STUDIJŲ KOKYBĖS VERTINIMO CENTRAS

LIETUVOS SVEIKATOS MOKSLŲ UNIVERSITETO STUDIJŲ PROGRAMOS *MEDICINA* (601A30002) VERTINIMO IŠVADOS

EVALUATION REPORT OF *MEDICINE* (601A30002) STUDY PROGRAMME AT LITHUANIAN UNIVERSITY OF HEALTH SCIENCES

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Išvados parengtos anglų kalba
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DUOMENYS APIE ĮVERTINTĄ PROGRAMĄ

Studijų programos pavadinimas	Medicina
Valstybinis kodas	601A30002
Studijų sritis	Biomedicinos mokslai
Studijų kryptis	Medicina
Studijų programos rūšis	Universitetinės studijos
Studijų pakopa	Vientisosios studijos
Studijų forma (trukmė metais)	Nuolatinė (6)
Studijų programos apimtis kreditais	360
Suteikiamas laipsnis ir (ar) profesinė kvalifikacija	Medicinos magistras; Gydytojas
Studijų programos įregistravimo data	2009-08-17

INFORMATION ON EVALUATED STUDY PROGRAMME

Title of the study programme	Medicine
State code	601A30002
Study area	Biomedical Sciences
Study field	Medicine
Kind of the study programme	University Studies
Study Cycle	Integrated studies
Study mode (length in years)	Full-time (6)
Volume of the study programme in credits	360
Degree and (or) professional qualifications awarded	Master of Medicine; Doctor
Date of registration of the study programme	17/08/2009

CONTENTS

I. INTRODUCTION

The Centre for Quality Assessment in Higher Education in Lithuania (SKVC) has started the procedure of evaluation of the Study Programme of Medicine at the Faculty of Medicine/Medical Academy of the Lithuanian University of Health Sciences (LUHS), according to the Procedure for the External Evaluation and Accreditation of Study Programmes approved by Order No ISAK-1652 of 24 July 2009 of the Minister for Education and Science of the Republic of Lithuania (Official Gazette, 2009, No 96-4083) and in accordance with the Methodology For Evaluation Of Higher Education Study Programmes (Order No 1-01-162 of 20 December 2010 of the Director of the Centre for Quality Assessment in Higher Education)

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II. PROGRAMME ANALYSIS

The Study Programme of Medicine is carried out in the Faculty of Medicine, Medical Faculty at Medical Academy of LUHS. Lithuanian University of Health Sciences which was formed in 2010 by merging former Kaunas University of Medicine and Lithuanian Veterinary Academy is developed in a modern, public, research University, in accordance with the Lithuanian Law of Higher Education and Research, chapter II, Article 8 (April 2009, No XI-242). The Faculty of Medicine ensures the integrity of research, studies and clinical practice (SER, p4). Teachers of the Faculty work at University Hospital or other hospitals, and are distinguished and recognized researchers and/or medical experts. The faculty cooperates with numerous educational, research and medical institutions in Lithuania and abroad in order to ensure a high-quality level of achievements in all three fields.

1. Programme aims and learning outcomes

The Study Programme of Medicine is an integrated (e.g. bachelor and master) study programme. It is the programme of applied science type that lasts 6 years and is oriented to practical work and ability of scientific research that gives Master's degree and professional qualification of a Doctor of Medicine (SER, p6.).

Despite the regulations in:

a) chapter II, Article 8 of the Law of Higher Education and Research "The university shall carry out university studies, conduct research, experimental (social, cultural) development",

b) the first two objectives of the university in the same article, namely
   - Carrying out studies which provide university higher education based on research and corresponding to the modern level of knowledge and technologies...
   - Harmoniously developing scientific cognition of various fields, to conduct high-level research and experimental (social, cultural) development...

c) Article 39 of the Law of Higher Education by which the higher education institutions must ensure the unity of research (artistic) activities and studies and that the unity of research (artistic) activities and studies at universities shall be ensured by the participation of teaching staff and students in research,

d) the Approval Of The General Requirements For Master Degree Study Programmes, No V-826 of 3 June 2010, General Provisions No 4 "The aim of study programmes shall be to train students for independent research (artistic work) or any other work which requires scientific knowledge, analytical abilities to analyze and use it or creative artistic abilities",

e) the already implemented practice with the students of the Study Programme widely and thoroughly included in the regular and additional research activities from the first days of their studies and the significant number of their research achievements and publications (SER, p 21),

, the aim of the Integrated Study Programme (SER, p5) was not formulated in a way that emphasizes the inclusion of the scientific research into the Programme and the abilities for the independent work of the students, although these principles are de facto included both in the current teaching and learning practices and in the learning outcomes of the Programme. The aim should be reformulated in a manner which promotes not only professional qualities of future physicians, but also creative, ethical and research qualities of the graduates, especially as these principles are already embedded in the Study Programme.

The learning outcomes of the Programme are exceptionally well defined, not only at the study programme level but also at the level of courses; particularly, the subject-specific outcomes are diverse and concrete and comprise all cognitive categories of the Blooms taxonomy and also some of the affective and psychomotor domains which are important for medical practice, such as organizing and internalizing values, complex overt response and adaptation.

Moreover, the Study Programme learning outcomes completely match the LTQF level 6 and 7 descriptors and are in accordance with EQF level 6 and 7 descriptors, as stated in Referencing the Lithuanian Qualifications Framework to the European Qualifications Framework for Lifelong Learning and the Qualifications Framework for the European Higher Education Area – National Report, 2012.

2. Curriculum design

The Study Programme in Medicine provides the maximum of 360 credits enacted for the integrated study programmes. In the first three years of studies, number of subjects per semester is less than seven and in the second, less than five per semester (the maximum allowed by law). The volume of general study subjects outweighs the legal minimum of 15 credits (SER, p10). The volume of study area subjects in the programme is 360 credits (SER, p10) which is far more than the legal minimum of 225 for the integrated study programmes. The volume of clinical practical skills is 30 ECTS (SER, p11)– exceeding the legal minimum of 18 points. Therefore, the Integrated Study Programme of Medicine meets and exceeds the legal requirements.

The subjects (SER p 10-13) are distributed evenly and in accordance with the legislation. The themes are not repetitive. The workload is also distributed evenly in amount of 60 ECTS per year. The ECTS points are distributed according to the total workload (SER p10-13) and are not based only on time spent on lectures/practices.

The contents of the subjects is consistent with the type of the study both in the first part of the studies (first three years of the programme) and in the second part of the study programme (fourth, fifth and sixth year respondent to master level). The learning outcomes of the courses are appropriately defined, in accordance with the Study Programme outcomes and LTQF.

Moreover, the learning methodology is adequate for achieving the learning outcomes. In addition to the theoretical content, great attention is paid to the organization of practical work. For the lectures, the main corps of students is divided in the groups up to 50 students, while for the practical trainings these groups are further divided forming subgroups 7-10students.

The practical work is organized throughout the studies, with the clinical practical education starting from the 4th year, and the final part are the six-month clinical internships that take place in the health institutions. The students choose among the six main areas of medicine, for example Internal Medicine, Surgery, Pediatrics. Deans office, after consultations with the heads of the hospital departments, direct students to the hospitals that have been signed the agreements on students‘ internships with the Faculty. The clinical skills to be acquired during internships are defined by the Medical Association (Site-visit on 04.11.2013). During the internships, students are monitored by the hospital managements. All the hospital personnel taking part in students‘ practical education must have at least 5 years of experience (Site visit, 04.11.2013). Some of the teachers and students argued, though, that 6 months of internship is not enough for preparing students for independent work. Also, teaching of the practical skills should be more developed. The clinical and practical skills should be included in the assessment of every subject.

However, the theoretical burden during the studies is still quite high. Legal medicine, statistics and informatics courses may be expanded. We suggest reducing the general type subjects (for example philosophy) in favour of basic science subjects, for example microbiology and pharmacy which are underdeveloped.

Problem based learning is a very innovative method of learning but it should start earlier during the studies. Also, teaching of the practical skills should be more developed. The clinical and practical skills should be included in the assessment of every subject. In some of the courses (for example, Basic of statistics, informatics and scientific work organization, or Cytology and Parasitology) in the Annex 1, the assessment methods are listed one after another, given en masse, and neither specified nor aligned with the individual learning outcomes. In the majority of other courses (for example, Psychiatry and Clinical Psychology or Basis of Pre-Clinical Studies and Locomotion) the outcomes and methodology are better aligned and every single outcome has its specific learning methodology and assessment methods. It is very important for the learning outcomes to be objectively measurable. The measurability of the outcomes is achieved through the examination (assessment) results. The courses that did not design their learning outcomes-learning methodology-examination methods cycle in the measurable fashion they should do so in order to enable constant improvement of their courses.

The scope of study is appropriate to achieve outcomes and meet the Lithuanian and European legislation requirements. The learning methodology includes the modern pedagogical approaches such as student centred learning and problem – based learning approach. The offer of the elective

courses is very satisfactory and the students may freely make choice of the optional courses, according to their own interests. Also there is an opportunity to change the courses.

The research is given a high priority during the studies, including the team research work (SER, p21), with the high level of students achievements and publishing. More than 300 students publications are issued yearly (Site-visit, 04.11.2013). Students start with the research activities from the very first days of their study. The unity of research, education and practice is realised in the programme (SER, p14, 15,17). The topics of the final theses (Annex IV) are modern and appropriate for the level of studies. The procedure for choosing the topics of the theses, performing of the research itself and reporting and the defense of the theses is strict and well-founded (SER, p21). The students chose the topics on the beginning of the 4th year. At the end of 6th year they prepare results and publish them in the proceedings (both paper and electronic versions) and present them at the students' conferences. The results are assessed by teachers who do not belong to the team which was engaged in the research and creation of the publication (Site-visit, 04.11.2013).

The final theses are based on the student's research work and demonstrate the student's competencies in line with the learning objectives of the programme. Research work of the students is properly evaluated in two main ways: the final thesis is evaluated during the course of the Integrated Study Programme, but also after graduation - the points for the residency studies entry are dependent on the quality of research work during the integrated studies. However, the master theses should be written according to standard used for scientific papers, including the discussion part. Also, the anti-plagiary system should be further developed.

The blended learning and e-learning approach is developed at the faculty (SER, p18). It includes online testing procedures, online provided lectures by the experts from abroad, blended courses and simulations.

3. Staff

The total of 852 teachers is engaged in the Integrated Study Programme of Medicine at LUHS, e.g. 129 professors, 149 associate professors, 238 lecturers and 345 assistants. The maximum workload for the teachers is 30 hours per week, which is below the legal maximum of 40 hours per week.

The total percentage of the full time professors is 17.6%. It can not be concluded from the SER what proportion of the subjects is taught by the full time professors and how many of the teaching staff have the advanced degrees although it was stated (SER, p 15) that „the Head of a Department allocate the structural parts of a teaching position and ensures the implementation of the study process and study-related activities of the Department; and creates conditions for a teacher to meet the minimum performance evaluation requirements for the position of LUHS teaching and research staff".

The recruiting procedure for the teaching positions at the faculty is enacted by the Law of Higher Education, and the concordant university legislature (SER, p14). The turnover of teaching staff and the number of the staff is adequate to ensure the proper conduct of the Study Programme and the fulfilment of the learning outcomes. During last three years Faculty of Medicine certified and hired 284 teachers (SER, p14).

Every teacher is (re)certified every fifth year (Site-visit, 04.11.2013). The evaluation of the teachers for certification includes his/hers workload, research publications, seminars he attended, number of contact hours with students; students'evaluation is not included in the evaluation for the certification purposes, however.

Scientific degree is owned by 59% teachers (60% at the IV-VI of study), which exceeds the legal requirements of 40%. The researchers are actively and permanently involved in the research projects and activities: the total number of publications as indicated in SER, table 9 in last 5 years is 5412; moreover, the number of publications in journals with impact factors in last 5 years is 760. The research activities of the teachers are adequate for providing the learning outcomes of the programme. The University promotes research activities of the teachers, by organizing the combined workload in amount of 50% for teaching and additional 50% for research/clinical activities, and by providing small research grants and postdoctoral scholarships from the University research funds. The sabbatical policy is defined by the University legislature, but in practice, the Faculty organizes the Erasmus mobility and bilateral mobility more randomly - according to the opportunities- than regularly e.g. after 4 years in a particular academic degree. Although the Erasmus mobility might not be very high, teachers also have other possibilities – research cooperation through national and European projects, internships etc. The University may financially support teachers' mobility and every teacher may compete for the funds once in two to three years. Additional financial support may be available for the teachers with the significant Web of Science journals publications.

The University also provided a number pedagogical trainings and seminars for the teaching staff, attended by more than 50% of teaching staff in last five years. Moreover, there are the opportunities for improving the educational competences by attending the courses, internships and educational conferences abroad.

Almost two hundred teachers (SER, p17) in last five years took part in the teaching/research mobility via Erasmus Programme and additional 99 entered the academic staff exchanges with Central Asian countries. Incoming teachers' mobility is very significant with 233 incoming teachers/researchers (SER, table 10, 11, 12). Additionally, 514 teachers of medical programme participated in the conferences and seminars abroad and every year about 30 teachers go abroad for an internship.

Furthermore, all teachers of programme of Medicine of clinical units improved their clinical skills by participating in training programmes in Lithuania and abroad (SER, p18). In summary, the University and the faculty provide the adequate condition for the professional development for the Study Programme. Generally, the teachers are up to date with the latest scientific achievements in the respective areas.

However, during the study visit it was noted that the level of English differs significantly among the teachers. Since the Study Programme is delivered both in Lithuanian and English, the level of English for the teachers should be standardized and the designed English courses for teachers should be delivered in the case of need.

4. Facilities and learning resources

The 18 auditoria and additional numbers of classrooms and laboratories (SER, p18) for training seminars, tutorials and practical work are more than adequate for the provision of the programme. The learning premises are renovated and modernized, and equipped with computers and multimedia equipment. In addition the clinical studies at the Study Programme are performed in cooperation with the Kaunas City Hospital and the University Hospital with 34 departments and more than 1900 beds. All the premises have the modern medical and laboratory equipment and teaching premises have the internet access. Also, agreements are signed with foreign hospitals and the national hospitals in the remote areas.

LUHS Library with 400 workplaces, and the modern computer training and information Centre provides about 140000 publications including the literature and journals in foreign languages and the textbooks published by the Study Programme teachers. There is a virtual library enabled for remote access with 107 thousand e-books and 23 thousand titled electronic journals, as well as clinical medicine, drug information databases. RefWorks information management program is subscribed for academic community. The resources of the university library are constantly renewed (SER, p19). Students and academic staff are using 2200 University computers, software is modern and legal.

In summary, the premises, laboratory, clinical and IT- equipment, teaching materials are available. The facilities are appropriately equipped to provide high quality theoretical knowledge, but the practical skills are provided in very traditional way, although there are parts using modern techniques. Phantoms and simulations, virtual medicine should be used more widely. Arrangements with the university clinic centre and other clinics and laboratories enable adequate and proper clinical practices.

5. Study process and student assessment

In Lithuania, similarly to the other continental European countries, there is a great interest for the studies of medicine. One in 6-7 competing students is admitted to the Study Programme. Admission criteria and procedure is enacted by the state and university legislature and Lithuanian Higher Education Association of Joint Admission (but the exact procedure is not described in the SER).

The students' workload is 60 credits every year, and the ratio contact hours/individual work is roughly 2/3:1/3. The student workload is distributed evenly. With the introduction of the problem-based learning, additional attention was devoted to organizing practical and clinical studies and performing students research (mandatory and additional), so the research and clinical activities are interwoven with the theoretical lectures within the study process (Annex 1 and SER p21), thus enabling efficient accomplishment of the learning outcomes. The assessment methods are adequate, however, the formative assessment is not developed enough, and the summative type predominates. Also, the formative assessment is not transparent enough, since the students do not have enough information about the formative ways of assessment. The assessment methods on the minority of courses should be better aligned and harmonized with the individual learning outcomes, enabling measurability of the outcomes.

The dropout rate is relatively low, and the dropouts caused by the underachievement of the students even lower (the main reasons for giving-up studies is transfer to the other HEIs, health problems and maternity leaves – SER, p22).

The assessment methods are specific enough and the students appreciate the efforts to introduce OSCE system.

Students are self-organized into the research societies providing additional opportunity for the students interested in research (Site-Visit, 04.11.2013, meeting with the students).

Social support for the studies is variable, but generally adequate. Information of the Study Programme in Lithuanian is abundant and is offered in the diverse and convenient manners. However, during the site-visit, the international students expressed their complaints about the important information delivery; the information were not always delivered in time, and sometimes they were completely omitted. According the statements of the international students during the site-visit, there are some differences between the Study Programme delivered in

Lithuanian and in English, so it is recommendable that the contents of the Programme delivered for both Lithuanian and International students should be harmonized. The career opportunities information and career counselling is organized. The outgoing and incoming student's mobility (SER, table 19, 20, 21) is significant, and the outgoing/incoming student's rate is favourable.

6. Programme management

The responsibilities for the Study Programme of Integrated Studies Medicine implementation are clearly distributed at the levels of the University, of the Faculty of Medicine and of the Departments. The major changes in the programme and the annual study plans are approved by the Council of the Faculty and Senate of LUHS. The teachers and students are adequately represented in the Council – 15 Study Programme teachers and 5 students are the members of the Faculty Council (Site-Visit, 04.11.2013, meetings with management and SER team). The Council gives recommendation to the University Senate which approves or rejects the suggested changes. Dean of the Faculty of Medicine and the team of vice-rectors and Board of the Faculty of Medicine organize and monitor the general study process. The Heads of Clinics and Institutes are responsible for practical, clinical and research work implementation. The Committee of the Study Programme is responsible for the implementation and quality assurance. Committee consists of the delegates of Faculty teachers, students and social partners. Internal quality assurance measures could be more stimulating.

Considering the internal quality procedures, although the role of the teachers in the Study Programme in the SER (p24) was described as implementers, in reality the teachers are the active creators of the Study Programme (Site-Visit, 04.11.2013, meeting with teachers). They are authorized to change up to 30% of the contents of the subject and learning methodology in order to achieve intended learning outcomes; moreover, teachers are able to modify learning outcomes to some extent and create and implement most effective assessment methods in order to create a measurable and self-improving system of outcome-based learning.

Students are adequately represented in the decision-making bodies and use their rights to vote (Site visit on 04.11. 2013). The students evaluations of the study process are performed regularly and their results are public and also presented to the Departments and Faculty Board. Students have the right to suggest changes of the courses on the Department level and also to the Study Programme Committee (Site-visit, 04.11.2013.). This mechanism functions well regarding suggestions, but for the open objections students lack anonymity. Therefore, the procedure of impact of the students' evaluations to the improvements to the study process should be elaborated and documented. The students survey and evaluation of the courses should be implemented during the course and it should be summarized openly for the students to get better and timely feedback.

The number of the students admitted is partly regulated by the labour market requirements but also by the capacities of the faculties regarding the available space and the number of places for practices and internships on the clinics and the funds available for the clinical practice. At the moments, the Faculty already functions near the maximum of its capacity. The definite admission rate is estimated and regulated by the University.

Another factor influencing the admission rate is the number of state scholarships (so called student „baskets") granted. The funds for state scholarships shows the tendency of reduction and more students in the future will be self-funded. The foreign students may also compete for the state baskets, although this occurs rarely.

Both the admission criteria and competing for the scholarships are based on two main criteria: previous achievements during the high-school education and the success in taking the national entrance exam.

Employers and stakeholders are represented in the Programme Committees promoting the cooperation with the partners.

III. RECOMMENDATIONS

1. The aim of the programme should be expanded and include scientific research and independent work.

2. The assessment methods and learning methodology in the minority of courses (for example, Basic of statistics, informatics and Scientific Work Organization, or Cytology and Parasitology) should be better aligned and attached to the individual learning outcomes in order to make them objectively measurable.

3. Problem based learning is a very innovative method of learning but it also should start earlier during the studies. We suggest reducing the general type subjects (for example Philosophy) in favour of basic science subjects, for example microbiology and pharmacy which are underdeveloped. Also, teaching of the practical skills should be more developed. The clinical and practical skills should be included in the assessment of every subject.

4. The master theses should be written according to standard used for scientific papers, including the discussion part. The anti-plagiary system should be further developed.

5. Staff should have the structured courses for teaching in Professional English and reach the standardized level.

6. Phantoms and simulations, virtual medicine should be used more widely.

7. Formative assessment should be further developed and elaborated.

8. The Study Programme for the international students should be further harmonized with the Study Programme in Lithuanian.

9. Internal quality assurance measures could be more stimulating, not just of the restrictive type.

10. The procedure of impact of the students' evaluations to the improvements to the study process should be elaborated and documented. The students survey and evaluation of the courses should be implemented during the course and it should be summarized openly for the students to get better and timely feedback.

IV. SUMMARY

The Integrated Study Programme of Medicine ensures the integrity of research, studies and clinical practice. The faculty cooperates with numerous of educational, research and medical institutions in Lithuania and abroad in order to ensure a high-quality level of achievements in all three fields.

The aim of the Study Programme should be reformulated include research, independent work, and team work. The learning outcomes of the Study Programme are very well defined, not only at the Study Programme level but also at the level of courses. The volume of study area subjects in the programme is 360 credits, meeting the legal requirements.

The subjects are distributed evenly and in accordance with the legislation. The themes are not repetitive. The workload is also distributed evenly. The ECTS points are distributed according to the total workload. The contents of the subjects are consistent with the type of the study.

In the majority of courses the learning outcomes and learning methodology are well aligned and every single outcome has its specific learning methodology and the specific assessment methods.

The learning methodology is appropriate for the achievement of the learning outcomes. Learning methodology includes modern pedagogical approaches and the teachers are well prepared for their implementation. The assessment methods are specific enough and the students appreciate the efforts to introduce OSCE system.

The scope of study is appropriate to achieve outcomes and meet the Lithuanian legislation requirements. The learning methodology includes the modern pedagogical approaches. Problem based learning is a very innovative method of learning but it also should start earlier during the studies.

We suggest reducing the general type subjects (for example philosophy) in favour of basic science subjects, for example microbiology and pharmacy which are underdeveloped. Also, teaching of the Practical skills should be more developed. The clinical and practical skills should be included in the assessment of every subject.

The research is given a high priority during the studies, with the high level of students' achievements. The final theses demonstrate the student's competencies in line with the learning objectives of the programme, integrating the necessary knowledge and skills. The topics of the final theses are modern and appropriate. The anti-plagiary system should be further developed. The master theses should be written according to standard used for scientific papers, including the discussion part.

The number of teachers, their academic and scientific degrees and workload are adequate and in accordance with legislature. The turnover of teaching staff and the number of the staff is adequate to ensure the proper conduct of the Study Programme and the fulfilment of the learning outcomes. The teachers are actively involved in the research activities and are up to date with the latest scientific achievements in the respective areas. The University provided number pedagogical trainings for the teaching staff. Teachers regularly take part in the staff exchange programmes. Incoming teachers' mobility is very significant. The research mobility is supported. The University and the faculty provide the adequate condition for the professional development.

Staff should have the structured courses for teaching in Professional English and reach the standardized level.

The premises, laboratory, clinical and IT equipment, teaching materials are modern and adequate for the provision of the programme. The facilities are appropriately equipped to provide high quality theoretical knowledge, but the practical skills are provided in very traditional way, although there are parts using modern techniques. Phantoms and simulations, virtual medicine should be used more widely. Arrangements with the university clinic centre and other clinics and laboratories enable adequate and proper clinical practices.

Admission criteria and procedure are in accordance with the state and the university legislature. The student workload is distributed evenly and includes practical and clinical studies and research, thus enabling efficient accomplishment of the learning outcomes. The assessment methods are modern and adequate. Although assessment includes both formative and summative types, the formative assessment is not developed enough, and the summative type predominates. Also, the formative assessment is not transparent enough, since the students do not have enough information about the criteria and procedures.

The information of the Study Programme are publicly announced, both physically and electronically. The information on Study Programme, especially for the international students, should be updated and delivered in time.

Social support for the studies is variable, but generally adequate.

The outgoing and incoming student's mobility is significant, and the outgoing/incoming students rate is favourable. The study programme for the international students should be further harmonized with the Study Programme in Lithuanian.

Internal quality assurance measures could be more stimulating, although the system is well structured and the responsibilities are well distributed. Students are adequately represented in the decision-making bodies. The student's evaluations of the study process are performed regularly. The mechanism of impact of the student evaluation on the improvement of the courses should be elaborated. The students survey and evaluation of the courses should be implemented during the course and it should be summarized openly for the students to get better and timely feedback. Employers and stakeholders are properly represented in the Programme Committees.

V. GENERAL ASSESSMENT

The study programme *Medicine* (state code – 601A30002) at Lithuanian University of Health Sciences is given positive evaluation.

Study programme assessment in points by evaluation areas.

No.	Evaluation Area	Evaluation Area in Points*
1.	Programme aims and learning outcomes	4
2.	Curriculum design	3
3.	Staff	4
4.	Material resources	3
5.	Study process and assessment (student admission, study process student support, achievement assessment)	3
6.	Programme management (programme administration, internal quality assurance)	3
	Total:	**20**

*1 (unsatisfactory) - there are essential shortcomings that must be eliminated;

2 (satisfactory) - meets the established minimum requirements, needs improvement;

3 (good) - the field develops systematically, has distinctive features;

4 (very good) - the field is exceptionally good.

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V. APIBENDRINAMASIS ĮVERTINIMAS

Lietuvos sveikatos mokslų universiteto studijų programa *Medicina* (valstybinis kodas – 601A30002) vertinama teigiamai.

Eil. Nr.	Vertinimo sritis	Srities įvertinimas, balais*
1.	Programos tikslai ir numatomi studijų rezultatai	4
2.	Programos sandara	3
3.	Personalas	4
4.	Materialieji ištekliai	3
5.	Studijų eiga ir jos vertinimas	3
6.	Programos vadyba	3
	Iš viso:	**20**

* 1 - Nepatenkinamai (yra esminių trūkumų, kuriuos būtina pašalinti)

2 - Patenkinamai (tenkina minimalius reikalavimus, reikia tobulinti)

3 - Gerai (sistemiškai plėtojama sritis, turi savitų bruožų)

4 - Labai gerai (sritis yra išskirtinė)

IV. SANTRAUKA

Medicinos vientisųjų studijų programa užtikrina mokslinių tyrimų, studijų ir klinikinės praktikos integralumą. Medicinos fakultetas bendradarbiauja su daugeliu Lietuvos ir užsienio švietimo, mokslinių tyrimų ir medicinos institucijų, tam kad visose trijose srityse užtikrintų aukšto lygio pasiekimus.

Reikėtų performuluoti studijų programos tikslą, į jį įtraukiant mokslinius tyrimus, savarankišką ir grupinį darbą. Numatomi studijų rezultatai gerai apibrėžti ne tik studijų programos, bet ir studijų dalykų lygmenyje. Studijų srities dalykų apimtis programoje – 360 kreditų – atitinka teisės aktų reikalavimus.

Studijų dalykai išdėstyti nuosekliai, laikantis teisės aktų reikalavimų. Temos nesikartoja. Darbo krūvis taip pat tolygiai paskirstytas. ECTS kreditai paskirstyti atsižvelgiant į bendrą darbo krūvį. Dalykų turinys atitinka studijų rūšį.

Daugumos dalykų numatomi studijų rezultatai ir studijų metodai yra gerai suderinti. Kiekvienas rezultatas yra pagrįstas konkrečiais studijų ir vertinimo metodais.

Studijų metodai yra tinkami numatomiems studijų rezultatams pasiekti. Jie apima šiuolaikinius pedagogikos metodus, o dėstytojai yra gerai pasirengę juos taikyti. Vertinimo metodai yra gana konkretūs; studentai palankiai vertina pastangas įdiegti OSCE sistemą.
Studijų (*programos*) apimtis yra pakankama rezultatams pasiekti ir atitinka Lietuvos teisės aktų reikalavimus. Studijų metodai apima šiuolaikinius pedagogikos metodus. Probleminio mokymosi metodas yra labai pažangus mokymosi metodas, vis dėlto jį reikėtų pradėti taikyti ankstesniame studijų etape.

Siūlome sumažinti bendrųjų dalykų (pavyzdžiui, filosofijos) ir atitinkamai padidinti pagrindinių mokslo dalykų (pavyzdžiui, mikrobiologijos ir farmacijos), kurie dar nepakankamai ištobulinti, apimtį. Be to, praktinių įgūdžių mokymas turėtų būti labiau išplėtotas. Vertinant kiekvieną dalyką reikėtų įtraukti ir klinikinių bei praktinių įgūdžių vertinimą.

Studijų metu labai didelis dėmesys skiriamas moksliniams tyrimams; studentų pasiekimų lygis šioje srityje aukštas. Baigiamieji darbai rodo, kad studentų kompetencijos atitinka programos studijų tikslus, jos apima būtinas žinias ir įgūdžius. Baigiamųjų darbų temos šiuolaikiškos ir tinkamos. Reikėtų toliau tobulinti antiplagijavimo sistemą. Magistro baigiamasis darbas turėtų būti rengiamas remiantis moksliniams darbams keliamais reikalavimais, įskaitant rezultatų aptarimo dalį.

Dėstytojų skaičius, jų akademiniai ir mokslo laipsniai bei darbo krūvis yra tinkamas ir atitinka teisės aktų reikalavimus. Dėstytojų kaita ir jų skaičius yra pakankamas, kad būtų galima tinkamai įgyvendinti šią studijų programą ir pasiekti numatomus studijų rezultatus. Dėstytojai aktyviai dalyvauja mokslo tiriamojoje veikloje ir yra susipažinę su naujausiais mokslo pasiekimais atitinkamose srityse. Universitetas dėstytojams surengė nemažai pedagoginių mokymų. Dėstytojai nuolat dalyvauja mainų programose, labai daug atvykstančiųjų dėstytojų. Remiamas judumas, susijęs su moksliniais tyrimais. Universitetas ir fakultetas užtikrina profesiniam tobulėjimui būtinas sąlygas.
Dėstytojai turėtų baigti struktūruotus profesinės anglų kalbos dėstymo kursus ir pasiekti standartizuotą lygį.

Patalpos, laboratorinė, klinikinė ir IT įranga, metodinė medžiaga yra šiuolaikiškos ir tinkamos šiai programai įgyvendinti. Turimi materialieji ištekliai suteikia galimybę gauti aukštos kokybės teorines žinias, tačiau praktiniai įgūdžiai diegiami labai tradiciniu būdu, nors kartais ir naudojamos šiuolaikinės technologijos. Reikėtų daugiau naudotis žmogaus kūno modeliais (*fantomais*), simuliavimo priemonėmis ir virtualia medicinos mokymosi aplinka. Susitarimai su universitetinių klinikų centru ir kitomis klinikomis bei laboratorijomis užtikrina tinkamos klinikinės praktikos galimybę.

Priėmimo į studijas reikalavimai ir procedūra atitinka valstybės ir universiteto teisės aktus.
Studentų darbo krūvis paskirstytas nuosekliai, jį sudaro praktinės ir klinikinės studijos bei moksliniai tyrimai, tai užtikrina studijų rezultatų pasiekimą. Taikomi tinkami šiuolaikiniai vertinimo metodai. Nors vertinimas yra dviejų rūšių – formuojamasis ir suminis, tačiau formuojamasis nėra pakankamai išplėtotas, tad vyrauja suminis vertinimas. Be to, formuojamasis vertinimas nėra pakankamai aiškus, kadangi studentai neturi pakankamai informacijos apie taikomus kriterijus ir procedūras.

Informacija apie šią studijų programą viešai skelbiama tiek fizinėmis, tiek elektroninėmis priemonėmis. Informaciją apie studijų programą, ypač skirtą tarptautiniams studentams, reikėtų atnaujinti ir pateikti laiku.
Socialinė parama studentams yra kintanti, bet iš esmės pakankama.

Išvykstamasis ir atvykstamasis studentų judumas yra ženklus, išvykstančiųjų ir atvykstančiųjų studentų santykis geras. Tarptautiniams studentams skirtą studijų programą reikėtų labiau suderinti su studijų programa lietuvių kalba.

Vidinio kokybės užtikrinimo priemonės galėtų būti labiau skatinančios, nors ši sistema yra gerai struktūruota ir atsakomybės paskirstytos tinkamai. Studentai yra tinkamai atstovaujami sprendimus priimančiose struktūrose. Studentai nuolat vertina studijų procesą. Studentų teikiamo grįžtamojo ryšio dėl studijų dalykų tobulinimo mechanizmas turėtų būti detalizuotas. Studentų apklausos ir studijų dalykų vertinimas turėtų būti vykdomas metu, kai jie dėstomi; be to, reikėtų viešai pateikti apklausų santraukas, kad studentai gautų geresnį ir savalaikį grįžtamąjį ryšį. Darbdaviai ir socialiniai dalininkai yra tinkamai atstovaujami studijų programos komitete.

III. REKOMENDACIJOS

1. Reikėtų išplėsti šios programos tikslą ir įtraukti mokslinius tyrimus bei savarankišką darbą.

2. Nedaugelio dalykų (pavyzdžiui, Statistikos, informatikos ir mokslinio darbo organizavimo pagrindų ar Citologijos ir parazitologijos) vertinimo ir studijų metodus reikėtų geriau suderinti ir priskirti konkretiems studijų rezultatams, kad juos būtų galima objektyviai įvertinti.

3. Probleminio mokymosi metodas yra labai pažangus, naujas metodas, vis dėlto jį reikėtų pradėti taikyti ankstesniame studijų etape. Siūlome sumažinti bendrųjų dalykų (pavyzdžiui, filosofijos) ir atitinkamai padidinti pagrindinių mokslų dalykų (pavyzdžiui, mikrobiologijos ir farmacijos), kurie dar nepakankamai ištobulinti, apimtį. Be to, praktinių įgūdžių mokymas turėtų būti labiau išplėtotas. Vertinant kiekvieną dalyką reikėtų įtraukti ir klinikinių bei praktinių įgūdžių vertinimą.

4. Magistro baigiamasis darbas turi atitikti moksliniam darbui keliamus reikalavimus, įskaitant rezultatų aptarimo dalį. Reikėtų toliau tobulinti antiplagijavimo sistemą.

5. Dėstytojai turėtų baigti struktūruotus profesinės anglų kalbos dėstymo kursus ir pasiekti standartizuotą lygį.

6. Reikėtų daugiau naudotis natūralaus dydžio žmogaus kūno modeliais (*fantomais*), simuliavimo priemonėmis ir virtualia medicinos mokymosi aplinka.

7. Reikėtų toliau tobulinti ir plėtoti formuojamąjį vertinimą.

8. Tarptautiniams studentams skirtą studijų programą reikėtų labiau suderinti su studijų programa lietuvių kalba.

9. Vidinio kokybės užtikrinimo priemonės galėtų būti labiau skatinančios, ne tik ribojančios. .

10. Reikėtų detalizuoti studentų teikiamo grįžtamojo ryšio dėl studijų proceso gerinimo procedūras ir jas įforminti. Studentų apklausos ir studijų dalykų vertinimas turėtų būti vykdomas tuo metu, kai jie dėstomi; be to, reikėtų viešai pateikti apklausų santraukas, kad studentai gautų geresnį ir savalaikį grįžtamąjį ryšį.

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