

expero 4 care

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SUMMARY

1 – PAPER

1 – INTRODUCTION

- 1.1 – Theoretical background
- 1.2 – Expero4care model
- 1.3 – Implementation of the Expero4care model
- 1.4 – Limitations and further development

2 – CASE STUDY GUIDE

1 – FIRST STEP

- 1.1 – Define the Training Evaluation Board (TEB)

2 – SECOND STEP

- 2.1 – The leadership chooses the training courses to monitor

3 – THIRD STEP

- 3.1 – Weighting indicators
- 3.2 – Stakeholders weighting
- 3.3 – Stakeholders sample
- 3.4 – Data to consider for each stakeholders category
- 3.5 – Should
- 3.6 – Training Culture survey by leadership
- 3.7 – Definition of the training aims
- 3.8 – Competencies deployment
- 3.9 – Sharing the deployment of competencies among decision maker, teachers and learners
- 3.10 – Data collection by interviews
- 3.11 – System outcomes
- 3.12 – Is
- 3.13 – QC questionnaire
- 3.14 – Satisfaction with Results
- 3.15 – Training Process
- 3.16 – Stakeholders are asked to declare their perception after the training
- 3.17 – System outcomes
- 3.18 – Training Culture questionnaire
- 3.19 – Evaluation phase
- 3.20 – QR evaluation
- 3.21 – QC evaluation
- 3.22 – SR evaluation
- 3.23 – TC evaluation
- 3.24 – Model final evaluation

3 – STANDARD

1 – OBJECTIVES AND SCOPE

2 – GLOSSARY

- 2.1 – Specific standard glossary

3 – PRESENTATION

- 3.1 – Introduction to Expero4care
- 3.2 – Motivations towards a quality strategy
- 3.3 – The Expero4care and Expero4care MDBS models
- 3.4 – Certification aims

4 – QUALITY CHARACTERISTICS IN HEALTHCARE TRAINING

- 4.1 – Summary of Expero4care quality characteristics
- 4.2 – Details of each certified characteristic and means of implementation

5 – DOCUMENT MANAGEMENT SYSTEM

- 5.1 – Document management system
- 5.2 – Archive

6 – INTERNAL CONTROL PLAN

4 – REFERENCES

- Chapter 1: Paper
- Chapter 3: Standard (presentation)

5 – DISCLAIMER

PAPER

[Back to summary](#) ↩

EVALUATING THE QUALITY OF THE LEARNING OUTCOME IN THE HEALTHCARE SECTOR: THE EXPERO4CARE MODEL

PURPOSE

Considering the growing need for a training evaluation model that does not simply fix processes, the Expero4care model represents the first attempt of a Quality Model dedicated to the learning outcomes of healthcare trainings.

DESIGN AND METHODOLOGY

Created as development of the Expero model (Cervai et al., 2013), the Expero4care model has been tailored for workplace learning in the healthcare sector and tested in six organizations across Europe. The model has been validated through the review of an international team of experts and its approval as QualiCert standard.

PRACTICAL IMPLICATIONS

Expero4care allows the evaluation of the quality of learning outcomes focusing on competences, impact in the workplace, transferability, participation and credits. The evaluation process involves different categories of stakeholders (learners, trainers, colleagues, managers, internal or external bodies that can benefit the training's results, i.e. final users of the service, such as patients and citizens) and it is based on a systematic data collection and comparison among expectations and perceptions. The implementation of the Expero4care model gives the opportunity to start a continuous improvement process of the trainings in the healthcare service.

SOCIAL IMPLICATION

Expero4care is the first model created specifically for organizations providing training in the healthcare sector. The implementation of the Expero4care model – adaptable to different kind of organizations and trainings – means that it is possible to highlight the value of the training considering its impact on the workplace and on the citizens.

LIMITATION

Expero4care has been tested in both university courses and organizational trainings dedicated to professionals in the healthcare sector. The initial sample is not wide enough to cover all the countries and the types of trainings so a larger implementation is needed to validate its appropriateness.

ORIGINALITY / VALUE OF PAPER

Since the most commonly used tools to assess the quality of trainings consists of questionnaires submitted to participants at the end of the training, and considering that quality models have not been utilized to analyse learning outcomes in healthcare, Expero4care represents the first quality model dedicated to training in healthcare service.

INTRODUCTION

The professional development of healthcare employees is primarily based on formal training. In many countries doctors, nurses, social workers and healthcare technicians are required to acquire specific credits throughout their career. Although the regulation of Continuing Medical Education (CME)¹ varies around the world, with vast differences in regulatory qualifications between the US and Europe as well as other countries, such as those in Asia and the Middle East, it is widely considered the most successful strategy to guarantee, facilitate and support the professional development of healthcare employees.

One of the biggest issues, both in the literature and in practice, is how to evaluate the value of training in the workplace and, in particular, for the healthcare sector, and how to assess it in a systematic and effective way, focusing on the learning outcome.

Following the results of two European projects that aimed to create a quality model for assessing the quality of learning outcomes in vocational trainings and schools (Cervai et al., 2013), a new model called Expero4care is presented in its description, testing phase and results.

1.1 – THEORETICAL BACKGROUND

With the aim of creating a quality model dedicated to assess the learning outcome in the healthcare sector, four main areas of literature have been explored: adult learning, quality models, healthcare education and organizational culture.

The features that an evaluation training model should have in order to be applicable and effective, have been summarized by Griffin (2012). After an extensive revision of the literature and considering the strengths and limitations of the most common models (i.e. Kirkpatrick and Holton), Griffin focused on the following features:

- to be robust and applicable;
- based on a stakeholder approach;
- a wide system of data collection and mixed method;
- resource sensitivity; and
- time horizon.

It is therefore essential to consider all the different scenarios in which the model should be applied. Organizations themselves provide different types of trainings: long and short, with frontal lessons or ‘on the job’, conferences, theoretical or practical contents, online or in person, in various fields. Moreover organizations themselves assign a set of different values to training strategies (i.e., individual or team-oriented), and the focus on training can vary greatly from organization to organization, depending on, among other things, national laws, dimension and formal mission. In order to be effective the model needs to be flexible and its reliability / solidity needs to be tested in different scenarios.

The importance of a stakeholder-oriented approach has been well documented in the organizational literature and, more recently, in the Adult Education field, where it has been acquiring specific relevance, especially since learning is no longer considered ‘an end in itself’ as an individual matter, but instead refers to the whole organization with a direct or indirect impact on the service.

The stakeholder approach also exemplifies a strategy that can be engaged to disprove the myth of finding an objective measure of the learning outcome. By taking into consideration the opinion of those stakeholders who are acquainted with the learning outcome of a training, it is possible to observe the learning outcome from different points of view. In particular it is important to consider the stakeholders’ perspectives, bearing in mind the information they possess and their interest in contributing to the assessment.

Stakeholders’ perceptions constitute a valuable data set to analyze the quality of the learning outcome where a planned strategy of data collection, both qualitative and quantitative, is recommended to obtain high-quality data, stimulating a mix-method approach (Cortini, 2014).

1 — i.e., *Kontinuierliche Berufliche Entwicklung – KBE* in German, *Formation médicale continue – FMC* in French, *Educazione Continua in Medicina – ECM* in Italian.

In order to be implemented, a quality model needs to be sustainable. It is necessary to consider that, although the implementation of a model needs dedicated resources, it should not cost more than the process itself. The sustainability of the model is also related to the appreciation with the results it generates, considering that it should be able to show an output not previously known and which is useful for the organization.

Finally, a good evaluation model should aim for a medium to long time horizon. Learning is not a short-term process and, even when the training is brief, its results can be mainly appreciated in a medium to long period of time.

In the wider literature about training / learning evaluation, scholars have proposed as a 'model' both 'micro models' and 'systemic models'. The first are dedicated to describing the variables that can influence the learning process, i.e. the motivation to learn (Noe, 1986), learning and retention (Baldwin & Ford, 1988) and obstacles to learning (Holton, 2000); while the second aims to describe the whole learning process in a systematic way: the CIRO (context, input, reaction, output) by Warr et al. (1970), the four Krikpatrick's levels, (1976) and the CIPP (context, input, process, product, by Stufflebeam, 1983), until the flawed four-level evaluation model (Holton, 1996) that connects learning, individual performance and organizational performance.

In this paper a different approach is proposed, based on Total Quality Management (TQM), in which the model is considered a map able to analyze criteria in a systematic way, in order to highlight strengths and weaknesses that can be used to improve the process. Indeed, Quality Models are devoted to presenting the evaluation as a process dedicated to the continuous improvement.

Among the most well-known Quality Models (EFQM, CAF) and ISO 9001:2008 requirements, the training activity can be considered one of the HRM processes dedicated to the professional development of employees. Consequently, in implementing TQM, the organization is required to indicate how it ought to monitor and improve the 'training process' and, as a result, most organizations have started to use post-training surveys to analyze levels of satisfaction with, among other things, trainers, setting, materials and timetables, in order to collect information to improve further training. A significant limitation of this strategy is that the training is evaluated on the basis of the process itself, not on its results.

In the healthcare sector there is a convention of considering the training process a fundamental factor required to guarantee the professional development of employees with a direct impact on the service. In many countries healthcare employees are included in educational programs (i.e., Continuing Medical Education) that fosters the needs of professionals to be constantly updated in their job / profession. Consequentially, comprehensive literature about medical / nurses competences and healthcare professional development provides direct insight into how training has been studied in different healthcare professions. Among these studies, Calhoun et al. (2002) reviewed several taxonomies to classify and assess competences in the healthcare sector, citing the KSAV (knowledge, skills, attitudes and values) model as particularly suitable for healthcare management education. In line with the traditional classification (KSA, KSC), the extension to values has been proposed by Gagne (1977), Stephenson and Weil (1992) and Barnett (1994), and has again been offered in the Expero4care model as a suitable classification for the deployment of competencies inside the set of indicators recommended for the evaluation.

Finally, since the model is dedicated to the training of employees in healthcare organizations, the influence of the organizational dynamics cannot be neglected. For this reason organizational culture and climate have been identified as key dimensions impacting organizational learning. In particular, beginning with the research of Marsick and Watkins (2003), the authors highlight the importance of organizational, team and individual learning as dimensions to consider in order to analyze the learning outcome of a training. Training climate has been defined (i.e. Tews & Tracey, 2008) as a short time variable, instrumental in preparing individuals for formal development activities and in achieving desired learning objectives, constituted by work-related factors that may influence training success and failure and the effectiveness of formal and informal training activities. Organizational culture is, instead, a long-term dimension, quite stable and not easy to modify (i.e. Schein, 1984). Commonly, in the wider literature about organizational culture, training is often cited as a factor that might influence culture (Ashkanasy et al., 2000); however, at the same time, similar attention has not been paid to how organizational culture impacts training effectiveness (i.e. Benevene & Cortini, 2010). Trying to find this missing link, the Expero4care model is based on a Training Culture dimension, surveyed through a questionnaire dedicated to monitor meaning and values related to training in the organization.

1.2 — EXPERO4CARE MODEL

The Expero4care model represents the further development of previous research (Pecar et al., 2000) that has contributed to create the first version of the Expero model. Addressed to vocational trainings and recognized as a QualiCert standard, Expero model consists of a set of guidelines and tools designed to assess the learning outcomes in schools and vocational education centers.

The Expero4care model is a tailored version of Expero which is dedicated to training programs for employees of healthcare organizations. This means that the focus is on adult learners employed in organizations (i.e. hospitals) where

the mission is not the education itself and where training is an internal process, mainly devoted to the continuous professional development of healthcare employees.

Following Griffin's suggestions, the model is based on a multi-stakeholder approach, developing a systematic data collection among the main stakeholders of the training and promoting a long-term horizon. As with any Quality Model, it aims to identify strengths and weak points to develop an effective continuous improvement process, where the process to improve is the 'training process', and the dimensions under evaluation refer to learning outcomes.

The multi-stakeholder approach provides an overall picture of the forces that may impact the learning results and on the learners' workplace (Guerci & Vinante, 2011). Following service quality indications (i.e. Cronin & Taylor, 1992, Abdullah, 2006), the quality level derives from the comparison between expectations and perceptions. This means that data is collected in two different timeframes, before and after the training, while also considering a long time horizon. The learning outcome is assessed through the following criteria, or dimensions:

- Training Culture;
- Quality of Competences;
- Quality of Results;
- Satisfaction with Results; and
- Training Processes.

Each dimension refers to different stakeholders in order to collect data from those who have information. Data is collected using a mixed method approach, including both qualitative and quantitative data. The stakeholders have been classified into five categories:

- **Leadership**: represented by the manager of the organization, and in the Expero4care implementation is the one who decides which strategic trainings to monitor;
- **Decision Maker**: is the one who requires the strategic training; usually the one who identifies the need of specific competencies and asks for the realization of a specific training;
- **Internal Stakeholders**: are the ones who are directly involved in the realization of the training (i.e., teachers, tutors, administrative staff of the training office);
- **Learners**: are those who participate in the training. They are considered in a specific category because they are simultaneously actors and beneficiaries of the learning outcome; and
- **External Stakeholders**: those who benefit from the learning outcome although they are not directly involved in the training, and are divided into:
 - **Workplace**: people belonging to the structure where learners work (supervisors, managers, colleagues and employees);
 - **Professional Network**: professional advisers, healthcare associations and services or people with whom the learner is related during his / her work activity; and
 - **System**: healthcare system and citizenship and monitoring of significant data in which the training should impact.

The graphical representation (Figure 1) shows the whole model and consists of two areas (Should and Is) and five rows, one for each stakeholders' category. The boxes represent the five dimensions in their articulation among time to survey (Should and Is) and stakeholders.

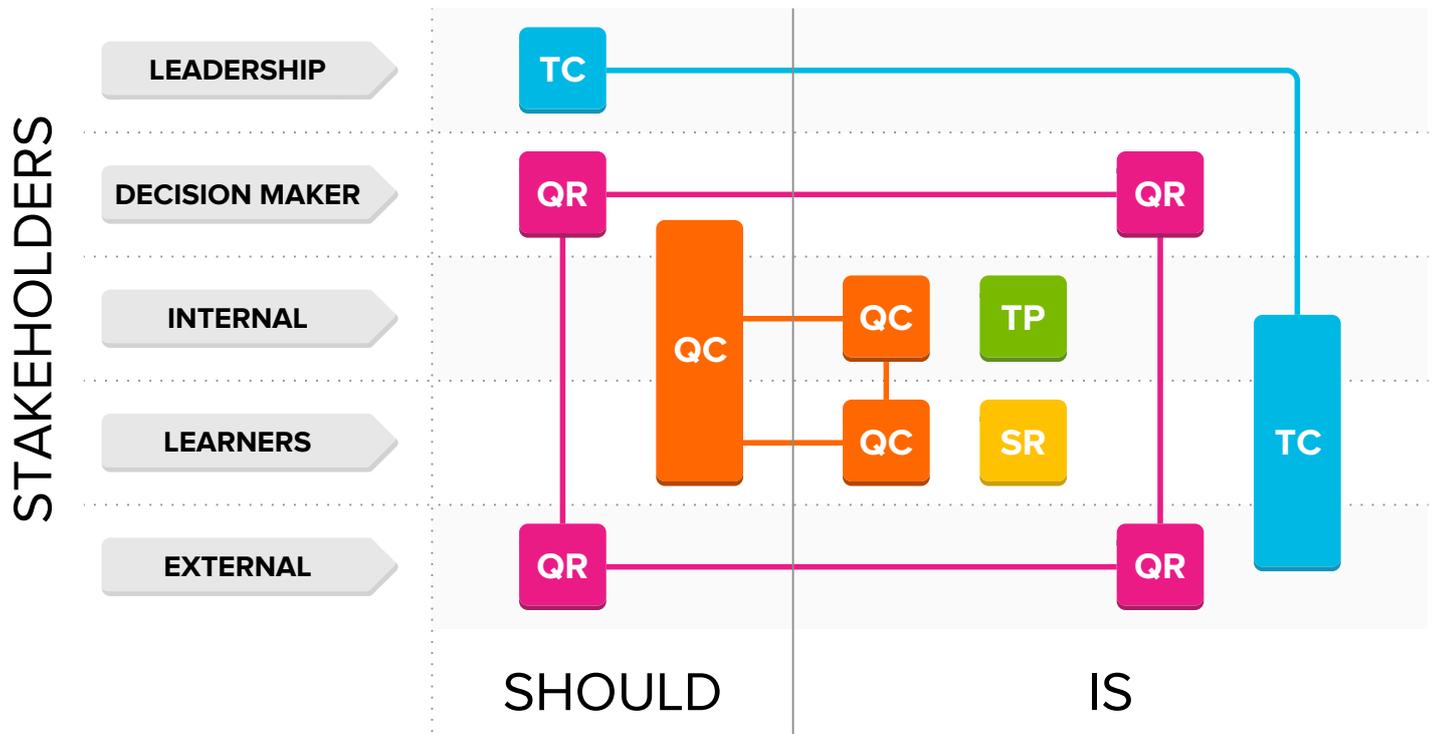


Figure 1: Graphical representation of Expero4care model.

The two areas (Should and Is) indicate the different timeframes in which data need to be gathered: before and after the training. In the Is area, two dimensions (QC and SR) are surveyed directly at the end of the training, while Quality of Results (QR) are surveyed after three to six months in order to appreciate possible changes in the workplace.

The Expero4care model aims to evaluate the learning outcome, which has been deployed in six indicators:

- a – **Competencies:** identified using the KSAV model, deployed for each training aim:
 - **Knowledge:** theoretical knowledge acquirable through the training;
 - **Skills:** abilities obtainable through the training;
 - **Attitudes and behaviours** expected in the learner performance; and
 - **Values:** new or reinforced meanings to apply on the job.
- b – **Transferability at Workplace:** it consists in the possibility to transfer to the colleagues what was learned during the training.
- c – **Applicability at Workplace:** possibility to practice what was learned on the job.
- d – **Impact:** effects of the training on the organizational outcomes (i.e. improvement of the quality of the service and decreasing of the costs).
- e – **Participation:** in terms of the number of participants and the level of attention of the learners.
- f – **Credits:** appropriateness of the number of credits assigned. It refers to the credit system, actually used in a lot of countries (including the US and those in the EU) as a formal acknowledgement / numerical indicators of the attended training. It could be specific for the medical profession or related to university system.

Each dimension refers to a set of tools (semi-structured interviews, questionnaires, indicators / outcomes) created and tested to collect data from each stakeholder, to survey the above mentioned indicators.

1.3 – IMPLEMENTATION OF THE EXPERO4CARE MODEL

The core of the Expero4care model implementation is the Training Evaluation Board (TEB): a team of people – experts in training – who manage the whole evaluation process and the data collection of the monitored trainings. The main tasks of the TEB are: supervising the application of the model, rating the gaps between expectations and perceptions, proposing improvement and corrective actions to the identified gaps.

The first dimension is Training Culture (TC) and can be defined as the meanings and values attributed to the training activities in a specific organization. It refers to the formal learning in an organization and focuses on stable and durable features related to the training. Data is collected through a questionnaire, pre-tested in six organizations, constituted by 26 items divided into three dimensions (individual, team and organizational levels) and some additional questions to classify employees.

The leadership contributes to the process of defining the vision of the organization about training and learning, by selecting in the TC questionnaire the items useful for describing the Training Culture. This data will be compared with the data collected from the employees of the organization.

Through the Training Culture dimension it is possible to explore meanings and values attributed to the training in an organization adopting an organizational cultural perspective. It allows comparisons between the leaderships' and the employees' points of view in order to define an organizational profile in terms of values and meanings attributed to the training. During the evaluation process of this dimension, the TEB needs to focus on the possible gaps in: a) significant distances between the leaders' and employees' profiles; and b) the limited homogeneity of the employees' sample. In the first case, when the values declared by leaders are significantly different from the values expressed by employees, quality can be improved by identifying effective strategies to converge. In the second case, data shows that there is not a strong enough culture regarding training, and its meaning and values are very broad. A strategy that enables sharing a common intention for various trainings while considering the profile of individual leaders can also contribute to reinforcing the organizational culture and avoiding misunderstandings in the training policies.

In implementing the model, a preliminary step consists of identifying the strategic trainings to monitor. However, the model has not been created for a wider and potentially generic evaluation; rather it has been designed to facilitate an in-depth analysis of the core trainings so that just the strategic training within an organization will need in-depth monitoring.

The strategic value of a training is assigned by the leadership (such as the CEO, manager or the president) who ideally should know the appropriate professional development strategies of the personnel.

Once the leadership indicates the trainings that need to be monitored, the evaluation process can take place according to the following the stages initially consisting of activities that must be managed before training commences (Should phase):

- Weighing stakeholders and indicators;
- Defining stakeholder's sample;
- Collecting data about external stakeholders' expectations (QR); and
- Sharing the training aims and the deployment of competences (QC).

Since the model can be tailored to different organizations and trainings, the first step consists of choosing the stakeholders' categories and indicators, weighing them and considering their importance: i.e. the higher the score, the higher the importance attributed to that stakeholder / indicator. Alternatively, when the assigned weight is zero, the indicator / category will automatically disappear from the survey.

Stakeholders involved in the training are people or bodies considered important enough by the organization to appreciate the learning outcomes and are also interested in the quality of the learning processes. External individuals / organizations are involved in order to analyse the impact of specific training on a workplace, on patients / citizenship and on the whole healthcare system. Once they have been assessed, the TEB and the decision maker identify the persons to be interviewed and the indicators of outcome to be monitored.

Quality of Results (QR) is composed of four boxes, two in the 'Should' category and two in the 'Is' category. Data is collected during two different timeframes involving the decision maker and the external stakeholders. Before the training starts, the decision maker and the selected external stakeholders are interviewed in order to understand their expectations about the learning outcomes of the specific training. The indicators required to examine the outcomes need to be monitored before the training starts. These results are compared with a second data collection which takes place three to six months after the end of the training, during which the same stakeholders are interviewed again and asked to describe their perceptions about what the learners have actually learned, and subsequently have applied and transferred in the workplace. The outcomes' indicators are also monitored again to adjust any changes with previous levels.

In evaluating data related to the QR dimension, TEB needs to focus on the possible gaps between expectations and perceptions that are signals of a low quality and a potential source of criticism in learning outcomes. When a stakeholder has higher or different expectations of the evaluated training or learning outcome, the quality level of the training will not be satisfactory for the subject. This dissatisfaction can derive from a lack in the communication process (i.e. the stakeholder was not correctly informed about what the training provides), a lack in the training process (the training was not effective), a lack in the learning process (trainees do not acquire the expected competences), or in the organizational

process (the workplace does not permit to apply what learned). Any of these gaps can be monitored through the dataset and the TEB should highlight the most critical in order to plan possible solutions.

Whereas the Quality of Result (QR) is mainly dedicated to the external stakeholders and characterized by the comparison of expectations and perceptions, the Quality of Competences (QC) is mainly oriented to learners and involves trainers' evaluations. The first step consists of the formulation of the deployment of competences of each training aims by adopting the KSAV model (Knowledge, Skills, Attitudes and Values) and needs to be shared among decision makers, learners and teachers before training starts. The sharing process can be managed in different ways and depends on the organization processes. Sometimes it is led by the decision maker and training office, other times the learners have a more active role in their definition; what is important is to make a common decision about training aims and competences that a learner is supposed to acquire and a trainer to teach, which should be coherent with the expectations of those who decided that the training has to be managed (the decision maker).

Right at the end of the training, two surveys should be conducted to allow to compare the a) learners perception of acquired competences, to the b) trainer(s) evaluation.

Trainers are asked to declare the levels gained by the class for each unit of competence and the degree of its homogeneity in the class. Through a self-evaluation questionnaire, each learner declares for each unit of competence their initial and final levels. In addition, some specific items are dedicated to the applicability on the job and the possibility of transferring to colleagues what has been learned.

The data elaboration system included in the Expero4care database provides graphs showing (Figure 2): the position of each learner before (*x-axis*) and after (*y-axis*) the training (blue points) measuring their distance from the teacher/s position (green triangle). The three red shadows show three different thresholds in terms of achievement of the specific competence (critical, intermediate and good levels). A large distance between teacher and learners perception or a wide dispersion of the points in the graphs, highlight the critical points that need to be analyzed while considering the quality of the learning outcome.

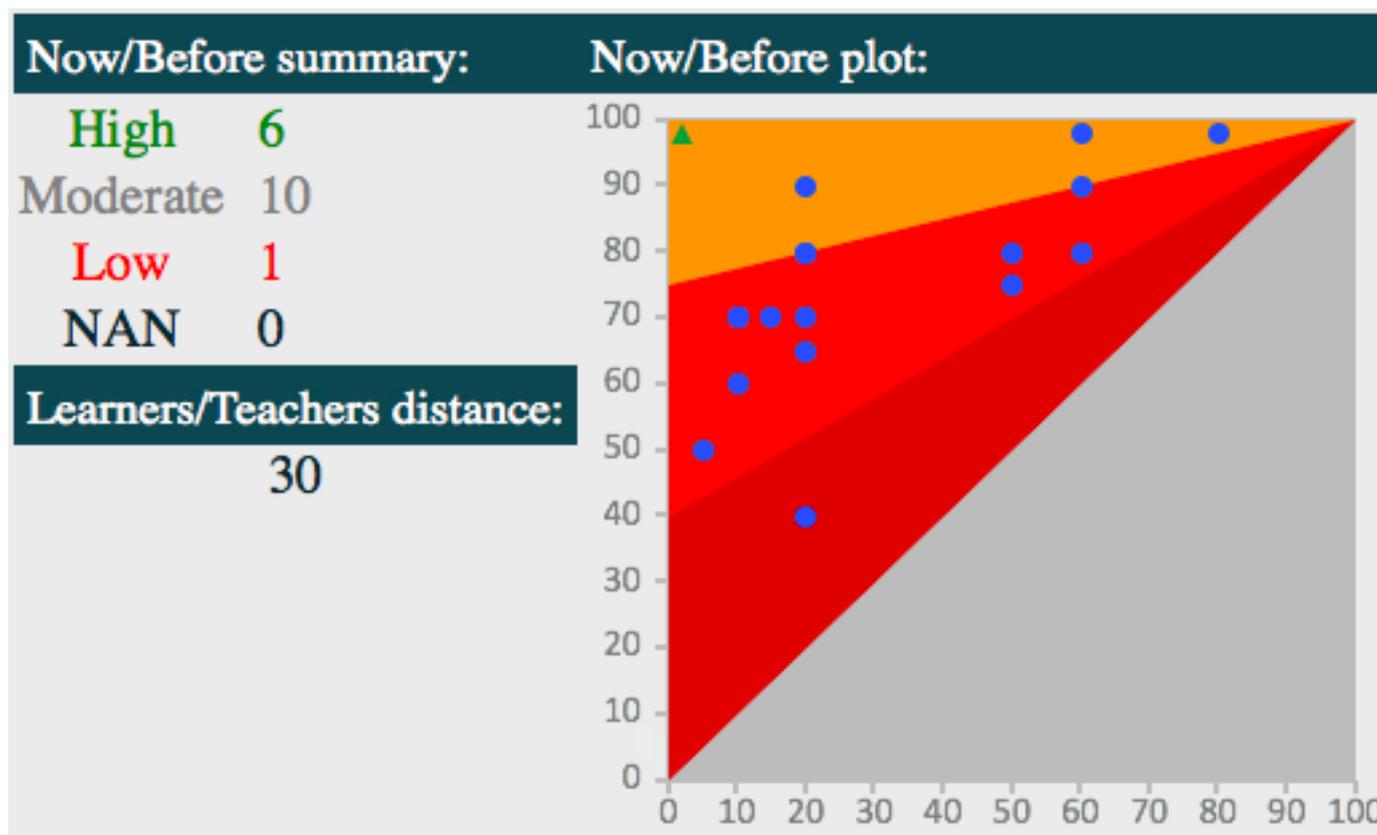


Figure 2: Graphical view of QC results, comparing self-perception by learners and trainers evaluation for a single unit of competence.

Finally, Expero4care is completed by two dimensions, generally required by Quality Models: Training Processes (TP) and Satisfaction with Results (SR).

Training processes (TP) dimension refers to the management of training activities from the administrative, organizational and teaching points of view. This dimension aims to describe the organizational processes related to the training on the basis of: need analysis (methodology, timing and results), annual planning, the training program, the management and communication of the training inside the organization and the dedicated resources (including training materials, setting and the financial plan of the training).

TP dimension is not under the TEB evaluation because the Expero4care model focuses on the evaluation of the learning outcomes, not on the training processes. In addition, a clear definition and description of these processes allows information to be systemized so that, where an improvement needs to be planned, there is a clear statement of the related processes.

The Satisfaction with Results (SR) dimension refers to the learners' satisfaction with the training. It consists in the questionnaire usually submitted by the training office at the end of each training, in which learners are invited to express their perceptions of several training issues (such as setting, teachers and timing). Because it is a consolidated process in most organizations, Expero4care guidelines do not provide a specific tool, it only includes a single item dedicated to the satisfaction level with what has been learned (on a scale of 0-100).

Despite the fact that in Adult Education literature many studies have demonstrated the tiny correlation between reaction and learning (i.e., Mathieu et al., 1992), it is a fact that most Quality Models (ISO 9000 first) consider the level of satisfaction as the main – or even the only – indicator to assess the quality of learning by the trainees. Questionnaires filled in at the end of the training remains one of the most commonly used practices to analyze the learning outcome.

In evaluating the SR dimension, the TEB is invited to summarize the results of the questionnaire while the database automatically elaborates the answers to items related to the satisfaction levels. Reflecting on this summary the TEB needs to underline any critical situations and evaluate how to improve them.

All the data collected is stored in the Expero4care database and summarized in an effective way in order to facilitate the TEB in the final evaluation. For the qualitative data (i.e. QR), the system provides an output step by step, competences by competences and stakeholder by stakeholder. To perform the QR evaluation, the TEB needs to carefully read the related interviews in order to evaluate the quality level of each dimension on a scale from 0 to 100 and summarize the situation in a specific box (TEB remarks). For the quantitative dimension (i.e. QC), the TEB analyses the graphs, attributing a score (0 to 100) to each one and collecting the main features observed in the TEB remarks box.

When all the TEB evaluations are registered in the system, they are re-processed considering the initial values attributed to each stakeholder's category and to each indicator. A final table containing the TEB remarks and scores highlights the strengths and weaknesses of the quality of the learning outcomes in the monitored training. Following the Pareto principle² the algorithm clearly illustrates the most relevant gaps on which an improvement action is requested.

1.4 – LIMITATIONS AND FURTHER DEVELOPMENT

Expero4care has been designed and developed in an effort to answer the organizational need to evaluate trainings' effectiveness. Although it is neither a return on the investment of the training, nor a tool to compare and rank different training, it permits the evaluation the quality of the learning outcome. Its strengths lay in its multi-stakeholders' approach, systemic data collection, strong orientation towards a continuous improvement strategy and on a long-term view, coherent with Griffin (2013) indications.

The model has been dedicated to trainings in healthcare sector but it could be extended to different sectors. The first testing process demonstrates its adaptability to several countries as well as different types of organizations within the healthcare sector. To continue the validation process, a comparison with different training evaluation models needs to be proposed.

Furthermore, the testing organizations acknowledged as a main added value in implementing the Expero4care model, the opportunity to discover improvement areas that would have been otherwise ignored. The recognition as QualiCert standard gives to the Expero4care model the confirmation, by a third party, of the respect of the quality criteria of a continuous improvement process (ISO 9001:2008).

Since the model has been only tested in a limited number of European organizations, a wider test phase in different national healthcare systems could help to understand its transferability and opportunities for improvement.

2 – In the various literature about TQM tools, the Pareto principle is seen as a parameter used to draw attention to the upper level (20%) of critical points to be improved using 80% of resources. It is a way to suggest that not all the problems can be immediately solved; improvement actions need resources to become effective and it is better to start with the more serious problems.

CASE STUDY GUIDE

[Back to summary](#) ↩

INTRODUCTION TO THE EXPERO4CARE MODEL'S IMPLEMENTATION

In this document you will find step by step the operational phases to implement the Expero4care model. To simplify the understanding, we use a form to fill in with the required data.

The Expero4care model is aimed to evaluate the learning outcome of the training in the healthcare sector. It consists in two phases should (before the training course) and is (after the training course), in which the training evaluation board collects data about expectations and perceptions.

The model is based on the involvement of different categories of stakeholders: leadership, decision maker, internal stakeholders, external stakeholders and learners and it permits to measure different aspects of the training: Training Culture, Quality of Results, Quality of Competencies, Training Process, Satisfaction with Results. In each category the model permits to measure the acquired competencies (KSAV), the transferability and applicability in workplace of what learnt, the organizational benefits, credits and participation. The data are collected by interviews and questionnaires and inserted in a database that permits to see, compare and measure the differences between expectations and perceptions in order to improve the quality of the training and the learning outcome.

FIRST STEP

1.1 — DEFINE THE TRAINING EVALUATION BOARD (TEB)

The training evaluation board (TEB) is the core of the Expero4care model's implementation in the local area of the applicant partners (PHT). The choice of the members is very important: they are necessary to ensure accomplishment of objectives and of the project functionality.

The TEB is a group of people that manages the evaluation process and the data collection of the trainings monitored with Expero4care model (receive Expero4care training).

Tasks

- Supervising the application of Expero4care model
- Rating the gap between expectations and perceptions
- Proposing corrective actions

Who could be appropriate members of the TEB?

- CEO
- Training office
- HRM
- Expert in training process
- Decision maker (a different person for each training)

SECOND STEP

2.1 — THE LEADERSHIP CHOOSES THE TRAINING COURSES TO MONITOR

The leadership chooses the strategic training courses to analyze through Expero4care model. The choice is important because it gives a strong signal of the importance of that training/s in the organization.

THIRD STEP

3.1 – WEIGHTING INDICATORS

The Expero4care model is based on 6 indicators, surveyed inside the dimensions QC, QR and SR.

Each indicator must be weighted by the decision maker, supported by Training Evaluation Board (TEB), to identify its importance in the course (there are 1000 points available).

The identified indicators are:

- Competencies:
 - Knowledge: new knowledge acquired
 - Skills: new abilities
 - Attitudes: new attitudes and behaviours
 - Values: different values
- Transferability in workplace
 - Possibility to transfer to the colleagues what learnt during the training: Immediacy and Transmissibility (possibility of transferring to others what I have learned)
- Applicability in workplace
 - Possibility to apply in the workplace what learnt during the training, frequency of putting it in practice, improvement on the job due to the training.
 - Immediacy (within what I can apply what I have learned)
 - Frequency (how much I can put into practice)
 - Evidence of improvement (as you can see the application of what was learned)
- Participation
 - In relation to potential users (% of participants)
 - According to the frequency (% hours of attendance)
 - Considering the level of attention of the participants
- Impact
 - Any effect of the training in the organizational outcomes (i.e. improvement of the quality of the service, decreasing of the cost...); these outcomes can be monitored through quantitative indicators or also through the perceptions of the interviewed people
- Credits
 - Any possibility to measure trainings (i.e. hours, credits, unit of knowledge)

3.2 – STAKEHOLDERS WEIGHTING

This phase consists in the weight of each stakeholders' category with 1000 total scores available. The decision maker, according with the TEB, decides the stakeholder importance.

3.3 – STAKEHOLDERS SAMPLE

Who are the stakeholders?

People or bodies involved in a problem, the stakeholder is someone who the organization believes it is important for the achievement of the training and that in turn is interested in quality of its performance.

- Leadership and decision maker
- Internal
 - Teachers
 - Tutors
 - Staff in the training office (manager of the training office, ...)
- Learners
- External

- Workplace: belonging to the structure where learners work (supervisors, managers, colleagues, employees)
- Professional network: professional advisers, services or people with whom the learner is related during its work activity
- System: monitoring significant data in which the training can impact: NHS, citizens; possibility to measure in terms of outcomes the effects of training

The decision maker and the training office define the stakeholders' sample (persons to interview and outcomes) for each training.

It is necessary that the indicators of the outcomes are:

- Reliable: the possibility of objective measurements
- Discriminant: training makes the difference
- Practicable: ease of measure

Remember that if you do not have any person to interview in a category it will be weighted 'zero' in the next step (stakeholders weight).

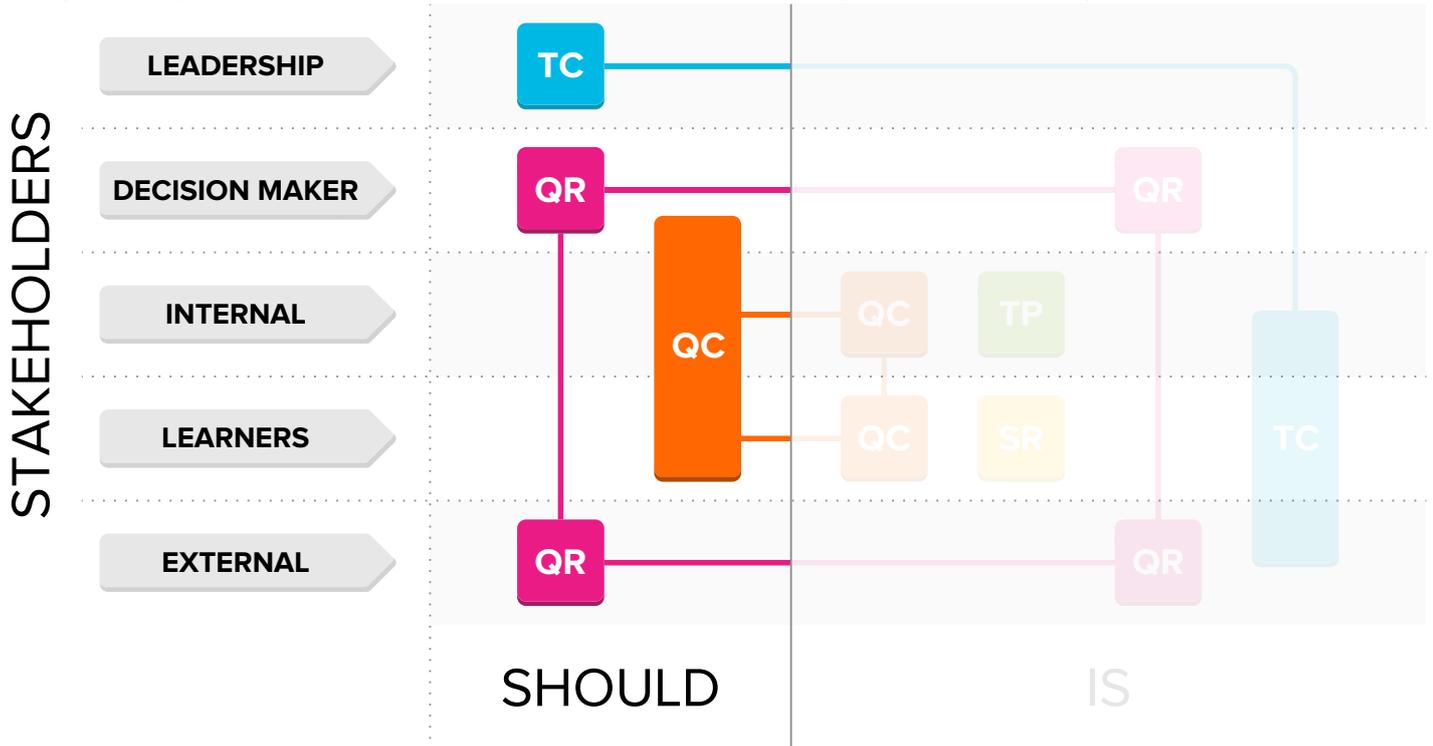
3.4 – DATA TO CONSIDER FOR EACH STAKEHOLDERS CATEGORY

	Decision maker	Internal	Learners	External – Workplace	External – Prof. network	External – System
Competencies	✓	✓	✓	✓	✓	
Participation	✓			✓		
Transferability	✓		✓	✓		
Applicability	✓		✓	✓	✓	
Impact	✓			✓	✓	✓
Credits	✓		✓	✓		
SR			✓			
TC	✓	✓	✓	✓		

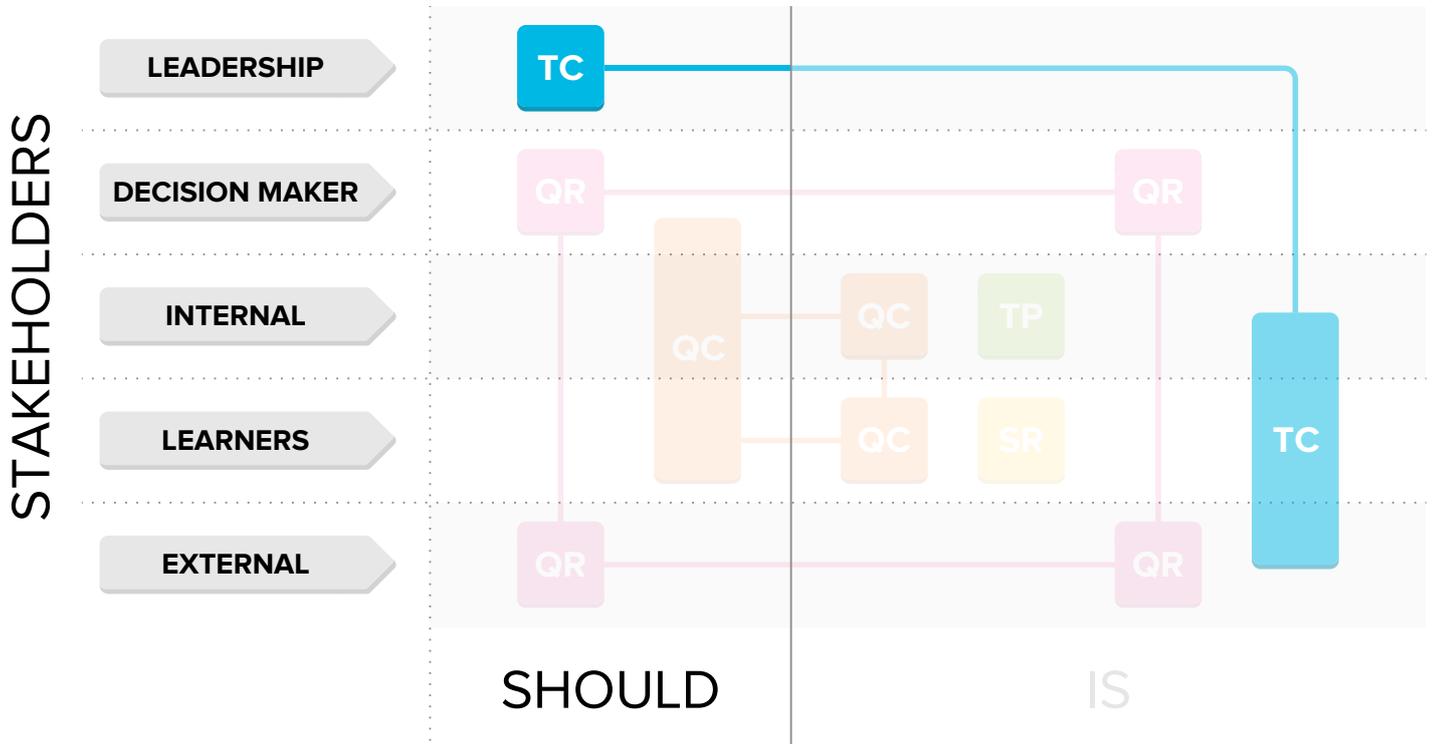
Legenda ■ QR ■ QC ■ TC ■ SR

3.5 – SHOULD

The 'should' phase takes place before the training and is based on the collection of data related to: which are the training values by the leadership (TC); the expectations about the training (QR); and the deployment of competencies (QC).



3.6 – TRAINING CULTURE SURVEY BY LEADERSHIP

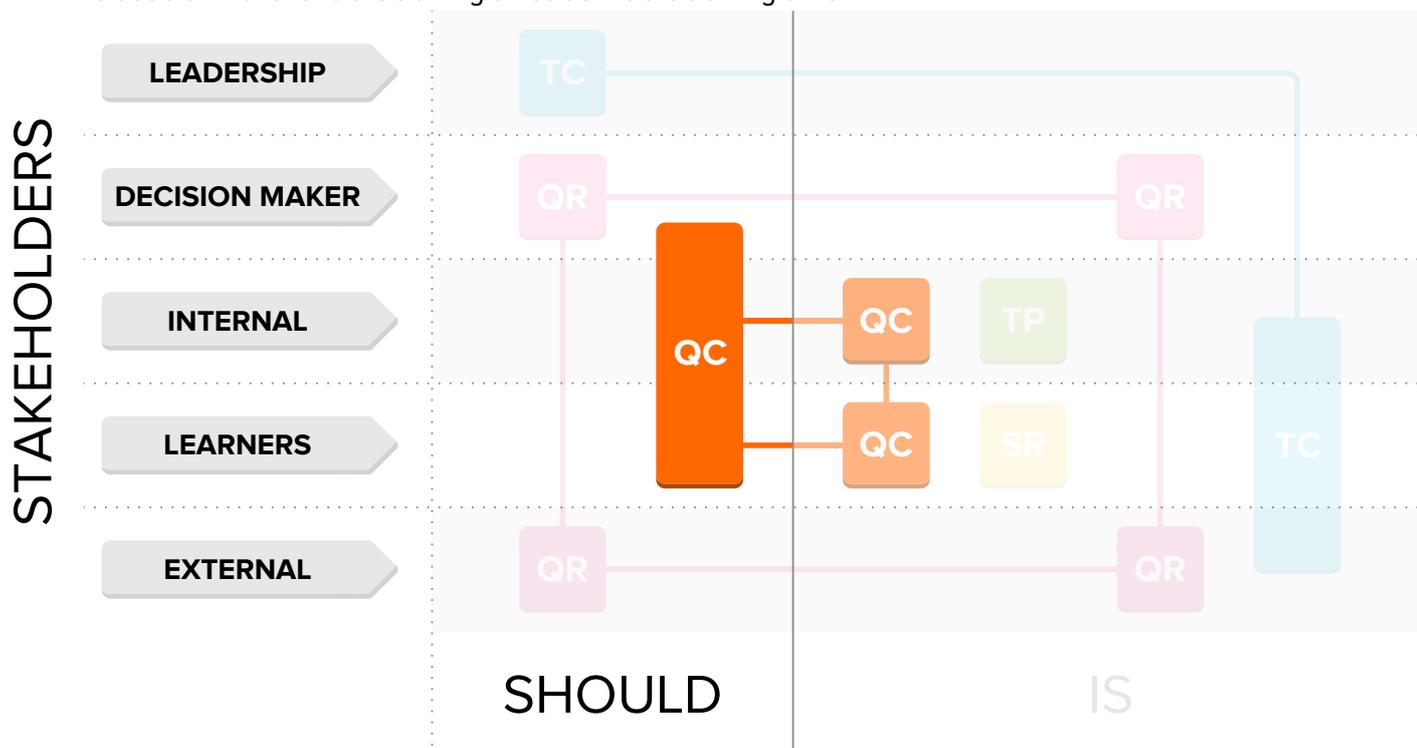


The leadership contributes to the Training Culture survey defining, in a preliminary phase, the vision of the organization about training and learning, selecting in the TC questionnaire the item useful to describe the Training Culture in the organization at individual, team and management level and using a slider (score 0-100) to evaluate their importance.

This data will be compared and will integrate the data collected in the 'is' phase by an employee sample representative of the whole organization.

3.7 – DEFINITION OF THE TRAINING AIMS

The decision maker and the training office define the training aims.



3.8 – COMPETENCIES DEPLOYMENT

The training office deploys the training aims (defined with the decision maker) in units of competencies using the KSAV model: considering knowledge, skills, attitudes and values of the training.

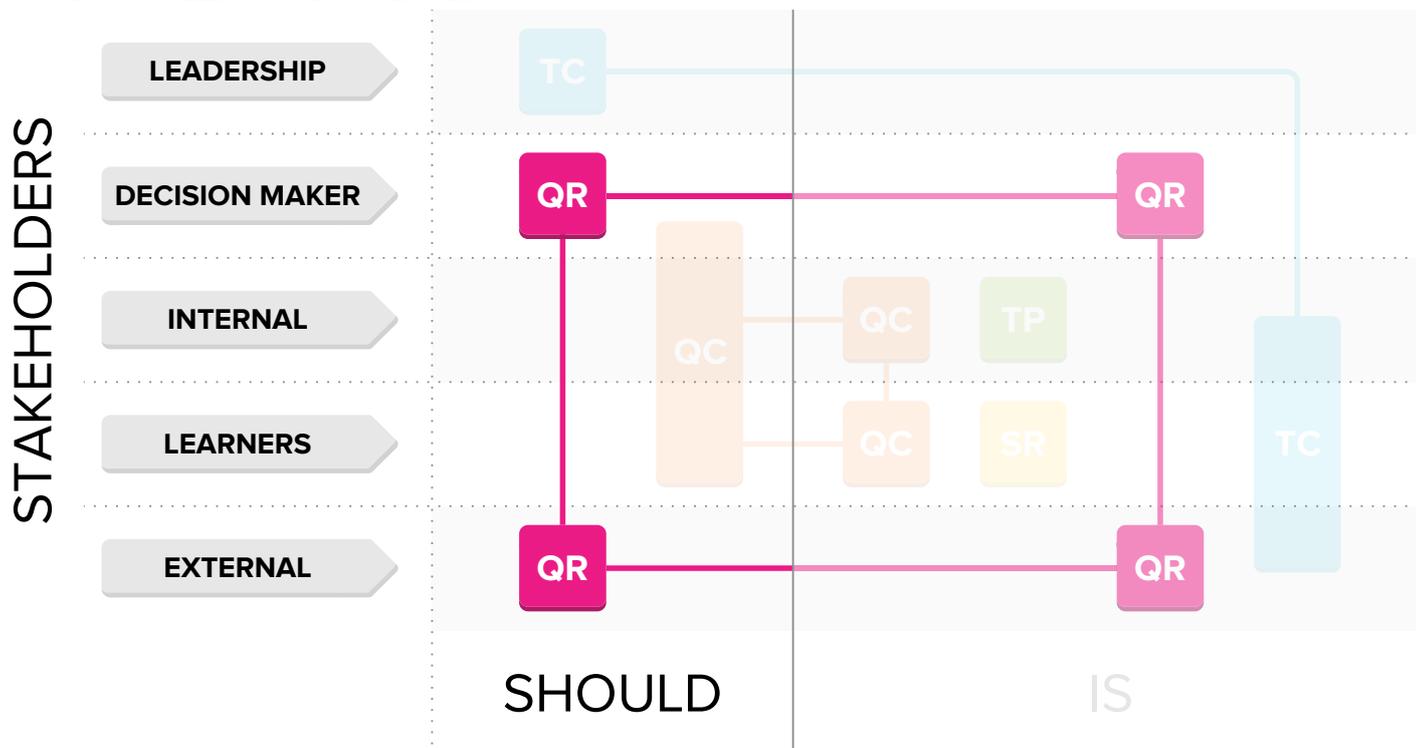
3.9 – SHARING THE DEPLOYMENT OF COMPETENCIES AMONG DECISION MAKER, TEACHERS AND LEARNERS

The training office must share the deployment of competencies with the decision maker, the trainer(s) and learners. Teachers need to be acquainted about them and learners have to be acquainted about them before the training.

- The decision maker should have a clear idea about the kind of competencies offered by the requested training
- The internals (trainers and staff) should know what they are request to teach / which kind of setting could be used
- The learners should be acquainted about the competencies they are going to learn

The deployment of competencies must be submitted to the decision maker, the trainer(s) and each learner before the training or at its beginning. Modality and data of the submission must be recorded in the Expero4care database.

3.10 – DATA COLLECTION BY INTERVIEWS



Before the training, the sample of external stakeholders are asked to declare their expectations about the training course (data are mainly collected through interview). Also, the decision maker is asked to declare his / her expectations about the training course, by interview.

In the next lines you can find a brief summary of the data to be collected (semi-structure interview guidelines). The data collected by interview must be recorded in the Expero4care database (QR_should).

COMPETENCIES

- Expectations about theoretical knowledge – What are your expectations about the learners’ acquisition of theoretical knowledge during this training?
- Expectations about skills – What are your expectations about the learners’ acquisition of skills during this training?
- Expectations about attitudes and behaviours – What are your expectations about the learners’ acquisition of attitudes and behaviours during this training?
- Expectations about values – What are your expectations about the learners’ acquisition / strengthen of values during this training?
- Learners beginning level – What is the learner’s beginning level?
- Additional annotations about competencies (for Workplace / Professional network / Decision maker)

PARTICIPATION

- Expected number of participants – How many people in your structure do you expect will participate?
- Percentage of course attended – Which percentage of the training do you expect each participant will attend?
- Additional annotations about participation (for Workplace and Decision maker)

TRANSFERABILITY

- Transferability to other colleagues – To whom is it possible to transfer the acquired competencies (considering each training aim)?
- Additional annotations (for Workplace and Decision maker)

APPLICABILITY

- Applicability in the organization – How can the competencies acquired during the training course be applied in your organization?
- Additional annotations (for Workplace / Professional network / Decision maker)

IMPACT

- Expected changes and improvement – Which changes / improvement do you expect for the organization and the patients?
- Time necessary to change / improve – How much time is necessary to see a real improvement / change?
- Additional annotations about outcomes (for Workplace / Professional network / Decision maker)

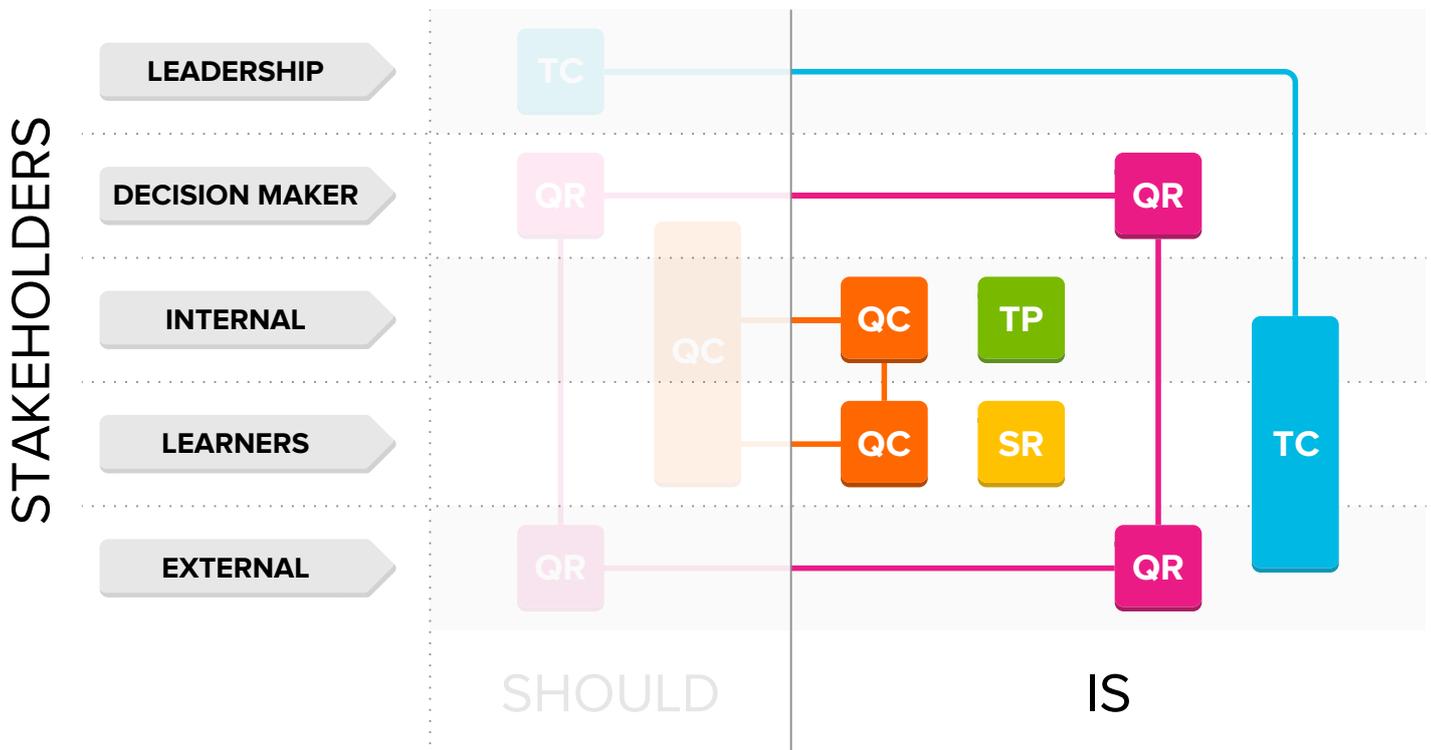
CREDITS

- Training's credits – How many credits do you estimate fair for this training?
- Additional annotations about credits (for Workplace and Decision maker)

3.11 – SYSTEM OUTCOMES

The system indicators defined in the stakeholders' mapping must be monitored both before and after the course. The TEB must indicate the starting values of the selected outcomes in the Expero4care database.

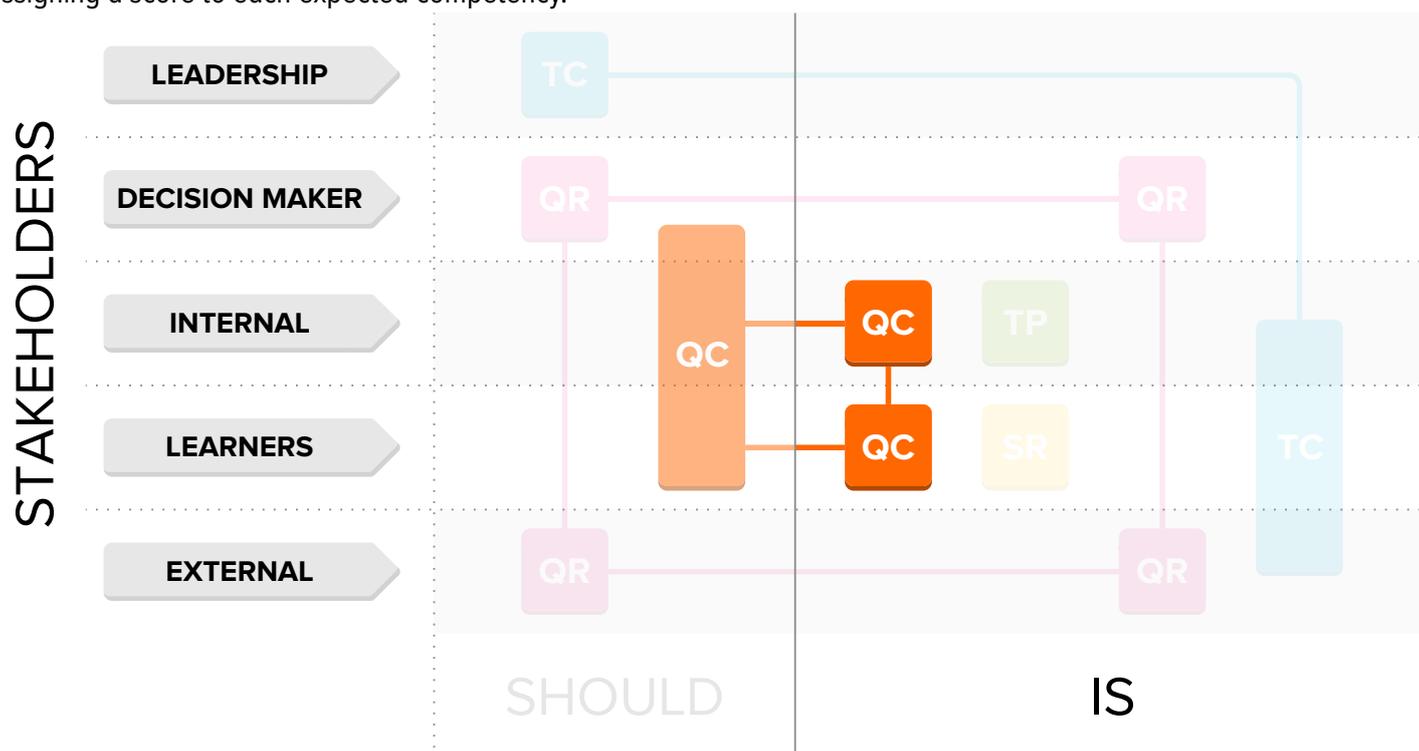
3.12 – IS



This phase takes place at the end of the training and consists in the monitoring of different dimensions (QC, QR, SR, TP, TC) in order to collect data about the perceptions of the different stakeholders.

3.13 — QC QUESTIONNAIRE

The QC Questionnaire aims to evaluate the perception about the acquired competencies by learners and teachers, assigning a score to each expected competency.



Teachers are asked to indicate, for each unit of competencies (knowledge, skill, attitude and value), the level acquired by the learners assigning a score from 0 to 100. They are asked to indicate if the assigned level is homogeneous or not in the class, also using a score 0-100.

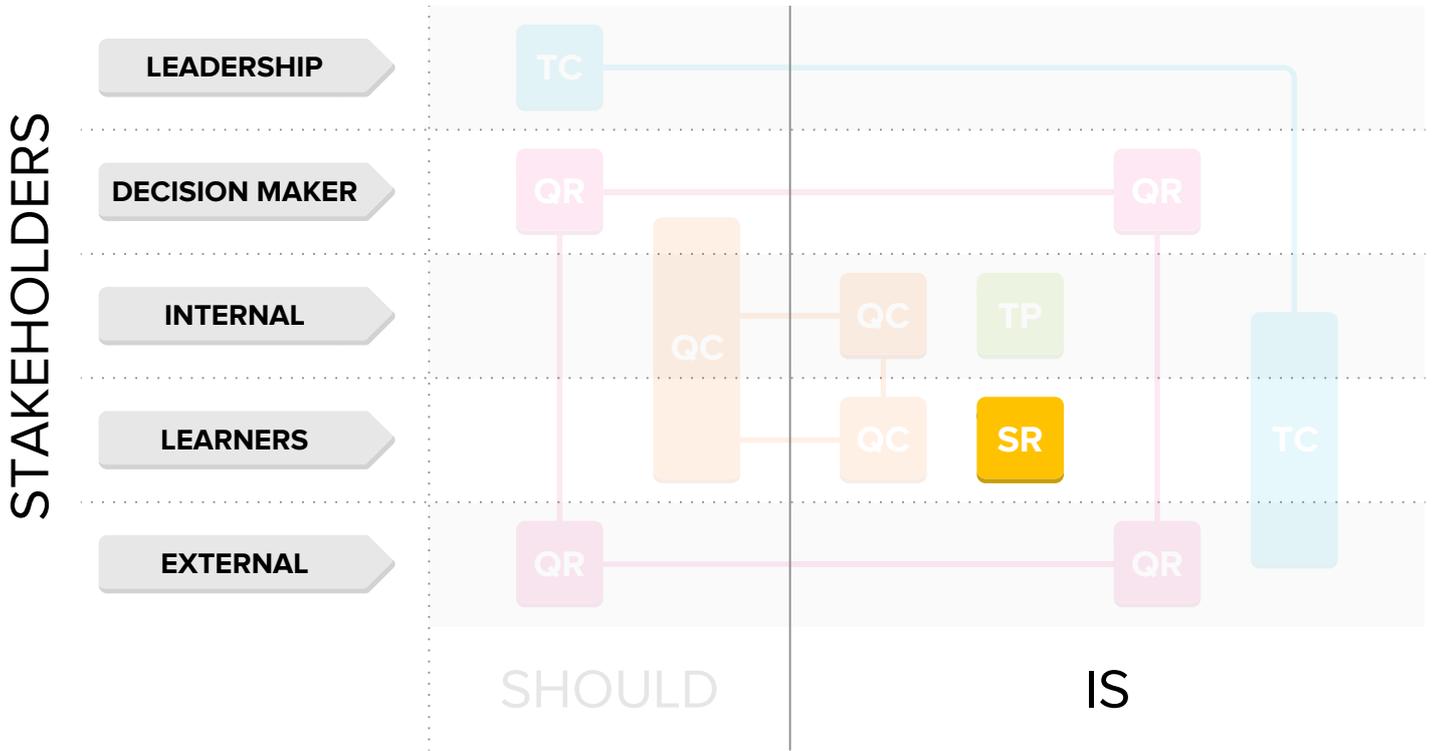
Each learner has to indicate, for each unit of competencies (knowledge, skill, attitude and value), a score from 0 to 100 representing their actual level (after the training). They are also asked to indicate the level before the training (0-100). The difference between the two scores represents the improvement due to the training.

They are asked to indicate also the level of applicability in workplace of each training aim and the possibility to transfer what learnt to the colleagues. One question refers to the appropriateness of the number of assigned credits and one question refers to other acquired competencies (no formal or informal ones).

A final item aims to verify the level of satisfaction about what has been learnt during the training assigning a score from 0 to 100. This item is included in QC questionnaire, although it is used to monitor SR indicator (see below).

The QC questionnaire is available in the Expero4care database (QC_Questionnaire) and can be filled in through a link directly online by each learner and teacher.

3.14 – SATISFACTION WITH RESULTS

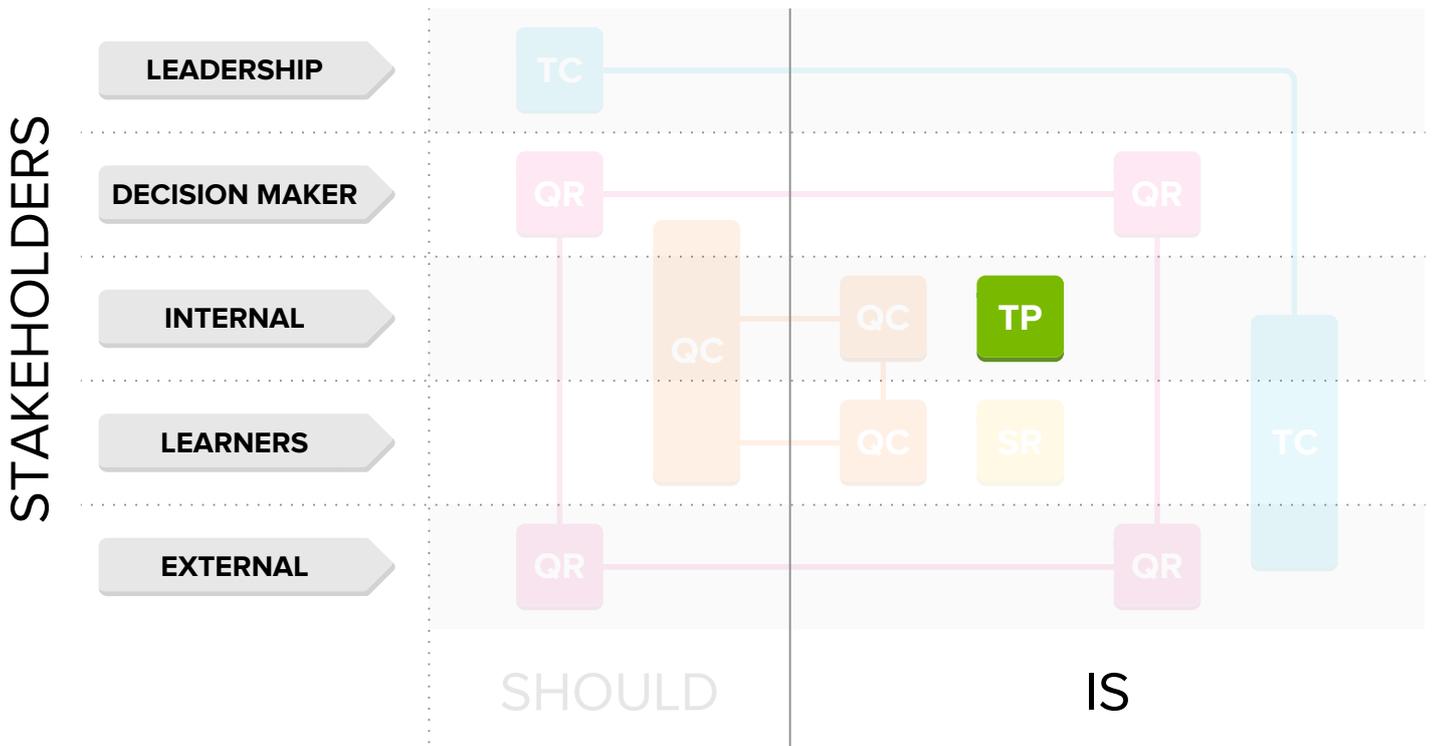


This dimension refers to the satisfaction with learners.

Most of the organizations already have a questionnaire, used at the end of each training to monitor the level of satisfaction by the learners. Applying Expero4care model, it is possible to use the data collected with this questionnaire, uploading a PDF version in the Expero4care database and filling in a summary of the results in the appropriate box.

(Take note that in QC questionnaire there is also one item related to the level of satisfaction about what learnt that formally belongs to SR indicator.)

3.15 – TRAINING PROCESS



This dimension aims to define the Training Process describing:

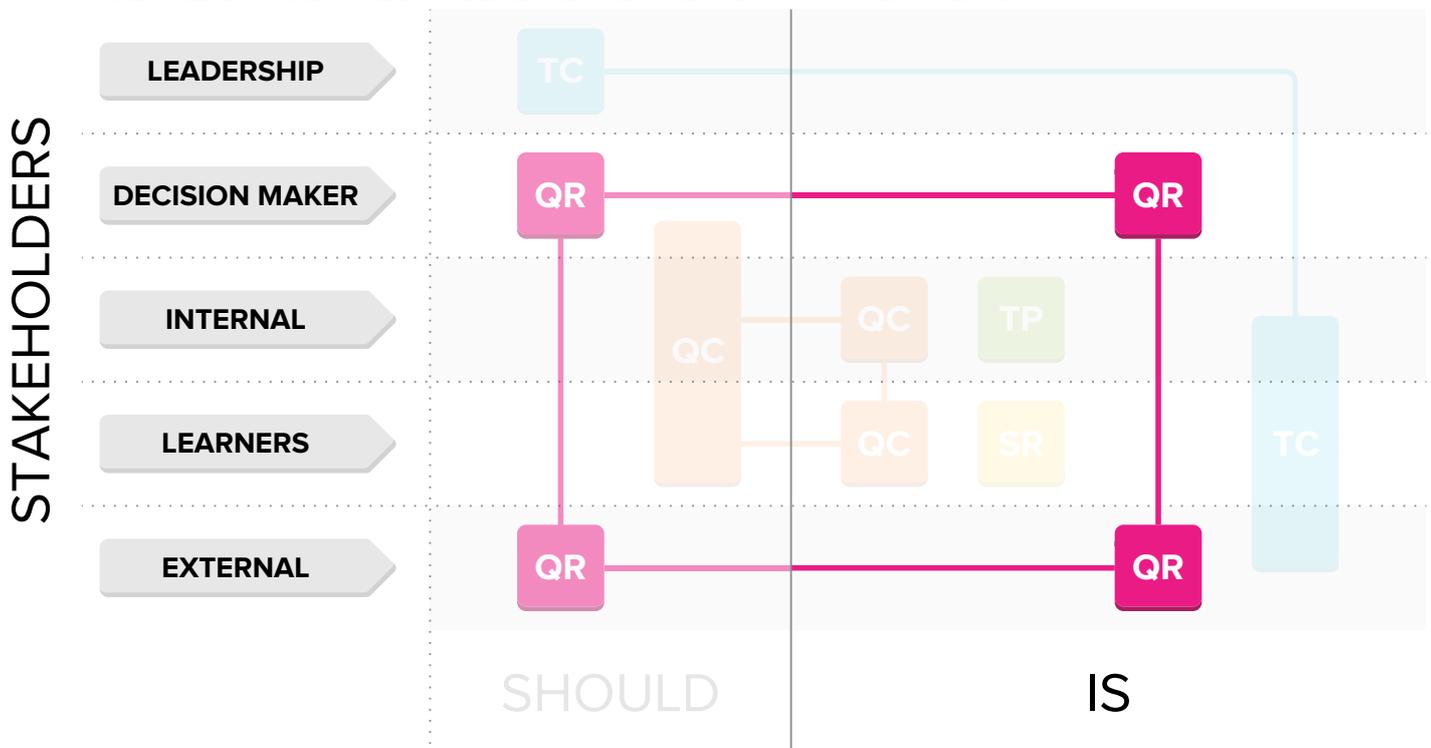
- Training need analysis: methodology, timing, results
- Training year planning: calendar of planned trainings
- Training program: objectives, competencies, contents, evaluation system and criteria of the training
- Trainers' competencies: how are the trainers chosen?, how are their competencies verified?
- Organization and Communication: how is the training managed?, how is it communicated inside the organization?
- Resources: training materials, setting, financial plan of the training

If the organization has a Quality certification about processes (ISO9001), all these materials should belong to the Training Process chapter. If not, a short summary about each item, also uploading explanatory documentation, has to be uploaded in the database.

Although it is not a compulsory activity for the certification, a focus group could be helpful to individuate how the training processes can be improved. Participants could be members of the training office, teachers and some learners (around 6 persons).

The data collected in the focus group can be inserted in the Expero4care database (TP_focus group).

3.16 – STAKEHOLDERS ARE ASKED TO DECLARE THEIR PERCEPTION AFTER THE TRAINING



The sample of external stakeholders and the decision maker – already interviewed in the should phase – needs to be interviewed 3-6 months after the training, to analyze their perceptions after the training and what changed.

It is possible to substitute persons interviewed in 'should' phase with new ones (i.e. in case they are not available anymore) replacing them with similar ones and explaining the reason.

Here below a brief summary of the data to be collected (semi-structure interview guidelines). The data collected by interview will be recorded in the Expero4care database (QR_is).

COMPETENCIES

- Perceptions about theoretical knowledge – What are your perceptions about the learners' acquisition of theoretical knowledge after this training?
- Perceptions about skills – What are your perceptions about the learners' acquisition of skills after this training?
- Perceptions about attitudes and behaviours – What are your perceptions about the learners' acquisition of attitudes and behaviours after this training?

- Perceptions about values – What are your perceptions about the learners' acquisition of values after this training?
- Learners final level – What is the learner's final level?
- Does the final level fit with your expectation?
- Additional annotations about competencies (for Workplace / Professional network / Decision maker)
- Participation
- Which are your considerations about the participation level?
- Additional annotations about participation (for Workplace and Decision maker)

APPLICABILITY

- Applicability in the organization – Have the competencies acquired during the training course been applied in your organization? How? When? If not, why?
- Additional annotations about Applicability (for Workplace / Professional network / Decision maker)

TRANSFERABILITY

- Transferability to other colleagues – Have the acquired competencies been transferred to the colleagues or other members of the organization? How? If not, why (considering each training aim)?
- Additional annotations about transferability (for Workplace and Decision maker)

IMPACT

- Perceived changes and improvement – Which are the changes / improvement for the organization and the patients after the training? If not why?
- Additional annotations about outcomes (for Workplace / Professional network / Decision maker)

CREDITS

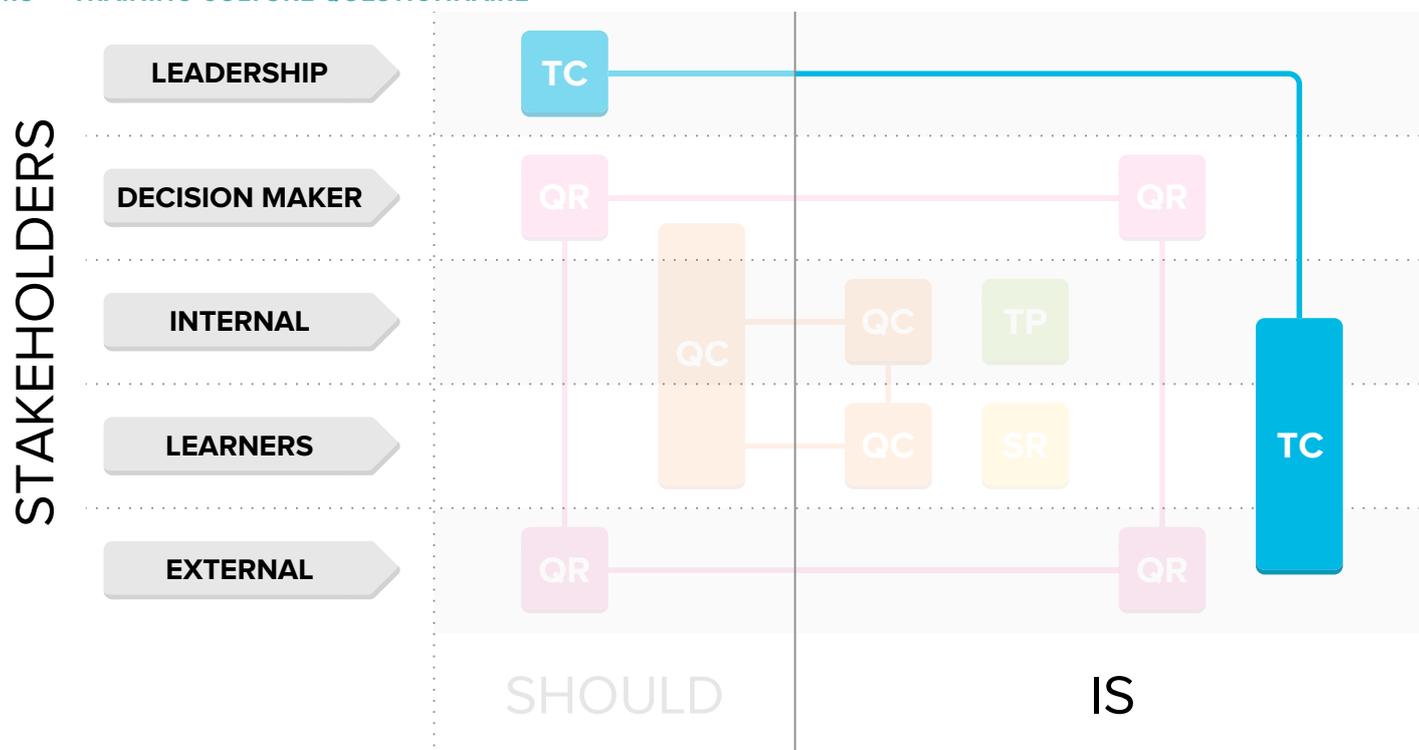
- Training's credits – Is the assigned number of credits congruent with the acquired competencies?
- Additional annotations about credits (for Workplace and Decision maker)

3.17 – SYSTEM OUTCOMES

The System category defined in the stakeholders' mapping must be monitored through outcomes before and after the course.

The final level of the chosen outcome(s) must be reported in the Expero4care database.

3.18 – TRAINING CULTURE QUESTIONNAIRE



The Training Culture survey aims to monitor the meanings and values associated to training and learning inside the organization by all the employees.

Each PHT has to survey a sample, representative of the whole organization with the TC questionnaire, including training office personnel, learners and workplace employees.

The questionnaire is available in the Expero4care database and can be filled in directly online by the employee through a link.

3.19 – EVALUATION PHASE

The evaluation phase consists in an analysis of the collected data in order to identify the gaps between expectations and perceptions about the training in each dimension QC, QR, SR, TC.

The Expero4care's database permits to compare the data collected in the should and is phase with the aim to verify strength and weakness of the monitored training. The TEB must analyze and evaluate the data collected to identify possible improvement or corrective actions.

3.20 – QR EVALUATION

	Decision maker	External – Workplace	External – Prof. network	External – System
Competencies	✓	✓	✓	
Participation	✓	✓		
Transferability	✓	✓		
Applicability	✓	✓	✓	
Impact	✓	✓	✓	✓
Credits	✓	✓		

For each stakeholder, Expero4care MDBS automatically shows the qualitative and quantitative results of the expectations and perceptions for each indicator.

The TEB must analyze the results for each of the indicators in each stakeholders' categories – assigning to each one a score (0-100) – and summarize the critical points (TEB remarks) to elaborate corrective actions for the most relevant gaps among expectations and perceptions.

3.21 – QC EVALUATION

The Expero4care MDBS elaborates the data collected about each unit of competencies in QC trainer and QC learners evaluation and gives as output some diagrams to compare:

- Foreseen competencies
- Learners' perception of the achieved competencies
- Trainers' perception of the achieved competencies

The analysis must evaluate each diagram (one for each unit of competencies), also reading the comments by learners and trainers, and summarize the results in Expero4care MDBS_TEB remarks.

The Expero4care MDBS shows for each indicator (applicability, transferability, credits) a summary of the data collected (frequencies). For each indicator, the TEB, reading also the comments by learners, must assign a score (0-100) and summarize the results in “TEB remarks”, to elaborate corrective actions for the most relevant gaps.

3.22 – SR EVALUATION

The Expero4care MDBS elaborates the data collected in a single item included in QC questionnaire about students' satisfaction and gives out a summary about the data (i.e. media, standard deviation).

Considering these results and the summary of the questionnaire about satisfaction the TEB must indicate a single score (0 to 100) that represents the level of satisfaction expressed by the learners and summarizes the critical points (TEB remarks) to elaborate corrective actions for the most relevant gaps.

3.23 – TC EVALUATION

The Expero4care MDBS elaborates the data collected in the Training Culture survey giving out a summary about the data (i.e. media, standard deviation, etc.), comparing the leadership values with the employees perception.

Considering these results the TEB must indicate a single score (0 to 100) that represents how much the employee perception fit with the leadership values, summarizing the critical points in the “TEB remarks”.

3.24 – MODEL FINAL EVALUATION

Expero4care MDBS automatically generates the list of TEB remarks with the assigned scores and also presents an evaluation, applying the Pareto principle, highlighting the first 20% priority corrective and preventive actions: improvement actions to be realized without priority.

For all the non-conformities identified during the implementation of the Expero4care MDBS, the TEB must carry out the following actions:

- Analyze the non-conformity to identify the reason that has caused it;
- Determine the necessary Corrective Actions to undertake to avoid it happens again;
- Determine the responsible or people responsible to carry out the Corrective Actions and the implementation deadlines;
- Carry out a follow-up to verify if the undertaken actions have been effective and proceed to close them when the reason has been solved.

The above detailed actions must be recorded. A record of the improvement actions must be kept in Expero4care MDBS.

STANDARD

[Back to summary](#) ↩

OBJECTIVES AND SCOPE

The scope of the present document or standard for the Certification of the Quality of training in the Healthcare Sector is to ensure that its performance is efficient through the definition of the following procedures:

- Planning
- Implementation
- Evaluation
- Review

These procedures must contribute to a continuous improvement in training of Healthcare organisations, it must also lead to a positive impact for better services and perceptions by all stakeholders involved. These goals also apply for those who may participate in the offered training services.

The scope of this document refers to all characteristics noted and discussed in Chapter IV, Characteristics of Quality of Training in the Healthcare Sector. This scheme has been designed by the European Project Expero4care to be accessible and applicable to all organisations working in the Healthcare Sector.

It should be noted that, in addition to the characteristics which are specified in this document, the activities of a healthcare organization must also be in accordance with current legal requirements and regulations related to said activities.

GLOSSARY

2.1 – SPECIFIC STANDARD GLOSSARY

CHARACTERISTIC OF THE SERVICE

Each of the elements of the Expero4care model in which indicators will be implemented for further audit or certification.

CONFORMITY CERTIFICATE

The issuance of a standard or normative document by a third-party certifying that a certain level of confidence has been obtained on an identified solution.

CERTIFICATION BODY

An organization which has carried out conformity certification and which demonstrates that the audited centre has implemented an effective system in accordance with the reference standard (in this case Expero4care). A certification body must be independent and competent in accordance to standard EN-45011 for the Certification of Services.

STANDARD

A document that provides rules, guidelines, commitments or characteristics for activities or processes.

RECORD / EVIDENCE

Any document or specific support that an organization must show to the auditor to demonstrate evidence of performance.

REQUIREMENT

An attribute that an organization must meet when certifying a service under the criteria of this standard.

PRESENTATION

3.1 — INTRODUCTION TO EXPERO4CARE

Expero4care was created for the improvement of Healthcare sector training outcomes. Funding is through the Life Long Learning program of the European Commission, Transfer of Innovation.

The model and its tools were created to focus primarily on the quality of learning outcomes. Expero4care bases its methodology on a results evaluation system, which fosters coherence between the stakeholders involved in the healthcare training courses, and on the perception of those results. It is a multi stakeholder-oriented approach, both internally and externally, and allows for a wide vision of all the core aspects which may impact on the quality of Healthcare sector training.

3.2 — MOTIVATIONS TOWARDS A QUALITY STRATEGY

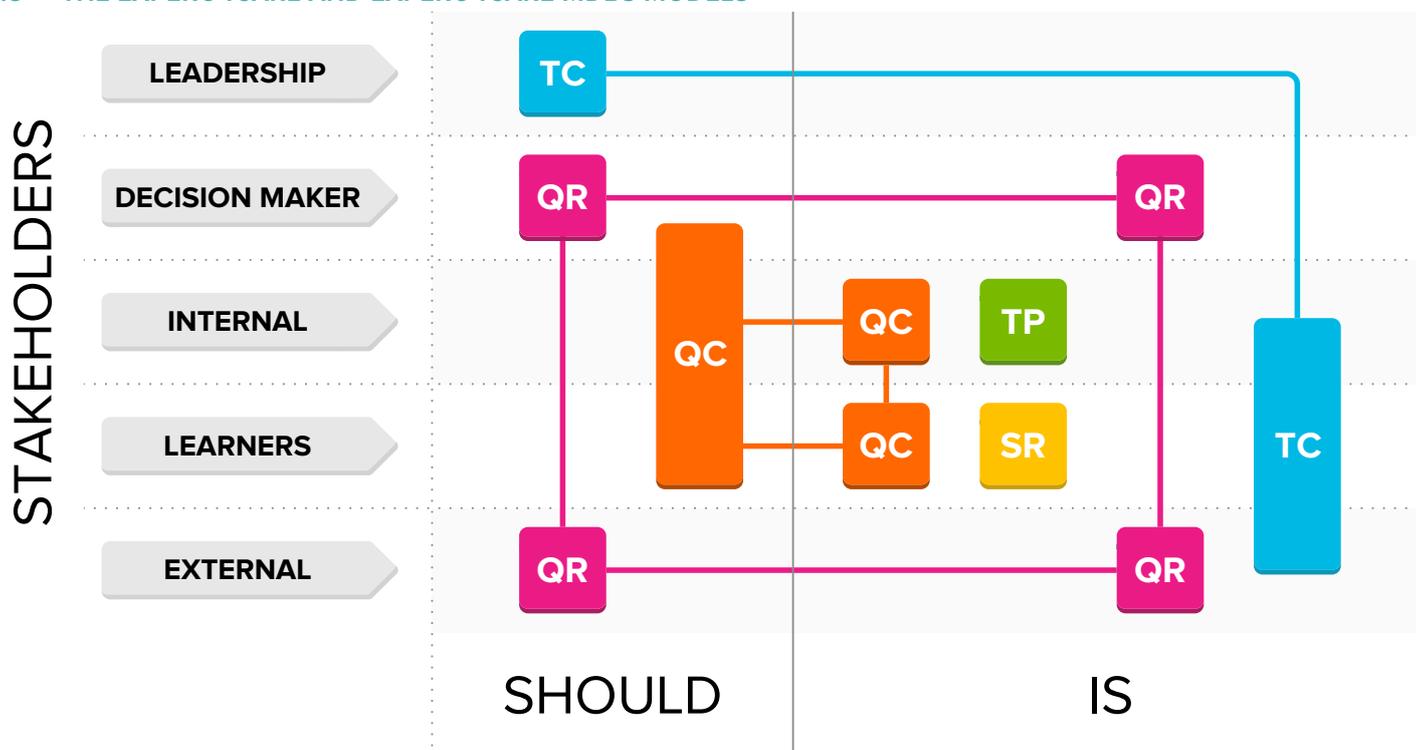
The main motivation which led Expero Aps to develop this Standard was to encourage organizations operating in the Healthcare sector to improve their training related structural and monitoring processes, with the purpose of optimizing final results, ensuring the quality of the learning outcome and to raise stakeholders' satisfaction levels, both internally and externally.

The certification of the Expero4care standard identifies the requirements of all the involved departments, those of the training and management staff which may participate, directly or indirectly, and any requirements which may influence stakeholders' expectations. Expero4care is based on the following Dimensions:

- Training Culture (TC),
- Training Processes (TP),
- Quality of the Results (QR),
- Quality of Competencies (QC),
- Satisfaction with Results (SR).

The selection criteria of these Dimensions were based on the experiences of experts in healthcare training and quality systems, and on studies carried out to indicate those factors relevant to ensuring stakeholders' satisfaction when sharing their perceptions with respect to the final results. The Standard contains requirements which affect stakeholders, both internally (training staff, trainers, decision makers, training office staff, scientific referent) and externally (workplace: organizational positions, managers' colleagues, employees through their professional networks, professional advisers and related services, and systems for monitoring significant outcomes).

3.3 — THE EXPERO4CARE AND EXPERO4CARE MDBS MODELS



The model introduces the following 5 levels of stakeholder classifications:

- **Leadership:** The team which leads the healthcare organization.
- **Decision maker:** Those who request the training (head of the structure, managers, NHS, external enterprise). They may be based either internally or externally to the organization.
- **Internal:** Internal stakeholders (trainers, tutors, staff in the training office, scientific referents).
- **Learner:** Learners training participants.
- **External:** External stakeholders
 - **Workplace:** belonging to the structure where the learners work; Organizational positions: middle-managers of, head of the office, supervisors, colleagues, employees;
 - **Professional Network:** professional advisers, services / people with whom the learner is related;
 - **System:** monitoring significant outcome for the purposes of the course).

The Expero4care model uses two evaluation stages in order to evaluate the research on the quality of the learning outcome:

- **SHOULD** (expectations) stage: corresponds to the expectations that the stakeholders have from the learning outcome. This stage is carried out before the training course.
- **IS** (perceptions) stage: corresponds to the perceptions that the stakeholders have of the learning outcome once it has been completed. This stage is carried out at the end of the course.

In its evaluation of the learning outcome, Expero4care considers the following Indicators:

- competences
- participation
- applicability
- transferability
- impact
- credits

To support the implementation of the model, Expero4care uses Expero4care MDBS, a compulsory tool used to carry out the quantitative and qualitative evaluations of training in Healthcare sector learning outcomes that this Standard requires.

Expero4care MDBS is a database of results acquired through the implementation of tools including questionnaires, interviews, surveys. This model performs an automatic data elaboration which shows the training's results in terms of learning outcomes and permits the comparison of expectations and perceptions in order to identify the strengths and weakness of the training and identify possible improvements.

The next graph shows the implementation stages of the Expero4care model and the Expero4care MDBS:

	Beginning of the course		End of the course	3-6 months after the course		
TC	strategical trainings to monitor	training values	evaluation of TC inside the training organization	comparative results of TC		evaluation of TC
QR	indicators and stakeholders definition and weighting	data collections of expectations		data collections of perceptions	comparative results of expectations vs perceptions	evaluation of QR
QC	competences deployment	competences sharing among decision maker, trainers and learners	evaluation of competencies by decision maker, trainers and learners	comparative results of QC		evaluation of QC
SR			satisfaction of results			evaluation of SR
TP		definition of the training process				action plan

3.4 – CERTIFICATION AIMS

The certification of a service is a recognition of its quality by an independent third party (the Certification Body). The certification allows the service's users to identify and differentiate those entities that offer certified activities and services.

In this sense, Expero4care's aim of certifying the training quality in the Healthcare sector's learning outcomes is an expression of confidence in the training profession.

Organisations in the healthcare sector, using Expero4care, and supervised by third parties, will be able to exploit the following aspects related to the offered services:

- The certificate is a quality label given by an independent body, it is an external control guaranteeing the services offered by a healthcare organisation, with respect to the standard requirements and based on continuous improvement.
- The certificate guides Expero4care stakeholders in their selection processes, by providing facts and evidence of the organisation's professionalism and responsibility. Expero4care allows a particular organization to be distinguished amongst the best trained organizations. In other words, certification is a recognition of professional competency.
- Any organization, by looking internally, will be able to control and monitor the requirements of the services it offers. It will be able to detect weaknesses and find areas for improvement which, in turn, may foster and ensure the quality of the learning outcome.

This process can be considered a tool for improving the quality of services offered by organizations. Complying with this Standard, meeting its goals and its required levels of professionalism, guarantees ongoing updating and improvements in the quality of the training offered. Therefore, the improved effectiveness and efficiency of the organization will increase stakeholders' satisfaction.

QUALITY CHARACTERISTICS IN HEALTHCARE TRAINING

In this chapter the characteristics of the Expero4care standard will be defined, both with respect to the compulsory characteristics (must) and those that are considered as recommendations (should).

The aim is to obtain an adapted standard that allows the certifying body to evaluate, on the basis of objective quality criteria, the interested organisations.

These characteristics have been defined considering the following aspects:

- Recognizable by users and stakeholders;
- Objectives;
- Quantitative or qualitative verifiable;
- Controlled.

4.1 – SUMMARY OF EXPERO4CARE QUALITY CHARACTERISTICS

This Standard contains seven families of characteristics:

a – Preliminary actions

- 1 – Legal requirements and other reference documents
- 2 – Training Evaluation Board (TEB)
- 3 – Identification of the strategic evaluation objectives
- 4 – Preliminary information for each training course
 - 1 – Identification of the weight of the indicators by the decision maker
 - 2 – Identification of the weight of the stakeholders by the decision maker
 - 3 – Definition of the external stakeholders sample for analysis

b – Training Culture / Meaning (TC)

- 1 – Training values definition
- 2 – Training Culture survey

c – Training Processes (TP)

- 1 – Training procedures

d – Quality of the Results (QR)

- 1 – Identification of the external stakeholders' expectations
- 2 – Identification of the external stakeholders' perceptions
- 3 – Comparisons of expectations and perceptions

e – Quality of Competencies (QC)

- 1 – Competencies deployment
- 2 – Competencies evaluation by the learners
- 3 – Competencies evaluation by the trainers
- 4 – Data analysis and quality of competencies evaluation

f – Satisfaction with Results (SR)

- 1 – Survey of learners
- 2 – Evaluation of satisfaction with results

g – Improvement, corrective and preventive actions

- 1 – Final evaluation of the training
- 2 – Improvement actions
- 3 – Corrective and preventive actions

4.2 – DETAILS OF EACH CERTIFIED CHARACTERISTIC AND MEANS OF IMPLEMENTATION

In this chapter, the characteristics or quality commitments are defined. Also defined are the means the training organization must use to manage Expero4care.

Each family of characteristics, A, B, C, etc., is broken down into different categories, A1, A2, etc., and each characteristic meets the requirements of the Standard through definition of its details and relevant observations.

Nevertheless, meeting all compulsory requirements is not sufficient for obtaining certification. Besides the detailed description of each of the characteristics, records, documents and necessary evidence are identified in order to verify when the expressed requirements are met.

This chapter contains a detailed List of Records necessary for evidence demonstration according to the Expero4care standard's requirements.

a — Preliminary actions

Quality characteristics	Details of the characteristic	Records and aspects to review
1 — Legal requirements and other reference documents	<p>The training organization must identify the legal aspects and other requirements which must be covered by the training activity both at a national and at a regional level. A record of the legal and normative documentation must be maintained as well as any evidence that ensures the appropriate accomplishment of the requirements.</p>	(1) List of legal requirements and other reference documents (Expero4care MDBS – Legal)
2 — Training Evaluation Board (TEB)	<p>The organisation must define a Training Evaluation Board (TEB) that will be responsible for the model's implementation and with the following responsibilities:</p> <ul style="list-style-type: none"> – Introduce the training courses' object of evaluation in the Expero4care MDBS, according to the strategic decision made by the relevant manager (A.3) – Implement the different model stages by introducing all required information into the Expero4care MDBS: Should and Is. – Support the people involved in the training course during the evaluation process. – Evaluate the results of the established indicators and share them with the relevant manager of the organisation in order to obtain feedback and obtain approval for any proposed improvements. – Identify the necessary actions to improve the results. <p>The TEB should consist of at least by three people, all experts in training processes. As the TEB is called to evaluate different kinds of training, the TEB can also be integrated by the Decision Maker of each training (or a delegate) or / and an expert in the training topics selected. A record of the Training Evaluation Board's creation must be maintained, identifying the people involved and their responsibilities.</p>	<p>(2) Expero4care MDBS – TEB Members</p> <p>Note: In case of identifying other people in the TEB a justification in the documents that constitutes the working group must be duly justified.</p>
3 — Identification of the strategic evaluation objectives	<p>The relevant manager of the organisation, must identify, annually, the trainings object of evaluation, according to the strategy of the organization, and communicate it to the TEB. The identification of the strategic trainings must be duly justified.</p>	(3) Expero4care MDBS – Trainings
4 — Preliminary information of each training course	<p>For each strategic training, the following information must be stored in the appropriate fields of Expero4careMDBS:</p> <ul style="list-style-type: none"> – a brief overview of the training – the weights assigned to stakeholders and indicators – the indication of the names and role of stakeholders <ul style="list-style-type: none"> – decision maker – trainers – learners (uploading the list of participants) – external 	(4) Expero4care MDBS – Training X – Overview

Quality characteristics	Details of the characteristic	Records and aspects to review
4.1 — Identification of the weight of the indicators by the decision maker	<p>SHOULD</p> <p>The Decision maker supported by the TEB – following the six quality indicators defined in the Expero4care model – must weight them, according to the relevance / importance they have towards the training. The quality indicators of the training are:</p> <ul style="list-style-type: none"> – Competencies – Participation – Transferability – Applicability – Impact – Credits <p>In case that the indicators are not applicable in the training, the weight could be Null. The results must be recorded at the Expero4care MDDBS – Weight – Indicators.</p>	(5) Expero4care MDDBS – Weights – Indicators
4.2 — Identification of the weight of the stakeholders by the decision maker	<p>SHOULD</p> <p>The Decision maker supported by the TEB – following stakeholders categories defined in the Expero4care model – must weight each category according to the relevance / importance they have towards the training. The Stakeholders of the training are:</p> <ul style="list-style-type: none"> – Leadership – Decision Maker – Internal stakeholders – Learners – External stakeholders: Workplace, Professional Network and System <p>In case that the indicators are not relevant for the training, the weight could be null.</p> <p>The results must be recorded at the Expero4care MDDBS – Weights_stakeholders.</p>	(6) Expero4care MDDBS – Weights – Stakeholders
4.3 — Definition of the external stakeholders sample for analysis	<p>SHOULD</p> <p>The TEB, eventually with the support of the Decision Maker, must identify the bodies and people related to the specific training and define a sample to carry out the survey:</p> <ul style="list-style-type: none"> – For Workplace and Professional network categories a sample of people to interview has to be indicated. The sample must be representative / must represent the category of stakeholders. – For System category, at least 2 outcomes must be chosen, in order to measure (in a quantitative way) any possible change in the offered service / in the organization before and after the training. <p>The results must be recorded at the Expero4care MDDBS – stakeholders sample.</p>	(7) Expero4care MDDBS – stakeholder sample

b — Training Culture / Meaning (TC)

Quality characteristics	Details of the characteristic	Records and aspects to review
1 — Training values definition	<p>SHOULD</p> <p>The Leadership (the management team / board leading the organization) must define and describe the organization’s list of values towards the training that Human Resources must undertake.</p> <p>Records of the values of the organisation must be identified in the Training Culture Survey in Expero4care MDBS.</p>	<p>(8) Training culture values: Expero4care MDBS – TC_Survey</p>
2 — Training Culture survey	<p>IS</p> <p>In order to analyse the training culture, the TEB must carry out a survey among the employees using the TC_questionnaire.</p> <p>The minimal sample must include members of:</p> <ul style="list-style-type: none"> – internal stakeholders – learners (internal to the organization) – external – workplace. <p>It should be extended to the whole organization to obtain a more significant profile. TEB must define a sample methodology and maintain a record of this definition. Expero Association elaborates collected data of TC_survey, giving as output the main gaps between:</p> <ul style="list-style-type: none"> – training values and training culture, – individual, team and organizational level – individual, and management perception. <p>TEB must analyze the results, assign a score (0-100) and summarize the critical points (TEB remarks) to elaborate improvement actions for the most relevant gaps (section G).</p>	<p>(9) Survey (Expero4care MDBS – TC_Survey).</p> <p>(10) Results of the training culture survey: Expero4care MDBS – TC_Evaluation</p> <p>(11) TEB remarks</p>

c — Training Processes (TP)³

Quality characteristics	Details of the characteristic	Records and aspects to review
1 — Training procedures	<p>IS</p> <p>The organization should have clearly defined and systematized the planning, training and follow-up of the training courses being offered.</p> <p>The organization must demonstrate evidence and improvement of the following processes:</p> <ul style="list-style-type: none"> – Training needs analysis: methodology, timing and expected results. – Training plan: definition of an annual training plan to meet the training needs. – Training action programme, including at least: <ul style="list-style-type: none"> – Aims of the training – Competencies to be achieved – Content of the training – Methodology – System and Evaluation Criteria. – Trainers competencies required: selection process and competencies evaluation – Organization and communication: how the training is managed and informed. – Resources: identification of pedagogic materials resources and financial plan. 	<p>(12) Training needs analysis</p> <p>(13) Training plan</p> <p>(14) Training program</p> <p>(15) Trainers' competencies</p> <p>(16) Training resources</p>

d — Quality of the Results (QR)

Quality characteristics	Details of the characteristic	Records and aspects to review
1 — Identification of the external stakeholders' expectations	<p>SHOULD</p> <p>Once the sample is defined, the TEB must plan the interviews to be carried out before the beginning of the training, in order to collect expectations regarding the training.</p> <p>Depending on the stakeholders to interview (Decision Maker, Workplace or Professional Network), the TEB should use the template created under Expero4care model.</p> <p>For the System category, the TEB must indicate the starting values of the outcomes defined in A.4.3.</p>	<p>(17) Expero4care MDBS – QR_Should_interview</p>

³ — In the cases where the organization already has obtained the ISO9001:2008 certificate for the training processes within their Quality Management System, the Expero4care standard requires monitoring and analysing as to how these processes are improved.

Quality characteristics	Details of the characteristic	Records and aspects to review
2 – Identification of the external stakeholders' perceptions	<p>IS</p> <p>After three months / six months / one year ^[*], by the end of the training, the TEB must carry out the monitoring process.</p> <p>It consists of: for the following external stakeholders:</p> <ul style="list-style-type: none"> – Interviews to the following stakeholders: Decision maker, Workplace and Professional network following the template created under Expero4care; – Monitoring indicators to evaluate the System category stakeholder, indicating the current values of the outcomes, defined in A.4.3. <p>Referring to the interview/s, in order to collect the perceptions, the TEB should maintain the same sample used in A.4.2, also if including / substituting interviewees, explaining the reason.</p> <p>^[*] The definition of the monitoring timing may depend on several aspects: characteristics of the training, implementation requirements, aims of the decision maker, and others. The TEB must define the exact timing(s) of monitoring process.</p>	(18) Expero4care MDBS – QR_ Stakeholder sample
3 – Comparisons of expectations and perceptions	<p>IS</p> <p>For each stakeholder, Expero4care MDBS, automatically shows the qualitative and quantitative results of the expectations and perceptions, for each indicator. TEB must analyse the results for each of the indicators, in each stakeholders' categories, assigning each one a score (0-100) and summarizing the critical points (TEB remarks) to create corrective actions for the most relevant gaps (See section G).</p>	(19) Expero4care MDBS – QR_ Evaluation (11) TEB remarks

e – Quality of Competencies (QC)

Quality characteristics	Details of the characteristic	Records and aspects to review
1 – Competencies deployment	<p>SHOULD</p> <p>The training evaluation board (TEB, defined in A2) will define the training aims and will deploy them in units of competencies to be achieved by the learners at the end of the training. The deployment of competencies should be defined in the Expero4care MDBS according to the knowledge, skills, attitudes and values for each training aim. Before the training, the TEB must share the deployment of competencies with the following stakeholders:</p> <ul style="list-style-type: none"> – Decision maker, – Trainers – Learners. <p>The date and modality of the agreement must be recorded in the Expero4care MDBS_QC-Sharing Training Aims. Any evidence of the agreement must be proofed.</p>	(20) Expero4care MDBS – QC_ Training Aims (21) Expero4care MDBS – QC_Sharing Training Aims

Quality characteristics	Details of the characteristic	Records and aspects to review
2 – Competencies evaluation by the learners	<p>IS</p> <p>At the end of the course each learner must evaluate the acquired competencies. Each learner must fill in the Deployment of competencies with the level s/he had before the training course and the level s/he achieves after the training course. The learner evaluates also the level of applicability, transferability and credits. The learner can also indicate not foreseen competencies acquired during the training (informal and no-formal competencies). At least, 70% of the learners must fill in the questionnaire.</p>	(22) Expero4care MDDBS – QC_Learning Evaluation
3 – Competencies evaluation by the trainers	<p>IS</p> <p>At the end of the course, all the trainers involved in the training must evaluate which competencies have been achieved or not, by the class. The trainer can also indicate those not foreseen competencies acquired by the learners (informal and no-formal competencies).</p>	(23) Expero4care MDDBS – QC_Trainer Evaluation
4 – Data analysis and quality of competencies evaluation	<p>The Expero4careMDDBS details the data collected about each unit of competences in QC trainer and QC learners evaluation and gives as output some diagrams to compare:</p> <ul style="list-style-type: none"> – learners perception of the achieved competencies with their own beginning level; – trainers perception of the achieved competencies with learners perception of it. <p>The analysis must evaluate each diagram (one for each unit of competencies), also reading the comments by learners and trainers and summarize the results in Expero4care MDDBS_TEB remarks. The Expero4care MDDBS shows for each of the indicators (applicability, transferability, credits) a summary of the data collected (frequencies). For each indicators the TEB, reading also the comments by learners, must assign a score (0-100) and summarize the results in (TEB remarks), to elaborate improvement actions for the most relevant gaps (See section G).</p>	(24) Expero4care MDDBS – QC_Evaluation (11) TEB remarks

f – Satisfaction with Results (SR)

Quality characteristics	Details of the characteristic	Records and aspects to review
1 – Survey of learners	<p>IS</p> <p>At the end of the Training, the Learners must fill in a questionnaire evaluating the level of satisfaction with the Training. This questionnaire can be one created by the training organization (for the purposes of ISO 9001:2008 for instance or other quality model). The survey must cover, at a minimum, the following:</p> <ul style="list-style-type: none"> – Trainer – Resources – Training materials – Training process: methodology, timing, others. <p>The sample must represent at least the 70% of the Learners. A summary of the results of the survey must be recorded in Expero4care MDDBS – SR_Evaluation and a blank questionnaire must be uploaded.</p>	(25) Satisfaction Survey (upload in pdf) (26) Expero4care MDDBS –SR_Evaluation

Quality characteristics	Details of the characteristic	Records and aspects to review
2 – Evaluation of satisfaction with results	<p>IS</p> <p>The Expero4care MDBS details the data collected in a single item included in QC questionnaire about students' satisfaction and provides a summary regarding the data (i.e media, standard deviation, etc.). Considering these results and the summary of their own questionnaire about process (F.1) the TEB must indicate a single score (0 to 100) that represents the whole level of satisfaction expressed by the learners and summarize the critical points (TEB remarks) to clarify improvement actions for the most relevant gaps (See section G).</p>	<p>(27) Expero4care MDB – SR_Evaluation via QC</p> <p>(11) TEB remarks</p> <p>Corrective and preventive actions (section G)</p>

g – Improvement, corrective and preventive actions

Quality characteristics	Details of the characteristic	Records and aspects to review
1 – Final evaluation of the training	<p>Expero4care MDBS, automatically generates the list of TEB remarks with the assigned scores and also presents an evaluation, applying the Pareto principle, highlighting:</p> <ul style="list-style-type: none"> – the first 20% priority of weak points where improvement actions are needed (G.2) – weak point where improvement actions are not a priority – strenghts 	<p>(28) Results of the Model evaluation: Expero4care MDBS – TEB Report</p>
2 – Improvement actions	<p>The training processes, from the implementation of the Expero4care standard, must continuously improve its effectiveness in order to meet the expectations and perceptions of internal and external stakeholders. Improvement actions must be identified in order to foster training organization effectiveness for the first 20 % arising in G.1, also indicating the name of the referent and the planning of the action. A record of the improvement actions must be kept in Expero4care MDBS.</p>	<p>(29) Improvement actions record or Expero4care MDBS – actions</p>
3 – Corrective and preventive actions	<p>For all those non conformities identified during the implementation of the Expero4care MDBS, the TEB must carry out the following actions:</p> <ul style="list-style-type: none"> – Analyse of the non-conformity to identify causes. – To determine the necessary Corrective Actions to undertake to avoid re-occurrences. – Determine the people responsible for implementing the Corrective Actions and adherence to deadlines. – Implement a follow-up to verify if the undertaken actions have been effective and proceed to close them when issue has been resolved. <p>The above detailed actions must be recorded. For all those potential non conformities detected during the implementation of the Expero4care MDBS, the TEB must carry out the following actions:</p> <ul style="list-style-type: none"> – Analyse of the potential non-conformity to identify the causes. – Determine the necessary Preventive Actions to be undertaken to avoid its reoccurrence. – Determine the people responsible to carry out the Corrective Actions and the adherence to deadlines. – Implement a follow-up to verify if the undertaken actions in order to avoid real non-conformity and proceed to close them when the possible issue has been resolved. <p>The above detailed actions must be recorded.</p>	<p>(30) Corrective actions record</p> <p>(31) Preventive actions record</p>

DOCUMENT MANAGEMENT SYSTEM

The document system is established with the purpose of demonstrating the requirements of this Standard for the certification of the quality of the training in Healthcare organisations.

5.1 – DOCUMENT MANAGEMENT SYSTEM

The document system that the healthcare organization must maintain is composed of:

- The Expero4care Standard as well as the associated documentation in the framework of healthcare organizations.
- The normative documents applicable to the professional education and training field, as required in Chapter III, section 5 of this document, and others.
- The documents which might be of reference for the measure and verification of quality characteristics and commitments established in this Standard.
- Other documents developed by the Healthcare organization which may affect to the training service.
- The records generated through the implementation of the Standard.
- The External Control Plan of the Certification Body.

The **Summary List of Records** identifies all the documents included in the Document System, depending on the characteristics (necessary evidences to demonstrate the implementation of the quality characteristics). The Summary mentioned documents can be replaced by other equivalent documents as long as these documents respect the quality characteristics and the minimum required contents (see Chapter 4).

The **Summary List of Records** to be provided as evidence of implementation are:

Id	Records and aspects to review	Retention period
(1)	List of legal requirements and other reference documents (Expero4care MDBS – Legal)	> 2 years
(2)	Expero4care MDBS – TEB Members	> 2 years
(3)	Expero4care MDBS – Trainings	> 2 years
(4)	Expero4care MDBS – Training X – Overview	> 2 years
(5)	Expero4care MDBS – Weights – Indicators	> 2 years
(6)	Expero4care MDBS – Weights – Stakeholders	> 2 years
(7)	Expero4care MDBS – Stakeholder sample	> 2 years
(8)	Training culture values: Expero4care MDBS – TC_Survey	> 2 years
(9)	Survey: Expero4care MDBS – TC_Survey	> 2 years
(10)	Results of the training culture survey: Expero4care MDBS – TC_Evaluation	> 2 years
(11)	TEB remarks	> 2 years

Id	Records and aspects to review	Retention period
(12)	Training needs analysis	> 2 years
(13)	Training plan	> 2 years
(14)	Training program	> 2 years
(15)	Trainers' competencies	> 2 years
(16)	Training resources	> 2 years
(17)	Expero4care MDBS – QR_Should_interview	> 2 years
(18)	Expero4care MDBS – QR_stakeholder sample	> 2 years
(19)	Expero4care MDBS – QR_Evaluation	> 2 years
(20)	Expero4care MDBS – QC_Training Aims	> 2 years
(21)	Expero4care MDBS – QC_Sharing Training Aims	> 2 years
(22)	Expero4care MDBS – QC_Learning Evaluation	> 2 years
(23)	Expero4care MDBS – QC_Trainer Evaluation	> 2 years
(24)	Expero4care MDBS – QC_Evaluation	> 2 years
(25)	Satisfaction Survey	> 2 years
(26)	Expero4care MDBS – SR_Evaluation	> 2 years
(27)	Expero4careMDB – SR_Evaluation via QC	> 2 years
(28)	Results of the Model evaluation: Expero4care MDBS – TEB Report	> 2 years
(29)	Improvement actions record Expero4care MDBS – actions	> 2 years
(30)	Corrective actions record	> 2 years
(31)	Preventive actions record	> 2 years

5.2 – ARCHIVE

In order to control the history of the application of the Standard, the organization has to maintain an archive containing:

- Previous versions of the applicable documents;
- Other records historically generated.

The documents' obsolete versions and the records will be maintained at least 3 years, except for those legal documents which are required to be maintained for longer.

INTERNAL CONTROL PLAN

The Internal Control Plan represents the systematic verifications carried out by the organizations for the effective implementation of the Expero4care Standard with the purpose of controlling compliance with each quality characteristic. The Internal Control Plan presents the following attributes:

- It provides objective results from the point of view of the training quality parameters.
- It is a fundamental element to improve the quality of healthcare training as well as to optimize its resources.
- It has implicit in the commitment of the healthcare training to analyse the recommendations towards an improvement of the training quality.
- It supports the identification of problems to solve or avoid and the reasons that have or may not have caused them.

The Internal Control Plan consists of an annual verification of the certified quality characteristics which will be carried out by internal audit experts.

The records listed in the summary (see Section 4.2) will be checked along with others which might be specified in the quality characteristics of this Standard (see Chapter 4).

With the obtained results from the stakeholders' surveys, failure to comply with the quality characteristics will be checked and corrective actions will be implemented, if necessary.

Once a year, improvement actions will be proposed taking into consideration the verifications carried out, the evolution of the indicators and surveys to stakeholders.

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[Back to summary](#) ↩

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CHAPTER 3 STANDARD (PRESENTATION)

- National laws on education and training of each EU partner country.
- Organic Law 15/1999, 13th December, on the protection of Personal Data.
- ISO 9001:2008: Quality management systems. Requirements (10/2008).
- December 2012 Council Recommendation on the validation of non-formal and informal learning 2012/C 398/01.
- March 2012 – EQAVET tool for vocational education and training providers.
- June 2011 – EQAVET tool at system level.
- December 2010 – The Bruges Communiqué on enhanced European Cooperation in Vocational Education and Training for the period 2011-2020.
- November 2009 Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions – Key competences for a changing world.
- June 2009 EQARF Recommendation: Adoption of the Recommendation of the European Parliament and of the Council on the Establishment of a European Quality Assurance Reference Framework for Vocational Education and Training.
- May 2009 ECVET Recommendation of the European Parliament and of the Council on the Establishment of a European Credit System for Vocational Education and Training (ECVET).
- May 2009 – Education and Training 2020.
- May 2009 – EQARF The European Parliament and Council adopted the Proposal of the Commission regarding a European Quality Assurance Reference Framework for Vocational Education and Training (EQARF).
- November 2008 – The Bordeaux Communiqué agreed by the Ministers of Education of the EU, EFTA/EEA, EU candidate countries, the EU Commission and the European social partners encompasses the following objectives.
- April 2008 – EQF The European Parliament and the Council adopted the Recommendation for the EQF (European Qualifications Framework).
- December 2006 – Helsinki Communiqué – The second follow-up conference to Copenhagen focused on reviewing strategy and setting priorities.
- RECOMMENDATION FROM THE EUROPEAN PARLIAMENT AND COUNCIL, 18th December 2006, regarding the key competencies of continuous training. 2006/962/CE.
- December 2004 – Maastricht Communiqué 1st follow-up conference to Copenhagen, at which the Ministers of Education, the European social partners and the EU Commission agreed on the Maastricht Communiqué.
- February 2004 – Education and Training 2010 – The joint report produced by the Council and the Commission in February 2004 (Education & Training 2010 – The success of the Lisbon Strategy) giving its views on the implementation of the Lisbon Process.
- 2003/C 13/02 EUROPEAN COUNCIL 19th December 2002 related to the promotion of European cooperation in vocational education and training.
- November 2002 – The Copenhagen Declaration: the Ministers of Education of 31 European countries, the European social partners and the European Commission agreed on an implementation strategy for the Lisbon objectives.
- EUROPEAN PRESIDENCE CONCLUSIONS, Barcelona, 15th and 16th March 2002.
- May 2001 – European Forum on Quality in VET – The European Commission established the first structured platform to promote cooperation and the exchange of information between the member states, the social partners and the Commission.

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[Back to summary](#) ↩

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