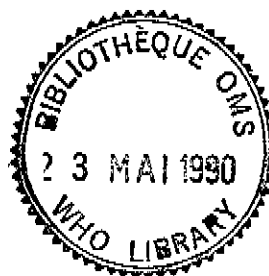


# EVALUATION OF REORIENTED CURRICULA IN BASIC NURSING EDUCATION

Report of an  
Interregional Workshop  
Bangkok, Thailand, 12-20 December 1988



World Health Organization  
Division of Health Manpower Development  
Geneva, Switzerland  
1989

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INTERREGIONAL WORKSHOP ON  
EVALUATION OF REORIENTED CURRICULA IN BASIC NURSING EDUCATION

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ACKNOWLEDGEMENT

Grateful acknowledgement is made to the Danish International Development Agency (DANIDA) for funding this workshop.

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## 1. INTRODUCTION AND BACKGROUND

Since the Declaration of Alma-Ata in 1978, the nursing profession has participated in the development of strategies to make basic nursing education programmes relevant to the attainment of the social goal of "Health for All" through primary health care. Many nursing schools in several countries of the WHO regions have examined their basic curricula and have promoted community-oriented education. The World Health Organization has supported several developments in curriculum reorientation; it has as well enhanced the sensitization and consciousness of nurse teachers towards the attainment of the health-for-all goal.

The experiences of many nursing schools in reorienting curricula gave laudable empirical results, but systematization of the reorientation or change process was most often non-existent. In order to promote a more systematic planning of change that would involve the entire school and give direction towards the reorientation process, the Prospective Analysis Methodology (PAM) has been identified as a potentially useful approach to determine the changes that have taken place and to motivate further changes. Experience with this method in medical, public health, and nursing schools in several countries in Latin America has offered many possibilities for orienting the development of education of future health professionals towards primary health care.

The use of the PAM is not new. However, its application to the health sector and to planning change in nursing development is recent. The WHO Regional Office for the Americas spearheaded its use for medical and nursing schools and it was the subject of a WHO global workshop of nurse leaders in Washington, D.C. in November 1987.<sup>1</sup>

## 2. THE WORKSHOP

### 2.1 Introduction

The Workshop should be seen as part of the general drive to achieve "Health for All" through primary health care and, in particular, to reorient basic nursing education. Participants were drawn from seven countries of the South-East Asia and Western Pacific Regions (Bangladesh, India, Nepal, Republic of Korea, Philippines, and Thailand. The members of the Secretariat came from Australia, Philippines, U.K., and from WHO Headquarters in Geneva and the South-East Asia Regional Office (New Delhi). The nursing schools, from which the participants came, differed considerably in their degree of reorientation, as well as in their experience of the Progressive Analysis Methodology, which was the tool upon which the workshop ultimately focused, as a potentially valuable instrument for determining change. (Annex 1).

### 2.2 Objectives

1. To examine the feasibility of using Prospective Analysis Methodology as a tool for facilitating change in the nursing curricula towards "Health for All".
2. To focus in particular on indicators that will demonstrate the extent to which the curriculum is in accord with the concept and principles of "Health for All" and primary health care.
3. To describe in general terms how to reorient the facilitating environment in which the curriculum change takes place.

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<sup>1</sup>Final Report of the meeting on "Planning for Change in Nursing Development", 16-20 November 1987. Washington, D.C., Pan American Health Organization, Health Manpower Development.

### 2.3 Process

The workshop format was chosen as being the one most likely to facilitate the achievement of the objectives. After the opening formalities were completed, and an account was given of the curriculum operating in each of the participants' schools, most of the time was given over to discussion.

As the timetable shows (Annex 2), each topic was introduced in a short plenary session; curriculum evaluation, curriculum change, and Prospective Analysis Methodology were the principal ones. After each plenary session, the participants divided into three working groups for discussion. (These tended to remain constant throughout the meeting.) The shortest session lasted three and a half hours. In addition to the three working groups, which dealt with specified tasks (Annex 3), the same participants played a role in three other different groups: one group worked on a glossary (Annex 4), another on the "User's Guide to PAM", and the third one on the recommendations of the meeting. Although each group working on a specified task had a rapporteur, when the groups met in plenary session one person summarized the reports of all three groups. This was acceptable to the participants, economized on time, and was an effective way to make progress. It was very evident that the participants developed a strong cohesion, which undoubtedly facilitated the outcome.

## 3. PROSPECTIVE ANALYSIS METHODOLOGY (PAM)

### 3.1 Definition

PAM is a methodology for facilitating change. It is a process that facilitates:

- decision-making
- interchange of ideas and opinions
- recognition and development of a need to change

PAM makes people:

- think of the future
- choose between alternatives
- select realistic possibilities
- anticipate emergencies

PAM is a way of identifying and working with elements people can control and change. It is a practical, flexible, and democratic way of bringing about change.

The methodology has two elements that differ from traditional methods of change:

#### Prospective approach

It projects into the future and examines what is needed to change the situation in a comprehensive and integrated way. In the case of health development, it is viewed as being interrelated with socioeconomic and political development and not separately. PAM is flexible and can be adapted to different specific realities, to different conditions of curriculum and institutional development, to different stages in the development of the nursing profession, and to different sociopolitical situations.

#### Method of analysis

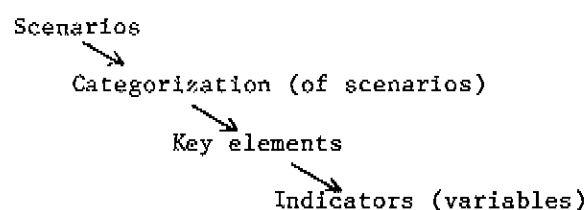
With the future as the focal point, alternatives for attaining the desired future are examined both for their effectiveness and for their social implications.

Figure 1. Comparisons Between Evaluation and PAM.

Characteristics	Evaluation	PAM
Purpose	Examines worth of object	Examines directions for change
Method of analysis	Retrospective (Present-Past)	Prospective (Future - Present)
Focus	Generally technical	Comprehensive and integrated
Indicators	Pre-determined criteria	Scenarios
	Qualitative generally (To what extent/how much)	Qualitative (Is there a change?)
Process	Less democratic	Democratic
Agent of change	Outsider	School itself
Results	Delayed	Immediate

### 3.2 How to construct the PAM instrument

The PAM instrument consists of four (4) main features:



#### 3.2.1 Scenario building

Scenarios are "hypothetical" portrayals of more than one possible future situation. They describe explicitly and systematically the probabilities of different possible events in the future. In respect to nursing education oriented to primary health care, the future possibilities envisaged are based on a conceptual framework and an image of what nursing might be like in the future with an emphasis on what nursing can contribute to health development and social change. The number of possible scenarios will depend on group consensus.

The following examples show three (3) possible scenarios that the PAM instrument developed:

Scenario A represents a stable condition. It describes some progressive development of the existing situation but without major changes. It is based on current trends and present realities in nursing.

Scenario B represents moderate changes in conditions and describes possibilities of major changes in the system. It is based on the assumption that over a given intermediate future time (e.g., the year 1994) the constituents and processes of the system will undergo discernable changes.

Scenario C represents major transformation of conditions in the system and describes possibilities over a longer time period (e.g., the year 2000). It is assumed that innovative or new changes in the system will take place.

#### 3.2.2 Categorization (of scenarios)

From a systems view, and for practical purposes, the organizational basis of the various scenarios is categorized into context, structure, function, and integrity.



### 3.3 Application of the PAM to nursing education: the development of an instrument

Based on a draft PAM instrument presented by the Philippine participants, the workshop produced its own PAM. The Philippine PAM had been produced by a small working group a month or so before the workshop (this being based on a meeting held in Washington D.C. in November 1987, referred to earlier, on page 3. The differences between the two PAMs in part reflect the composition of the two groups arriving at a consensus. The international group was clearly more heterogeneous and, therefore, perhaps tended to make more conservative, less imaginative statements than the more homogenous Philippine group. Also, another difference between the two PAMs is reflected in the different approach by the two groups to their tasks. With hindsight, it may have been better for the international group who, with the exception of the Philippine participants, were new to the methodology, to have devoted more of the very limited time available to the conceptual framework and less to its detail. Annex 6 shows the process of formulation of a conceptual framework that guided the participants. The conceptual framework that was produced in the workshop is shown as Figure 2 on page 6.

The three (3) interlocking figures illustrate the relatedness of three systems - the health system, the nursing system, and the educational system - in the development of a basic nursing curriculum oriented towards primary health care. Each figure identifies key concepts of each system and their relationship to the other concepts within the system. The overlapping of the figures shows the integrative relationship of the concepts of each system as a whole with the concepts of the other systems. Research and evaluation are viewed as essential components of curriculum development that is based on primary health care.

All three systems in a dynamic fashion move towards the social goal of "Health for All" through primary health care.

In its final form, the PAM instrument describes possible future realities for nursing in the achievement of "Health for All". The tool developed in the workshop is found in Annex 5.

Based on the PAM instrument developed, two answer forms were constructed. The individual reply form is given in Annex 7 and the group reply form is in Annex 8.

#### Individual Form

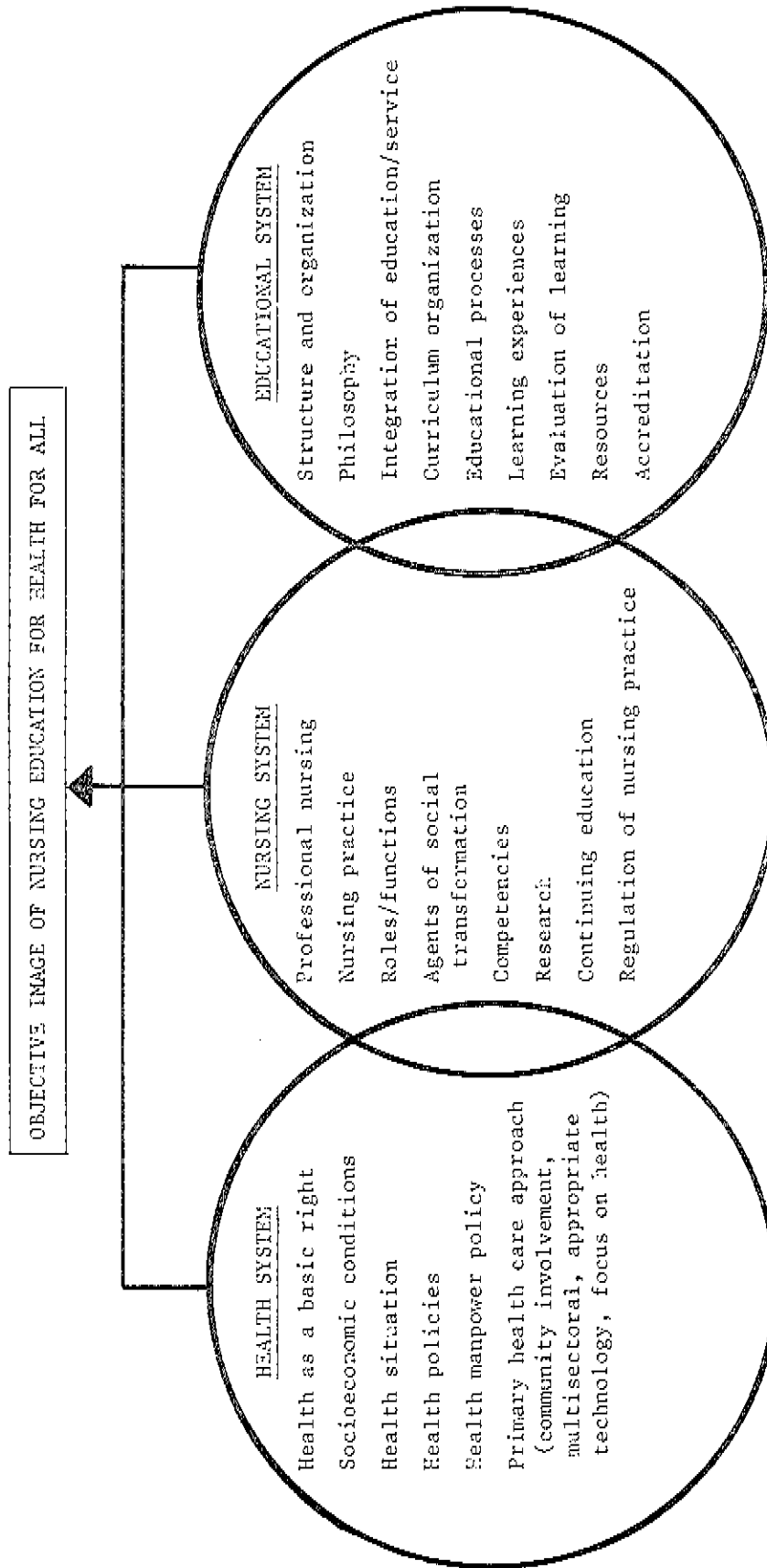
- a) For each item question, the participant chose which description in Scenario A, B, or C was closest to the position of the school at the present time.
- b) The participant proceeded to make a judgement on the extent or degree to which he/she felt the scenario chosen in number 1 typified the school's actual position.

There were three (3) options under each scenario, numbers 1 to 3 representing degrees, as follows:

- |                       |   |                                       |
|-----------------------|---|---------------------------------------|
| 1 - being the least   | } | to the scenario<br>description chosen |
| 2 - in between        |   |                                       |
| 3 - being the closest |   |                                       |

- c) The final answer of the participant consisted of a letter representing the scenario chosen and a number (under the same scenario) representing his/her judgement on the extent or degree to which the particular scenario typified the actual position of the school, e.g., B - 1.
- d) Individual responses to the item questions on the PAM tool were plotted on the form. This produced a graph that showed the general profile of the school's actual position vis-à-vis the future.
- e) All item questions had to be answered except items that were not applicable to the school condition, in which case replies were indicated in the "Scenario 0" column of the form.

Figure 2. Conceptual Framework for the Reoriented Basic Nursing Curriculum



### Group Form

- a) Individual answers to each item question, both the chosen scenario and judgement on the extent of the school situation, are shared and discussed in the group.  
  
A group facilitator may be appointed to enrich group discussions.
- b) A similar process of answering the various item questions is followed to arrive at a final group answer. That is, a chosen scenario and a chosen degree or extent that typifies the actual position of the school.
- c) The group comes up with an answer through consensus.
- d) The final answer reached through group consensus is similarly plotted on the form. This produces a graph that represents the actual position of the school, vis-à-vis the future.

A sample of a school profile appears in Annex 9. The profile of the school is analysed and interpreted. Results serve as a basis for:

- \* creating the normative model for the school
- \* identifying critical areas for setting priorities for change
- \* formulating strategies for institutional development and curricular changes geared towards the goal of "Health for All".

### 4. SUMMARY AND RECOMMENDATIONS

The workshop sought to fully involve all the participants in the experience of using PAM as an approach to examining the nursing curriculum. The dynamic process of sharing experiences, ideas, and views was encouraged throughout the workshop. Because the participants had experienced curriculum development in their own schools, they themselves acted as resource persons in group discussions assisted by facilitators.

Small group work provided the participants with actual experience with the PAM, from formulating the conceptual framework to working through the various scenarios in the PAM tool. The process generated challenges as well as some skepticism in the use of the methodology, which were discussed and clarified during the plenary sessions.

Individual and group assignments gave time for the participants to reflect on, and go through, the exercises on the diagnostic and analytical phases of PAM, using their own school and country situations as a frame of reference.

The group concluded that the PAM has value in monitoring progress and directing change in the reorientation of nursing curricula. Commitment to try the PAM was expressed by the participants in their plan of action (Annex 10) and recommendations.

Workshop output consisted of a modified PAM tool (Annex 5) for a basic nursing curriculum geared towards primary health care; this will serve as one basis for the preparation of a PAM user's guide.

#### 4.1 Recommendations

On the basis of discussion, and the experiences of the participants with the Prospective Analysis Methodology, the following recommendations were made:

1. For WHO to form a post-workshop committee to refine the PAM draft guide focusing on the:
  - a) conceptual framework
  - b) key elements
  - c) progression of scenarios from A to C

2. For participants to carry out a plan of action, and include persons in their own country who can provide leadership in the use of the PAM.
3. For participants in this workshop to submit reports to WHO on country experiences in the implementation of the PAM, and to share these reports with the Member countries participating in the workshop.
4. For better implementation of the PAM, there must be collaboration between countries that are implementing or have implemented PAM.
5. For future workshops, participants should be prepared with the following:
  - a) country situation
  - b) school situation
  - c) conceptual framework of their school(s) curricula.
6. That nursing schools with curricula reoriented to primary health care focus on using PAM to monitor indications of change.
7. For WHO to provide the required technical and financial support to encourage schools to monitor their programmes towards the goal of "Health for All" through primary health care.

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PROGRAMME SCHEDULE

Venue: Conference Hall (Ground Floor), Suda Palace Hotel, Bangkok

Monday, 12 December 1988

0800-0900 REGISTRATION OF THE PARTICIPANTS  
0900-0930 OPENING SESSION

Moderator

Dr Saiyud Niyomviphat  
Regional Nursing Adviser, WHO/SEARO

Inaugural Address

His Excellency Dr Sem Pring-Puang-Geo  
Former Minister of Public Health, Thailand

Welcome Remarks

Dr D. Stern  
WHO Representative to Thailand

Introductory Remarks

Mrs Paga Settachan  
Director, Nursing Colleges Division  
Ministry of Public Health, Thailand

0930-1000 Introduction of Participants  
Announcements, etc.  
1000-1030 BREAK  
1030-1045 Background to the Workshop  
1045-1200 Country Experiences in Curriculum Reorientation  
- Republic of Korea: Prof. E. Kim  
- India : Mrs R.K. Sood  
- Philippines : Prof. L.A. Palaypay  
- Thailand : Mrs Srisonwong Wansilpin  
1200-1330 LUNCH  
1330-1500 Curriculum Evaluation: An Overview - Dr R. White  
1500-1515 BREAK  
1515-1730 Group Work I - Curriculum reorientation and the school's role in the HFA era.

Tuesday, 13 December 1988

Moderator

Dr A. Mangay Maglacas

0830-1000 Plenary Session: Summary of group reports - Prof. L.F. Abarquez  
1000-1030 BREAK  
1030-1200 1) Setting the stage for curriculum change - Dr W.D. Clarke  
2) Prospective Analysis Methodology: An approach to curriculum change for the achievement of HFA - Prof. A. Yapchiongo  
Discussions  
1200-1330 LUNCH  
1330-1530 Group Work II - Defining the basic constructs which support the curriculum framework oriented to HFA  
1530-1600 BREAK  
1600-1730 Group Work - continued

Wednesday, 14 December 1988

Moderator

Dr W.D. Clarke

0830-1000 Plenary Session: Summary of group reports - Prof. A. Maglaya  
1000-1030 BREAK  
1030-1100 Plenary Session: Introduction to the development of the instrument:  
Prof. A. Yapchiongco  
1100-1200 Group Work III - Exercise on instrument development  
1200-1330 LUNCH  
1330-1730 Group Work - continued

Thursday, 15 December 1988

Moderator

Prof. A. Yapchiongco

0830-0930 Plenary Session: Review/preview of group work  
0930-1200 Group Work - continued  
1200-1330 LUNCH  
1330-1730 Group Work - continued

Friday, 16 December 1988

Moderator

Dr W.D. Clarke

0830-0930 Plenary Session: Review/preview of group work  
0930-1200 Group Work - continued  
1200-1330 LUNCH  
1330-1530 Plenary Session: Strategies of curriculum change and agents of change - Dr  
W.D. Clarke  
Discussions

Saturday, 17 December 1988

Moderator

Dr (Mrs) Saiyud Niyomviphat

0830-1000 Plenary Session: Summary of the modified tool - Prof. E. Kim  
Discussions  
1000-1030 BREAK  
1030-1200 Discussions - continued  
1200-1330 LUNCH  
1330- Assignment  
Exercise on the use of PAM instrument

Sunday, 18 December 1988

HISTORICAL AND CULTURAL TOUR TO AYUDTHAYA PROVINCE, AN ANCIENT  
CITY OF THAILAND

(Details of departure, etc., will be announced later)

Monday, 19 December 1988

Moderator

Prof. A. Yapchiongco

0830-1000	Plenary Session: Summary of individual reports - Dr Suchitra Luangamornlert
1000-1030	BREAK
1030-1200	Group Work IV - Commitment to a Plan of Action
1200-1330	LUNCH
1330-1500	Presentations of Plan of Action
1500-1530	BREAK
1530-	Presentations - continued

Tuesday, 20 December 1988

Moderator

Dr A. Mangay Maglacas

0830-1000	Reports of Committees*
1000-1030	BREAK
1030-1200	Summing-Up
1200-1230	Closing Session (Details to be circulated later)

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\*Committees on Glossary, Recommendations and Users' Guide

SCHEDULE OF GROUP WORK SESSIONS12 December 1988GROUP WORK: Session 1CURRICULUM REORIENTATION AND THE SCHOOL'S ROLE IN THE ERA OF HEALTH FOR ALLTASKS:

1. Define the characteristics of a reoriented basic nursing curriculum.
2. Identify the role of the school of nursing in the "Health for All" era.
3. Enumerate and discuss major facilitating and constraining factors in curriculum reorientation.

13 December 1988GROUP WORK: Session 2DEFINING THE BASIC CONSTRUCTS THAT SUPPORT THE CURRICULUM FRAMEWORK ORIENTED TO HEALTH FOR ALLTASKS:

1. Identify trends in nursing education and practice focused on "Health for All" through primary health care.
2. List possible future situations as to what the place of nursing might likely be in health systems based on primary health care.
3. Enumerate the basic constructs that support a curriculum reoriented to primary health care.

14 December 1988GROUP WORK: Session 3EXERCISE ON INSTRUMENT (PAM) DEVELOPMENT

A draft instrument has been prepared by a group of nurse educators from the University of the Philippines. This draft was the result of a group process, which should ordinarily be the start of any work in scenario planning. Because of time constraints, the workshop participants need not start from scratch, but they can build on what has already been started.

TASKS:

1. Examine critically the instrument in terms of the following:
  - (a) consistency of the scenarios with the conceptual framework
  - (b) appropriateness of the categories (context, structure, function, and integrity) of the indicators
  - (c) adequacy of key elements (socioeconomic indicators, research, etc.) under each category
  - (d) clarity of statements of each indicator
  - (e) progression of change of indicators depicted in each scenario.
2. Write your suggestions/recommendations for refinement of the instrument.

17 December 1988

INDIVIDUAL EXERCISE ON THE USE OF THE PAM INSTRUMENT

Each participant will use the tool referring to their own institution and curriculum as background references. Answers should be indicated on the answer sheets and all items should be answered.

In the process of answering each item, please note the following:

1. critical points that should be revised/modified or added
2. ease in understanding the words used in the instrument
3. other suggestions or comments that could improve the tool and/or its use.

The completed answer sheet should be given to Dr Suchitra Luangamornlert before departing for the tour on 18 December 1988.

GLOSSARY

<u>Category</u>	A group of elements that characterize components of the conceptual framework.
<u>Concept</u>	A word or idea to which abstract meaning is attached.
<u>Context</u>	A general environment in which nursing schools are found. Its influence embraces effects on the school in terms of its institutional role and the effects to be observed on school programmes.
<u>Continuing education</u>	Formal or informal education that follows initial preparation in a field.
<u>Criteria</u>	Specific attributes for deciding whether the standard has been met.
<u>Extension activity</u>	Activities offered by a school or its individual members to other institutions or to the community.
<u>Function</u>	The efforts of a school to achieve its goals.
<u>Graduates</u>	Persons who have completed a formal education programme.
<u>Health service unit</u>	A level of service within the health care delivery system, e.g., health centre.
<u>Indicator</u>	(Synonymous with scenario) The current situation and the desired future situation.
<u>Integration</u>	Blending of separate subjects together to make a meaningful whole.
<u>Integrity</u>	The interrelationship of context, structure, and function that allows the institution to respond as a whole to society.
<u>Intersectoral</u>	The relationship among different service areas, e.g., health and housing.
<u>Monitoring</u>	A regular, continuous process for checking progress.
<u>Multi-disciplinary</u>	Describes combination of different areas of knowledge, e.g., nursing, sociology, biology.
<u>Quality assurance</u>	A method of monitoring the extent to which the service meets the standards of care.
<u>Reliability</u>	The quality that indicates consistency of results.
<u>Standard</u>	A recognizable, accepted norm.
<u>Structure</u>	Includes the internal and external organization of the school. Internally, it refers to the organization of curriculum and administration; externally, to the school's organization in relation to the environment in which it is found.
<u>Traditional</u>	A set of customs and usages accepted and shared by specific groups and passed down from one generation to another.
<u>Validity</u>	The accuracy with which the tool measures what it is supposed to measure.

PAM INSTRUMENT DEVELOPED DURING THE WORKSHOP

Scenario A - stable situation	Scenario B - moderate changes	Scenario C - Imaginative and attainable through transformation
<p><u>Organization &amp; Management of School</u></p>		
<p>1 The school is organized into disciplines which function independently of each other.</p>	<p>The school is organized by departments/units/programmes that combine different disciplines and subjects.</p>	<p>The school has a formal mechanism which facilitates the integration of diverse disciplines in the different units/depts/programmes.</p>
<p>2 The organization of the school bears no relation to the organization of the health services.</p>	<p>The organization of the school is related to the organization of health services through committees and interest groups.</p>	<p>The organization of the school has various mechanisms that ensure a good working relationship with the health services.</p>
<p>3 The administrative structure provides little support for educational activities.</p>	<p>The administrative structure supports educational activities.</p>	<p>The administrative structure fully supports education, service and research activities.</p>
<p>4 The school is seldom involved in financial decisions on planning and administration of its budget.</p>	<p>The school prepares the budget but has limited participation in the decision-making about its adoption and administration.</p>	<p>The school prepares and administers its budget independently &amp; participates in decision making concerning the management of resources.</p>
<p>5 School committees review necessary changes but these are usually limited to aspects of the curriculum.</p>	<p>The school promotes changes through a structural reorganization while also seeking institutional integration.</p>	<p>There is an established procedure for making changes. This includes a regular review to facilitate changes that are more consonant with the changing needs of the health and social situation.</p>
<p>6 The teaching staff has little direct involvement in the nursing service.</p>	<p>The teaching staff continue to have direct involvement with nursing service with the support of the school, but this practice has not been institutionalized.</p>	<p>The teaching staff is fully involved in nursing services, especially PHC, through various activities, which reflect the integration of education and service.</p>
<p>7 School administrators and teachers participate in the school's development process. Graduates' participation is sought only in exceptional cases.</p>	<p>Students and teachers participate in some areas of the school's development process with occasional involvement of graduates and/or the community.</p>	<p>Students, administrative personnel, teachers and community representatives participate in the school's development process.</p>

Scenario A - stable situation	Scenario B - moderate changes	Scenario C - Imaginative and attainable through transformation
<p>8 The structure of the school is compartmentalized such that the learning experiences of nursing students are independent of other health professions.</p> <p>9 The criteria for admission include the previous education and academic performance of the student.</p> <p>10 The school accepts decisions on annual enrolment from the institution to which it is attached (eg university, ministry) and has little say in the decision-making.</p> <p>11 Little importance is attached to specialization and/or professional experience in selection of teaching staff.</p> <p><u>Resources</u></p> <p><u>Budget</u></p> <p>12 The budget is limited to educational functions.</p> <p>13 Little effort is made to secure extra-budgetary funds.</p>	<p>The structure of the school provides mechanisms for students to learn in collaboration with other health professions.</p> <p>The school's criteria for admission include the student's background in biological, social and behavioural sciences in addition to their previous education and academic performance.</p> <p>The school is involved in the planning for annual enrolment, based on the projections for population needs, health policies, and employment opportunities.</p> <p>Teaching staff are selected on the basis of professional training and on experience in their area of specialization.</p> <p>The budget gives priority to education and services activities.</p> <p>An effort is made, from time to time, to secure extra-budgetary funds, usually locally and through the individual efforts of the teaching staff.</p>	<p>The structure of the school enables multiprofessional learning experiences in the community.</p> <p>The admissions policy includes, in addition to the students' previous education and academic performance, a preference for those students who have a background in the biological, social, behavioural and natural sciences and in the humanities.</p> <p>The school plans annual enrolment according to population needs, health and employment policies, and the demand for professional nurses.</p> <p>All teaching staff are selected/prepared on the basis of their a) experience in their area of specialization, b) experience in PHC, c) teaching skills, and d) research experience.</p> <p>The budget provides for research, education, service and extension activities that respond to the health needs of the population.</p> <p>The school has the capacity/mechanisms to generate its own resources, with a significant impact in relation to its total budget.</p>

Scenario A - stable situation	Scenario B - moderate changes	Scenario C - imaginative and attainable through transformation
<p><u>Library</u></p> <p>14 The school's library facilities just reach the minimum national standards.</p> <p>15 The library's reference system is limited to the school level.</p> <p><u>Role and Function of School</u></p> <p><u>Primary Health Care</u></p> <p>16 There is provision for clinical field experiences in primary health care independent of the activities of the service units.</p> <p>17 The school, through its students, participates in the delivery of health services. It has little contact with graduates for the purpose of improving nursing care.</p> <p>18 The school participates with the services in planning. Evaluation of the health system only takes place, when requested.</p> <p>19 The school confines its function to preparing health manpower on the assumption that it will participate in the country's development process.</p>	<p>The library facilities are a little higher than the minimum: national standard.</p> <p>The library's reference system is extended to other schools.</p> <p>There is participation in primary health care projects/activities of the existing service units.</p> <p>Through its teachers and students the school contributes to changes in the orientation in the services. There are mechanisms for follow-up of graduates for the purpose of involving them in the latter process.</p> <p>The school is represented in coordinating committees for the planning and evaluation of the health system.</p> <p>The function of preparing health manpower is identified with the country's development process. Its contribution to the areas of services and research is limited.</p>	<p>The library facilities fully conform with national standards and everything is updated on a regular basis.</p> <p>There is a learning resource centre with adequate materials to support all the functions of the school.</p> <p>The school assumes leadership to hasten the change process in the development of health service units towards primary health care.</p> <p>Through its teachers, students and graduates there is involvement in the development of new models of care which give priority to primary health care.</p> <p>With the nursing service there is active involvement in the planning and evaluation of the health system and a shared responsibility for care.</p> <p>Through its functions of teaching, services and research, the school assumes a leadership role in the country's development process.</p>

Scenario A - stable situation	Scenario B - moderate changes	Scenario C - imaginative and attainable through transformation
<p>20 The school of nursing prepares the nurse for a position in the nursing team, but she is given limited consideration to her role in a multiprofessional team.</p>	<p>The nursing school sees the nurse as an independent professional and a member of the multiprofessional team. This view is not clearly demonstrated in the theoretical and practical aspects of the curriculum.</p>	<p>The school of nursing regards participation in multi-professional teams and the capacity to make independent professional decisions as fundamental. It participates actively in carrying out activities that demonstrate such qualities and features.</p>
<p>21 Little attention is paid to issues concerning the profession's working conditions, either in the theoretical or in the practical part of the curriculum.</p>	<p>The importance of improving the profession's working conditions is recognized. Nurses are encouraged to play an active role in the search for strategies and mechanisms to attain this goal.</p>	<p>The school assumes a prominent role and establishes linkages with services to improve working conditions.</p>
<p>22 Nursing manpower/training policies are determined with limited participation of nurses from either the service or educational sector.</p>	<p>Nursing manpower training policies are decided by groups made up of nurses and other representatives through formal and informal mechanisms. However, its relationship with the general manpower training policy in the health field is weak.</p>	<p>The school participates in the formulations of nursing manpower training policies involving multisectoral groups.</p>
<p>23 There is very little participation in the training of auxiliary personnel.</p>	<p>The school is represented on the governing bodies of training centres for auxiliary personnel.</p>	<p>The school participates in total nursing manpower development, i.e. both professional and auxiliary.</p>
<p>24 The school accepts decisions promulgated by the body responsible for establishing regulations for practice.</p>	<p>The school makes recommendations for consideration by the body responsible for establishing regulations for practice.</p>	<p>The school exerts strong influence or participates in the membership/compositions, functions and decisions of the body responsible for establishing regulations for nursing practice.</p>
<p><u>Academic Development</u></p>		
<p>25 A conceptual framework has been developed in nursing in line with the health conditions in the country but its influence on curriculum programming is limited.</p>	<p>A conceptual framework has been developed based on the social and health conditions in the country but reflected more in theory than in overall programming.</p>	<p>The conceptual framework is based on social, economic and health conditions in the country and reflected in all of the school's activities.</p>
<p>26 Opportunities are provided to discuss the nature and scope of nursing theories and techniques.</p>	<p>The school recognizes the need to analyse the applicability of nursing theories and techniques to the conditions of the country with limited mechanisms for implementation.</p>	<p>The school critically analyses current nursing theories and techniques and their relevance to nursing's contributions to national development.</p>

Scenario A - stable situation	Scenario B - moderate changes	Scenario C - Imaginative and attainable through transformation
<p>27 Through its teachers, students and graduates, there is participation in activities (e.g. scientific meetings) that help to define the functions of the profession in PHC.</p>	<p>Through its teachers, students, and graduates, the school organizes/participates in activities which help define the nature of nursing in PHC.</p>	<p>Through its teachers, students and graduates, the school assumes a prominent role in research and other activities all of which help define the nature of nursing and its contributions to the solution of health problems.</p>
<p>28 The school occasionally publishes studies, usually monographs.</p>	<p>A periodical is published regularly to disseminate its work on education, service and research.</p>	<p>The school regularly disseminates its work on education, service and research through various means.</p>
<p>29 The school addresses its functions through a primarily curative approach to care. It does not give priority to preventive activities or to health education.</p>	<p>Emphasis is placed on the role of nursing in health promotion and disease prevention. This is achieved in practice with the individuals who come to seek care in the established health service system.</p>	<p>The school fulfills all its functions with health promotion and disease prevention as the focus of nursing to attain major social change and health for the people.</p>
<p>30 Through the work of its teachers and students the school carries out primary health care as part of its extension services to the communities.</p>	<p>Through the work of its teachers, personnel and students, the school utilizes the primary health approach as a strategy in the primary and secondary levels of health care.</p>	<p>Primary health care is demonstrated as an integral part of its philosophical/conceptual framework and is fully implemented.</p>
<p>31 The teaching staff are given a standardized philosophy of nursing to be applied to curriculum development.</p>	<p>The teaching staff themselves have defined the philosophical framework that guides curriculum development.</p>	<p>The teaching staff, student groups, graduates and service personnel determine the philosophical framework that guides curriculum development.</p>
<p><u>Research</u></p>		
<p>32 The organization of the school demonstrates low priority in research. If there is any provision for research, it is only done in isolation from services and training.</p>	<p>The school demonstrates the need for research and provides the means for development but it is maintained separately from services and education.</p>	<p>There is a budget allocation specifically for research and additional outside funds are sought on a regular basis. The timetable gives time for research by the staff and the necessary support services are provided.</p>
<p>33 The findings of research undertaken by different health professionals is utilized in teaching; however, its own research activities are minimal.</p>	<p>Teachers, students and graduates individually carry out some research on selected problems affecting the health of the country.</p>	<p>Teachers, students and graduates, as members of interdisciplinary teams, participate in research committees to prevent and solve priority health problems through research.</p>

Scenario A - stable situation	Scenario B - moderate changes	Scenario C - Imaginative and attainable through transformation
<p>34 Research is carried out occasionally without any special focus.</p> <p><u>Continuing Education</u></p> <p>35 Continuing education is pursued through teachers' own initiative with minimal support from the school.</p> <p>36 There is no requirement for the teachers in the school to be trained in pedagogical skill. It is left to the individual teachers to decide.</p> <p><u>Curriculum</u></p> <p><u>Structure of Curriculum</u></p> <p>37 PHC is identified as a strategy for achieving the goals of HFA, which is a major focus in selected nursing colleges.</p> <p>38 The structure of the curriculum reflects little integration, resulting in gaps and overlaps.</p> <p>39 The theoretical/didactic component of the curriculum follows a pre-established programme. The practical experiences bear little relationship to theory.</p> <p>40 The school includes some aspects of the health situation in the curriculum.</p>	<p>Research is carried out periodically with emphasis on biological and patho-physiological aspects.</p> <p>Continuing Education is part of a well-defined programme to upgrade technical knowledge in areas specifically related to the teaching-learning process.</p> <p>The school encourages and provides opportunities for its staff to avail themselves of teachers training programmes.</p> <p>PHC as a strategy for attaining the goals of HFA/2000 is integrated throughout the curriculum development.</p> <p>The structure of the curriculum reflects horizontal and vertical integration of nursing subjects/courses.</p> <p>The theoretical/didactic and practical components of the curriculum are planned separately with some mechanisms for consideration.</p> <p>The current health situation in the country/region is considered in various aspects of the curriculum.</p>	<p>Research is focussed on PHC, multi-professional and multi-sectoral.</p> <p>There is a well defined continuing education programme with clear objectives based on the identified needs of the participants.</p> <p>There is an ongoing continuing education programme for teachers, nurses, other professional staff, supporting groups and community members.</p> <p>PHC approach is the unified framework of the curriculum.</p> <p>The curriculum reflects integration of different areas of knowledge presented in a logical sequence and incorporating the latest developments.</p> <p>The theoretical and practical components of the curriculum are integrated.</p> <p>The current and projected health situation is included in various aspects of the curriculum.</p>

Scenario A - stable situation	Scenario B - moderate changes	Scenario C - imaginative and attainable through transformation
<p>41 Practices occur in several places (hospitals, public health agencies and others) but the hospital is the dominant one.</p> <p>42 Training facilities are selected on the basis of the level of their technological development, but these do not necessarily respond to the actual situations in the country.</p>	<p>Practice is divided almost equally between hospitals and PHC agencies.</p> <p>Training facilities are selected on the basis of the level of their technological development, taking into account their appropriateness to the actual situations of the country.</p>	<p>The school has stated criteria (eg,PHC) for selection of practice sites.</p> <p>Training facilities are selected that use/develop technology, most appropriate to the country's needs/ resources.</p>
<p><u>Evaluation of Curriculum</u></p> <p>43 Curriculum evaluation is carried out only as part of an administrative requirement, but the findings are not used to make changes in the curriculum.</p>	<p>Curriculum evaluation is carried out in some courses and the findings are used to improve particular subjects/areas.</p>	<p>Curriculum evaluation is carried out regularly with the participation of the teaching staff, student groups, graduates and service personnel involved. The outcomes serve as the basis for curriculum changes.</p>
<p>44 Only estimates of the present number and category of nursing personnel are available to be used to evaluate the appropriateness of the curriculum to manpower development policy.</p> <p><u>Learning Process</u></p>	<p>Data on the category and number of available nursing personnel are utilized by the school to determine the types and number of graduates needed.</p>	<p>Competencies required of the graduates are based on functions of nursing personnel.</p>
<p>45 The teaching-learning processes occur mainly in the class room.</p>	<p>The teaching-learning process occurs in the classrooms and throughout practical experiences, although the emphasis on the two is often different.</p>	<p>The learning-teaching process integrates both content and practice in a variety of situations.</p>
<p>46 The teachers use teacher-oriented methods and approaches to transmit knowledge.</p>	<p>The teachers use methods and approaches that encourage/help students to develop critical and analytical skills in some courses.</p>	<p>The learning-teaching processes enable the student to develop critical and analytical skills and are used in all courses.</p>
<p>47 The school uses a variety of educational materials produced in more developed environments, which are not appropriate to existing conditions.</p>	<p>The school examines educational materials produced in different environments and adapts those appropriate to existing conditions.</p>	<p>The school produces/uses educative materials based on actual needs.</p>

Scenario A - stable situation	Scenario B - moderate changes	Scenario C - Imaginative and attainable through transformation
<p>The school provides content-based learning.</p>	<p>The school provides limited competence-based education.</p>	<p>The school provides competency-based learning.</p>
<p>48 The school believes that working conditions conducive to the practice of professional nursing are the responsibility of the employing institution.</p>	<p>The importance of providing working conditions conducive to nursing practice in relevant courses in the curriculum is emphasized.</p>	<p>There is provision for learning experiences where the students analyse the working conditions which facilitate and ensure the full practice of the nursing profession.</p>
<p>49 Student evaluation measures lack emphasis on skills and attitudes.</p>	<p>Student's evaluation measures place emphasis on skills and attitudes.</p>	<p>Evaluation of the students focuses on analytical and problem-solving abilities, clinical skills and social awareness and attitude towards the profession.</p>
<p><u>Role and Functions of Graduates</u></p>		
<p>50 Graduates demonstrate technical knowledge and skills in nursing practice but have limited application of their research skills.</p>	<p>Graduates demonstrate not only their professional competence in nursing practice but also contribute to the improvement of health service through applied research and participation in review committees.</p>	<p>Graduates demonstrate professional competence in PHC in any setting. Graduates also demonstrate creativity in improving PHC services.</p>
<p>51 Graduates accept the professional values of the institution where they practice.</p>	<p>Graduates conscientiously apply professional values in their practice involving patients, families and the community.</p>	<p>Graduates demonstrate social awareness that fosters the application of professional values towards social change.</p>
<p>52 Graduates demonstrate leadership only in the management of patient units or in the implementation of specific health programmes.</p>	<p>Graduates demonstrate leadership in all areas of nursing to improve both services and the service personnel.</p>	<p>Graduates demonstrate leadership that brings about changes in nursing/health service and personnel towards the goal of HFA/2000.</p>
<p>53 The school graduates play a limited role in advocating their profession.</p>	<p>Graduates advocate their profession among the people.</p>	<p>The school graduates actively advocate for the profession and the people towards PHC/HFA goals.</p>
<p>54 The graduates' participation in decision-making is limited to routine matters in their specific areas.</p>	<p>Graduates participate in policy and decision-making at all levels of nursing practice.</p>	<p>Graduates participate in policy and decision-making at all levels of the health care system.</p>

Scenario A - stable situation	Scenario B - moderate changes	Scenario C - Imaginative and attainable through transformation
<p>55 Graduates do not promote nursing because of their ambivalent attitudes towards nursing as a profession.</p> <p>56 Programme activities are based on objectives which define clearly the minimum competencies of graduates.</p>	<p>Graduates identify with their profession. Some assume leadership positions to promote nursing.</p> <p>Programme activities are guided by objectives which emphasize the competencies of graduates for specialized areas of nursing.</p>	<p>Graduates are fully identified with the profession and promote its development in areas.</p> <p>Programme activities are based on objectives which focus on primary health care competencies of nursing in various occupational positions.</p>
<p>57 The school utilizes biological and pathological approaches to nursing care with some consideration for psychological factors and little emphasis on social issues.</p> <p>Accreditation</p>	<p>The school believes in the bio-psychosocial approach to nursing care because it gives greater emphasis to one of the three aspects in some nursing areas.</p>	<p>The school demonstrates the use of the biopsychosocial approach to nursing care in all its activities.</p>
<p>58 Accreditation activities are conducted by non-nursing profession.</p>	<p>Accreditation activities are conducted by the nursing profession with a criteria but they do not have authority to exercise quality control over the school.</p>	<p>Accreditation activities are done on a regular basis by groups of nursing profession with clear criteria based on PHC services. The accreditation body has authority to exercise quality control over the school.</p>

FORMULATING A CONCEPTUAL FRAMEWORK

A conceptual framework is a systematic ordering of selected concepts, organized to show relationships and portray a cohesive and unifying whole. Closely allied with cohesiveness is the idea of consistency and integrity, that is, the set of concepts from one system must be consistent with the other system.

For the reoriented basic nursing curriculum, "Health for All" through primary health care is a basic condition that guides curriculum development. In relation to PAM, the conceptual framework provides an organized frame of reference for developing the scenarios and indicators of possible futures in nursing, both in nursing practice and education.

The formulation of a conceptual framework for PAM entails the following steps:

1. Identification of key concepts.

This step requires:

- a) analysis of trends in nursing practice and education and the underlying concepts and values of the social goal of "Health for All" and the primary health care approach
- b) identification of what nursing can contribute towards the attainment of the "Health for All" goal and, ultimately, social change

2. Thorough discussion on key concepts identified.

Here the group further specify and refine each concept and get down to the core idea or ideas of the concept.

3. Agreeing on certain key or major issues.

Emphasis is given to concepts that give meaning to nursing and that are acceptable to all members of the group. What the group should strive for is a consensus that a particular concept is necessary to nursing education and practice geared towards "Health for All".

4. Showing relationships between and among the concepts.

It is useful to conceptualize a model that reflects how the concepts relate to each other. There is a need to show some logical sense of ordering among concepts. This pictorial image may take a variety of forms, depending on the ordering given to the concepts by the group.

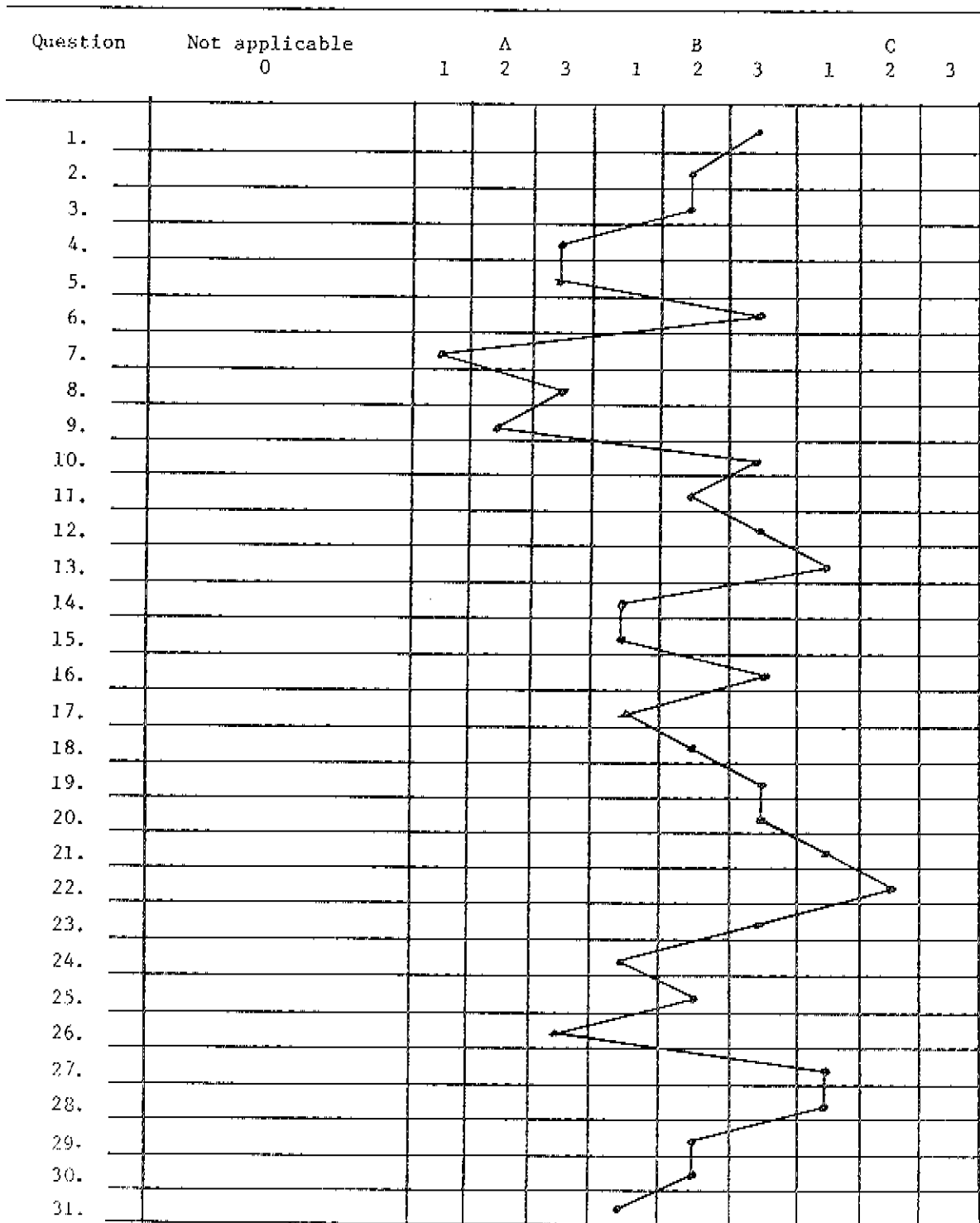








SCHOOL PROFILE SAMPLE





PARTICIPANTS' PLAN OF ACTION AND COMMITMENT

PLAN OF ACTION: AUSTRALIA

Personal Commitment

Cumberland College  
Sturt Campus SACAE  
R.T.C.  
S.I.E.

Inform personnel about the workshop's objectives and outcomes.

Seek opportunities to introduce the method to schools of nursing (as above) to obtain their reactions.

Region

Discuss with Ms T. Miller, Regional Nursing Adviser/WPRO, the feasibility of the method for Papua New Guinea, Tonga, Fiji, Solomon Islands, etc.

Discuss the possibility of an intercountry workshop including Korea's experience of using PAM.

PLAN OF ACTION: BANGLADESH

A. At the degree level:

1. To generate group (faculty) consensus regarding conceptual framework and scenarios, we need to conduct workshop with WHO assistance:
  - technical
  - financial
2. To focus on elements, we may need to prepare our own elements as for country's needs and demands.

B. At the diploma level:

Basic nursing curriculum has already been revised and to implement this plan of action -

1. approval of National Nursing Council
2. during the process of implementation monitoring system will be built in
3. PAM will be utilized as a methodology to develop indicators
4. feedback from users to revise planned activities.

PLAN OF ACTION: INDIA

A. Organization of a workshop with one or two nursing faculty from different colleges of India with WHO assistance under Project HMD 015.

Faculty of Degree Programmes

1. Members will be oriented to Prospective Analysis Methodology instrument, key elements.
2. Members will focus attention on different scenarios and review in the context of health needs.

3. Participants will review key elements and adapt to country's needs/situation.
4. Prospective Analysis instrument will be revised/modified as per needs.

B. Diploma in Nursing and Midwifery

At present teachers in schools of nursing are being oriented to revised (reoriented) general nursing and midwifery curriculum. It will not be possible to introduce the Prospective Analysis Methodology in the schools for the present.

If the faculty of colleges accept and test the Prospective Analysis Methodology for assessment of Degree Programme, it will be adapted for Schools of Nursing by further simplification of the instrument.

C. PAM Methodology indicators will be used for manpower development. Each college will be requested to orient its faculty. Feedback information will be used for revision of the PAM instrument.

PLAN OF ACTION: REPUBLIC OF KOREA

Goal

- . identify the characteristics of the current curriculum
- . develop a PHC-oriented curriculum through PAM
- . reorient basic nursing curricula of Korea through PAM

Stage of change	Process	1989									
		1	2	3	4	5	6	7	8	9	10
<u>UNFREEZING</u>											
Stage	- Reporting the Workshop										
	. Development of framework on PHC-oriented curriculum										
	. Introduction of PAM										
<u>MOVING</u>											
Stage	- Development of Initial Scenarios										
	. Revision of the Initial Scenarios with administrative and health service personnel										
	. Revision of curriculum based on the results of PAM										
	. National dissemination of PAM										
<u>REFREEZING</u>											
Stage	- Interregional Collaborative Action										

PLAN OF ACTION: NEPAL

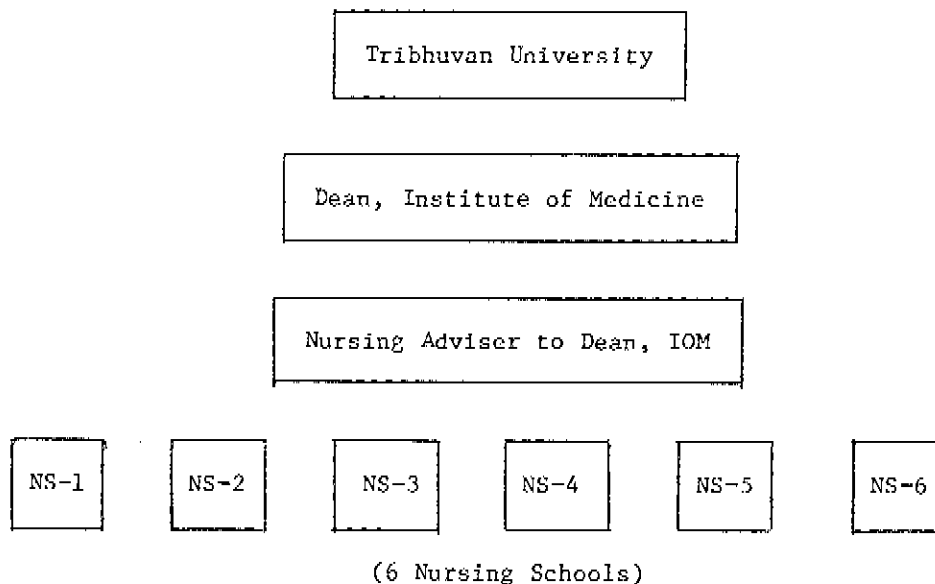
1. Since the reoriented curricula is in the process of evaluation, PAM could be used as a monitor for bringing desired changes in:

- a) structure and organization;
- b) preparation of teachers; and
- c) reallocation of available resources.

2. The above changes could be made through orientation of PAM to other Faculties by means of workshops to be organized by the Nursing Adviser to the Dean (see the organogram) at the national level with assistance, both technical and financial, from the donor agencies (WHO, UNICEF, etc.)

3. Get the feed-back on the tool to fit into the country situation, and revise the tool accordingly for implementation.
4. Reporting on the implementation of the revised tool to WHO.
5. Also make some initial efforts/means to introduce this tool in SAARC.

ORGANOGRAM



PLAN OF ACTION: PHILIPPINES

I - NURSING

1. Make a report of this workshop to the Technical Committee on Nursing and get their reactions.
2. Conduct a workshop with representatives from each region to come up with a final tool for the Philippines.
3. Try out the tool in a pilot school.
4. Conduct workshops in selected nursing schools that are interested to use Prospective Analysis Methodology (PAM).

II - NON-NURSING

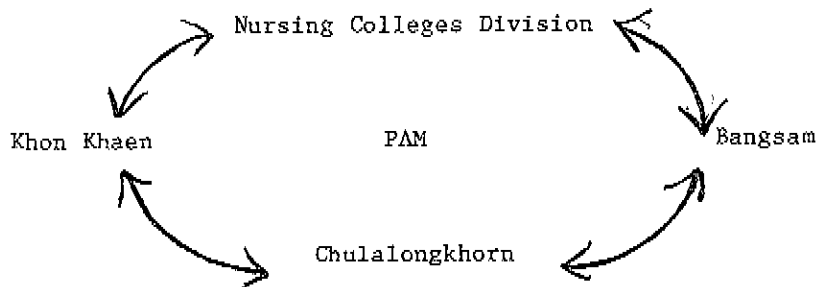
Introduce the PAM to the other health professions through the:

1. National Teacher Training Centre-Health Profession semi-annual workshop; and
2. Technical Panel on Health of the Department of Education, Culture and Sports (DECS).

PLAN OF ACTION: THAILAND

For applying PAM country-wide in Thailand as a monitoring purpose, a collaborative approach is essential. Philosophy of curriculum and previous experience of members of faculties are the most important attributes for the collaboration.

Proposed Plan of Action in Thailand



Phase	Objective	Participants	Place	Time/Day
I. Preliminary	To assess and plan for the possibility	30-40	Bangsam	3 days
II. Working	To refine/develop PAM for Thai culture (situations)	30-40 (same participants)	?	7 days
III. Evaluation	To report on working sites (5)	30-40	?	5 days