

## TEMPLATE FOR PILOT ACTIVITY

<b>Name of the pilot activity</b>	Scientific – Expert International Conference on Nursing “Nursing yesterday, today and tomorrow”
<b>Description of activity</b>	This activity is very important in manner of positioning University of Zenica and Nursing programme at International level. Sharing knowledge and transfer of good practice through presentations is very important for improvement of educational process.

The responsible department/ unit	
<b>Organization unit/ service/ sector</b>	Faculty of Medicine – Study programme Nursing

\* please describe which department/ unit is engaged as leader in the realization of the pilot activity you mentioned in the first part. If this activity is shared among more departments/ units please mention all departments/ units through adding additional rows below first row.

The responsible person	
<b>Name and surname</b>	Mirza Oruč
<b>Title</b>	MA
<b>Position</b>	Senior Teaching Assistant, University ECT(A)S coordinator
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\* please mention the most responsible person for the realization of this pilot activity. If this activity is equally distributed among more persons please mention more persons adding the same rows below the first person.

Specific activities and timetable			
No.	Name of specific activities of this pilot activity	Duration (months)	Deadline
1.	Preparation of Conference	6	March 2018
2.	Sending first call	1	April 2018
3.	<i>Sending 2<sup>nd</sup> call</i>	1	May 2018
4.	<i>Preparation of Preliminary programme</i>	4	December 2018
5.	<i>Final programme presentation</i>	6	September 2019
6.	<i>Conference holding</i>	1	November 2019
<b>Other description/ comments (if necessary):</b>			

\* Pilot activity is consisted of one or more specific activities that should be undertaken if you want to realize pilot activity in whole. Please list all of them here in this part.

Beneficiaries of the Activity	
No.	Name/ Type of Beneficiary
1.	Academics staff
2.	Students
3.	<i>Other employees in field of health care</i>
<b>Other description/ comments (if necessary):</b>	

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\* Beneficiaries of the pilot activity could be students, staff, academic community, and other specific groups.

Expected results			
No.	Name/ Type of results	Measure (if applicable)	Reference to Document (Strategy, Mission, Plan, etc.)
1.	Applied papers		
2.	Presented papers		
3.	Number of participants		
<b>Other description/ comments (if necessary):</b>			

\* please mention all results that can arise from the realization of pilot activity

Non-Institutional Cooperation (if applicable)		
No.	Name of the organization/ experts outside	Type of cooperation/ engagement
1.	Association of Nurses BiH	
2.	Association of Nurse Srbija	
3.	International Nursing association	
<b>Other description/ comments (if necessary):</b>		

\* in this part please mention organizations or experts outside of the university which help and support will be needed in the realization of the pilot activity. You don't need to put exact name of person, just position/ title in the case of engagement of experts. If you don't need this kind of cooperation please delete this part.

Required Equipment (if applicable)			
No.	Type of Equipment	Quantity	Detailed Specification
1.	Video Conference		
2.			
3.	... add rows if necessary		
<b>Other description/comments (if necessary):</b>			
Existing equipement of IT			

\* if you need any kind of equipment necessary for the realization of the pilot activity please mention it. If you don't need anything please delete this part.

Estimated Expenses		
No.	Type of Costs	Required amount of financial resources until the realization of the pilot activity
1.		
2.		
3.	... add rows if necessary	

<b>Total:</b>	
<b>Other description/comments (if necessary):</b>	

\* you can mention different kind of costs here: travel, staff, subcontracting etc.

Funding		
No.	Source of Financing	Required amount
1.		
2.		
3.	<i>... add rows if necessary</i>	
<b>Total:</b>		
<b>Other description/ comments (if necessary):</b>		


\* Please mention sources of funding for estimated expenses described in the previous part and put required amount that can be provided from those sources.

Identification of Possible Threats/ Risk Analysis
<p><b>Description of threats (organizational, human resources, financial, institutional, professional capabilities, possible conflicts of interest and other ones):</b> Please mention all kind of risks you can face during the implementation of the pilot activity. Identified risks can be related to defined activities in part 4 (specific activities and timetable).</p>
<p><b>Strategic responses on each identified risk:</b> Please mention how you plan to reply on defined risk/s described in previous field.</p>
<b>Other description/comments (if necessary):</b>

Quality Control
<p><b>Plan of periodical evaluation/ assessment:</b> Please mention the way how you plan to do periodical evaluation of the realization of the pilot activity and all specific activities. Please mention who will be engaged in this process (not name and surname, but position or function which will be engaged in the job).</p>
<p><b>Measuring progress (methodology, progress indicators, etc.):</b> Please mention indicators of progress that can be used in evaluation.</p>
<b>Other description/comments (if necessary):</b>

**Acceptance by the INSTITUTIONAL PROJECT COORDINATOR OF THE STINT PROJECT**

Name: prof.dr. Malik Čabarava

Function: Signature: 

STINT

  
STINT  
Strengthening of Internationalisation  
of BiH Higher Education

f the University

Signed in: Zenica

on 09/03/18

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