fagbokforlaget 2007.
16. Pedagogiske identiteter blant læreplaner og ungdom: i ideologisk og eksistensielt perspektiv. I Hovdenak, S. S.; Riksaasen, R. og Wiese, V. (red.): *Klasse, kode og identitet. Bernstein i norsk forskning.* Tapir Akademisk 2007.
17. Introduksjon til Basil Bernsteins teoretiske rammeverk. I Hovdenak, S. S.; Riksaasen, R. og Wiese, V. (red.): *Op.cit.*

18.Skole, samfunn og individ. I Mikkelsen, R. og Fladmoe, H. (red.): *Lektor - adjunkt – lærer.* Universitetsforlaget 2007.

19.*Utdanningsvalg – identitet og karriereveiledning.* Fagbokforlaget *2008.* Sammen med Andreassen og Swahn.

20.Educacao e identidade. Discursos relacionados com o curriculo formal e o experiencial na Noruega. I Escalier, C. og Verissimo, N. (org.) *Educacao e cultura.* Universidade da Madeira 2008.

21.Tilpasset opplæring i mat og helse. I Holthe, A. og Wilhelmsen, B. U. (red.): *Mat og helse i skolen.* Fagbokforlaget 2009.

19.*Kunnskapsløftet – fra ord til handling. Rapport fra et skoleutviklingsprosjekt for utdanningsetaten I Oslo.* Acta Didactica, ILS nr.3/2009. (Redaktører er Hovdenak, Eggen og Elstad).

20.Pedagogiske diskurser og identiteter. En analyse av Reform 97 og Kunnskapsløftet. Skrevet sammen med Riksaasen. I Riksaasen, R. (red). *Læreren i skolen og samfunnet.* Tapir akademisk forlag 2010.

21.Den profesjonelle lærer i dagens skole: krav, forventninger og muligheter. Mellom forskning og politikk. I Riksaasen, R. (red.) *Op.cit.*

22.Kunnskap på dagsorden. Skrevet sammen med Erstad. I Hovdenak, S.S. og Erstad, O. (red.): *Kunnskap i skolen.* Tapir akademisk forlag.

23.Kunnskapsteoretiske tilnærminger relatert til elev- og lærerperspektiv. Skrevet sammen med Bø, I Hovdenak, S. S. og Erstad, O. (red.): *Op.cit.*

24.Forms of knowledge in education: Students' and teachers' perspectives. Paper NERA, International conference Malmö University College 2010.

25.Access to knowledge in education. Students' perspectives. Paper ECER, International conference University of Helsinki 2010.

26.Utdanningsvalg på ungdomstrinnet – erfaringer fra Bergensprosjektet. Skrevet sammen med Andreassen. I Hovdenak, S. S. og Wilhelmsen, B. U. (red.): *Utdanningsvalg som skoleutvikling – samarbeid mellom grunnskole og høgskole.* Fagbokforlaget 2011.

27.Utdanningsvalg som samarbeid og skoleutvikling. Erfaringer fra grunnskole og høgskole. Skrevet sammen med Wilhelmsen. I Hovdenak, S. S. og Wilhelmsen, B. U. (red.): *Op.cit.*

28.Utdanningsvalg i nasjonal og supranasjonal sammenheng. Skrevet sammen med Andreassen. I Hovdenak, S. S. og Wilhelmsen, B. U. (red.): *Op.cit.*

29.Faglig og personlig støtte: Om betydningen av en god relasjon mellom lærer og elev sett fra elevens ståsted. *Tidsskrift for ungdomsforskning* nr. 1/2011. Skrevet sammen med Anne Kristin Bø.

30. Elever som verdensborgere. *Norsk pedagogisk Tidsskrift* nr.3/2011. Skrevet sammen med AKB.

31. Utdanningssosiologi - fra teori til praksis i skolen. Tapir akademisk forlag 2011.

32. Kunnskap og danning i skolen. I Eikseth, A.; Dons, K.; Garm, N. (red.): *Styring-danning-utdanning.* Akaddemika 2012.

33. *Skolen i kunnskapssamfunnet.* Akademika 2013, forthcoming.

34. Evaluating Medical School Programmes, Students' Perspectives. Faculty of Health Sciences, University of Tromsø 2013. Report, forthcoming.

Adjunct professor University College of Bergen 2005-2009.

Adjunct professor University of Tromsø, Faculty of Health Sciences, 2012 –

Responsible for the evaluation of medical school programmes.

Head of two research projects:

1) Knowledge production and identity construction – school as part of young people's environment. Funded by The University of Oslo.
2) School development, focussing school as a learning organisation. Part of the evaluation of the latest national curriculum, K06. Funded by the Department of Education.

Participation in the research project "Learning lives in Groruddalen." Funded by The Research Council of Norway.

Member of an international expert commission: External Assessment of Study Programmes of Higher Education in Lithuania. Centre for Quality Assessment in Higher Education, Lithuania.

Assistant manager of the research group "Transaction" Faculty of Education, University of Oslo. Head of the research group 2009/2010.

Member of the Elected Board, Department of Teacher Education and School Research, 2005-2008.

Short CV

Name: Bente Norbye
Sex: F
Year of birth: 1959
Nationality: Norwegian

Present position

Associate professor at Tromsø University. Faculty of Health Sciences. Department of Health Care Sciences 2009 ->

Leader of Research group of Health Care Education 2010->

Project manager. "Inter-professional learning - Educational practices for future healthcare services 2012". Action research project, evaluated by the Norwegian Research Council

Education

Master in Health Sciences, University of Tromsø 2002
Research Methodology. University of Tromsø 1993
Pedagogical education, University of Tromsø 1990
Intensive care, post graduate. Regional Hospital in Tromsø 1988
University preliminary entrance examination, ex phil. University of Tromsø 1983
Nursing education. Telemark sykepleierhøgskole 1982

Courses and academic programs

PhD course in Action research 7.5 ECTS. 2008

Making it Work 3, 10 accreditation points 2008

Acknowledgements

1. Tromsø University College 2008. Teaching award for decentralized Nursing Education

2. Tromsø University College 2005 Award for dissemination of professional expertise in regional and international contexts

Project management and participation- education and research

2012 - > Project manager. "Inter-professional learning - Educational practices for future healthcare services 2012". Action Research project, initiated and research proposal to the Norwegian Research Council

2012 - > Indre Troms Medisinske Samhandlingssenter – (ITMS) Representing Uit, Faculty of Health Sciences in the project in establishing the Rural Medical Centre involving services for the Norwegian Armed Forces, Municipal Health Care Services and Specialist health care services

2010 -> Leader of Research group of Health Care Education

2005 – 2010: Head of Decentralized Nursing Education, Tromsø University College/ University of Tromsø

2005 – 2008: EU project: Sustainable Rural Health Care Networks. Partner, representing Health Care Education at Tromsø University College

Work experience

2009 -> Associate professor. University of Tromsø, Faculty of Health Sciences, IHO.

1990 - 2009 Assistant Professor at Decentralized Nursing Education, Tromsø University College

1995 RN. Community health care nurse

1986 Nurse teacher at Telemark College of Nursing

1982 – 1990 RN. Tromsø University Hospital

Publications

"Skriftlig nettdiskusjon – en ny mulighet for faglig refleksjon" Norbye, B og Tøllefsen S. Uniped 2012. Vol 35 (4) s 14 - 26

"Kan Blended learning bidra til refleksiv praksis?" Norbye, B og Furu R (2010). Norsk Tidsskrift for Sykepleieforskning nr 4 (12) s 45 – 56

"*An educational model fitted for rural municipalities*". Norbye, B 2008 I Vård I Norden 3/2008

"*Desentralisert sykepleierutdanning. Hvor er vi nå? 18 år siden oppstarten og 10 kull senere*". Norbye, B 2008 I Eivind Bråstad Jensen 2008: Fra krisetiltak til suksesshistorier. Stamsund: Orkana

Innovative approaches to competence building. Norbye B., Furu R., Leslie I., Steinerowski A. (ed). Eureka digital 5/2008

Creating sustainable rural healthcare networks through new technology and learning opportunities. Furu R., Steinerowski A. (ed.), Bente Norbye, Leslie I. Eureka digital 4/2008

"I need a kick start" Presentation of an Educational Program using flexible methods of learning. Designed for the Rehabilitation Network in rural areas of Northern Norway - Expereriences and reflections. Norbye B. og Furu R. Eureka digital 2/2008

International Dissemination

"Action Research for Systemic Reform in Norwegian Nursing and Healthcare Education and Service Delivery". American Educational Research Association, AERA 2013, San Fransisco. April 2013. Norbye, B. & McNiff, J.

"*Bridging the gap? Educational challenge in reforming Norwegian health care*". RCN European Federation of Nurse Educators Conference 2012, Cardiff, Wales, UK, October 2012

"*Decentralized nursing education – prepared for the future?* Value and Virtue in Practice Based Research. York St John University. July 2012

"*Health care education in the era of Norwegian health care reforms – challenges ahead*". with Aud Obstfelder. York St John University. July 2012

"*Education and training in geriatric rehabilitation - Designing a training program for a multi – disciplinary, inter – municipal rehabilitation network using flexible teaching methods*". Shifting the balance – New Roles and New Models of Care (Making it work 3). Avimore, Scotland, GB. Mai 2008

"*A Model For Competence Building In Rural Areas*". New Frontiers in primary health care. Role of nursing and other professions Chiang Mai, Thailand, February 2008

Video Conference In A New Model For Continuously Training For Nursing Staff'. Tromsø Telemedicine and e-Health Conference. June 2007

"*Networking as a method for inter- municipal cooperation, cross- level cooperation and competence building*". Sustainable Health Conference. Juni 2007

"*Building Competence Locally - It works! A model for long distant learning in Salangen kommune, a small municipality in northern Norway*" Making it Work 2, September 2005

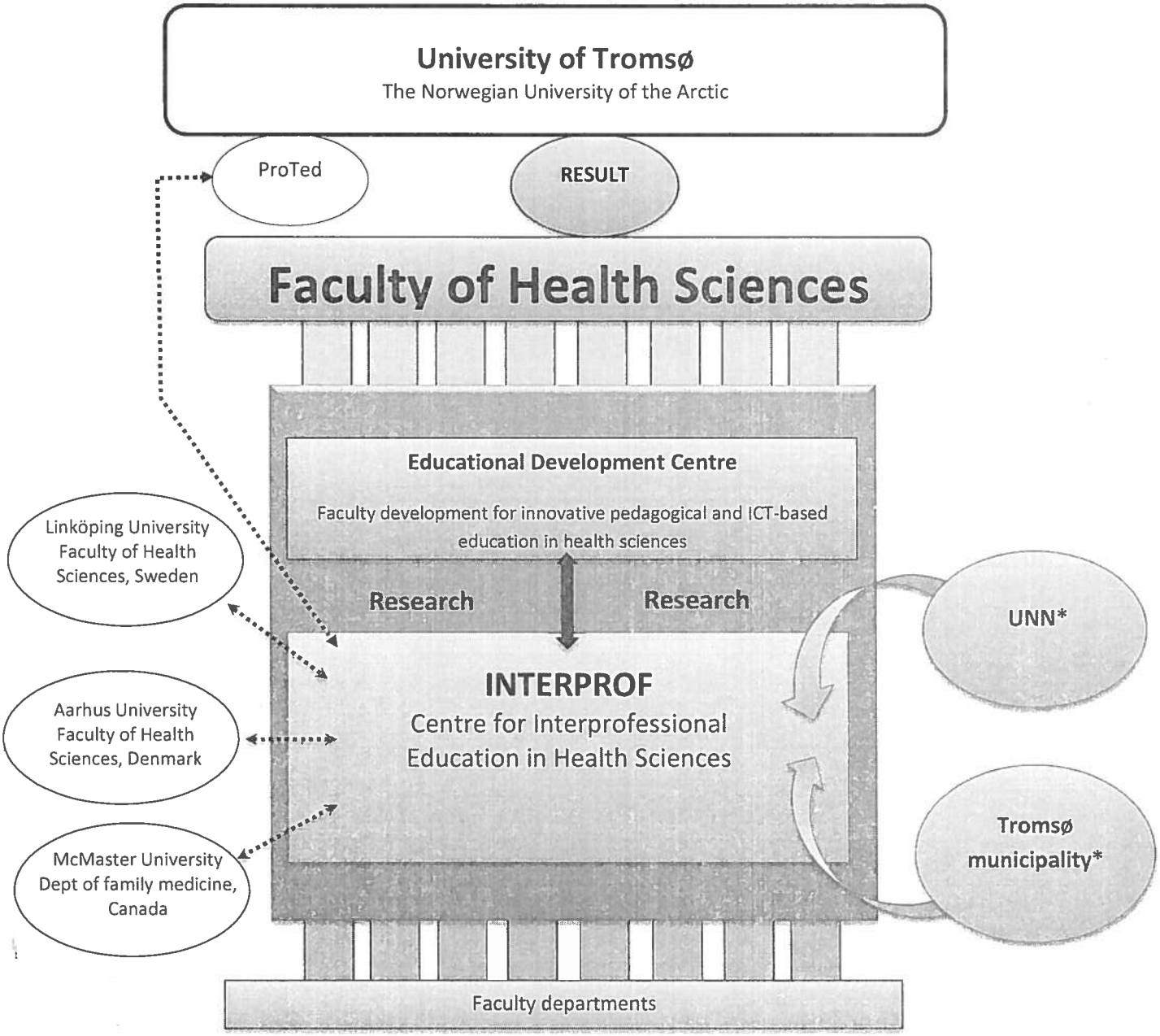

Figure 1. Model of organization including INTERPROF

*Consortium participants

ProTed, Centre for Professional learning in Teacher Education; RESULT, The University's Centre for Flexible Education; UNN, The University hospital North Norway; ICT, Information and communication technology

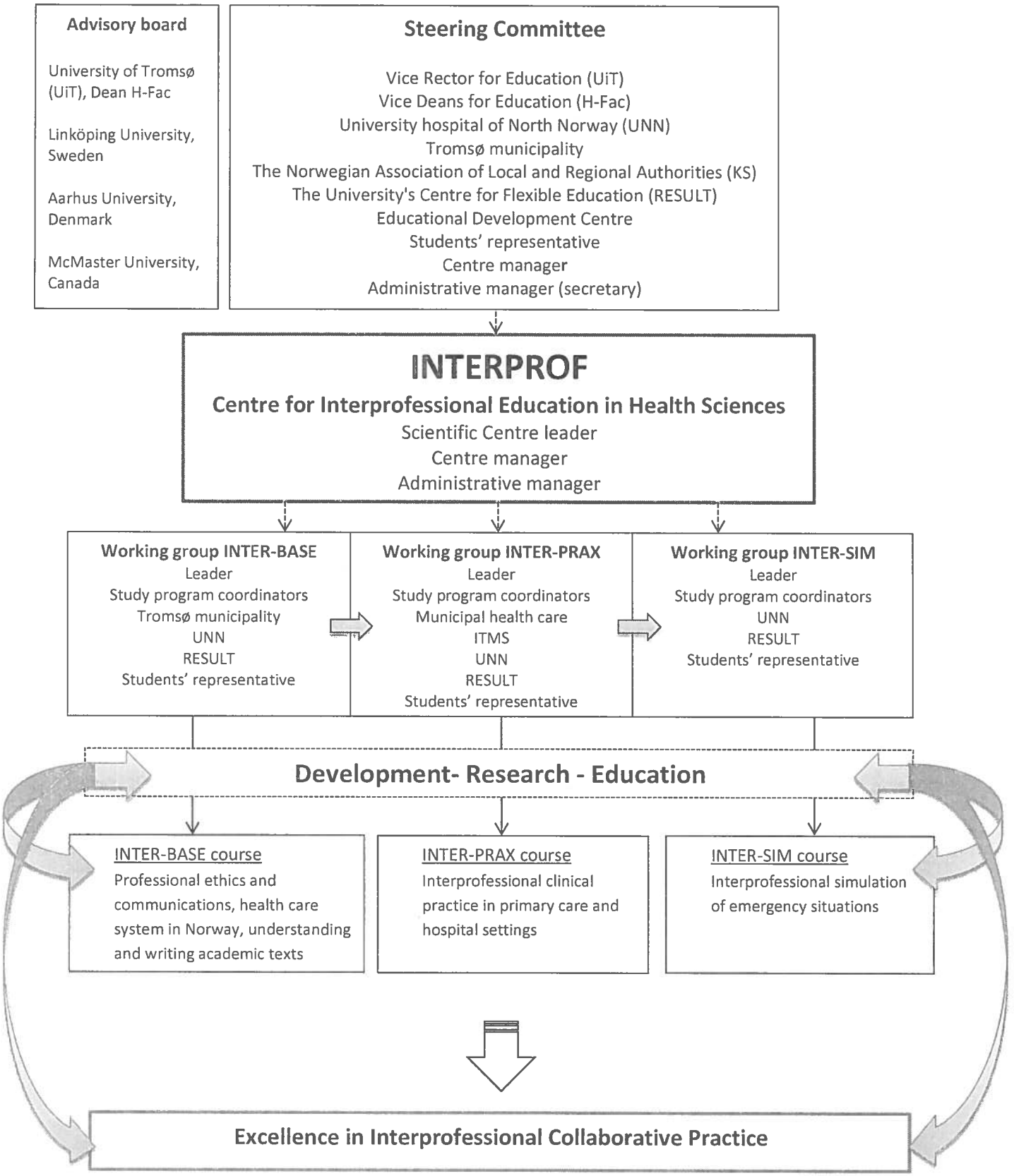

Figure 2. Model of steering, management and core educational activities in INTERPROF

H-Fac, Faculty of Health Sciences, UiT; RESULT, The University's Centre for Flexible Education; ITMS- Centre for Medical Collaborative health services in Troms, Partners: Norwegian Armed Forces, Northern Norway Regional Health Authority (Helse Nord RHF), Troms County Counsil, municipalities in Troms (Bardu, Målselv, Salangen, Lavangen), UiT.