



განათლების ხარისხის განვითარების ეროვნული ცენტრი
NATIONAL CENTER FOR EDUCATIONAL QUALITY ENHANCEMENT

Accreditation Expert Group Report on Higher Education Programme
One-cycle Educational Program of Medical Doctor, Caucasus University

Date(s) of Evaluation: February 3-4, 2022.

Final Report Submission Date: March 22, 2022

Tbilisi

HEI's Information Profile¹

Name of Institution Indicating its Organizational Legal Form	LLC Caucasus University
HEI's Identification Code	205050567
Type of Institution	University

Higher Education Programme Information Profile

Name of the Programme	One-cycle Educational Program of Medical Doctor
Level of Education	One-cycle
Qualification Granted ²	Medical Doctor
Detailed field and Code	0912 Medicine
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

Expert Panel Members

Chair (Name, Surname, University/organization/Country)	Professor Mihály Boros Albert Szent-Györgyi Medical School, University of Szeged, Hungary
Member (Name, Surname, University/organization/Country)	Professor Irine Pkhakadze Akaki Tsereteli State University, Kutaisi, Georgia
Member (Name, Surname, University/organization/Country)	Associate Professor Tamar Goderidze, University of Georgia Medical School, Tbilisi, 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

Member (Name, Surname, University/organization/Country)	Professor Marine Toidze Diagnostic Centre, Caucasus Medical Center, Tbilisi, Georgia
Member (Name, Surname, University/organization/Country)	Giorgi Mgvdeladze, PhD student Tbilisi State Medical University, Georgia

Accreditation Report Executive Summary

General information on the education programme

The English language one-cycle educational program of Medical Doctor of Caucasus University (Institution, thereafter) was accredited in 2018, while the execution of the program was started in September 2020. The program was based on the Global Standards for Quality Development of the World Federation of Medical Education (WFME, 2020) and the guidelines of the Association for Medical Education (AMEE). In the past semesters the WFME Distributed and Distance Learning Standard was utilized, when the course and module schedules were modified during the recent outbreaks of coronavirus pandemic. During this period student mobility was restricted, and clinical components have been temporary replaced with theoretical parts. Nevertheless, distance e-learning was introduced, access to simulators of the Clinical Skills Laboratory was increased, and using all these methods, approaches and resources, the program has been maintained successfully at the predetermined level.

According to the descriptive statistics provided by the Institution the number of academic and invited staff is currently 92, without employment of scientific staff. The number of enrolled students with active status is 141; of them 67 are qualified as international students. The program has now approached the end of its first (Basic, preclinical) stage, which includes (among others) natural sciences, foreign language and horizontally integrated modules on the structure and functions of body systems. It should be underlined that the first students are now in semester V, and this also means that the program has not been completed, final exam results, alumni or employer feedbacks are not available yet.

Brief overview of the accreditation site-visit

This report was written by the Expert Panel appointed by NCEQE to perform a peer-review-based evaluation of the undergraduate medical programme of the Institution, on the basis of the Self-Evaluation-Report (SER), supporting documentations and a site-visit to the Institution. The SER and associated documents were sent to the Expert Panel on 01. 14. 2022. The available data were evaluated before the site-visit according to Accreditation Standards, Sector Benchmarks of Medicine and the analysis of the documentation was extended further with additional data of the 2018 Accreditation Report provided by the NCEQE during the day of the visit to the Institution. By this way, the Expert Panel had possibility for comparisons too, i.e. to evaluate the extent to which the previously formulated expert proposals and recommendations have been taken into account by the Institution.

The datasets contained sufficient information to judge the quality of the programme, the course content, delivery and assessment. It was found that the SER was constructed according to the NCEQE standards. The set of documents included the presentation of subjects of study in a chronological order of semesters and the amount of ECTS points for each of the subject. For the subjects syllabi, the amount of lectures and practices were given, information on tutors, trainers and their

qualifications/experiences (CVs) was presented as well. Each of the panel experts accepted 1 or 2 of the Standards for which they had expertise and agreed to take a lead role in the review of these Standards.

The site-visit was realized on February 3-4, 2022, in a hybrid format, due to coronavirus limitations. On February 3, 2022, the Expert Panel held meeting with the representatives of University Administration, the President, the Vice-President for Academic Affairs, Director of QA Department, Dean of the Medical School and the Director of International Relations and Projects Department were present, and thereafter had a short tour to visit the facilities of the Institution, the lecture rooms and auditorium, the student laboratory, the library, the Skills Laboratory (Simulation Center) with OSCE stands and other relevant parts of the main building. Next, two teaching bases, the Reymann and Todua Clinics were visited, while on February 4, 2022, we had a whole day-long online meeting with question-and-answer sessions through Zoom platforms with the staff members of the HEI who were not present during these prearranged hearings:

- the Working Group that compiled the SER
- Heads of Study Programme
- representatives of Academic and Invited Staff
- representatives of practice tutors/supervisors
- representatives of Employers.
- representatives of Students
- representatives of the Quality Assurance (QA) Department

Finally, a last meeting was organized with the representatives of the Institution to present the key findings, with a short discussion of the results. It must be noticed that all meetings and visits took place in a very supportive environment. The panel would like to thank the representative of the NCEQE, for all the help and support provided before, during and after the site visit.

A draft report was submitted to NCEQE on 8th March 2022 and the Evidence Based Letter of the Institution with the argumentative position of the HEI was returned to the Expert Panel on 03.18. 2022. The comments were reviewed by the members of the Panel, and it was found that the retrospective explanations and factual reasons provided by the HEI were not substantial enough to amend the recommendations and suggestions listed in the previously drafted report. Thereafter, the final Report was submitted to NCEQE on 22nd March 2022.

Summary of education programme's compliance with the standards

The Institution's MD programme was evaluated point-by-point according to the NCEQE's Standards. From this perspective the Expert Panel expressed a common view that the programme demonstrates a stable background with a strong leadership and dynamically evolving pathway. With respect to the current status of education, the external peer-review identified many major strengths as follows.

1. All staff members demonstrated enthusiasm and commitment to the values expressed in the Vision of the Institution. Both students and tutors have strong commitments to acquire high levels of professionalism and problem-solving medical skills, upon which the foundations of further clinical training and medical practice can be built.
2. Excellent team working was apparent within all areas of development. The linking of clinical and theoretical parts in the early years particularly through the Clinical Skills Center is a good example of the importance of the development of transferable skills regardless of professional boundaries.

3. Interested, active, good quality students, skilled staff members committed to medical research.

In brief, the programme can be built upon an existing education system within a University with international recognition. There are some items, however, where the programme or its components are not fully complying with the requirements, as shown below. Nevertheless, the Expert Panel is fully convinced that the Institution has the capacity to improve these shortfalls in the near future.

Standard 1. Educational programme objectives	Complies
Standard 2. Teaching methodology	Substantially complies
Standard 3. Student achievements	Complies
Standard 4. Providing teaching resources	Substantially complies
Standard 5. Teaching quality enhancement	Complies

Summary of Recommendations

1.1.

- The HEI must have a clear policy that fosters the relationship between medical education and medical research. Plans should be set in a Scientific Strategy. In this respect, a scientific/research strategy specifically addressing the HR development plans of the Medical School is also needed.

2.2.

- It is recommended to clarify issue of getting the number of extra credits according to the Order №3 of the Ministry of Education of Georgia, based on this order getting the number of extra credits (15 cr.) is allowed along the whole duration of program (6 years).

2.3.

- It is recommended to clearly define learning outcomes in study courses and in competency map.
- Bring the competency map in compliance with course/module syllabi.
- Update required mandatory literature published in 2002; 2005; 2006, 2008yy
- The competency mapping (levels 1 to 3) should demonstrate students' progress more explicitly

2.4.

- Supervision rules, responsibilities of tutors and students involved in Course Work during 12th semester should be defined together with the requirements on content and format and the precise rules for the defence of the Work.

2.6.

- It is recommended to use OSCE and other modern assessment methods for evaluating learning outcomes/competences in Clinical subjects.
- It is recommended to assess all learning outcomes and competencies in study courses.

4.1.

- Clearly define the role and place of clinical supervisors in the program including their functions. The qualification requirements for clinical tutors is set by the sector benchmarks; the level of compliance should be checked, regularly,

4.2.

- For the involvement of all members of scientific, academic and invited staff in scientific research-related decision-making processes, the establishment of Academic Advisory Board or

similar body is recommended in order to enhance the work on the priority research topics at the Medical School.

4.3.

- It is recommended to renovate clinical skills laboratory for practice and trainings for appropriate number of students;
- The teaching material listed in syllabi, the recommended volumes (printed or electronic versions) should be accessible and up to date. The program is new; therefore it is important that the latest editions would be available and in appropriate numbers.

- **Summary of Suggestions**

1.1.

- Effective monitoring of internationalization is needed and a strategic plan for active cooperation, networking with other national HEIs (that in turn may translate into research and education improvement) is suggested to increase the synergies between Georgian medical schools (e.g. invitation of colleagues for thesis supervisions, joint projects, etc.). The number of cooperative efforts (grants, funds, projects, papers, theses) will be a good performance indicator in the future.
- It would be beneficial to strengthen the curriculum-based research work of students further (e.g. with elective courses for those who are participating in student scientific circles, organized specific journal clubs, etc.).
- The stakeholders need to be better informed about the regulations of the student's self-government of the Institution with respect to the new group of medical students.
- The organisational structure of the new Medical School could be presented to visualize the operation of the parts, the interfaces, and possible overlaps between them.
- Supervision rules, responsibilities of tutors and students involved in Course Work during 12th semester should be defined together with the requirements on content and format and the precise rules for the defence of the Work.
- The HEI's community outreach strategy may include contributions to the local community (third mission) - this concept is not mentioned extensively in the documents. The Institution's participation in community-based projects (e.g. providing aids to vaccination, etc.) would strengthen visibility and public relationships.
- The Institution has developed a rule for implementing educational programs, which includes the stages of program planning, doing, checking and adjusting (determining the content of the curriculum if updated, changed, if necessary) and each stage requires the involvement of all stakeholders. In case of students and employers more active participation is needed in these future activities.
- The Institution has an established data protection policy but maybe it is timely to review its compliance with the European (GDPR) regulation.

1.2.

- The basis of the Skills Centre is expected to be used as starting point to increase the quality and weight of practical training, and therefore short and long-term development strategies are suggested with more complex simulations and scenarios (with high fidelity computerized patient simulators) which may be incorporated into the curriculum later on.
- As early warning, an effective mentoring mechanism is suggested in clinical subjects, such as regular meetings, discussions between students, clinical mentors and HEIs officials in order to analyse the efficiency of the clinical teaching. Rules for nomination, qualification for being a clinical mentor should be more clearly specified for the categories, and personal development plans are also needed for the clinical staff members.

2.2.

- It is suggested to increase the number of credits of elective courses in the program
- Increase vertical integration of the program.

2.3.

- It is suggested to improve practical component and lab work of study courses (Biochemistry, Physiology).
Certain components of the curriculum map might be made thematically more compatible with the final LOs (e.g. Pharmacology, Radiology, Microbiology).

2.4.

- It is suggested to hire specialist/tutors in the clinical skills laboratory, who will support students' learning process and satisfy their needs.

2.5.

- Intensive use of modern teaching methods is suggested.

3.1.

- It is necessary to communicate closely and regularly with students and share their views in the process of developing the learning outcomes of the program.

4.1.

- The academic staff was involved in planning and design of the program however there could be much stronger links to relevant labour market and employers for programme development.
- It will be necessary to analyse thoroughly the teaching capacity, staff motivation and availability if the preclinical years.
- The Institution should demonstrate a methodology for determining the number of the academic and invited staff of the Medical School where the minimum number of academic hours and the training load is demonstrated.
- A staff management policy and a transparent workload scheme is suggested ensuring the efficient involvement of staff members in the process of medical education.

4.2.

- If there is a need to focus on external funding opportunities for the implementation of future research projects, the HEI may wish to consider to provide expert assistance and training for the academic staff for grant applications and project proposals.
- Constant and systematic monitoring of the research outputs, will be helpful during the next years to increase the quality and international visibility of the programme.

4.3.

- The HEI should consider improving the laboratory infrastructure further to enhance the experience of students. The laboratories are equipped for practical courses in pathology (microscopes) and biochemistry, but further developments should be made to be acceptable for more complex demonstrations or scientific research.
- In clinical education the key teaching bases (clinical hospitals) should be evaluated regularly for their appropriateness and quality regarding the practical training program. Mechanisms to monitor, evaluate, and review defined performance indicators is also suggested.

4.4.

- The revenues and expenditure of the MD programme and the integration of the medical education as a whole into the fiscal life of the Institution should be transparent. The rules of redistribution of the budget and the rules or decisions on internal allocation between educational units should be regulated.
- In case of additional capacity to mobilize internal funding, especially research grants and scientific activities should be supported, in a transparent way.

- **Summary of best practices (If Applicable)**
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- **In case of accredited programme, summary of significant accomplishments and/or progress (If Applicable)**

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

- After receiving the recommendations of the 2018 Accreditation Report, changes have been made by the Institution to the program as follows: 1. in the syllabi the assessment components and individual scoring criteria have been specified; certain grading criteria have been ascertained; 2. in the foreign language course in parallel with Georgian, German and French languages have been added as a second foreign language for Georgian students, thus eliminating the previous asymmetry; 3. new contract forms have been prepared with partner institutions, outlining the courses to be delivered at the clinical base / laboratory, their duration, the maximum number of students per group, and the space that will be allocated for the learning process.
- Due to the pandemic the syllabus priorities for the public health course have changed and the scope has expanded. Hours allocated for critical medicine and infectious disease courses have also been added.
- An e-health course has been added to the electives, under which students will acquire knowledge of telemedicine, distance learning, artificial intelligence health portals, patient information and mobile intelligence systems.

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

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

Descriptive summary and analysis of compliance with standard requirements

The mission of the Institution is clearly defined; its MD Programme aims to develop caring, competent, confident medical doctors through outcome-based teaching approaches. The program provides the knowledge, thinking, autonomy, responsibility, and practical / clinical skills necessary for professional development, postgraduate study, and successful medical practice. The program aims to reach the top three in Georgia and the top ten in the region by 2030 in terms of graduate employment in the local and international markets and their international and scientific potential. From 2022, international cooperation is intensified, exchange programs are planned with clinical practice for students with partner organizations (Baskent University and Vilnius University).

During the interviews, it was proven that key actors were aware of the mission and its main pillars. The Institution has a policy for planning, designing, implementing and developing educational programs. These processes seem to be collaborative, involving a number of key actors – this was also proven during the interviews. This way, internal perspectives and external needs can be voiced out. The MD programme was approved in 2018, it is based on ECTS system (with 360 ECTS) and is student-oriented, as a whole the structure is clear. The Expert Panel agreed that the admission numbers and the current student-tutor ratios are adequately planned for the operation of the programme with matching teaching methods. The Institution utilizes several standard and modern technologies for measuring the learning outcomes, in general terms the LOs are logically distributed, the requirements are well-defined and largely correspond to the LOs of Sector Benchmarks of Medicine. comparable HEIs.

The Institution defined the content, extent and sequencing of courses and described the curricular elements, including the balance between the core and optional contents. The human organ systems are selected as an integrating factor in the teaching of basic (I) subjects, and around them basic disciplines (anatomy, physiology, etc.) unite. In this respect the curriculum is partially integrated, includes elements of both horizontal and vertical integration. The programme teaches the principles of scientific method and evidence-based medicine as well, including analytical and critical thinking, and besides, incorporated the contributions of the behavioural, social sciences and medical ethics, together with the courses for effective communication. This process should provide the enrolled students skills to assume appropriate clinical responsibility and to continue their personal development after graduation, as professionals and future colleagues. Nevertheless, it should be noted that if the goal is correctly described, then the one-cycle educational program of the Institution should be focussed not only on basic medical and clinical knowledge, but also on the development of competencies needed for postgraduate practice, including medical sciences and the ability to participate in the development of medicine.

The programme provides Georgian language courses but given that the language of instruction is English, it is likely that more emphasis and additional, special training courses for medical

communication in Georgian language would be necessary in later semesters (perhaps in the Skills Center with the help of simulated patients).

The HEI has indicated its commitment to the development of scientific research, but important details of the policy is missing. Plans with emphasis on specific research areas (e.g. 'basic science' or 'clinical studies') and priorities (e.g. 'radiology' or 'behavioural sciences', etc.) are needed. More directly, these plans should be set in a Scientific Strategy (with plans to support/fund research esp. done e.g. by clinicians and young researchers; plans to fund a chosen clinical research project, plans for the development of scientific/clinical research infrastructure, etc.). The planned allocation of research-directed funds should be based on quality criteria, schemes should be implemented for competitive activities and the recognition of research excellence with the use of quantitative parameters and qualitative descriptors, scientometry indicators (e.g. first or last authorship in Q1 or Q2 periodicals, co-authorship with students in scientific papers, etc.) is needed. In this respect, a scientific/research strategy specifically addressing the HR development plans of the Medical School is also needed.

Evidences/indicators

- Self-Evaluation Report
- Interview results
- Site visit
- Syllabi

Recommendations:

- The HEI must have a clear policy that fosters the relationship between medical education and medical research. Plans should be set in a Scientific Strategy. In this respect, a scientific/research strategy specifically addressing the HR development plans of the Medical School is also needed.

Suggestions for programme development:

- Effective monitoring of internationalization is needed and a strategic plan for active cooperation, networking with other national HEIs (that in turn may translate into research and education improvement) is suggested to increase the synergies between Georgian medical schools (e.g. invitation of colleagues for thesis supervisions, joint projects, etc.). The number of cooperative efforts (grants, funds, projects, papers, theses) will be a good performance indicator in the future.
- It would be beneficial to strengthen the curriculum-based research work of students further (e.g. with elective courses for those who are participating in student scientific circles, organized specific journal clubs, etc.).
- The stakeholders need to be better informed about the regulations of the student's self-government of the Institution with respect to the new group of medical students.
- The organisational structure of the Medical School could be presented to visualize the operation of the parts, the interfaces, and possible overlaps between them.
- Certain components of the curriculum map might be made thematically more compatible with the final LOs (e.g. Pharmacology, Radiology, Microbiology).
- Supervision rules, responsibilities of tutors and students involved in Course Work during 12th semester should be defined together with the requirements on content and format and the precise rules for the defence of the Work.
- The HEI's community outreach strategy may include contributions to the local community (third mission) - this concept is not mentioned extensively in the documents. The Institution's participation in community-based projects (e.g. providing aids to vaccination, etc.) would strengthen visibility and public relationships.

<ul style="list-style-type: none"> ○ The Institution has developed a rule for implementing educational programs, which includes the stages of program planning, doing, checking and adjusting (determining the content of the curriculum if updated, changed, if necessary) and each stage requires the involvement of all stakeholders. In case of students and employers more active participation is needed in these future activities. ○ The Institution has an established data protection policy but maybe it is timely to review its compliance with the European (GDPR) regulation.
<p>Best Practices (if applicable):</p> <p>-</p>
<p>In case of accredited programme, significant accomplishments and/or progress</p> <ul style="list-style-type: none"> ○ After receiving the recommendations of the 2018 Accreditation Report, changes have been made by the Institution to the program as follows: 1. in the syllabi the assessment components and individual scoring criteria have been specified; certain grading criteria have been ascertained; 2. in the foreign language course in parallel with Georgian, German and French languages have been added as a second foreign language for Georgian students, thus eliminating the previous asymmetry; 3. new contract forms have been prepared with partner institutions, outlining the courses to be delivered at the clinical base / laboratory, their duration, the maximum number of students per group, and the space that will be allocated for the learning process. ○ Due to the pandemic the syllabus priorities for the public health course have changed and the scope has expanded. Hours allocated for critical medicine and infectious disease courses have also been added. ○ An e-health course has been added to the electives, under which students will acquire knowledge of telemedicine, distance learning, artificial intelligence health portals, patient information and mobile intelligence systems.
<p>Evaluation</p> <ul style="list-style-type: none"> <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
<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> <ul style="list-style-type: none"> ○ The programme as a whole is aligned with the European Credit Transfer and Accumulation System (ECTS) and corresponds with Georgian and international standards: there are no major discrepancies between the number of allocated ECTS and the actual students' workload. The syllabi of the compulsory courses gave sufficient information on the compilation of the courses, with the number of credit hours allocated per course. The programme LOs describe the minimum competences required for graduation, nevertheless, the programme does not have graduates, and by definition, there is no feedback from alumni/graduates. All LOs will be assessed twice, what will allow, after the first assessment,

to review the teaching/learning methodology and / or also the assessment methodology itself and make necessary changes in the program, if needed.

- On-site training has been resumed in March 2021. The way and intensity of communication between supervisors and students during distant learning was appropriate, the professional content and structure of the training, the teaching and learning support methods used are meeting the professional requirements and are suitable for achieving the LOs.
- The Institution utilizes several accepted control methods to monitor the program, and to evaluate the students' academic performance. The program focuses on the effective use of laboratory and practical skills assessment, as well as objectively structured clinical or practical examinations (OSCE, OSPE), case-based discussions. Nevertheless, more details are needed how the practical competencies are checked in certain components which are listed in the courses (such as ALS in Anaesthesiology and Intensive Care, the site of work in „Syndrome-Based Diagnostics”, the demonstration of practical skills in Surgery I (5th semester), or COVID-19-related topics, including modern (mRNA) vaccination in Microbiology, Virology I-II).
- The Skills Centre is expected to be used as starting points to increase the weight of practical training, and therefore short and long-term development strategies are suggested. It seems likely that the current environment meets the demand of preclinical courses and the integration of procedural knowledge obtained during simulation skills training into the presented clinical curriculum, but the technical background can be developed further with diagnostic and technical/interventional possibilities. Of note, it would be important to develop and repeat (along a spiral line) a set of practical procedures that the students must master by the end of the study programme and assess them not only in simulated but in real clinical scenarios, too. According to the HEI, the curriculum contains spiral elements - a spiral component in the practical curriculum will provide the possibility of repetitions. As an example, starting from very basic “first aid” manoeuvres in the first year, then with a repetitive BLS course, and later with an ALS course, the practical skills would improve gradually – and significantly. The program was started in 2020 thus meaningful evaluation of the learning outcomes is rather difficult. We suggest that the number of the students who will continue the learning process - pass the MCI or USMLE exams/start the residency program/will become PhD students will be the best indicator for this purpose.

Evidences/indicators

- Educational Program
- Self-Evaluation Report
- Interview results

Recommendations:

Suggestions for programme development:

- The basis of the Skills Centre is expected to be used as starting point to increase the quality and weight of practical training, and therefore short and long-term development strategies are suggested with more complex simulations and scenarios (with high fidelity computerized patient simulators) which may be incorporated into the curriculum later on.
- As early warning, an effective mentoring mechanism is suggested in clinical subjects, such as regular meetings, discussions between students, clinical mentors and HEIs officials in order to analyse the efficiency of the clinical teaching. Rules for nomination, qualification for being a clinical mentor should be more clearly specified for the categories, and personal development plans are also needed for the clinical staff members.

Best Practices (if applicable): ○ -
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
Educational programme objectives, learning outcomes and their compliance with the programme	X			

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 Programme admission preconditions are transparent and accessible through the University website and confirmed by reviewing the self-evaluation report and interviews with the University administration team. Program preconditions are: <ul style="list-style-type: none"> - Relevant documents (certificates) certifying full general education (certified by the state) or a relevant document (a school diploma) equal to it; - A document certifying the passing of the Unified National Examinations in accordance with the rules approved by the Ministry of Education, Science, Culture and Sports of Georgia. - Overcoming the minimum competence threshold in the Unified National Examinations, except for the English language examination. The minimum competency threshold in English is 85% of the total score. - English Language Proficiency at B2 Level - Submission of a Certificate of General European Competence in Language Learning (IELTS / TOEFL / Cambridge English). In the absence of such, the University shall check the level of the English language proficiency in accordance with the

<p>regulations in place and in accordance with the relevant requirements of the national Medicine Sector Benchmarks of Higher Education.</p> <p>It is allowed to admit international students without passing the Unified National Examinations, in accordance with the rules and within the timeframe established by the Ministry of Education and Science of Georgia, enrolment in the program through mobility is possible in compliance with the law. This regulation ensures admission of the students with relevant knowledge, skills, and competencies required for mastering the programme.</p>
<p>Evidences/indicators</p> <ul style="list-style-type: none"> ○ Educational Program ○ Self-Evaluation Report ○ Interview results ○ CU website: https://cu.edu.ge/ka/schoolss/chs ○ Law of Georgia on Higher Education
<p>Recommendations:</p> <p>-</p>
<p>Suggestions for programme development:</p> <p>-</p>
<p>Best Practices (if applicable):</p>
<p>In case of accredited programme, significant accomplishments and/or progress</p> <p>-</p>
<p>Evaluation</p> <ul style="list-style-type: none"> <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

<p>2.2 Educational Programme Structure and Content</p> <p>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</p> <p>Descriptive summary and analysis of compliance with standard requirements</p> <p>The one-cycle program of Medical Doctor (MD) of Caucasus University is developed in accordance with sector benchmarks, the program development methodology of Caucasus University and the mission of the University.</p> <p>To gain the academic degree of MD, a student must earn 360 credits based on the ECTS System. One ECTS equals 25 hours which includes contact hours (classes, seminars, practical etc.) as well as independent hours of work. The duration of the program is 6 years (12 semesters), 30 credits per semester, The semester consists of 19 weeks, the academic year comprises 38 weeks. 350 credits are compulsory, 10 credits are elective.</p> <p>The educational program Medical Doctor is partially integrated. It consists of: Integrated Courses - 76 (ECTS), Basic / Preclinical Courses - 86 (ECTS), Clinical Courses - 154 (ECTS), Clinical clerkships - 13 (ECTS), Elective courses - 10 (ECTS).</p>
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Instead of the electives provided by the program, the student can earn 10 credits in the form of free credits. According to program and self-evaluation report “Depending on the student's individual workload, the number of credits per year may be less than 60 or more, but shall not exceed 75 ECTS”.

It has to be mentioned, that according to the Order №3 of the Ministry of Education of Georgia (the rule of credit distribution) getting extra 15 credits is allowed along the whole duration of program (6 years), Thus formulation of this rule should be in accordance with the Order №3 of the Ministry of Education of Georgia and the getting not more than 75 credits should be determined not for each academic year but for the duration of the program.

In compliance with the requirements of the Medicine Sector Benchmarks

- 15 credits (ECTS) are devoted to the development of scientific skills (Biostatistics, Research Skills 1,2, Epidemiology and Evidence-Based Medicine and Course work);
- 10 credits (ECTS) are devoted to the development of clinical skills in a clinical skills laboratory from the very first year (First aid, Clinical skills I, II).

The program is built on a modular principle, within the module there is a clear horizontal integration between the subjects and the majority of the components follow a logical sequence.

The syllabus of these modules integrates the development of practical skills in biomedical research in the first 4 semesters, and the first aid module is implemented both at the patient's bedside and in the clinical skills laboratory, to which the first course of clinical skills is added from the second semester.

The program consists of Basic (Preclinical, I - III years), and Clinical training (IV -VI years) stages, Preclinical course includes horizontally integrated modules on the structure and functions of body systems (anatomy, histology, physiology, biochemistry), which are synchronized according to organ systems. From the 4th year clinical courses (Dermatovenerology, Neurology, Otorhinolaryngology, Gynecology, Infectious Diseases, Urgent surgery, Urology, Ophthalmology, Oncology, Child Infectious Disease, Medical Rehabilitation, Family Medicine, Clinical radiology and Clinical pharmacology) are basically taught separately that makes us suggest to increase integration, such as for example possible integration of clinical pharmacology or clinical radiology with some of clinical courses. Target Benchmarks of Learning Outcomes are defined. Description of the program is uploaded on the website of the University.

The syllabi of compulsory and elective courses give clear information on the details of the programme and the number of ECTS allocated per course. The program is built on a modular principle, within the module there is a clear horizontal integration between the subjects and the majority of the components follow a logical sequence. The syllabus of these modules integrates the development of practical skills in biomedical research in the first 4 semesters, and the first aid module is implemented both at the patient's bedside and in the clinical skills laboratory, to which the first course of clinical skills is added from the second semester.

Nevertheless, a diagram (organogram) describing these relationships would be useful, and in some areas structural changes could make the education more effective. Certain courses, which can be naturally linked to each other, can provide a much stronger link towards the clinical education. Some examples: Clinical Pharmacology which is now in the 12th semester should be taught before Critical Care which is now in 10th semester and after Basic Pharmacology. Clinical Radiology is in 11th semester, which is very distant from Basic Radiology (in 6th semester), and an independent Child Infectious Diseases course is in 11th semester after Microbiology and Virology II (5th semester).

The integration between basic medical sciences and clinical sciences seems to be guaranteed, but certain operational linkage must be assured between the graduate educational program and the subsequent stage of training or practice that the student will enter after graduation. In this sense, the position of the final Course Work (in 12th semester) should be defined and the description of the rules for submission should be much more precise. How efficiently students undergo clinical / practical training in this system is still unclear, but the practice-based aspects of clinical courses and the access to bedside clinical practice during clinical subjects seems to be guaranteed. Nevertheless, the individually developed technical and procedural skills of the students should be repeatedly reinforced

<p>- this “spiral” aspect of the curriculum should be significantly strengthened. The students can acquire basic technical/practical skills at the Simulation Centre of the HEI which is a clear advantage and an exceptional possibility for clinical course providers, too, but the development of skills, which starts from early stage of teaching, should be repeatedly intensified in later years (the development is ongoing for 6 years).</p>
<p>Evidences/indicators</p> <ul style="list-style-type: none"> ○ Educational program, syllabi ○ Self-Evaluation Report ○ Interview results
<p>Recommendations:</p> <ul style="list-style-type: none"> ○ It is recommended to clarify this issue of getting the number of extra credits according to the Order №3 of the Ministry of Education of Georgia, based on this order getting the number of extra credits (15 cr.) is allowed along the whole duration of program (6 years).
<p>Suggestions for programme development:</p> <ul style="list-style-type: none"> ○ It is suggested to increase the number of credits of elective courses in the program ○ It is suggested to increase vertical integration of the program.
<p>Best Practices (if applicable):</p> <ul style="list-style-type: none"> ○ Practices, which prove to be exceptionally effective and which may become a benchmark or a model for other higher education programmes
<p>In case of accredited programme, significant accomplishments and/or progress</p> <ul style="list-style-type: none"> ○ Significant accomplishment and/or progress made by the programme after previous accreditation (If Applicable)
<p>Evaluation</p> <ul style="list-style-type: none"> <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

<p>2.3. Course</p> <ul style="list-style-type: none"> ➤ 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.
<p>Descriptive summary and analysis of compliance with standard requirements</p> <p>The educational MD programme is partially integrated. The syllabuses of the courses /modules of the program include the following information: Name and Status of the course /module, format of the course, course volume according ECTS system, course implementer, objectives of the course, preconditions, learning outcomes, students’ assessment system and criteria, learning / teaching methods, consultancy time, course content, learning resources and academic calendar. The number of credits awarded for each module/course is appropriate with the content of the course and ensures the achievement of the desired outcome.</p> <p>Study courses in the curriculum are based on the pre-requisite knowledge and skills already acquired by students, and courses, are associated according to the principle of heredity.</p> <p>The learning outcomes of all separate training courses and modules in unity create the program's learning outcomes, defined by the qualification descriptor. The competency map illustrates the three</p>

learning outcomes 1- Introduction, 2-Deepening, 3 - Reinforcement. But there are cases when competency map is not in compliance with learning outcomes of study courses. According to map body systems courses don't give to student's competency of effective communication, when the learning outcomes of this courses describe skill of communication: "student presents the results of its research, arguments and conclusions to both the academic and professional community, in the form of a proper presentation" and assessment system uses evaluation of verbal presentation".

Competence of consideration, identification and evaluation of the psychological and social aspects of the patient's illness is not learning outcome of courses: Oncology, Neurology, Traumatology and Orthopedics, Infectious Diseases, Forensic Medicine, when learning outcomes of some courses state "student assesses the patient's psycho-emotional status and the psychological and social factors of disease manifestation and impact on the patient".

It is recommended to clearly define learning outcomes in study courses and competency map and to bring the competency map in compliance with course/module syllabi.

Learning outcomes are introduced in lower-level courses and then further developed in clinical courses, but competencies of knowledge and understanding, competency of patient counselling and competence to assess clinical case, schedule examinations, differential diagnosis, discuss disease management plan are indicated on master's level from the 7th semester. Above mentioned facts do not demonstrate students' progression.

Consequently, it makes us think that over the years the program has provided students with knowledge and skills which neither updates, nor improves, it makes impression that the program is not aimed at professional growth of students by mastering field competences.

Competency map of learning outcomes analysis how the specific learning outcomes of a program components or particular program are achieved, it should be more focused on updates and improvements of knowledge and skills.

During the interviews students noted that they would like to improve practical component and lab work of study courses (Biochemistry, Physiology).

The required mandatory literature in the syllabi is available for students electronically online, but most of them are old and are not relevant to the learning outcomes of the course (Robbins & Cotran Pathologic Basis of Disease, Kumar, Saunders; 6e, **2002**; Brunicardi C. Andersen D. - Schwartz's Principles of Surgery **2005**; Oxford Textbook of Oncology, Cassidy, **2008**; Harrison's Manual of Oncology. B.Chabner, T.J.Lynch, D.L.Longo.**2008**. An Introduction to Clinical Emergency Medicine, S.V. Mahadevan, Gus M. Garmel, **2005**; Essential Sports Medicine. Herrera, Cooper, **2008**; Williams-Obstetrics, Twenty-Third Edition, Copyright © **2010**), When the aim of the program states: „The program will help to use the latest and advanced textbooks in teaching and learning“ it is recommended to update required mandatory literature. Besides, the compulsory reading for "Course Work" is very outdated, the reference (JAMA, 1995) is not connected to this subject.

In case of practice-based preclinical course, such as "First Aid" or "Clinical Skills" the learning objectives should be met through hands-on practice applying gained knowledge and skills; the goal is to immerse students into a safe, controlled environment before/in parallel to clinical subjects. According to course descriptions First Aid exam is now based on verbal (with 20 points) and practical presentations (10 points), while in case of "Clinical Skills 2" it seems that midterm (20 points) and final exams (30 points) are based on oral examinations, only.

Evidences/indicators

- Educational program and syllabi
- Curriculum map

<p>Recommendations:</p> <ul style="list-style-type: none"> ○ It is recommended to clearly define learning outcomes in study courses and in competency map, Bring the competency map in compliance with course/module syllabi. ○ Update required mandatory literature published in 2002; 2005; 2006, 2008yy ○ The competency mapping (levels 1 to 3) should demonstrate students' progress more explicitly ○ In case of final examinations of practice-oriented preclinical subjects, much more emphasis should be placed on the practical parts; the relative weight of practical examinations - demonstration of technical competencies, clinical and communication skills, should be increased throughout the curriculum.
<p>Suggestions for programme development:</p> <ul style="list-style-type: none"> ○ It is suggested to improve practical component and lab work of study courses (Biochemistry, Physiology). ○ Certain components of the curriculum map might be made thematically more compatible with the final LOs (e.g. Pharmacology, Radiology, Microbiology).
<p>Best Practices (if applicable):</p>
<p>In case of accredited programme, significant accomplishments and/or progress</p>
<p>Evaluation</p> <ul style="list-style-type: none"> <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

<p>2.4 The Development of practical, scientific/research/creative/performance and transferable skills</p>
<p>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</p>
<p>Descriptive summary and analysis of compliance with standard requirements</p> <p>The documents affiliated with the educational program show that the MD programme ensures the development of students' practical and scientific research skills. Practical skills are developed at preclinical and clinical stages. The development of necessary clinical skills in the preclinical phase of the programme is ensured mainly by the course "Clinical practice 1, 2" and "First Aid".</p> <p>The University has a well-equipped clinical skills laboratory to promote practical skills development. The programme provides Georgian language courses but given that the language of instruction is English, it is likely that more emphasis and additional, special training courses for medical communication in Georgian language would be necessary in later semesters (perhaps in the Skills Center with the help of simulated patients).</p> <p>The development of clinical skills at the clinical stage is ensured by the core Clerkships. The city's leading medical - diagnostic facilities are involved in the program implementation based on contracts/memorandums. The University conducts clinical activities in more than twenty clinics. Interviews with administration revealed that Caucasus University is building a new, multi-profile, 120-bed clinic within a radius of 500 m from the campus and equipped with the latest medical and</p>

<p>technological standards, which will start operating in 2024 and will become the main clinical base for the University's medical program.</p> <p>According to the results of the interview students of the educational program have access to the departments of health care providers, where supervisors support them.</p> <p>However, interviews with supervisors showed that program has no clear definition of the role and functions of supervisors, it is remarkable that supervisors are professors who are practitioners and raises questions if they are able to assist, facilitate and provide technical support to students.</p> <p>The program masters research skills through compulsory courses: "Scientific Research Skills and Methods I-II" and "Biostatistics", "Epidemiology and Evidence-Based Medicine" and by preparing a research paper.</p> <p>Caucasus Medicine and Healthcare School regularly holds an annual student scientific conference, The aim of the conference is to provide students with the necessary skills in this area, to encourage them to engage in further research activities.</p>
<p>Evidences/indicators</p> <ul style="list-style-type: none"> ○ The educational program, affiliated documents ○ Self-Evaluation Report ○ Interview results
<p>Recommendations:</p> <ul style="list-style-type: none"> ○ Supervision rules, responsibilities of tutors and students involved in Course Work during 12th semester should be defined together with the requirements on content and format and the precise rules for the defence of the Work.
<p>Suggestions for programme development:</p> <ul style="list-style-type: none"> ○ It is suggested to hire spacialist/tutors in the clinical skills laboratory, who will support students' learning process and satisfy their needs.
<p>Best Practices (if applicable):</p>
<p>In case of accredited programme, significant accomplishments and/or progress</p>
<p>Evaluation</p> <ul style="list-style-type: none"> <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
<p>2.5 Teaching and learning methods</p>
<p>Program is implemented using student centered teaching and learning (SCL) methods. Teaching and learning methods correspond to the level of education, course content, student learning outcomes and ensure their achievement</p>
<p>Descriptive summary and analysis of compliance with standard requirements</p> <p>The program documentation and Self-Evaluation Report describe various teaching methods relevant to the course objectives, focused on learning outcomes. Teaching methods are entirely in line with the appropriate level of education, correspond to the course content and its specificities and ensure the achievement of entire program outcomes.</p> <p>Teaching methods are described in all syllabi: traditional (verbal / oral method, book work method, written method, demonstration method, discussion / debate method, bedside-teaching methods, Practical / laboratory methods) and innovative methods of teaching, problem-based learning; Team-based Learning / collaborative learning, Case-based Learning method, Role-playing. The program documentation state that Case-based Learning (CBL) and case-based clinical reasoning are actively</p>

<p>used as learning models, in addition to bedside-teaching and recurrent usage of simulator-training and experience with standardized patients after initial clinical skills course – then during clinical clerkships, also according to the documentation along with the traditional methods the program uses flipped learning from the very first stage.</p> <p>Interviews revealed that staff is familiar with both traditional and modern methods of studying, however modern methods are not widely used, it is suggested to use modern teaching methods intensive, that is precondition to reach learning outcomes of program.</p>
<p>Evidences/indicators</p> <ul style="list-style-type: none"> ○ The educational program, affiliated documents; ○ Self-Evaluation Report ○ Interview results
<p>Recommendations:</p>
<p>Suggestions for programme development:</p> <ul style="list-style-type: none"> ○ Intensive use of modern teaching methods is suggested
<p>Best Practices (if applicable):</p>
<p>In case of accredited programme, significant accomplishments and/or progress</p>
<p>Evaluation</p> <ul style="list-style-type: none"> <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

<p>2.6. Student Evaluation</p>
<p>Student evaluation is conducted in accordance with established procedures. It is transparent and complies with existing legislation</p>
<p>Descriptive summary and analysis of compliance with standard requirements</p> <p>Assessment of the academic performance of students of MD program is carried out via using modern indicators on the basis of the orders of the Minister of Education and Science of Georgia. The credits attributed to the program component can be obtained only in case when the learning outcomes are achieved in the syllabus, which is confirmed with one of the positive assessments. Student assessment is multi-component, summative and formative assessments are used. The evaluation system of the program includes 100 points and envisages:</p> <p>a. Five types of positive grades:</p> <p>a.a) A Excellent – 91-100 points out of the maximum score;</p> <p>a.b) B – Very good – 81-90 points out of the maximum score;</p> <p>a.c) C – Good – 71-80 points out of the maximum score;</p> <p>a.d) D – Satisfactory – 61-70 out of the maximum score;</p> <p>a.e) E – Sufficient – 51-60 points out of the maximum score;</p> <p>b. Two negative grades:</p> <p>b.a) (FX) did not pass – 41-50 points out of the maximum score, which means the student needs to work harder and is allowed to retake the exam one more time after performing some independent work;</p>

b.b) (F) – Failed – 40 points or less out of the total score, which means the student’s work is insufficient and he/she has to re-take the course.

Educational program description states, that following new assessments methods are used: Objectively structured clinical Examination (OSCE), Case-Based Discussion (CBD), role play, Mini Clinical Exercise Test, Case-Based Clinical Thinking (CBCR) Assessment, Portfolio, and Workplace Assessment, Versatile 360° Assessment.

But OSCE is designed for final exams **only** for 3 subjects (communication skills (1sem), nephrology (9th sem), clinical clerkship II (12th sem.); according to the syllabi most of clinical courses (Obstetrics, Gynecology, General surgery, Internal medicine, Oncology, Anesthesiology & Resuscitation, Infectious Diseases of Children, Medical Rehabilitation & Sports Medicine, Syndromic Diagnosis, Pediatrics, Family Medicine) use oral exams, mcq testes, clinical case studies for final exams. Accordingly, not all learning outcomes and competencies of this courses are assessed at all:

- Demonstrates surgical procedures to stop bleeding, clean wounds, skin suturing. Wound healing and bandaging (**General Surgery**)
- Identification of vital signs: pulse, respiration, temperature; Blood Pressure Measurement; Determination of saturation; Hand washing and wearing gloves; Peripheral venipuncture; Catheter insertion into a peripheral vein; Injecting subcutaneously and intramuscularly; Oxygen supply; Transporting and treating patients (**Internal Medicine, pulmonology, Anesthesiology and Intensive Care**)
- demonstrates appropriation of the use of physiotherapy acupuncture, manual therapy and massage in various diseases (**Medical Rehabilitation and Sports Medicine?**)
- Collects patient’s anamnesis, formulates data, registers and writes case record. Performs physical examination, identifies clinical signs. Peripheral venipuncture; Catheter insertion into a peripheral vein, Injecting subcutaneously and intramuscularly. Identifies disease-related stress, mental disorders - depression, dementia, suicidal thoughts. Demonstrates the ability to select research design, detailed planning, process results, and formulate conclusions. Maintains personal records (portfolio) of learning, practical skills and professional activities (**Syndrome Based Diagnostics**)

It should be noted that during the interview most of the students mentioned that clinical courses use oral exams for final assessments.

Based on the above mentioned it is recommended to use OSCE and other modern assessment methods for evaluating learning outcomes/competences in Clinical subjects and to asses all learning outcomes and competencies in study courses.

Evidences/indicators

- The educational program, syllabi, affiliated documents
- Self-Evaluation Report
- Interview results

Recommendations:

- It is recommended to use OSCE and other modern assessment methods for evaluating learning outcomes/competences in Clinical subjects.
- It is recommended to asses all learning outcomes and competencies in study courses.

Suggestions for programme development:

Best Practices (if applicable):

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

Evaluation

- 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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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		X		

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
<p>Descriptive summary and analysis of compliance with standard requirements</p> <p>An Educational Process Management and Student Registration Office of Caucasus University provides relevant services to students on an ongoing basis, office is designed to consult students and respond to their applications; solve problems created in the learning process with the relevant departments and the university administration. The student can obtain the necessary information, advice and assistance from the academic supervisor of the educational program and the head of undergraduate programs.</p> <p>Interviews showed students of CU Faculty of Medicine receive appropriate consultations and support regarding the planning of learning process, improvement of academic achievement, employment and professional development. The students have opportunities to participate in conferences and other kinds of extracurricular activities like social and sports events. During the interviews with the MD programme students, they emphasized that the Administration is very collaborative with students and considers their recommendations and suggestions.</p> <p>At the time of interviewing students, they have mentioned that university has appeal procedures if there is something that don't agree with in the learning process.</p> <p>During the on-site visit at Todua and Reymann clinics, expert panel had the chance to see study rooms for students.</p> <p>In addition to the above, expert panel noted that students were not involved in the MD program modernization and self-assessment process and therefore have no information about integration. It is necessary to communicate closely with students and share their views in the process of developing the learning outcomes of the program.</p>
<p>Evidences/indicators</p> <ul style="list-style-type: none"> - SER - Educational program

<ul style="list-style-type: none"> - University website - Interview results
Recommendations:
Suggestions for programme development: It is necessary to communicate closely and regularly with students and share their views in the process of developing the learning outcomes of the program.
Best Practices (if applicable):
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

3.2 Master's and Doctoral Student supervision
Master's and Doctoral students have qualified thesis supervisors
Descriptive summary and analysis of compliance with standard requirements <ul style="list-style-type: none"> o N/A
Evidences/indicators
Recommendations:
Suggestions for programme development:
Best Practices (if applicable):
In case of accredited programme, significant accomplishments and/or progress
Evaluation N/A <input 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	X			

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 Institution's staff consists of academic, invited, administrative and support staff. Rules and procedures for hiring (electing/appointing) the staff are described in the HEI's management policy. These rules are transparent and objective and should ensure attracting and hiring qualified employees, the interviews with the academic, invited and supportive staff showed that these rules are working, the staffs' qualifications at the Medical School are in line with HEI qualification requirements.

In case of preclinical studies no shortcomings were identified in this item (HR), actually, the Expert Panel was impressed by the personal quality of tutors. The qualification of personnel is corresponding to the programme, the current workload is adequate, the ratio of tutors to students is acceptable for the first 3-years of the programme. Here it should be emphasized, again, the need to support both teaching and scientific activity and an evaluation based on both educational and scientific quality.

Affiliation terms and conditions are written out in a formal agreement between the staff and the HEI. Although plans are in place for active staff recruitment there is only a small number of staff currently employed particularly for the MD programme and there are no data for scientific staff. Those that are employed are well qualified and at interview expressed strong commitment to ensuring the success of the programme.

The Institution acknowledged that recruitment is a priority area for them. Recommendations for enhancing human resources have been taken into account, the form of personnel affiliation agreement has been prepared, 6 affiliation contracts have already been signed (5 professors and 1 assistant professor). This process will continue after the competition for the 37 vacancies announced for academic positions. The number of academic staff has increased by 26 (among them 9 new Professors, 5 new Associated Professors and 12 new Assistant Professors) and total number of academic staff reached 34. Currently most of the courses are implemented by, or under the guidance of, academic staff. 58 invited lecturers are also employed in the program. As a result, the 80% of the courses and modules were staffed with 2 or more teachers, which was a recommendation of the previous accreditation experts. The competence of the staff in relation to the courses to be delivered by them has been revised and brought into compliance.

To ensure programme sustainability, the number of future students is planned according to the numbers academic, scientific and invited staff. Nevertheless, it will be necessary to analyse thoroughly the teaching capacity, staff motivation and availability if the preclinical years. Of particular concern is the possibility of overloading the teaching staff of "Body Systems" (the same

10-11 teachers for the first 4 semesters) and a concomitant drop in the quality of the teaching. The Institution should demonstrate a methodology for determining the number of the academic and invited staff of the Medical School where the minimum number of academic hours and the training load is demonstrated. A staff management policy and a transparent workload scheme is suggested ensuring the efficient involvement of staff members in the process of medical education. Clinical training and supervision should be carried out by a person appropriately skilled and competent in the techniques with sufficient knowledge and seniority. Such status should be documented, the regulation of minimum academic qualifications for each of the categories of the clinical teaching staff is necessary. However, currently there is no evidence for the future performance of clinical teachers. The qualification requirements for clinical tutors is set by the sector benchmarks; the level of compliance should be checked, regularly, and this can be supplemented by peer-review-based evaluations of the quality of clinical teaching.

Evidences/indicators

- SER
- Educational program
- University website
- o Interview results

Recommendations:

- o Clearly define the role and place of clinical supervisors in the program including their functions. The qualification requirements for clinical tutors is set by the sector benchmarks; the level of compliance should be checked, regularly,

Suggestions for programme development:

- o The academic staff was involved in planning and design of the program however there could be much stronger links to relevant labour market and employers for programme development.
- o It will be necessary to analyse thoroughly the teaching capacity, staff motivation and availability if the preclinical years.
- o The Institution should demonstrate a methodology for determining the number of the academic and invited staff of the Medical School where the minimum number of academic hours and the training load is demonstrated.
- o A staff management policy and a transparent workload scheme is suggested ensuring the efficient involvement of staff members in the process of medical education.

Best Practices (if applicable):

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

Evaluation

- o Please mark the checkbox which mostly describes your position related to the programmes compliance with this specific component of the standard
- Complies with requirements
 - Substantially complies with requirements
 - Partially complies with requirements
 - Does not comply with requirements

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
<p>Descriptive summary and analysis of compliance with standard requirements</p> <p>The HEI's Quality Assurance Department constantly evaluates the learning outcomes and compares them with similar indicators of the previous period. The analysis of the Medical Doctor programme has been carried out since its launch in 2020 and the first dynamic comparison with the outcomes of the previous period will take place in 2022.</p> <p>The HEI has a relatively low number of affiliated staff and for the sustainability of the programmes it is important to increase the number of scientific staff. The Medical School is a relatively newly founded teaching base of the Institution and one of its priorities is to promote, internationalize and implement the results of scientific research. At the educational level, one of the major aims is to develop the scientific-research skills of students and their interest in engaging them in research projects. The Expert Panel regrets that a clear identification of the research strategy and the recognition of excellent scientific activities conducted by staff member is lacking in the SER. Given the importance the HEI gives to research activities and outputs they might consider making this more explicit through organisational structures, and therefore, in order to strengthen the research activities of the Medical School, the establishment of a consultancy board (Academic Council) is suggested. This board, perhaps as a sub-committee of the Faculty Council and chaired by a Vice-Dean for scientific affairs, together with the Presidency of the HEI could play important role in the definition of research policies, the selection and development of priority research topics and encourage academics and invited personnel, as well as students, to be involved in these activities. In summary, the current situation is acceptable, but this background should serve as appropriate starting point for the implementation of more goal-directed, medical science-related, planned activities.</p>
<p>Evidences/indicators</p> <ul style="list-style-type: none"> - SER - Educational program - University website o Interview results
<p>Recommendations:</p> <ul style="list-style-type: none"> o For the involvement of all members of scientific, academic and invited staff in scientific research-related decision-making processes, the establishment of Academic Advisory Board or similar body is recommended in order to enhance the work on the priority research topics at the Medical School.
<p>Suggestions for programme development:</p> <ul style="list-style-type: none"> o If there is a need to focus on external funding opportunities for the implementation of future research projects, the HEI may wish to consider to provide expert assistance and training for the academic staff for grant applications and project proposals. o ·Constant and systematic monitoring of the research outputs, will be helpful during the next years to increase the quality and international visibility of the programme.
<p>Best Practices (if applicable):</p>
<p>In case of accredited programme, significant accomplishments and/or progress</p>
<p>Evaluation</p>

o Please mark the checkbox which mostly describes your position related to the programmes compliance with this specific component of the standard

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

- o The Medical School possesses all infrastructure necessary to run the curriculum, the teaching equipment and relevant usage protocols comply with recognized international standards. Among others it has well-equipped lecture halls with projectors and computers, ample working spaces for students, including free access to the HEI's workstations. There are existing plans for the building of a university-affiliated Hospital. The University has a well-equipped clinical skills laboratory with simulation possibilities to promote practical skills development, but the room in the clinical skills laboratory is not enough for practice and trainings for many students, furthermore, there is no staff, who will support studying process and fulfill students' needs. There are stations that are already used for OSCE exams.
- o As a whole, students do have a stimulating learning environment with the appropriate equipment, space and possibilities for cooperation and group-working. The library is equipped with the necessary information communication technologies and provides access to international academic databases, journals and e-books. The condition and functionality of the IT equipment is satisfactory. The library resources are accessible from the outside of the university as well. However, main literature identified in the program's syllabi is not fully accessible in the university's library either printed or digital way (e.g. Bruce Ames' Molecular Biology of the Cell, a compulsory literature recommendation in the syllabi).
- o The same evaluation is valid for the partner clinical institutions, involved in the teaching process, the key practical teaching bases in affiliated hospitals, clinics will be evaluated regularly for their appropriateness and quality regarding the practical training programme.

Evidences/indicators

- o Component evidences/indicators including relevant documents and interview results

Recommendations:

- o It is recommended to renovate clinical skills laboratory for practice and trainings for appropriate number of students;
- o The teaching material listed in syllabi, the recommended volumes (printed or electronic versions) should be accessible and up to date. The program is new; therefore it is important that the latest editions would be available and in appropriate numbers.

Suggestions for programme development:

- o The HEI should consider improving the laboratory infrastructure further to enhance the experience of students. The laboratories are equipped for practical courses in pathology (microscopes) and biochemistry, but further developments should be made to be acceptable for more complex demonstrations or scientific research.

<ul style="list-style-type: none"> ○ In clinical education the key teaching bases (clinical hospitals) should be evaluated regularly for their appropriateness and quality regarding the practical training program. Mechanisms to monitor, evaluate, and review defined performance indicators is also suggested.
Best Practices (if applicable):
In case of accredited programme, significant accomplishments and/or progress
<p>Evaluation</p> <p>○ Please mark the checkbox which mostly describes your position related to the programmes compliance with this specific component of the standard</p> <p> Complies with requirements</p> <p>x 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
<ul style="list-style-type: none"> ○ Information about the short-term budget specifically allocated to the development of Medical Doctor programme, and exact, detailed calculations are not provided in the SER documents. Nevertheless, the Presidency of the HEI has granted that the budget preparation and the management of resources are conducted with care, and the financial resources for the long-term sustainability of programme will be available. According to the on-site interviews with the administration and faculty members, there is evidence for a strong financial management and a focus on increasing the efficiency of expenditure and attracting new sources of income, which together provides confidence for the future of the new programme of the Institution. The Expert Panel suggests that the HEI continue in its determination to ensure that balanced financial results are achieved each year.
Evidences/indicators
<ul style="list-style-type: none"> ○ Component evidences/indicators including relevant documents and interview results
Recommendations:
<ul style="list-style-type: none"> ○ Proposal(s), which should be considered by the institution to comply with requirements of the standards
Suggestions for programme development:
<ul style="list-style-type: none"> ○ The revenues and expenditure of the MD programme and the integration of the medical education as a whole into the fiscal life of the Institution should be transparent. The rules of redistribution of the budget and the rules or decisions on internal allocation between educational units should be regulated. ○ In case of additional capacity to mobilize internal funding, especially research grants and scientific activities should be supported, in a transparent way.
Best Practices (if applicable):
In case of accredited programme, significant accomplishments and/or progress
<p>Evaluation</p> <p>○ Please mark the checkbox which mostly describes your position related to the programmes compliance with this specific component of the standard</p>

- 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
Providing teaching resources		x		

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.

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

The Quality Assurance System appears robust in its planning and provision of continuous evaluation and monitoring of all aspects of the educational program. The system works with program staff and academic and administrative staff as evidenced by the Expert Team's interviews with all parties on the relationship with the Quality Assurance System. The executed process following the PDCA cycle, is transparent to all stakeholders, which includes the leadership, academic faculty, invited staff, students, employers. Surveys of students for their course work, quality of material, facilities, instruction are conducted following courses and this information is fed back to the relevant faculty, committees, leadership with identified areas of improvement needed. The Self-Evaluation report gives several examples of how the feedback from students has influenced the development of new initiatives to teach and assess as well as deeper integration of the curriculum, both horizontally and vertically; the process has identified and addressed weakness in the curriculum as well as support services and facilities and examples are given.

The internal quality assurance mechanisms at CU are focused on facilitating the evaluation and development of educational programmes, the academic process, the resources required for its implementation, and the academic staff.

Quality development is conducted with the PDCA cycle. The policy of quality development includes the rules of program elaboration, approval, amendment and cancellation; there are evaluation rules for staff activities (including scientific research) and their productivity. In addition, the improvement of the monitoring of academic achievement of students, alumni employment, attitude of employees, and labour market research instruments are incorporated in the plan. During the interview the team (lecturers as well as students) confirmed that the Quality Assurance Service is using internal and external evaluation mechanisms. Different mechanisms are used for evaluation internal quality

assurance, such as: student and staff surveys, monitoring of study process and exam materials, exams, academic performance analysis, evaluation of academic and invited staff activities, scientific research activities, etc.

The program implementing staff cooperates with the Quality Assurance Department and receives the necessary advice when and if needed. The Department makes recommendations to program implementing staff when the results of the evaluation require planning and implementing specific activities with a view to improving the program quality.

The Quality Assurance Department conducts an annual survey of students (so-called Student Satisfaction Surveys), as well as meetings with various focus groups to improve the academic programs and the academic and administrative processes necessary for their effective implementation.

QA was involved in creation of the self-evaluation, they participated in the identification of strong sides and weaknesses of the program. During the interview all interviewers confirmed that QA staff closely collaborates with different structural units, and it is planned to eliminate the shortcomings identified in the self-evaluation process with the involvement of the head of the program and academic and invited staff.

Evidences/indicators

- o Self-Evaluation Report document.
- o Interviews with Head of Program, leaders of the Quality Assurance Service of the University, faculty at all levels, students at all levels, graduates.

Recommendations:

Suggestions for programme development:

Best Practices (if applicable):

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

Evaluation

o Please mark the checkbox which mostly describes your position related to the programmes compliance with this specific component of the standard

- Complies with requirements
- 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:

The educational program was periodically evaluated by external experts. Following the external evaluation and received recommendations, the QA created the component of “Quality Assurance in Medical Services” in the Health and Health Management course; they have planned to better organize summer internships and student internships (theoretical lectures, practical seminar / presentation, introduction to the nuances of the on-site treatment or diagnostic process, preparation of a short essay and / or group presentation. These experiences will be reflected in the students' portfolio); Extensive involvement of the University staff and students in a wide international

<p>cooperation (exchange activities, scientific cooperation, organization of joint conferences and platforms, involvement in cultural events and public diplomacy).</p> <p>The opinion of the American expert on the introduction of structured clinical trials, mini-clinical evaluation exercises, portfolio, and other modern methods of evaluation has also been taken into account, as well as the opinion on the necessity of preparing cases and appropriate scenario teams and updating the data.</p> <p>During the interview QA staff confirmed they periodically have had external evaluations a few times, conducted by the field experts both from Georgia and Abroad.</p>
<p>Evidences/indicators</p> <ul style="list-style-type: none"> ○ Quality assurance mechanisms; ○ Regulation of the Quality Assurance Department ○ Evaluation by external experts ○ Interviews with Program Head and Quality Assurance Department leads.
<p>Recommendations:</p>
<p>Suggestions for programme development:</p>
<p>Best Practices (if applicable):</p>
<p>In case of accredited programme, significant accomplishments and/or progress</p>
<p>Evaluation</p> <p>○ Please mark the checkbox which mostly describes your position related to the programmes compliance with this specific component of the standard</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>

<p>5.3. Programme monitoring and periodic review</p>
<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>Interview with the Quality Assurance Service confirmed the Self-Evaluation Report affirmation on how the results of surveys of graduates, employers, students, faculty inform recommendations for improvement across the spectrum of the educational program.</p> <p>Courses are systematically surveyed for student perception of quality of instruction, meeting learning outcomes, facilities, and this data is fed back to instructional faculty as well as the appropriate supervising committee.</p> <p>During the interview students and staff confirmed that they regularly have surveys to evaluate the program.</p> <p>Academic and invited staff highlighted that the course evaluation results are used by them for improving the course. Some areas of practice have been amended in response to student opinions, for example, changes in timetables, replacement of courses, update of teaching materials and literature.</p>

The head of the Program and implementing staff monitor the goals of the educational program and training courses and the effective achievement of the learning outcomes in accordance with the pre-defined target benchmarks.

Students evaluate educational courses and instructors every semester. Also, after the end of each semester, the Quality Assurance monitors the students' academic performance, the results of which are processed according to the educational courses, instructors and schools.

The University conducts an annual survey of students, through which students evaluate the services they receive at the University: library, informational, consultation and other services.

The practice of comparing the Program with similar Programs of foreign universities is established, which helps to bring the educational Program in line with modern requirements and incorporate best international practices.

Evidences/indicators

- Reported survey results of Quality Assurance Service leadership.
- Interviews with QA Service leadership, students, employers.

Recommendations:

Suggestions for programme development:

Best Practices (if applicable):

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

Evaluation

○ Please mark the checkbox which mostly describes your position related to the programmes compliance with this specific component of the standard

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
Teaching quality enhancement opportunities	X			

Enclosed Documentation (If Applicable)

HEI's Name: Caucasus University LLC

Higher Education Programme Name, Level of Education: One-cycle Educational Program of Medical Doctor

Number of Pages of the Report: 34

Programme's Compliance with the Standard

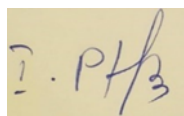
Standard	Complies with Requirements	Substantially complies with requirements	Partially Complies with Requirements	Does not Comply with Requirements
1. Educational programme objectives, learning outcomes and their compliance with the programme	X			
2. Teaching methodology and organization, adequate evaluation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

Expert Panel Chair's

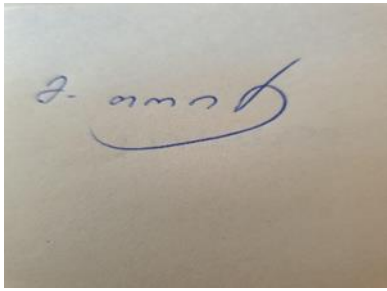


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