



**NATIONAL CENTER FOR  
EDUCATIONAL QUALITY  
ENHANCEMENT**

**Accreditation Expert Group Final Report on Higher Education**

**One-cycle Educational Program of Medicine**

**David Aghmashenebeli University of Georgia, Ltd.**

Evaluation Date: April 12-13, 2023

Report Submission Date: June 19, 2023

Tbilisi

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### Information about a Higher Education Institution <sup>1</sup>

Name of Institution Indicating its Organizational Legal Form	David Aghmashenebeli University of Georgia, Ltd.
Identification Code of Institution	204886454
Type of the Institution	University

### Expert Panel Members

<b>Chair</b> (Name, Surname, HEI/Organisation, Country)	Mihaly Boros, University of Szeged Szeged, Hungary
<b>Member</b> (Name, Surname, HEI/Organisation, Country)	Tamar Goderidze, University of Georgia Medical School, Tbilisi, Georgia
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<b>Member</b> (Name, Surname, HEI/Organisation, Country)	Giorgi Mgvdeladze, Student expert Tbilisi State Medical University, Georgia

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<sup>1</sup> In the case of joint education programme: Please indicate the HEIs that carry out the programme. The indication of an identification code and type of institution is not obligatory if a HEI is recognised in accordance with the legislation of a foreign country.

### I. Information on the education programme

Name of Higher Education Programme (in Georgian)	მედიცინა
Name of Higher Education Programme (in English)	Medicine
Level of Higher Education	One-Cycle, II level of higher education
Qualification to be Awarded <sup>2</sup>	Medical Doctor (MD)
Name and Code of the Detailed Field	0912 Medicine
Indication of the right to provide the teaching of subject/subjects/group of subjects of the relevant cycle of the general education <sup>3</sup>	n/a
Language of Instruction	Georgian
Number of ECTS credits	360
Programme Status (Accredited/ Non-accredited/ Conditionally accredited/new/International accreditation) Indicating Relevant Decision (number, date)	Conditionally Accredited Decision of the Educational Programs Accreditation Council N 706151 (13.07.2021)
Additional requirements for the programme admission (in the case of an art-creative and/or sports educational programme, passing a creative tour/internal competition, or in the case of another programme, specific requirements for admission to the programme/implementation of the programme)	n/a

<sup>2</sup> In case of implementing a joint higher education programme with a higher education institution recognized in accordance with the legislation of a foreign country, if the title of the qualification to be awarded differs, it shall be indicated separately for each institution.

<sup>3</sup> In case of Integrated Bachelor's-Master's Teacher Training Educational Programme and Teacher Training Educational Programme

## II. Accreditation Report Executive Summary

### ▪ **General Information on Education Programme<sup>4</sup>**

This report was written by the Expert Panel appointed by the National Center for Educational Quality Enhancement (NCEQE) of Georgia, the summary is based on the analysis of the Self-Evaluation Report (SER), additional documents provided by the HEI, and a site-visit. It was established that the SER was constructed according to the NCEQE Standards, and the final datasets contained sufficient information to judge the quality of the program. The regulations and guidelines relating to procedural or academic matters of the program are clear and these have been made fully available for the Expert Panel. The application for authorization was aligned to the Accreditation Standards for Higher Education Institutions, the Law of Georgia on Higher Education and Medicine Sector Benchmarks for Higher Education. The peer-review-based external evaluation considered point-by point the educational program from this perspective, the curriculum, the training processes, educational methods, facilities, human and technical resources, and the end product of education and training.

The Georgian language educational program of Medicine of David Aghmashenebeli University of Georgia (SDASU), Tbilisi, was accredited in 2011. It was then submitted for re-accreditation to the National Center for Educational Quality Enhancement (NCEQE), and according to the decision of the Accreditation Council of Educational Programs (N 706151 dated 13.07.2021) the program was granted conditional accreditation for a period of 2 years.

According to the descriptive statistics provided by SDASU (University, thereafter) the number of academic and invited staff is currently  $n = 88$  (56 academics and 32 invited staff members, without the employment of scientific staff), the number of administrative and support staff is  $n = 14$ . The number of admitted students is approx. 130 / year, the enrolment quotas have not changed in the past five years. The total number of students is  $n = 603$  according to the submitted statistical table while the HEI has requested a total of  $n = 700$  students' quota for the upcoming years.

The one-cycle 'Medicine' program of SDASU is aligned with the European Credit Transfer and Accumulation System (ECTS) and includes 360 ECTS credits. The duration is 6 academic years with 12 semesters. The program is running in accordance with the law of Georgia on higher education, the updated framework of national qualifications and the current sectoral characteristics of higher medical education defined by NCEQE. A compulsory B2 level study course of English language is included in the program.

### ▪ **Overview of the Accreditation Site Visit**

Each member of the Expert Panel accepted 2-3 sub-standards for which they had targeted expertise and agreed to take a lead role in the review process and the agenda was agreed beforehand. The whole process of the site-visit was realized between April 12-13, 2023, when the Expert Panel was provided guidance by NCEQE representatives and held organized meetings with the stakeholders.

On Day 1 of the visit a meeting was organized with SDASU Administration (the Rector, Dean of the Faculty of Medicine, Head of Financial Department, Chief Specialist of Faculty of Medicine were present) followed by a tour to the hospitals involved in clinical training Healthycore Israel-Georgian multi-profile Clinic; Infectious Diseases, AIDS and Clinical

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<sup>4</sup> When providing general information related to the programme, it is appropriate to also present the quantitative data analysis of the educational programme.

Immunology Research Center and the Campus, where the exam center, lecture hall for anatomy, the biochemistry laboratory, the Skills Center, the Library and the students' areas for self-study were visited. On Day 2, a meeting was organized with the invited members of the Self-Evaluation Team, the Academic and Invited Staff, the Head of the program, representatives of Employers, Students, Graduates and finally the Head of the Quality Assurance Office. Thereafter the Expert Panel held a closed meeting to conclude on the Standards and prepare for the feedback session with the representatives of the HEI when the initial findings were presented.

The official language of discussions, meetings was English with continuous translation to/from Georgian with the expert help of a professional interpreter. It must be noticed that all elements of the site-visit took place in a positive and helpful atmosphere.

- **Brief Overview of Education Programme Compliance with the Standards**

Overall, the documentation submitted in Georgian and English versions was well organized. The records included the presentation of subjects of study in a chronological order (syllabi) as well. Information on the amount of ECTS points for each subject in a semester, tutors, trainers, and their qualifications/experiences (CVs) were also presented. Nevertheless, additional documentation was also requested by the panel. The Panel received the most recent analysis summarizing the education program's compliance with the Standards, and by this way the Expert Panel had possibility for comparisons, too - to evaluate the extent to which the previously formulated recommendations and suggestions have been considered by the University. Therefore, in the current summary we have refrained from repetitions if the observed situation or positions relative to the Standards did not differ or have not changed significantly. In such cases, we refer to the previous Expert Report (chaired by Radka Filipcikova, Palacký University Olomouc, Czech Republic), and advise to take the analytical results into account, again.

The experts of the Panel expressed a common view that SDASU provides a satisfactory preclinical background for the clinical courses and in this respect several strengths were identified:

- Quality assurance is basically in its place, and although 'Quality Culture' is not fully embedded across the whole institution, there is a clear intention with the explicit declaration that all staff members be involved in the maintenance of this culture.
- All students demonstrated enthusiasm and dedication to the institutional values of the University.
- Senior and junior staff members, clinical tutors all expressed their 'corporate identity' and deep commitment for the future success of the Medical School.
- Employers are supportive, graduate employment rate is high (over 90% in the last 5 years of the program).
- The involvement of students in scientific activities and many aspects of student support services are also acclaimed.

There are some items, however, where the program components are not completely complying with the requirements, and in this case, there are some recommendations and suggestions intended to support progress.

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

▪ **Recommendations**

- The University should initiate follow-up surveys of graduates through the Quality Assurance department to monitor program outcomes (career field and placement). This can strengthen alignment with international standards and ensure an effective marketing strategy.
- The University should provide mandatory training for staff on educational methodology listed in the syllabi.
- Improve the quantity and consistency of students' real clinical learning with real patients.
- The University should develop the Code of Ethics adopted to the medical field. This should be an important part of clinical and medical communication courses. It should be made public and accessible to all members of the university community through the website.
- The Institution should have its own teaching and research laboratory, adequately equipped, taking into account the scientific research component.
- Procedural and communication skills acquired in preclinical courses and simulation training need to be integrated into the clinical curriculum at all three levels (introduction, reinforcement, and consolidation). This will require a review and modification of the curriculum in these cases.
- The vertical integration of the program should be increased.
- The University must have a clear policy that fosters the relationship between medical education and research. Plans should be set in a Scientific Strategy. The Scientific Strategy should also explicitly address the human resource development needs of the program.
- The key performance indicators should be in English and published on the website.
- More emphasis and time should be allocated for clinical rotations and practical medical works under supervision in the final semesters (VI. year).
- Supervision rules, selection criteria of clinical tutors involved in clinical subjects should be defined together with the responsibilities and teaching quality control mechanisms.
- Ensure teaching of clinical skills in accordance with the newly updated Subject Benchmark, ensure that learning methodologies required by current benchmark document are taken into account in program description, syllabi and most importantly in real practice.
- Make sure there are enough material-technical resources to teach skills listed in syllabi and subject benchmark.
- Make sure that descriptive part of the program goes in line with syllabi content, and as early clinical approach is foreseen, make sure, it's also highlighted in syllabi and conducted in practice.
- Update the literature lists in syllabi, if handouts are widely used, make sure HEI has a proper quality control for the content of the handouts, so that learning materials correspond with learning outcomes to be achieved.
- Make sure to have diversity of elective subjects and increase their proportion over semesters.
- Improve the efficiency of the activities of the Clinical Skills Center.
- The University must have information on the higher education center/clinic implementing the clinical modules, as well as a table/graph about the possibility of accepting the number of students in the same period of time during a specific study course.

- It is recommended to employ a specialist educational manager/assistant in the Skills Center who will provide continuous support for the learning process.
- Set a realistic plan of implementation of OSCEs taking into consideration the availability of rooms, equipment and staff.
- Increase the diversity and quality of equipment in clinical skills lab, to make sure that OSCEs can be conducted in accordance with subject benchmarks.
- Plan OSCEs so that they contain at least 10 stations.
- Make sure that critical skills defined by subject benchmark are properly assessed.
- Take caution on how peer-assessment is involved in student evaluation.
- Make portfolio an important part of student assessment, which would represent overall academic and non-academic achievements of students and serve as a source for gap analysis and improvement.
- Pay more attention to research and academic ethics in teaching and assessment of biomedical research.
- Ensure that teaching staff has enough expertise and training to use teaching and assessment methods described in program.
- Ensure that there is enough staff with field-specific knowledge in each of the courses/subjects.
- Incorporate more data related to program capacity into the Methodology of personnel number determination.
- It is recommended that program Head should be fully involved in all aspects of program design, implementation, and quality control.
- Make sure you update the workload of your staff on QMS platform regularly.
- Schemes should be implemented to promote competitive scientific activities and the recognition of research excellence with the use of quantitative parameters and qualitative descriptors (scientometrics, indicators). Defined strategies should be implemented in work.
- More internationalization is necessary, with active support of staff/student mobility.
- Improve the infrastructure of the learning spaces to enhance the experience of students in the University.
- Modernize the existing area of teaching laboratories. Upgrade the current facilities with specific equipment, demonstration tools and materials, appropriate to the subjects taught.
- The current technical background of the Skills Center should be improved and could be developed further with diagnostic and technical/interventional possibilities.
- Allocate funds especially for internationalization and improving the activities of the Skills Center.
- The details of the staff evaluation mechanism and related documents should be communicated to all participants of the program in sufficient details and depth.
- Initiate satisfaction surveys, follow-up monitoring of program outcomes and, where necessary, monitoring strategies to support change.
- External evaluation should be planned either in cooperation with accredited universities in Georgia or with various international organisations and educational institutions.
- Implement indirect methods of evaluation, including a survey of stakeholders - graduates, employers.

- **Suggestions for Programme Development**



- Core documents should be translated to English and be made available on the website.
- The structure of the program could be made more understandable and easier to follow if a diagram (organogram) were available – showing the administrative and academic divisions, units, affiliated teaching clinical members (hospitals) of the study program.
- Closer communication between academic and visiting staff is desirable, especially in relation to clearly integrated subjects.
- It is desirable to ensure that the student satisfaction index is increased.
- Provide necessary information on future career paths for graduates, both locally and internationally.
- E-learning can be involved in the future plans to improve the didactic concept.
- It is desirable to teach Anesthesiology as a separate course/subject.
- It is suggested to teach Clinical radiology and Physical bases of medical radiology consecutively, not simultaneously.
- Negotiate with hospitals to prepare basis for development of clinical clerkship for students.
- Carefully implement professionalism assessment with the proposed format, analyze the results and amend methodology if needed.
- It is desirable to improve the supporting mechanisms of the University for involvement of students in international events.
- The program would benefit from counting consultation hours for students as part of the staff workload.
- Make sure that all stakeholders are involved in QA processes to make quality enhancement everybody's job and to develop a proper quality culture at the HEI.

▪ **Brief Overview of the Best Practices (if applicable)<sup>5</sup>**

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▪ **Information on Sharing or Not Sharing the Argumentative Position of the HEI**

The argumentative position of the University was received on June 13, 2023 from NCEQE and the comments presented by SDASU were examined and discussed by the Expert Panel. The unanimous view was that the arguments put forward by SDASU did not contain new factual elements or only refer to planned / future changes. Therefore, no further amendments were made to the Draft Report.

▪ **In case of re-accreditation, it is important to provide a brief overview of the achievements and/or the progress (if applicable)**

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<sup>5</sup> A practice that is exceptionally effective and that can serve as a benchmark or example for other educational programme/programmes.

### III. 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 HEI. Programme learning outcomes are assessed on a regular basis to improve the programme. The content and consistent structure of the programme ensure the achievement of the set goals and expected learning outcomes.

##### 1.1 Programme Objectives

Programme objectives consider the specificity of the field of study, level and educational programme, and define the set of knowledge, skills and competences a programme aims to develop in graduate students. They also illustrate the contribution of the programme to the development of the field and society.

#### Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The Georgian language Medicine program of David Aghmashenebeli University of Georgia (SDASU) was accredited in 2011. It was then submitted for re-accreditation to the National Center for Educational Quality Enhancement (NCEQE), and according to the most recent decision of the Accreditation Council of Educational Programs the program was granted conditional accreditation for a period of 2 years (N 706151 dated 13.07.2021).

The one-cycle 'Medicine' program of SDASU (University, thereafter) is aligned with the European Credit Transfer and Accumulation System (ECTS) and includes 360 ECTS credits. The syllabi of the compulsory and elective courses gave sufficient information on the structural components with the number of credit hours allocated per courses. One ECTS equals 30 credit hours, which includes contact hours (classes, seminars, practical etc.) and independent hours of work. The duration of the program is six academic years with 12 semesters. A compulsory B2 level study course of English language is included in the program. According to the descriptive statistics provided by the University the number of academic and invited staff is currently  $n = 88$  (56 academics and 32 invited staff members, without the employment of scientific staff), the number of administrative and support staff is  $n = 14$ . The number of enrolled students is 130 / year, the enrolment quotas have not changed in the past five years. The current ratio of tutors to students is acceptable (the total number of students is  $n = 603$  in the statistical table, while the HEI has requested a total of  $n=700$  quota for the upcoming years). However, it was noted that that the majority (76%) of the tutors are either professors or associate professors, and the age pyramid shows clear signs of ageing. All this is a warning that it is time to think about rejuvenation.

Overall, the documentation submitted in both Georgian and English versions was well organized and easy to follow. The documents included the presentation of subjects of study in a chronological order (syllabi) as well. Information on the amount of ECTS points for each subject in a semester, tutors, trainers, and their qualifications/experiences (CVs) were also

presented. The SER was constructed according to the NCEQE Standards. Although at some points the descriptions were very general and sometimes repeated the text of the official template, the Experts found that the datasets contained sufficient information to judge the quality of the program.

The Expert Panel evaluated the undergraduate Georgian-language curriculum, the planned educational processes (methods, facilities, human and technical resources, the criteria of the end product of education and training, etc.) from several perspectives and paid particular attention to comparing the findings with the most recent results of the previous external assessment. In this regard the following changes were considered the most important by the HEI:

- The principles of vertical and horizontal integration were revised, at the basic stage of the curriculum normal conditions and pathologies were separated. Academic courses were combined into 'modules' according to the organ systems.
- The learning outcomes (LOs) were brought in compliance with the program objectives, the LO assessment plan was revised and corrected, the methods of achieving the defined levels were revised and clarified.
- The scientific-research direction of the program was revised with the aim to enable students to plan, implement and interpret scientific research and present its' results to the professional community.
- Criteria and levels of professionalism at different stages of teaching were defined, assessments of professionalism, as well as presentations, reports, articles, social activities, etc. are included in the student's portfolio, that is used to characterize the students' achievements during or after the courses.
- In order to develop transferable skills, the number of team tasks at different stages of teaching was increased, evaluation criteria were established, and besides the lecturer, students are also evaluating each other.

Within this improved framework, the HEI listed 5 main objectives to be accomplished, as follows:

1. To train the graduates equipped with modern knowledge in biomedical, clinical and social sciences;
2. To ensure the development of appropriate research and clinical skills among graduates;
3. To establish high ethical values and professional appearance, while developing effective communication skills with colleagues and patients;
4. To raise awareness of continuous enhancement of knowledge among graduates and development of relevant skills;
5. To improve the community welfare through health promotion and disease prevention.

It was found that the above objectives reflect the sectoral specifics and labor market requirements as well. There are formal policies, guidelines and regulations dealing with recurring procedural or academic issues and these are made publicly available to all staff and students. The information on program goals was also accessible for the stakeholders involved in program development, and the description of the program is posted on the University's website. In general, the objectives, the set of knowledge, skills and competences as described by the School of Medicine of SDASU may be assessed as compliant and meeting the requirements.

## Evidences/Indicators

- SER
- Annexes (submitted documents)
- Educational program
- Interviews

## Recommendations:

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## Suggestions for the Programme Development

- Core documents (including the Mission) should be translated to English and be made accessible on the website.

## Evaluation

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
1.1 Programme Objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 1.2 Programme Learning Outcomes

- The learning outcomes of the programme are logically related to the programme objectives and the specifics of the study field.
- Programme learning outcomes describe knowledge, skills, and/or the responsibility and autonomy that students gain upon completion of the programme.

## Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

Learning outcomes (LOs) are based on Georgian national benchmarks and the Basic Medical Education Standards of the World Federation of Medical Education. The outcomes have a broader focus that includes ethics and professionalism as well as clinical knowledge, skills, and judgment. This approach guides students in their overall professional conduct and development and is in keeping with contemporary local and international perspectives. Academic and clinical teaching faculty have received some training, such as distance training, especially during the pandemic period, based on both learning and assessment methods. But by the academic and invited staff, it was announced, that they have training in methodology but did not remember how often. Assessment against the learning outcomes is conducted regularly, using different methods, although faculty require further professional development

in the assessment methods used (PBL, CBL, Mini-cet, OSPE, Mini-CEX, DOPS). Besides, a much closer communication between academic and visiting staff is desirable, especially in relation to clearly integrated subjects.

Students receive feedback on their performance. Student satisfaction research is based on the student survey results, 92% of the students agree that the LOs of the program are clearly defined. The graduates may not work initially as doctors in Georgia but some work under supervision in medical assistant positions. It should also be mentioned here that the quantity and consistency of students' real clinical learning with real patients can be improved.

Little is known about the career outcomes of graduates after terminating the studying process. The graduates gave us reports of success in gaining some kind of medical employment while they prepare for licensing examinations. For example, one of the graduates mentioned that he successfully used the acquired knowledge in the process of establishing a rehabilitation center. Also, to be pointed out here that the University's Code of Ethics should be adopted to the medical field, and this should be an important part of clinical and medical communication courses. It should be made public and accessible to all members of the university community through the website.

Tracking career progress and performance in the workplace is important to support program quality assurance and provide evidence to support international marketing. It should also be mentioned here, however, that the quantity and consistency of students' real clinical learning with real patients can be improved and the teaching laboratories of the institution are not adequately equipped to take into account the scientific-research aspects of LOs.

#### **Evidences/Indicators**

- Educational program medicine (curriculum);
- Syllabus of the teaching courses/components;
- Map of program goals and learning outcomes;
- Curriculum map;
- Catalog of one-cycle educational program <https://sdasu.edu.ge/ka/chven-shesakheb/saganmanathleblo-programebis-katalogi>

#### **Recommendations:**

- The University should initiate follow-up surveys of graduates through the Quality Assurance department to monitor program outcomes (career field and placement). This can strengthen alignment with international standards and ensure an effective marketing strategy.
- The University should provide mandatory training for staff on educational methodology listed in the syllabi.
- Improve the quantity and consistency of students' real clinical learning with real patients.
- The University should develop the Code of Ethics adopted to the medical field. This should be an important part of clinical and medical communication courses. It should be made public and accessible to all members of the university community through the website.
- The Institution should have its own teaching and research laboratory, adequately equipped, taking into account the scientific research component.

#### **Suggestions for Programme Development**

- Closer communication between academic and visiting staff is desirable, especially in relation to clearly integrated subjects.

- It is desirable to ensure that the student satisfaction index is increased.
- Provide necessary information on future career paths for graduates, both locally and internationally

## Evaluation

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
1.2 Programme Learning Outcomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 1.3 Evaluation Mechanism of the Programme Learning Outcomes

- Evaluation mechanisms of the programme learning outcomes are defined; the programme learning outcomes evaluation cycle consists of defining, collecting and analyzing data necessary to measure learning outcomes;
- Programme learning outcomes assessment results are utilized for the improvement of the programme.

## Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The syllabi describe the methods for the assessment of the LOs, components, scores and criteria, in sufficient details. The program is accompanied by a learning outcome evaluation plan showing which course/component, by whom and how many students will be assessed to determine the achievement of the LOs. The program LOs clearly describe the minimum competences required for graduation, and versatile and supposedly efficient evaluation methods are used, including oral exam, written test / quiz, demonstration of practical skills (on simulators/mannequins, patients or standardized patients), Objective Structured Clinical Examinations (OSCEs) and Objective Structured Practical Exam (OSPE) for the assessment of LOs. This assessment system is transparent and takes the peculiarities of the field into consideration. During the site-visit and interviews the Expert Panel ascertained that the academic and invited staff members are all familiar with LO assessment methods.

According to SER the LOs are formulated at the level of the program and at the level of each component of the program, and the curriculum map is showing 3 levels for LOs: introduction, deepening, and reinforcement, respectively. In general, the connection between LOs and the different courses is described clearly in the relevant documents, and the appropriate level for the LOs is presented as well (introduction, strengthening – reinforcement and mastering), but this triple connection is less visible in certain courses / syllabi. Regarding technical – procedural and communication skills assessment, it would be of importance to teach and check repeatedly the sets of procedures with a gradually growing body of knowledge and increasing

depth of skills that the students must master by the end of the study program. Ideally the HEI should assess these skills not only in simulated but in real clinical contexts, too.

In summary, a range of valid performance indicators is considered by the HEI and the updated educational program can proceed according to currently accepted principles. The integration between basic medical sciences and clinical subjects seems to be guaranteed and this process can provide the enrolled students appropriate clinical responsibility upon graduation. The professional content and structure of the training, the teaching and learning support methods are, in most cases, appropriate and suitable for achieving the intended LOs. However, it is important to note that a close monitoring linkage must be assured between the preclinical and clinical parts of the educational program to check the quality of clinical training and practice after 3rd year - to promote an uninterrupted learning process, and to ensure harmony between plans and reality.

### Evidences/Indicators

- SER
- Annexes (submitted documents)
- Educational program
- Syllabi
- Interviews

### Recommendations:

- Procedural and communication skills acquired in preclinical courses and simulation training need to be integrated into the clinical curriculum at all three levels (introduction, reinforcement and consolidation). This will require a review and modification of the curriculum in these cases.

### Suggestions for the Programme Development

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### Evaluation

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
1.3 Evaluation Mechanism of the Programme Learning Outcomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 1.4. Structure and Content of Education Programme

- The Programme is designed according to HEI's methodology for planning, designing and developing of education programmes.
  - The Programme structure is consistent and logical. The content and structure of the programme ensure the achievement of programme learning outcomes. The qualification to be granted is consistent with the content and learning outcomes of the programme.
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### **Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard**

The one-cycle program of Medicine of SDASU was developed in accordance with sector benchmarks of higher education and in accordance with the University's "Methodology for the Planning, elaboration and Development of the Educational Programs". Information on the sequence of courses and prerequisites is provided in the study plan and the syllabi of learning courses/modules. All syllabi were reviewed with focus on prerequisites for admission, learning goals and outcomes, number of credits indicating contact and independent hours, assessment methods, teaching and learning methods, mandatory and additional study materials.

The program to achieve the presented goals is rather well-integrated, the modules and subjects of the curriculum serve to examine the human structure, function and development on each level of the organization (from molecular to organ systems and the whole body). The program is divided into three main stages, Stage I (Basic, Behavioral and Social Sciences in I - III years), Stage II (Clinical Sciences in IV - V years), and Stage III (General Specialization in VI year), respectively.

The Skills Lab is considered as a starting point for communication and technical-practical training, and short and long-term development strategies are recommended to increase its weight throughout the preclinical and clinical curriculum. In this scheme the targeted LOs could be assessed repeatedly, that will allow to review the teaching/learning/assessment methodologies, and to make further, necessary changes, if needed. More directly, simulators can be used extensively for procedural skills teaching and assessment, low and high-technology simulations, manikins, simulated patients in the next step and real-life scenarios later, in the clinical environment with teamwork, simulated dilemmas, formative and summative assessments. Here it should be noted that more emphasis and time should also be allocated for the clinical rotations and practical medical works under supervision in the final semesters (VI. year) as well. In clinical specialties of the final year the aim should be to give the students the opportunity to consolidate and apply the accumulated knowledge in basic and clinical sciences thus much more (supervised) participation should be provided for them in the clinical aspects of patient care. Furthermore, rotational placement and more access for practice experience is needed in certain areas (anesthesiology and intensive care, primary health care services) which are less clearly defined in the curriculum. Here it should be mentioned that supervision rules, selection criteria of clinical tutors involved in clinical subjects with the responsibilities are not presented, and teaching quality control mechanisms are incompletely defined.

According to SER the scientific-research direction of the Medicine program was revised with the aim to enable students to plan, implement and interpret scientific research and present the results to the professional community. Indeed, the program considers the promotion of the scientific research skills from the first semester and the process of development is



completed with the research project in the XI-XII semesters. This may demonstrate that analytical and critical thinking is taught throughout the curriculum, which may also allow students to participate in the scientific development of the profession. Nevertheless, it seems that firm, direct linkages were not developed to relate teaching and scientific research to each other, which makes it difficult to regard it as an elaborated, overarching concept in its entirety. As an example, the connection of Biomedical Research I (as starting point) to Critical Thinking course in semester VI (with 28 hrs group work from the total 90 hrs) is unclear, the usefulness of the course topics cannot really be assessed, and it is difficult to judge the added value of the latter subject in relation to the outcome of scientific research courses in the final year.

SDASU has also expressed its commitment to the development of medical research, but in this context essential details of the policy are missing. Most importantly, a clear scientific strategy for curriculum development is lacking (achievable plans set in a transparent scheme - e.g. planning to support specific research, esp. done by students, young clinicians and researchers, etc., allocation of finances/grants/funding for a chosen medical project or clinical research; organization/participation/grants for national/international meetings, development of scientific / research infrastructure, allocation of targeted funds for clinicians/researchers which are based on numerical criteria of excellence, plans for strengthening translational research and team building, etc.) and clearly needed. In this context it would be important to identify research priority areas to stimulate interdisciplinary work that can result in new financing opportunities, for example research grants, travel grants or scientific exchange programs.

Another important point is the lack of information on the state and usage of e-learning. This is missing from the SER and the syllabi as well, so this approach can be involved in the future plans to improve the didactic concept.

In the meetings with the program staff, the Experts ascertained that the University has developed a Code of Ethics, but this should be adopted to the specificities of the medical field and should be an important part of clinical and medical communication courses. It should be made public and accessible to all members of the university community through the website. It is also worth noting that the structure of the program could be made more understandable and easier to follow if a diagram (organogram) were available.

### **Evidences/Indicators**

- SER
- Annexes (submitted documents)
- Educational program
- Interviews

### **Recommendations:**

- The vertical integration of the program should be increased.
- The University must have a clear policy that fosters the relationship between medical education and research. Plans should be set in a Scientific Strategy. The Scientific Strategy should also explicitly address the human resource development needs of the program.
- The key performance indicators should be in English and published on the website.

- More emphasis and time should be allocated for clinical rotations and practical medical works under supervision in the final semesters (VI. year).
- Supervision rules, selection criteria of clinical tutors involved in clinical subjects should be defined together with the responsibilities and teaching quality control mechanisms.

### Suggestions for the programme development

- The structure of the program could be made more understandable and easier to follow if a diagram (organogram) were available – showing the administrative and academic divisions, units, affiliated teaching clinical members (hospitals) of the study program.
- E-learning can be involved in the future plans to improve the didactic concept.

### Evaluation

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
1.4 Structure and Content of Educational Programme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 1.5. Academic Course/Subject

- The content of the academic course / subject and the number of credits ensure the achievement of the learning outcomes defined by this course / subject.
- The content and the learning outcomes of the academic course/subject of the main field of study ensure the achievement of the learning outcomes of the programme.
- The study materials indicated in the syllabus ensure the achievement of the learning outcomes of the programme.

### Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The LOs of the courses as defined in syllabi are in line with the LOs of the program. Nevertheless, the evidence is lacking, that all the LOs are (or can be) achieved in each and every case. Several examples of discrepancies between the stated LOs and their feasibility include:

Clinical skills are taught just once through six years as a 3-credit course, while the requirements of the updated Subject Benchmarks state, that there should be minimum of 10 ECTS dedicated to skills training in the skills centre.

Some of the courses (including basic courses of histology, biochemistry, etc.) include CBL as a minimum required study method in Subject Benchmark. In SDASU's medical program syllabi CBL is mentioned only in some, mainly clinical subjects, and there are no details regarding how exactly it is planned to be carried out.

Critical care syllabus contains skills of airway management in the list of LOs, the course day to day materials cover this topic. Also, Basic Life Support is listed in the topics that are covered in clinical skills training, but no mannequins could be seen, which could be used to learn the skills related to BLS or airway management.

Anaesthesiology is not allocated as a separate subject, but rather topics of anaesthesiology are included in the Surgery course.

The level of practical component is described to be high in the syllabi. But this will be difficult to achieve without proper planning of clinical courses (pre-determining the small groups for ward activities and distribution of students in hospitals).

In the program description 'Early clinical exposure' is meant to start from the first year. According to the description, during the Bioethics and Communication skills courses students should have access to patients. On one hand, the syllabi of these courses do not describe a component of clinical practice, on the other hand, not only communication skills, but also practical skills would rather be introduced as early as possible. Basically, in the proposed program clinical exposure will take place first at the V semester.

As for the literature in syllabi, some of the books are outdated and cannot ensure achievement of LOs (for example, Ophthalmology textbooks are dated 1989 and 1997). Other books are not available neither locally, at the library, nor when checked in student portal as an electronic book (for example, Sanikidze book in biophysics). According to the syllabus this book can be found in TSMU library. Students state that they have been provided handouts for biophysics course. All suggested literature in some courses (for example, Professional Development II (Communication skills) and Clinical radiology) is in English. If this could be an approach, more up-to-date books could be used for other courses as well.

According to the updated subject benchmarks in Medicine, elective subjects need to increase gradually through the study period and reach maximum in the last year of studies. In SDASU medical program 2 credits are dedicated to elective subjects every semester starting from semester V. In semester VI. Clinical radiology is taught as a mandatory subject and Physical basis of medical radiology is offered as an elective subject. Although the contents of courses are different, it would be advisable to introduce students to basic radiology before offering them a specific and detailed course.

### **Evidences/Indicators**

- SER
- Program description
- Curriculum map
- Educational plan
- Learning outcome assessment plan
- Syllabi
- Contracts with hospitals
- Method of evaluation of learning outcomes
- Interview results

## Recommendations:

- Ensure teaching of clinical skills in accordance with the newly updated Subject Benchmark, ensure that learning methodologies required by current benchmark document are taken into account in program description, syllabi and most importantly in real practice.
- Make sure there are enough material-technical resources to teach skills listed in syllabi and subject benchmark.
- Make sure that descriptive part of the program goes in line with syllabi content, and as early clinical approach is foreseen, make sure, it's also highlighted in syllabi and conducted in practice.
- Update the literature lists in syllabi, if handouts are widely used, make sure HEI has a proper quality control for the content of the handouts, so that learning materials correspond with learning outcomes to be achieved.
- Make sure to have diversity of elective subjects and increase their proportion over semesters.

## Suggestions for the programme development

- It is desirable to teach Anesthesiology as a separate course/subject.
- It is suggested to teach Clinical radiology and Physical bases of medical radiology consecutively, not simultaneously.
- Negotiate with hospitals to prepare basis for development of clinical clerkship for students.

## Evaluation

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
1.5. Academic Course/Subject	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Compliance of the Programme with the Standard

1. Educational objectives, learning and their compliance with the programme	Complies with requirements	<input type="checkbox"/>
	Substantially complies with requirements	<input checked="" type="checkbox"/>
	Partially complies with requirements	<input type="checkbox"/>
	Does not comply with requirements	<input type="checkbox"/>

## 2. Methodology and Organisation of Teaching, Adequacy of Evaluation of Programme Mastering

Prerequisites for admission to the programme, teaching-learning methods and student assessment consider the specificity of the study field, level requirements, student needs, and ensure the achievement of the objectives and expected learning outcomes of the programme.

## 2.1 Programme Admission Preconditions

The HEI has relevant, transparent, fair, public and accessible programme admission preconditions and procedures that ensure the engagement of individuals with relevant knowledge and skills in the programme to achieve learning outcomes.

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### Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The admission criteria for the MD program of DAUG are clearly defined and documented. The prerequisites for receiving the educational program are relevant and transparent, in compliance with Georgian legislation and available to all interested persons; the characteristic of the educational program is available on the University website: <https://sdasu.edu.ge/> Program has defined program admission prerequisites and procedures. Rules of admission for Georgian and foreign citizens are defined by Law of Georgia. Required documents of applicants for MD program are as follows:

- National School Leaving Certificate or its equivalent.
- 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 (law of Georgia of Higher Education, Article 52, § 3).
- Admission of foreign citizens is regulated according to legislation established by the Ministry of Higher Education Article 52, § 3.

This regulation ensures admission of the students with relevant knowledge, skills, and competencies required for mastering the program.

### Evidences/Indicators

- Educational Program
- Self-Evaluation Report
- Interview results
- DAUG website: <https://sdasu.edu.ge/>
- Law of Georgia on Higher Education

### Recommendations:

- -

### Suggestions for the programme development

- -

### Evaluation

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
2.1 Programme Admission Preconditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2.2. The Development of Practical, Scientific/Research/Creative/Performing and Transferable Skills

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

### Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The aim of the education program Medicine is to ensure the elaboration and development of students' practical, scientific/research and transferable skills. In order to achieve the LOs of the program, the University has affiliated clinics ("Helsicor" Israel-Georgia Multiprofile Clinic), Clinical and Diagnostic Centers (St. Michael Archangel Multiprofile Hospital Ltd., O. Ghudushauri National Medical Center Ltd., S. Khechinashvili Ltd. University Clinic, Aversi Clinic, etc.), nevertheless, the contracts with hospitals contain no details regarding the number of students to be placed or specifications of their activities during clinical courses (although it is required by the Subject benchmark document). This is important especially as the hospitals accept students from many HEIs. According to the information from students they only had chance to interact with the patient if they found a job in clinic to work as a nurse or nurse assistant. It would be beneficial if HEI could negotiate with hospitals to make student activities formalized, evaluated and include them in the program - it would serve as a clinical rotation/clerkship.

The development and strengthening of the clinical skills starts from the early stages of the program. At the basic stage students learn ethical and correct communication skills with the patient ("Professional Development I - Bioethics", "Professional Development II-Communication Skills), as well as the patient's physical examination and some invasive and non-invasive manipulations. At the basic stage of the teaching, these skills are mainly elaborated at the Clinical Skills Center using different mannequins. In order to achieve higher quality, the University has to ensure more equipment. Since the fourth year, further enhancement and strengthening of clinical skills is integrated in each clinical course. Within the framework of clinical courses, students have the opportunity to strengthen a number of non-invasive clinical skills in the clinical environment with patients, while invasive manipulations are enhanced and strengthened at the Clinical Skills Center. At the end of the core clinical courses (e.g. internal medicine, surgery, pediatrics, etc.), the student is given a credit after passing the OSCE exam, where the clinical skills are evaluated. Besides, the program incorporates contributions of behavioral and social sciences and ethics that – in theory – enables effective communication and decision making in clinical practice.

In summary, in this scheme students can acquire basic technical/practical skills in the simulation Centre of the Medical School, which is clearly a significant advantage and a good opportunity for preclinical and clinical educators, too. Nevertheless, it seems likely that the current environment meets only the very basic demand, and the integration of procedural and communication knowledge obtained during preclinical simulation skills training into the presented clinical curriculum is not fully possible. Well-equipped Skills Center with dedicated staff is needed in order to fulfill all the goals mentioned either in documents or described by staff.

The University has a Student Club, the goals of which is to increase students' involvement in scientific research process; development of the students' scientific-research activities; increase the students' role in the organization of scientific-educational events; participation of students in public-educational activity based on scientific evidence. To achieve these goals, the club develops and implements student scientific projects; collaborates with local and international organizations, including professional associations; engages scientific and public-educational activities and public informative activities, etc. In order to promote student scientific - research activities, the University has signed Memorandum of Understanding with the Institute of Morphology "Ivane Beritashvili Experimental Biomedicine Center" and others. The Student Scientific Conference is held annually at the University. It was mentioned while interviewing that these activities were more active before pandemic.

The University supports student research initiatives and their participating in local or international conferences. The School of Medicine is a member of the European Medicine Student Association (EMSA) since 2018.

### **Evidences/Indicators**

- Educational Program
- Self-Evaluation Report
- Interview results
- Site-visit

### **Recommendations:**

- Improve the efficiency of the activities of the Clinical Skills Center.
- The University must have information on the higher education center/clinic implementing the clinical modules, as well as a table/graph about the possibility of accepting the number of students in the same period of time during a specific study course.

### **Suggestions for the programme development**

### **Evaluation**

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
2.2. The Development of practical, scientific/research/creative /performing and transferable skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2.3. Teaching and Learning Methods

The programme is implemented by use student-oriented teaching and learning methods. Teaching and learning methods correspond to the level of education, course/subject content, learning outcomes, and ensure their achievement.

#### Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The program documentation and the SER describe various teaching methods relevant to the objectives of the courses. The syllabi of compulsory and elective subjects give clear information on these details of the program and the number of ECTS/credit hours allocated per course. The number of contact hours, depending on the different teaching-learning methods varies and corresponds to the content of the course/module/clerkship and the LOs. The program uses adequate and relevant assessment techniques such as OSPE, OSCE, exams with simulated patients to evaluate the students' academic performance.

Small groups (10-12 students in preclinical phase, 4-6 in clinical years) are used to engage students in different forms of teaching and a variety of learning strategies, lectures, seminars, teaching in clinical environment, use of simulated scenarios and standardized patients, laboratory teaching - and as a whole, the curriculum mapping provided ample information regarding the links of the teaching methods employed in study courses with the outcomes.

There is evidence for the intention to introduce good practice as Direct Observation of Procedural Skills and Case-Based Discussions are planned in the clinical settings. The number of clinical tutors and the capacities of the clinical hospitals were demonstrated sufficiently. Besides, the HEI presented the methodology for developing an individual curriculum, according to the special educational needs of a student - such as different levels of academic training or for students involved in internal or external mobility.

The teaching methods and the environments, however, do not always correspond to the course content and expected LOs completely. For instance, according to the Sector Benchmark document, the HEI should have a research lab, which is equipped well enough to ensure that the students gain research skills – but there is no such laboratory. In case of simulation skills training the current environment does not meet the demand of preclinical courses and besides, the possibilities to integrate the procedural knowledge obtained during simulation training into the presented clinical curriculum is rather weak. Directions of procedural skills development are always depending on local interests and traditions, but typically include internal medicine with subspecialties, surgery with subspecialties, anaesthesiology and intensive care, diagnostic imaging, emergency medicine, general practice/family medicine, obstetrics and gynaecology, paediatrics (etc). Therefore, the current technical background can be developed further with diagnostic and technical/interventional possibilities, and here two



examples / proposals for development avenues: 1. basics of general surgery, providing appropriate number of suturing pads, specific surgical suture materials with traditional (French eyed) and atraumatic needles, and good for use basic instrument sets. Minimally invasive surgery workstations and simple simulation box trainers may also be used to enhance manual dexterity and cognitive and technical skills of graduate students. 2. Medical imaging simulation using diagnostic ultrasound (with specified anatomical phantoms and protocols) could also be very useful. It should be noted that the Expert Panel asked for documents on the purchase of new equipment for the laboratory and the Clinical Skills Centre – but it seems that there have been no valuable acquisitions, purchases in these areas in the last few years. It should also be mentioned here that practical techniques and procedural skills linked to basic life support (BLS - resuscitation) are not among the subjects currently covered in the first two years of the program - and this does not meet the expectations. BLS is included in the Clinical Skills course (in semester V only) with 2 hrs of practice, and later in semester VI in General Surgery (first aid and resuscitation). Here a BLS - ALS - Critical Care course (or a similar training course at advanced level) can easily be included in the curriculum. The situation is similar for the sequence of preclinical and clinical courses involved in communication, much more use of practical teaching opportunities (e.g. with well-trained simulated patients) is needed, with respect to the introduction, strengthening – reinforcement cycle of the specified topics.

The Expert Panel noted also that the main campus laboratories are poorly equipped with very basic instruments only (rather old light microscopes and demonstration tools in the anatomy lecture hall and the biochemistry laboratory), the learning spaces used by students are in a somewhat run-down state and need to be renovated, in brief, the level of comfort could be improved and improving the learning environment can provide a greater sense of community, too.

### **Evidences/Indicators**

- Educational Program
- Self-Evaluation Report
- Interview results
- Site-visit

### **Recommendations:**

- It is recommended to employ a specialist educational manager/assistant in the Skills Center who will provide continuous support for the learning process.

### **Suggestions for the programme development**

### **Evaluation**

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
2.3. Teaching and learning methods	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## 2.4. Student Evaluation

Student evaluation is conducted in accordance with the established procedures. It is transparent, reliable and complies with existing legislation.

### Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

Evaluation methodology described in the syllabi is mostly in line with standard requirements. However, it cannot be proven that currently the evaluation methods specific for medical field are effectively implemented in the program. Many clinical disciplines have OSCEs with participation of standardized patients included into final examination format, but the current state of the Skills Center is not sufficient for this variety of OSCE exams, neither is any formal standardized patient training in place, which would ensure these exams to be effectively conducted. Currently the role of standardized patients is undertaken by staff members, who are informally instructed and believed to be already very well skilled.

Examples of OSCE checklists were not provided on request. Experts only had access to assessment sheets, but not the checklists with description of the skills that are being assessed for. For some OSCE stations assessment criteria are clear from the syllabi.

In the syllabi of Obstetrics (semester IX), Gynaecology (semester X) and Differential diagnostics in obstetrics and gynaecology (semester XII) there is only one and same person listed as teaching staff, while all three subjects are scored using OSCEs, which would be unrealistic without involvement of additional staff. HEI representatives state, that in such cases additional professionals (gynaecologists) are invited (and reimbursed) for the exams. The structure of OSCEs is very similar in all these three subjects and also in other courses that are being assessed by OSCEs (Differential diagnosis in surgery, etc.). These exams have stations dedicated to patient history taking, consulting and writing the patient history. In the end the proportion of OSCE stations, where actual hands-on skills are being tested is rather low, despite the overall recognition of skill deficit as main issue identified by both students and employers. In the OSCE exams for Obstetrics (semester IX) and Gynaecology (semester X) there is a station, which requires students undertake physical investigation of a patient, without providing the details about which exact type of assessment needs to be performed. The same station in OSCE for Differential diagnostics in obstetrics and gynaecology (semester XII) gives some more details (placement of gynaecological speculum and taking smear).

It should be noted, however, that a 50% threshold is set for certain courses as minimum competence limit is rather low and this could possibly be increased in practical subjects. In other subjects, such as Biomedical Research I the elements of evaluation system (as demonstrated in the syllabi) are unnecessarily complicated.

None of OSCE exams has a structure with 10 or more stations (as defined by the updated Subject Benchmark document) and the requirement, that some tasks (like blood pressure measurement or BLS) have to be fulfilled completely for a student to receive positive assessment, is not taken into account.

A number of courses have a component of peer-assessment. Even though the share of peer assessment is minimal, this approach and its effectiveness are rather vague as final assessment can only be conducted by a tutor, peer-assessments can be included into group works, etc., but should not determine the actual scores.

Another controversy could appear with professionalism assessment. Even though the criteria are very precisely described in syllabi, there is still a chance, that some assessments remain subjective (for example, whether or not student shows empathy towards patients). But as professionalism evaluation is a requirement from subject benchmark, it has increasingly been implemented in medical programs and the experience is still to be collected in this field, the expert panel would just suggest testing the existing scheme and based on experiences gained amend it if needed.

One more issue to be noted regarding student evaluation is portfolio - it is described in program outline as students self-made log-book, where assessment of professionalism and extracurricular achievements are included. This way it is less likely that portfolio will reflect “academic achievements, as it objectively and substantively reflects the student's clinical thinking, skills, strengths and weaknesses in general professional development, reveals its shortcomings and ways to correct them” as stated in subject benchmark document. In addition, neither students, nor staff members are aware about portfolio in general.

Students agree that the assessment is fair, transparent and criteria are known to them in advance. Interview results show that students receive the scores in time. The appeal procedure is described in the Learning process regulation rule. Based on the description it looks fair and transparent and interviewed students have no objections against it.

Assessment of LOs described in Learning outcome assessment plan doesn't contain portfolio for any of the learning outcomes (neither professionalism), which might be due to a technical error. Evaluation of research projects doesn't contain any plagiarism check, although respecting academic integrity is one of criteria, but overall course content and thesis requirements need to highlight the academic and research ethics more.

### **Evidences/Indicators**

- SER
- Program description
- Curriculum map
- Educational plan
- Learning outcome assessment plan
- Syllabi
- Contracts with hospitals
- Learning process regulation rule
- Method of evaluation of learning outcomes
- OSCE assessment sheets
- Interview results

### **Recommendations:**

- Set a realistic plan of implementation of OSCEs taking into consideration the availability of rooms, equipment and staff.
- Increase the diversity and quality of equipment in clinical skills lab, to make sure that OSCEs can be conducted in accordance with subject benchmarks.
- Plan OSCEs so that they contain at least 10 stations.
- Make sure that critical skills defined by subject benchmark are properly assessed.
- Take caution on how peer-assessment is involved in student evaluation.
- Make portfolio an important part of student assessment, which would represent overall academic and non-academic achievements of students and serve as a source for gap analysis and improvement.
- Pay more attention to research and academic ethics in teaching and assessment of biomedical research.

### Suggestions for the programme development

- Carefully implement professionalism assessment with the proposed format, analyze the results and amend methodology if needed.

### Evaluation

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
2.4. Student evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Compliance with the programme standards

2. Methodology and Organisation of Teaching, Adequacy of Evaluation of Programme Mastering	Complies with requirements	<input type="checkbox"/>
	Substantially complies with requirements	<input type="checkbox"/>
	Partly complies with requirements	<input checked="" type="checkbox"/>
	Does not comply with requirements	<input type="checkbox"/>

### 3. Student Achievements, Individual Work with Them

The programme ensures the creation of a student-centered environment by providing students with relevant services; promotes maximum student awareness, implements a variety of activities and facilitates student involvement in local and/or international projects; proper quality of scientific guidance is provided for master's and doctoral students.

#### 3.1 Student Consulting and Support Services

Students receive consultation and support regarding the planning of learning process, improvement of

academic achievement, and career development from the people involved in the programme and/or structural units of the HEI. A student has an opportunity to have a diverse learning process and receive relevant information and recommendations from those involved in the programme.

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### **Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard**

Students of SDASU receive appropriate information upon the planning of learning process and improvement of academic achievement, which is achieved via usage of web page and e-mails, giving opportunity for every student to track their achievements in studies, as well as communicate with representatives of the Administration and lecturers. The students interview revealed also that students are getting appropriate communication from HEI staff, e.g., from the Dean, the Head of the educational program, QA Department.

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 program students, they mentioned that they would like to have an opportunity to participate in international exchange programs and in conferences/seminars/trainings.

The HEI provides socio-economic support: in the case of two members of the family studying at the same time, each of them benefits tuition fee reduction, also the University provides assistance with tuition fees to certain categories of students (socially vulnerable, orphans, Internally Displaced students, the disabled, etc.). During the on-site visit at Infectious Diseases and AIDS Center and Multiprofile Medical Center–Healthycore the Expert Panel had the chance to see study rooms for students. At the time of interviewing students, they have mentioned that the University has an appeal procedure if there is something that do not agree with in the learning process. During the interviews students noted that they would like to improve the Clinical Skills Laboratory for practice and trainings.

The university has developed a "Student Projects Financing Rule" to support students' research, cultural, sports and educational initiatives; to identify their talents, promote self - realization and to use effectively the free time. Nevertheless, the "Student Projects Financing Procedure" is not accessible on the university webpage.

#### **Evidences/Indicators**

- SER
- Educational program
- University website
- Interview results

#### **Recommendations:**

#### **Suggestions for Programme Development**

- It is desirable to improve the supporting mechanisms of the University for involvement of students in international events.

## Evaluation

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
3.1 Student Consulting and Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Compliance with the programme standards

3. Students Achievements, Individual Work with them	Complies with requirements	<input checked="" type="checkbox"/>
	Substantially complies with requirements	<input type="checkbox"/>
	Partly complies with requirements	<input type="checkbox"/>
	Does not comply with requirements	<input type="checkbox"/>

## 4. Providing Teaching Resources

Human, material, information and financial resources of educational programme ensure sustainable, stable, efficient and effective functioning of the programme and the achievement of the defined objectives.

### 4.1 Human Resources

- Programme staff consists of qualified persons, who have necessary competences in order to help students to achieve the 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. Quantitative indicators related to academic/scientific/invited staff ensure programme sustainability.
- The Head of the Programme possesses necessary knowledge and experience required for programme elaboration, and also the appropriate competences in the field of study of the programme. He/she is personally involved in programme implementation.
- Programme students are provided with an adequate number of administrative and support staff of appropriate competence.

## Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

Qualification of personnel involved in teaching is in compliance with their qualification requirements, functions and current legislation. Research experience and lists of publication during last 5 years has not been provided for some of academic staff members. Invited staff members have relevant knowledge, experience and competencies necessary to help students achieve program LOs but there is no training taking place to make sure that staff members follow the up-to-date teaching and assessment methods.

The total number of academic staff members indicated includes staff members with qualifications, which are not specific to medical field. In turn the staff to student ratio is optimal, but for some aspects of the program (for example OSCE organization) more staff with specific skills and knowledge is needed. For most of clinical courses (Internal medicine, Surgery, Gynecology) the number of teaching staff is only enough to carry out practical seminars and group meetings, while it cannot be sufficient for optimal planning and conduction of OSCE-type examinations.

HEI has a constantly updated workload plan for staff members, workload is optimal. The data on staff workload in other HEIs (an extract from QMS) was received by experts from National Centre of educational quality enhancement. The data is incomplete and inconsistent with the numbers provided by HEI.

Student consultation hours are described in syllabi, but not clarified separately in the workload plan. The turnover of academic staff is being tracked by HEI and currently the rate is optimal (84% of employee retention over 5 years) to ensure sustainability of the program. The latest challenge with human resources of the program was related to the need of recruitment of new dean and head of the program, which are key figures in for successful implementation of the program.

It should be noted that the student numbers are planned on the basis of staff numbers, and vice versa (staff numbers are determined on the basis of workload, i.e. student numbers). The document on Student Contingency Planning Mechanism is very vaguely and generally formulated. The document about Methodology of personnel number determination gives the exact data only related to student number as determinant for staff number. There must be other factors taken into account in this context (market research, availability and demand for staff, availability of space at clinical bases, number of patients per staff member involved in teaching, etc.).

The Head of the program is a qualified person, who just recently became a program lead and is still not fully aware of all program details including amendments made to program since last accreditation, problems identified or availability of relevant documents. At the same time, she is open to suggestions and ready to listen to any idea which might affect the study process and program success.

Number and qualifications of supportive staff members is sufficient to fulfill program needs for 700 students.

According to SER the scientific/research output of the program's staff for the last 5 years involves n=183 publications in scientific journals. Nevertheless, the quality of these communications in terms of scientometrics (numerical parameters of IF values, independent citations) could not be evaluated exactly. In this regard clear policies should be established for defining what is recognized as research, consistent with international standards and established norms in the field of study of the program. These measurable expectations for teaching staff (involvement in research and scholarly activities) are not clearly specified

either. Performance in relation to these expectations should be considered in staff evaluation and promotion criteria.

Number of the staff involved in the programme (including academic, scientific, and invited staff)	Number of Programme Staff	Including the staff with sectoral expertise <sup>6</sup>	Including the staff holding PhD degree in the sectoral direction <sup>7</sup>	Among them, the affiliated staff
Total number of academic staff	56	49	48	21
- Professor	20	17	17	10
- Associate Professor	30	26	26	7
- Assistant-Professor	6	6	5	4
- Assistant	-	-	-	-
Visiting Staff	32	30	-	-
Scientific Staff	-	-	-	-

### Evidences/Indicators

- SER
- Staff CVs
- Staff workload
- Individual quantitative data for SER
- Methodology of personnel number determination
- Student Contingency Planning Mechanism
- Syllabi
- Interview results

### Recommendations:

- Ensure that teaching staff has enough expertise and training to use teaching and assessment methods described in program.
- Ensure that there is enough staff with field-specific knowledge in each of the courses/subjects.
- Incorporate more data related to program capacity into the Methodology of personnel number determination.
- It is recommended that program head should be fully involved in all aspects of program design, implementation and quality control.
- Make sure you update the workload of your staff on QMS platform regularly.

<sup>6</sup> Staff implementing the relevant components of the main field of study

<sup>7</sup> Staff with relevant doctoral degrees implementing the components of the main field of study



## Suggestions for Programme Development

- o The program would benefit from counting consultation hours for students as part of the staff workload.

## Evaluation

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
4.1 Human Resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4.3 Professional Development of Academic, Scientific and Invited Staff

- The HEI conducts the evaluation of programme staff and analyses evaluation results on a regular basis.
- The HEI fosters professional development of the academic, scientific and invited staff. Moreover, it fosters their scientific and research work.

## Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The University has developed a rule for evaluating the performance of academic and invited personnel, the purpose of which is to determine the criteria for evaluating the achievement of academic and invited personnel of the university, the personnel responsible for the evaluation, and the procedure for using the obtained results. The components of the assessment of the pedagogical activities of the personnel includes:

Involvement in the process of developing and fulfilling the educational program, participation in the process of systematic updating and improvement of study courses syllabi, development, updating and improvement of training materials, preparation of mid-term and final exam material. Pedagogical activities are also evaluated based on results of student satisfaction research (surveys) and results of interviewing students.

Analysis of personnel performance and employment incentives is based on the analysis of the evaluation of the activities of academic, scientific and invited personnel. The Quality Assurance service develops recommendations and submits a final report on the measures to be carried out to the Academic Council of the University. Also, the Dean of the school, in agreement with the Quality Assurance service of the university and the head of the administration, submits proposals to the Rector of the University about the employment incentives. The University has developed a rule for the evaluation of the scientific personnel, which defines the minimum requirements for scientific research activities. The constituent components of the evaluation are defined. The incentive measures and methods for assessing analysis results are established. In order to support the scientific-research activity of the

personnel, the university publishes a refereed and peer-reviewed scientific journal “Spectrum” (the journal is located in Google Scholar and has a DOI). The School of Medicine takes care of the staff development, various events are carried out, for which material and financial resources of the University are used. The University promotes professional development of the personnel.

Trainings were planned and implemented/financed by the Center for Scientific Research and Continuing Education and the Personnel Management Service in order to raise qualifications of the personnel. For academic and invited personnel training on “Medical Education Methodology” and training on “Preparation of a Scientific Grant Application.

There are some activities mentioned in SER for administrative staff: 1. training on the topic: “Organizational behaviour - managerial discipline in the workplace to improve labour efficiency and dedication to the working organization” and training on the topic “Organizational Development Tools”. Training on “New version of the similarity report of the anti-plagiarism system” - representatives of the electronic anti-plagiarism system Strikeplagiarism.com.

The SER indicates that various activities of the academic staff were carried out in the University: public lectures, master classes, book presentations, meetings with appropriate field specialists, etc. However, during interviews some of them reminded about public lectures mostly about working during Covid times.

It should be noted that schemes to promote competitive scientific activities and the recognition of research excellence with the use of quantitative parameters and qualitative descriptors (scientometric indicators) seem to be missing.

It should also be added that more internationalization would also be necessary, with active support of staff/student mobility. In medical sciences a strategy for cooperation, networking with other HEIs and research groups may translate into R&D and education improvements, therefore an increase in synergies between Georgian medical schools (e.g. invitation of colleagues for special lectures, joint projects, etc.) is clearly needed. The number of cooperative efforts (grants, funds, projects, papers, theses, cooperation agreements) will be a good performance indicator in the future.

### **Evidences/Indicators**

- Self-evaluation report
- Activity Evaluating rules of Academic and invited personnel
- Interviews with staff

### **Recommendations:**

- Schemes should be implemented to promote competitive scientific activities and the recognition of research excellence with the use of quantitative parameters and qualitative descriptors (scientometrics, indicators). Defined strategies should be implemented in work.

- More internationalization is necessary, with active support of staff/student mobility.

## Suggestions for the programme development

### Evaluation

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
4.3 Professional development of academic, scientific and invited staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4.4. Material Resources

Programme is provided by necessary infrastructure, information resources relevant to the field of study and technical equipment required for achieving programme learning outcomes.

### Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

The campus is located in the Center of Tbilisi and includes library resources, the study spaces, labs, clinical abilities center, computer centers, conference halls, etc.

The Library provides access to literature defined by the syllabi of study courses and other kind of material. The library foundation of printed resources and electronic medium is renewable keeping up to date with the developments occurring in certain field and ensures achieving program LOs and conducting scientific-research activities. The Library includes the following areas: bookstore, reading halls, space for library personnel, spaces for meeting and group works, etc. The personnel provides information concerning library resources and services for students. There is a library electronic catalogue “open biblio” in the University. Students possess an opportunity to apply an electronic system [www.sdasu.ini.ge](http://www.sdasu.ini.ge), which also provides the services of el. catalogue. Students and personnel have access to international electronic library bases, namely: Cambridge Journals Online; e-Duke Journals Scholarly Collection; Edward Elgar Publishing Journals and Development Studies e-books; New England Journal of Medicine, etc. Students are informed about the opportunity of using resources and are aware of the rules of application:

The Center for Clinical Skills and abilities is equipped with mannequins, moulages, medical inventory and equipment. In theory, the Center enables students to acquire the skills they need to achieve the LOs set out in the curriculum. However, the inventory, materials and supplies need to be supplemented in the future to ensure that they are sufficient to educate students. The current technical background in the Skills Lab is fairly worn and outdated and

the inventory can be developed significantly further with several diagnostic / technical / interventional possibilities.

The Expert Panel visited the affiliated clinic (Israeli-Georgian multi-profile clinic “Healthycore”) and Infectious disease and HIV Center. Two lecturers from each clinic explained the teaching process in their organizations. They mentioned that students should be divided into small groups in order to provide high quality teaching.

The University has signed memoranda of cooperation with different clinical and diagnostic centers: National Academy of Sciences, Aleksandre Natishvili Morphology Institute, Ivane Beritashvili Center of Experimental Biomedicine, etc. The University provided Lease agreement with Vivamedi Clinic for 1500 sq meter. Nevertheless, it was mentioned during interviews that it is not active, and the hospital is no longer the base for SDASU. List of Clinical Bases on website are outdated and needs to be updated. SDASU should strengthen its effort to contract other hospitals to improve quality of teaching for students.

The Campus has also yard and a parking lot. The University has worked out the measures of fire prevention, providing medical aid and possesses necessary equipment. The University provides safety and health care of the personnel and students, namely Ltd. “Algani” ensures safety of the personnel and students. It provides security in the building and on the entire setting. To maintain order the university has installed surveillance cameras inside and outside the building. Security service is one of the structural units which protects property of the university, ensures physical safety of the students and personnel. However, overall, the infrastructure in the main building and the condition of the classrooms has rather worn down. The students mentioned also that they would like to have a better working cafeteria.

### **Evidences/Indicators**

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

### **Recommendations:**

- Improve the infrastructure of the learning spaces to enhance the experience of students in the University.
- Modernize the existing area of teaching laboratories. Upgrade the current facilities with specific equipment, demonstration tools and materials, appropriate to the subjects taught.
- The current technical background of the Skills Center should be improved and could be developed further with diagnostic and technical/interventional possibilities.

### **Suggestions for the programme development**

### **Evaluation**

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
4.4 Material Resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4.5 Programme/Faculty/School Budget and Programme Financial Sustainability

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

#### Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

SDASU has provided the budget for 2023 year of Medical and Dentistry School corresponding the needs of medical program. The school budget comprises the expenses of the payment of program implementing personnel, renovating book fund and learning material, financing scientific researches, financing students, social support and other activities. Financial resources are oriented to effective implementation of the main activities of school. The University has diversified resources of financing and ensures their risk management adequately and effectively. The University incomes include financial resources obtained in the form of tuition fees, state grants, economical activities and other kinds of income. Allocation of financial resources stipulated in the school budget for a medical program is economically feasible. The University has stated its support for the short-term goal of internationalisation and has allocated resources to support negotiations with international universities, but the effectiveness or efficiency of this process is not yet clear; and infrastructure development – if planned - would obviously have budgetary needs. During interviews administration confirmed back-up plans to support medical program if needed such as University budget.

#### Evidences/Indicators

- Self-Evaluation Report
- Interview results
- Medical school budget

#### Recommendations:

- Allocate funds especially for internationalization and improving the activities of the Skills Center

#### Suggestions for the programme development

## Evaluation

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
4.5. Programme/ Faculty/School Budget and Programme Financial Sustainability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Compliance with the programme standard

4. Providing Teaching Resources	Complies with requirements	<input type="checkbox"/>
	Substantially complies with requirements	<input checked="" type="checkbox"/>
	Partly complies with requirements	<input type="checkbox"/>
	Does not comply with requirements	<input type="checkbox"/>

### 5. Teaching Quality Enhancement Opportunities

In order to enhance teaching quality, programme utilises 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.

#### 5.1 Internal Quality Evaluation

Programme staff collaborates with internal quality assurance department(s)/staff available at the HEI when planning the process of programme quality assurance, developing assessment instruments, and implementing assessment process. Programme staff utilizes quality assurance results for programme improvement.

### Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

An internal quality assurance process is in place to enhance the quality of teaching and the success of the programme. Program quality assurance is based on the “plan–do–check–act” principle. The head of QA department is actively involved in all levels of program evaluation and development (including planning and monitoring of clinical courses on site) and is currently more informed about the progress, ongoing processes and issues, as well as the reasons behind any amendments, than the head of the program and the dean (both of whom are newly appointed). QA department is taking over most of the work in creating assessment instruments, analyzing assessment results and developing the quality culture at the institution. As SDASU did recently have to search for new dean and program head for medical program, QA office head had to temporarily take responsibilities of the dean. In turn, currently the QA

office has a leading role in identifying and eliminating the weaknesses in the program, for which more effort and universal involvement of all structures at the University is absolutely necessary.

A methodology for staff evaluation exists, but staff members are not fully aware of it. The document is quite detailed, describes involvement in program and syllabi development, material preparation for learning and examination purposes, student assessment as well as assessment of scientific activities. Nevertheless, interviewed staff members were unaware of any evaluation mechanisms or results of their evaluation.

Internal QA results have been taken into account when revising the program. Most important issues identified were lack of practical skills in students and low internationalization level. The first one has been addressed as much as possible, while for the second one working process is still running and QA department head is actively involved in it.

#### **Evidences/Indicators**

- SER
- Quality Assurance Mechanisms, Evaluation and Procedure
- Checklist of Educational Program
- Checklist of Syllabus
- Results of staff, employer, student and graduate surveys
- Survey samples
- Study process monitoring checklist
- Rule of academic and invited staff assessment
- Interview results

#### **Recommendations:**

- The details of the staff evaluation mechanism and related documents should be communicated to all participants of the program in sufficient details and depth.
- Initiate satisfaction surveys, follow-up monitoring of program outcomes and, where necessary, monitoring strategies to support change.

#### **Suggestions for the programme development**

- Make sure that all stakeholders are involved in QA processes to make quality enhancement everybody's job and to develop a proper quality culture at the HEI.

#### **Evaluation**

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
5.1 Internal quality evaluation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 5.2 External Quality Evaluation

Programme utilises the results of external quality assurance on a regular basis.

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### Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

An external evaluation of the University was carried out by LEPL - The National Center for Educational Quality Enhancement. In 2018, the evaluation of the University as an institution was carried out and the educational program of Medicine was granted conditional accreditation for a period of 2 years. The results of the University's external evaluation were used for quality assurance and development purposes, important advice and recommendations received from the previous accreditation site visit were taken into consideration by the team working on the program. Although there are some recommendations that are not fully implemented, we believe that the university has the resources to implement them, for example to strengthen the internationalisation of the programme, monitoring, the integration of the modules of the programme, the evaluation of results, to fully implement internal quality assessment monitoring mechanisms; to respond to graduate employment outcomes; to strengthen the involvement of stakeholders (including students) in programme development. All this would be greatly supported if the educational program, the LOs, teaching-learning and assessment methods used within the program, the curriculum and the syllabi should be assessed in the form of active cooperation by the invited professionals/experts.

#### Evidences/Indicators:

- Decision No. 74 from September 25, 2018 of the Authorization Council of Higher Education Institutions.
- Decision of the Accreditation Council of Educational Programs N 706151 (13.07.2021)

#### Recommendations:

- External evaluation should be planned either in cooperation with accredited universities in Georgia or with various international organisations and educational institutions.

#### Suggestions for the programme development

#### Evaluation

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
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5.2. External Quality Evaluation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### 5.3 Programme Monitoring and Periodic Review

Programme monitoring and periodic evaluation is conducted with the involvement of academic, scientific, invited, administrative, supporting staff, students, graduates, employers and other stakeholders through systematic data collection, study and analysis. Evaluation results are applied for the programme improvement.

#### Summary and Analysis of the Education Programme's Compliance with the Requirements of the Component of the Standard

Monitoring and periodic evaluation of the educational program was carried out with the involvement of academic and invited, administrative and supporting staff, students, graduates and potential employers. Evaluation results are used to improve the program. The constituent components of the monitoring system can be grouped as follows: 1. Monitoring of the results (knowledge, skills, etc.) of the students of the program (index of academic performance of students; assessment of learning outcomes, etc.), 2. Monitoring of the provision of human and material-technical resources of the educational program (the composition and qualifications of the personnel responsible for the program; provision of the program with material and technical resources, etc.); 3. Collection and analysis of various quantitative indicators (dynamics of enrolment in the program; the number of students transferred to and from the program with external mobility and their ratio; program completion rate by program level and duration. The SER described the approach it has developed to allow effective programme monitoring and this was confirmed in discussion with the Self-Evaluation team, the Administration and the Quality Assurance team who gave examples of this working. The process is cyclical and ongoing however at designated times in the process the Quality Management Compliance Department develops recommendations based on all the information gathered and then passes these to the Board of Directors for consideration and response. It was reported that in regard to this programme, the findings and recommendations made as part of the development process of this programme were sent to the Board.

The university collects data from a range of sources using different approaches and tools. They collected information from employers about their needs for graduates to be 'ready for practice' on graduation.

Whilst the university-wide systems appear to be well established and delivering as needed it might be that with the increase in clinical teaching taking part in a range of different clinics it might be appropriate to consider a strategy related to the field (medicine)-specific evaluation (e.g., to enhance the competency-based evaluation). The University needs a strong partnership with different institutions in the country and abroad as well. It might be appropriate to collaborate in developing this aspect of the quality assurance of teaching and devise an approach that is not only effective but also beneficial to both parties.

It should be noted that the information received about the procedures for data protection policies and regulations is ambiguous. The HEI is aware that student data and evaluation results are sensitive and are treated confidentially, but maybe it is timely to review the

compliance of the current data protection policy with the European General Data Protection Regulation (GDPR, EU 2016).

### Evidences/Indicators

- "Internal quality assurance mechanisms"
- Survey forms;
- Student survey results.

### Recommendations:

- Implement indirect methods of evaluation, including a survey of stakeholders - graduates, employers.

### Suggestions for the programme development

### Evaluation

Please, evaluate the compliance of the programme with the component

Component	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
5.3. Programme monitoring and periodic review	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Compliance with the programme standards

<b>5. Teaching Quality Enhancement Opportunities</b>	Complies with requirements	<input type="checkbox"/>
	Substantially complies with requirements	<input checked="" type="checkbox"/>
	Partially complies with requirements	<input type="checkbox"/>
	Does not comply with requirements	<input type="checkbox"/>

Attached documentation (if applicable): -


**Name of the Higher Education Institution:** David Aghmashenebeli University of Georgia, Ltd.

**Name of Higher Education Programme, Level:** Medicine, one cycle, II level of higher education

### Compliance with the Programme Standards


Standards \ Evaluation	Complies with requirements	Substantially complies with requirements	Partially complies with requirements	Does not comply with requirements
1. Education Programme Objectives, Learning Outcomes and their Compliance with the Programme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Teaching Methodology and Organisation, Adequacy Evaluation of Programme Mastering	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Student Achievements, Individual Work with them	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Providing Teaching Resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Teaching Quality Enhancement Opportunities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chair of Accreditation Expert Panel



Mihaly Boros

Accreditation Expert Panel Members



Irakli Gagua



Giorgi Mgvdeladze

ა. გოდერიძე

**Tamar Goderidze**

ქ. კანკავა

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