



STUDIJŲ KOKYBĖS VERTINIMO CENTRAS

LIETUVOS SVEIKATOS MOKSLŲ UNIVERSITETO  
**STUDIJŲ PROGRAMOS**  
*KINEZITERAPIJA (valstybinis kodas - 612B31002)*  
**VERTINIMO IŠVADOS**

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**EVALUATION REPORT**  
**OF *PHYSIOTHERAPY* (state code - 612B31002)**  
**STUDY PROGRAMME**  
at LITHUANIAN UNIVERSITY OF HEALTH SCIENCES

**Experts' team:**

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## DUOMENYS APIE ĮVERTINTĄ PROGRAMĄ

Studijų programos pavadinimas	<i><b>Kineziterapija</b></i>
Valstybinis kodas	612B31002
Studijų sritis	Biomedicinos mokslai
Studijų kryptis	Reabilitacija
Studijų programos rūšis	Universitetinės studijos
Studijų pakopa	Pirmoji
Studijų forma (trukmė metais)	Nuolatinė (4 metai)
Studijų programos apimtis kreditais	240
Suteikiamas laipsnis ir (ar) profesinė kvalifikacija	Kineziterapijos bakalauras, Kineziterapeutas
Studijų programos įregistravimo data	2004-02-17

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## INFORMATION ON EVALUATED STUDY PROGRAMME

Title of the study programme	<i><b>Physiotherapy</b></i>
State code	612B31002
Study area	Biomedical Studies
Study field	Rehabilitation
Type of the study programme	University Studies
Study cycle	First
Study mode (length in years)	Full-time (4 years)
Volume of the study programme in credits	240 credits
Degree and (or) professional qualifications awarded	Bachelor of Physiotherapy, Physiotherapist
Date of registration of the study programme	17 February, 2004

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The Centre for Quality Assessment in Higher Education

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## **I. INTRODUCTION**

### ***1.1. Background of the evaluation process***

The evaluation of on-going study programmes is based on the **Methodology for evaluation of Higher Education study programmes**, approved by Order No 1-01-162 of 20 December 2010 of the Director of the Centre for Quality Assessment in Higher Education (hereafter – SKVC).

The evaluation is intended to help higher education institutions to constantly improve their study programmes and to inform the public about the quality of studies.

The evaluation process consists of the main following stages: *1) self-evaluation and self-evaluation report prepared by Higher Education Institution (hereafter – HEI); 2) visit of the review team at the higher education institution; 3) production of the evaluation report by the review team and its publication; 4) follow-up activities.*

On the basis of external evaluation report of the study programme SKVC takes a decision to accredit study programme either for 6 years or for 3 years. If the programme evaluation is negative such a programme is not accredited.

The programme is **accredited for 6 years** if all evaluation areas are evaluated as “very good” (4 points) or “good” (3 points).

The programme is **accredited for 3 years** if none of the areas was evaluated as “unsatisfactory” (1 point) and at least one evaluation area was evaluated as “satisfactory” (2 points).

The programme **is not accredited** if at least one of evaluation areas was evaluated as "unsatisfactory" (1 point).

### ***1.2. General***

The Application documentation submitted by the HEI follows the outline recommended by the SKVC.

### ***1.3. Background of the HEI/Faculty/Study field/ Additional information***

The Lithuanian University of Health Sciences (hereinafter - LSMU) was established in 2010 through the merger of Kaunas University of Medicine and the Lithuanian Veterinary Academy. It now forms the largest institution of higher education that offers studies in the area of biomedicine. The University includes academies, faculties, research institutes, the Practical training and experimenting centre, departments, clinical departments, veterinary clinics, and research laboratories. There are also other functional units, which provide assistance in studies, research, health care, social, cultural, and other areas.

Medical Academy and Veterinary Academy are the basic units of LSMU. There are five faculties in Medical Academy: the Faculty of Medicine, the Faculty of Odontology, the Faculty of Pharmacy, the Faculty of Public Health, and the Faculty of Nursing. All units of LSMU are an integral part of research, education, and health care; they are interconnected and united by the same structure of management, planning, and function. Teaching staff of LSMU consists of 153 professors, 223 associate professors, 296 lecturers, and 477 assistant professors (by December 31, 2013).

The Faculty of Nursing (NF), as a unit of Medical Academy, was established in 1992 and consists of six departments: the Department of Nursing and Care, the Sport Institute, the Clinical Department of Behaviour Medicine, the Clinical Department of Geriatrics, the Clinical Department of Rehabilitation, and the Clinical Department of Children Rehabilitation. The Faculty offers four bachelor's (first cycle) study programmes: *Nursing, Midwifery, Physical Therapy, and Occupational Therapy*, and four master's (second cycle) study programmes: *Clinical Nursing, Physical Therapy and Rehabilitation, Health Rehabilitation through Physical Exercise, and Art Therapy*. The latter is designed by joint study programme of Vilnius Art Academy and LSMU.

Bachelor's study programme of *Physical Therapy (hereinafter - PT)* was registered in the Study Training Programmes and Qualifications Register, on the 17 of February, 2004. The admission to the study programme was commenced on the 1<sup>st</sup> of September, 2004. The first graduates were awarded diplomas in June, 2008. Currently, 183 students study in the PT Programme (hereinafter – PTP). After completing the studies, students obtain a bachelor's degree, which correspond the sixth level of the National Qualification Framework and the European Qualifications Framework for Lifelong Learning, and a professional qualification – physical therapist.

The Self-evaluation Report and other documents were presented for evaluation and they show the development of the first cycle of the PTP of the study area – Rehabilitation.

#### ***1.4. The Review Team***

The review team was completed according *Description of experts' recruitment*, approved by order No. 1-01-151 of Acting Director of the Centre for Quality Assessment in Higher Education. The Review Visit to HEI was conducted by the team on 9<sup>th</sup> April, 2015.

1. **Dr. Raija Kuisma (team leader)**, *Course Leader MSc Rehabilitation Science, School of Health Sciences, University of Brighton, United Kingdom.*
2. **Dr. John Xerri de Caro**, *Lecturer within the Physiotherapy Department, Faculty of Health Sciences, University of Malta, Malta.*
3. **Prof. dr. Manuela Ferreira**, *Professor of the School Escola Superior de Saúde do Alcoitão, Portugal.*
4. **Dr. Marie-Antoinette Minis**, *Senior Lecturer & Researcher at Faculty of Health, Behavior and Society, HAN University of Applied Sciences, the Netherlands.*
5. **Dr. Milda Žukauskienė**, *the Head of Rehabilitation Department, Faculty of Health Care, Vilnius College, Lithuania.*
6. **Ms Živilė Kondrotaitė**, *student of Vilnius Gediminas Technical University study programme Bioengineering, Lithuania.*

## II. PROGRAMME ANALYSIS

### 2.1. Programme aims and learning outcomes

The use of the title Physiotherapy, Physical Therapy and Kinesiotherapy, is inconsistent, e.g. subject specific competence – Knowledge of Physical therapy, the result of study program 5.3. ...will know the principles, methods and tools of physiotherapy in patients with various diseases; SER, p.7; the same 5.4; 6.1; 6.2; 8.1 etc., as well as the titles of subjects e.g. Aquatic Physiotherapy, Neurologic Physiotherapy; SER p. 11, and in the study plan (SER, p.15). Although all these titles are used for the same profession in the different parts of the world, the list of professions regulated by the European Commission names the profession as “physiotherapist”. The World Confederation of Physical Therapy (WCPT) defines physiotherapy as an internationally acknowledged health care profession (WCPT, 1995: 22). The Expert Team (ET) recommends that the term Physiotherapy, Physiotherapists is adopted throughout the documents.

The aim of the Physiotherapy programme of Lithuanian University of Health Sciences (hereinafter – LSMU) is – “to train highly-qualified physical therapists who are capable of applying modern scientific knowledge and making a critical analysis while applying these knowledge to prevention and treatment in all health care, educational and health promotion institutions” (SER, p. 6). The aims are in line with the WCPT Guideline for physical therapist professional entry level education (pp 4-5 [http://www.wcpt.org/sites/wcpt.org/files/files/Guideline\\_PTEducation\\_complete.pdf](http://www.wcpt.org/sites/wcpt.org/files/files/Guideline_PTEducation_complete.pdf).) and similar to the

programmes known to ET in Europe. ET would like to conclude that the aim of the programme is well defined and clearly formulated, also easily accessible publicly in Lithuanian language.

The aims and learning outcomes are mapped with the subject units, and are clear and easy to follow, the programme team could be commended on this. The level of those are generally expressed at the right level, EQF level 6, and the level of qualification but in some subjects e.g. Aquatic Physiotherapy, Biomechanics “will know... “ describes the level of outcome, which indicates that application or critical use of the knowledge is not required. ET recommends that the learning outcomes are revisited and refined in all subjects to reflect the programme outcomes.

All in all when reviewing all learning outcomes of the programme, ET would like to give not a criticism but a small remark for improvement as learning outcomes are formulated in quite a different style and manner, so could be better integrated. For instance, “ability to communicate; ability to think abstractly”; and then “will gain knowledge”; will know the principles”; “will cooperate”; and then “consult and advise” etc (SER p. 8).

It seems that in general the programme aims and learning outcomes, as well as the content of the programme and the qualifications offered are compatible with each other. Programme aims and learning outcomes are based on the academic and professional requirements, public needs and the needs of the labour market (except some remarks before) and it is also consistent with the type and level of studies and the qualification offered.

## **2.2. Curriculum design**

The LSMU has four registered study programmes in the study field of Rehabilitation in total. Two of them are the first-cycle programmes (*Occupational Therapy* and *Physical Therapy*) and two – second-cycle programmes (*Physical Medicine and Rehabilitation* and *Health Promotion and Rehabilitation through Physical Exercise*).

The duration of the Physical Therapy (ET suggest to rename into Physiotherapy) programme is of 4 years, volume – 240 ECTS, form of studies – full-time. The programme has no specialisations. The scope of the programme is sufficient and it is in the line with the recommendations of World Confederation for Physical Therapy (WCPT) where no less than 180 ECTS physiotherapy education is recommended. The programme consists of general university subjects – 40 ECTS (1066 hours) and study field subjects – 200 ECTS (5332 hours). 12 ECTS (320 hours) of these are allocated for the graduation thesis; 45 ECTS (1200 hours) for practical training and 15 ECTS (400 hours) is allocated for elective courses. It is necessary to mention that study field subjects cover thesis, electives and practical training all together.

The programme curriculum design meets the legal requirements stipulated in laws and regulations of Lithuania and is in compliance with the following legal acts of the State.

It is commendable that the programme committee is constantly revising the study programme and identifying weaknesses and as written in the SER regularly reassessing the learning outcomes according to the current scientific progress, suggestions of stakeholders and employers. Some changes to the programme content have already been done, for instance new subjects as Physiotherapy for elderly, Biochemistry were included. Although the main change expressed by SER group, teachers and students was the growth of student numbers during past few years (from one to four groups per year). ET couldn't understand the reason to increase the admission of Physiotherapy students, especially when the space (according to students) and other resources are limited. The demand for more physiotherapy students was not clearly presented in the SER also or other documentation, neither explained during the meetings. Considering the employment situation of physiotherapists in Lithuania, the ET recommends that the number of students admitted to this course is reviewed by the Management.

Study subjects in the programme seem to be spread evenly and the themes are not repetitive mostly. As is stated in SER (p. 10), subjects and themes do not overlap, although during the visit, students expressed some overlap of subjects, but they also positively evaluated the teacher's effort to avoid this. Teachers also stated that it is hard to avoid such a situation when one subject is taught by several persons, but they are discussing with each other frequently to avoid overlap and repetition.

It appears that the content of some study subjects (e.g. Kinesiology of Muscle chain) is included in the programme because of the promotion of particular equipment (Redcord) by private company who is a social partner with the university. It became evident from the SER and description of the study courses (annex no.1) and the site visit and meetings. ET recommends the Management reviewing the partnership arrangements with private companies to avoid conflict of interests. The content of the study units must be based on professional judgments, evidence based practice and requirements of current practices and not on a specific equipment.

ET would like to note that some programme learning outcomes (hereinafter – PLO) could not be evaluated if consistent with the topics of the subject or not because they were not found in subjects' descriptions. As an examples can be mention the subjects Fundamentals of Educology; Fundamentals of Radiology; partially in Physical Therapy in Orthopaedics and Traumatology; Physical Therapy in Pregnancy and Gynecology also Anatomy, where particular in this subject one of the programme learning outcomes is “will collect, analyze and interpret the patient/client-related information, will implement physiotherapeutic examination, make a



**physiotherapy diagnosis**". ET could not also find what topic of this subject is seeking for this learning outcome, since there is no topic about physiotherapy diagnosis mentioned.

ET would also like to make a small remark recommending improve the content's reflection or clearly links between the topics in some subject descriptions For instance, subject learning outcome of "Physical Therapy for Elderly" (be able to assess the patient's condition and needs; be able to create and implement a monitoring plan; able to assess functional state of elderly) could not reflect the content of the subject (topics as: interdisciplinary team; nutrition in elderly; ageing demography; psychogeriatrics; principles of gerontopharmacology etc.) as well as professional growth of student in problem solving and critical thinking. ET also noticed that some practical assessment methods are missing in the description of some study subjects or it is not fully clearly presented; e.g. in subject "Motor control": it is stated, that students "will be able to examine, evaluate and treat impaired posture and postural control" (the purpose of course unit). ET thinks, that this is rather practical outcome to be measured by demonstration or case analysis or other methods, but the only evaluation methods are exam (the amount of right answers) and paper (all parts of essay – introduction, aim, objectives, main part, outcomes, literature). ET agrees that knowledge application could be demonstrated in writing, but skill application is a bit different.

The Learning Outcomes that has to be reached are clear, however the alignment with assessments could be better specified in some of the subjects. Despite mentioned above, all other contents of the subjects seem to be appropriate for the achievement of the learning outcomes.

The diversity and appropriate use of the teaching and learning methods was confirmed during the meeting with staff and students. Students expressed that some teachers also use an active teaching / learning methods (e.g. simulation, role play etc), teachers confirmed it as well. It shows that in general when evidence were gathered during the visit, teaching and learning methods are appropriate to achieve the learning outcomes and the content involves latest technologies or achievements in science. The problem could be only in translation of the SER and other documents.

According to course descriptions (annex no.1), the hours allocated for practical studies seem to be enough to achieve the skills necessary for physiotherapist. However, students expressed a desire to have even more practical sessions, since they do not feel they are ready to practice after the graduation.

### ***2.3. Teaching staff***

The Legal requirements for first degree university study programmes (§19) recommends that at least half of the subjects in the study field must be taught by scientists or

scholars and recognised artists (art subjects). The Physiotherapy study programme is provided by staff meeting these legal requirements. According to Appendix 3 of the self-evaluation report, the Programme involves 113 teachers: 10 professors, 27 associated professors, 35 lecturers, and 41 assistants. This seems a great number of teachers, still during the meetings the ET understood that every subject has a coordinator who discusses with the other teachers the distribution of topics to avoid overlapping. During the site visit, some students mentioned that this may even be an advantage because they had different perspectives on the same subject. However others have pointed out that there was sometimes overlap of contents. The ET recommends a reflection on the suitability of this large number of teachers and on team strategies to further decrease the possible overlaps.

The study programme involves teachers of different ages with different experience. The majority of the teachers of the study programme are well-experienced: 69.4 % of the teachers have 10 or more years of pedagogical experience, 63.5 % of the teachers have 10 or more years of research experience, and 64.5% of the teachers have 10 or more years of professional experience (SER, p. 16). Subjects in the field of PT are taught by teachers who have the professional qualification of Physiotherapist and work as Physiotherapists. The majority of the teachers participate in clinical work at the LSMU Hospital Kauno klinikos and in other state and private health promotion, treatment, and rehabilitation institutions. ET fully agrees that the qualifications of the teaching staff and the number of staff are adequate to ensure learning outcomes (CV, Appendix 2).

The ET understood from the SER and it also became more evident during the meeting with the teachers that all of them are encouraged to engage in a pedagogic training. The University has created conditions for the professional improvement. To develop educational competence, the Centre of Teachers' Educational Competence (DEKC) has been established at the LSMU. DEKC is engaged in continuous monitoring and improvement of educational competence, in compliance with the Order of the Assurance of Teachers' Educational Competence. According to the ET this is important indeed and encouraging, because as a teacher both practical and pedagogical expertise is needed.

According to SER (p. 16), teachers are contracted to work in compliance with the requirements of the legal acts: the Labour Code of the Republic of Lithuania, the order of the organisation of acceptance competitions and performance evaluation of the LSMU teaching and research personnel, and the principles of the selection and evaluation of the LSMU personnel. The teachers' pedagogical, scientific, and practical experience is assessed during the performance evaluation procedure organised every five years. A single employment contract is used for employing teachers for work with students of different cycles and study programmes.

The teachers' workload (SER, p. 16) is regulated by the Order of the Minister of Education and Sciences of the Republic of Lithuania and the resolution of the LSMU Senate (not more than 30 working hours per week). The remaining time is spent for research activity, preparation for lectures, and others activities. During the site visit the ET never heard any complaints by the teachers about this topic.

Turnover of the teachers is low and mainly due to retirement, maternity leave and upon the expiry of an employment contract. According to SER and the visits, it does not affect the programme quality, since teaching is taken over by other teachers with an adequate experience in teaching, scientific, and practical fields.

It was difficult to find in the SER the number of teachers' publications or participation in different scientific conferences or involvement in research. But a brief analysis of the CV (Appendix 2) demonstrates that most of the teachers take part in national and international projects; are members/peer reviewers of national and international scientific journals; are authors of scientific publications and authors/co-authors of textbooks and teaching books; are involved in research, presenting their results in scientific journals of Lithuania and foreign countries as well as at national and international conferences. ET would like to point that areas of interests and publications of some teachers (especially for subjects of profession), could be more related with teaching subject. As an example Aquatic Physiotherapy subject can be shown. According to Descriptions of the teaching staff's activities (appendix 3), topics of participation in scientific conferences, internships, seminars, exchange programs of the teacher are: *Physical therapy and multiple sclerosis; Knee sports injuries and possible solutions; Scoliosis. Correction*. It is doubtful if it is related to Aquatic Physiotherapy.

According to SER and confirmed during the visits, the teacher's participation in mobility programs has been decreasing the last three years. The ET recommends Management strengthening of these exchange programs. It would also be recommended to expand the list of partners in physiotherapy area, since at the moment mainly teachers of general subjects have possibility to participate in exchange programs. It became clear from the SER (p. 17) – most of partner institutions showed in table 4 has no Physiotherapy degree programme. It was also confirmed by teachers during the site visit.

#### **2.4. Facilities and learning resources**

During the site visit the ET could observe that the premises provided by the University for the Programme are adequate both in their size and quality. Teaching takes place mainly in the Centre of Physical Therapy (Kalnietičių g. 231). Other university auditoriums and teaching classes are clearly presented and described in SER. LSMU is planning the reconstruction of a Teaching

Laboratory Building. So the premises for teachers' rooms, teaching classes, including class for training of pre-clinical skills will be enlarged (Appendix 6). Currently, a project of a new building of the Faculty of Nursing is being developed, with the prediction of being at functioning in 2016 (Appendix 7).

The consequences of the wide spread of the sites are compounded, according to the students, by the constant change in schedules, which makes it difficult to organise work schedules and other activities outside University. Teachers agreed in part, stating that sometimes it was difficult to reconcile the time with the other faculties. It is recommended to Management for consideration the best way to solve this issue.

The premises for studies have adequate teaching and learning equipment (laboratory and computer equipment, consumables) both in size and quality. According to SER and the visits, there is a sufficient number of teaching materials for all biomedical study programs that are implemented at LSMU. According to the investment project 'Implementation of Public Health, Nursing and Rehabilitation Practical Teaching Centre', a simulation class, in which students may learn virtual analysis of person's activity, was established. The simulation class software offers a possibility to evaluate patient's condition according to chosen criteria or classification systems.

As mandated by the general legal requirements, the curriculum of the Programme includes 45 credits of professional practice, according to SER. The University has agreements with 18 health care and health promotion institutions, however, students are allowed to choose their own institution, then, a tripartite agreement is carried out. To ensure a wide range of practical skills, practices are conducted in different departments. The LSMU Career Centre offers voluntary practices and provides better conditions for practical skills assisting in students' employability. During 2013-2014, voluntary additional practice was chosen by 18 students. During the meeting, there was no negative feedback by the students regarding the number and diversity of institutions/departments for practice so it seems to be adequate arrangement.

The main publications required for the implementation of the Physiotherapy study programme are available at the LSMU Library and Health Sciences Information Centre. In computer classes, subscribed electronic databases such as Informal Healthcare, MEDLINE, PUBMED, EBSCO, Up To Date, BMJ Journals, MD Consult and others (totally 29) are available. The subscription to these databases also provides access to scientific journals in physiotherapy, including Rehabilitation Science; Occupational Therapy; Rehabilitation & Sports Medicine Source; Physical Therapy in Sport, Journal of Orthopaedic & Sports Physical Therapy (JOSPT), Physiotherapy Theory and Practice.

Students reported that there are not enough books on anatomy due to the large number of Medical students studying anatomy at the same time. ET recommends to find an appropriate solution helping in this case.

### ***2.5. Study process and students' performance assessment***

The admission requirements are well founded. There is an entrance competition score to the Programme. Admission follows the standard system set by Rules of Admission to the LMSU for the year 2015. In this system, the applicants to the Programme are rated according to their "competition score". According to the data on student admission and competition, means of competitive grades of admitted students during the years 2010 to 2013 is 17.07–17.79, of which decreasing number students were funded by the state. According to the self-evaluation report, one of the main disadvantages of the general admission to higher education institutes is the limited number of State funded places.

During the visit the ET was not able to establish how the current quota of funded places is decided between different courses in HEIs. It seems that being in the Medical faculty Physiotherapy students compete for the places with Medical and Dental students, and the system which seems to favour those latter ones. Graduate students numbers were restricted about five years ago and the graduates present at the discussion wondered why the admission of students today increases without an extension of the capacity of buildings, facilities and employment.

Student drop-out rate is low. According to SER (p. 20), the most common reasons for student dropout are academic under-achievement; students own wish to withdraw from studies or a wish to choose other study programmes at LSMU. In 2013-2014, 3 were excluded (2 to academic failure; one re-entered another study programme).

According to the SER the study process is well described and organized with an equal distribution of workload for the students. During the interviews the ET understood that the workload of the first year is larger, than the second year. In the third and fourth year students seems to be better self-directed learning. Students were also complained that they always have a feeling being "a second class" in comparison with medical students and they have to wait for a lecturers (since they are in a class with medical students), are allocated in small and worse auditoriums (since better are given for medical students), do not receive books they need in the library (since books are taken by medical students). ET recommends solving these complaints if these are the real existing issues.

The large number of teachers with a variety of specialisms is in favour, because specialists can deepen their own specialisms according to both staff and students. The spread of facilities, large amount of teachers seem to be difficult to manage. Students complain about the

late time tables that hinder the planning of their 'other' life, respectively the ability to accept a student job besides the study. Also lessons are provided at more inconvenient times of the day than for medical students that seem to be in favour in this respect.

The students are invited at yearly bases to give feedback on the programme. It is not always visible what has been done with the feedback. However it is appreciated that new subject such as physiotherapy for the elderly is introduced. Students would like an increase of time spend on 'Hands on' fieldwork and exposure to the English language instead of their own language (Lithuanian) that is experienced as a repetition of secondary school learning.

Students explained that the ICT communication called "First Class" of the University is unstable and the set up/ lay-out not appealing and therefore not used (boycotted) by the students. The University is advised to review the provision of the on-line facilities.

In the SER and through discussions with the staff it becomes clear that effort has been put into pedagogical education of teachers. Students' experience –"going-sitting-listening-learning" is not their favourite way of being taught. They expressed the wish to implement more student centred learning approaches, such as Problem Based Learning (PBL), which they perceive more effective way of learning. Although, according to students, schedule is sometimes very busy to implement some active methods. The ET fully supports the idea of developing pedagogic methods to suit the current student population and philosophies of learning and teaching and the curriculum.

Both staff and students expressed the value of international exchange, and there is some exchange visit but mainly by the non-physiotherapy staff, which is valuable for the course. However the ET encourages the physiotherapy staff and students to take the opportunity with the exchange programmes and involvement in the European and International conferences and workshops, which would enrich their learning and facilitate further development of the programme. Students told that marketing in the programme is very poor. They do not receive any information about ENPHE or other networks /programs they can participate or be involved. The choice of the partners is also limited – only partners from Denmark, Norway and Italy are presented for student's exchange. Graduates expressed a value of teaching in English – they would like to recommend to introduce it in the programme. It would contribute to internationalization as well. Those who went on erasmus exchange were rather satisfied with the international experience but they expressed the wish to have more places for Erasmus exchange. So ET would recommend strengthening the international aspect of the programme.

Academic Support is provided in order to familiarise the students with the requirements for a Bachelor study, throughout the programme. The Scientific Group of the LMSU student

Research Society started its activity in 2010. This group adds knowledge and skills at a higher academic level by exchange of knowledge.

The final thesis are independently assessed and publicly defended. The level of the thesis is in line with bachelor level. The ET only noticed that the grades given to the theses were rather high so perhaps the assessment criteria should be reconsidered. With respect to the theses it is also being recommended that the “summary” that is written in English have its wording changed to “abstract” that indicates this is a research document and not a summary of a chapter for example. Students and teachers confirmed that the mostly used research methods are quantitative, so the ET would like to encourage the wider use of qualitative research methods, especially when this wish was also expressed by the students.

According to SER (p. 16-17) only teachers participate in projects, so confirmed during the visit. It would be commendable to involve students as well so they can participate in research projects and to improve their scientific competencies as well.

The University provides social support to the students in different forms as described in the documentations. Students with disabilities can receive social support from the Faculty. Whether they can follow an individual study plan was not clarified, and whether students can receive psychological support and services is not clear from the documentation. There were no complaints from the students’ side on this topic so it seemed to ET to be adequate.

The assessment of study results follows the publicly available general procedures approved by the University Senate. The assessment criteria applied in the Programme are given at the beginning of each course by the teacher, and they are specified in subject descriptions. Other student’s assessment aspects were discussed in the chapter “curriculum design”. Students are informed of the reasons for their examination grades, and they can make a formal appeal to the Appeals Committee if they do not agree with the grade or the assessment process. The students also get a written review of the Bachelor’s thesis. In general, the assessment system seems to be quite clear and adequate except the cases for improvement mentioned in the Curriculum design part of this Report.

According to the graduates the job opportunities in Lithuania are low, and this may be one reason to continue a study at Masters Level. They suggested increasing the number of work places in the university hospital, especially when the university is constantly increasing the number of admitted students which is also an issue to review.

The reason for lack of jobs was not evident when discussed with the management team and social partners. Physiotherapy being relatively new profession in Lithuania, the Universities and professional bodies as well as the graduates themselves is encouraged to promote the profession in varied and emerging fields of health care.

## **2.6. Programme management**

The analysis and evaluation of the programme followed the recommendations of the Methodology for the evaluation of higher education study programmes approved by the Director of the Centre for Quality Assessment in Higher Education by Order No 1-01-162 of 20 December 2010, and in particular analysis of programme management involved looking at decision-making procedures and ways to ensure quality of the programme (Section IV, 108). No previous external evaluation occurred and therefore any changes could not be addressed. In evaluating the programme management, the ET aimed to establish adequacy, effectiveness and transparency of the programme management and the internal assurance of the programme quality (Section V, II, 133).

It was clear to the ET that the responsibilities for decisions and the monitoring of the implementation of the programme were clearly allocated in a vertical context with the more important decisions being taken at the level of the Council of the Nursing Faculty, such as changes to the Programme, whilst general management being considered by the Physiotherapy Programme Committee (PTP). The chairperson of the PTP is a physiotherapist by discretion of the Dean, and this is an appropriate decision in regards to the development of the programme. Unfortunately, students did not know anything about this committee's activity so their involvement in this seems to be very minimal. The Head of the Department is selected after an international call and an internal selection procedure that includes input from the teachers. The head of the Department also serves as the Head of Rehabilitation Services at the University Hospital and is usually a Rehabilitation Physician by profession. This dual position benefits the course by integrating the rehabilitation education and services. The wider involvement of the stakeholders in the feedback process was evident and confirmed by the teachers, students and social partners. However it was unusual that a private interest forms an integral part of the decision making team, especially when it influences the content of the curriculum, e.g. the inclusion of '*Redcord*' in the course content of 'Kinesiology of Muscle Chain' (SPI/SPI/KN-P01). It may cause a conflict of interest and must be managed in a transparent way to preserve credibility. The inclusion of product-specific subject plan in a study unit description is not considered evidence based or ethical practice according to accepted international standards. It is strongly recommended that reference to any specific trade name in the course documents is avoided and generic descriptions are maintained to preserve credibility of the programme.

In the hierarchical chain, the students feel that they are not able to communicate freely and effectively with the programme management in the higher level and they do not have feedback from the current representation on the PTP. They also reported that they are not clear



how students are represented in the PTP and they believe that the presentation is by direct request from the Dean. The ET recommends to have a more transparent process in the selection of student representation and to ensure that the feedback loop is closed when decisions are made. Nonetheless, it was agreed by all the stakeholders that involvement was possible through surveys to students and teachers, meetings and on-line evaluations, and changes to the programme have been made as a result of these discussions such as a shift towards a more competence-based curriculum or the splitting up of complex modules. It is recommended to assure that student feedback is always documented anonymously and circulated.

Whilst the internal evaluations were being used to effect changes for the improvement of the programme, students and graduates have expressed that they were made to feel as 2<sup>nd</sup> rate/grade students in comparison to the medical students as their recommendations were constantly considered secondary to the needs of the medical students, e.g. timetable scheduling. As self-funded, many students expressed that the disorganised scheduling and last minute changes were disruptive to their life plans and meant that they were not able to commit themselves to part-time work. The ET understood this to be a priority for students and strongly recommends that programme planning be given thoughtful consideration to such effects. It appears to the ET that the involvement of students, social partners and graduates is active and it is suggested that internal evaluations are revisited after any implementation to assess consistency and fairness, be audited for Key Performance Indicators (KPIs) and relayed back to all stakeholders.

Mechanisms to ascertain quality amongst teachers was also noted to be effective as they are encouraged to enhance and develop their pedagogical competence through CPDs (continuing professional development) and effectively a number of teachers were sent to Edinburgh in 2013 to learn on new innovations in pedagogical competence. Yet, the outcome from this does not appear to have been transferred into practice since the students did not see any significant changes in the teaching. Measures to enhance and assure quality in the programme do appear to the ET to be efficient but at the same time these processes were understood by the ET not to be communicated well to the stakeholders and as a consequence may not appear effective. Communication is the key to establish excellence in the programme and it is strongly recommended that the PTP committee together with the Council of the Nursing Faculty reassess these strategies of communication with teachers and students. The ET considers it to be a positive thing when students are able to speak about weaknesses in management of their programme with a view for improvement.

## 2.7. *Examples of excellence* \*

\* if there are any to be shared as a good practice

### **III. RECOMMENDATIONS**

1. ET recommends to unify the terms and to use “Physiotherapy” throughout the documents.
2. ET recommends that the learning outcomes are revisited and refined in all subjects to reflect the programme outcomes. The alignment with assessments and learning outcomes that has to be reached can be better specified in some subjects.
3. ET recommends that the number of students admitted to this course is reviewed.
4. ET strongly recommends reviewing the partnership arrangements with private companies to avoid conflict of interests. The content of the study units must be based on professional judgments, evidence based practice and requirements of current practices and not on a specific equipment. It is strongly recommended that reference to any specific trade name in the course documents is avoided and generic descriptions are maintained to preserve credibility of the programme.
5. ET recommends strengthening the international aspect of the programme. It would also be recommended to expand the list of partners in physiotherapy area, since at the moment mainly teachers of general subjects have possibility to participate in exchange programs.
6. ET recommends analysing the situation with the overlapping of facilities and learning recourses which are needed the same time both for Medical and PT students.
7. ET recommends that the “summary” that is written in English have its wording changed to “abstract” that indicates that this is a research document and not a summary of a chapter.
8. ET recommends reconsidering students’ comments on study process concerning time tables, “second class” feeling, increase of “hands on” practice, usage of qualitative research methods, usage of student centred approaches and other issues mentioned in the Study process area analysis.
9. ET recommends improving the student’s participation in programme management; to have a more transparent process in the selection of student representation and to ensure that the feedback loop is closed when decisions are made.
10. ET strongly recommends that the PTP committee together with the Council of the Nursing Faculty reassess strategies of communication with teachers, students and social partners, since the communication is the key to establish excellence in the programme management.

## IV. SUMMARY

The use of the title Physical Therapy, Physiotherapy and Kinesiotherapy, is inconsistent, though all are used in the documents presented. The recommended European term is *Physiotherapy* and the ET recommends this be used throughout the documents.

The aims and learning outcomes are mapped with the subject units, which is clear and are easy to follow. The level of those are generally expressed are in the right EQF level 6, but in some subjects the level of outcome, the links between learning outcomes and the students' performance, assessment are not well presented. ET recommends that the learning outcomes are revisited and refined in all subjects to reflect the programme outcomes.

The programme curriculum design meets the legal requirements stipulated in laws and regulations of Lithuania and is in compliance with the following legal acts of the State.

The programme committee is constantly revising the study programme and identifying weaknesses and regularly reassessing the learning outcomes according to the current scientific progress, suggestions of stakeholders and employers. The student's involvement in the committee should be more transparent and visible.

Increasing student admission is named as the main change of the programme and the biggest challenge both for PT committee and teachers. The reason to increase the admission of Physiotherapy students, especially when the space and other resources are limited is not clear. The demand for more physiotherapy students is not clearly presented in the documentation, neither explained during the meetings. Considering the employment situation of physiotherapists in Lithuania, the ET recommends that the number of students admitted to this course is reviewed.

Study subjects in the programme seem to be spread evenly. Subjects and themes do not overlap, although when it happens all mechanisms to prevent this seems to be clear.

A private interest forms is an integral part of the decision making team, and it may cause a conflict of interest, especially when it influences the content of the curriculum. The inclusion of product-specific subject plan in a study unit description is not considered evidence based or ethical practice according to accepted international standards.

Teachers and students benefit from international programs and courses, but they expressed the lack of places for Erasmus exchange. So ET would recommend strengthening the international aspect of the programme.

Students and teachers are encouraged to use more qualitative research methods instead of only quantitative. The involvement of students in research project both at national and international level should be promoted.

Student's involvement in the programme management and the Study Program Committee seems to be insufficient. Communication is the key to establish excellence in the programme and it is strongly recommended that the Programme committee together with the Council of the Nursing Faculty reassess strategies of communication with teachers and students.

## V. GENERAL ASSESSMENT

The study programme PHYSIOTHERAPY (state code – 612B31002) at LITHUANIAN UNIVERSITY OF HEALTH SCIENCES is given **positive** evaluation.

*Study programme assessment in points by evaluation areas.*

No.	Evaluation Area	Evaluation of an area in points*
1.	Programme aims and learning outcomes	3
2.	Curriculum design	3
3.	Teaching staff	3
4.	Facilities and learning resources	3
5.	Study process and students' performance assessment	2
6.	Programme management	2
	<b>Total:</b>	<b>16</b>

\*1 (unsatisfactory) - there are essential shortcomings that must be eliminated;

2 (satisfactory) - meets the established minimum requirements, needs improvement;

3 (good) - the field develops systematically, has distinctive features;

4 (very good) - the field is exceptionally good.

Grupės vadovas: Team leader:	Dr. Raija Kuisma
Grupės nariai: Team members:	Dr. John Xerri de Caro
	Prof. dr. Manuela Ferreira
	Dr. Marie-Antoinette Minis
	Dr. Milda Žukauskienė
	Živilė Kondrotaitė

**LIETUVOS SVEIKATOS MOKSLŲ UNIVERSITETO PIRMOSIOS PAKOPOS  
STUDIJŲ PROGRAMOS *KINEZITERAPIJA* (VALSTYBINIS KODAS – 612B31002)  
2015-08-21 EKSPERTINIO VERTINIMO IŠVADŲ NR. SV4-239 IŠRAŠAS**

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**V. APIBENDRINAMASIS ĮVERTINIMAS**

LIETUVOS SVEIKATOS MOKSLŲ UNIVERSITETO studijų programa *KINEZITERAPIJA* (valstybinis kodas – 612B31002) vertinama **teigiamai**.

<b>Eil. Nr.</b>	Vertinimo sritis	<b>Srities įvertinimas, balais*</b>
1.	Programos tikslai ir numatomi studijų rezultatai	3
2.	Programos sandara	3
3.	Personalas	3
4.	Materialieji išteklių	3
5.	Studijų eiga ir jos vertinimas	2
6.	Programos vadyba	2
	Iš viso:	<b>16</b>

\* 1 – Nepatenkinamai (yra esminių trūkumų, kuriuos būtina pašalinti)

2 – Patenkinamai (tenkina minimalius reikalavimus, reikia tobulinti)

3 – Gerai (sistemiškai plėtojama sritis, turi savitų bruožų)

4 – Labai gerai (sritis yra išskirtinė)

&lt;...&gt;

**IV. SANTRAUKA**

Nenuosekliai vartojami terminai *fizinė terapija*, *fizioterapija* ir *kineziterapija*, jų aptinkama visuose pateiktuose dokumentuose. Rekomenduojamas Europoje vartojamas terminas yra *kineziterapija*, todėl ir EG rekomenduoja visuose dokumentuose vartoti būtent jį.

Tikslai ir studijų rezultatai atspindi studijų dalykus, yra aiškūs ir lengvai surandami. Apskritai mokymosi rezultatai pagal Europos kvalifikacijų sąrangą priskiriami aukštam 6 lygiui, tačiau kai kurių dalykų rezultatų lygis, sąsajos tarp studijų rezultatų, studentų veiklos ir vertinimo tiksliai neatspindi. EG rekomenduoja persvarstyti visų dalykų studijų rezultatus ir juos patikslinti taip, kad atspindėtų programos rezultatus.

Programos studijų turinys atitinka Lietuvos Respublikos teisės aktuose ir reglamentuose numatytus teisinius reikalavimus.

Programos komitetas nuolat peržiūri studijų programą, nustato jos silpnybes, atsižvelgdamas į dabartinę mokslo pažangą, socialinių dalininkų ir darbdavių pasiūlymus, reguliariai iš naujo įvertina studijų rezultatus. Studentų dalyvavimas komiteto veikloje galėtų būti skaidresnis ir labiau matomas.

Kaip pagrindinis programos pokytis ir didžiausias iššūkis, tenkantis Kineziterapijos komitetui bei dėstytojams, nurodomas didėjantis priimamų studentų skaičius. Priežastis, dėl kurios nuspręsta didinti į Kineziterapiją priimamų studentų skaičių, ypač turint omenyje mažai patalpų ir ribotus išteklius, neaiški. Nei iš dokumentacijos, nei iš susitikimų taip ir nesužinota, kodėl reikia daugiau kineziterapijos studentų. Atsižvelgdama į kineziterapeutų įdarbinimo padėtį Lietuvoje, EG rekomenduoja persvarstyti į šias studijas priimamų studentų skaičių.

Programos studijų dalykai išdėstyti tolygiai. Dalykai ir temos nesidubliuoja; siekiant to išvengti, nustatyti aiškūs apsauginiai mechanizmai.

Neatsiejama sprendimų priėmimo grupės dalimi yra tapę patys įvairiausi privatūs interesai – dėl to gali kilti interesų konfliktas, ypač kai daroma įtaka studijų turiniui. Vadovaujantis priimtais tarptautiniais standartais, tokie atvejai, kai į studijų modulio aprašą įtraukiamas konkrečiam produktui pritaikytas dalyko planas, nelaikytinas įrodymais pagrįsta ar etiška praktika.

Tarptautinės programos ir kursai dėstytojams ir studentams duoda naudos, tačiau jie pabrėžia, kad trūksta vietų dalyvauti *Erasmus* mainų programoje. Todėl EG rekomenduoja didinti programos tarptautiškumą.

Studentams ir dėstytojams vietoje vien kiekybinių tyrimų metodų reikėtų taikyti daugiau kokybinių tyrimų metodų. Reikėtų skatinti studentų dalyvavimą mokslinių tyrimų projektuose, vykdomuose šalies ir tarptautiniu lygiu.

Atrodo, kad studentai nepakankamai dalyvauja programos vadybos ir studijų programos komiteto veikloje. Pagrindinis veiksnys, leidžiantis užtikrinti puikią programos kokybę, yra komunikacija, todėl primygtinai rekomenduojama, kad programos komitetas kartu su Slaugos fakulteto taryba persvarstytų komunikacijos su dėstytojais ir studentais strategiją.

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### **III. REKOMENDACIJOS**

1. Ekspertų grupė (EG) rekomenduoja suvienodinti terminus ir visuose dokumentuose vartoti terminą „kineziterapija“.
2. EG rekomenduoja persvarstyti visų dalykų studijų rezultatus ir patikslinti taip, kad jie atspindėtų studijų programos rezultatus. Kai kurių dalykų suderinamumas su vertinimais ir siektiniais studijų rezultatais galėtų būti apibrėžtas geriau.
3. EG rekomenduoja persvarstyti į šią studijų programą priimamų studentų skaičių.
4. EG primygtinai rekomenduoja persvarstyti partnerystės sutartis su privačiomis įmonėmis, siekiant išvengti interesų konflikto. Studijų dalykų turinį privaloma grįsti specialistų sprendimais, įrodymais pagrįsta praktika ir esamos praktikos reikalavimais, o ne taikant

prie konkrečios įrangos. Primygtinai rekomenduojama studijų dokumentuose vengti nuorodų į konkretų prekės ženklą – siekiant išsaugoti programos patikimumą, vartotini tik bendriniai aprašai.

5. EG rekomenduoja didinti programos tarptautiškumą. Taip pat rekomenduotina plėsti kineziterapijos srities partnerių sąrašą, nes šiuo metu galimybę dalyvauti mainų programose turi nebent bendrųjų dalykų dėstytojai.
6. EG rekomenduoja išanalizuoti padėtį, susidariusią dėl susikertančių naudojimosi infrastruktūra ir studijų išteklių poreikių – jų vienu metu reikia ir medicinos, ir kineziterapijos studentams.
7. EG rekomenduoja anglų kalba rašomą „Summary“ (liet. santrauka) pervadinti į „Abstract“ (liet. mokslinio darbo santrauka), kad būtų aišku, jog tai – mokslinis dokumentas, o ne skyriaus santrauka.
8. EG rekomenduoja apsvarstyti studentų pastabas dėl studijų proceso, susijusias su tvarkaraščiais, „antrosios klasės“ jausmu, praktinių užduočių didinimu, kokybinių mokslinių tyrimų metodų naudojimu, į studentą orientuotu požiūriu ir kitais studijų proceso srities analizėje minimais klausimais.
9. EG rekomenduoja pagerinti studentų dalyvavimą programos vadyboje; skaidriau vykdyti studentų atstovų atrankos procesą ir užtikrinti, kad grįžtamojo ryšio ciklas užsibaigtų sprendimų priėmimu.
10. EG primygtinai rekomenduoja Kineziterapijos programos komitetui kartu su Slaugos fakulteto taryba iš naujo įvertinti komunikacijos su dėstytojais, studentais ir socialiniais partneriais strategiją, nes būtent komunikacija yra pagrindinis veiksnys, leidžiantis siekti puikios programos vadybos.

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Paslaugos teikėjas patvirtina, jog yra susipažinęs su Lietuvos Respublikos baudžiamojo kodekso 235 straipsnio, numatančio atsakomybę už melagingą ar žinomai neteisingai atliktą vertimą, reikalavimais.

Vertėjos rekvizitai (vardas, pavardė, parašas)