განათლების ხარისხის განვითარების ეროვნული ცენტრი
NATIONAL CENTER FOR EDUCATIONAL QUALITY ENHANCEMENT

Accreditation Expert Group Report on Higher Education Programme

One-Cycle Educational Program of Medical Doctor
East-West Teaching University

June 1-2, 2022.

Report Submission Date: August 1, 2022.

Tbilisi

HEI's Information Profile[1]

Name of Institution Indicating its Organizational Legal Form	East-West Teaching University Legal Entity of Private Law - Limited Liability Company Ltd
HEI's Identification Code	404535810
Type of Institution	Teaching University

Higher Education Programme Information Profile

Name of the Programme	One-Cycle Educational Program of Medical Doctor
Level of Education	Academic (one-cycle)
Qualification Granted[2]	0912
Detailed field and Code	
Indication of relevant secondary education subject/subjects/group of subjects (In case of Integrated teacher Bachelor's and Master's programme and Teacher training programme)	
Language of Instruction	English
Number of ECTS Credits	360
Programme Status (Authorized/ Accredited/Conditionally Accredited/New/Internationally accredited) indicating the relevant decision (Number, Date)	New

Expert Panel Members

Chair (Name, Surname, University/organization/Country)	Prof. Mihály Boros MD, PhD, DSc University of Szeged, Hungary
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[1] In case of joint programme, please indicate the HEIs that carry out the programme. If the joint programme is carried out in collaboration with the foreign HEI, indicating ID Number and Organizational-legal form is not obligatory

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

Member (Name, Surname, University/organization/Country)	Tsotne Samadashvili MD, PhD Caucasus Medical Centre
Member (Name, Surname, University/organization/Country)	Giorgi Abuladze Student Expert

Accreditation Report Executive Summary

General information on the education programme

This summary was written by the Expert Panel appointed by the National Center for Educational Quality Enhancement (NCEQE) of Georgia. The undergraduate 'Medical Doctor' program of the East-West Teaching University, Tbilisi, Georgia (EWUNI, thereafter) is planned to be launched in English language. EWUNI has one newly formed Faculty, the School of Medicine. The Faculty's study program is aligned with the European Credit Transfer and Accumulation System (ECTS). The goal of the program is clearly defined, according to the Self-Evaluation-Report (SER), the intended learning outcomes (LOs) will reflect the competencies required for employment, continuing education, and all other individual and societal needs of the medical profession.

The peer-review-based evaluation of the Institution's program was built on (1) the SER, dated 20.02.2022, (2) its Annexes and (3) supporting documentation received through NCEQE, and (4) a site-visit. The sets of documents included the elements of the curriculum plan presenting the subjects of study in an ascending order, an inventory of core and elective courses and the amount of ECTS points for each subject. In these analytical syllabi the key facts were presented, the number of lectures and practices was given, information on preclinical and clinical tutors, instructors, their qualifications/experiences (CVs) were described as well.

The available data were evaluated by the members of the Expert Panel before the site-visit, according to Accreditation Standards. The analysis of the documentation was extended further with additional data on "Accreditation Expert Group Report on Higher Education Programme One-Cycle Educational Program of Medical Doctor East-West Teaching University", dated May 8, 2020, provided by the NCEQE in 2022. 05. 25., before the site visit. In this sense, the Expert Panel had possibility for comparison, i.e., to estimate the extent to which a previously formulated Expert Report and its recommendations have been considered by the Institution (as described in several chapters of the SER and listed in detail in Annex Addition 1).

In the process of evaluation, we have refrained from repetitions if the observed situation or position relative to the Standards has not changed significantly after the 2020 Expert Report. In such cases, we advise to consider the recommendations and suggestions of the Expert Panel of the 2020 accreditation assessment, again.

Here it should be noted that the SER and its official English Annexes were difficult to review. In many cases, it was necessary to bring together the SER with a linked supplement, related chapter, or sub-chapters of Annexes. As an example: "Annexes New" folder contained 20 subfolders with a total of 82 items, of these, a subfolder termed "7 Market analysis" contained 3 further subfolders entitled "New Learning Outcomes", "New Program Need" and "New Program Overview", and then 8-2-8 items,

respectively, within. This fragmented approach posed challenges and hindered the analytical work of the Expert Panel significantly.

Furthermore, in some cases, the Georgian colleagues of the Panel could draw attention to divergencies and discrepancies between the Georgian and English versions of the submitted documentation. Due to obvious reasons, however, the language control could not be extended to all of the documents – and it should be underlined that in all cases the official English documents were considered legitimate.

Briefly: the HEI should demonstrate within the chapters of SER, itself, that the program has reached its critical mass, the size and number of resources (equipment, facilities, student-related activities, human factors, academic staff, clinical supervisors, etc.) needed to produce top-quality medical education, in order to ensure long-term sustainable development and professional activity in all aspects involved.

According to descriptive statistics (SER p3), the number of full-time academic staff of the Faculty is currently 29, there are 72 external associates (invited staff members), and therefore the number of programme staff is n=101. The number of administrative and support staff is n=28.

The number of first applicants/students is set to 80 (SER data). It should be underlined that the program has not been started thus student or other (alumni) feedbacks are not available yet.

The data for scientific/research output for the last 5 years are shown with N/A signs. The academic staff members have provided individual records on their scientific output, research data, peer-reviewed publications in periodicals but reliable cumulative data and numerical information on the research activities of the academic staff relevant to their specialty field were not presented.

The regulations and guidelines relating to procedural or academic matters of the program are clear and these were made public at the EWUNI's website too. The Institution has approved a Code of Ethics through which it protects the values of academic freedom, institutional autonomy, and ethical integrity according to established standards. The Code clearly describes the rules of professional conduct for the Faculty's community, including academic staff, teaching assistants and future students as well.

Brief overview of the accreditation site-visit

Each of the Experts accepted one of the Standards for which agreed to take a lead role in the review, but all members of the Panel were included in the review of all documents and prepared areas of enquiry for all aspects of the site visit. The Expert Panel was provided guidance by the NCEQE during the time of the site-visit and held organized meetings with the representatives of the stakeholders. The site visit agenda was agreed prior to the visit.

The first interview was conducted on June 1, 2022, with the administrative leadership of the Institution, the Rector, the Chancellor, the Dean of the Faculty, the Head of Strategy and Quality Assurance (QA) Department, the Head of Study Process Department, and the Head of Legal Department, respectively. Next, the Expert Panel had a short tour to visit the preclinical parts of the future campus (lecture rooms, seminar rooms, cafeteria, the Simulation Center with OSCE stations, the library, and other relevant areas of the building for the future MD program) and selected clinical teaching facilities of the Institution at the Balneological Resort (including the laboratory of the Hospital). The demonstration tour was continued with brief visits to the Simulation Centre of Medi-Club Georgia and Aladashvili Clinics. Meanwhile we had question and answer sessions with the staff members who were present.

The site visit was continued on June 2, 2022, with a meeting with the working group that compiled the SER, including the Head of Strategy and QA Department, the Program Head, the Dean, the Head

of Study Process Department, the Head of Legal Department, and the Head of the Library. Separate sessions were organized to meet 1. with the Program Head, accompanied by a Consultant, followed by 2. a meeting with the representatives of the Academic and Invited staff, 3. the representatives of Practice tutors/supervisors, 4. the representatives of Employers and 5. the representatives of the QA Department.

Thereafter the Expert Panel held a closed meeting to conclude on the standards and prepare for the report. Finally, a last meeting was organized with University Management representatives in the afternoon of June 2, 2022, to present the first results of the review and a summary of the key findings. It must be noticed that all discussions, meetings, and visits took place in a constructive and supportive environment.

During the visit, the panel identified a list of documents which would offer additional information. A document was received from EWUNI on site on June 2, 2022, listing the contracted hospitals.

A draft report was submitted to NCEQE on 13th July 2022 and the feedback entitled "Reasonable position of the East-West Teaching University on the Draft report of Accreditation Experts" was with was returned to the Expert Panel on July 25, 2022.

The comments of the HEI were reviewed by the members of the Panel, and the point-by-point response to the respective issues raised by EWUNI is shown below (the indicated changes are incorporated in the final report as well):

1. The EP has received and considered the 2020 findings of the Accreditation Expert Group (dated May 8, 2020, see page 3). The University's activities were evaluated in this context, too, but it is important to state here again, that the current review is independent of any other previous external audit.

2. The EP is unanimous in its view that for such an important area of Georgian higher education, it is required that future strategies, concepts and proposals - should be based on relevant past and present-day activities. It is very much welcome if the intentional changes just announced are implemented in an ascending order.

3. The EP considered it necessary to reiterate the need to bring together the various proposals expressed in several files, adjoining and interrelated areas into one single document. This approach will make the implementation and the control of the plans, both, simpler and easier.

4. A specific question on recommendation No. 3 in Substandard 2.2 - Structure and content of the educational program - was raised, and the recommendation was changed to „suggestion" as follows: „*It is suggested to sought relevant professional assistance and external expert assistance to check and define the structural components (modules and courses) of the program, including the associated and intended learning outcomes*".

In case of Substandard 2.4 - Development of practical, scientific, research, creative, performing and transferable skills – the HEI has noted that recommendations 2-3 "are the same and are repeated in Standard 4." In agreement with this comment, the second part of recommendation No. 2 (on long-term strategic planning) was changed to „suggestion" as follows: "*Long-term, strategic planning and investments in more complex simulations (i.e., scenarios with high fidelity computerized patient simulators such as trauma and ICU mannequins, birth simulators, etc.) is also suggested – the high-fidelity simulation protocols may be incorporated later on into a postgraduate curriculum as well."*

Further parts of the recommendations in question have also been changed (the last paragraph was separated from the previous section) to make the difference between recommendations No. 2-3 more clear-cut as follows:

- "*The current basis of the Skills Centre is expected to be used as starting points to increase the quality and weight of practical training, and therefore, short-term development strategies are suggested. More attention needs to be paid to the prospects and opportunities for technical skills development. Strengthen both the instrumental elements (in proportion to the number of students envisaged) and the subject areas that can be linked to them.*"
- "*Procedural skills (e.g. injections, sutures, bandages, BLS) should be assessed at standardized frequency: competence and the need for re-training should be re-assessed at appropriate time intervals.*"

Finally, in Substandard 4.3 (Material resources) the repetitive recommendation (due to editing error) was deleted, as suggested.

In other issues it was found that the retrospective explanations and reasons provided by the HEI were not substantial enough to amend the recommendations and suggestions listed in the previously drafted report.

Thereafter, the final report was submitted to NCEQE on July 29, 2022.

- **Summary of education programme's compliance with the standards**

The Expert Panel evaluated the undergraduate 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 2020 assessment results. During the external review special emphasis was given to the Action Plan (Annex Addition 1) of the EWUNI, detailing the recommendations by the Accreditation Expert Group Report of 2020, and the point-by point list of the University's activities in this respect. During the last years, improvements have been achieved in quality assurance, administration, and many aspects of teaching, and the experts commend these achievements. Further, major strengths are 1. the accessible buildings, premises, and 2. the clinical infrastructure of the Medical Faculty which is available for further program development; 3. the intention of the leadership to develop short- and long-term formal plans for the improvement of teaching resources, 4. the dedication and commitment of the Faculty of Medicine and future staff members to quality teaching, sharing a similar view on the required outcomes of the program.

Taking all this into account, it can be concluded that EWUNI has made substantial progress towards achieving authorization and the report reflects that, but there are some items, where the program or its components are still not fully complying with the requirements. The standards that are not met are critical to a quality program; and based on the areas of concerns further development is required for the recognition of the curriculum, as listed below. Nevertheless, the Expert Panel is convinced that the Institution has the capacity to improve many of these shortfalls in the near future.

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

Summary of Recommendations

- The methodology of determining the number of academic and invited staff in relation with their full-time equivalent (FTE) workloads and the expected number of students should be developed. The HEI should determine the maximum numbers of students it can accept in harmony with pre-defined staff / student ratios for both academic and invited staff, each module having the pre-defined number of tutors (professors or associate professors and affiliates) with their actual workloads expressed in FTEs. It should be disclosed that academic staff positions do not cover, within an academic year, more than the reported (full-time) workload, regardless of the educational institution where they carry out their activity.
- The new 'Student Contingency Planning Methodology' should ensure that material and human resources are in place for the start and sustainability of the academic program. This should detail the essential components of resource indicators, targeted benchmarks with staff / student ratios for both academic and invited staff, each module having the pre-defined number of tutors (professors or associate professors and affiliates) with their actual workloads in FTEs, and other conditions such as estimated student dropout rates, transfer requests, etc.
- The study program should have a well-defined overarching research concept with defined scientific/applied research objectives (on its own or as part of a cooperative research centre or interdisciplinary program), which is also reflected in the research development plan of the institution. Sufficient financial, logistic and human resources should be allocated for achieving any planned / proposed research objectives. Expectations for teaching staff involvement in research and scholarly activities should be clearly specified, and performance in relation to these expectations should be considered in staff evaluation and promotion criteria as well.
- The academic staff should have a proven track record of research results on the same topics as their teaching activity. Later only scientific output with clear dedication to EWUNI should be taken into account, thus clear policies should be established for defining what is recognized as scientific research at the start of the program, consistent with international standards and established norms in the field of study of the program.
- Clearly define the role of clinical mentors/supervisors including their functions. The qualification requirements for clinical tutors are set by the sector benchmarks; the level of compliance should be checked, regularly. The documents on "clinical experience of academic staff" should be updated. More importantly, clinical tutors must be able to demonstrate a satisfactory working knowledge of English.
- The program provides Georgian language courses as mandatory components, but given that the language of instruction is English, more emphasis, additional training courses for medical communication and related fields (such as principles of ethics, history taking or communication, family medicine) in Georgian language is necessary (perhaps in later semesters, with the help of simulated patients or special, elective learning possibilities).
- Georgian language credits should be increased at least till 12 ECTS values.
- For the increased involvement of academic staff in scientific research-related decision-making processes, the establishment of Scientific Advisory Board or similar body is recommended in order to enhance the work on the priority research-related topics.
- Re-mapping of the curriculum is recommended to show the relationships of the academic - professional contents of the courses, to identify and address possible gaps, redundancies, overlaps, and to improve the overall coherence of the program.
- The form and the factual content of syllabi should be checked and corrected, if necessary (e.g. preferably by an independent expert committee).

- The teaching material listed in syllabi supports the achievement of intended LOs, nevertheless, the recommended printed volumes (besides electronic versions, if any) should be up to date, and the recommended editions should be available in the library in appropriate form and number. The resources of the library can be continuously developed, and the faculty should continue to work towards the enrichment of the electronic - scientific resources. Besides, organization of introductory sessions for novice students how to use library resources, would be useful.
- The current basis of the Skills Centre is expected to be used as starting points to increase the quality and weight of practical training, and therefore, short-term development strategies are recommended. More attention needs to be paid to the prospects and opportunities for technical skills development. Strengthen both the instrumental elements (in proportion to the number of students envisaged) and the subject areas that can be linked to them.
- Procedural skills (e.g. injections, sutures, bandages, BLS) should be assessed at standardized frequency: competence and the need for re-training should be re-assessed at appropriate time intervals.
- The faculty must have a policy which addresses the effective use of information technology in the educational programme (e-learning, online lectures, telemedicine). A particular priority should be to provide the infrastructure and integration of e-learning and online teaching at all levels of the teaching concept and the entire curriculum in a differentiated way.
- Increase partnership with foreign institutions, contract visiting teachers (professors, lecturers) who contribute with additional expertise through e-learning, webinars or on-site.
- The prerequisites for admitting Georgian citizens to the program should be in compliance with Georgian legislation and the Minister's order.
- Modules in particular areas of the curriculum should be more structured, and subject sequences within modules should not break the principle of building on each other.
- The assessment methods for the course/module should be determined in association and depending on the learning outcome.
- Ensure that the requirements for gaining skills indicated in the syllabus are met with course/module content and assessment methods.
- The mandatory literature of the majority of courses/modules should be updated and evaluated in order to meet the program's LO.
- OSCE test checklists should conform to the course material.
- Georgian and English versions of the course/module syllabi should have identical content.
- Equip and reinforce the educational and scientific laboratories for basic sciences to ensure to reach LOs and skills in these directions.
- Ensure that the teaching and learning methods correspond to course content, student learning outcomes.
- Syllabi should include a transparent, easy-to-understand, and well-defined integrated assessment system for integrated modules which should be understandable for teachers and students as well.
- It is recommended to have and integrated final exams in all integration modules and it should be defined clearly in syllabi and program.
- OSCE should be conducted in gynecology, pediatrics, general surgery, and internal medicine as well.
- The numerical parameters of the current scientific activity of the staff should be summarised - these scientometry data will serve as a starting point for further performance assessment and comparisons at a later stage.
- Further training in PBL and CBL methodology is carried out to ensure that all lecturers understand not only the pedagogy that underpins the method but also how to operationalize it as tutors.

- The creation of a case bank for integrated PBL/CBL will be a good investment for future sustainability as it will enhance the scale, scope, and quality of the cases available to the students.
- Training the academic staff for better implementation of OSCE exam is needed.
- The HEI must establish quality assurance culture with the involvement of all stakeholders according to their Internal Quality Assurance policy, and the implementation of real processes must align with, in a consistent manner in order to ensure the regulation of the program.
- Questionnaires should be formulated according to the needs from particular stakeholders.
- University should have an internal mechanism to evaluate all structural unit's work, including the clinical teaching bases. In clinical education the key teaching bases (clinical hospitals) should be evaluated regularly for their appropriateness and quality regarding the practical training program.
- Further external, independent evaluation and impartial assessment mechanisms are necessary for development and implementation of the program. For additional improvement, a focus group with the participation of the employers should be formed and their opinions and comments can be also considered during the next phase of program design.
- Program monitoring, periodic reviews and data analyses should be based on the electronic platform of the EWUNI, which should be made ready for efficient monitoring of all aspects of the quality of the educational process

Summary of Suggestions

There are some areas that require to be addressed further and some suggestions intended to support progress:

- Program development and sustainability should be based on current market demands, taking the local and global competition into account. This will require the following of actual numerical trends and needs in Georgia and the targeted foreign countries as well.
- Strengthen the objective relations with the labour market and the academic medical community, increase cooperation with the public and private sectors to link the program with the job demand.
- The Institution should be aware of the fact that they need to work on a well-defined and more detailed Science Strategy.
- Find the right equilibrium between the local needs of physicians and the international labour market development. This ratio should be reflected in the admission system of the program.
- Find reliable and active national and international partners, cooperative allies to improve the program and the future process of education. Implement valid, active partnership with local and international HEIs. Create protocols for the incorporation of effective teaching methods of sister institutions. Build appropriate conditions for scientific activities in cooperation with Georgian and international institutions.
- A strong and structured support system may be envisaged for each year of the study program, with a course coordinator - advisor, who could provide direct academic help and career development counselling during preclinical years and clinical clerkships.
- A diagram showing the spiral features of the curriculum would be useful to identify the integrative links between clinical and basic medical sciences.
- ECTS are generally expressed in whole numbers (see The ECTS Users' Guide, 2015). Medical physiology 1, Histology 2 (and other subjects, later) are now 0.5-0.5 ECTS. If possible, the current practice should be changed, to make credit transfer easier.
- The program uses several adequate teaching-learning methods and relevant assessment techniques such as OSCE, and simulated patients to evaluate the students' preclinical academic

performance but in the clinical settings the assessment criteria of practical skills should better be described.

- Consider to review the compliance of the Institution's established data protection policy with the European General Data Protection Regulation (GDPR, EU 2016).
- Create an annex for the curriculum (study plan) containing prerequisite information or add a column to the existing curriculum (study plan) including prerequisites for each module and course.
- It is suggested to sought relevant professional assistance and external expert assistance to check and define the structural components (modules and courses) of the program, including the associated and intended learning outcomes.
- Organize better the clinical rotations and schedule for integrated basic subjects
- The OSCE center should be upgraded to meet the number of students admitted.
- Long-term, strategic planning and investments in more complex simulations (i.e., scenarios with high fidelity computerized patient simulators such as trauma and ICU mannequins, birth simulators, etc.) is also suggested – the high-fidelity simulation protocols may be incorporated later on into a postgraduate curriculum as well.
- In basic sciences the use of OSPE exam is advised, DOPS and 360-degree assessment will be most suitable assessment in clinical modules.
- A targeted training course is suggested for the teaching staff to better understand the principles of performance evaluation.
- Plan to introduce internal peer reviews and systematic teacher evaluations, e.g. colleagues going to each other's lectures, workshops and seminars.
- Many interesting suggestions were presented in the conclusion of the previous survey which should be taken into account during the design of the program.
- The financial commitment of the HEI to the support of academic and invited staff in research and also publishing scientific articles should be made numerically clearer when planning the budget lines.
- Increase resources to provide suitable conditions for sustainable university operations. Invest in tools for successful skills training, increase investment in new demonstration technologies, new campus facilities.
- Short and long-term impacts of a global recession and monetary inflation (stagflation) on the program (for short term: 2023) should be assessed and the budget may possibly be redesigned accordingly, with shorter (half-year) financial phases.
- Efficient use of a personalized digital e-platform of student activity (designed to allow not only document sharing across the University but document tracking also) should be provided.

Summary of best practices (If Applicable)

- The program integration level is quite high, the 12th semester of the education is totally practical and conducted in clinics.
- HEI has its own clinical basis and can provide good environment for mastering clinical skills
- Qualification Exams at the end of program
- Logbooks as assessment tool in the clinical practice

In case of accredited programme, summary of significant accomplishments and/or progress (If Applicable)

n/a

Compliance of the Programme with Accreditation Standards

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

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

1.1 Programme Objectives

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

Descriptive summary and analysis of compliance with standard requirements

According to the Mission of the University (Annex Addition 2), EWUNI strives to promote intercultural dialogue, to achieve high levels of graduate employment in the local and international labor market and contribute to the development of education-based civil society.

According to the Vision of the University, EWUNI will become an internationally recognized institution for quality education in medicine and health care, with effective management, research, and public outreach, where students and academic staff will be provided comfortable environment for their personal and professional development - in order to develop common public values and the implementation of the principles of continuous education.

In this line, the Goal of the University is to create an educational environment in the light of modern international standards, which will respond to modern challenges and will be able to establish itself as the student-oriented educational institution with a high-quality educational program.

This is an ambitious goal, and therefore the similarities and the differences, both, between sister institutions should have been analysed better, to emphasize why the Institution would be a better choice for a future student than those which are already working on parallel fields, which particular specifics they would focus on in the future, and in what priorities or target areas (e.g., 'physical medicine, rehabilitation, prevention or treatment of locomotor diseases, etc.) do they imagine their development. Here it should be noted also that beside the necessity to acquire and enlarge the range and scope of technical competencies during pre-graduate education and training, it is also extremely important that medical students develop a good insight into the importance of science in development and progress of medicine, how to incorporate new knowledge, novel techniques, and methods into their everyday work. This requires an understanding of an evidence-based approach and what this means exactly, what does it involve. Considering the above, the Vision of the Institution – even being defined as a Vision of a "teaching university" - could have been much more precise and better expressed, and maybe it could include a statement in this direction (such as "students and teachers demonstrate a lifelong commitment to the creation, dissemination, application and translation of medical knowledge") - to illustrate better the contribution to the development of the field and the society, alike.

Here it should be noted that the SER and its official English Annexes were very difficult to review at places. The program is new, and it would therefore be particularly important to provide a

comprehensive overview of its main statistically valid features in a single summary document. Generally speaking, a HEI, applying for program accreditation should demonstrate within the chapters of SER, itself, that the program has reached its critical mass, the size and number of resources (equipment, facilities, student-related activities, human factors, academic staff, clinical supervisors, etc.) needed to produce top-quality medical education, in order to ensure long-term sustainable development and professional activity in all aspects involved.

According to the SER, the work on intensive program development was started after 2019, when the University successfully completed the institutional authorization process. The development of the program was "an example of cooperation" to enhance the competitiveness, but here again (according to SER) evidence is missing, conclusive results, factual signs of meaningful external collaborations and the outcomes of collaborative education development were not presented to the Expert Panel (Annex 11).

According to the SER the Working Group responsible for program implementation took international trend analyses and practices of the successful universities into consideration. According to the program of EWUNI (EWuni program, p4) the research conducted by the David Tvildiani Medical University Health Education Center and the materials on the peculiarities of medical education field were taken into consideration, but beyond this general statement, specific points of best practices of sister universities cannot be identified or recognized in the presented schemes.

Besides, current results or re-analyses (considering the outcome of the COVID pandemic), or relevant, comparative data were not provided, the SER labour market data are all from the years 2015 and 2017. The SER (page 6) refers also to WHO data (referenced in Annex 7), but here again (in subfolder "New program Overview" and a PDF document on the WHO view on Medical Schools, sec. Boelen C et al.) the data are old, from Year 2001.

Furthermore, given that the language of instruction is English, and according to the plans the vast majority of students will be foreign citizens, it remains unclear how the HEI plans to achieve high levels of graduate employment in the local (Georgian) labor market. In this line, the reliable view of employers (independent external stakeholders) is missing. Therefore, is seems that in this sense the program and its expected results are not fully in line with the written plans and the mission statement of the Institution.

It seems that international students are priority targets for student recruitment, but EWUNI has not defined exactly as yet, which countries the students will come from. Given the complexity of international regulations for licenses for healthcare graduates and the HEI's declared commitment to providing all students with career guidance it might be advisable to identify key countries for recruitment and focus on them at least at the outset.

According to the relevant descriptions (file name: 21 EWuni program Entire) the main objective of the Program is to prepare qualified medical doctors. Therefore, the goals are:

1. Prepare graduates with the knowledge necessary for medical activities in basic medical and clinical sciences;
2. Development of appropriate practical and clinical skills in the first cycle of medical education for the graduates;

3. Establishment and development of norms of professional ethics and professionalism for graduates;
4. Developing skills in the standard and nonstandard situations for the graduates and the ability to get rid of it;
5. Formation of the readiness of permanent medical professional development for the graduates.

In this program, basic medical and clinical sciences, on a basic instruction stage are integrated into general (introduction) and special modules. A general module represents the essential part (course) in keeping contact with medical disciplines, but it also represents a prerequisite for integrated understanding of the content of special modules. The special modules cover human body systems - here each module includes more than one system, revising vertical modules several times with the aim to expand the knowledge and skills ("spiral" curriculum).

The program as a whole is aligned with the European Credit Transfer and Accumulation System (ECTS), and largely corresponds with Georgian and international standards. The study subjects of the curriculum are organized into six modules: Structure of life, Control of life, Cycle of life, Preservation of life, Protection of life and Support of life, respectively.

In this line, according to the SER the University has developed an Action Plan (Annex Addition 1) detailing the recommendations made by the previous Accreditation Group Experts and the University's activities, changes which have been made. The Plan states that these documents are presented in an updated form and that the amendments are presented in separate annexes according to the standards. Nevertheless, most of the items cannot be recognized in the submitted documentation. The Action plan for 2021 (or Appendix 4.10) describes the "Profile of scientific activity" which is reflected in the document "Research Development Strategy". In fact, "Addition 11 Research" contains a similar file. Here (on page 1 para 4) it is stated that "Information on the individuals involved in university research, on researchers, reviewers and their scientific papers will publicly be available on University website through scientific portal" – but these scientific papers and the referred personal information are missing from the website.

Similarly, "a structural unit responsible for the development of research informs university personnel and students on local and international scientific grants and projects, individuals concerned will be consulted and assisted in finding relevant grant". This position is, likewise, not specified in the accessible documentation. Nevertheless, the EWUNI has developed a plan for Business Continuity that identifies potential risks including strategic and operational processes and defines specific mechanisms to mitigate the consequences and ensure smooth continuation, correctly.

In addition, the statements on the research concept are more likely to serve as general definitions of objectives in a research strategy but this cannot replace the description of the measures that would foster the involvement of students in research activities at the program level as well as on the course level. It seems that no concrete linkages were developed to relate teaching and research to each other. From this perspective, the didactic and research concept consists of a cumulative enumeration of didactical terms and research objectives, however, they seem to be only loosely connected, which makes it difficult to regard it as an elaborated, overarching concept in its entirety.

Evidences/indicators

- SER
- Annexes
- Interviews

Recommendations:

- For the increased involvement of academic staff in scientific research-related decision-making processes, the establishment of Scientific Advisory Board or similar body is recommended in order to enhance the work on the priority research-related topics.
- Increase partnership with foreign institutions, contract visiting teachers (professors, lecturers) who contribute with additional expertise through e-learning, webinars or on-site.

Suggestions for programme development:

- Program development and sustainability should be based on current market demands, taking into account the local and global competition. This will require the following of actual numerical trends and needs in Georgia and the targeted foreign countries as well.
- Strengthen the objective relations with the labour market and the academic medical community, increase cooperation with the public and private sectors to link the program with the job demand.
- The Institution should be aware of the fact that they need to work on a well-defined and detailed Science strategy.
- Find the right equilibrium between the local needs of physicians and the international labour market development. This ratio should be reflected in the admission system of the program.
- Find reliable and active national and international partners, cooperative allies to improve the program and the future process of education.
- A strong and structured support system may be envisaged for each year of the study program, with a course coordinator - advisor, who could provide direct academic help and career development counselling during preclinical years and clinical clerkships.
- Implement valid, active partnership with local and international HEIs. Create protocols for the incorporation of effective teaching methods of sister institutions. Build appropriate conditions for scientific activities in cooperation with Georgian and international institutions.

Best Practices (if applicable):

- -

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

- n/a

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ Partially complies with requirements

☐ Does not comply with requirements

1.2 Programme Learning Outcomes

- Programme learning outcomes describe knowledge, skills, and/or the sense of responsibility and autonomy, students gain upon completion of the programme;
- Programme learning outcomes assessment cycle consists of defining, collecting and analysing data;
- Programme learning outcomes assessment results are utilized for the improvement of the programme.

Descriptive summary and analysis of compliance with standard requirements

For the most part the SER comprehensively describes the curriculum structure, most actions and procedures related to standards are addressed. Certain descriptions are however rather general and repetitive, use normative statements instead of detailing the actions and procedures planned to be implemented by the university and/or the program management to fulfil the respective standards - but most of these issues were clarified during the site visit.

The curriculum is organized into horizontal and longitudinal directions and in addition it has spiral features, too, with the aim to strengthen the integration of clinical and basic sciences (Annex 1). In many cases these links are not well defined or are not presented which makes the analysis somewhat difficult, to find out where is the next stage which serves to expand theoretical and practical knowledge, and a diagram describing the „spiral features", the relationships between modules and the learning outcomes (LOs) would surely be necessary. Nevertheless, in general terms the LOs are logically distributed, well-defined by the Faculty at the micro level (per lecture/practical work in the syllabi) basically complying with the requirements, the goal of the program and largely correspond to the LOs of comparable higher education institutions.

The EWUNI presented the content of the curriculum as well as the design of the various formative and summative evaluations for the six years of pre-graduate medical training. Exams are composed of an extensive library of objective structured clinical examination (OSCE) tasks as well (as recommended by the previous expert report); now the content of the curriculum is largely corresponding to existing international standards.

More directly, simulators (low and high-technology simulations, manikins) are used extensively for procedural skills assessment, simulated patients and real-life scenarios (later, in the clinical environment) with teamwork, simulated dilemmas and formative and summative assessments for clinical skills assessments. How efficiently students undergo clinical training with patients is unclear in this phase and the number of full-time clinical tutors, their language skills, the selection criteria

of supervisors and the capacities of the clinical hospitals were not demonstrated with sufficient certainty (determined by contracts). There are some other shortcomings, too, as follows.

1. More efficient ways should be sought to foster effective communication skills (with colleagues and patients). The language of teaching is English in a Georgian environment and according to SER and the Annexes (with reference to field specific LOs) a graduate of the program should be able to conduct effective communication in medical context, and „students should gain as much experience as possible in communicating with patients". To do this, they perform certain tasks as instructed by the physician, then discuss with the teachers and other students (for example, preparing real patient cases and presenting them for discussion), which also promotes the ability to work in a group (Annex 1, 8). Nevertheless, communication is included into Medical English and Communications 1 and 2, Georgian language and Communications 1 and 2 and much later in „Work on a scientific paper and communication" (also subject for scientific component of the program), and „Behaviourism 2" with patient interviews, communications, assessments, topics on doctor-patient's relationships and medical ethics (lectures, working groups, PBL sessions).

2. An important fact concerns the complete lack of information on the state and the usage of e-learning. This is missing from the SER and the syllabi as well. In the meetings, it could be learned that the teaching staff would be interested to use e-learning tools, it is surprising that this approach was not mentioned at all in the didactic concept.

In the Annexes belonging to various chapters of the SER and during the site visit, considerable information was provided on formal policies, guidelines and regulations dealing with procedural or academic issues. It can be assumed that program topics related to administration and quality assurance of the program as well as the interaction between teachers and students as subjects of academic rights and duties are well developed and well-known to these groups. According to the regulative frameworks, the HEI will also solve the situations where standards of student achievement are inadequate or inconsistently assessed. The institution promotes also the concepts of equal opportunities for students in special needs and situations.

In the meetings with the program staff, the experts gained the impression that a good level of compliance with internal regulations relating to ethical conduct in research, teaching and assessments in most of the relevant areas has been achieved so far. One major difficulty that was reported concerns the lack of a system for plagiarism detection. In the meetings, experts were informed that there is no software for plagiarism detection, however, there is a regulation concerning the consequence of plagiarism.

The information received about the procedures for data protection policies and regulations is ambiguous. The HEI is aware that the LO and student evaluation results are sensitive data and are treated confidentially but maybe it is timely to review the compliance of the Institution's established data protection policy with the European General Data Protection Regulation (GDPR, EU 2016).

Evidences/indicators

- Self-Evaluation Report on Accreditation of Higher Education Programme
- Educational program of Medical Doctor
- Annexes

- Interviews

Recommendations:

- The faculty must have a policy which addresses the effective use of information technology in the educational programme (hardware and softwares for e-learning, online lectures, telemedicine).
- A particular priority should be to integrate e-learning and online teaching and learning at all levels of the teaching concept and the entire curriculum in a differentiated way.

Suggestions for programme development:

- A diagram showing the spiral features of the curriculum would be useful to identify the integrative links between clinical and basic medical sciences.
- ECTS are generally expressed in whole numbers (see The ECTS Users' Guide, 2015). Medical physiology 1, Histology 2 (and other subjects, later) are now 0.5-0.5 ECTS. If possible, this should be changed, to make credit transfer easier.
- The program uses adequate teaching-learning methods and relevant assessment techniques such as OSCE, and simulated patients to evaluate the students' preclinical academic performance but in the clinical settings the assessment criteria of practical skills should be better described.
- Consider reviewing the compliance of the Institution's established data protection policy with the European General Data Protection Regulation (GDPR, EU 2016).

Best Practices (if applicable):

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

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ Partially complies with requirements

☐ Does not comply with requirements

Programme's Compliance with Standard

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

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

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

2.1 Programme Admission Preconditions
Higher education institution has relevant, transparent, fair, public and accessible programme admission preconditions
Descriptive summary and analysis of compliance with standard requirements The admission criteria for the medical program are described in two documents, as Medical Program (p.6) and Self-Evaluation Report (p.12). The program is located on the web page and is easily reachable, public, and accessible. The addition criteria described in the program reflects the procedures for enrolment in the university for both Georgian and foreign citizens. The first special preconditions for foreign citizens (certificate of English language knowledge B2 level) is clear, but there is no other specified internationally recognized certificate (for instance TOEFL, ELTS). Furthermore, as first special precondition for Georgian citizens it is unclear and confusing („The minimum level of English language competence in the case of enrolment by the Unified National Exams on Georgian Language Program is 80% of the English language test, or the candidate should present minimum B2 English language certificate, or should pass the language competence examination administrated by the University") because HEI promises students a language competence examination at the University if they do not pass the English exam at the Unified National Exams, which is a violation of higher education law (Order N 19/n of the Minister of Education and Science of Georgia; Chapter II. Article 5. Item N5 „Enrolment of entrants in a higher education institution is based on the results of the Unified National Examinations, except for the cases defined by the Law of Georgia on Higher Education and / or this Regulation "). During the interview with the administration, they mentioned (QA department) that it is technical and translation mistake.

The second specific criteria for admission to the educational program is passing the Biology and Chemistry Exams, with a minimum competency barrier of 50% out of the maximum points.
HEI administration mentioned during the interview that the university is planning to enrol Georgian students as well, so it would be preferable if the HEI does not limit the subjects (only Biology and Chemistry) because students have the option to choose other subjects in addition to the compulsory biology and chemistry. To make admission more flexible for Georgian students, it is preferable not to limit the subjects, or in the second option not to write subjects and thresholds in the program (they may change and update annually), but to declare them annually on the website.
The University has special documents that regulate students' transfer and mobility processes, as well as credit recognition; however, the program also contains information about it.
It would be preferable to demonstrate appropriate motivation for why they want to be a medical doctor prior to entry into the program to select truly motivated foreign students. The University administration should conduct interviews with them for this purpose.

Evidences/indicators

- Self-Evaluation Report on Accreditation of Higher Education Programme
- Educational program of Medical Doctor
- Interviews with administration and QA
- The Rule to Recognize the Education During the Educational Process
- Regulatory Rule of the Learning Process
- Web site - http://eastwest.edu.ge/files/file_29.pdf

Recommendations:

- The prerequisites for admitting Georgian citizens to the program should be in compliance with Georgian legislation and the Minister's order.

Suggestions for programme development: -

Best Practices (if applicable):

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

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ Partially complies with requirements

☐ Does not comply with requirements

2.2 Educational Programme Structure and Content

Programme is designed according to HEI's methodology for planning, designing and developing of educational programmes. Programme content takes programme admission preconditions and programme learning outcomes into account. Programme structure is consistent and logical. Programme content and structure ensure the achievement of programme learning outcomes. Qualification to be granted is consistent with programme content and learning outcomes

Descriptive summary and analysis of compliance with standard requirements

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 individual body), as follows:

Structure of life is planned in the first and seventh term within 3 modules:

- Structure of Life 1: Human Anatomy 1, Histology, Embryology and Cytology 2, Medical Physiology 1
- Structure of Life 2: Medical Biochemistry 2, Pathology 1
- Structure of Life 3: Rheumatology, Traumatology and Orthopedics

Control of life (also called Life control) is planned in the second, third, ninth and eleventh term within 5 modules, as follows:

- Life Control 1: Human Anatomy 2, Histology, Embryology and Cytology 3
- Life Control 2: Medical Physiology 2, Behavioral Science 1
- Life Control 3: Pathology 4, Behavioral Science 2, Medical Pharmacology 2
- Life Control 4: Neurology, Psychiatry
- Life Control 5: Ophthalmology, Otorhinolaryngology

Cycle of Life (also termed Life Cycle) is planned in the third, fifth, seventh, ninth and tenth terms within 5 modules, as follows:

- Life Cycle 1: Histology, Embryology and Cytology 4, Genetics, Pathology 4
- Life Cycle 2: Human Anatomy 5, Histology, Embryology and Cytology 9, Medical Physiology 7, Pathology 10, Medical Microbiology 4, Internal Medicine Propaedeutic 4
- Life Cycle 3: Neonatology, Obstetrics
- Life Cycle 4: Pediatrics, Pediatric Surgery
- Life Cycle 5: Gynecology, Male Reproductive System Surgery

Preservation of life is conducted in the fifth, sixth, ninth and tenth terms within 6 modules as follows:

- Preservation of Life 1: Human Anatomy 5, Histology, Embryology and Cytology 8, Medical Biochemistry 6, Medical Physiology 6, Pathology 9, Medical Microbiology 3, Medical Pharmacology 6, Internal Medicine Propaedeutic 3
- Preservation of Life 2: Human Anatomy 7, Histology, Embryology and Cytology 10, Medical Physiology 8, Pathology 11, Internal Medicine Propaedeutic 5
- Preservation of Life 3: Human Anatomy 8, Histology, Embryology and Cytology 11, Medical Physiology 9, Medical Biochemistry 7, Pathology 12, Medical Pharmacology 7, Internal Medicine Propaedeutic 6
- Preservation of Life 4: Gastroenterology, Abdominal Surgery
- Preservation of Life 5: Endocrinology, Endocrine Surgery
- Preservation of Life 6: Nephrology, Urology

Protection of life is planned to be delivered in the second, fourth and twelfth semesters within 4 modules as follows:

- Protection of Life 1: Immunology, Pathology 3
- Protection of Life 2: Medical Microbiology 2, Histology, Embryology and Cytology 5, Medical Physiology 3, Medical Biochemistry 5, Pathology 6, Medical Pharmacology 3
- Protection of Life 3: Hematology, Oncology, Infectious disease

- Protection of Life 4: Allergology and Clinical Immunology, Clinical Pharmacology, Dermatology and venereology

Life support (also defined as Life Assurance) is planned in the fourth and eighth terms within 4 modules as follows:

- Life Assurance 1: Human Anatomy 3, Histology, Embryology and Cytology 6, Medical Physiology 4, Pathology 7, Medical Pharmacology 4, Internal Medicine Propaedeutic 1
- Life Assurance 2: Human Anatomy 4, Histology, Embryology and Cytology 7, Medical Physiology 5, Pathology 8, Medical Pharmacology 5, Internal Medicine Propaedeutic 2
- Life Assurance 3: Pulmonology, Thoracic Surgery
- Life Assurance 4: Cardiology, Cardiac Surgery

It should be mentioned here that in some cases, the content does not adequately or fully cover the terminology of the modules (it is not entirely clear what the rationale was for placing a specific subject in a particular category – such as Preservation or Protection) but in general, the nomenclatures and the structures are acceptable.

The duration of the program is 6 years with a total of 360 ECTS (10800 hours in total, 5715 contact hours and 5085 hours dedicated to independent work). The academic year includes 40 working weeks and consists of two semesters. The study of each 20-weeks semester gives the possibility to accumulate 30 ECTS, which are distributed on training modules and courses, and the annual capacity is 60 ECTS (1 credit = 30 working hours). The total volume of compulsory medical subjects is 330 ECTS, the volume of general and elective courses is 30 ECTS, including elective courses the volume of medical courses could be 350 credits. The SER states that Clinical Skills are integrated in all courses of the 6th (the final) year of study. The 12th semester includes rotation, and supervisory participation in clinical aspects and patient's care with qualification exams in surgery, pediatrics, obstetrics and gynecology, infectious diseases and neurology.

The program was developed according to the "Rules for Planning, Modifying and Cancelling the educational programs". The program content takes programme admission preconditions and programme learning outcomes into account. The program "arrangement "of the special modules facilitates the focus on the issues of medical sciences that are fundamental for medical practice, health and its assistance, in addition, it concerns fundamental understanding of diseases, traumas and disability prevention.

On the basic teaching stage, basic medical and clinical sciences are incorporated into general (introduction) and particular modules. The general module is an essential aspect (course) in maintaining contact with medical disciplines and its broad comprehension, but it also provides integrated understanding of the content of organized courses in special modules.

Even at the most fundamental level, natural science is used to integrate a wide range of clinical skills and clinical theoretical themes. The load of clinical sciences increases in the upper semesters, while basic sciences remain integrated although to a lesser extent than at the beginning.

In the 6th year of education, the curriculum is designed through rotation type, supervisory participation in clinical aspects, and patient care in the following specialties: internal medicine, surgery, pediatrics, obstetrics-gynecology, infectious diseases, and neurology. The aim of the final year is to give the students the opportunity to consolidate the chances to apply accumulated knowledge in basic and clinical sciences in clinical practice. The student critically examines performed work (participation in patient's care, procedures which he saw or took part), real cases of the patients (their diagnostics, management, and other important issues) are critically examined, are registered in portfolio (Log-books); they will have feedback from clinician-teachers about the performed tasks to review and evaluate them, that considers of the recommendations of previous

accreditation visit. Even though the curriculum is well-assembled and structured, minor inaccuracies occur which must be fixed and polished. For example:

- Prerequisites are not logically sorted in module "MD14-Control of life II" which includes neurophysiology and behavior medicine, the prerequisite for this module is "MD02 -The structure of Life I" which aim is not giving knowledge of the nervous system (this module is about the musculoskeletal system). The nervous system structure is studied in the module "Control of life 1" and this module should be a prerequisite for the MD14 module;
- Module "MD04-The structure of Life 2" contains biochemistry 3 and Pathology 1. The module is without prerequisites and according to the learning outcome of it, a student: „Knows baseline issues of neoplasia pathology including types of carcinogenic agents, clinical signs of the tumour; inflammatory and metabolic damage, bone, joint, soft tissue tumours, and tumour-like lesions". Providing a study of neoplasia, and kinetics of tumor cells from the beginning, even if students have no prior basic knowledge of pathology will be difficult.
- The module "MD06- Fundamentals of clinical diagnostics and skills" is a first-semester module and one of the learning outcomes of the module is that "students conduct a standardized basic physical examination" (for instance: percussion, palpation, auscultation. Measuring arterial and venous pressure, examination of the pulse and peripheral blood vessels), but at this level of education, students do not have enough knowledge in Physiology, because at this semester there are only 2 lectures in Physiology and all physical examination will be conducted mechanically without realizing what blood pressure does mean, for example.
- The learning outcome of the "Georgian language" to achieve a B1 level in 6 credits is unrealistic and does not comply with the program's LOs of enabling the student to communicate with the patient and the patient's relatives.
- The curriculum (study plan) does not provide information about prerequisites, so students or any stakeholder must open each syllabus and search for prerequisites one by one. It would be better to include prerequisites for each module after the column for a code in the existed curriculum.

Finally, it should be noted that the program integration is excellent, the program's content, entry requirements, and learning outcomes are all in order. The program structure is logical, but several mismatches should be considered and fixed. The qualification that should be awarded is consistent with program content and learning outcomes. Some further issues to consider are as follows:

- Currently a total of 10 ECTS are planned for the development of the scientific component, during the mandatory „Fundamentals of scientific research, Biostatistics, and Work on a scientific paper and communication" courses. This meets the minimum requirements. Nevertheless, the goal of this program is to create an educational environment in the light of modern international standards, and therefore, it should raise the awareness of students about evidence-based medicine and research – and to promote the training of professionals alike who will benefit from in-depth courses in medical sciences and a thorough education in medical research. Therefore, the faculty has the duty to promote a real interest in scientific research as part of the new curriculum. At the pre-graduate level, this can be achieved in several ways, for example a modular integration of scientific skills which enables students to draw connections to clinical care and to experience its clinical relevance. This process can be fostered by curricular mapping or curricular inventory. With the support of the industry or cooperating hospitals educational pathways can be designed which include the attainment of extra clinical knowledge and competency in clinical sciences. Besides, more elective courses (Journal club, Good laboratory and clinical research practice, Experimental models in biomedicine, etc.) could be planned to accompany the compulsory courses to the equivalent of 2-5 ECTS. This further encourages the acquisition of high-level research while retaining a clinical activity.
- Practice placements are considered important features of a medical teaching and learning process, and placements can be provided in specialist medical settings across a range of clinical

contexts. Important data on these clinical subjects and respective LOs which are designed to contribute to the attainment of overall program outcomes are presented, nevertheless primary health care services and the skills achieved in general practice / community medicine are very cursorily described. In this respect more emphasis should be placed on primary care medicine and the relevant LOs. A shortage or lack of primary care physicians is one of the major challenges of healthcare, worldwide. Increasing the attraction for general / family practice among students requires a coherent and ongoing effort from the faculty.

Evidences/indicators

- "Rules for Planning, Modifying and Canceling the educational programs" (Folder planning and developping)
- Self-Evaluation Report on Accreditation of Higher Education Programme
- Educational program of Medical Doctor
- Syllabi

Recommendations:

- HEI must review and logically sort the prerequisites of the modules. Modules in particular areas of the curriculum should be more structured, and subject sequences within modules should not break the principle of building on each other.
- Georgian language credits should be increased at least till 12 ECTS. The program provides Georgian language courses as mandatory components, but given that the language of instruction is English, more emphasis, additional training courses for medical communication and related fields (such as principles of ethics, history taking or communication, family medicine) in Georgian language is necessary (perhaps in later semesters, with the help of simulated patients or special, elective learning possibilities).

Suggestions for programme development:

- Create an annex for the curriculum (study plan) containing prerequisite information or add a column to the existing curriculum (study plan) including prerequisites for each module and course.
- It is suggested to sought relevant professional assistance and external expert assistance to check and define the structural components (modules and courses) of the program, including the associated and intended learning outcomes.

Best Practices (if applicable):

- The program integration level is quite high, and XII semester of the education is totally practical and conducted in clinics.

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

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ Partially complies with requirements

☐ Does not comply with requirements

2.3. Course

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

Descriptive summary and analysis of compliance with standard requirements

The structure and content of modules, practical and theoretical ratios and self-learning tasks of students were demonstrated to the Expert Panel. The program's modules/courses have detailed syllabi, majority of which include complete information on the module / course lead teacher(s), credits, code, pre-requisites, objectives, learning outcomes, learning and teaching methods, content, basic and supporting literature and materials, course sequence of assessment and evaluation methods. All syllabi demonstrate how the necessary learning outcomes are met. The described student learning outcomes of compulsory courses are in line with the national benchmarks of competencies and program learning outcomes. Although the courses/modules' goals, learning outcomes, and teaching and learning methods are all consistent, there are certain inaccuracies that must be corrected.

- The module "MD16 - Cycle of life 1" - Child development - the norm and pathology has a total of 9 ECTS. (Histology 2 credits, Genetics 3 credits, Pathology 2 credits, Internal Disease Propaedeutic I – 2 credits – but there is no content of Propaedeutic of internal disorders in the syllabus.
- Prerequisite of "MD25 -Preservation of life 2"- is "life control 3" (nerves system pathology and pharmacology). This module includes Anatomy, Histology, Cytology and embryology, Physiology. Pathology and Propaedeutic of internal diseases, but topics sequences are not logical.
- MD64 - Surgery (Emergency General surgery) – in English version of syllabus Practical sessions – 60 hours, Hospital practice – 24 hours; Independent – 64 hours are shown, but different hours are demonstrated in Georgian version.
- In foreign language syllabus, like are English language 1 and 2 is written the same prerequisites - English B2 level.
- In addition, from the interview with staff members it was clear that not all of them are involved in preparation of course syllabi.
- Learning outcomes of the module "MD41-Support of life 4"is: "Conduct basic life support for adults: general assessment, breathing, circulation, defibrillation (automated external defibrillator)", but it is strange that assessment methods in this module are: CBD – discussion of the clinical cases; MiniCex - mini clinical task assessment and Quizzes and PBL. How should be this outcome assessed during current assessment is unclear.

- MD17 - Clinical skills 1 – third semester module, the goal is to train students in all practical skills, where students are able to: Assess Patient Consciousness, Pulse Assessment, Indirect Cardiac Massage, etc. Assess vital signs: blood pressure, heart rate and rhythm, respiratory rate and rhythm, ECG procedure, bladder catheterization – when cardiovascular and respiratory system anatomy and physiology have been studied since the fourth semester. Final exam in this module is OSCE exam, but it has only 3 stations. In the site visit of University clinics the OSCE station were introduced and the checklists which the HEI presented us on-site did not correspond the scenarios written in the syllabus.
- In Clinical skills 1,2,3 there is the 3 hours practice in hospital, but there is no information what a student should do in the clinic or which clinic it is conducting. During interviews information on these situations were not received or could not detected.
- The ECTS credit for medical radiology should be adjusted in "Introduction to Clinical Science."
- The same manipulations (urinary catheterization, insertion of nasal gastric tube) are repeated in clinical skills 1 and 3, and there is no ready checklist for these scenarios.
- The required mandatory literature in most of the syllabus is old (published more than 5 years ago), which can certainly affect the learning outcomes of the course.

- In some cases, the weighting of subjects or their relative ECTS proportions should be changed. Example: in semester 11 (MD55 Life Cycle 6) Geriatrics is recognized with 4 ECTS while Anesthesiology and Critical Care with 3 ECTS
- The rather important topic of cardiopulmonary resuscitation (CPR) should be strengthened (perhaps by making this course compulsory again in semester 5 during Anaesthesiology - as part of a spiral curriculum). Although CPR is presented (or discussed) again in Anesthesiology, topic 8, with 10 hr lecture, 2 hrs practice and 2 hrs PBL, but not listed amongst the skills of LOs.
- Furthermore, procedural skills (e.g. injections, sutures, bandages, BLS) should be assessed at pre-defined frequency: practical (hands-on) competencies and the need for re-training should be assessed at appropriate time intervals (again, as part of a "spiral" curriculum). The allocated time to achieve all the intended goals seems to be rather short. Here it should be noted that the exact role of MediClub Georgia in the curriculum, such as the time and depth of teaching of BLS techniques or other subjects in the preclinical curriculum (the contents, techniques, tutors, and timetables) need to be better clarified in the syllabi and in the curriculum of the program, too.

After the analysis of selected syllabi, the Expert Panel has made certain more specific remarks, and comments on the content/structure of the curriculum as follows:

1. The order of the curriculum, the connection or the sequence is not logical:

- Pathology 1 course at the beginning of Semester 1 starts with the "abnormal" - neoplasia, oncogene activation, kinetics of cell growths, etc. are presented, and thereafter Pathology 2 course, in Semester 2. will be dealing later with the "normal" biology, the physiological background of pathologies, fundamentals of illnesses, etiology, pathogenesis, morphogenesis, control of the normal growth of the cell.
- In Clinical skills 1 (MD17) course the technical background for cannulation techniques is demonstrated and provided, and in the practical part this includes "intracranial cannulation" – which is maybe too early, without neurosurgical knowledge. An important element of the final exam in Clinical Skills 1 (OSCE no. 3) is ECG (electrocardiogram) recording and interpretation. In this course only the theory and practice of the normal ECG is discussed in 1+2 hrs. Nevertheless, ECG is more often abnormal in emergencies, while evaluation of abnormal ECG signals is no possible at this level of education.

2. Significant overlaps: Preservation of Life 2 (Nefrology) – Histology and embryology 10 can be deleted - the content is already fully discussed in Medical physiology 8 and Anatomy 7.

Imbalances of contents: Preservation of Life 4 (Gastroenterology) discusses GERD, achalasia in Abdominal surgery (2 hrs lectures and 4 hrs practical work) and then again during Gastroenterology, topic 3, 2 hrs lectures, 4 hrs practical work and 2 hrs PBL. In contrast, respiratory, cerebrovascular, traumatic injuries, children, adult, etc. is included in 1 hr lecture with 2 hrs working group discussions in MD52.

3. Further remarks: Curricular components of behavioural and social sciences can be strengthened: MD35 (Maintenance of Health) with electives. In Anatomy 1-2.: the teaching tools include atlases, plastic models of organs and organ systems. Here it would be useful to employ more advanced or novel methods, such as 3D anatomical table or more sophisticated internet-based solutions (as compared to the attached basic video demonstrations).

4. Textbook problems: In certain syllabi (such as MD06 Fundamentals of clinical diagnostics) no textbook is given ("Literature 1, Chapter 3" is listed, only) or the compulsory literature is outdated (for Neurosurgery it is from 2010, Clinical Pharmacology's textbook is 20 years old (from 2000), the syllabus for MD26, Fundamentals of scientific research, does not contain references (textbooks, readings). In case of Preservation of life 3 (6th semester) – Endocrinology in Propedeutics of Int. Dis. - the textbook is the Merck's Manual 2011, 19. ed) – same for Pediatrics MD42 and Allergology and Clinical Immunology courses. This should be changed.

5. Missing topics (some important topics are not appearing in the lists of taught elements): COVID-pandemic or infectious disease caused by the SARS-CoV-2 virus is missing from Infectious diseases MD4803 course and later, from the 6th years' MD60 course as well. Drug abuse is not discussed, or we cannot find it.

6. Typos, errors: in several cases the syllabi contain inaccuracies, typos, etc. (such as "final wxam" in Neurosurgery (MD57) that hinders comprehension: Elective MD39 is in fact 44 -Insurance; Support of Life: Pathology 8 (in the title, instead of Pathology 7).

Evidences/indicators

- Self-Evaluation Report on Accreditation of Higher Education Programme
- Educational program of Medical Doctor
- Site Visit
- Interview

Recommendations:

- Re-mapping of the curriculum is recommended to show the relationships of the academic - professional contents of the courses, to identify and address possible gaps, redundancies, overlaps, and to improve the overall coherence of the program.
- The form and the factual content of syllabi should be checked and corrected, if necessary (e.g. preferably by an independent expert committee).
- The assessment methods for the course/module should be determined in association and depending on the learning outcome.
- Ensure that the requirements for gaining skills indicated in the syllabus are met with course/module content and assessment methods.
- The mandatory literature of the majority of courses/modules should be updated and evaluated in order to meet the program's LO.
- OSCE test checklists should conform to the course material.
- Georgian and English version of the course/module syllabi should have identical content.

Suggestions for programme development:
Best Practices (if applicable):
In case of accredited programme, significant accomplishments and/or progress
Evaluation ☐ Complies with requirements ☐ Substantially complies with requirements ☒ Partially complies with requirements ☐ Does not comply with requirements

2.4 The Development of practical, scientific/research/creative/performance and transferable skills
Programme ensures the development of students' practical, scientific/research/creative/performance and transferable skills and/or their involvement in research projects, in accordance with the programme learning outcomes
According to SER a research component is an essential part of the program, and its main elements are Fundamentals of Scientific Research, Biostatistics, or Introduction to Medicine courses. Nevertheless, there are no adequately matching laboratories to support student research activities. A clinical laboratory was presented during the site visit which is a clinic's own routine biochemistry laboratory (mainly for blood and plasma diagnostics) as well as an accompanying histology lab (equipped mainly for standard light microscopy for tissue biopsies and related diagnostics), and on this basis it is not clear how they envisage the hosting groups of foreign students or their participation in any of the required university-level basic scientific or clinical research. There are also examples for the development in the right direction: o EWUNI plans to support student research extensively - for example, through participation in student conferences. o Practical skills are included in the curriculum and as the curriculum is integrated, early contact with direct communications with patients is expected. However, the interviews revealed that there are several constrains (including language barriers, the process through which learners acquire the skills of communication, the limited availability of clinician time) of the bedside education. o The SER mentions that Mediclub Georgia with which the University has a contract will provide basic clinical skills training.

The following modules and learning courses ensure students apply practical clinical skills: Basics of Clinical Diagnosis and Skills (3 credits), Clinical Skills 1 (2 credits), Clinical Skills 2 (2 credits), Clinical Skills 3 (3 credits), and clinical skills are also integrated into many other clinical subjects.

These clinical skills should be practiced on simulators and manikins before the student enters clinical practice, in SER it is written that appropriate space has been set for training clinical skills and the necessary equipment and materials have been identified. Overall, however, the current simulation opportunities and the technical background still fall below the expected standards and are average at best.

The University has allocated space for the Clinical Examination Center (aka Skills Center) with equipment and materials. The additional equipment and materials is already purchased and will be available soon. During the PBL and CBL sessions, students work in small groups (the number of students in groups in different subjects may vary from 5 to 8). Simulators are actively used during training to develop basic clinical skills. At the same time, there is a significant emphasis on providing students with real clinical experience. It is recognized that passive observation alone is not enough, so the student must judge and reflect (in the portfolio) on what he or she has seen and learned. The University plans to provide basic clinical skills training on its own basis, while clinical skills will be studied in clinics of the relevant subject (Appendix 13). This point has to be discussed by the HEI in-depth and in more details: the status of standardized patients is not defined in the syllabi and specified in the relevant documentation. Nevertheless, more emphasis should be placed on standardized simulated scenarios (here again, with the prospective involvement of standardized patients).

During the visit, it become known that EWUNI students would have the ability to train clinical skills at a Balneological Resort which is located near the main building as well as at the „Mediclub Georgia" Clinic. The OSCE center at the Balneological Resort has simulators and manikins that meet the minimum standard and requirements in the medical benchmark. Still, they will not be sufficient for an increased number of students. As the HEI provides integrated programs where clinical skills are also integrated, and simulators for training are located on different bases, some of which are on the main campus and some in the Mediclub Georgia Clinic, how the university will manage it is unclear. Despite the fact that the institution offered a draft timetable, it is quite mechanical and does not fully reflect the facts that the experts were interested in. Indeed, in case of Mediclub Georgia many students could be accepted from the university. However, there is a difference between accepting students in a training center (particular training course for medical doctors) and involvement in the study process of a university by curriculum. Also, the equipment of the training center is intended only for emergency first aid management.

The Panel should emphasize that the HEI has its own hospital, and students will have ample clinical access to outpatients and hospitalized patients as well to practice and develop a range of clinical and communication skills. During the site visit, in the hospital's clinical environment (wards, Emergency, Intensive Care Unit, Operation theatre, etc.) the readiness of affiliated clinics was demonstrated. In addition, the affiliated clinic has space for lectures and seminars (auditory, student space 9 rooms). The hospital representatives (potential employees) during the interview demonstrated readiness to accept students.

According to SER the curriculum includes fundamentals of scientific research (fundamentals of scientific research, biostatistics, working on the scientific paper and presentation) to support medical students in building scientific competence, which is vital for their future medical practice, for proper

understanding significant modern research results and professional development, for critical judgement of their own and others' work. In total, 10 ECTS are planned for the development of the scientific component. However, it would be beneficial if students could learn laboratory methodologies in order to build the experimental research skills of Biomedicine, which are not provided in the curriculum; no laboratory training is mentioned in the syllabi. During the interview, the microbiologist tutor indicated that the laboratory practice in the microbiology direction will be held by the outsourced lab, and the clinical diagnostic laboratory of the affiliated Aladashvili Clinic expressed willingness to take students in the pathomorphological direction too.

To enlarge the range and scope of competencies acquired during pre-graduate training, it is important that medical students develop a good insight into teamwork and interdisciplinarity. The team approach should be more important component during preclinical skills training and in hospital units such as oncology, intensive care, paediatrics, etc. Here a special remark is necessary again on simulation (technical-procedural and scenario-based) techniques in medical education. Skills training is very cursorily described in the SER and the syllabi – and more data/information is needed on the integration of the Skills Centre (and simulation methods employed) into the educational structure of the HEI – but the Skills Centre is expected to be used as starting point to increase the weight of practical training, and it seems likely that the current environment does not meet the demand of certain preclinical courses. Teamwork and he integration of procedural knowledge obtained during simulation skills training into the presented clinical curriculum should be reinforced, the technical background can be developed further with diagnostic and technical/interventional facilities. Of note, short and long-term development strategies for the Center are needed and it would be important to develop and repeat a set of practical procedures (along the planned spiral line) that the students must master by the end of the study program. These competencies can be assessed in 1. simulated and 2. in real clinical scenarios, too.

Directions of in vitro 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.). Some examples (proposals) for development avenues for these areas, are as follows (based on the analyses of syllabi, as well):

Later on, at completion the course Clinical Skills 2, the student will be able to perform different immobilizations during traumas or removing a victim from a car (OSCE No. 2.) or perform “crycothyropection” tomography (OSCE No. 3), but the technical background necessary for these manoeuvres was not demonstrated during the site visit. Similarly, the pathway facilities to demonstrate the skills and knowledge required to manage wounds, soft tissue injuries or simple fracture stabilization, etc. using “standardized patients” as described in Clinical Skills Map a and b, were not demonstrated during the site visit. It should be added that this approach (i.e. the use of standardized patients) partly meets expectations, however, the way to prove the mastery, the knowledge acquired is not specified (simulation stations using OSCEs or bedside exams using standardized patients?). Besides, a health care course for medical students should include many other forms of fractures and traumas such as crush, head or extremity injuries, haemorrhage, spinal trauma, etc. – with matching practical exams. It should be noted that the number of ECTS is 2 here, with total 60 hours (independent 28 hrs + 8x1 hrs lectures, 22 hrs practical work including 6 hrs clinical + 2 hrs final exam). BLS – or “basic life-saving algorithm) which includes “indirect cardiac massage”

(?) is taught for 1+2 hrs, while on the other hand, 1 hr theory and 2+2 hrs practice is spent for naso-orogastric tube placement. This is quite disproportionate, especially considering that the head of MediClub Georgia has indicated during the site visit that this subject is taught for one day.

Evidences/indicators

- SER
- Sector Benchmarks of Higher Education – Medicine
- One-Cycle Educational Program of Medical Doctor
- Site visit
- Interviews

Recommendations:

- The study program should have a well-defined overarching research concept with defined scientific/applied research objectives (on its own or as part of a cooperative research centre or interdisciplinary program), which is also reflected in the research development plan of the institution. Sufficient financial, logistic and human resources should be allocated for achieving any planned / proposed research objectives. Expectations for teaching staff involvement in research and scholarly activities should be clearly specified, and performance in relation to these expectations should be considered in staff evaluation and promotion criteria as well.
- The current basis of the Skills Centre is expected to be used as starting points to increase the quality and weight of practical training, and therefore, short-term development strategies are suggested. More attention needs to be paid to the prospects and opportunities for technical skills development. Strengthen both the instrumental elements (in proportion to the number of students envisaged) and the subject areas that can be linked to them.
- Procedural skills (e.g. injections, sutures, bandages, BLS) should be assessed at standardized frequency: competence and the need for re-training should be re-assessed at appropriate time intervals.

Suggestions for programme development:

- Organize better the clinical rotations and schedule for integrated basic subjects
- The OSCE Center should be upgraded to meet the number of students admitted.
- Long-term, strategic planning and investments in more complex simulations (i.e., scenarios with high fidelity computerized patient simulators such as trauma and ICU mannequins, birth simulators, etc.) is also suggested – the high-fidelity simulation protocols may be incorporated later on into a postgraduate curriculum as well.

Best Practices (if applicable):

- HEI has its own clinic and can provide good environment for mastering clinical skills.

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

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ Partially complies with requirements

☐ Does not comply with requirements

2.5 Teaching and learning methods

Program is implemented using student centered teaching and learning (SCL) methods. Teaching and learning methods correspond to the level of education, course content, student learning outcomes and ensure their achievement

Descriptive summary and analysis of compliance with standard requirements

The program provides a variety of learning strategies, such as student-oriented, oriented on self-instruction, stimulated and integrative learning methods such as lectures, seminars, working groups, CBL and PBL, practical training, role play, discussion/debate, competence-based instruction, independent learning, e-learning, patient–oriented instruction to acquire clinical experience. Finally, the program is the reach of teaching and learning approaches that allow students to accomplish learning outcomes.
Teaching methods, however, do not always correspond to the course content and LOs. For instance: in basic science modules (e.g. histology course) a student faces with the following outcome: "students have skills for interpretation and checking of the result of electronic micrographs. Identify different types of blood cells". There is no laboratory teaching method there which allows students to identify cells on the glass slides under the microscope.

Evidences/indicators

- SER
- Sector Benchmarks of Higher Education – Medicine
- One-Cycle Educational Program of Medical Doctor
- Syllabi
- Interviews

Recommendations:

- Ensure that the teaching and learning methods correspond to course content, student learning outcomes

Suggestions for programme development:
Best Practices (if applicable):
In case of accredited programme, significant accomplishments and/or progress
Evaluation ☐ Complies with requirements ☒ Substantially complies with requirements ☐ Partially complies with requirements ☐ Does not comply with requirements

2.6. Student Evaluation
Student evaluation is conducted in accordance with established procedures. It is transparent and complies with existing legislation
In the SER it is stated that "student assessment is carried out in accordance with procedures established by the University, which is in full compliance with the legislation. The criteria are fair to everyone and transparent", but the evaluation system is not fully understandable. For instance, in the program and the SER it is written that" While implementing educational program the student's minimal competence of midterm and final evaluation is presented in specific syllabus and the student is informed on the fact at the beginning of the term". In syllabi of Module MED04 there is the following information: "The final assessment of the subjects included in the module is a weighted sum of intermediate and final assessments and consists of the following components: Checking of the acquired knowledge (oral or written) - 20%; Quizzes (written) - 20% ; PBL - 20% Final exam - 40%" In some of the syllabi, like in MED26, there is another version: "The final assessment of the items included in the module is a weighted sum of midterm and final assessments and consists of the following components: ● Checking of the acquired knowledge (oral or written) - 30% ● Quizzes (written) - 20% ● Presentation - 10% ● Final exam - 40% "

It is thus unclear whether the first three items on the list above are part of the intermediate or midterm exam. There is no current assessment information. If these are all mid-term assessments, it is unclear at which stage of the course/module they should be taken.

It is also unclear which one is the midterm evaluation (quizzes, checking the oral or written knowledge, or presentation), because it is not transparent. Also, it is an open question whether the combination of the aforementioned components (1. checking of the acquired knowledge (oral or written) - 30%; 2. Quizzes (written) - 20% and 3. Presentation - 10%) belongs to the midterm evaluation or to the present ongoing assessments.

There appears to be a misunderstanding of terms, which will lead to confusion among students; either the syllabi should include a more transparent and understanding evaluation system, or the program should have a more detailed and well-defined integrated assessment system for integrated modules.

"Overall assessment of the module is calculated by the grade point average of the subjects it includes," is written in SER, which means that the percentage redistribution of grades in modules is the same for each subject that this module includes, and the final current point is calculated as an average point from all subjects in the module. Unfortunately, neither academics nor invited personnel could explain it clearly during the interviews.

In SER and in the Program it is mentioned that: "The final exam in subjects included in the module is combined: contains tests and open questions and maybe the Cases Analysis", but during the interview neither head of the program, nor academic/invited staff and QA could clarify how the integrated assessment on the final exam will be held. It is not clear, that in the Modules which consist of 5-6 subjects, after finishing each subject will the student have a final exam in each and then summarize or calculate the average (like it is written in Module Cycle of Life 2" "Overall assessment of the module is calculated as an average point of its subjects' final assessments, pursuant to the following formula", or after finishing the whole integrated module there is one final integrated exam? It is not clear whether the Final exam is oral, or MCQ type. In syllabi, there are no clearly shown assessment criteria for the final exam. The percentage redistribution of grades in modules for each subject is confusing for the assessors and students, because is not seen clearly for each subject how many times and by which assessment methods students are evaluated.

In SER it is mentioned that for practical and clinical reasoning skills assessment there are OSCE, OSPE, Mini CEX exams, and direct observation report evaluation – but according to the syllabi revision, clinical modules such as gynecology, surgery, internal disease, pediatrics such assessment was not found. Moreover, the OSCE exam of clinical skills course includes only 3-4 stations. DOPS was found only in Anesthesiology and Reanimatology course, but OSPE and its criteria were not found in any syllabi.

Methods of assessment are irrelevant for some modules, such as: Students should have the following skills in the Module "MD16-Cycle of life 1" (Child development - the norm and pathology): "Conduct standardized physical examinations and analyze their rationale (in children and adolescents)", when an assessment system is test, open question, case analysis.

It should be added that there are some best practice parts, too, such as that students will have Qualification Exams upon completion of the program based on the Commission in the following subjects: Internal illnesses, Neurology, Obstetrics and Gynecology, Pediatrics, Infectious Diseases, and Surgery, but it would be better if the 360-degree assessment would be used as an assessment too in the clinical practice of the same subjects.

It should also be underlined that logbook are used to assess students during the bedside teaching in the clinical practice.
The study tasks and LOs will be uploaded at the University's electronic (e-base) platform and every student will have access to it (p13, EWUNI program). The scores will also be visible individually for the students, they have possibility to see the evaluation of written exams, final and midterm exams. Evidence for an active e-system, the efficiency and usability of the personalised digital platform (designed to allow not only document sharing across the University but also document tracking) is however, not provided yet.

Evidences/indicators

- Sector Benchmarks of Higher Education - Medicine
- SER
- Syllabi
- One-Cycle Educational Program of Medical Doctor
- QA internal mechanisms
- Interviews

Recommendations:

- Syllabi should include a transparent, easy-to-understand, and well-defined integrated assessment system for integrated modules which should be understandable for teachers and students as well.
- It is recommended to have and integrated final exams in all integration modules and it should be defined clearly in syllabi and program.
- OSCE should be conducted in gynecology, pediatrics, general surgery, and internal medicine.

Suggestions for programme development:

- In basic sciences the use of OSPE exam is advised
- DOPS and 360-degree assessment will be most suitable assessment in clinical modules
- A targeted training course is suggested for the teaching staff to better understand the principles of performance evaluation.

Best Practices (if applicable):

- Qualification Exams at the end of program
- Logbooks as assessment tool in the clinical practice

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

Evaluation

☐ Complies with requirements

☒ Substantially complies with requirements

☐ Partially complies with requirements

☐ Does not comply with requirements

Programme's Compliance with Standard

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

3. Student achievements and individual work with them

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

3.1 Student support services
Students receive appropriate consultations and support regarding the planning of learning process, improvement of academic achievement, employment and professional development
As EWUNI MD program has no students yet, panel members had no opportunity to meet/interview them. Nevertheless, EWUNI academic staff is highly motivated to provide students with high quality teaching information and help them during studies. Throughout the time on-site visit at Aladasvhili clinic panel members had a chance to see one bigger room for around 20 students and several small rooms for 5 students as one of practice tutor stated, the rooms will be used during practical studies. Also, lab studies are held at Aladasvhili clinic. EWUNI academic staff uses OSCE exam to evaluate student knowledge. The OSCE rooms are located at university's clinic "Tbilisi Balneological Clinic". While on site visit at EWUNI main campus we' have seen several specific rooms designed for anatomy, histology etc., the histology classroom is equipped with 8 traditional light microscopes and 5 very basic student digital microscopes. EWUNI is capable of providing huge practical aid for students because of their clinical resources. They already have several mechanisms of supporting students with low grade incomes. For instance, a "Training assistance" system, where students with higher academic grades will help other ones to

improve. Nevertheless, during meeting with academic stuff, lecturers were not aware about this mechanism.

University plans to involve students in various activities such as excursions and cultural events, and grants and scholarships are planned for more motivation and integration.

EWUNI has specific appellation system. Students must write directly to the dean's office via online platform. University plans to implement newer method for easier access.

It is stated that the objectives of the program and each module / course and expected LOs and their evaluation criteria and exemplary questions / cases / problems / topics will be posted on the university's electronic database and will be accessible for all students. The operation of the e-platform is, therefore, a critical issue, proper and safe e-conditions should be guaranteed before the initiation of the program. It is important to note here again that the Institution's data protection policy should also be regulated.

Evidences/indicators

- Self-Evaluation Report
- Interviews with University Administration, Self-Evaluation team, Heads of Programme, Academic Staff, Tutors, Invited Staff, University & Faculty QA
- Electronic portal for students (E-Learning)
- EWUNI web portal - http://eastwest.edu.ge/

Recommendations:

Suggestions for programme development:

- Efficient use of a personalized digital e-platform of student activity (designed to allow not only document sharing across the University but document tracking also) should be provided.

Best Practices (if applicable):

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

Evaluation

☒ Complies with requirements

☐ Substantially complies with requirements

☐ Partially complies with requirements

☐ Does not comply with requirements

3.2 Master's and Doctoral Student supervision
Master's and Doctoral students have qualified thesis supervisors
Descriptive summary and analysis of compliance with standard requirements ○ n/a
Evidences/indicators
Recommendations:
Suggestions for programme development:
Best Practices (if applicable):
In case of accredited programme, significant accomplishments and/or progress
Evaluation ☒ Complies with requirements ☐ Substantially complies with requirements ☐ Partially complies with requirements ☐ Does not comply with requirements

Programme's Compliance with Standard

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

4. Providing teaching resources

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

4.1 Human Resources
➢ Programme staff consists of qualified people who have necessary competences in order to help students achieve programme learning outcomes; ➢ The number and workload of programme academic/scientific and invited staff ensures the sustainable running of the educational process and also, proper execution of their

research/creative/performance activities and other assigned duties. Balance between academic and invited staff ensures programme sustainability;

- The Head of the Programme possesses necessary knowledge and experience required for programme elaboration. He/she is personally involved in programme implementation;
- Programme students are provided with an adequate number of administrative and support staff of appropriate competence

Descriptive summary and analysis of compliance with standard requirements

EWUNI is a relatively newly founded teaching university, and it has a policy regarding the competencies of new academic and scientific staff and the procedure is based on the legislation of Georgia. All procedures are clear.

As it was discussed during the interviews, the number of the university' academic and invited staff (professors, associate professors, and assistant professors) is different in the SER and the new Annexes to the SER. During the accreditation process documents were requested by the Expert Panel, to clarify the workload and also the affiliation status or any official agreements, guarantees for the academic staff, but in the reply letter officially received, the HEI responded that "nowadays there are no needs to ask the academic personnel about their workload in other universities or any affiliation guarantees, because the university does not has the accreditation yet, and situation will change as soon as the university enrols the first students in the program".

Amount of administrative and supportive staff and system of recruitment of them is in compliance with requirements.

Most of the qualified academic personnel, during interviews, stated that they are employed in other HEIs, and research or other scientific activities are not dedicated to EWUNI.

Requested document on "clinical experience of academic staff" was not updated and was confusing.

The methodology of determining the number of academic and invited staff in relation with their full-time equivalent workloads and the expected number of students is still unclear.

Head of the program is qualified and is fully involved in the development of program. The University was supported by other universities in the program development and implementation process. During the interviews supportive consultant was present.

For the operation of the program, EWUNI has created an organizational form which places the Academic Council alongside the Rector and the academic administration. According to interview results it seems that the Academic Council, as the most senior group responsible for the delivery of the curriculum, involves the members of the Faculty Council as well. Nevertheless, the administrative links to the teaching units, the structural components of the Faculty, are seemingly missing, not shown on the organogram and not presented clearly to the Expert Panel. Whilst the various teams when interviewed were all aware of the details regarding their individual roles, assignments and duties, their knowledge about the preclinical-clinical relationships and the corporate identity of a new University was less clear. Likewise, the EWUNI's structural diagram showing the interrelationship of these preclinical and clinical teaching units is not as clear as it might be in terms of cooperation, responsibilities and supporting mechanisms.

According to the descriptive statistics of the SER (p3), the number of full-time academic staff of the Faculty is currently 29, there are 72 external associates (invited staff members), and therefore, the number of programme staff is n=101. The number of administrative and support staff is currently n=28. The number of international staff involved in the teaching process is n= 4 but in this respect no personal or other, additional data (required during the audit) were available.

The University intends to admit 80 students to this program in the first and second years, and 100 students in the third year. Because student enrolment is directly related to educational quality, the number of students enrolled must be proportional to the program's capacity in all directions (academic/invited persons, technical material base, hospital capacity).

It should be added that an Excel table is presented (Annexes new - 5-Personnel – "New Personnel") listing 30 academic tutors with 22 MD or equivalent and 23 PhD degrees and full-time tenure positions, and 73 tutors are listed among the invited tutors/supervisors, 50 of them with MD and 34 with PhD, and n=18 of them with MD and PhD degree.

Again, according to SER, the EWUNI has right to have 600 students under the terms of authorization. The University intends to enrol 80 students into the first year and then the total number of students of the program will increase to:

- in the second year it will have a total of 160 students,
- in the third year a total of 260 students,
- in the fourth year a total of 360 students,
- in the fifth year a total of 460 students
- and in the sixth year and subsequent years a total of 560 students.

Estimates or ranges of student dropouts are not presented, but according to this approach an increasing number of admissions is planned after the second academic year, even without withdrawals.

The University's policy regarding student transfers is in line with Georgian law and practice in Georgia, and the number of transfer places is limited by no more than 5% of the existing number of students.

Here it should be noted again that the actual number of student/study years is always depending on human (tutor numbers, staff motivation) and other non-human (infrastructure, space, etc.) teaching resources, therefore it will be necessary to analyse and then re-analyse thoroughly and yearly the teaching capacity and availability. In fact, the main limiting factor in the number of medical students trained each year is not linked to the resources, infrastructure, etc. but to the restricted number of teachers and opportunities for the teaching of clinical care. In this respect, the human capacity and the rule for calculating staff workload was not visible to the Expert Panel.

The program is new and therefore it is significantly based on new employments and the workload of newly invited staff members. Therefore, the Expert Panel requested more information on the workload of academic/invited staff with planned FTE (full time equivalent) values. This information cannot be clearly identified (the Expert Panel received additional documents from the HEI (Detailed Table.xlsx) through NCEQE, which did not contain the requested data).

Evidences/indicators

- Self-Evaluation Report
- Interviews with University Administration, Self-Evaluation team, Heads of Programme, Academic Staff, Tutors, Invited Staff, University & Faculty QA

Recommendations:

- The methodology of determining the number of academic and invited staff in relation with their full-time equivalent workloads and the expected number of students should be developed. The HEI should determine the maximum numbers of students it can accept in harmony with pre-defined staff / student ratios for both academic and invited staff, each

module having the pre-defined number of tutors (professors or associate professors and affiliates) with their actual workloads expressed in full time equivalents (FTEs). It should be disclosed that academic staff positions do not cover, within an academic year, more than the reported (full-time) workload, regardless of the educational institution where they carry out their activity.

- The academic staff should have a proven track record of research results on the same topics as their teaching activity. Later only scientific output with clear dedication to EWUNI should be taken into account, thus clear policies should be established for defining what is recognized as scientific research at the start of the program, consistent with international standards and established norms in the field of study of the program.
- Clearly define the role of clinical mentors/supervisors including their functions. The qualification requirements for clinical tutors are set by the sector benchmarks; the level of compliance should be checked, regularly.
- The documents on "clinical experience of academic staff" should be updated.

Suggestions for programme development:

Best Practices (if applicable):

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

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ Partially complies with requirements

☐ Does not comply with requirements

4.2 Professional development of academic, scientific and invited staff

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

Descriptive summary and analysis of compliance with standard requirements

The Quality Assurance office of EWUNI is responsible for the evaluation and analysis of the work quality and academic/pedagogic activities of academic and invited personnel which is planned annually, based on surveys monitoring of their pedagogic and research activity. As concerns research activity, it will be assessed based on a publication list, attendances in conferences, and participation

in different scientific projects or activities. Afterward the recommendations will be issued, and program coordinator will presents them individually to any of the members of academic or invited staff.

The HEI is committed to the financial support from budget, for the encouragement of academic and invited staff in research and also publishing scientific articles by the dedicated name of EWUNI.

By the SER the university should have the "structural unit" which should be responsible for the development of research, will provide information to staff and students about local and international research grants, conducting consultations and assist the interested persons in finding desired grants. During the site visit it was understood that so far scientific or research activities dedicated by the HEI were not performed. HEI performs annual report of scientific activities of academic and invited staff, which is a part of the performance assessment and monitoring. During the site visit and interviews and in SER and other documents evidence for relevant trainings for the development of staff were not provided.

Evidences/indicators

- SER
- Interviews
- Website
- Programme Standards

Recommendations:

- The numerical parameters of the current scientific activity should be summarized - the scientometric data will serve as a starting point and milestone indicator for further performance assessment and comparisons at a later stage of program implementation and development.
- It is recommended that further training in PBL and CBL methodology is carried out to ensure that all lecturers understand not only the pedagogy that underpins the method but also how to operationalize it as tutors.
- The creation of a case bank for integrated PBL/CBL will be a good investment for future sustainability as it will enhance the scale, scope, and quality of the cases available to the students.
- Training the academic staff for better implementation of OSCE exams is needed.

Suggestions for programme development:

- The financial commitment of the HEI to the support of academic and invited staff in research and also publishing scientific articles should be made numerically clearer when planning the budget lines.

Best Practices (if applicable):

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

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ Partially complies with requirements

☐ Does not comply with requirements

4.3 Material Resources

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

Descriptive summary and analysis of compliance with standard requirements

The University is owner of the Aladashvili Hospital, which follows the requirements for the clinical step of the program. Here ample evidence was provided for sufficient spaces, student areas and also the involvement of dedicated staff members, who will monitor the rotations, attendance of courses, etc., educational and other activities of students.

HEI has OSCE exam center, which is located in Balneological Clinic, which is owned also by the University. OSCE rooms, 4 at this moment, are equipped with simple medical equipment, which complies for lower semesters, to conduct OSCE exams. There is additional free space to organize additional activities, and to improve and develop the current OSCE examination centre in case of purchasing appropriate equipment.

The Clinical Skills Center in main campus has small rooms and it is not appropriately equipped with the teaching materials necessary for the safe start of an MD program. The Clinic Mediclub Georgia and EWUNI have a memorandum about conducting clinical skills training for university students.

The Exam Center, located in main campus, is equipped with 36 laptops, and oriented for MCQ and/or other type of exams, which is also relatively small and inadequate for ordinary functioning and conducting exams.

The main campus laboratories are poorly equipped with very basic light microscopes. The laboratory which is in Aladashvili Hospitals two-floor building, serves for clinical laboratory diagnostics, too, here hospital laboratory and morphology specimens are collected and diagnosed. Space is limited even at the time of the site-visit, without any students.

HEI has a library, and during the site visit the requested books were presented in compliance with the syllabi. Library has space for reading and for meetings, it is equipped with laptops in the reading area (20), printer, scanner and copy machine is available. Wi-Fi is free for university staff and future students in the main campus. The library uses an electronic library management system. The university has purchased an access to the electronic bases of international scientific articles and from the university's IP address, any user will be able to work with those bases.

The HEI website is bilingual- Georgian and English and works properly at this moment.

Evidences/indicators

- SER
- Site visits
- Interviews

Recommendations:

- The teaching material listed in syllabi supports the achievement of intended LOs, nevertheless, the recommended printed volumes (besides electronic versions, if any) should be up to date, and the hardcopy editions should be available in the library in appropriately increased number.
- The resources of the library can be developed, and the faculty should continue to work towards enrichment of the electronic - scientific resources. Besides, organization of introductory sessions for novice students how to use library resources, would be useful.
- Equip and reinforce the educational and scientific laboratories for basic sciences to ensure to reach LOs and skills in these directions.

Suggestions for programme development:

Best Practices (if applicable):

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

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ Partially complies with requirements

☐ Does not comply with requirements

4.4 Programme/faculty/school budget and programme financial sustainability

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

Descriptive summary and analysis of compliance with standard requirements

The HEI has financial resources which are fully dependent by the budget plan, which is performed by the university regularly, with tuition fees of the students as incomes. All key indicators are considered in a budget.

During the interviews with management team and the founders it was declared that the HEI will receive financial support in case of needs, which will be the guarantee of the financial stability of a program.

Although it seems that the medical program itself will be the main source of income for the HEI, the management has declared that the risks are properly assessed, and the leadership is aware of the financial obligations associated with the proper operation of the program.

Evidences/indicators

- SER
- Interviews
- Provided and requested documentations

Recommendations:

Suggestions for programme development:

- Increase resources to provide suitable conditions for sustainable university operations. Invest in tools for successful skills training, increase investment in new demonstration technologies, new campus facilities.
- Short and long-term impacts of a global recession and monetary inflation (stagflation) on the program (for short term: 2023) should be assessed and the budget may possibly be redesigned accordingly, with shorter (half-year) financial phases.

Best Practices (if applicable):

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

Evaluation

☒ Complies with requirements

☐ Substantially complies with requirements

☐ Partially complies with requirements

☐ Does not comply with requirements

Programme's Compliance with Standard

Standard	Complies with Requirements	Substantially complies with requirements	Partially Complies with Requirements	Does not Comply with Requirements
Providing teaching resources			X	

5. Teaching quality enhancement opportunities

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

5.1 Internal quality

Programme staff collaborates with internal quality assurance service(s) available at the higher education institution when planning the process of programme quality assurance, creating assessment instruments, and analysing assessment results. Programme staff utilizes quality assurance results for programme improvement.

Descriptive summary and analysis of compliance with standard requirements

The University is a newly established organization that has not yet implemented educational activities defined by the Charter and Regulations, and therefore the internal mechanisms of quality assurance are mainly represented at the level of regulations and concrete documents and the full implementation of its content has not yet been implemented. The structural unit responsible for implementing effective mechanisms for quality assurance in the university is the Quality Assurance Department, whose main tasks and functions are determined by the relevant document, the implementation of the quality assurance mechanisms set out in the regulations will ensure their effective implementation, which includes the following aspects:

- Effective involvement of all university rings in the implementation of internal quality assurance mechanisms;
- Ensure the availability of relevant human, information and material resources for the effective implementation of the internal quality assurance mechanism.

With the existing quality assurance mechanism, the following activities will be provided:

- Revision the educational program;
- University Human Resources (Academic, Invited, Administrative) staff;
- Checking material resources of the university;
- Monitoring of students' academic performance;
- Checking services provided by the University;
- Assessing the relevance of decisions made by the university management;
- Checking the active involvement of staff and students in university management;
- Checking involvement of external stakeholders (employers, alumni, etc.) in the development of university activities with the university community

For the evaluation of the MD program a questionnaire form was filled out only for employers and academic/invited staff, but the date was 2019 for employers. Besides, the questions in the questionnaire are oriented only on the aim and outcome of the program, not asking special requirements on employer's needs.

The quality assurance service-related activities are based on the PDCA (Plan, Do, Check, Act) cycle, surveys and evaluations of many routine activities, self-assessment processes and performance reviews for staff and students, annual reports with detailed analysis of data to the monitoring of the structural units and the progress on plans. These processes cover practically all areas of activity and inform all decisions taken within the HEI. Academic staff evaluation will be conducted regularly at least through self-evaluation, students, peer and superiors' evaluations, and occur on a formal basis at least once each year. The results of the evaluation will be made publicly available.

EWUNI describes a comprehensive quality culture as being a key part of the values of the institution. The vision of having a 'quality culture' was explored with the various staff groups interviewed and all were able to acknowledge that it was a key priority for EWUNI and that they had a role in achieving that. It will be important to ensure that when students start to arrive, they should be also aware of the part they have to play in maintaining a quality culture and very often the best way to achieve that is including them in all relevant processes as well as by responding to their concerns and feedback in a timely and effective manner. Plans are in place for that to happen however until students arrive it is not possible to test that. As part of that there is a series of activities that are undertaken by the QAS which seems to be adequately equipped and resourced to do this work as evidenced by the detailed documents submitted to the Expert Panel.

The University has determined the maximum numbers of students it can accept across the whole 6 years, but the likelihood that students will all receive a quality education and that the educational program implemented effectively, is strongly affected by the number of teachers and other human resources. Therefore, a 'Student Contingency Planning Methodology' should be designed to ensure that material and human resources are in place for the start and sustainability of the academic program. This should detail the essential components of resource indicators, targeted benchmarks with staff / student ratios for both academic and invited staff, each module having the pre-defined number of tutors (professors or associate professors and affiliates) with their actual workloads in FTEs, and other conditions such as estimated student dropout rates, transfer requests. Achievement of all aspects should be measured with targeted benchmarks and monitored by the Quality Assurance Service with the involvement of the various other services as appropriate.

It should be noted, that in many cases it was necessary to combine the SER data with other references and supplements to find a definition or an indicator. Relevant accompanying documents are often found in sub-chapters of Annexes. As an example, the "Annexes New" folder contained 20 subfolders with 82 separate entities in total. It should also be noted that the nomenclature of the folders and files was often misleading (to illustrate: a subfolder entitled "7 Market analysis" contains 3 sub-subfolders with the titles "New Learning Outcomes", "New Program Need" and "New Program Overview" (and 8, 2, and 8 files/items within, respectively). This rather confusing and fragmented presentation approach hindered the SER-based analytical work significantly.

Most importantly, according to the Action Plan documents (Annexes New folder / Addition 1 - Recommendations and developments subfolder), where the previous recommendations and the subsequent actions of the HEI with documentary evidence are listed, this specific case (point 4.1. Year 2021) is referred to "appendix 4.4." Appendix 4 is, however, is dealing with "methods for assessment the program learning outcomes" while "new Addition 4" with the recognition of ECTS.

Besides, in its current form mostly generalities are presented in the SER, important indicators are missing. In many cases only partial information or incomplete data were made available for the evaluation in the SER itself. As an example, the measurable scientific/research output of the academic/invited staff is not available (with N/A signs on page 3 of SER) which makes the analysis of this component of the program rather difficult. Many of the individual CVs were not informative and therefore, the sum and the global weight of scientific-research activities of the program cannot be evaluated with certainty. Likewise, the future efficiency of the HEI's community outreach strategy, the planned contributions to the local community (third mission activity, which is

considered important component according to the stated Vision of the HEI) could not be judged with sufficient certainty.

Evidences/indicators

- SER
- Internal mechanism of evaluation (Annex 11)
- Guideline for academic management (Annex Addition 8)
- Program evaluations (Annex 11)
- Evaluation forms (Annex 11)
- Interviews

Recommendations:

- A new 'Student Contingency Planning Methodology' should be designed to ensure that material and human resources are in place for the start and sustainability of the academic program. This should detail the essential components of resource indicators, targeted benchmarks with staff / student ratios for both academic and invited staff, each module having the pre-defined number of tutors (professors or associate professors and affiliates) with their actual workloads in FTEs, and other conditions such as estimated student dropout rates, transfer requests, etc.
- The HEI must establish quality assurance culture with the involvement of all stakeholders according to their Internal Quality Assurance policy, and the implementation of real processes must align with, in a consistent manner in order to ensure the regulation of the program.
- Questionnaires should be formulated according to the needs from particular stakeholders.
- University should have an internal mechanism to evaluate all structural unit's work, including the clinical teaching bases

Suggestions for programme development:

- Plan to introduce internal peer reviews and systematic teacher evaluations; e.g. colleagues going to each other's lectures, workshops and seminars.
- Many interesting suggestions were presented in the conclusion of the previous survey which should be taken into account during the design of the program.

Best Practices (if applicable):

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

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ **Partially complies with requirements**

☐ Does not comply with requirements

5.2 External quality

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

Descriptive summary and analysis of compliance with standard requirements

According to SER an external quality analysis was carried out during the University's authorization, and the program has received detailed evaluations by external experts. Nevertheless, it seems that the same evaluations and recommendations have already been used in previous external evaluation processes as well (as mentioned e.g. in the 2020 Report). There is currently no evidence for further, recent external quality analysis or other experts' recommendations.

It should also be mentioned that recommendations from independent employers are also missing, and there is no evidence that further, independent evaluations have been carried out or independent expert have been consulted since. In the case of a new program, an independent external audit is always helpful and should therefore be sought in the future.

It should be noted that various aspects of the recommendations made previously (i.e. by the EP of the 2020 evaluation) are still valid or have not been fully clarified yet. These external quality assurances should be taken much more into account by the University.

Evidences/indicators

- SER
- Annexes

Recommendations:

- Further external, independent evaluation and impartial assessment mechanisms are necessary for development and implementation of the program.
- For additional improvement, a focus group with the participation of the employers should be formed and their opinions and comments can be also considered during the next phase of program design.

Suggestions for programme development:

Best Practices (if applicable):

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

Evaluation

☐ Complies with requirements

☐ Substantially complies with requirements

☒ **Partially complies with requirements**

☐ Does not comply with requirements

5.3. Programme monitoring and periodic review

Programme monitoring and periodic review is conducted with the involvement of academic, scientific, invited, administrative staff, students, graduates, employers and other stakeholders through systematically collecting and analysing information. Assessment results are utilized for programme improvement

Descriptive summary and analysis of compliance with standard requirements

During the interviews, it has been demonstrated that key actors of the EWUNI are aware of quality culture and its role in the planning documents. The role and function of the Quality Assurance Department is clearly described, quality assurance is clearly key to the way EWUNI has been set up and operate. The Quality Assurance Service is accountable for its activities to the Academic Council and the Rector of the University in the field of education, science and quality assurance itself and the University has all the main and supporting structures that ensure effective monitoring of the quality and continuity of academic processes. Internal quality assurance is based on the PDCA approach, the relevant steps are described clearly, the monitoring of internal quality is based on extensive use of surveys and analysis.

The University has presented a new strategic development plan which focuses on several priorities: quality and development-oriented educational activities; research activities; support of student's career services and organizational development. They are elaborated to the level of strategic goals, tasks and indicators are formulated, and they can serve as a useful guide during the implementation process. The documents, including the SER duly reveal the strengths and weaknesses of the program. As a result of the educational process monitoring, analyses, plans for appropriate and necessary trainings and various activities for administrative, academic / invited staff are used to improve the educational process and support the personnel. According to available data EWUNI has started to prepare the staff for the upcoming tasks providing pedagogical skills and training for student-centred learning, curriculum design, writing learning outcomes, lesson planning, design and delivery, group learning, problem based and integrating key skills into the curriculum. However, currently there is no evidence for the future performance of theoretical or practical clinical teachers. The qualification requirements for clinical tutors should be set by internal regulations and the level of compliance

should be checked, regularly. This can be supplemented by peer-review-based evaluations of the quality of clinical teaching.
Evidences/indicators ○ SER ○ Annexes
Recommendations: ○ In clinical education the key teaching bases (clinical hospitals) should be evaluated regularly for their appropriateness and quality regarding the practical training program. More importantly, clinical tutors must be able to demonstrate a satisfactory working knowledge of English. ○ Program monitoring, periodic reviews and data analyses should be based on the electronic platform of the EWUNI, which should be made ready for efficient monitoring of all aspects of the quality of the educational process.
Suggestions for programme development:
Best Practices (if applicable):
In case of accredited programme, significant accomplishments and/or progress
Evaluation ☐ Complies with requirements ☒ **Substantially complies with requirements** ☐ Partially complies with requirements ☐ Does not comply with requirements

Programme's Compliance with Standard

Standard	Complies with Requirements	Substantially complies with requirements	Partially Complies with Requirements	Does not Comply with Requirements
Teaching quality enhancement opportunities			X	

Enclosed Documentation (If Applicable) -

HEI's Name: East-West Teaching University

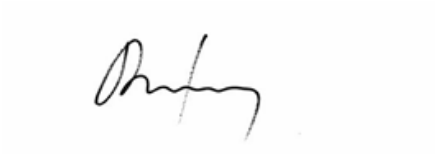
Higher Education Programme Name, Level of Education: One-Cycle Educational Program of Medical Doctor

Number of Pages of the Report: 52

Programme's Compliance with the Standard

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

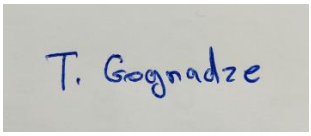
Expert Panel Chair's



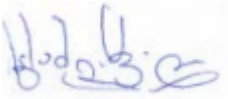
Mihály Boros

Expert Panel Members '

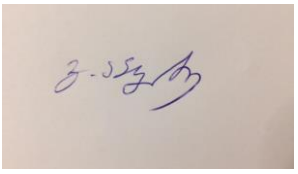
Leila Akhvlediani



Tinatin Gognadze



Tsotne Samadashvili



Giorgi Abuladze