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Republika Kosova - Republic of Kosovo



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Agencija Kosova za Akreditaciju
Kosovo Accreditation Agency

EXPERT REPORT POST-ACCREDITATION EVALUATION

UBT College

Faculty Name: Medicine

Study Program: BSc nursing

20th April 2025, Prishtina



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Date of Accreditation Decision:

Date of Post-Accreditation Review: 15 of April 2025

Experts Name: Prof. dr. Joke Denekens MD PhD

Coordinator/s from Kosovo Accreditation Agency (KAA):

Milot Hasangjekaj, Head of Post-Accreditation Division
Fjollë Ajeti, Senior Officer for Post-Accreditation Procedures

Sources of information for the Report:

1. Self-Improvement Report (SIR)
2. Report of Expert Team for the previous accreditation/re-accreditation process
3. Quality Assurance Procedures to Monitor Compliance with Institutional Rules and the Code of Ethics
4. Teaching Methods Evaluation Report 2023-2024
5. Quality Assurance Questionnaire for Research Environment Assessment
6. Questionnaire for Research Environment Assessment
7. Research Environment Assessment Report 2023-2024
8. Questionnaire for Evaluating Teaching Methods
9. Classroom Observation for Teaching Methods
10. Quality Assurance Procedures for Evaluating Teaching Methods
11. Questionnaire for Learning Outcomes Evaluation
12. Quality Assurance Instruments for Learning Outcomes Assessment
13. Learning Outcomes Evaluation Report 2023-2024
14. Teaching Evaluation Report 2023-2024
15. Questionnaire for Teaching Evaluation
16. Quality Assurance Instruments for Teaching Evaluation
17. Quality Assurance Instruments for Admission Evaluation
18. Questionnaire for Admission Evaluation
19. Admission Evaluation Report 2023-2024
20. Questionnaire for Qualitative Evaluation of Academic Staff Performance
21. Quality Assurance Framework for Qualitative Evaluation of Academic Staff Performance
22. Qualitative Evaluation of Academic Staff Performance Report



23. Classroom Observation for Teaching Methods
24. Questionnaire for Clinical Training Evaluation
25. Quality Assurance Instruments for Clinical Training Evaluation
26. Clinical Training Evaluation Report 2023-2024
27. Program document: overview of courses per semester, with ECTS points, theory and practice hours
28. Student booklet for professional practice
29. Nursing needs analysis
30. UBT Nursing Program Sciences Strategic Research Plan (2022–2027)
31. Mission and Vision of the BSc in Nursing Study Program
32. Action Plan for the Revision of Regulations, Rules, and Procedures
33. UBT Health science faculty [Strategic Research Plan 2022-2027](#)
34. Report on the implementation of the document management system at UBT (Microsoft 365)
35. Faculty Development Workshops and Implementation Measurement Procedures
36. Clinical Learning Portfolio – Nursing Program at UBT College
37. Evaluation of Clinical Stage Outcomes – Nursing Program at UBT College
38. Budget allocation for Program Nursing Bsc 2023-2025
39. Agreement for Clinical Practice Collaboration
40. Quality Assurance Questionnaire for Students: Evaluation of Teaching Processes
41. Quality Assurance Questionnaire for Stakeholders: Evaluation of Teaching Processes

Additional information 1:

Nursing_Mission statement Revision

Budget allocation Nursing

Kalendari vjetor i aktiviteteve NURSING

Libreza e studentit e aprovuar

Libreza te aprovuara

Nursing_Action Plan for the Revision of Regulations

Nursing_Clinical Learning Portfolio

Nursing_Evaluation of clinical stage outcomes

Nursing_Faculty Development Workshops and Implementation



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Nursing_Needs analysis for clinical and PhD nurses.

Nursing_Supporting Research in Nursing

Overview of community service projects with participation of students

Procesverbali i Takimit Te Keshillit UBT 14.01.2025

Punimet Scopus dhe Google Scholar-INF

QA_Questionnaire for Quality Teaching_Stakeholders

QA_Questionnaire for Quality Teaching_Students

REPORT ON THE IMPLEMENTATION OF THE DOCUMENT MANAGEMENT SYSTEM AT UBT

UBT_Clinical_Practice_Agreement_Nursing.

UBT_Faculty of Health Sciences_Strategic Research Plan 2022 2027

Additional information 2:

Deep Learning Policy of UBT College

Generative AI Policy UBT

Guidelines for Student Assessment UBT

Long-Term-Staff-Development-Operational-Plan-UBT-2023-2028

Quality-Assurance-Policy-of-College-UBT

Regulation for student assessment

Regulation-on-anti-plagiarism

Regulation-on-Election-to-Governing-Bodies

Regulation-on-recruitment

Regulation-Scientific-Research-and-Publications

Site visit/ interviews: see overview in agenda

Note: the process is based on the KAA METHODOLOGY on Monitoring and Post-accreditation Procedures



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Post-Accreditation Procedure has been carried out:

a) on-site visit

Date of on-site visit (if applicable): 20 March 2025

Agenda and representatives met as part of the post-accreditation process:

Site Visit Programme		
Time	Meeting	Participants
09:15 – 10:00	Meeting at the KAA office	KAA staff and expert
10:35 – 11:55	Meeting with the management where the programme is integrated	Prof. Edmond Hajrizi, Fitim Alidema, Dugagjin Sokoli, Visar Hoxha, Artan Tahiri
11:55 – 12:35	Lunch break	-
12:40 – 13:40	Meeting with responsible persons to discuss and identify improvement	Edmond Hajrizi, Fitim Alidema, Dukagjin Sokoli, Visar Hoxha, Artan Tahiri, Shqipe Agushi, Naser Rugova, Abdullah Gruda, Andrita Kurhasku, Njomza Shosholli, Trendelina Pillana, Nafije Pajaziti, Drita Berisha St. Eureka Dermaku, Drita Loshaj
13:45 – 14:30	Visiting Facilities/equipment	Edmond Hajrizi, Fitim Alidema, Dugagjin Sokoli, Shqipe Agushi, Abdullah Gruda, Andrita Kurhasku, Lirigzona Morina,
14:35 – 14:40	Internal meeting of KAA staff and experts	-
14:40 – 14:45	Closing meeting with the management of the faculty and program	Edmond Hajrizi, Fitim Alidema, Visar Hoxha,



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		Artan Tahiri, Dugagjin Sokoli
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Section 1: General Information

1. Accreditation Period:

- Start Date:
- End Date:

2. Recommendations Overview:

- Total Recommendations: 54
- Recommendations Fulfilled: 17
- Recommendations Pending: 36
- Recommendation Not fulfilled: 1

Section 2: Summary of Findings

Overall Fulfillment of Recommendations:

(Provide a general summary on the extent in implementation of recommendations from the accreditation process).

Introduction

(Provide 1-2 paragraphs about the process of post-accreditation).

The Self-Improvement report gives an overview per standard of the actions that has to be undertaken to improve the respective recommendations. In the summary it is mentioned that “ a structured and evidence-based approach was employed in defining the actions in order to ensure that each recommendation can be implemented effectively and in alignment with international standards. The expert appreciated the overview of the recommendations in a table with 3 columns:

1. The list of recommendations in column 1
2. The overview of actions to undertake, with responsibility of structures and staff in column 2. It is not mentioned if the action has started or in which time frame the action will be completed/or is completed.
3. Evidence that actions have taken place for each recommendations can be found in the list of documents in column 3. It has to be noticed that these documents are mostly not in the annexes, but later in the additional information that was asked for by the expert. The expert appreciated the timely delivery of those documents.



Participants in the interviews during the site visit were very open and showed serious commitment and extreme willingness to improve practices according to the content of the recommendations.

The approach of the expert during the sessions was to go through the standards in “**co-creation**” in order to reflect together on the situation and to gain more insight in how the institution is working to fulfill the recommendations. The expert thanks the management team, the academic and administrative staff and the students for their high appreciated motivation and participation during the interviews.

Description of Actions and Evidence

(Provide a general summary on the extent in implementation of recommendations from the accreditation process).

1. Mission, Objectives and Administration

Status received: substantially compliant

Number of recommendations: 5

Fulfilled: 4

Pending: 1

Recommendation 1: a review of the program’s mission and vision with involvement of faculty members, academic experts and external stakeholders has been executed in order to ensure alignment with market needs and academic advancements. The mission statement says: “The Nursing Program at UBT College envisions becoming a regional center of excellence in nursing education, practice, and **research**. It aspires to lead in the preparation of highly skilled nursing professionals who advance health equity, promote community well-being, and engage in leadership and **scholarly activities**.” Furthermore is mentioned: critical thinking, innovation, leadership and other competencies that can only be learned in a research-based education. Revised mission statement is produced (annex 31) and according to the mission statement revision document approved by the Academic Senate.

Evidence: fulfilled

Recommendation 2: On the basis of Action Plan for the Revision of Regulations, Rules, and Procedures a periodic review process is established for regulations, rules and procedures set at every 3 year. Committees are installed and workshops organised. Documents give evidence that actions have been undertaken for this recommendation as for example Quality Assurance



Procedures to Monitor Compliance with Institutional Rules and the Code of Ethics, Quality Assurance Procedures for Evaluating Teaching Methods. Additional information documents give evidence for the “periodic” review process. Feedback loops of the results to students and external stakeholders have not been seen in a systematic way .

Evidence: pending, ongoing process

Recommendation 3: digitalization processes have been made for all institutional documents., website is updated with dedicated section for documents and regulations
During the site visit the results of some of the digitization processes were shown. IT report on implementation of the management system is in place.

Evidence: fulfilled

Recommendation 4: compliance with rules and regulations is assessed through regular audits, reporting mechanism with guarantee of anonymity and ethics committee reviews. Annex 10 shows for the Code of Ethics the steps to go, with defining the goals, the actions to be taken and the defined outcomes. Implementation is underway

Evidence: fulfilled

Recommendation 5: according to annex 1 all relevant rules and regulations are translated in Albanian. During interviews the expert was informed that all documents are translated and are available on the website.

Evidence: fulfilled

2. Quality Management

Status received: substantially compliant

Number of recommendations: 8

Fulfilled: 1

Pending: 7 (partially fulfilled, ongoing processes)

Recommendation 1: QA instrument for research assessment is in place. The results for academic year 2023-2024 are available. Topics dealt with are: research output evaluation, research infrastructure assessment, research process monitoring, research development and support, student involvement in research.



Furthermore the quality assurance questionnaire for research environment assessment gives an overview for each topic of the evidence that planned actions and defined goals are reached. For research output: published articles, books and conference proceedings. For research infrastructure assessment: inventory of equipment and facilities, funding and grant allocation records, feedback and audit reports, for research process monitoring: ethics committee approval records, research strategy documents, collaborative agreements records. For researcher development and support: training and workshop attendance records, award and incentive distribution records, reports on mobility program participation. For student involvement in research: records of student research projects and publications, feedback surveys from students and mentors, updated course syllabi with research components. Evidence is found in annexes and in additional documentation asked by the expert as Budget allocation document with 32.000 euro for research, Supporting the UBT Nursing Program Sciences Strategic Research Plan (2022–2027), the document with Publications link (Scopus/Google Scholar/Knowledge Center) 2022-2023-2024

Evidence: fulfilled

Recommendation 2: The learning outcomes evaluation report 2023-2024 presents the findings of the learning outcomes evaluation questionnaire of 85 staff members of the nursing program. This report concludes that “the nursing program has demonstrated exemplary performance in achieving and evaluating learning outcomes”. The conclusion is that the Nursing Program demonstrates strong alignment between learning outcomes and program objectives. The high level of participation in curriculum mapping sessions indicates a collaborative effort to ensure quality and coherence across courses.

During interview with teachers, students, dean, vice deans, vice rectors to discuss improvement, it became obvious that there is in real practice not yet achieved what was written in the evaluation report. A concern is that top management seems not to be aware that reality on the work floor can be different with what is written on paper! This is a well-known pitfall in quality assurance practices. Implementation of learning outcomes as steering mechanisms for teaching and learning costs time because the implementation realizes in the end the transition from teacher-centred education to student-centred education.

Although faculty development workshops and implementation measurement procedures give evidence that actions have been undertaken, more trainings have to be organized starting with learning to write learning outcomes (Bloom), learning how to realize alignment with teaching and learning activities and learning to use assessment tools on competency level (Biggs). This transition is a huge process of innovation and needs more time for full implementation. The trainings have to be compulsory because all teaching staff has to implement competence-based teaching and learning.



QA instrument for learning outcomes assessment is available and shows methodology for implementation of learning outcomes and describes the evidence indicators that can be followed up in the future. Quality of final thesis has to be defined with standardized instruments and with external assessors. The implementation of a global framework for quality assessment can give more evidence that the intended learning outcomes of the study program can be mastered by graduation.

Evidence: pending

Recommendation 3: 3 documents give evidence that the institution has worked on this recommendation.

1. A questionnaire for students for admission evaluation (admission criteria and policies, admission procedures, inclusivity and diversity, continuous improvement in admissions, communication and transparency, submission and evidence and instructions for submission)
2. Quality assurance instruments for admission evaluation. In this document methodology as reviews, surveys, benchmarking mechanisms, audits, feedback, focus groups and indicators of evidence of quality are defined.
3. The admission evaluation report 2023-2024. This report gives the results from the admission evaluation questionnaire with 85 academic staff respondents. Unfortunately these results are not valid and reliable because the target group for information about quality of admission procedures are the students, not the teachers.

Evidence: pending

Recommendation 4: 2 documents give evidence that the institution has worked on this recommendation: the teaching methods evaluation report 2023-2024 and the teaching evaluation report 2023-2024. Again the results come from a questionnaire with 85 academic staff members. Conclusions are again very positive as is written in the summary: "The results of this evaluation underscore the exceptional performance of the academic staff of the nursing program...", but the target group for a questionnaire has to be the student groups. For teaching staff other methodologies should be used, including more visits to the teaching rooms, discussions with peers etc...

Evidence: pending

Recommendation 5: 3 documents are in place. Clinical training evaluation report 2023-2024. The same methodology is used with questionnaire for academic staff, 85 respondents. Again the conclusions are very positive with exemplary performance! This conclusion cannot be taken with this instrument. A mix of instruments should be used for academic staff. The target group for evaluation of clinical practice are the students, the graduates and external stakeholders from clinical settings. In Quality Assurance Questionnaire for Students and in the questionnaire for



stakeholders. In the Evaluation of Teaching Processes are no questions about the quality of the clinical practice setting. Questionnaires for quality of the clinical practice settings for graduates have not been seen.

The document quality assurance instruments for clinical training evaluation is a theoretical framework with 5 instruments for quality assurance with for each instrument defined methodologies and evidence indicators. It is not clear how the trainings for clinical teachers, supervisors are organised. Are those trainings compulsory and what is the attendance rate? It is not visible or transparent to see effectiveness of such trainings on the work floor in clinical practice. Is implementation realized? Students were very positive about clinical practice. The document evaluation of clinical stage outcomes evaluates to which extent students achieve the intended learning outcomes during their clinical training stages, ensuring alignment with national standards, institutional objectives, and best practices in nursing education and is conducted with a multi-method approach with the following components: competency-based assessment tools, students reflective journals and portfolio's, structured clinical evaluation reports, OSCE's, student self-assessment and satisfaction surveys, clinical site feedback. On the basis of the results actions have been undertaken as

- Additional hours were introduced in critical care and emergency nursing clinical rotations.
- Clinical simulation labs were enhanced to bridge gaps in exposure to complex clinical cases.
- Workshops on medication safety and pharmacological management were integrated into practical courses.
- Feedback mechanisms between clinical sites and the program have been streamlined for continuous improvement.

Furthermore monitoring to realize continuous improvement is in place. The portfolio structure and content gives evidence that learning has taken place in the intended learning outcomes of the program.

Evidence: pending, ongoing process because of more than 100 new places to start for clinical trainings.

Recommendation 6: 2 documents give evidence that the institution has worked on this recommendation. The quality assurance framework for qualitative evaluation of academic staff performance creates the framework for evaluation. Interesting are the instruments of peer discussions, class room visits by peers and yearly the self-evaluation by the academic staff. The long term operational plan for developing academic staff (2023-2028) is a comprehensive theoretical document with mission and vision, defined strategic objectives and defined



implementation phases. Especially the monitoring of the performance in order to see progress and effectiveness of actions that have been undertaken. Key performance indicators are defined (perhaps to evaluate of these are the best choices) and annual review reports are promised.

Evidence: pending, ongoing process

Recommendation 7: Procedures are outlined to monitor the compliance of staff members with institutional rules and the code of ethics. 6 procedures have been defined in the document with clear objectives and defined output. This is a good starting document to lead and follow-up implementation of the different actions.

Evidence: pending, ongoing process

Recommendation 8: Summative report of internal quality assurance 2023-2024 gives evidence that the institution has worked on recommendation 8. The expert misses a SWOT analysis of the findings. Overall strengths are highlighted, but the report misses critical analysis as for the weaknesses, the opportunities and the threats. Overall impression is that the quality assurance system is theoretical well elaborated but implementation is underway. Surveys should be done especially with students and stakeholders systematic and structurally embedded. Questionnaires have to be updated (no questions about learning outcomes in the questionnaire for students and stakeholders). The quality of the quality system has to be reviewed and updated in order to go for effectiveness and efficiency and to demonstrate overall progress.

Evidence: pending, ongoing process

3. Academic Staff

Status received: substantially compliant

Number of recommendations: 12

Fulfilled: 2

Pending: 10

Recommendation 1: During interview with top management it became clear that recruitment efforts for nursing staff are priority 1. Medical doctors are teaching and working in team with nurses as is the case in reality in the clinical settings. The institution makes efforts to attract experienced nursing professionals as is seen in the document Needs Analysis: Clinical Staffing and Academic Capacity for the Nursing Program at UBT College. 100 more clinical supervisors are needed for the current number of students. This document gives the strategic goals for implementation of the recommendation as recruitment drive, a PhD pipeline, faculty development and retention, collaboration with clinical sites. Increase in nursing staff members is not yet enough realised.



Evidence: pending, ongoing process

Recommendation 2: Only 1 PhD nurse is in place. No PhD nurses are available in Kosovo. Attracting international PhD nurses is very difficult. 3 nurses have started with PhD studies. Candidates are supported by reduced teaching time and financial support for publication of scientific articles.

Evidence: pending, ongoing process

Recommendation 3: Although the institution has a lot of experience in internationalization, mobility is not visible in this study program. Also at Faculty level mobility activities through Erasmus+ and bilateral agreements are in place. Student and staff exchanges have been actively implemented, with increasing trends each year.

There are no mobility windows in the study program. In the summary report of internal quality assurance there is nothing mentioned about mobility. In the annexes there is no information about mobility agreements, reports on staff mobility participation nor feedback from staff on mobility experiences. Mobility is realized in the frame of some research projects. English language course is offered in the program.

Although details on participation, destinations, and partnership institutions are tracked and reported annually through the International Relations Office the expert has not seen these track reports for this study program.

Evidence: pending, ongoing process

Recommendation 4: no actions have been seen in the frame of this recommendation. There is an overview of the experience of the current program leaders. No leadership review reports or appointment letters for new program heads have been seen. The long term operational plan for developing academic staff (2023-2028) is a good starting theoretical document to realize quality of staff performance including leadership roles.

Evidence: pending, ongoing process

Recommendation 5 and 6: overview of the trainings is in place with numbers of attenders. Evidence of implementation and quality in daily practice of the innovative teaching and learning methods became not visible during the interview with teachers and students.. Although post-workshop feedback from academic staff indicates improvement in confidence and capability, progress is not measurable, implementation of new techniques and strategies, efficiency and effectiveness is not transparent.

Academic staff asks for advanced pedagogical training in technology-enhanced and interdisciplinary approach in teaching and learning.

Evidence: pending, ongoing process



Recommendation 7: students are positive about student services and support. Processes are digitalized. Management information system is in place. Moodle environment is used for teaching and learning. No feedback reports from students have been delivered in the annexes. Questionnaire for students for quality of the teaching processes is in place and has to be used in a structural way with systematic feedback of the results to the students.

Evidence: pending, ongoing process

Recommendation 8: The number of students supervised for their thesis by 1 professor is at the moment 5. The question is that most supervisors are medical doctors and not nurses. A policy on Thesis supervision has been approved, setting limits on bachelor thesis supervision per academic staff member annually. This policy is now embedded in academic procedures and is monitored for compliance through the Thesis Oversight Committee.

Evidence: fulfilled

Recommendation 9: An overview of the community service projects has been seen, some students are involved. More has to be done to make that all students are involved in such projects, especially in interdisciplinary settings.

Evidence: pending, ongoing process

Recommendation 10: On overview of updates of literature in library gives evidence that this recommendation is followed. Syllabi are updated according to the summary of the internal quality assurance. According to the additional information documents all syllabi underwent a comprehensive evaluation in 2023 as part of the internal QA cycle. Updates ensured alignment with learning outcomes, inclusion of recent scientific literature, and application of ECTS principles. This process is structurally embedded into the QA annual review. During interviews with staff and students there was not enough evidence found of implementation of working with learning outcomes as steering methodology for the teaching and learning processes.

Evidence: pending

Recommendation 11: the recommendation for evaluation of teaching methods is followed. Evidence is found in the evaluation report 2023-2024. This document cannot give evidence that progress has been made. Other methodologies have to be implemented (see under QA recommendations) The practice of peer observation and feedback should be used structurally and strategically for all teachers. Updating of learning materials has started but is not yet evaluated by students.

Promotion criteria are clearly defined and include dimensions of teaching. The policy is transparent and merit-based, and promotion dossiers are evaluated by an internal committee with external validation.

Evidence: pending



Recommendation 12: the list of faculty-submitted articles has been seen (in Albanian). According to the additional information documents action to update syllabi for literature incorporating researches articles has been undertaken in 2023.

Evidence: fulfilled

4. Educational Process Content

Status received: Partially compliant

Number of recommendations: 5

Fulfilled: 2

Pending: 3

Recommendation 1: Clinical training needs analysis report gives evidence that situation is in follow up. During interview with top management it became clear that recruitment of staff is top priority. To find 100 clinical trainers is not evident. To be sure that those 100 are ready to supervise the students in a clinical setting is even more difficult. Obligatory trainings will be essential in order to get quality in the primary process of learning with efficient and effective feedback loops.

Evidence: pending

Recommendation 2: QA instruments and procedures are very well developed to monitor the quality of the clinical stages, inclusive checking if the learning outcomes defined as competencies are reached by the students. Implementation is in the phase of piloting the instruments and the procedures. Especially for the new 100 places it will be a challenge to realize these goals.

Evidence: pending

Recommendation 3: This recommendation is taken up. Here also work is in progress. A mix of divers validation instruments should be used to validate the assessment tools. Training of teaching staff will be crucial.

Evidence: pending

Recommendation 4: Palliative care is integrated in the study program with 4 ECTS. Evidence for evaluation of quality has not yet been seen.

Evidence: fulfilled

Recommendation 5: In the frame of the revision of the syllabi a comprehensive review of all syllabi to identify missing codes has been undertaken in order to ensure appropriate subject codes.



Evidence: fulfilled

5. Students

Status received: substantially compliant

Number of recommendations: 7

Fulfilled: 4

Pending: 3

Recommendation 1: several actions have been undertaken. Quality Assurance Instruments for Admission Evaluation, Questionnaire for Admission Evaluation, Admission Evaluation Report 2023-2024 are in place. This report is again a questionnaire for academic staff. The conclusions of the results from 85 academic members indicate that the admission regulations (criteria and policy, communication and transparency, inclusivity and diversity) are streamlined application procedures with transparent selection processes. Have strong commitment to diversity, supported by effective outreach and financial aid programs. Have robust mechanisms for continuous improvement, driven by data and stakeholder feedback. Show excellent communication practices that foster trust and satisfaction among applicants. In the questionnaire for students are questions about quality of admission procedure but there are no results of these questionnaires.

Evidence: pending

Recommendation 2: Actions have been defined as well as evidence indicators. No records of appeal cases and resolutions of the appeals committee have been delivered, neither material from awareness campaigns.

Evidence: pending

Recommendation 3: Students are very satisfied with the student services. Students were positive about the communication with and the support of teaching staff. Consultation hours have been increased across the board, and student satisfaction with access to academic staff has improved significantly. Additional consultation hours have been institutionalized during midterm and exam periods. Evaluation of the needs of the students should be a priority.

Evidence: fulfilled

Recommendation 4: UBT College maintains an institutional license with Turnitin. All academic staff and students have access to the platform through institutional credentials. The tool is



integrated into the academic integrity framework. An overview of workshops and numbers of attenders has not been delivered.

Evidence: fulfilled

Recommendation 5: Schedules have been updated and group sessions delivered.

Evidence: fulfilled

Recommendation 6: Although top management is convinced to promote internationalization no strategic plan for internationalization is delivered for this study program. International conferences are organized. In the budget allocation list there is no post for internationalization. Mobility can be included in research allocations and in scholarships (national or international), but is not mentioned. There is no mobility window in the study program curriculum. English language is a course with 3 ECTS.

Evidence: pending

Recommendation 7: The Alumni Office has facilitated regular engagement through career days, mentorship programs, and continuing education seminars. These initiatives are part of the college's graduate tracking and employer feedback mechanisms.

Evidence: fulfilled

6. Research

Status received: substantially compliant

Number of recommendations: 13

Fulfilled: 3

Pending: 10

Recommendation 1: In the summative report of internal quality assurance, is mentioned that several actions have been undertaken with some output. Research output has increased with 20% (35 peer reviewed international publications, 78% of academic staff involved in interdisciplinary research, increase of student participation in research projects by 25%, research infrastructure assessment, research process monitoring, research development and support and student involvement in research with post workshop improvement in student's confidence and competence in research related tasks. Furthermore there is evidence for expanded Research Grants and Incentives, collaboration with external partners, research mentorship programs and research presentation opportunities and enhanced visibility. Moreover faculty and students received multiple awards and accolades at national and international conferences, showcasing the quality and impact of their work. The expert has not seen the indicators defined for this recommendation: a research strategy document or meeting minutes from strategy development



sessions. It is not possible to see a structural and strategic approach with a long term perspective for growth and consolidation for the nursing study program because most of the information is on faculty level.

All students have to be involved in research projects. Efforts should be made the coming years within a framework for consolidation and growth.

Evidence: pending

Recommendation 2: Actions and indicators for outcome are defined. No evidence found that action has been undertaken.

Evidence: pending

Recommendations 3: The evaluation questionnaire for staff performance contains questions about research performance.

Evidence: fulfilled

Recommendation 4: Not only teaching but also research activities also in the frame of services to community and output are criteria for promotion.

Evidence : fulfilled

Recommendation 5: Actions and indicators of outcome are defined. In the report of the implementation of IT no goal to create a centralized database to track academic staff's research contributions has been defined. Records of annual updates have not been delivered.

Evidence: pending, ongoing process

Recommendations 6: Actions and indicators of outcome are defined. In the summative report of quality assurance no workshops about research methodology are mentioned, no records of attendance have been delivered. Training for nursing staff in research methodology. Funding allocation is in place but not specified. Competitive grants were introduced to encourage high-quality research aligned with institutional priorities and societal needs. Faculty members received financial incentives and recognition for publishing in high-impact journals, further motivating research productivity (not specified on the basis of which criteria).

Evidence: pending

Recommendation 7: Actions and indicators are defined. An affiliation policy document and awareness campaign materials have not been delivered.

Evidence: pending, ongoing process



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Recommendation 8: Partnership agreements have been seen. Mobility funding records have not been delivered.

Evidence: pending: ongoing process

Recommendation 9: Actions and indicators are defined.

Evidence: pending

Recommendation 10: Action is undertaken to integrate relevant research articles into course syllabi. Updated syllabi and monitoring reports as indicators defined.

Evidence: fulfilled

Recommendation 11: Actions and indicators defined. Updated contracts are not delivered. No evidence for conducted workshop and records for attendance.

Evidence: pending

Recommendations 12: The summative report of internal quality assurance gives a 25% increase in participation of students in research projects and mentions the practice to make teams of senior researchers with junior researchers and students. It is not mentioned how much of those pairs are working and how many students are involved. Monitoring reports are needed to oversee over time the quality of this project as for efficiency and effectiveness.

Evidence: pending

Recommendation 13: The quality Assurance Framework for Qualitative Evaluation of Academic Staff Performance gives criteria for performance in the 3 pillars of academical responsibilities: teaching, research and social services. No evidence was found how the criteria are implemented for promotion and what the weight is for research, teaching and social services. A great opportunity for this study program is the nexus between research and social services in order to enhance quality in the health care system and quality for the patient.

Evidence: pending

7. Infrastructure and Resources

Status received: substantially compliant

Number of recommendations: 4

Recommendation 1: The number of enrolment of new students is not reduced. For academic year 2024-2025 also 100 students can enroll.

Evidence: not fulfilled



Recommendation 2: Capital investments for infrastructure and student support of the Program Nursing is 12.000 euro per year. During the site visit the expert has seen auditoria, inclusive a videoconferencing room and smaller rooms, well equipped with modern teaching equipment. Simulation lab is well equipped for nursing care to perform all practical skills as defined in the intended learning outcomes.

The UBT University Medical Center is equipped with modern infrastructure and the latest technical devices as was seen during the site visit of the outpatient clinic, the hospital rooms and the ward for admission of emergency patients. Unfortunately the beds were mostly empty and students were not on the floor.

100 new clinical settings have to be selected and prepared to teach the students of the program in the near future.

Evidence: pending

Recommendation 3: Laboratories are not exclusively dedicated to the Nursing program but shared with other programs. Students were not complaining of the infrastructure. Capacity will remain a problem in the opinion of the expert.

Evidence: pending

Recommendation 4: Access to online library/international databases of journals for both students and teachers has been facilitated as is mentioned in the research plan of the faculty.

Evidence: fulfilled

- **Strengths Identified:**

List key strengths that emerged from the post-accreditation evaluation.

- ✓ *Commitment and willingness to work on all recommendations in order to realize continuous improvement of adherence to the ESG*
- ✓ *Quality of the interviews. It was possible to work in co-creation with mutual respect and openness. In this way it was possible to create a "learning community" approach.*
- ✓ *Quality of annex table with overview of recommendations with well - defined actions and defined indicators for measurable outcomes*
- ✓ *UBT provided quickly and adequately the additional information requested by the expert, who is very grateful for this cooperation*

- **Areas for Further Improvement:**

Highlight areas that still need attention or improvement.



- ✓ What is missing in the table with recommendations, actions and indicators for evidence is a timeframe to fulfill tasks and a follow up system to make progress visible.
- ✓ The quality assurance system is theoretically well elaborated on paper. Important concern is that the perception of the top management about the implementation of the defined actions is too positive. Transitions in education are processes that need time. The risk is that quality assurance results are only realized on paper and that reality on the floor is totally different (cfr implementation of learning outcomes)
- ✓ Quality of instruments for quality assurance should be improved and target groups better defined.
- ✓ PDCA cycle has to be implemented fully. Closing the cycle is essential, with feedback of results to stakeholders and planning the following cycle, to realize a continuous process of quality assurance
- ✓ Quality of the quality assurance system has to be reviewed and updated.
- ✓ Research needs more financial support in order to build more capacity.
- ✓ Mobility windows in the study program curriculum should be realized as well as more financial incentives for teachers and students.

Section 3: Final Evaluation

- **Final Fulfillment of Recommendations**

(Provide final evaluation statement for State Quality Council)

(The supposed recommendation has been fulfilled/partially fulfilled/not fulfilled)

3: Final Evaluation

□ **_Final Fulfillment of Recommendations**

(Provide final evaluation statement for State Quality Council)

(The supposed recommendation has been fulfilled/partially fulfilled/not fulfilled)

Taking into consideration the content of the SIR and its annexes and documentation made available, along with the information gained through the undertaken interviews, the Expert finds the Bachelor in Science of Nursing Study Program evaluated to have met the KAA post-accreditation requirements with the following level of compliance:

Standard	Recommendation Status
1. Mission, objectives and administration	5 recommendations with action taken out of the 5 (4 fulfilled)



2. Quality management	8 recommendations with action taken out of the 8 (1 fulfilled and 7 partially fulfilled)
3. Academic staff	12 recommendations with action taken out of 12 (2 fulfilled, 10 partially fulfilled)
4. Educational process content	5 recommendations with action taken out of the 5 (2 fulfilled, 3 partially fulfilled)
5. Students	7 recommendations with action out of 7 (4 fulfilled, 3 partially fulfilled,)
6. Research	13 recommendations with action out of the 13 (3 fulfilled, 10 partially fulfilled)
7. Infrastructure and resources	4 recommendations with action out of 3 (1 fulfilled, 2 partially fulfilled, 1 not fulfilled).

In conclusion, the Expert Team considers that the Ba Sc Nursing study program offered by UBT **has taken actions (being either fulfilled or partially fulfilled)** to implement for 53 recommendations meaning for 98,04 % of the total recommendations of 54



Section 4: Annexes

1. Annex 1. Synthetic approach of the recommendation implementation process

Synthetic approach of the recommendation implementation process

<i>Number</i>	<i>Recommendation</i>	<i>Evaluation (Fulfilled / Partially Fulfilled / Not Fulfilled)</i>	<i>Recommended deadline to fulfill</i>
1. Mission, Objectives and Administration			
1.	Rediscuss and maybe revise the mission of the program so that it better reflects its research mission	Fulfilled	
2.	Review all regulations, rules and procedures (including QA instruments) periodically - e.g. every two or three years. Involve the entire academic community - including the administrative staff - in the process, while also consulting the external partners when relevant. Check the correlation between them so that they don't contradict each other	Partially fulfilled	On going process to install systematic and structurally with follow-up meetings with all stakeholders
3.	Make on-line available and accessible all the documents and key regulations of the institution	Fulfilled	
4.	Develop instruments to monitor and proactively encourage the members of the academic community to follow all rules and regulations of the college, including the	Fulfilled	



	<i>Code of Ethics. For example any member of the community should be aware about the ways in which they could report any type of misbehavior, case of corruption, discrimination or abuse</i>		
5.	Publish all relevant rules and regulations in Albanian, on the college website (so that, for example, future students can get informed about their rights and responsibilities in advance)	Fulfilled	
2. Quality Management			
1.	<i>Develop QA instruments for collecting data about the quality of the research activity, the availability of research infrastructure, equipment and materials etc.</i>	Fulfilled	
2.	<i>Consider developing QA instruments for checking if the intended learning outcomes of the study program are reached</i>	Partially fulfilled	<i>Start immediately, 2 years for full implementation (start academic year 2026-2027)</i>
3.	Recommendation 3: Develop QA instruments to address the admission procedure– thus checking if they are fairly and consistently applied for all candidates (similar to the procedures developed for the student assessment)	Partially fulfilled	<i>Academic year 2025-2026 with implementation structurally and systematically of questionnaires for students with follow up and feedback of results and defined actions for improvement.</i>
4.	Develop QA instruments to check the teaching strategies and the quality of learning materials	Partially fulfilled	<i>Academic year 2025-2026 with implementation structurally and systematically of questionnaires for students with follow up and feedback of results</i>



			<i>and actions for improvement and a mix of instruments for teachers as peer sessions to discuss and class room sessions with peers.</i>
5.	Develop QA procedures and instruments to monitor the quality of the clinical training	Partially fulfilled	<i>Ongoing process, 100 new places to implement procedures and instruments</i>
6.	Develop qualitative approaches for evaluation of academic staff	Partially fulfilled	<i>Full implementation in academic year 2025-2026</i>
7.	Develop QA procedures to check if all the members of the academic community follow the rules and regulations including the Code of Ethics	Partially fulfilled	<i>Implementation in academic year 2025-2026</i>
8.	Recommendation 8: Publish summative reports of the internal quality assurance system, in an easily accessible spot on the website	Partially fulfilled	<i>Immediately, document is in place but not found on the website</i>
3. Academic Staff			
1.	<i>Increase the number of nurses involved in this study program</i>	Partially fulfilled	<i>On going</i>
2.	<i>Increase the number of nurses with PhD that are having classes in this study program</i>	Partially fulfilled	<i>On going</i>
3.	<i>Support and encourage the staff to conduct mobilities in other countries - EU and non-EU - in order to increase their knowledge and skills in teaching and research activities</i>	Partially fulfilled	<i>On going</i>
4.	<i>Replace and to put as Heads of the study program people with more knowledge and experience in teaching and research due to the fact that those that participated in the meeting were not appropriate</i>	Partially fulfilled	<i>On going</i>



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5.	<i>Develop a concrete annual plan for training activities for the staff with a special focus on nursing/healthcare issues</i>	Partially fulfilled	<i>Academic years 2025-2026 and 2026-2027</i>
6.	<i>Monitor professional development of the academic staff and report on it</i>	Partially fulfilled	<i>On going</i>
7.	<i>Improve the supervision and monitoring of the consultations that the academic staff has with the students</i>	Partially fulfilled	<i>Academic year 2025-2026</i>
8.	<i>Decrease the number of students that professors supervise for their thesis</i>	Fulfilled	
9.	<i>Provide more services to the Community as its presence is minimal</i>	Partially fulfilled	<i>On going</i>
10.	<i>Update of the literature that is in the syllabus is important</i>	Partially fulfilled	<i>On going</i>
11.	<i>Develop a procedure to evaluate the teaching strategies and the learning material of the staff is urgent</i>	Partially fulfilled	<i>On going</i>
12.	<i>Include in the syllabus the scientific articles that academic staff provides to the students</i>	Fulfilled	
4. Educational Process Content			
1.	<i>Continue to put effort in improving the quality of the clinical training, by targeting a student-trainer ratio of 2:1</i>	Partially fulfilled	<i>On going</i>
2.	<i>Develop and implement QA instruments and procedures to monitor the quality of the clinical stages including checking if their learning outcomes are reached by students - e.g., if they have developed the appropriate skills and competences</i>	Partially fulfilled	<i>On going</i>
3.	<i>Continue efforts to develop reliable and valid mechanisms for checking the standards of student achievement</i>	Partially fulfilled	<i>Academic year 2025-2026</i>



4.	<i>Increase significantly the number of hours dedicated to palliative in the study program</i>	Fulfilled	
5.	<i>Add the missing codes for each subject, in the syllabuses and related documents</i>	Partially	<i>September 2025</i>
5. Students			
1.	<i>Make the admission procedure clearer (e.g. by defining the mathematical formula used to rank interested candidates for enrolment). Make sure the admission procedures are applied consistently and fairly to all applicants</i>	Fulfilled	
2.	<i>Make the appeal procedure easier to use and encourage students to use it whenever they feel miss-treated</i>	Partially fulfilled	<i>Immediately</i>
3.	<i>Offer more transparent flexible arrangements for students to meet their attendance criteria</i>	Fulfilled	
4.	<i>Make the Turnitin platform accessible to both students and teachers, for them to check their papers individually</i>	Fulfilled	
5.	<i>Consider increasing the consultation hours and offering some additional group sessions of consultations, when needed and appropriate</i>	Fulfilled	
6.	<i>Continue and intensify efforts to set up exchange programmes for students. They could be for studying or for practice (internships in clinics abroad) and/or national or international mobilities</i>	Partially fulfilled	<i>On going</i>
7.	<i>Develop the activities of the Alumni club</i>	Fulfilled	
6. Research			



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1.	<i>Develop a Research Strategy that will focus on the specific needs of the nursing program</i>	<i>Partially fulfilled</i>	<i>Immediately</i>
2.	<i>Revise the expectation for an 8% increase in revenues from research the next year</i>	<i>Partially fulfilled</i>	<i>Academic year 2025-2026</i>
3.	<i>Include research activities as part of the self-assessment evaluation questionnaire and the peer to peer evaluation format, when it will be developed and prior to its implementation</i>	<i>Fulfilled</i>	
4.	<i>Consider the revision of the existing "Regulation on Scientific Research and Publications" by defining the impact of research on academic staff promotion</i>	<i>Fulfilled</i>	
5.	<i>Collect data and create a database with all the scientific work of the academic staff and to update it regularly (at least once per year)</i>	<i>Partially fulfilled</i>	<i>Academic year 2025-2026</i>
6.	<i>Support the nurses involved in this study program to improve the quality of their research activities and the publication of the results</i>	<i>Partially fulfilled</i>	<i>Ongoing process</i>
7.	<i>Encourage Academic staff to use as affiliation the UBT while in case of double affiliation, it's recommended to use both</i>	<i>Partially fulfilled</i>	<i>Immediately</i>
8.	<i>Continue the efforts to increase the number of mobility of academic staff for both incoming and outgoing</i>	<i>Partially fulfilled</i>	<i>Ongoing process</i>
9.	<i>Encourage and provide incentives to academic staff to publish jointly with academicians working in European Universities</i>	<i>Partially fulfilled</i>	<i>Ongoing process</i>
10.	<i>Ask their teachers to include in the syllabus the additional information (such as research</i>	<i>Fulfilled</i>	



	<i>articles) provided to the students</i>		
11.	<i>Include information about intellectual property in the contract of the academic staff</i>	Partially fulfilled	<i>Immediately</i>
12.	<i>Increase efforts and multiply actions to include students in research activities and make them part of the publication process</i>	Partially fulfilled	<i>Ongoing process</i>
13.	<i>Clarify what research activity is expected from teachers interested in a promotion and what are the criteria for career advancement</i>	Partially fulfilled	<i>Immediately</i>
7. Infrastructure and Resources			
1.	<i>Reduce the number of students as to correlate with the number of equipped spaces dedicated to the Nursing program</i>	Not fulfilled	
2.	<i>Better equip the laboratories so it serves the needs of the Nursing program</i>	Partially fulfilled	<i>Ongoing process</i>
3.	<i>Enstate a management system to monitor the overload of each laboratory space (ensure that the laboratories dedicated to the Nursing program are not shared with other programs in a manner that affects the quality of the teaching process in the Nursing program)</i>	Partially fulfilled	<i>Ongoing process</i>
4.	<i>Facilitate remote access to the online library/international databases of journals, to both students and teachers.</i>	Fulfilled	



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