



განათლების ხარისხის განვითარების ეროვნული ცენტრი
NATIONAL CENTER FOR EDUCATIONAL QUALITY ENHANCEMENT

Accreditation Expert Group Report on Higher Education Programme

Medical Doctor (Eng), One-cycle

LLC David Tvildiani Medical University

Date(s) of Evaluation:
17 & 18th of May 2021

Report Submission Date:
21, June 2021

Tbilisi

HEI's Information Profile¹

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| Name of Institution Indicating its Organizational Legal Form | LLC David Tvildiani Medical University |
| HEI's Identification Code | 211360203 |
| Type of Institution | University |

Higher Education Programme Information Profile

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| Name of the Programme | Medical Doctor |
| Level of Education | One-cycle (7) |
| Qualification Granted ² | Medical Doctor (MD) |
| Detailed field and Code | Medicine - 0912 |
| Indication of relevant secondary education subject/subjects/group of subjects (In case of Integrated teacher Bachelor's and Master's programme and Teacher training programme) | - |
| Language of Instruction | English |
| Number of ECTS Credits | 360 |
| Programme Status (Authorized/ Accredited/Conditionally Accredited/New/Internationally accredited) indicating the relevant decision (Number, Date) | Accredited, Council Decision #341, from November 25. 2011 |

Expert Panel Members

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| Chair (Name, Surname, University/organization/Country) | Badrawi, Nadia President of the Arab Network for Quality Assurance in Higher education, QA expert for the WFME, CHEA International Quality Group, ECCTIS/TNE, Cairo University, Egypt |
| Member (Name, Surname, University/organization/Country) | Leila Akhvlediani Professor of School of medicine and Health Sciences of BAU International University Batumi. Dean of the School. Laboratory. Doctor. Georgia |
| Member (Name, Surname, University/organization/Country) | Nani Kavlashvili MD, PhD, Associated professor of paediatric department at TSMU, Paediatrician at M. Iashvili Children's Central Hospital, Georgia |
| Member (Name, Surname, University/organization/Country) | Vakhtang Tebidze (student member), Tbilisi State Medical University, Georgia |

¹ In case of joint programme, please indicate the HEIs that carry out the programme. If the joint programme is carried out in collaboration with the foreign HEI, indicating ID Number and Organizational-legal form is not obligatory

² If the programme is carried out in collaboration with the foreign HEI and the formulation of the qualification granted after the completion of the programme is different, the qualification is indicated according to the respective university

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| Member (Name, Surname, University/organization/Country) | Khatuna Saganelidze, MD, PhD, Professor at New Vision University, Head of Nev Vision University Clinic "Life Quality Improvement Center", Georgia |
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Accreditation Report Executive Summary

- **General information on the education programme**

The David Tvildiani Medical University is a limited liability company located in Georgia, Tbilisi. It awards a bachelor's degree in medicine through its Medical Doctor Program which has dated since 1991. It started in the form of organ system approach, integrated education and assessment.

In 2012, a PBL and virtual case system was introduced through a TEMPUS/ERASMUS project to establish an ePBL MD program in DTMU. This project allowed integration of PBL format within the traditional program. This approach was partially introduced into the traditional program to reduce teacher central teaching, support student-oriented teaching, increase the integration level of the curriculum, evolve the courses to be implemented by small group studies and scientific skills development.

The aim of the MD program is to prepare human clinical practitioners with high level clinical competence, clinical reasoning and lifelong learning skills. The education strategy aims to deliver spiral, integrated, and system-based approach curriculum.

- **Brief overview of the accreditation site-visit**

The self-evaluation report process describes the situation analysis of DTMU. The working group includes 17 faculty members who were responsible for data gathering and analysis and who subsequently wrote the report. The SER followed the format provided by NCEQE. The documents attached to the SER were informative; however, the panel requested further evidences to be attached to the SER.

The previous external evaluation of DTMU was in 2014, the 2021 evaluation covers another period of six years, with one-year delay due to the COVID-19 pandemic.

The review panel studied the documents made available by DTMU and NCEQE. These include the programme's Self-Evaluation Report (SER; March 2021) with reference to the Georgian Authorization Standards for Higher Education Institutions, the university's website, and some additional documents provided at the request of the panel prior to the visit. Because of the pandemic, the site visit was mainly online.

The members of the panel exchanged their initial impressions and conducted different email sessions to prepare for the online site visit. NCEQE organized two preparatory zoom meetings before the site visit where the panel exchanged its views and discussed the main topics for the interviews. It also agreed on the draft program for the visit in a third online meeting.

The site visit took place on the 17 and 18th of May 2021. The programme consisted of two parts: online meetings and on-site visits. In the morning of the first day, two of the Georgian members of the panel participated in an on-site visit of the premises and the rest of the panel were engaged with them online. During the online meetings, 12 interview sessions were organized by NCEQE. The panel met with the University administration, the self-evaluation team, the head of the program, the academic staff, the invited staff, the PBL tutors, the employers, the English and Georgian students, the English and Georgian graduates and the quality assurance department staff. These interviews offered a chance to discuss and ensure the findings in the SER, and to gather more specific evidence. At the end of the visit, the panel passed judgement on compliance for each standard. A final de-briefing meeting with the university completed the site visit.

- **Summary of education programme's compliance with the standards (See the final table)**
- **Summary of Recommendations**

1. ST 2- Focus the effort on teaching Georgian language to international students before starting the clinical years to enable adequate communication with Georgian patients. Add Georgian Language learning course for foreign students at list 10-20 ECTS in Study Plan.
2. ST 2.-Add a prerequisite to each learning course or module (where is it necessary) in the study plan.
3. ST 2- Review curriculum syllabi and map the contents with the LOs of the program.
4. ST 2- Revise the Prerequisite Conditions in the syllabi and make it clear and understandable.
5. ST2- Include description of the assessment methods and criteria for each study courses/Modules in the Syllabi.
6. ST 2- Enhance practical skills teaching with patients in the clinical years.
7. ST 2-Make student assessments more transparent and informative for both the students and the faculty members.
8. ST 2-Apply the full modern and structural student's assessment like OSCE, mini-CEX, and DOPs, in all clinical study years and not limited only to the 6th year.
9. ST 4- Comply the rule for staff recruitment with sector benchmarks.
10. ST 4- Balance the workload between the faculty members.
11. ST 4-Develop a modern policy to evaluate the faculty members.
12. ST 4- Design a clear and structured policy for faculty and staff development and a short and long period plan to implement it.
13. ST 4- Prepare the school infrastructure facilities to accommodate special needs students or faculty members.
14. ST 4- Allocate a specific funds in the budget for scientific and professional development of the staff, improvement of the educational process, replenishment of the library fund, and other activities related to the program.

- **Summary of Suggestions**

1. ST 1- Include elements such as Precision/personalized Medicine, usage of big data and entrustable professional activities in the program objectives to allow the application of evolving medical education.
2. ST 1- include in the Learning outcomes of the DMTU, knowledge and skills on tropical diseases, to fulfil the international working needs for international students.
3. ST 1- Implement the developed mentorship program.
4. ST 2 - Add precondition for admission to the program for foreigner students as certificate of language knowledge no less than B2 level like IELTS or TOFEL.
5. ST 2- Integrate the courses for internal medicine in a more holistic way.
6. ST 2- Increase number and start the elective courses in the early years of the program.
7. ST 2-Review the syllabi specially the relevance of the secondary objectives to the primary objectives of the courses and the year of study.
8. ST 2- Increase the level of integration in the first year of study.
9. ST 2- Review of compulsory textbooks.
10. ST 2 - Increase the involvement of students in national or international research projects.

11. ST 2- Use more Standardized Patients sessions in clinical years (4-5 years) in clinical subjects, it will help students to obtain important skills in history taking, counselling, especially for foreigners that can't communicate with patients in Georgian directly.
12. ST 2 - Reduce ratio of students and clinical teachers in clinical subjects during practical work
13. ST 2- Add a full description of the assessment criteria for each syllabus.
14. ST 2- Plan orientation meeting before each course on the first day, and give information to student about course, everyday activity, assessment methods, exam and so on.
15. ST 2- Increase the threshold for passing mark in the final (exam) assessment in the clinical section.
16. ST 2- Update the log book and turn it in a form of portfolio.
17. ST 3- ensure the involvement of international students in the representation of different councils in the MD program.
18. ST 3- Motivate the students to participate in actual research.
19. ST 3- Increase the awareness of the foreigner students about the system of general services of the university.
20. ST 3- Increase the faculty members supervisors in the clinical teaching phase.
21. ST 4- Improve and make transparent the procedure and conditions for electing academic and selecting of invited staff.
22. ST 4- Specify the directions of clinical practice in the agreement with clinics and the number of students for the practice.
23. ST 5- Systematize the monitoring and the reporting to be done consistently.

- **Summary of best practices:**

1. ST 1- The good usage of the Erasmus PBL project to develop the traditional program and introduce the modern technique in teaching and learning.
2. ST 2- Good integration of the clinical skills from the beginning of the programme.
3. ST 2- The usage of virtual patients in the clinical skills courses.
4. ST 2 - Well equipped skill lab, available for students any time they want to have practice.
5. ST 3-Practical and financial support of students in USMLE exam.
6. ST 3-Providing attracting services for international students.
7. ST 4- The library includes E learning material and a good scanner available to all students; it also contains a comfortable space for reading.
8. ST 4- The skill labs contain modern mannequins and plastinated parts; one of those skill labs was accredited.
9. ST 5- The establishment of the quality assurance service.

Compliance of the Programme with Accreditation Standards

1. Educational programme objectives, learning outcomes and their compliance with the programme

A programme has clearly established objectives and learning outcomes, which are logically connected to each other. Programme objectives are consistent with the mission, objectives and strategic plan of the institution. Programme learning outcomes are assessed on a regular basis in order to improve the programme

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| 1.1 Programme Objectives |
| Programme objectives define the set of knowledge, skills and competences the programme aims to develop in graduate students. They also illustrate the contribution to the development of the field and the society |
| <p>Descriptive summary and analysis of compliance with standard requirements</p> <p>The mission and objectives of the DTMU are clear, well formalized and aligned with those of the HEIs in Georgia as well as to the mission and vision of DMTU university. The objectives are clear, realistic and achievable. The objectives of the program are well translated into the essential knowledge, skills and behaviours that the student should attain at the end of their study period. The panels are convinced that this program will allow graduates to evolve into professional doctors who will have abilities for lifelong learning with good ethical background.</p> <p>During the interview with the administrative group, faculty members and employers, there was a clear understanding on the mechanism of the mission development and objectives which was well disseminated among the stakeholders. The stakeholders were aware of the multiple surveys administered by the Quality Assurance department and approved the dissemination method. Faculty members, students & employers confirmed, through interviews, that they received appropriate orientations on the mission & objectives of the program.</p> <p>There are well delineated competencies leading to the achievement of the program goals, which are well harmonized with the needs of society.</p> <p>The program benefited from the PBL project with TEMPUS/Erasmus to induce higher levels of integration and add new strategies of teaching & learning such as PBL and virtual cases. The evolution of the program from an organ-system approach to a more integrated special curriculum was accomplished successfully.</p> <p>Although the program is modernized and includes modern teaching and learning methods like the PBL, the use of virtual cases, and the uses of standardized patients, there was no mention in the strategic plan or objectives of future evolution of medical education in the clinical years. These modern trends include precision (personalized) medicine, entrustable professional activities and big data utilization and analysis, all of which are important elements in the future of medical education.</p> |
| <p>Evidences/indicators</p> <ul style="list-style-type: none"> ○ Education Program ○ University mission and strategic plan ○ Analysis of labour market and employer's demand ○ Internationalization policy ○ Results of personnel and student surveys webpage ○ Interviews with the administration, graduate, employers and students ○ Component evidences/indicators including relevant documents and interview results |
| Recommendations: |

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| <p>Suggestions for programme development:</p> <p>ST 1- Include elements such as Precision/personalized Medicine, usage of big data and entrustable professional activities in the program objectives to allow the application of evolving medical education.</p> |
| <p>Best Practices (if applicable):</p> <p>ST 1- The good usage of the Tempus/Erasmus PBL project to develop the traditional program and introduce the modern technique in teaching and learning.</p> |
| <p>Evaluation</p> <p><input checked="" type="checkbox"/> Complies with requirements</p> <p><input type="checkbox"/> Substantially complies with requirements</p> <p><input type="checkbox"/> Partially complies with requirements</p> <p><input type="checkbox"/> Does not comply with requirements</p> |

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| <p>1.2 Programme Learning Outcomes</p> |
| <ul style="list-style-type: none"> ➤ Programme learning outcomes describe knowledge, skills, and/or the sense of responsibility and autonomy, students gain upon completion of the programme; ➤ Programme learning outcomes assessment cycle consists of defining, collecting and analysing data; ➤ Programme learning outcomes assessment results are utilized for the improvement of the programme. |
| <p>Descriptive summary and analysis of compliance with standard requirements</p> <p>The program learning outcomes are consistent with the objectives of the program, they are measurable and achievable. They are in accordance with the National Qualification framework and the European Qualification Framework. Moreover, the LOs are compatible with the WFME standards and with other international standards. As a result, graduates would be able to be successfully enrolled in postgraduate studies in the USA & UK. The designed LOs are based on the national medical sectors benchmark, furthermore, they are almost consistent with the labor market.</p> <p>However, during interviews with the foreign graduates, there was a complaint about the lack of knowledge and skills concerning international public health topics and tropical diseases in countries outside Georgia. The international students disclosed that they were not well prepared to serve the health requirements of society in the international arena in general and also for tropical diseases. DM TU responded to this complain and modified their curriculum to include international public health, however, they need still to include some LOs on tropical diseases</p> <p>A survey was done on all the stakeholders to evaluate field specific & competencies of the MD program. During the interview with employers, they agreed that they are aware of the LOs of the program and that their opinions on the LOs of the program were taken into consideration. All of them were satisfied by the survey submission and were aware of the survey results.</p> <p>The program development considers the employers demand; however, more surveys may be needed for the international employers & the post graduate program abroad.</p> <p>During the interviews with the foreign students, it was evident that there was a lack in communication skills especially in the clinical phase of education. The International students had problems with patient communication during their clinical rounds at the hospital.</p> |

There is an assessment system related to the program LOs which will be analyzed in more detail within standard 2.

DMTU program has developed a mentorship program in 2020- 2021. This plan is well written and follows international standards. The panel team would like to suggest that it is mandatory to have a plan for implementation with a timeline and a performance indicator. The plan should include orientation for students & faculty members as well as a design plan for faculty development in this field.

Evidences/ indicators

- Analysis of employer's survey. and employer's opinion
- Student's survey
- Report of medical education centre
- Educational program
- Internationalization policy
- DMTU courses
- Feedback on assessment
- webpage

Recommendations

Suggestions for programme development:

ST 1- Include in the Learning outcomes of the DMTU, knowledge and skills on tropical diseases, to fulfil the international working needs for international students.

ST 1 - Implement the developed mentorship program.

Best Practices (if applicable):

Evaluation

☒ **X Complies with requirements**

☐ Substantially complies with requirements

☐ Partially complies with requirements

☐ Does not comply with requirements

Programme's Compliance with Standard

| Standard | Complies with Requirements | Substantially complies with requirements | Partially Complies with Requirements | Does not Comply with Requirements |
|---|----------------------------|--|--------------------------------------|-----------------------------------|
| Educational programme objectives, learning outcomes and their compliance with the programme | ✓ | | | |

2. Teaching methodology and organization, adequate evaluation of programme mastering

Programme admission preconditions, programme structure, content, teaching and learning methods, and student assessment ensure the achievement of programme objectives and intended learning outcomes.

2.1 Programme Admission Preconditions

Higher education institution has relevant, transparent, fair, public and accessible programme admission preconditions

Descriptive summary and analysis of compliance with standard requirements

The admission criteria for the program are clearly defined and documented. DTMU has developed document "Rule on student status acquiring, academic leave, status termination, restoration, mobility and recognition of education obtained during the education period". This document reflects the procedures for enrolment in the university for both Georgian and foreign citizens.

Foreign citizens are enrolled in DTMU in full compliance with Georgian legislation. Those who have completed full secondary education or equivalent education in a foreign country can apply to DTMU, they should demonstrate appropriate English language proficiency prior to entry into the program. For this they should pass interview conducted by the university authority in order to determine the knowledge of English (with responsibility of providing video recording of this interview to the ministry). Also, they should write motivation letter - "why I want to be a doctor" – (maximum 500 words) and undergo MCQ –type English complex test in Chemistry-biology – confirmation with 51% competence limit. By this DTMU tries on one hand to enrol best students capable to study well on the other hand diminish number of students falling out from program.

In the same document shows the mobility and suspension of the status of student in DTMU, that is also carried out according to the Georgian legislation.

Upon passing all the necessary procedures (Recognition of previous education and determination of conformity by the National Center for Educational Quality Enhancement, issuing Visa for Entrants, Paying Tuition Fee) the entrant is registered with DTMU student's active status.

Prerequisites of the Program and rules for admission at DTMU are public and accessible. On DTMU web site in "Policy and regulatory documents" is document "Regulation of Academic Process" where is given enrolment rules, a bit shorter than in above mentioned document. So, it will be preferable to upload English version of the document "Rule on student status acquiring, academic leave, status termination, restoration, mobility and recognition of education obtained during the education period" (Georgian exists).

During interviews panel identifies that English of foreigners in some cases is not as fluent as it should be. Although foreigners undergo interview to determine knowledge of English, it would be preferable for them to receive international certificate of language knowledge no less than B2 level. This will prevent later problems related with language/understanding.

During the interview with the administration, they showed a clear understanding of the admission preconditions and that they follow elaborated document.

Evidences/indicators

- Self-Evaluation Report on Accreditation of Higher Education Programme
- Rule on student status acquiring, academic leave, status termination, restoration, mobility and recognition of education obtained during the education period (Appendix # 14)
- Regulation of Academic Process (Appendix # 15)
- Educational program
- Interviews with administration, students, alumni

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| <ul style="list-style-type: none"> Web site - https://dtmu.ge/index.php?Cat=1&sub=24&lang=1 |
| Recommendations: |
| Suggestions for programme development: ST 2.1 - Add precondition for admission to the program for foreigner students as certificate of language knowledge no less than B2 level like IELTS or TOFEL. |
| Best Practices (if applicable): |
| In case of accredited programme, significant accomplishments and/or progress |
| Evaluation <div style="text-align: center;"> X Complies with requirements </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Substantially complies with requirements </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Partially complies with requirements </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Does not comply with requirements </div> |

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| 2.2 Educational Programme Structure and Content |
| Programme is designed according to HEI's methodology for planning, designing and developing of educational programmes. Programme content takes programme admission preconditions and programme learning outcomes into account. Programme structure is consistent and logical. Programme content and structure ensure the achievement of programme learning outcomes. Qualification to be granted is consistent with programme content and learning outcomes |
| Descriptive summary and analysis of compliance with standard requirements <p>The DTMU program is designed and developed according to the Georgian sector benchmark. Medical Doctor program had been implementing since 1992. The approval of changes of the program are carried out according to the „Procedures of Development, Approval, Changes, and Cancelling of the Educational Program “(Appendix N17). The evaluation and development of the program and then planning of changing was done by Medical Educational Centre (MEC) which is responsible for such a process according to the above-mentioned documents (chapter 2, paragraph 2.4) in collaboration with the Curriculum Committee and the DTMU Quality Assurance Group, both are constantly involved in the evaluation of process. All these procedures are described in detail in Appendix N13 – report of the MEC of 2016-2017 academic year and Appendix N31 - report of MEC of academic year 2018-2019.</p> <p>DTMU has a methodology for planning, elaborating and developing educational programs based on the planning, implementation, and transmission of the Tuning Project Curriculum ("Tuning Quality Development Cycle") and describes the guidelines for planning the development of the educational program; The University has very good methodology for the modernization of the curriculum which is described in the „Policy of Program Creation, Planning and Development“ (Appendix N18).</p> <ul style="list-style-type: none"> ♣ Programme content and structure is consistent with the qualification to the granted and ensure the achievement of programme learning outcomes; <p>Teaching and scientific-research components of the programme (including each individual course) are sequential and logically structured, the chain of Learning Courses (LA)/Module (M) is logical, it is described in program very well, but this structure is not visible in the curriculum (Study plan contains information about LA/M title, code, credit, distribution of contact hours and number of independent hours (Private Study), examination form and responsible department) but does not contain information about the prerequisites of each module or learning course. This information is only in the syllabi and the student should look into each syllabus in order to properly plan the individual learning process in</p> |

case of a failure learning course, or module. In addition, in order to properly identify whether the program is logically constructed and structured and whether the principle of construction is adhered to, it would be better to add a prerequisite to the study plan (curriculum) or to create a separate prerequisite map.

Programme content takes programme learning outcomes into account except in the course of Georgian language, because without studying native language of the local patients' students cannot communicate with them, and LO of the program (Ability to listen, Identify patient's his/her family and caregiver's opinions. address them et str.) cannot be fully reached. In clinical years in especially in clerkships, students should work with patients (under supervision of attendees), but the panel identifies during interview, that foreigners can't communicate effectively with Georgian speaker patients and they miss opportunity of history taking, counselling patients. Teaching of Georgian language for international students is necessary, so that they will have chance to communicate with real patients.

In clinical years according to study plan and syllabi, students study respiratory, cardiovascular, digestive, renal, urological, skin and musculoskeletal disorders separately, focused on more on specific diseases. Since the DTMU program is an integrated one, the panel members suggest that student should get a holistic approach to the general internal medicine before starting the medical specialty rotation in the clinical phase.

The program is one-cycle higher educational programme, corresponding to the 2nd stage of higher education and in accordance with the Georgian legislation and the European credits transfer system. Program is integrated and the content, volume and complexity corresponds to higher education level; It allows students to collect 360 credits totally and 60 ECTS per year. 1 credit considers to 30 working hours and on the majority of the learning courses, 16 hours out of 30 are contact and 14 hours devoted to students' independent work. The 6-year period of study is divided into the 3 stages: (i) Basic medical and clinical science course; (ii) Clinical medicine course; (iii) Clinical Clerkship course.

The Program is integrated horizontally, the levels of teaching are organized so that the basic course is the basis for the clinical medicine course on the next level of study and both of which are precursors to the Clinical Clerkship course on the last year of study. In addition to the general part of the subjects on the first year the study material that is the basis for studying human systems on II year;

Teaching basic medicine from the II year is horizontally integrated, is linked to the study of principles of clinical diagnosis and the pharmacology (the element of vertical learning) and creates the modules of organ systems.

Spiral III is a clinical clerkship based on the previous experience of the student (I, II spiral) in the purpose of preparation for future clinical practice.

Majority of textbooks used for implementation of the program (which should contain new research findings and modern scientific achievements) are up-to-date, but in some syllabi compulsory textbooks are outdated (2004, 2006 esp. In clinical skills – for example pre-hospital trauma management what was recommended in 2004 is mainly changed).

Programme offers only 6 electives (2,3,5,6th years), electives start on the second years. Panel offers to increase number of elective course and to introduce them from the first year of study process.

The SER, it is written that in program designs there were many stakeholders involved. In Medical Education Center (MEC) reports there are a description on how staff of MEC, program leader and dean of the faculty are involved in the revising of the learning courses of curriculum. Members of the University academic community (teachers and students), various structures, special target groups (created for fulfilment of particular tasks), MEC, representatives of the administration and other bodies are involved in these processes. In reports ,it was mentioned that meetings and interview was done with some lecturers of some study courses. DTMU have used EBMA-European Board of Medical Assessors, which enabled institution to evaluate own program. For the evaluation, the university used

the so-called, Progress-test provided by Maastricht University, which in addition to students' individual assessment, gives the opportunity to reveal "problematic" areas of the programme.

In addition, QAD of DTMU has conducted many surveys whose analysis results were taken into account during program changes. In the Reports of student's, graduates and employers surveys analysis, done in 2015-2016 and 2016-2017 and 2019 academic years by QAD, there were no results of analyzing of the surveys of academic or inviting staff. The involvement of the academic and invited staff in the designing of the programme is not so intensive. This opinion is supported by the results of the interview. According to the interview with academic personnel, it was noticed that, not all of them were fully involved in evaluation, planning or changing of the program. The same can be said about employers and graduates, they filled the QA survey, but they could not recall any last changes which were taken into a consideration and were done according to their suggestions. More involvement of academics, graduates and employers in program design would be desirable. The programme is accessible by the university website but it does not contain study plan.

Evidences/indicators

- Component evidences/indicators including relevant documents and interview results
- Component evidences/indicators including relevant documents and interview results
- Appendix N17 - Rule and procedures for the development, approval, modification and cancellation of an education program
- Appendix N18 - Policy of Program Creation, Planning and Development at the David Tvildiani Medical University
- Appendix N13 – Report of the MEC of 2016-2017 academic year
- Appendix N31 - report of MEC of 2018-2019 academic year
- Appendix N50 - Quality Assurance Self-assessment report 2015-2016 academic year
- Appendix N51 - Quality Assurance Self-assessment report 2016-2017 academic year
- Appendix N67 – Folder of Quality Assurance analyses of questioning of students (OSCE, some learning courses, PBL, student's self-assessment, assessment of tutors by students)
- Appendix N1 – MD Programme
- Appendix N19.1 - Study Plan

In case of accredited programme, significant accomplishments and/or progress

Recommendations:

ST 2- Focus the effort on teaching Georgian language to international students before starting the clinical years to enable adequate communication with Georgian patients. Add Georgian Language learning course for foreign students at list 10-20 ECTS in Study Plan.

ST 2.2-Add a prerequisite to each learning course or module (where is it necessary) in the study plan.

Suggestions for programme development:

ST 2.2- Integrate the courses for internal medicine in a more holistic way.

ST 2.2- Increase number and start the elective courses in the early years of the program.

Best Practices:

ST 2- Good integration of the clinical skills from the beginning of the programme

Evaluation

- ☐ Complies with requirements
- ☒ **Substantially complies with requirements**
- ☐ Partially complies with requirements
- ☐ Does not comply with requirements

2.3. Course

- Student learning outcomes of each compulsory course/subject/module/concentration are in line with programme learning outcomes; Moreover, each course content and number of credits correspond to course learning outcomes;
- Teaching materials listed in syllabi are based on the core achievements in the field and ensure the achievement of intended programme learning outcomes.

Descriptive summary and analysis of compliance with standard requirements

DTMU MD program curriculum (study plan) describes the courses, the volume and the sequence of providing them to students, and they are aligned with the program LOs. The syllabi of Learning Courses (LC)/modules (M) contain information about credits, hours, prerequisites, duration, status, objective and goals. Furthermore, it describes the themes in, what tasks are required from students, what is the learning and assessment format, which learning outcomes will student gain after the finishing of the course etc. However, the panel noticed that none of the syllabi contain information in which semester the LC/M is specifically taught, the themes are not distributed by weeks, consequently it is unclear in which week the student has an ongoing assessment and in which week the midterm exam or PBL, when he has a lecture and when a seminar, or laboratory. The syllabi do not specify assessment methods and criteria. In modules it is incomprehensible first one subject starts and then the second one continues, or they are studied in parallel.

In DTMU MD program is divided in 3 parts: „**Basic Biomedical Sciences** “; „**Behavioural Science, Social Science and Medical Ethics** "and „**Clinical Sciences and Clinical and Professional Skills**. At the stage of basic biomedical sciences, the study of the system begins with Embryology, then the structure of its constituent organs at macroscopic (anatomy), microscopic (histology) levels and normal functioning appropriateness (Physiology and Biochemistry) considered. After that, the etiology and pathogenesis of each system are studied (Microbiology, Pathology – Pathanatomy and Pathophysiology). The module syllabi at this stage are Introduction to Medical Sciences 1 to 6. It is true that the MD program describes well the integration (the same can be seen in SER report too) and the build on of the clinical subjects on the basic one, and basic subjects build in clinical one, but the syllabus is not very well designed and the content of the module (or specific subjects in the module) and Objectives and Goals of the Module are somewhat misleading. for example: **Introduction to Medical Sciences 1**(which includes the following subjects: Medical Biochemistry and Histology, Embryology & Cytology) and **Introduction to Medical Sciences 3** (which includes the following subjects: Immunology and Pathology), **Introduction to Medical Sciences 4** (which includes the following subjects: Medical Genetics and Molecular Biology and Medical Pharmacology), **Introduction to Medical Sciences 5** (which includes the following subjects: Medical Physiology and Medical Microbiology) **Objectives and Goals of the Module** is absolutely the same and it sounds like this: "From the initial stage, a hard- working student perceives anatomy as an indispensable discipline highly important for future practical activity, supported by integrated

organ/system – oriented learning of anatomy themes", are incomprehensible, as none of the modules contains anatomy as a subject.

In the first year of education in the modules of "**Introduction to Medical Science 1, 2, 3, 4, 5 and 6** there are no integration. e.g. the "**Introduction to Medical Science 1**" contains topics from biochemistry and histology, embryology and cytology. Topics are not correlated very well to each other. Another example: in the module: "**Introduction to Medical Science 2**", subjects like The Human Anatomy 1, Medical Biochemistry and Medical genetics and Molecular Biology topics are not linked together and there is no integration. It should be underlined that from the 3rd till the 12th semester, integration of basic sciences into clinical medicine and clinical assessments of the pathological processes is undeniably better, especially in clinical diagnoses and treatment. The Curriculum Themes are: (i) Basic and Clinical Sciences; (ii) Clinical and Communication skills; (iii) Public and population health; (iv) Personal and Professional Development; These themes are implemented and accompanies the curriculum alongside entire vertical.

The syllabi of the first and second semester do not have a built-in PBL sessions and the themes of the subjects included in the module are not linked to each other, so integration in the first year of education is neither at the teaching nor assessment level. According to the above mentioned, content of the first-year syllabi is not corresponding to the module LOs, which is like this: „Develops Analysis and synthesis ability “.

At the basic sciences level, it is also possible to sort topics from different basic subjects according to organ systems and integrate them with PBL cases. At the same time, it is desirable that the cases be selected not in one of the subjects, as it is done in the clinically oriented modules from the second year, but to cover the topics of several subjects included in the 1st year module at the same time.

At the third, fourth, and fifth semesters, more clinical issues, such as: clinical assessment of pathologic processes, typical clinical picture of the disease, the basis for diagnostics, communication with the patient, development of the management plan, and means of treatment are already present in the syllabi of the modules and modules are based on the organ systems.

At the 2nd years of education at the level of Basic and Clinical Sciences there are study courses which promotes clinical data analysis, considering peer-reviewed publications. The Objectives and Goals of these syllabi of the Study Courses "**Principles of scientific research 1**" and "**Principles of scientific research 2**" and Learning outcomes (LOs) are the same but the content (themes) is different, therefore course content does not correspond to course learning outcomes;

The Objectives and Goals of these syllabi of the Study Courses "**Clinical Skills 1**", "**Clinical Skills 2**" and "**Clinical Skills 3**", and Learning outcomes (LOs) are the same (e.g., „Identifies and evaluates emergency medical condition; Manages emergency medical condition; Provides basic first aid on manikin; Provides Basic life support and CPR according guidelines on manikin) but the content (themes) is totally different, which suggests, that course content does not correspond to course learning outcomes;

At the 3rd year of education at the level of Basic and Clinical Sciences there are study courses which is conducted in a form of role playing, manipulation on manikins and standardized patients.

In some syllabi, the Prerequisite Conditions for Learning of the Module are general and confusing, in some of them (Syndrome Differential Diagnosis and Emergency/Urgent/ Therapy of Internal Diseases 1; Rational Pharmacotherapy;) this list is unimaginably long. e.g., the prerequisite for the study course "Immunologic Disorders and Infections" are: Appropriate level of Basic Medicine knowledge, expertise in history taking, inspection, palpation, percussion, auscultation. These skills are part of some other LC, for example of Clinical Skill are not presented as a separate study course, they are part of clinical skills, and if a student does not have any of these skills (for example auscultation), but has received an overall score in clinical skills, how do we find out with this prerequisite whether we should allow the student to take this module or not?

Another example: LC „Clinical Skills 2“in the Prerequisite Condition is written – „Appropriate level of knowledge of system-oriented basic medicine modules “. It is not specified all modules from 1 to 6 or some of them; what does it mean appropriate level? Should students who already got final assessment in these modules have to have passing low score or passing high score in these modules?

For example: „Behavioural Science 2 – PBL“in the Prerequisite Condition is written - „Learning of the study program requires the knowledge and skills compliant with the basic disciplines integrated in the “Introduction to Medical Sciences “(1 -6): aspects of medical physiology and medical pharmacology; aspects of Behavioural science 1 integrated in the module “Nervous system and skin”; certain issues defined by Biomedical Ethics course “- there are so many prerequisites.

For example: „Topographic Anatomy "in the Prerequisite Condition is written - Learning of the study program(course) requires the amount of anatomy knowledge integrated in the study modules 1-8“how can it be understandable is anatomy knowledge enough which is a part of different modules, not the separate LC with separate assessment and scores.

It would be better to put the code or the title of the prerequisite LC, Subject(s) (S) or M in Syllabi.

In conclusion, A/M type of prerequisite is confusing. In the Prerequisite Conditions, part of the syllabi should be written the title or code of the specific subject, LC, or module, which have final assessment and will allow the faculty member, to determine based on the passing score whether the student will be allowed taken study course or not.

While, DTMU MD Program LOs are well designed and well structured, yet, it is described in details in the programme, the panel recommend that it would be better to build LOs map with learning courses and modules in it. Such a map would make it easier for the program leader to verify the consistency of the learning outcomes of the study courses with the learning outcomes of the whole program. Such LOs of each compulsory course /subject /module /concentration are in line with programme learning outcomes and the number of the credits correspond to course learning outcomes too.

The panel noticed in the documents of the educational program that the order of writing the goals and primary and secondary objectives of courses is written vice versa, the goals should have come before the objectives. Moreover, the panel observed that the secondary tasks listed in each course (Elaboration of analysis and synthesis ability, Elaboration of information management ability, Problem solving/decision-making expertise, Communication skills Learning ability, Ability to get adapted to new environment, Values) are almost the same and doesn't differ from year 1 to year 5. Over the years, secondary tasks should become more sophisticated and student on higher years of medical education is required to do more than a freshman. Panel members suggest reviewing syllabi especially the relevance of the secondary objectives to the primary objectives of the course and the year of study.

The panel hope that in each study courses the LOs are assessed, because none of the assessment methods are described in syllabi and it is very difficult to understand will students reach the specific LOs or not. Same time the panel concluded from the interview with graduate that they were very satisfied to study at DTMU and they are successfully hired in different clinics and some of them have passed USMLE Exams with high scores, this can be a prove that the LOs were well assessed, but not well shown and described in the documents.

Compulsory textbooks and other reading materials listed in some syllabi are outdated and are not based on the core achievements in the field. In clinical skills 2 and 4 textbooks are outdated:

- Prehospital Trauma Life Support Text Overview J. Haluka p. 2 -92 , FIFTH EDITION PHTLS (Year is not given but 5th edition was published in 2003) (new one is 9th edition 2018)
- Prehospital Trauma Life Support; 7th Edition · The Royal College of Surgeons of Edinburgh 2004, Faculty of Pre-hospital Care, Manual of Core Materials
- Bates, B. A guide to Physical Examination & History Taking, 2007 (in other syllabi is given 12th edition 2017y)

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| <ul style="list-style-type: none"> • Clinical Nursing Skills, Basic to Advanced skills; Sixth Edition. Sandra F. Smith, Donna J. Duell, Barbara C. Martin (2004 is 6th edition, exists 2016 9th edition) • Fundamentals of Nursing, Concepts, Process and Practice; Seventh Edition. B. Kozier, G. Erb, A. Berman, S. Snyder. (2003 y, new one 10th edition 2015) <p>In Paediatrics 4th year - compulsory book is Karen Marcdante, Robert M. Kliegman - Nelson Essentials of Pediatrics - Saunders; 7th edition (2015) review book will not cover all topic listed in syllabus. In 6th year another review book is added only - Nelson Pediatrics Board Review, 2019</p> |
| <p>Evidences/indicators</p> <ul style="list-style-type: none"> ○ Appendix N1- MD Educational program ○ Appendix N19 - Syllabi ○ Appendix N19.1 study plan ○ Interviews with administration, faculty, students and alumni |
| <p>Recommendations:</p> <p>ST2.3- Review curriculum syllabi and map the contents with the LOs of the program.</p> <p>ST2.3- Revise the Prerequisite Conditions in the syllabi and make it clear and understandable.</p> <p>ST2.3- Include description of the assessment methods and criteria for each study courses/Modules in the Syllabi.</p> |
| <p>Suggestions for programme development:</p> <p>ST 2.3 - Review the syllabi - the relevance of the secondary objectives to the primary objectives of the course and the year of study.</p> <p>ST 2.2- Increase the level of integration in the first year of study</p> <p>ST 2.3 - Review of compulsory textbooks</p> |
| <p>Best Practices (if applicable):</p> |
| <p>In case of accredited programme, significant accomplishments and/or progress</p> |
| <p>Evaluation</p> <p><input type="checkbox"/> Complies with requirements</p> <p><input checked="" type="checkbox"/> Substantially complies with requirements</p> <p><input type="checkbox"/> Partially complies with requirements</p> <p><input type="checkbox"/> Does not comply with requirements</p> |

2.4 The Development of practical, scientific/research/creative/performance and transferable skills

Programme ensures the development of students' practical, scientific/research/creative/performance and transferable skills and/or their involvement in research projects, in accordance with the programme learning outcomes

Descriptive summary and analysis of compliance with standard requirements

The research-based teaching in the DTMU MD program is carried out in two ways: through obligatory (for every student) and elective courses. Obligatory: Scientific skills are developed through 5 academic courses, the total volume of which is equivalent to 10 ECTS credits. The three courses - Principles of Scientific Research 1, 2 and 3 and course of Biostatistics and Epidemiology. Also, students have the opportunity have elective courses - project development and if the project is developed, submitted and approved by the Scientific-Research Department, the student will receive additional credits. The course Principles of Scientific Research is organized in the so-called "Journal Club" format, where 2 students on each seminar present a 15-minute presentation on the previously defined topic, after which a general discussion is held. During interview panel members noticed that not all students are involved in real research, just those who show desire. All students should participate in research process on national or international level and as a result of research they should do publication.

Practical skills, the site visits and the interviews revealed that study process is more focused on theoretical knowledge, and in clinical years students have less chance to acquire practical skills (working with real patients). During clinical skills courses students are working with manikins, they get used to team work, but in clinical years even in clerkships they have less practice.

During the site visit and interviews with graduates and students, the panel members identified that teaching of practical skills in clinical rotations and clerkships should be enhanced. Alumni and students complained that they didn't have much contact with patients due several reasons, as the ratio of students to lecturer or clinical teachers (1 attendee and 10 students during clinical rotations and clerkships) and the language barrier in case of international students. English speakers' students can't communicate directly with patients, they need translation and in case of ratio 1:10 it is impossible. Students and alumni recall that they see patients mainly on rounds, and not always they have possibility to examine them. Of course, it doesn't mean that they are not doing physical exam or history taking, but for preparing skilled competitive alumni, enhancement of practical work is essential. In clinical years faculty tries to compensate by group discussions and case discussions (real patients seen on rounds).

The SER indicated that along with bedside teaching in clinical sciences, students also have the chance to choose an elective course in practice within the country and/or abroad at university partner hospitals and clinical bases.

The Programme ensures the development of students' practical, scientific/research/creative/performance and transferable skills according to the content of the appropriate syllabi, however, on the basis of detailed reviewing of all appropriate syllabi, there were no description in the syllabi, the type of the assessment methods and criteria that could help the lecturer to ensure that the result has been achieved through student assessment. Assessment system are not clearly described in the document of "Regulation of Academic Process" (which was additionally provided by the institution as a document explaining assessment methods; paragraph 5, Scores (marks)). According to the abovementioned, it is unclear whether students will really develop the relevant skills provided by the program.

It was revealed from the interviews with students, that standardized patient is used with low frequency for the development and assessment of the clinical skills.

Evidences/indicators

- Appendix N1- MD Educational program
- Appendix N19 - Syllabi

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| <ul style="list-style-type: none"> ○ Additionally, requested doc: Regulation of Academic Process ○ Interviews with administration, faculty, students and alumni |
| Recommendations: ST 2.4 Enhance practical skills teaching with patients in the clinical years. |
| Suggestions for programme development: ST2.4 - Increase the involvement of students in national or international research projects. |
| Best Practices (if applicable): |
| In case of accredited programme, significant accomplishments and/or progress |
| Evaluation <input type="checkbox"/> Complies with requirements <input checked="" type="checkbox"/> Substantially complies with requirements <input type="checkbox"/> Partially complies with requirements <input type="checkbox"/> Does not comply with requirements |

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| 2.5 Teaching and learning methods |
| Program is implemented using student centred teaching and learning (SCL) methods. Teaching and learning methods correspond to the level of education, course content, student learning outcomes and ensure their achievement |
| Descriptive summary and analysis of compliance with standard requirements Methods of teaching/learning listed in the program include problem-based learning, case-based learning, competency-based learning, portfolio-based learning, e-learning, patient-oriented learning, lectures, discussions in large group, discussion in small group, posters, observation of clinical practice, clinical experience under supervision, group learning, role-play, presentations, peer tutoring, practical classes and training of clinical skills. All these listed teaching methods are relevant for achieving the learning outcomes. For the training of the scientific skills in program there is "Journal Club. However, during interviews with faculty panel members, they defined that not all above mentioned methods are used in reality. PBL is actively used in teaching process especially in preclinical years (2 nd , 3 rd years). Yet, PBL is not used on the first year of education & it is not written in syllabi. In clinical years everyday study process lasts 4 hours of which 2 hours should be devoted to theoretical classes while 2 hours is intended for work with ambulatory or hospitalized patients. During the site visit, the panel members identify that practical part is not always available for all the students, moreover, during interviews with graduates and students, they complained that they didn't have much contact with patients, due to ratio of students to lecturer or attendee (1 attendee and 10 students during clinical rotations and clerkships) and the language barrier in case of English speakers, they can't communicate directly with patients, also they do some physical exam but not always, they see patients on rounds together and not always they have possibility to examine them. In clinical years faculty uses group discussions and case discussions (real patients seen on rounds). In clinical skills rotation medical simulations are used for the development of students' clinical skills: in a safe environment student work with manikins, they work as groups and acquire team work experience that is very important for their further practice, they acquire skills of CPR, BLS, ACLS, trauma |

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| management and other manipulations (IM, IV injections, otoscopy, ophthalmoscopy, etc.). Students work with Standardized patient mainly in clinical skills rotations. Students of DTMU have access to clinical skills labs - one located in Didube (DTMU owns it – for first year's students) and another one in Mediclub Georgia (agreement with Mediclub, that students mainly in clinical years can undergo training there). Skill lab in Mediclub Georgia is a training cite of AHA – American Heart association and had received skill lab accreditation |
| Evidences/indicators <ul style="list-style-type: none"> ○ Self-Evaluation Report on Accreditation of Higher Education Programme ○ Appendix N1- MD Educational program ○ Interviews with administration, faculty, students, graduates ○ Web site - https://dtmu.ge/index.php?Cat=1&sub=24&lang=1 Fundamentals of teaching activities (Guide for DTMU teaching staff) |
| Recommendations: |
| Suggestions for programme development: <p>ST 2.5 - Use more Standardized Patients sessions in clinical years (4-5 years) in clinical subjects, it will help students to obtain important skills in history taking, counselling, especially Foreigners that can't communicate with patients themselves.</p> <p>ST2.5 - Reduce ratio of students and clinical teachers in clinical subjects during practical work</p> |
| Best Practices: <p>ST 2.5 - The usage of virtual patients in the clinical skills courses.</p> <p>ST 2.5 - Well equipped skill lab, available for students any time they what to have practice</p> |
| In case of accredited programme, significant accomplishments and/or progress |
| Evaluation <p><input checked="" type="checkbox"/> Complies with requirements</p> <p><input type="checkbox"/> Substantially complies with requirements</p> <p><input type="checkbox"/> Partially complies with requirements</p> <p><input type="checkbox"/> Does not comply with requirements</p> |

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| 2.6. Student Evaluation |
| Student evaluation is conducted in accordance with established procedures. It is transparent and complies with existing legislation |
| Descriptive summary and analysis of compliance with standard requirements <p>In the self-assessment report it is written that various methods and forms are used to evaluate knowledge, skills, and habits, in particular, quizzes - multiple-choice-questions (MCQ), Mini-Cases, questions for analysis of the problem, Objectively structured clinical exam (OSCE); Clinical cases - Mini-CEXs (relationship with standardized and/or real patient), Direct Observation of Procedural Skills (DOPS), Case-Based Discussions (CBD), Portfolios, oral presentations or posters, critical assessment of</p> |

the journal's article, scientific research project, interpretation of patient data, use of electronic prescription form. Also, in SER it is mentioned that for each course, the relevant assessment form is defined.

Although, The MD program describes a variety of assessment methods, yet, only PBLs and CBLs sessions are described in syllabi, and the remaining methods are not found. Also, the criteria and distribution of scores are not listed anywhere neither in syllabi, nor in program and document about regulation of academic process.

Reviewing of syllabi showed that in the majority of them, it is not clear how student will be assessed during course, how they will get 60 points. For example, in first year courses, Topographic anatomy "Daily activity - 25%", In PCD – "20% - daily preparedness", but it is not clear what does it mean, what should student do to get maximum points. Accordingly, in some syllabi students can get points for just attendance – 5% in topographic anatomy, in syllabus of **"Principles of scientific research 1"** -2 20% and this is considered very high for just attendance. In Principles of scientific research – "Presentation and making summary* - 40%", not explained how presentation is assessed. In clinical subjects "Theoretical knowledge 25%" and it doesn't show the methods of assessment. In clerkships ongoing assessment. it is as follow - Daily activity: Theoretical knowledge 30% and Clinical skills 30%. 30 % for theoretical knowledge on 6th year is considered too high, assessment should be based on practical skills - history taking and physical exam skills, making differential and ordering appropriate labs, making decision on management and counselling of patient.

The clinical skills assessment is more structured based on specific checklists, write-up assessment forms and so on.

In syllabi, it is not well seen what kind of exam students are having at the end of the course. In the study plan (appendix 19.1), it is indicated what kind of exam is scheduled (MX-Mixed type of Exam O -Oral Exam T -Test Exam I - Instructor/Instructors of Educational Course/Courses AC -Assessment Center), but there is no explanation what mixed type exam means. Passing score on exams is 50%.

If we take in consideration that the goal of university is to have competitive graduates, for this the teaching process should focus not only on theoretical knowledge but also on the acquisition of practical skills and professionalism. It is very important to assess the clinical skills in the teaching process using Mini CEX, SCO-structured clinical observation and so on, as well as to conduct OSCE exams not only on 6th year but in all clinical subjects.

Assessment of professional behaviour also should be done and reflected in the assessment.

During interview panel identified that before each course curator of the "Year", there is a giving information about course, students can see information in log-book as well. Moreover, part of the students was not aware of the learning objectives or the assessment methods. We would suggest that head of course or faculty member should have orientational meeting in the beginning of course and explain what students should expect, how study process will go and so on.

The syllabi do not contain detailed information about everyday activities (ongoing activity), only a percentage of everyday activity is given there, but neither the assessment methods nor the criteria are described. Although during the interviews with the faculty member they said that all these detailed information is written in the document of Regulating the Learning Process, the panel members reviewed thoroughly this document and found in the paragraph 5, item 5.4 of the document that it is written: For admission to the module final examination the student must have "positive" assessments in all subject blocks either in sum or in separate components (minimum 31 – maximum 60) such as:

- Everyday activity (may be divided into various type activities reflected in syllabus)
- Oral exam – in the end of rotation"

The panel members found that this is not enough to understand how and when students should be assessed. The assessment methods and criteria have to be in each syllabus.

Evidences/indicators

- Self-Evaluation Report on Accreditation of Higher Education Programme
- [Appendix N1- MD Educational program](#)

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| <ul style="list-style-type: none"> ○ Regulation of academic process ○ Interviews with administration, faculty, students, graduates ○ Web site - https://dtmu.ge/index.php?Cat=1&sub=24&lang=1 Fundamentals of teaching activities (Guide for DTMU teaching staff) |
| <p>Recommendations:</p> <p>ST 2.6- Make student assessments more transparent and informative for both the students and the faculty members.</p> <p>ST 2.6- Apply the full modern and structural student's assessment like OSCE, mini-CEX, and DOPs, in all clinical study years and not limited only to the 6th year.</p> |
| <p>Suggestions for programme development:</p> <p>ST2.6- Add a full description of the assessment criteria for each syllabus.</p> <p>St 2.6- Plan orientation meeting before each course or on first day, and give information to student about course, everyday activity, assessment methods, exam and so on</p> <p>ST2.6- Increase the threshold for passing mark in the final (exam) assessment in the clinical section.</p> <p>ST2.6- Update the log book and turn it in a form of portfolio (emphasize on assessment of professional behaviour).</p> |
| <p>In case of accredited programme, significant accomplishments and/or progress</p> |
| <p>Evaluation;</p> <p><input type="checkbox"/> Complies with requirements</p> <p><input checked="" type="checkbox"/> Substantially complies with requirements</p> <p><input type="checkbox"/> Partially complies with requirements</p> <p><input type="checkbox"/> Does not comply with requirements</p> |

Programme's Compliance with Standard

| Standard | Complies with Requirements | Substantially complies with requirements | Partially Complies with Requirements | Does not Comply with Requirements |
|---|----------------------------|--|--------------------------------------|-----------------------------------|
| Teaching methodology and organization, adequate evaluation of programme mastering | | ✓ | | |

3. Student achievements and individual work with them

HEI creates student-centered environment by providing students with relevant services; programme staff ensures students' familiarity with the named services, organizes various events and fosters students' involvement in local and/or international projects

3.1 Student support services

Students receive appropriate consultations and support regarding the planning of learning process, improvement of academic achievement, employment and professional development

Descriptive summary and analysis of compliance with standard requirements

DTMU has the formalized student support mechanisms provided by the academic staff which is also included in their workload: group and individual consultations, pre-test consultations, prior to attestation in the progress of professional skills, and before the qualification exam. The Dean's Office is the main administrative body included in providing the student support services and responding to their individual needs regarding academic and administrative issues. There are also course coordinators who assist the university with dealing the student's problem and their needs. Besides that, there is a "Peer Support Center", which involves clinic students to help freshmen in dealing with basic medical science issues.

Generally, the students receive appropriate consultations regarding the educational process, however, the experts panel observed that providing the consultations regarding the educational process to the higher semester students (in clinics) is relatively challenging. Therefore, more efforts have to be put in order to ensure that students receive the appropriate consultations during the clinical rotations.

It must be noted that the university has a good practice of supporting students in the USA medical licensing (USMLE) examinations, which includes exam simulations and financing the participation fees. It seems that this kind of career support mechanisms are very attractive for the potential students, including those from the other countries.

The students of DTMU have opportunities to participate in various local and international training courses and conferences. The University Alumni Cooperation Service implemented a special project in relation to DTMU alumni working in the US, which allowed students to undergo internships at various clinics in the USA. DTMU also promotes student's involvement in various local and international medical students' associations and working groups. The students are also able to establish the groups based on their interests, for example, there are Gynecologists Interest Group and Neurologists Interest Group already functioning at the university. The students also have opportunities to participate other kinds of extracurricular activities like social and sports events.

DTMU has a Career Development Centre which is in charge of individual work with students regarding their employment and assist them in a career choice in medicine, in addition to facilitation of communication with the potential employers.

DTMU has assigned the special staff to provide individual counseling services to the students in planning and conducting a research project. However, these mechanisms are mainly implemented in the PhD program level and the panel observed that the participation of MD students in the research projects needs more encouragement.

It is worth mentioning that the students are represented in the university management bodies and various councils, which ensures the students' main concerns and issues to be heard well, however, the student's interviews have showed that international student's representation in the management has to be more inclusive, considering the language and cultural barriers that can impede their involvement.

Evidences/indicators

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| <ul style="list-style-type: none"> ○ Statute on the workload of the pedagogical staff at Davit Tvildiani Medical University ○ Regulation of the educational process ○ Student internal regulations ○ David Tvildiani Scholarship Regulations ○ Rules for Appointment of Mediclub Georgia Nominal Scholarship ○ Interviews with students and administration |
| Recommendations: |
| Suggestions for programme development: ST 3- ensure the involvement of international students in the representation of different councils in the MD program. ST 3- Motivate the students to participate in actual research. ST 3-Increase the awareness of the foreigner students about the system of general services of the university. ST 3- Increase the faculty members supervisors in the clinical teaching phase. |
| Best Practices (if applicable): ST 3 Practical and financial support of students in USMLE exam ST 3-Providing attracting services for international students |
| In case of accredited programme, significant accomplishments and/or progress |
| Evaluation <input checked="" type="checkbox"/> Complies with requirements <input type="checkbox"/> Substantially complies with requirements <input type="checkbox"/> Partially complies with requirements <input type="checkbox"/> Does not comply with requirements |

Programme's Compliance with Standard

| Standard | Complies with Requirements | Substantially complies with requirements | Partially Complies with Requirements | Does not Comply with Requirements |
|--|----------------------------|--|--------------------------------------|-----------------------------------|
| Student achievements and individual work with them | ✓ | | | |

4. Providing teaching resources

Programme human, material, information and financial resources ensure programme sustainability, its effective and efficient functioning, and achievement of intended objectives

4.1 Human Resources

- Programme staff consists of qualified people who have necessary competences in order to help students achieve programme learning outcomes;
- The number and workload of programme academic/scientific and invited staff ensures the sustainable running of the educational process and also, proper execution of their research/creative/performance activities and other assigned duties. Balance between academic and invited staff ensures programme sustainability;
- The Head of the Programme possesses necessary knowledge and experience required for programme elaboration. He/she is personally involved in programme implementation;
- Programme students are provided with an adequate number of administrative and support staff of appropriate competence

Descriptive summary and analysis of compliance with standard requirements

The DTMU programme is fully equipped with academic staff members. A total of 75 academic staff are elected and involved in the MD programme. According to the SER, the institution has the following academic staff: 21 professors (all are affiliated with DTMU), 44 associate professors (41 from them are affiliated with DTMU), 9 assistant professors (7 from them are affiliated with DTMU) and 1 assistant (affiliated). However, different number of CVs was presented in the uploaded documents: 25 professors; 42 associate professors; 6 assistant professors and 5 assistants. It was also documented that, those 165 invited teachers are involved in the implementation of the program, while, only 137 CV were shared with panel members. The panel suggest updating the personal information of staff, as many of them were outdated.

Institution has Affiliation rules and conditions for academic personal written in the following documents: "Rule on staff recruitment" and "Affiliation rules and conditions for academic personal". The rule describes academic positions in the University, their responsibilities, elections conditions and timeline and evaluation criteria. The rule also covers the regulations of elections committee, its composition and function. The selection rule list the documents to be submitted for election. Though, it was mentioned during the interview that the list is uploaded on the website only during the announcement.

This "Rule on staff recruitment" does not contain information (regulated by sector benchmark) for the clinicians, it is necessary to submit a certificate in the specific field of medicine, in addition, the documents which prove clinical experience in this field (not less than 9 years for professor and not less than 5 years for other positions). The a/m document also does not provide proof of English language proficiency, neither at the documentary nor at the interview level.

The criteria for evaluating a contestant (academic position) are very general, not transparent and the fulfilment of each criterion is not mandatory, the involvement of an external evaluator in the composition of the competition commission is not defined, which makes the competition less transparent.

The minimum competency threshold for mandatory attestation for a professor elected to a permanent position is not defined in advance and is determined when the attestation is announced, which limits the possibility of continuous development.

Invited teachers are evaluated by the submitted documentation, by the Department of Education and the course supervisor. The panel advice, in selecting an invited staff, it would be better to select them by the commission and define the trial lecture (in English) as one of the criteria.

The number of academic/scientific and invited staff ensures the sustainable running of the educational process and other assigned duties. Balance between academic and invited staff ensures programme sustainability, but elective and selection criteria and procedure might be improved.

The work year for DTMU staff is considered to be the whole year, including summer and winter holidays, irrelevant of vacation leave. The total workload per year per academic staff member including all kind of activities is equivalent to 1500 hours. An invited lecturer using hourly compensation principle. The number of maximum teaching contact hours in higher education programmes per year is defined at 900 hours per year (a minimum of 200). The workload is differentiated among level of tenure:

- Professors: 650 hours of non-classroom teaching and 300 hours of classroom teaching.
- Associate professor: 750 hours of non-classroom teaching and 400 hours of classroom teaching.
- Assistant Professor: 850 hours of non-classroom teaching and 500 hours of classroom teaching.
- Assistant: 350 hours of non-classroom teaching and 220 hours of classroom teaching.

Specific workload is planned individually considering responsibilities of specific position holders, with details considered by the employment contracts. This considers individual work are with students in research, other educational work according to contract or individual plan, methodics preparational, organizational, diagnostic, monitoring, other types of work with students;

At the request of the panel members, the university submitted a contract for each academic position and the number of contact hours, but it was not presented in detail what activities it performs. for example, Associate Professor A. Sh-----ze is required to fulfil 403 contact hours, but it is unclear what activities these contact hours are distributed to. The University has not provided any documents about non-contact workload of this person, according to the workload document it should be 750 hours for this position (pedagogical workload, Annex 23). Neither in the employment contract nor in any of the annexes were presented this information. The faculty should have transparent and fair loading conditions and loading rules. For example, a full load of 1350 hours is too high for an assistant professor and casts doubt on the ability to perform it with good quality.

Workload of invited staff is defined by semesters and should be between 50 and 1000 hours – depending on demand and available hours in the programme.

The Head of the Programme is qualified, professional and experienced person required for programme elaboration. She is personally involved in creation, changing and programme implementation.

Programme students are provided with an adequate number of administrative and support staff, the only remark, is to motivate mentors to perform mentorship better, because during interview it was shown that there is insufficient support of international students by mentors on the clinical rotation.

Evidences/indicators

- Component evidences/indicators including relevant documents and interview results
- Annex N27 -Rule on staff recruitment
- Annex N28 -Affiliation rules and conditions for academic personal
- Annex N23 - DTMU Workload Document
- Annex N 34 - Description of workload
- Additional docs: workload of each academic personnel; one example of contracts of professor, associate prof, assistant prof and assistant

Recommendations:

ST 4.1 – Comply the rule for staff recruitment with sector benchmarks

ST 4.1 – Balance the workload between the faculty members.

Suggestions for programme development:

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| ST 4.1- Improve and make transparent the procedure and conditions for electing academic and selecting of invited staff. |
| Best Practices (if applicable): |
| In case of accredited programme, significant accomplishments and/or progress |
| Evaluation <p><input type="checkbox"/> Complies with requirements</p> <p>× Substantially complies with requirements</p> <p><input type="checkbox"/> Partially complies with requirements</p> <p><input type="checkbox"/> Does not comply with requirements</p> |

| |
|---|
| 4.2 Professional development of academic, scientific and invited staff |
| <ul style="list-style-type: none"> ➤ HEI conducts the evaluation of programme academic, scientific and invited staff and analysis evaluation results on a regular basis; ➤ HEI fosters professional development of the academic, scientific and invited staff. Moreover, it fosters their scientific and research work |
| Descriptive summary and analysis of compliance with standard requirements <p>The evaluation of DTMU academic staff and lecturer is primarily based on student feedback through regular (over the years) application of the DREEM (Dundee Ready Education Environment Measure) questionnaire, which significantly covers teacher's performance evaluation from students' perspectives.</p> <p>In general, the panel noticed that mainly student surveys and academic staff activity surveys (which is held within the quality self-assessment) are among the main tools used to assess or evaluate faculty and staff members (additionally provided document: "Staff Performance Evaluation and Satisfaction Survey Results and Report on Their Use"). Staff and faculty members would be better evaluated by a using a variety of standardized instruments by the QAD, by the dean, by peers' colleagues and lastly by self-evaluation as one of the modern important tools.</p> <p>The faculty and staff development in DMTU is the responsibility of the Medical Education Center. In the Annex N64. University (DTSU) Development Concept in Human Resource Management, it is written that the staff development plan is the responsibility of the Medical Education Center (MEC), In another one document, which is Quality Assurance Service Self-Assessment Report (2015-2016) "Chapter V - 3. "Human Resources" - is written: The responsibility for staff professional development and training lies on the Medical Education Center.</p> <p>DTMU has following international projects, which completed successfully and have had impact for the faculty members :</p> <ul style="list-style-type: none"> • PACT: 544047-TEMPUS-1-2013-1-GE-TEMPUS-JPGR "Project Actor Capacity Training in Caucasus" • ePBLnet: 530519-TEMPUS-1-2012-1-UKTEMPUS-JPC „Establishment of the Supra-Regional Network of the National Centres in Medical Education, focused on PBL and Virtual Patients “ • NG-2094 “Elaboration of a universal test on magneto sensitivity” <p>And there are some ongoing projects in which institution is taking part:</p> <ul style="list-style-type: none"> • “Academic Integrity for Quality Teaching and Learning in Higher Education Institutions in Georgia” (Coordinator: Ilia State University) • “Raising Research Capacity of Georgian HEIs through Developing R&D Units” (Coordinator: Iv. Javakhishvili Tbilisi State University) |

- "Doctors' Education, Empowerment of Patients, Regarding Atrial Fibrillation and venous Thromboembolism" (Call Pfizer-RFP-2018CV2)

However, the information presents in the reports of MEC's is short. The 2017 report of MEC presents only program development information, discussing changes and additions to it, and needs. Nothing is written about staff development trainings, their need and conduct. Annex N31. Moreover, report of the Medical Education Center says (2018-2019 Academic Year): MEC conducted only PBL training for 10 DTSU staff, no other training or retraining needs are mentioned in the report. It mainly talks about the implementation of PBL in different courses and discusses the results, as well as the involvement of the Center in quality activities. The financial support for the professional development of the academic staff is not described in this document, the financial analysis here indicates only external sources of funding (in the form of external grants) and nothing is written about internal university funding. However, it should be noted that the institution received little income from training services provided to other universities, namely 2,400 GEL. But nowhere in the same document it is written whether the money received was used for further professional development of the staff.

The same document reported the following: "Training and development of staff, development of appropriate training courses based on the analysis conducted by the Quality Assurance Service", Nevertheless, in the interviews, this was not mentioned anywhere, and the academic staff has no information about it. The only thing that seems to be in the reports of the Medical Education Center is the problem-based Learning training, which was conducted within the framework of the grant project and not with the funds allocated by the institution. The panel could not find neither an annual action plan or a methodology for determining the need for this professional training. In the Annex N65 "DTMU staff development activity" "is not listed the activities that the university take (or has taken) for staff development, except for a report on what the staff had done, e.g.: information on staff training funded by external grant projects in 2013, 2014, 2017 and 2018. It is welcome that one of them - "problem-based learning" training was disseminated, because DTMU 4 staff trained under the project then they trained 10 academics from DTMU, but many were more outsiders from different universities.

It is not clear on what principle the training topics as well as the staff who should be trained are selected.

Also, in this document, it is written that MEC conducted the following trainings:

- "Fundamentals of Management"
- "Conducting and facilitating sessions in Journal Club format"
- "Project Development"
- "Academic Conscientiousness and Turnitin Detection Program" Turnitin

But as a result of the interviews, information about the above-mentioned trainings was not recalled by either the academic or the invited staff.

Annex 7.1. paragraph 4th is the report on the use of the survey results, it is written: " Training was conducted in a journal club format ", confirming that the training was conducted at the level of the documents, it was indicated in the " Staff Development Measure Document " too, however, during the interview, it seems staff that have not had information about it, only PBL training was cited. Paragraph 14 of the same document reads: "Trainings were conducted for teachers involved in the pre-clinical clinical skills course." This training was not described in the Staff Development Measure Document, nor was it voiced during the interview. The reports of the Quality Assurance Service do not include the analysis of the satisfaction of the academic and invited staff, while in Annex 68 (survey forms) there is a form of the survey of the satisfaction of the academic staff (template), but no report confirming the survey or analysis of the results.

An additionally provided document (Faculty development 2020-2021) informs that DTMU conducted the following trainings during 2020-2021: Zoom (179 teachers); Body Interact Virtual Patient based Simulator (19 acad. staff); Moodle/Turnitin (12 academic staff);

By the DTMU support (589 GBP) of 6 academic staff participated in international online conference in medical education AMEE2020 and (589 GBP) 5 academic staff participated in international conference in medical education EBMA 2020 "Past, Present and Future Assessment in Medical Education, which was delivered as a series of thematic (progress testing; assessment technologies and methods, assessment systems, Programmatic Assessment, Simulation, Professionalism etc.)

Apart from the electronic training, the number of staff that they received development are very low compared to the total number staff. Only 2 participated in a workshop and 11 participated in conferences in the year 2020 and no information from year 2014 to 2019. At the same time, institution did not mention any study in the documents about the reason of choosing these 5 topics for faculty development and their target faculty members that should be trained. Lastly DMTU presented to the panel an appendix N9 describing an analysis of the survey however, it does not show how the institution is planning and design policy for staff development

In conclusion, the panel was convinced that DMTU doesn't have a clear and structured, policy for faculty and staff development and a short and long period plan to implement it.

Evidences/indicators

- Component evidences/indicators including relevant documents and interview results
- Annex N64 - University (DTSU) Development Concept in Human Resource Management
- Annex N65 - DTMU staff development activity
- Annex N31 - Report of the Medical Education Center (2018-2019)
- Annex N13- Report of the Medical Education Center (2017)
- Annex N50 - Report of the QA 2015-2016
- Annex N51- Report of the QA 2016-2017
- Annex N68 – QA Survey templates
- Annex N7.1. Analysis of Student, Alumni, and Employer Survey Results for Program Development and Results Report
- Additionally, provided document: "Staff Performance Evaluation and Satisfaction Survey Results and Report on Their Use"
- Additionally, provided document: Faculty development 2020-2021

Recommendations:

ST4.2-Develop a modern policy to evaluate the faculty members.

ST 4.2- Design a clear and structured, policy for faculty and staff development and a short and long period plan to implement it.

Suggestions for programme development:

Best Practices (if applicable):

In case of accredited programme, significant accomplishments and/or progress

Evaluation:

- ☐ Complies with requirements
- ☒ **Substantially complies with requirements**
- ☐ Partially complies with requirements
- ☐ Does not comply with requirements

4.3 Material Resources

Programme is provided by necessary infrastructure and technical equipment required for achieving programme learning outcomes

Descriptive summary and analysis of compliance with standard requirements

DTMU main campus is located in the part of the city where most of the clinics are located, which makes it easier for the student to access clinical bases. DTMU holds 3 study spaces (2 owned, one with the right to use) and non-study premises (student dormitory for 369 students (owned)). In the last years, the facilities (training auditoriums, foyers) have been reconstructed, renovated and equipped with novel equipment, furniture and appliances. The number of auditoriums at this stage is sufficient for the number of students in the University.

Another campus is located in Didube, it is the Training Base (based on the lease agreement) is also provided with accordingly equipped auditoriums, including foyer, library with a reading room, simulator room, teacher room, auxiliary area, bathroom, spaces for research blocks. The auditoriums have natural and artificial lighting, and a system of constant electric power supply. The central heating and air conditioning systems cover the buildings. However, it was noticed from the panel members during the visit to the campus that, there are no ramps for the special needs students on the university campus which has several floors and the main teaching area is located on the second floor. It is true that the campus has an elevator, but access to the elevator is also inconvenient and there are no ramps here either. The layout of the tables in the examination center is such that it is not possible to enter it by wheelchair. The same situation is in Didube campus for clinical skill training. In the main campus there was one restroom for disable students, but there are none of the devices for special needs in the restrooms in Didube campus.

Institution has Daphne Hare Medical Library. The library's environment includes the following spaces: book storage area (book depository), reading hall, informative technology equipment space, working space for the library staff (both at Tbilisi and Rustavi bases). In the main campus library working space is small and there are no separate places for individual working or working in small groups. According to the student's satisfaction survey 41% of respondents consider the existence of an individual workspace is important in library.

Both libraries, at Tbilisi and Rustavi bases, is equipped with appropriate inventory: 20 personal computers connected to the Internet, 1 laptop, 1 printer, wireless internet. The training base in Rustavi has a library space including a book depository and a reading hall for 45 students.

University library collections, along with printed versions, include electronic versions of the textbooks, as well as other electronic learning tools, like the Atlas of 3-dimensional human anatomy and a virtual patient (VP) simulator.

The University has a well-organized information technology infrastructure, both equipment (computers, projectors, etc.), and communication means (internal network, wireless internet, etc.). DTMU securely protects the local network against illegal external actions using physical firewall. The DTMU server ensures and provides proper functioning of information resources.

The University has its own internal electronic platform (LMS.AIETI.GE), which used for semester management, management of groups, student management, and to record the assessment results in the electronic journal. The mentioned base registers the student's attendance, activity and oral questioning assessment. The electronic database can calculate the pre-quiz points so that to make a proper decision regarding student's admission to the final quiz of the module. The University also has a student portal, through which the students can get the information on their assessment: attendance, activity, oral exam, quiz assessment.

The University has a Moodle platform and quiz program which is a specially designed program developed in 2015. All exam material is loaded into the quiz program.

The University has also signed agreements with many clinics, scientific research centers and other institutions to provide students' learning, research activity and acquiring professional skills. "Clinical Medicine Course" stage II and stage III (clinical clerkship) is practically carried out in the clinical bases, at each course. These bases allow to have access to the patients of various age groups (children, teenagers, adult, older) on an outpatient and hospital-based patients basis to master the management of urgent situations and chronic patients. As a result of the visit to the clinics by 2 members of the panel, it is confirmed that the basic clinics are well equipped and have spaces for students, where it is possible to conduct the lecture, work with small groups and train clinical skills on the mannequins. In

the “Gagua clinic”, DTMU has space where are located Gynaecological mannequins (which belongs to DTMU) and students can have their clinical skills class. The University is using a modern and well-equipped clinical skill centre of “Mediclub Georgia”.

The only remark is that most of the memorandums and agreements with clinics do not specify the directions where clinical clerkship will be conducted and how many students will be in the groups. The number of clinics and number of beds in it and the number of patients is relevant to the number of students.

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| <p>Evidences/indicators</p> <ul style="list-style-type: none"> ○ Component evidences/indicators including relevant documents and interview results ○ Annex N33- Extracts from the public registry and Drawings ○ Annex N20 - Agreements / Memorandums concluded with the Practice Research Objects ○ Annex N37 - Project for new hospital ○ Annex N 38 - Information on the results of the material resource survey ○ Annex N 39 - Rules, instruction of library usage, organized meetings ○ Annex N40 - Daphne Hare Medical Library Inventory ○ Annex N41 - Documents confirming involvement in the international electronic library network ○ Annex N42 - Statistics of Electronic Library Bases Usage ○ Annex N43 -Results of Students Surveys: evaluation of the library environment |
| <p>Recommendations:</p> <p>ST 4.3- Prepare the school infrastructure facilities to accommodate special needs students or faculty members.</p> |
| <p>Suggestions for programme development:</p> <p>ST 4.3 - Specify the directions of clinical practice in the agreement with clinics and the number of students for the practice</p> |
| <p>Best Practices (if applicable):</p> <p>ST 4.3- The library includes E learning material and a good scanner available to all students; it also contains a comfortable space for reading.</p> <p>ST 4.3- The skill labs contain modern mannequins and plastinated parts; one of those skill labs was accredited.</p> |
| <p>In case of accredited programme, significant accomplishments and/or progress</p> |
| <p>Evaluation</p> <p><input type="checkbox"/> Complies with requirements</p> <p><input checked="" type="checkbox"/> Substantially complies with requirements</p> <p><input type="checkbox"/> Partially complies with requirements</p> <p><input type="checkbox"/> Does not comply with requirements</p> |

4.4 Programme/faculty/school budget and programme financial sustainability

The allocation of financial resources stipulated in programme/faculty/school budget is economically feasible and corresponds to programme needs.

Descriptive summary and analysis of compliance with standard requirements

The DTMU budget priorities are:

- Educational and informational, development of library resources (for promoting teaching, learning and research processes);
- Intensifying Cooperation with leading European universities (exchange student programs, business trips, student conferences, internships etc.)
- Scientific research activities scientific trips and conferences, research financing, internationalization)
- Implementation of infrastructural projects (completion of existing construction, current and capital repair of building facilities)
- Improvement and development of the learning environment
- Improvement of staff qualification, retraining (organizing various training courses)
- Support various initiatives (funding of nominative scholarships, encouraging employees, supporting student initiatives, etc.)

The University main source of funding the University is the revenues received from the tuition fee from MD Program, the volume of which is growing annually from 2014 to 2019. The financial state of the University is stable and support the implementation of the activities reflected in the Strategic Development Plan.

It is written in the SER that: “the university is providing financial resources, which ensures sustainable development of teaching process, research, other university activities, as well as sports activities and infrastructure, as in the current period, as well as in the future” but distribution of the budget is not clear.

The University dedicated 572 000 GEL for research financing (internal grant opportunities), and a relevant internal fund was established. One project has been financed and is currently under implementation (2019). The percentage or a specific amount of money which is allocated for scientific activities, professional development of staff, development of the educational process, renovation of the library, and other similar activities are not shown in the financial report. Interviews with academic staff showed that neither staff was informed about the finances that should be allocated to their professional development or scientific activity. University is financially stable, it spends money for business trip, for conferences, for Central Scientific Laboratory, but main financial support for professional development comes from external international grants.

Evidences/indicators

- Component evidences/indicators including relevant documents and interview results’
- Annex N58 – Financial reports
- Annex N59 - Sources of funding and dynamics of last 5 years, forecast for 2019
- Annex N60 – DTMU budget
- Annex N61 – Budget forecast for 2020 and 2024
- Annex N62 – Long-term forecast of DTMU budget 2029
- Annex N63 – DTMU system of financial management and control

Recommendations:

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| ST4.4- Allocate a specific funds in the budget for scientific and professional development of the staff, improvement of the educational process, replenishment of the library fund, and other activities related to the program. |
| Suggestions for programme development: |
| Best Practices (if applicable): |
| In case of accredited programme, significant accomplishments and/or progress |
| Evaluation <input type="checkbox"/> Complies with requirements <input checked="" type="checkbox"/> Substantially complies with requirements <input type="checkbox"/> Partially complies with requirements <input type="checkbox"/> Does not comply with requirements |

Programme's Compliance with Standard

| Standard | Complies with Requirements | Substantially complies with requirements | Partially Complies with Requirements | Does not Comply with Requirements |
|------------------------------|----------------------------|--|--------------------------------------|-----------------------------------|
| Providing teaching resources | | ✓ | | |

5. Teaching quality enhancement opportunities

In order to enhance teaching quality, programme utilizes internal and external quality assurance services and also periodically conducts programme monitoring and programme review. Relevant data is collected, analysed and utilized for informed decision making and programme development on a regular basis.

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| 5.1 Internal quality |
| Programme staff collaborates with internal quality assurance service(s) available at the higher education institution when planning the process of programme quality assurance, creating assessment instruments, and analysing assessment results. Programme staff utilizes quality assurance results for programme improvement. |
| Descriptive summary and analysis of compliance with standard requirements <p>The structural unit responsible for implementing effective mechanisms for quality assurance in the DTMU is the Quality Assurance Department. The main goal of the Quality Assurance Department is to ensure the high-quality teaching and scientific work at the university. Quality assessment processes is based on cycle Plan-Implementation-Evaluation-inspection-Development-Improvement. Quality assurance department in cooperation with the Quality assurance service, annually presents quality self-assessment report with recommendations to rector's counsel. based on collecting relevant information and its analysis. The quality assurance service has a role in involving DMTU in multiple international projects and is responsible for the faculty developments.</p> |

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| <p>Collecting information requires usage of different forms, including qualitative and quantitative data. e.g.: getting institutional data, collecting feedback by questionnaires and communication with focus-groups. The University presented a report on the activities planned and implemented as a result of the analysis of the questionnaire results. For annual self-assessment planning, monitoring and evaluation, QA Department and QAS creates Quality Assessment Group with compulsory engagement of academic staff and students. Programme self-evaluation report is prepared with an active involvement of academic and administrative staff.</p> <p>The University has a database system and information that is constantly updated / filled and contains a "long" list of data. Quality assessment results are reflected in the University in developing the strategic plans which will ensure the improvement and development of the University's. Furthermore, the Quality Assurance department uses the analysis of these data in developing the SER and the annual report. The administration uses these reports to identify the weakness of the program, and other needs for the program development..</p> <p>Based on SER, the curriculum development is a key element of assuring the quality of programs in a systematic and conscious way. The HEI QA Department Reports and SER indicate that: The quality Assurance department has defined the most important elements of internal quality assurance to ensure continuous development of the program which are:</p> <p>Defining program goals and learning outcomes; Specifying what the student should learn and what the student should achieve; Determining content, selecting important (key) topics and defining program structure; Selection and development of teaching methods and technique's Selecting literature and other educational materials; How (in which way) students will be evaluated in order to assess learning outcomes.</p> <p>During the interview with the academic staff it was noticed that they are constantly involved in the program development process and takes into consideration quality assurance results when making programme related decisions, although they did not have information about the assessment methods of the learning outcomes.</p> | |
| <ul style="list-style-type: none"> ○ Evidences/indicators ○ Self-Evaluation Report on Accreditation of Higher Education Programme ○ Important Characteristics of DTMU Quality Assurance and Important Principles of Development ○ The procedure of quality assessment results and report the use of report ○ The self-evaluation report of the DTMU quality assurance service ○ Questionnaires ○ Analysis of survey results ○ Interview results | |
| Recommendations: | |
| Suggestions for programme development: | |
| Best Practices (if applicable): | |
| ST 5- The establishment of the quality assurance service. | |
| In case of accredited programme, significant accomplishments and/or progress | |
| Evaluation <p style="text-align: center;">× Complies with requirements</p> | |

- ☐ Substantially complies with requirements
- ☐ Partially complies with requirements
- ☐ Does not comply with requirements

5.2 External quality

Programme utilizes the results of external quality assurance on a regular basis

Descriptive summary and analysis of compliance with standard requirements

Accreditation processes represent major measurements of external quality assurance of the MD program. External quality evaluation of the program was conducted in 2011. Since then, the reports on the improvements and progress of the program development are annually submitted to the National Center for Educational Quality Enhancement. This action proved that the quality assurance department utilizes the result of the external quality assurance on a regular base to improve and develop its program. According to the SER the MD program was involved in EU funded project: „530519-TEMPUS-1-2012-1-UK-TEMPUS-JPCR: within the frames of Establishment of the SupraRegional Network of the National Centers in Medical Education, focused on PBL and Virtual Patients (ePBLnet). During these projects the quality of the program was evaluated and compared to other program in Europe specially in the area of:

A) Development of Project Quality Assessment Plan; B) Production of quality assessment process; C) Project Quality Assessment Report.

It should be noted, however, that this process involved the development of another program (PBL MD Program). However, experience and recommendations have been used to further improve this program.

For external quality evaluation, the program also underwent international accreditation under the ASIIN-AMSE - Joint Pilot Project to obtain accreditation quality stamp.

The DTMU, benefitted from this international cooperation to update all its medical program.

Evidences/indicators

- <https://www.asiin.de/en/about-us/news/news-details/technical-committee-medicine-founded.html>
- DTMU Self Evaluation Report
- Reports of National Center for Educational Quality Enhancement about DTMU external quality assurance

Recommendations:

Suggestions for programme development:

Best Practices (if applicable):

In case of accredited programme, significant accomplishments and/or progress

Evaluation

× Complies with requirements

| |
|--|
| <input type="checkbox"/> Substantially complies with requirements <input type="checkbox"/> Partially complies with requirements <input type="checkbox"/> Does not comply with requirements |
|--|

| |
|--|
| 5.3. Programme monitoring and periodic review |
| <p>Programme monitoring and periodic review is conducted with the involvement of academic, scientific, invited, administrative staff, students, graduates, employers and other stakeholders through systematically collecting and analysing information. Assessment results are utilized for programme improvement</p> |
| <p>Descriptive summary and analysis of compliance with standard requirements</p> <p>According to SER of DTMU “The official structures and bodies of the University provide the format of cooperation with the quality assurance service (QAS) in the process of quality evaluation. For annual self-assessment planning, monitoring and evaluation, QAS creates Quality Assessment Group with compulsory engagement of academic staff and students”. This information was confirmed by the academic and invited staff during the interviews, as well as the fact that students filled out questionnaires and expressed their opinions.</p> <p>The programme is modified and improved based on the analysis of data from students and faculty members and the peer's discussion.</p> <p>Furthermore, course evaluation results were used for course improvements. Although it is clearly stated in the regulatory documents that monitoring should be carried out regularly, this fact is not recognized in the submitted documentation (surveys and results, reports). It is advisable that the monitoring be systematic, and that reporting be done consistently. This will facilitate the timely planning and implementation of response measures (for example Personal Training, Improvement of Teaching or Assessment Methods...)</p> <p>International practice is used by DTMU in order for the programme to satisfy modern requirements (EU funded Tempus project)</p> <p>Programme effectiveness is evaluated utilizing programme monitoring and periodic review</p> |
| <p>Evidences/indicators</p> <ul style="list-style-type: none"> ○ The Procedures of Development, Approval, Changes and Cancelling of the Educational Program Results ○ Survey results conducted by higher education institution; ○ Interview results |
| <p>Recommendations:</p> |
| <p>Suggestions for programme development:</p> <ul style="list-style-type: none"> • Systematize the monitoring and the reporting be done consistently. |
| <p>Best Practices (if applicable):</p> |
| <p>In case of accredited programme, significant accomplishments and/or progress</p> |
| <p>Evaluation</p> <p>× Complies with requirements</p> <p><input type="checkbox"/> Substantially complies with requirements</p> |

☐ Partially complies with requirements

☐ Does not comply with requirements

Programme's Compliance with Standard

| Standard | Complies with Requirements | Substantially complies with requirements | Partially Complies with Requirements | Does not Comply with Requirements |
|--|----------------------------|--|--------------------------------------|-----------------------------------|
| Teaching quality enhancement opportunities | ✓ | | | |

Enclosed Documentation (If Applicable)

HEI's Name: LLC David Tvildiani Medical University

Higher Education Programme Name: Medical Doctor (MD, Eng), One-cycle (7)

Number of Pages of the Report: 37 pages

Programme's Compliance with the Standard

| Standard | Complies with Requirements | Substantially complies with requirements | Partially Complies with Requirements | Does not Comply with Requirements |
|--|----------------------------|--|--------------------------------------|-----------------------------------|
| 1. Educational programme objectives, learning outcomes and their compliance with the programme | ✓ | | | |
| 2. Teaching methodology and organization, adequate evaluation of programme mastering | | ✓ | | |
| 3. Student achievements and individual work with them | ✓ | | | |
| 4. Providing teaching resources | | ✓ | | |
| 5. Teaching quality enhancement opportunities | ✓ | | | |

Expert Panel Chair's: Nadia, Badrawi,



Expert Panel Members '

Name, last name, signature

Leila Akhvlediani

A handwritten signature in blue ink, featuring a large, stylized initial 'L' followed by a series of loops and a long horizontal stroke at the bottom.

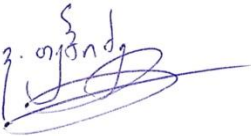
Name, last name, signature

Nani Kavlashvili

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Vakhtang Tebidze

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Name, last name, signature

Khatuna Saganelidze

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