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Community nursing: E-learning project of Visegrad Group's countries

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РЕЗЮМЕ, ABSTRACT

Analyses undertaken in this article show clearly that also situation in community nursing (both in its practice as well as in the education, which prepares for this practice) is approximately at the same level in all Visegrad countries. The cooperation within Visegrad Group in the field of nursing, and in particular in the community nursing, seems to be of great importance. Four educational/medical centers have agreed to collaborate in preparing e-learning program of post-graduate education which aims to prepare nurses specialized in community care. The program received positive evaluation from "Leonardo da Vinci" Program. This article describes preliminary steps related to design of the e-learning program (Ukr. z. telemed. med. telemat.-2006.-Vol.4,№2.-P.186-190).

Keywords: e-learning, community nursing, Visegrad Group

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АМБУЛАТОРНЕ СЕСТРИНСТВО: ПРОЕКТ ЕЛЕКТРОННОГО НАВЧАННЯ КРАЇН ВИШЕГРАДСЬКОЇ ГРУПИ

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Проведений у статті аналіз показує, що ситуація з амбулаторною сестринною допомогою (включаючи і практичну діяльність, і навчання) приблизно однакова у всіх країнах Вишеградської групи. Дуже важливим є співробітництво у Вишеградській групі в сфері сестринства, і зокрема – амбулаторного. Чотири медичних центри і навчальні заклади уклали договір про спільну розробку електронних програм для післядипломного навчання (підготовки медичних сестер для амбулаторної діяльності). Розробка одержала позитивну оцінку від програми "Leonardo da Vinci". Дана стаття описує попередні кроки по створенню електронних навчальних ресурсів (Укр.ж.телемед.мед.телемат.-2006.-Т.4,№2.-С. 186-190).

Ключові слова: електронне навчання, Вишеградська група

*L.Niebrój, S.Bartlova**

АМБУЛАТОРНОЕ СЕСТРИНСТВО: ПРОЕКТ ЭЛЕКТРОННОГО ОБУЧЕНИЯ СТРАН ВИШЕГРАДСКОЙ ГРУППЫ

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Проведенный в статье анализ показывает, что ситуация с амбулаторной сестринской помощью (включая и практическую деятельность, и обучение) примерно одинакова во всех странах Вышеградской группы. Очень важным является сотрудничество в Вышеградской группе в сфере сестринства, и в частности – амбулаторного. Четыре медицинских центра и учебных заведения заключили договор о совместной разработке электронных программ для последипломного обучения (подготовки медицинских сестер для амбулаторной деятельности). Разработка получила положительную оценку от программы "Leonardo da Vinci". Данная статья описывает предварительные шаги по созданию электронных учебных ресурсов (Укр.ж.телемед.мед.телемат.-2006.-Т.4,№2.-С. 186-190).

Ключевые слова: электронное обучение, Вышеградская группа

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Advances in information and communication technologies (ICTs), decrease in prices of the essential elements of hardware, in particular personal computers (PC), and significant dropping of the costs related to Internet connection seem to be

the most important reasons why the contemporary, more and more global society could and should be described as an 'informatics' one. It is not surprising that ICTs, which are changing the entire way people live, have also very profound influence on the learning/teaching processes. Just in the first years of the New Millennium it was estimated that about 85-90% of universities used ICTs for learning purposes [1].

Different terms are in use to describe learning which employs ICTs (for example: "Computer-Assisted Learning", "Computer-Aided Instruction" or "Computer-Based Learning") [2]. These terms tend to express how technology is used in education. For instance, probably the most recently introduced term "m-learning" (mobile learning) intends to describe that the program of learning employs wearable computers [2]. In this article "e-learning" is used as the term which seems to be the most general one to encompass any use of ICTs for learning/teaching purposes.

The literature review proves that e-learning is being used worldwide to teach nursing. This way of learning is found appropriate both for countries where the infrastructure of ICTs is highly developed (USA or UK) [3,4], and for places where the Internet is – in fact – the only way to communicate between people living in the remote regions with university centers [5].

According to the literature review, e-learning is used in the under- as well as post-graduate nursing education [6,7,8]. E-learning courses deal with different, specific fields of nursing practice, for example: nursing in infection diseases [5], intravenous therapy [9], nursing in critical care [10], care of the elderly people [11] or palliative care [12].

Numerous articles, which aim to evaluate e-learning process in nursing education, assess this method as prominent, effective and opening new horizons of learning/teaching processes [8,10,13]. It does not mean, however, that e-learning has exclusively advantages. Certainly, some disadvantages also occur. For effective e-learning it is probably necessary that students should be first familiarized with both

hard- and software used in courses [8]. Preparation of appropriate e-learning materials requires a large amount of time. It is estimated that preparation of one hour's content of e-learning program 'costs' 30-200 hours of development time for an experienced team, and even 500-1000 hours for an inexperienced one [2]. But, what seems to be the most important, and what is sometimes forgotten, neither hardware nor software, even highly sophisticated, can replace 'underware' – the pedagogy employed in e-learning courses [2].

The aim of this article is to describe the preliminary steps which have been undertaken to design the e-learning program in community nursing.

Visegrad Group: economy, health and education

The first step in creating the e-learning in community nurse program was to indicate an appropriate target of potential students. It has taken into account the general rule: the bigger target, the cheaper educational cost per capita. It promotes multi-centers collaboration, including an international collaboration. On the other hand, however, it is important that materials of the course would be appropriate for the circumstances in which nurses would work. International collaboration could exist only when in all the partner countries condition related to practice of community nursing are similar enough.

The so called Visegrad Group (VG), which had been constituted before European Union enlargement from May 1st, 2004, covers the Czech Republic, Hungary, Poland and the Slovak Republic. The existence of this Group finds its reason in the similarities between the above indicated countries taking into account their economical situation as well as their historical pattern (especially in the relation to the second half of 20th century).

All the four countries of the VG, are substantially poorer than West-European countries (EU members before May 1st, 2004). It should be emphasized, that there are also inequalities among the four countries of VG: the Czech Republic and Hungary are relatively richer than Poland and

Slovakia. In Poland, as in Slovakia, unemployment rate is twice as high as that in the Czech Republic and Hungary. On the other hand, financial situation in Poland (and in the Czech Republic), taking into account the rate of inflation, seems to be better than

that in the other countries of VG. However, these inequalities between the four countries are not so profound as those which still divide Europe into two parts: West and East (tab.1).

Table 1. Visegrad Group: economy (Source: WHO European Health for All Database (HFA-DB) [14])

Year	2000	2001	2002	2003
Gross national product US \$ per capita				
Czech Republic	5250	5260	5490	6740
Hungary	4660	4780	5240	6330
Poland	4400	4570	4670	5270
Slovakia	3860	3830	4050	4920
Gross domestic product US \$ per capita				
Czech Republic	5006	5554	6808	--
Hungary	4564	5097	6481	--
Poland	4074	4561	4894	--
Slovakia	3655	3786	4403	--
Unemployment rate				
Czech Republic	8,8	8,1	7,3	7,8
Hungary	6,4	5,7	5,8	8,4
Poland	15,1	17,4	18,1	--
Slovakia	18,3	18,3	17,8	15,2
Annual average rate of inflation in %				
Czech Republic	3,9	4,7	1,8	0,1
Hungary	9,8	9,2	5,3	4,7
Poland	10,1	5,5	1,9	0,8
Slovakia	12,0	6,5	3,4	8,6

Table 2. Visegrad Group: health (Source: WHO European Health for All Database (HFA-DB) [14])

Year	2000	2001	2002	2003
UNDP Human Development Index (HDI)				
Czech Republic	0,856	0,861	0,868	--
Hungary	0,837	0,837	0,848	--
Poland	0,843	0,841	0,850	--
Slovakia	0,835	0,836	0,842	--
Life expectancy at birth, in years				
Czech Republic	75,21	75,43	75,51	75,40
Hungary	71,93	72,56	72,64	72,59
Poland	73,95	74,37	74,65	--
Slovakia	73,45	73,82	73,91	--
Neonatal death per 1000 live births				
Czech Republic	2,54	2,34	2,71	2,36
Hungary	--	5,31	5,24	4,74
Poland	5,59	--	5,34	--
Slovakia	5,39	4,13	4,68	--
Probability of dying before age 5 years per 1000 live births				
Czech Republic	5,19	4,99	5,27	4,88
Hungary	10,79	9,37	8,60	8,53
Poland	9,35	8,91	8,74	--
Slovakia	10,12	7,98	8,99	--

Economical situation of the certain country is strictly related with this country population health. Jose LF Antunes [15] clearly shows how economical inequalities induce inequalities in health status of different region of Eurasia. Similar economical

situation in VG countries permits to rationally presume that the health situation of citizens of all these four countries is also similar. Although the Czech Republic ought to be indicated as a leader among VG countries, in all the four countries health situa-

tion of population is worse than in West European countries. For instance, Human Development Index (HDI) in VG in 2002 varied from 0,842 (Slovakia) to 0,868 (Czech Republic). In this same year, all the countries, excluding Portugal, which were members of EU at that time, had HDI higher than 0,900. In 2002, life expectancy at birth, expressed in years, was 79,06 years in EU, while about 74 years in VG (from 72,64 in Hungary to 75,51 in the Czech Republic).

The third reason why to collaborate within VG, was the fact that all these countries are heading towards educational and legal standards of EU. So there would be no essential problems in implementation of an e-learning program in educational system of VG countries. Four partners agreed

to take part in the project: National Centre of Nursing and Other Health Profession (Czech Republic) – promoter of the project; The Institute for Basic and Continuing Education of Health Workers (Hungary); Medical University of Silesia (Poland) and Constantine the Philosopher University in Nitra (Slovak Republic). The program received positive evaluation from “Leonardo da Vinci” Program.

The goal of this project is to develop the specialization education in community care using the modular system and to prepare the individual modules for e-learning form of study, so that we might be prepared to educate the non-medical health care professionals in the most efficient way.

Conclusion

Although the partners of this project are aware of some disadvantages of e-learning, for instance: the dependence on technology, high initial costs (purchase of technology, training of the tutors, authors of the texts, etc.), we are convinced of great advantages of this form of study, e.g.:

- flexibility - the possibility to combine a large number of modules
- possibility to involve a large number of students without consequent remarkable increasing of costs
- accessibility - the participants can work almost anywhere and whenever
- altogether lower costs of the study (travel expenses, printed materials, necessity to take leave, etc.)
- topicality - very easy change of the contents of the texts or other materials

- easier administration - large part of the paperwork is done automatically
- supporting of the knowledge of information technologies

This educational project should be based on the idea that real integration of an ill or handicapped individual can be achieved by his/her own strength and self-help and only in an extreme case through utilization of professional services. Therefore it is necessary to create a supportive environment in the community in which an individual gets support in his/her life from:

- the individual him/herself
- friends and family
- usual organizations and services in the community, region (i.e., community agencies, clubs, etc.).

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