



**NATIONAL CENTER FOR
EDUCATIONAL QUALITY
ENHANCEMENT**

Accreditation Expert Group Report on Higher Education Programme

For educational programmes implemented within the first and second levels of higher education
and Georgian language preparation educational programme

Name of Educational Programme, Level of Education

Nursing, English Language Bachelor

Name of Higher Education Institution

LLC University Geomedi

Evaluation Date(s)

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Tbilisi

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Information about a Higher Education Institution ¹

Name of Institution Indicating its Organizational Legal Form	University Geomedi LLC
Identification Code of Institution	204909858
Type of the Institution	University

Expert Panel Members

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

I. Information on the education programme

Name of Higher Education Programme (in Georgian)	საექთნო საქმე
Name of Higher Education Programme (in English)	Nursing
Level of Higher Education/programme	Bachelor's Studies
Qualification to be Awarded ²	Bachelor of Nursing (B.N)
Name and Code of the Detailed Field	0913 Nursing and Midwifery
Indication of the right to provide the teaching of subject/subjects/group of subjects of the relevant cycle of the general education ³	
Language of Instruction	English
Number of ECTS credits	240
Programme Status (Accredited/ Non-accredited/ Conditionally accredited/ Newly proposed/International accreditation) Indicating Relevant Decision (number, date)	New
Additional requirements for the programme admission (in the case of an art-creative and/or sports educational programme, passing a creative tour/internal competition, or in the case of another programme, specific requirements for admission to the programme/implementation of the programme)	
The quota for MD students requested by the HEI (In the case of Medical Doctor one-cycle educational programme)	

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

³ In case of Integrated Bachelor's-Master's Teacher Training Educational Programme and Teacher Training Educational Programme

II. Accreditation Report Executive Summary

- **General Information on Education Programme**
 - **Name of Higher Education Institution:** University Geomedi LLC.
 - **Name of Educational Programme:** Bachelor of Nursing (B.N).
 - **Level of Education:** Bachelor.
 - **Number of ECTS credits:** 240 ECTS.
 - **Language of Instruction:** English.
- **Overview of the Accreditation Site Visit**
 - The site visit included observations of the simulation and practical training facilities, as well as the Biochemistry, Microbiology, Anatomy-Histology, and Pathology laboratories.
 - The panel conducted interviews with the Rector, Vice-Rectors, Dean, programme head, academic and invited staff, representatives of clinical institutions, Quality Assurance representatives, administration, and foreign-language students of the Faculty of Medicine.
- **Brief Overview of Education Programme Compliance with the Standards:**
 - **Standard 1 (Educational Programme Objectives...):** The programme "Complies" across all sub-standards (1.1, 1.2, 1.3, 1.4 and 1.5).
 - **Standard 2 (Methodology and Organization of Teaching...):** The programme "Partially" complies across all sub-standards (2.1, 2.2, 2.3, and 2.4).
 - **Standard 3 (Student Achievements...):** The programme "complies" with standard 3.1.
 - **Standard 4 (Providing Teaching Resources):** The programme "partially" complies with human resources (4.1) and with the programme budget (4.5).and "substantially" complies with professional development (4.3), and material resources (4.4).
 - **Standard 5 (Teaching Quality Enhancement...):** The programme "Substantially" complies with internal (5.1) quality evaluation, and "Complies" with external (5.2) quality evaluation and programme monitoring (5.3).
- **Recommendations:**
 - The University should apply its approved student and personnel contingent planning methodology specifically to the Bachelor of Nursing programme and formally demonstrate how the planned annual intake is determined in relation to available academic and nursing staff, clinical placement capacity, simulation facilities, material resources and other programme-specific requirements.
 - The methodology should define how the planned number of students is determined based on available academic staff, clinical placement capacity, simulation facilities, material resources and other institutional capacities, and should clearly justify the planned distribution of Georgian and international students for this English-language programme
 - The University must revise and formally document the practical and clinical component of the Bachelor of Nursing programme to ensure and demonstrate at least 2,300 hours of supervised clinical education in real healthcare settings, in accordance with the Nursing Sectoral Benchmark Statement. The revised documentation should clearly distinguish theoretical instruction, classroom-based seminars, simulation and skills-laboratory activities from supervised direct patient-care hours and should provide a course-by-course and clinical-site-specific calculation of clinical training hours.

- The University must establish and formally approve a programme-specific framework for the organisation, supervision and assessment of clinical practice. The framework should define the responsibilities of academic staff, clinical coordinators, qualified nurse educators and clinical nurse mentors; student-to-supervisor ratios; required nursing procedures and clinical activities; attendance and make-up requirements; and the mechanisms for confirming achievement of nursing competencies.
- The University must ensure systematic involvement of appropriately qualified nursing personnel in the teaching, supervision and assessment of nursing-specific competencies, including nursing assessment, nursing diagnosis, care planning, nursing interventions, nursing documentation, patient education, continuity of care and professional nursing autonomy.
- The University must ensure the consistent implementation of the minimum teaching and learning methods defined by the Nursing Subject Benchmark Statement, particularly structured CBL, nurse–patient role-play, simulation-based teaching and bedside teaching. The relevant syllabi should clearly identify the learning outcomes, student activities, clinical or simulated setting, facilitator responsibilities and expected outputs associated with each method.
- The University must develop and implement a programme-specific methodological framework for PBL, CBL, TBL, CBCR, flipped classroom, simulation, role-play and bedside teaching. The framework should define the essential elements of each method and provide guidance for their planning and implementation in relevant courses.
- The University should consolidate, formalise and implement a comprehensive Nursing programme-specific OSCE/OSPE framework, including examination blueprints, nursing-specific station scenarios, standardised assessment rubrics/checklists, student and examiner instructions, administration procedures, and examiner training according to a unified standard.
- The University should ensure that the appeals procedure formally distinguishes technical verification from substantive reassessment and guarantees that any substantive review of a disputed assessment is conducted by an independent assessor or body not responsible for the original grading decision.
- It is recommended that the institution provide professional development for staff involved in theoretical, laboratory and clinical teaching not only in teaching and assessment methods, but also in the nursing process, nursing assessment, clinical reasoning, nursing diagnoses and development of nursing care plans, and ensure that such training is appropriately documented.
- It is recommended that the University systematically provide, monitor and document nursing-specific professional development for staff involved in the program, particularly those whose primary professional background is medicine, including preparation in the nursing process, nursing assessment, clinical reasoning, nursing diagnoses and care planning. It is also recommended that appropriately qualified and competent nursing professionals be sufficiently involved in the theoretical and clinical delivery of the program.
- The University should demonstrate that the capacity of partner clinical institutions, including available departments, student places and scheduling arrangements, is sufficient for the planned student intake and enables all students to complete the required clinical training.
- The University should ensure that OSCE/OSPE infrastructure and operational arrangements are fully established, including examination stations, equipment, administration and proctoring.

- The University should clearly define the roles and responsibilities of physicians and nurses in clinical teaching and assessment and ensure appropriate involvement of qualified nursing staff in the assessment of nursing competencies.
- The University should clearly identify and document, within the programme, Faculty or institutional financial planning framework, the financial resources allocated to the Bachelor of Nursing programme and demonstrate that these resources adequately cover its recurring and one-time implementation needs, including staffing, clinical education, simulation, laboratories, equipment, assessment and staff development.
- The University should formally document the sources and mechanisms of financial support available to the Bachelor of Nursing programme, including recurrent and one-time support. Where cross-subsidisation from Faculty or other institutional resources is envisaged, the relevant source and basis for such support should be clearly reflected in the financial planning documentation.
- The University should strengthen the internal review of program and course documentation to ensure clear alignment between teaching methods, assessment methods and learning outcomes.
- The University should ensure systematic and documented involvement of employers and other relevant stakeholders in program evaluation and development, including evidence of how their feedback informs program decisions.
- The University should systematically document identified gaps, improvement actions and follow-up results within the PDCA cycle to demonstrate the effectiveness of program-level quality assurance.
- **Suggestions:**
 - Implement pre-launch calibration for clinical assessors. Given the program's heavy reliance on direct, observational evaluation methods such as the Objective Structured Clinical Examination (OSCE), DOPS (Direct Observation for Procedural Skills), and Mini-CEX, grading can become highly subjective. It is suggested to conduct mandatory inter-rater reliability workshops for all 21 academic and 24 invited clinical staff members before the first semester begins. Calibrating the examiners using mock student scenarios ensures that all staff members interpret the 100-point grading rubrics and clinical competency thresholds consistently.
 - It is suggested that the programme documentation more clearly describe the elements that define the individuality of the programme, including its English-medium delivery, integration of simulation and clinical education, evidence-based nursing focus and research-related components.
 - While the assessment methods are comprehensive, it is suggested to explicitly map each specific assessment task (e.g., a specific DOPS evaluation or a particular essay assignment) directly to the corresponding course learning outcome within the syllabus document itself. Currently, the syllabi list the learning outcomes and then separately list the assessment methods. Creating a direct matrix within each syllabus showing exactly which assessment tool measures which specific learning outcome would further enhance transparency and guarantee that no outcome is left unassessed.
 - It is suggested that the content and core teaching materials of the “Human Physiology” course be reviewed to ensure appropriate alignment with the level and professional specificity of the

Bachelor of Nursing programme, with appropriate emphasis on physiological processes relevant to nursing practice and patient monitoring.

- It is also suggested that the University develop a programme-specific plan for nursing students' participation in research activities, including potential research projects, supervisors, student research assignments, conference participation and dissemination opportunities.
- It is suggested that research and evidence-based practice skills be reinforced progressively in later clinical courses through appropriate nursing-oriented research, literature appraisal or evidence-based practice activities.
- It is suggested that the programme provide progressive opportunities for students to develop and demonstrate nursing leadership, coordination and delegation skills during simulation and/or supervised clinical practice.
- It is suggested that the programme ensure practical teaching of electronic medical record use through an appropriate educational, simulated or supervised clinical environment, in accordance with the Nursing Subject Benchmark Statement.
- It is suggested that the programme team revise the syllabi to distinguish more clearly between teaching formats, such as lectures, seminars, laboratory sessions and clinical placements, and teaching methods, such as CBL, PBL, TBL, simulation, role-play and bedside teaching.
- It is suggested that the programme develop a common bank of nursing-oriented cases, clinical scenarios, facilitator guides and student instructions to support consistent implementation of student-centred teaching methods.
- It is suggested that the University gradually modernise the Biochemistry, Microbiology, Anatomy-Histology and Pathology laboratories and align the available equipment, student workstations, materials and group sizes with the planned laboratory activities and Nursing Subject Benchmark requirements
- It is also suggested that the programme define more clearly how teaching methods are adapted to the cultural, linguistic and academic needs of international students and students requiring additional support.
- It is suggested that the programme team explicitly map the teaching and learning methods used across the curriculum to the programme objectives related to clinical reasoning, evidence-based practice, autonomy, leadership and culturally sensitive nursing care.
- It is suggested that the University ensure that nursing students are systematically informed about academic integrity, plagiarism prevention mechanisms and the use of the CopyLeaks software from the beginning of the programme.
- It is suggested that the programme identify the key assessment points at which programme learning outcomes related to clinical reasoning, autonomy, professionalism, leadership and patient-centred care are formally verified before graduation.
- It is suggested that assessment of patient and family education competencies include direct performance-based or workplace-based assessment in an appropriate simulated or clinical context.
- It is desirable to expand the geographical scope of partnerships with European universities and clinical institutions (particularly in the field of Medicine and Nursing) and, in parallel, strengthen student awareness and counselling regarding opportunities to participate in international grant and exchange programmes.
- It is suggested that the program establish a regular review of clinical staffing capacity against actual student numbers, clinical hours and placement requirements, with the results incorporated into annual program planning.

- It is suggested that the University further strengthen the international dimension of staff development through participation in international nursing education networks, training and experience-sharing activities.
- It is suggested that future external evaluations and expert recommendations be systematically recorded together with the actions taken, responsible units and follow-up results, thereby strengthening the evidence of a closed external-quality-assurance improvement cycle.
- **Brief Overview of the Best Practices (if applicable)⁴**

No specific best practices were noted as the program is in the pre-launch phase.

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

The report has been reviewed considering the argumentative position received from the university. Some recommendations have been modified but without affecting the compliance level. Here are the modified recommendations:

- The University should apply its approved student and personnel contingent planning methodology specifically to the Bachelor of Nursing programme and formally demonstrate how the planned annual intake is determined in relation to available academic and nursing staff, clinical placement capacity, simulation facilities, material resources and other programme-specific requirements.
- The University should consolidate, formalise and implement a comprehensive Nursing programme-specific OSCE/OSPE framework, including examination blueprints, nursing-specific station scenarios, standardised assessment rubrics/checklists, student and examiner instructions, administration procedures, and examiner training according to a unified standard.
- The University should ensure that the appeals procedure formally distinguishes technical verification from substantive reassessment and guarantees that any substantive review of a disputed assessment is conducted by an independent assessor or body not responsible for the original grading decision.
- The University should clearly identify and document, within the programme, Faculty or institutional financial planning framework, the financial resources allocated to the Bachelor of Nursing programme and demonstrate that these resources adequately cover its recurring and one-time implementation needs, including staffing, clinical education, simulation, laboratories, equipment, assessment and staff development.
- The University should formally document the sources and mechanisms of financial support available to the Bachelor of Nursing programme, including recurrent and one-time support. Where cross-subsidisation from Faculty or other institutional resources is envisaged, the relevant source and basis for such support should be clearly reflected in the financial planning documentation.
- **Quantitative Data Analysis of the educational programme in accordance with the requirements of the accreditation standards:**

⁴ A practice that is exceptionally effective and that can serve as a benchmark or example for other educational programme/programmes.

The Bachelor of Nursing program at University Geomedi LLC consists of 240 ECTS credits distributed across four academic years and eight semesters, which corresponds to a total student workload of 6,000 hours. Within this curriculum, 130 ECTS are classified as mandatory clinical courses and 7 ECTS are allocated to mandatory scientific-skills courses. However, the identifiable practical and clinical component amounts to approximately 1,560 hours, which is substantially below the mandatory minimum requirement of 2,300 hours of clinical training established by the Nursing Sectoral Benchmark Statement. Regarding student enrollment and mobility, the University plans to admit approximately 20 students into the program annually. Historical data from the Faculty of Medicine over the last three years indicates low international mobility, with only 10 students participating in such exchange programs.

To support the program's delivery, the human resources framework includes 22 affiliated academic staff members and 25 invited lecturers. The affiliated academic staff consists of 5 Professors, 10 Associate Professors, 4 Assistant-Professors, and 3 Assistants, and the program is additionally supported by 23 visiting personnel and 5 scientific staff members. Financially, the approved 2026 Faculty of Medicine budget projects an income of GEL 12,630,297 derived from tuition fees against planned expenditures of GEL 11,114,661. This budget also accommodates GEL 1,515,636 in planned savings and financial reserves. Finally, the program evaluates student performance using a comprehensive 100-point evaluation system. As an example of this distribution, the "Human Physiology" course allocates 40 points to the final examination, leaving the remaining 60 points distributed among various intermediate theoretical and practical assessment components.

- **In case of re-accreditation, a brief overview of significant achievements and/or progress (if applicable) during the accreditation period, as well as a review of the fulfillment of the recommendations received during the previous evaluation process.**

III. Summary Table of Compliance of the programmes with the standards

	Standard	Evaluation
1.	1.1. Educational Programme Objectives, Learning Outcomes and their Compliance with the Programme	Complies
1.1	Programme Objectives	Complies
1.2	Programme Learning Outcomes	Complies
1.3	Evaluation Mechanism of the Programme Learning Outcomes	Complies
1.4	Structure and Content of Educational Programme	Complies
1.5	Academic Course/Subject	Complies
2.	Methodology and Organization of Teaching, Adequacy of Evaluation of Programme Mastering	Partially
2.1	Programme Admission Preconditions	Partially
2.2	The Development of Practical, Scientific/Research/ Creative/ Performance and Transferable Skills	Partially
2.3	Teaching and Learning Methods	Partially
2.4	Student Evaluation	Partially
3.	Student Achievements and Individual Work with Them	Complies
3.1	Student Consulting and Support Services	Complies
3.2	Master's Student Supervision	Select Appropriate
4	Providing Teaching Resources	Partially
4.1	Human Resources	Partially
4.2	Qualification of Supervisors of Master's Student	Select Appropriate
4.3	Professional Development of Academic, Scientific and Invited Staff	Substantially
4.4	Material Resources	Substantially
4.5	Programme/Faculty/School Budget and Programme Financial Sustainability	Partially
5	5. Teaching Quality Enhancement Opportunities	Complies
5.1	Internal Quality Evaluation	Substantially
5.2	External Quality Evaluation	Complies
5.3	Programme Monitoring and Periodic Review	Complies

Guidelines and Standards (See link)

[Accreditation Standards for Higher Education Programmes](#)

[Guideline for Assessment of Accreditation Standards of Higher Education Programmes](#)

[Suggestions on the evaluation of the methodology for determining the threshold number of student quotas on a higher education institution educational programme of a certified medical doctor](#)

[Assessment criteria](#)

Definitions:

Recommendations - should be considered by the HEI in order to comply the programme with the requirements of the standard

Suggestions - non-binding suggestions for the programme development

IV. Compliance of the Programme with Accreditation Standards

1. Educational Programme Objectives, Learning Outcomes and their Compliance with the Programme

A programme has clearly established objectives and learning outcomes, which are logically connected to each other. Programme objectives are consistent with the mission, objectives and strategic plan of the HEI. Programme learning outcomes are assessed on a regular basis to improve the programme. The content and consistent structure of the programme ensure the achievement of the set goals and expected learning outcomes.

1.1 Programme Objectives

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

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

The objectives of the Bachelor of Nursing program are clearly defined and appropriately align with the discipline, the bachelor's educational level, and the intended qualification. These objectives emphasize comprehensive nursing knowledge, clinical reasoning, evidence-based practice, and professional competencies, including ethical responsibility, communication, and leadership. By addressing health promotion, disease prevention, rehabilitation, and patient-centered care, the program accurately reflects the nursing profession's broader contributions to healthcare and society. Furthermore, the goals broadly align with the Nursing Subject Benchmark Statement, which characterizes nursing as both autonomous and collaborative. The Benchmark underscores the importance of patient advocacy, research, healthcare management, and addressing workforce shortages to enhance the overall quality of care. The program's objectives are also consistent with the institution's educational profile and were formally approved through established university procedures, ensuring graduates are well-prepared for both clinical practice and advanced studies. However, the program's alignment with labor-market needs requires stronger substantiation. Evidence supporting this alignment should be drawn from specific labor-market analyses, employer consultations, or other documented stakeholder feedback, rather than being inferred solely from a general national shortage of nursing personnel.

Evidences/Indicators

- Bachelor of Nursing Program (B.N)
- Curriculum content and maps
- Syllabi
- Subject Benchmark Statement of Nursing
- Interviews
- Site visit

Recommendations:

- None

Suggestions for the Programme Development

- None

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.1 Programme Objectives	Complies

1.2 Programme Learning Outcomes

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

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

The planned learning outcomes are logically structured across the domains of knowledge and understanding, skills, and responsibility and autonomy. They successfully encompass relevant biomedical, clinical, behavioral, and social sciences while addressing essential nursing competencies such as clinical decision-making, patient assessment, ethical conduct, evidence-based practice, and leadership. Formulated with measurable action verbs, these outcomes correspond to Level 6 of the National Qualifications Framework (NQF) and align closely with the Nursing Subject Benchmark Statement for a Bachelor of Nursing.

The program utilizes curriculum mapping to demonstrate a clear relationship between these outcomes and individual courses. There is a logical academic progression, advancing from foundational biomedical and basic nursing competencies in early semesters to specialized knowledge and professional autonomy in later stages. To measure these outcomes, the program plans to use a diverse array of assessment methods, including written and oral exams, OSCE, OSPE, DOPS, WPBA, Mini-CEX, and clinical logbooks. (Note: The adequacy and operational readiness of these methods are analyzed under Component 2.4). Furthermore, while the Benchmark requires at least 2,300 hours of clinical education, the allocation of these hours is evaluated under separate components regarding program structure, and thus compliance is not confirmed in this section.

The program's development actively involved academic staff and relevant external stakeholders. Because the program has not yet been implemented, evidence from enrolled students and graduates is currently unavailable. Moving forward, continuous stakeholder involvement will be essential to review and refine the learning outcomes post-implementation. Overall, the planned learning outcomes are clearly formulated, measurable, and highly consistent with both the intended qualification and established professional benchmarks.

Evidences/Indicators

- Bachelor of Nursing Program (B.N)
- Curriculum content and maps
- Syllabi
- Subject Benchmark Statement of Nursing
- Interviews
- Site visit

Recommendations:

- None

Suggestions for the Programme Development

- None

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
<u>1.2 Programme Learning Outcomes</u>	Complies

1.3 Evaluation Mechanism of the Programme Learning Outcomes

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

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

Because the Bachelor of Nursing (B.N) program at University Geomedi LLC is currently in its pre-launch phase, empirical indicators such as students' papers, actual evaluation results, alumni and employer surveys, and interview results do not yet exist. However, the planned evaluation framework outlined in the program specifications and the national sectoral benchmark provides a robust mechanism that can be thoroughly assessed against accreditation criteria. Crucially, the evaluation mechanisms of program learning outcomes are defined; the program learning outcomes evaluation cycle consists of defining, collecting, and analyzing data necessary to measure learning outcomes.

To ensure continuous quality enhancement, the program implements a systematic evaluation cycle that begins with clearly established learning outcomes mapped across a comprehensive curriculum map. The program has benchmarks for each learning outcome. Minimum competency thresholds are transparently defined alongside national targets, such as a 100% target benchmark for critical skills like measuring arterial blood pressure and providing basic first aid. Following the definition of these indicators, the assessment system utilizes relevant evaluation forms and methods (both direct and indirect evaluation methods), which make it possible to determine to what extent students achieved program learning outcomes. Data is collected via a 100-point ECTS system, incorporating continuous midterm assessments accounting for 60% of the grade and a final summative assessment accounting for 40%. For clinical evaluations, data is gathered through Objective Structured Clinical Examinations (OSCE) and Objective Structured Practical Exams (OSPE), as well as Workplace-Based Assessments including DOPS, WPBA, and Mini-CEX, while utilizing clinical logbooks to indirectly document learning experiences.

Once the data is collected, the learning outcomes of the teaching and scientific-research components are evaluated in a consistent and transparent manner with the periodicity specific to the characteristics of the field. Monitoring of the results of learning outcomes evaluation and comparison with benchmarks are conducted to rigorously determine if students are meeting the defined thresholds. Subsequently, the engagement of external stakeholders (employers, alumna, professional associations, etc.) in evaluation of learning outcomes is ensured. The HEI ensures familiarization of stakeholders with the analysis of evaluation of learning outcomes. Academic staff, clinical partners, and external bodies collaboratively review the analyzed data to explicitly identify any gaps or discrepancies between actual student performance and the established benchmarks.

Through these comprehensive stakeholder discussions, specific areas for improvement are identified. Program learning outcomes assessment results are utilized for the improvement of the program, which means, that if necessary, program content and/or learning outcomes and/or assessment system and/or teaching resources are modified and developed. The cycle then naturally resets as the program monitors the impact of these modifications in subsequent academic periods to ensure the implemented changes successfully close the identified gaps and enhance overall educational quality.

The successful implementation of these complex evaluation methods is supported by a dedicated roster of 22 affiliated academic staff and 24 invited specialists. Academic/Scientific and visiting staff of the program are familiar with the methods of evaluation of learning outcomes. To assist staff in developing the skills necessary for measurement and analysis, the national Subject Benchmark explicitly mandates that academic and invited staff must regularly—once every two years—undergo training in nursing

education methodology, confirmed by an appropriate certificate. By detailing the exact breakdown of the assessment mechanisms and making the rubrics public, the program ensures this continuous quality-assurance cycle remains transparent and accessible to all stakeholders before and during implementation.

Evidences/Indicators

- Bachelor of Nursing Program (B.N)
- Curriculum content and maps
- Syllabi
- Subject Benchmark Statement of Nursing
- Interviews
- Site visit

Recommendations:

- None

Suggestions for the Programme Development

- Implement pre-launch calibration for clinical assessors. Given the program's heavy reliance on direct, observational evaluation methods such as the Objective Structured Clinical Examination (OSCE), DOPS (Direct Observation for Procedural Skills), and Mini-CEX, grading can become highly subjective. It is suggested to conduct mandatory inter-rater reliability workshops for all 21 academic and 24 invited clinical staff members before the first semester begins. Calibrating the examiners using mock student scenarios ensures that all staff members interpret the 100-point grading rubrics and clinical competency thresholds consistently.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.3 Evaluation Mechanism of the Programme Learning Outcomes	Complies

1.4. Structure and Content of Education Programme

- The Programme is designed according to HEI's methodology for planning, designing and developing of education programmes.
- The Programme structure is consistent and logical. The content and structure of the programme ensure the achievement of programme learning outcomes. The qualification to be granted is consistent with the content and learning outcomes of the programme.

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

The Bachelor of Nursing program consists of 240 ECTS credits distributed across four academic years and eight semesters. Its total volume and framework align seamlessly with the bachelor's level of education and the intended Bachelor of Nursing qualification. The program has been formally approved through established university procedures and is well-supported by curriculum maps, detailed course syllabi, and clearly defined prerequisites.

The curriculum features a logical academic progression, advancing from foundational biomedical and general nursing courses in the early semesters to specialized clinical disciplines and practical rotations in the later stages. This strategic sequencing of courses and prerequisites effectively supports the progressive development of students' theoretical knowledge, practical skills, professional responsibility, and autonomy. The curriculum integrates mandatory clinical courses, scientific and research components, and select electives. Courses such as Academic Writing, Scientific Research Methods, and Sociology are strategically designed to cultivate research and evidence-based practice skills, while the core clinical component ensures the steady advancement of essential nursing competencies. Furthermore, the program is delivered in English and maintains a strong international orientation. This global perspective, combined with the integration of simulation-based learning, direct clinical education, and research-focused components, establishes the program's distinct educational profile.

Although the overarching program structure is coherent, the current documentation lacks a clear and verifiable allocation of the clinical training hours mandated by the Nursing Subject Benchmark Statement. Specifically, the documentation does not sufficiently distinguish between hours allocated for classroom-based seminars, simulation and skills-laboratory activities, and supervised clinical education within real-world healthcare settings. This issue is thoroughly analyzed under Component 2.2. Similarly, the organizational framework for clinical supervision and the specific role of qualified nursing personnel during practical training require further delineation, which is addressed in detail under the relevant sections of Standard 2.

Overall, the program's structure is logical and appropriate for the intended qualification. However, further clarification regarding the clinical training components is necessary to definitively demonstrate that the program's structure ensures the successful achievement of all planned learning outcomes.

Evidences/Indicators

- Bachelor of Nursing Program (B.N)
- Curriculum content and maps
- Syllabi
- Subject Benchmark Statement of Nursing
- Interviews
- Site visit

Recommendations:

- None

Suggestions for the Programme Development

- It is suggested that the programme documentation more clearly describe the elements that define the individuality of the programme, including its English-medium delivery, integration of simulation and clinical education, evidence-based nursing focus and research-related components.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.4 Structure and Content of Educational Programme	Complies

1.5. Academic Course/Subject

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

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

The learning outcomes of the reviewed academic courses are generally aligned with the programme learning outcomes. A review of the provided syllabi—such as Scientific Research Methods and Sociology, Clinical Skills 2, Nursing in Pediatrics 1, Nursing Practice in Critical Care and Intensive Therapy, Nursing Practice in Obstetrics and Gynecology, and German 4—demonstrates that each course clearly articulates its specific contributions to the program's broader goals. For instance, the Clinical Skills 2 course directly targets the program's requirements for nursing skills and emergency care through hands-on training in medication administration and life support, while the Scientific Research Methods course explicitly builds the required transferable and research skills. The content of each academic course meticulously corresponds to its stated learning outcomes; the week-by-week breakdowns in the syllabi show a logical progression of topics that directly support the acquisition of the targeted knowledge, skills, and autonomy levels.

The allocation of credits and the ratio of contact to independent hours are adequate and reflect the specific peculiarities of each subject. The program standardizes 1 ECTS credit as 25 academic hours. Theoretical and foundational courses, such as Scientific Research Methods (3 ECTS) and Academic Writing (4 ECTS), utilize a balanced mix of lectures, practical seminars, and independent study to foster cognitive skills. In contrast, clinical mandatory courses, such as Nursing Practice in Pediatrics (11 ECTS) and Nursing Practice in Obstetrics and Gynecology (12 ECTS), are heavily weighted toward

contact hours—specifically clinical rotation days—which accurately reflects the intensive, hands-on nature required to achieve clinical competency. Every learning outcome is assessed through a comprehensive 100-point evaluation system. This system is tailored to the course type, using quizzes, presentations, and written tests for theoretical subjects, and employing specialized clinical assessment tools—like DOPS, WPBA, Mini-CEX, and OSCE—for practical and clinical subjects, ensuring that both theoretical knowledge and practical skills are rigorously evaluated.

The compulsory literature and teaching resources listed in the reviewed syllabi are generally current and relevant to the respective course content. Several clinical nursing courses include recent editions of standard nursing textbooks and access to electronic databases such as EBSCO and ScienceDirect. However, the appropriateness of the core teaching materials in Human Physiology could be strengthened to better reflect the level and professional focus of nursing education. The syllabi feature modern editions of standard textbooks, such as the 11th edition of "Clinical Nursing Skills & Techniques" (2025) and the 11th edition of "Wong's Essentials of Pediatric Nursing" (2022). Furthermore, the inclusion of up-to-date e-books, access to electronic databases like EBSCO and ScienceDirect, and the requirement for students to engage with recent scientific articles ensure that the teaching materials reflect the latest research and achievements in the field of nursing. This commitment to utilizing current resources is evident across all analyzed courses, from foundational academic writing to specialized intensive care nursing.

Evidences/Indicators

- Bachelor of Nursing Program (B.N)
- Curriculum content and maps
- Syllabi
- Subject Benchmark Statement of Nursing
- Interviews
- Site visit

Recommendations:

None

Suggestions for the Programme Development

- While the assessment methods are comprehensive, it is suggested to explicitly map each specific assessment task (e.g., a specific DOPS evaluation or a particular essay assignment) directly to the corresponding course learning outcome within the syllabus document itself. Currently, the syllabi list the learning outcomes and then separately list the assessment methods. Creating a direct matrix within each syllabus showing exactly which assessment tool measures which specific learning outcome would further enhance transparency and guarantee that no outcome is left unassessed.
- It is suggested that the content and core teaching materials of the “Human Physiology” course be reviewed to ensure appropriate alignment with the level and professional specificity of the Bachelor of Nursing programme, with appropriate emphasis on physiological processes relevant to nursing practice and patient monitoring.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
1.5. Academic Course/Subject	Complies

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

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

2.1 Programme Admission Preconditions

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

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

The expert panel found that the admission requirements for the Bachelor of Nursing programme are clearly defined, publicly available and generally comply with the applicable Georgian legislation. Admission is open to applicants holding a document certifying complete general education or its equivalent who obtain the right to enrol through the Unified National Examinations. Admission of international applicants is conducted in accordance with the relevant legislative provisions governing higher education in Georgia. For the English-language programme, applicants are required to demonstrate English language proficiency at a minimum of B1 level by presenting an appropriate certificate or successfully passing the University's English language examination.

The admission requirements are logically linked to the level of the programme, its language of instruction and the expected learning outcomes. The requirement for English language proficiency is appropriate for an English-medium programme and supports students' ability to successfully complete the curriculum.

However, the expert panel identified an important issue regarding the programme-specific application of student-intake planning. The accreditation standards require the HEI to determine student numbers through a methodology that takes into account the programme profile, available academic staff, clinical training capacity, material resources and institutional infrastructure, and to implement admissions in accordance with this methodology.

In its argumentative position, the University clarified that a general "Mechanism and Methodology for Student and Personnel (Academic, Invited, Scientific, Administrative, Support) Contingent Planning" had been approved by the Academic Council on 31 January 2025. The methodology includes staff ratios, material and clinical-resource considerations and programme-

specific factors. The panel accepts this factual clarification. Nevertheless, during the site visit and in the documentation initially reviewed, the University did not demonstrate how this methodology had been applied specifically to the Bachelor of Nursing programme to derive the planned annual intake of approximately 20 students in relation to nursing staff, clinical placement capacity, simulation facilities and other programme-specific resources.

Consequently, while the admission requirements themselves are transparent and appropriate and an institutional contingent-planning methodology exists, the programme-specific application of that methodology was not sufficiently evidenced. Clear documentation linking the planned Nursing intake to available educational, clinical and human resources is necessary to demonstrate sustainable programme implementation.

Evidences/Indicators

- Self-Evaluation Report of the English-language Bachelor of Nursing programme;
- English-language Bachelor of Nursing Educational Programme;
- University Regulatory Rule for Academic Process, including provisions governing admission, enrolment of international applicants and confirmation of English-language proficiency;
- Georgian-language Rule Regulating the Academic Process;
- University website and other publicly available information on programme admission requirements.

Recommendations:

- The University should apply its approved student and personnel contingent planning methodology specifically to the Bachelor of Nursing programme and formally demonstrate how the planned annual intake is determined in relation to available academic and nursing staff, clinical placement capacity, simulation facilities, material resources and other programme-specific requirements.
- [Suggestions for the Programme Development](#)
- None

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
<u>2.1 Programme Admission Preconditions</u>	Partially

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

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

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

The expert panel found that the Bachelor of Nursing programme is designed to develop students' practical, clinical, scientific/research and transferable skills progressively across the four years of study. The programme is structured so that students initially acquire fundamental nursing knowledge and basic practical competencies in the university environment and subsequently apply and further develop these competencies in clinical settings.

The programme comprises 240 ECTS credits, corresponding to 6,000 hours of total student workload.

The curriculum includes 130 ECTS classified as clinical mandatory courses and 7 ECTS classified as mandatory scientific-skills courses. The clinical component includes internal medicine, paediatrics, surgery, emergency nursing, obstetrics and gynaecology, mental health and psychiatry, infectious diseases, palliative care, critical care and intensive therapy, and separate clinical practice courses. The scientific-skills component includes Academic Writing and Scientific Research Methods and Sociology.

The practical component is intended to follow a progressive model. At the initial stage, students develop basic nursing and clinical skills through Fundamentals of Nursing and Clinical Skills 1 and 2. The panel observed two rooms designated for nursing simulation and practical skills training, equipped with mannequins and other training devices. According to the programme Head, academic and invited staff and the Vice-Rector, these facilities are intended for the initial acquisition of nursing procedures before students enter clinical settings.

The syllabi include nursing-oriented learning outcomes such as nursing assessment, formulation of nursing diagnoses, development and implementation of nursing care plans, patient monitoring, nursing documentation, patient and family education, communication, continuity of care, teamwork and professional responsibility. They also refer to bedside teaching, simulation, role-play, CBL, PBL, TBL, CBD, CBCR, DOPS, WPBA, P-MEX, logbooks and OSCE. This demonstrates that the programme formally addresses a broad range of practical and professional nursing competencies. Nevertheless, the organisation and documentation of the clinical component contain substantial deficiencies.

The Nursing Sectoral Benchmark Statement establishes mandatory minimum requirements for a nursing programme. It requires at least three years and no fewer than 4,600 hours of theoretical and clinical training. The theoretical component must comprise at least one-third of this minimum duration, no fewer than 1,534 hours, while clinical training must comprise at least one-half, no fewer than 2,300 hours. The programme's total workload of 6,000 hours exceeds the general minimum of 4,600 hours. However, the curriculum does not provide a clear, verifiable separation between: theoretical instruction; classroom-based seminars; simulation and skills-laboratory activities; clinical demonstrations; bedside teaching; supervised clinical education involving direct patient care.

Based on the submitted curriculum, approximately **1,425 hours** can be explicitly linked to the courses identified as clinical rotations or clinical practice. Even when the practical hours allocated to

Fundamentals of Nursing, Clinical Skills 1 and 2 and other initial practical courses are added, the identifiable practical and clinical component amounts to approximately **1,560 hours**. This remains substantially below the benchmark minimum of **2,300 hours of clinical training**. The academic plan contains approximately **2,295 hours** under the broad category of “practical/seminar” activities. However, this figure cannot be accepted as equivalent to 2,300 hours of clinical education. The category includes classroom seminars and practical activities in general education, languages, basic biomedical sciences, academic writing, information technology, simulation and other non-clinical components. The Sectoral Benchmark requires clinical training, not a total of all practical and seminar contact hours. This distinction is particularly important because simulation and classroom-based activity, while educationally valuable, do not automatically constitute supervised clinical education in real healthcare settings.

The syllabi themselves do not resolve this issue. For example, Internal Medicine and Pediatrics courses describe their hours as “seminars” while simultaneously referring to clinical rotations, bedside teaching and patient supervision. During interviews, academic and invited staff and the programme leadership explained that these seminar hours would include work in clinical settings. However, they could not clearly specify which hours would be delivered in classrooms, simulation areas or clinical departments, or how many hours would involve direct patient care. Consequently, the panel could not verify compliance with the mandatory 2,300-hour clinical-training requirement.

The programme is supported by agreements and memoranda with healthcare institutions, and the submitted documentation indicates access to a range of hospital departments and clinical environments. This provides a potential basis for implementing the planned clinical education.

However, no separate programme-level document regulating the organisation of clinical practice was provided. In particular, the panel did not receive a comprehensive clinical practice regulation or handbook defining: the distribution of students across clinical sites; the responsibilities of the university and clinical institution; the duties of the course coordinator, clinical supervisor and nurse mentor; student-to-supervisor ratios; required clinical activities and procedures; attendance and replacement of missed hours; incident reporting; assessment and confirmation of clinical competence.

The clinical practice agreements reviewed did not consistently demonstrate that they were specifically adapted to the Bachelor of Nursing programme. Some agreements and annexes had initially been developed for existing medical programmes or described general institutional cooperation. The documentation did not always clearly specify nursing students’ numbers, nursing-specific learning outcomes, the duration of each nursing placement or the role of nursing personnel in student supervision.

The submitted documentation also did not allow the panel to verify whether the planned number of students could consistently be accommodated at each clinical site in accordance with the clinical training ratios and capacity requirements established by the Nursing Subject Benchmark Statement.

During interviews, the programme director explained that the academic staff member responsible for the course would also supervise its practical or clinical component. However, the panel found that a number of clinical nursing courses are led by physicians or invited medical specialists. For example, Nursing Care in Surgery is led by a surgical specialist, while the theoretical and practical components were described during the interview as being delivered by the same physician.

The panel does not consider the participation of physicians in nursing education inappropriate in itself. Physicians may make an important contribution to pathophysiology, diagnosis, medical

management and interprofessional education. However, the documentation and interviews did not clearly demonstrate the systematic participation of qualified nursing educators and clinical nurse mentors in teaching and assessing specifically nursing-oriented competencies. It therefore remained unclear who would assume direct responsibility for developing and evaluating: nursing assessment; formulation of nursing diagnoses; nursing care planning; implementation and evaluation of nursing interventions; nursing documentation; patient and family education; continuity and coordination of care; nursing professional accountability; the development of autonomous nursing practice.

During the clinical-site visits, the organisational structure for clinical supervision was not consistently demonstrated. At one clinical base, the panel could not clearly identify the responsible clinical coordinator or the designated nursing mentor, and the precise format of student participation in nursing care remained unclear. The institution did not subsequently provide an additional programme-specific document clarifying these responsibilities.

The programme includes a logically sequenced research-skills component. Academic Writing is delivered in the second semester and comprises 4 ECTS. The course develops academic writing, critical reading, evaluation of sources, argumentation, citation, academic integrity, literature-review skills, oral presentation, peer review, autonomy and time management. It also requires students to develop and present a research-based academic project.

Scientific Research Methods and Sociology follows in the third semester and comprises 3 ECTS. It addresses research design, quantitative and qualitative methods, data collection, literature review, research questions and hypotheses, research ethics, plagiarism, scientific writing, preparation of a research proposal or report and presentation of findings. Academic Writing is appropriately identified as a prerequisite.

However, the SER gives only a general description of students' future involvement in research. Since the programme is new, completed student research projects, publications and graduate outcomes cannot yet be expected. Nevertheless, the panel was not provided with a sufficiently detailed plan showing: specific ongoing or planned nursing research projects open to students; the role that nursing students would perform in those projects; designated research supervisors; mechanisms for student participation in institutional or external conferences; nursing-specific research themes; research proposal or evidence-based nursing project templates; assessment rubrics for literature reviews, research proposals or research presentations. Therefore, the curricular basis for developing research literacy is present, but the mechanisms for active student involvement in research projects require further specification.

Transferable skills are integrated across the programme and include: written and oral communication; nurse–patient and nurse–family communication; teamwork and multidisciplinary collaboration; critical thinking and clinical reasoning; problem-solving and decision-making; leadership and responsibility; ethical and professional conduct; self-assessment and reflective practice; digital and information literacy; time management; patient education; intercultural communication. Academic Writing supports communication, argumentation, peer feedback, independent learning and time management. Modern Information Technologies develops digital communication, document preparation, spreadsheet use, data presentation, cloud-based collaboration, information searching and ethical handling of digital information. Clinical courses and placements refer to role-play, teamwork, bedside communication, patient education, reflective practice, P-MEX and workplace-based assessment. The Emergency Medicine Practice P-MEX form provides a concrete example of assessment of communication, teamwork, empathy, responsibility, time management and initiative.

Although leadership, responsibility and digital literacy are reflected in the programme learning outcomes and course content, the submitted documentation does not clearly demonstrate how nursing leadership, coordination and delegation skills will be progressively practised in later clinical stages. Similarly, while information technology skills are addressed in the curriculum, the panel could not clearly verify how students will receive practical training in the use of electronic medical records within a nursing or clinical context.

Evidences/Indicators

- Self-Evaluation Report of the Bachelor of Nursing programme;
- Bachelor of Nursing Educational Programme;
- Nursing Sectoral Benchmark Statement;
- Course syllabi;
- Clinical practice agreements and memoranda with healthcare institutions;
- Observation of the simulation and practical training facilities;
- Interviews with the Rector, Vice-Rectors, Dean, programme head, academic and invited staff, representatives of clinical institutions and administration;

Recommendations:

- The University must revise and formally document the practical and clinical component of the Bachelor of Nursing programme to ensure and demonstrate at least 2,300 hours of supervised clinical education in real healthcare settings, in accordance with the Nursing Sectoral Benchmark Statement. The revised documentation should clearly distinguish theoretical instruction, classroom-based seminars, simulation and skills-laboratory activities from supervised direct patient-care hours and should provide a course-by-course and clinical-site-specific calculation of clinical training hours.
- The University must establish and formally approve a programme-specific framework for the organisation, supervision and assessment of clinical practice. The framework should define the responsibilities of academic staff, clinical coordinators, qualified nurse educators and clinical nurse mentors; student-to-supervisor ratios; required nursing procedures and clinical activities; attendance and make-up requirements; and the mechanisms for confirming achievement of nursing competencies.
- The University must ensure systematic involvement of appropriately qualified nursing personnel in the teaching, supervision and assessment of nursing-specific competencies, including nursing assessment, nursing diagnosis, care planning, nursing interventions, nursing documentation, patient education, continuity of care and professional nursing autonomy.

Suggestions for the Programme Development

- It is also suggested that the University develop a programme-specific plan for nursing students' participation in research activities, including potential research projects, supervisors, student research assignments, conference participation and dissemination opportunities.
- It is suggested that research and evidence-based practice skills be reinforced progressively in later clinical courses through appropriate nursing-oriented research, literature appraisal or evidence-based practice activities.
- It is suggested that the programme provide progressive opportunities for students to develop and demonstrate nursing leadership, coordination and delegation skills during simulation and/or supervised clinical practice.

- It is suggested that the programme ensure practical teaching of electronic medical record use through an appropriate educational, simulated or supervised clinical environment, in accordance with the Nursing Subject Benchmark Statement.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
2.2. The Development of practical, scientific/research/creative/performing and transferable skills	Partially

2.3. Teaching and Learning Methods

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

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

The expert panel evaluated the teaching and learning methods of the Bachelor of Nursing programme based on the Self-Evaluation Report, the educational programme, the Nursing Subject Benchmark Statement, the course syllabi, interviews with programme management, academic and invited staff, and observations conducted during the site visit.

At the formal level, the programme includes a broad range of teaching and learning methods. These include interactive lectures, seminars, discussions, laboratory and practical work, demonstrations, simulation, role-play, bedside teaching, CBL, PBL, TBL, CBCR, flipped classroom, scenario-based learning, presentations, independent work, consultations, feedback and the use of information technologies. The programme document also provides general definitions of the principal methods.

The range of methods is generally appropriate to the level and field of education and broadly reflects the Nursing Subject Benchmark Statement. The reviewed syllabi provide credible evidence that a number of methods are incorporated into the actual teaching process.

The methods used in these courses generally correspond to the content and intended outcomes. In particular, simulation and procedural teaching are appropriately used for the development of vital-sign assessment, infection control, medication administration, oxygen therapy, intravenous procedures, wound care, BLS, AED use and other practical competencies.

However, the panel identified a recurrent discrepancy between the extensive list of student-centred methods included in the programme and syllabi and the methods operationalised in the detailed teaching plans.

More complex methods, particularly PBL, TBL, CBCR and flipped classroom, are frequently included in general lists without sufficient explanation of how they will actually be implemented. The syllabi do not consistently identify: the relevant problem or clinical case; the required student preparation; the organisation of individual and group work; the sequence of learning activities; the facilitator's role; the expected student output; the connection between the activity and a specific learning outcome.

In some clinical syllabi, several methods—such as PBL, CBL, TBL, CBCR, flipped classroom and bedside teaching—are listed simultaneously for the same session, while the activity itself is described only as “discussion of learning materials”. For example, this issue is particularly evident in Nursing Care in Surgery.

Such descriptions do not allow the panel to distinguish structured student-centred learning from an ordinary teacher-led discussion. PBL requires students to analyse a problem, identify their learning needs, undertake self-directed inquiry and subsequently synthesise their findings. TBL requires advance preparation, organised team work and individual and group learning activities. The Nursing Subject Benchmark specifically describes TBL as involving groups of approximately five to six students and individual and team activities or tests. These defining elements are not consistently reflected in the reviewed syllabi.

The implementation of CBL, role-play and bedside teaching is also uneven. These methods are included in many clinical courses and are relevant to nursing assessment, communication, care planning, patient education, ethical decision-making and clinical reasoning. However, the syllabi do not always clarify the case or scenario, the role of the student, the expected nursing activity, the clinical or simulated setting or the form of feedback.

Bedside teaching is particularly important because the Nursing Subject Benchmark identifies it as a minimum teaching method for several nursing competencies. Nevertheless, the reviewed documents do not consistently distinguish bedside teaching from classroom seminars, general clinical discussions, simulation or observation in a clinical setting.

During interviews, academic and invited staff confirmed that they planned to use PBL, CBL, TBL, CBCR and other active methods. However, their explanations did not consistently demonstrate a shared operational understanding of the differences between these methods. In some cases, the descriptions suggested that PBL, CBL and CBCR may be understood broadly as discussion of a clinical case led by the teacher.

The panel therefore found stronger evidence for the implementation of interactive lectures, discussions, visual and laboratory work, demonstrations, presentations, simulation and procedural skills training than for the consistent application of structured PBL, TBL, CBCR and flipped classroom.

The declared methods generally support student participation and interaction between staff and students and among students. Presentations, discussions, group activities, simulations, role-play and case analysis may promote communication, teamwork and critical thinking. However, the detailed plans still rely substantially on oral presentation of studied material, oral questioning, blitz surveys and checking individual assignments. These activities engage students but do not always demonstrate sufficient progression towards self-directed learning, autonomy, collaborative decision-making and application of knowledge to unfamiliar nursing situations.

The programme includes individual consultations, independent learning and electronic resources, which provide a basis for flexibility. However, the documentation contains limited programme-specific evidence of how teaching methods will be adapted to: different levels of academic preparation; language-related difficulties; individual learning needs; students requiring additional practice or academic support; the cultural and educational backgrounds of international students.

As the programme is delivered in English and is intended for international students, the design of communication training, role-play, simulation and patient education should more explicitly consider linguistic and cultural diversity.

The University has electronic systems and digital resources that may support synchronous and asynchronous learning when required. However, the programme should more clearly distinguish the theoretical activities that may be delivered electronically from laboratory, simulation and clinical activities that require direct participation and cannot be replaced by distance learning.

The interviews indicated that further practical, method-specific preparation is required. Staff development should therefore include not only theoretical training but also the preparation of teaching cases and scenarios, practical facilitation exercises, peer observation and feedback on the actual implementation of student-centred methods.

During the site visit, the panel observed the Biochemistry, Microbiology, Anatomy-Histology and Pathology laboratories and the simulation facilities. The availability of specialised spaces, microscopes, anatomical models, histological and pathological materials, laboratory equipment, mannequins and simulation devices provides a basis for laboratory, visual, practical and simulation-based learning.

However, part of the observed laboratory equipment and teaching materials appeared outdated. The panel could not fully verify whether the available resources consistently support all laboratory activities and contemporary teaching methods declared in the syllabi. This issue is relevant to the present component because the effective use of laboratory and practice-oriented methods depends on students having access to sufficient, functional and appropriate equipment.

Evidences/Indicators

- Self-Evaluation Report of the Bachelor of Nursing programme;
- Bachelor of Nursing Educational Programme;
- Nursing Subject Benchmark Statement;
- programme learning-outcome and course mapping documents;
- syllabi of basic, preclinical, clinical and clinical practice courses;
- observation of laboratories;
- observation of the clinical skills and simulation facilities;
- interviews with programme management, academic and invited staff, quality-assurance representatives and representatives of clinical institutions.

Recommendations:

- The University must ensure the consistent implementation of the minimum teaching and learning methods defined by the Nursing Subject Benchmark Statement, particularly structured CBL, nurse–patient role-play, simulation-based teaching and bedside teaching. The relevant syllabi should clearly identify the learning outcomes, student activities, clinical or

simulated setting, facilitator responsibilities and expected outputs associated with each method.

- The University must develop and implement a programme-specific methodological framework for PBL, CBL, TBL, CBCR, flipped classroom, simulation, role-play and bedside teaching. The framework should define the essential elements of each method and provide guidance for their planning and implementation in relevant courses.

Suggestions for the Programme Development

- It is suggested that the programme team revise the syllabi to distinguish more clearly between teaching formats, such as lectures, seminars, laboratory sessions and clinical placements, and teaching methods, such as CBL, PBL, TBL, simulation, role-play and bedside teaching.
- It is suggested that the programme develop a common bank of nursing-oriented cases, clinical scenarios, facilitator guides and student instructions to support consistent implementation of student-centred teaching methods.
- It is suggested that the University gradually modernise the Biochemistry, Microbiology, Anatomy-Histology and Pathology laboratories and align the available equipment, student workstations, materials and group sizes with the planned laboratory activities and Nursing Subject Benchmark requirements
- It is also suggested that the programme define more clearly how teaching methods are adapted to the cultural, linguistic and academic needs of international students and students requiring additional support.
- It is suggested that the programme team explicitly map the teaching and learning methods used across the curriculum to the programme objectives related to clinical reasoning, evidence-based practice, autonomy, leadership and culturally sensitive nursing care.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
2.3. Teaching and learning methods	Partially

2.4. Student Evaluation

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

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

During the site visit to Geomed University, the expert panel thoroughly assessed the compliance of the submitted educational programme and assessment system with the established standards. Since the Bachelor's Programme in Nursing is at the implementation stage, the university does not yet have students or graduates in this field. Therefore, foreign-language students of the Faculty of Medicine participated in the interview process.

The interviewed students of the Faculty of Medicine generally described the existing institutional assessment processes as transparent and understandable. However, as the Nursing programme has not yet been implemented, this evidence cannot confirm the operation of the planned nursing-specific assessment system.

Furthermore, students actively participate in surveys organized by the Quality Assurance Office, which evaluate both the study courses and the general processes taking place at the university. It should be noted that the questionnaires are integrated into the electronic system, and students complete them upon logging into the system. In addition, a fifth-week survey is conducted to assess general satisfaction; based on the survey results, examples of institutional responses included the correction of deficiencies related to the examination process, as well as changes made to the recreational area and the cafeteria.

The university's academic and invited staff confirmed during the interviews their readiness to use competency-based assessment methods such as OSCE, OSPE, DOPS and WPBA. The physical simulation environment provides a basis for such assessment. In its argumentative position, the University further clarified that it has institutional experience with OSCE/OSPE within the Medical Doctor programme and that an individual course checklist was presented during the interview. The panel accepts this clarification. However, the evidence available did not demonstrate a comprehensive, Nursing programme-specific OSCE/OSPE system comprising examination blueprints, a coordinated set of nursing-specific station scenarios, standardised assessment rubrics/checklists, student and examiner instructions, administration procedures and examiner calibration/training. Consequently, the operational readiness, reliability and validity of the planned Nursing-specific OSCE/OSPE assessment system could not be fully confirmed.

The interviews confirmed that students have the right to appeal assessment results. In its argumentative position, the University clarified that the course instructor participates only in technical verification, while substantive issues are considered by the Dean together with the Programme Head and another course implementer, and the decision is documented in minutes and communicated to the student. The panel acknowledges this clarification. However, the submitted documentation did not clearly demonstrate a formally defined distinction between technical verification and substantive reassessment or ensure that substantive review is conducted independently from the original grading decision, particularly for oral, practical and OSCE/OSPE assessments. This creates a need to strengthen the formal safeguards for impartiality and objectivity in the appeal process.

The institution pays due attention to academic integrity and plagiarism prevention through the use of the Copyleaks software. Although the university does not have a permanent Ethics Committee, an Ethics Code is in force, and an appropriate committee is established when necessary. However, despite the existence of plagiarism prevention mechanisms, approximately 80% of the interviewed students were unaware of these procedures, indicating the need to enhance student awareness and improve information dissemination.

Evidences/Indicators

- Self-Evaluation Report of the Bachelor of Nursing programme;
- Bachelor of Nursing Educational Programme;
- Nursing Subject Benchmark Statement;
- institutional regulation governing the educational process;
- course syllabi;
- Assessment Data Analysis Methodology;
- observation of the simulation and proposed OSCE facilities;

- interviews with programme management, academic and invited staff, Quality Assurance representatives, administration and students.

Recommendations:

- The University should consolidate, formalise and implement a comprehensive Nursing programme-specific OSCE/OSPE framework, including examination blueprints, nursing-specific station scenarios, standardised assessment rubrics/checklists, student and examiner instructions, administration procedures, and examiner training according to a unified standard.
- The University should ensure that the appeals procedure formally distinguishes technical verification from substantive reassessment and guarantees that any substantive review of a disputed assessment is conducted by an independent assessor or body not responsible for the original grading decision

Suggestions for the Programme Development

- It is suggested that the University ensure that nursing students are systematically informed about academic integrity, plagiarism prevention mechanisms and the use of the Copyleaks software from the beginning of the programme.
- It is suggested that the programme identify the key assessment points at which programme learning outcomes related to clinical reasoning, autonomy, professionalism, leadership and patient-centred care are formally verified before graduation.
- It is suggested that assessment of patient and family education competencies include direct performance-based or workplace-based assessment in an appropriate simulated or clinical context.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
2.4. Student evaluation	Partially

3. Student Achievements, Individual Work with Them

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

3.1 Student Consulting and Support Services

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

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

The university operates a student support system that ensures student involvement in both university life and academic processes. Students are represented in the university's governing bodies (the Faculty Council and the Governing Council) as well as in the Student Self-Government, where they participate in programme development and the planning of various activities. Events organized by the Student Self-Government make a significant contribution to the integration of international students into the university environment and with Georgian students. For information provision and communication, the university uses the Google Classroom platform and Gmail, through which students have access to announcements and maintain direct communication with the academic staff. The academic, scientific, invited, and administrative staff demonstrate continuous readiness to provide consultation and support to students in planning the learning process and improving their academic achievements, and actively participate with them in scientific activities. In addition, students are provided with information and counselling regarding career development and employment opportunities. The university organizes annual scientific conferences and publishes its own scientific journal in which research articles are published. Students are informed about local workshops and charitable activities (for example, participation in workshops on cardiovascular topics). Within the framework of international cooperation, memoranda have been signed with foreign partner institutions (including SGS Hospital and Subharti University, India), and students have the opportunity to participate in Erasmus+ projects. However, an analysis of the data presented for the last three years showed that only 10 students from the Faculty of Medicine participated in international mobility (7 students in India, 2 in the Netherlands, and 1 in Romania through Erasmus+), which is a low figure for a three-year period and indicates the need to strengthen the promotion and support of student international mobility.

Evidences/Indicators

- Self-Evaluation Report.
- Interview with students.
- Interview with Alumni.
- Interview with university staff.

Recommendations:

- None

Suggestions for the Programme Development

- It is desirable to expand the geographical scope of partnerships with European universities and clinical institutions (particularly in the field of Medicine and Nursing) and, in parallel, strengthen student awareness and counselling regarding opportunities to participate in international grant and exchange programmes.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
3.1 Student Consulting and Support Services	Complies

3.2. Master's Student Supervision

- A scientific supervisor provides proper support to master's student to perform the scientific-research component successfully.
- Within master's programmes, ration of students and supervisors enables to perform scientific supervision properly.

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

Describe, analyse and evaluate the compliance of the education programme with the requirements of the component of the standard, based on the information collected through the self-evaluation report (SER), the enclosed documents and site-visit.

Data related to the supervision of master's students	
Number of master theses supervisors	
Number of master's students	
Ratio - supervisors of master's theses/master's students	

Evidences/Indicators

- Component evidences/indicators, including the relevant documents and interview results

[Recommendations:](#)

- Proposal (s), which should be considered by the HEI, the programme to meet the requirements of the standard

[Suggestions for the Programme Development](#)

- Non-binding suggestions for programme development

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
3.2. Master's Students Supervision	Select Appropriate

4. Providing Teaching Resources

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

4.1 Human Resources

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

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

Based on the submitted staffing documentation, personnel files and interviews, the panel finds that the program has a broad human-resource base for implementation, including 22 affiliated academic staff and 25 invited lecturers with relevant academic and professional profiles. The Program Director has the requisite academic and professional background, and administrative and support functions are available. The overall staffing structure therefore provides a reasonable basis for delivering the program.

Based on the submitted staffing documentation, personnel files and interviews, the panel considers that the program has academic and invited staff with relevant clinical and higher education experience.

At the same time, a significant proportion of the staff involved in the program have predominantly medical educational and professional backgrounds. The submitted documentation does not fully demonstrate their preparedness to teach the nursing-specific competencies required at Bachelor level. During the interviews, it was stated that staff had completed relevant training; however, supporting documentation, including certificates, was not available for verification.

Before entering the clinical environment, students should develop, through lectures, seminars and laboratory teaching, knowledge and skills related to the nursing process, nursing assessment, evidence-based decision-making, nursing diagnoses and care planning. Clinical practice should then support not only the performance of clinical procedures, but also the development of clinical judgement, critical thinking and nursing decision-making.

The panel considers the overall human-resource base generally adequate; however, further strengthening of nursing-specific competencies among staff involved in theoretical and clinical teaching, together with appropriate documentation of professional development, is needed.

Number of supervisors of academic staff	Thesis supervisors	Including the supervisors holding PhD degree in the sectoral direction	Among them, the affiliated staff
Number of supervisors of master's thesis	22	22	22
- Professor	5	5	5
- Associate Professor	10	10	10
- Assistant-Professor	4	4	4
- Assistant	3	3	3
Visiting personnel	23	11	
Scientific Staff	5		—

Evidences/Indicators

- Interviews with university representatives;
- Personal files of personnel;
- List of academic/invited personnel involved in the educational program;
- Methodology for determining the number of academic/invited personnel of the program;
- Methodology for determining the student contingent;

Recommendations:

- It is recommended that the institution provide professional development for staff involved in theoretical, laboratory and clinical teaching not only in teaching and assessment methods, but also in the nursing process, nursing assessment, clinical reasoning, nursing diagnoses and development of nursing care plans, and ensure that such training is appropriately documented.

Suggestions for the Programme Development

- It is suggested that the program establish a regular review of clinical staffing capacity against actual student numbers, clinical hours and placement requirements, with the results incorporated into annual program planning.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
4.1 Human Resources	Partially

4.2 Qualification of Supervisors of Master's Students

The Master's students have qualified supervisor/supervisors and, if necessary, co-supervisor/co-supervisors who have relevant scientific-research experience in the field of research.

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

Describe, analyse and evaluate the compliance of the education programme with the requirements of the component of the standard, based on the information collected through the self-evaluation report (SER), the enclosed documents and site-visit.

Number of supervisors of Master's theses	Thesis supervisors	Including the supervisors holding PhD degree in the sectoral direction	Among them, the affiliated staff
Number of supervisors of Master's thesis			
- Professor			
- Associate Professor			
- Assistant-Professor			
Visiting personnel			—
Scientific Staff			—

Evidences/Indicators

- Component evidences/indicators, including the relevant documents and interview results

Recommendations:

- Proposal (s), which should be considered by the HEI, the programme to meet the requirements of the standard

Suggestions for the Programme Development

- Non-binding suggestions for programme development

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
4.2 Qualification of Supervisors of Master's Students	Select Appropriate

4.3 Professional Development of Academic, Scientific and Invited Staff

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

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

The panel found that the University has established mechanisms for evaluating academic and invited staff, identifying professional-development needs, and supporting teaching and research activities.

During the interviews, it was stated that staff had participated in professional-development activities during 2024–2026, including contemporary teaching, clinical teaching and competency-based assessment methods such as PBL, CBL, TBL, simulation, OSCE, OSPE, Mini-CEX, WPBA and DOPS. However, the submitted documentation did not allow the panel to verify who had participated in these activities or whether the training had been completed specifically by staff involved in the Nursing program.

As a substantial proportion of the teaching staff have medical rather than nursing professional backgrounds, targeted preparation in nursing education is particularly important. Staff involved in the program should be able to support the development of competencies specific to Bachelor-level nursing, including the nursing process, nursing assessment, clinical reasoning, nursing diagnoses and care planning. The documentation did not sufficiently demonstrate systematic and certified professional development in these areas.

The panel therefore considers that a professional-development system is in place, but program-level assurance of staff preparedness for nursing education requires further strengthening. Greater

involvement of appropriately qualified and competent nursing professionals in theoretical and clinical teaching would also support the consistent achievement of nursing-specific learning outcomes.

Evidences/Indicators

- o SER
- o Interviews
- o CVs of staff
- o Quality assurance policy
- o Planned professional development activities
- o The methodology of the data assessment analysis
- o Internal and external mechanisms for the teaching quality assessment

Recommendations:

- o It is recommended that the University systematically provide, monitor and document nursing-specific professional development for staff involved in the program, particularly those whose primary professional background is medicine, including preparation in the nursing process, nursing assessment, clinical reasoning, nursing diagnoses and care planning. It is also recommended that appropriately qualified and competent nursing professionals be sufficiently involved in the theoretical and clinical delivery of the program.

Suggestions for the Programme Development

- o It is suggested that the University further strengthen the international dimension of staff development through participation in international nursing education networks, training and experience-sharing activities.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
4.3 Professional development of academic, scientific and invited staff	Substantially

4.4. Material Resources

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

The panel confirmed that the program has the principal infrastructure required for implementation, including classrooms, lecture halls, laboratories, simulation facilities, anatomical teaching resources, a

computer-based examination centre, and library and electronic learning resources. The simulation centre is equipped with mannequins and virtual-reality technologies, while the basic science laboratories provide an appropriate basis for planned teaching activities.

However, the operational readiness of the clinical assessment infrastructure was not fully demonstrated. Although relevant simulation equipment is available, the panel did not observe a dedicated OSCE/OSPE examination environment with clearly organized stations, examination administration and proctoring arrangements.

The program has agreements with partner clinical institutions, including Rustavi Central Hospital. These agreements provide a basis for clinical education, but the submitted documentation did not allow the panel to verify whether the available departments, student places and scheduling arrangements are sufficient for the planned student intake and required clinical hours.

During the interviews, further uncertainty emerged regarding the organization of clinical teaching and assessment. It was not sufficiently clear how students are allocated within clinical settings, what responsibilities physicians have in teaching and assessing clinical skills, or why nurses who are directly involved in students' clinical learning do not participate consistently in assessment.

The panel therefore considers the material and infrastructural base generally adequate, while noting that the capacity and operational arrangements for clinical placement and clinical assessment require clearer evidence and organization.

Evidences/Indicators

- Site observation
- Academic infrastructure
- Memoranda of understanding with partner hospitals

Recommendations:

- The University should demonstrate that the capacity of partner clinical institutions, including available departments, student places and scheduling arrangements, is sufficient for the planned student intake and enables all students to complete the required clinical training.
- The University should ensure that OSCE/OSPE infrastructure and operational arrangements are fully established, including examination stations, equipment, administration and proctoring.
- The University should clearly define the roles and responsibilities of physicians and nurses in clinical teaching and assessment and ensure appropriate involvement of qualified nursing staff in the assessment of nursing competencies.

Suggestions for the Programme Development

- None

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
4.4 Material Resources	Substantially

4.5 Programme/Faculty/School Budget and Programme Financial Sustainability

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

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

The expert panel evaluated the financial sustainability of the Bachelor of Nursing programme based on the Self-Evaluation Report, the Faculty of Medicine budget for 2026 and interviews with University management and programme representatives. The University presented the approved 2026 Faculty of Medicine budget. The projected income is GEL 12,630,297, derived from tuition fees, while planned expenditure amounts to GEL 11,114,661. The budget also includes GEL 1,515,636 in planned savings and financial reserves. The budget includes funding for academic and invited staff, the educational process, professional practice, teaching materials, laboratories and practical centres, equipment, library resources, staff development, student activities and capital expenditure. This demonstrates that the Faculty has general financial capacity to support educational activities.

During the interview, the Rector stated that the University would continue to support the Nursing programme even if it was not financially self-sustaining during the initial period. The University indicated that resources from the established one-cycle medical programme could be used to support the Nursing programme where necessary.

The panel acknowledges the HEI's argumentative position that the accreditation criterion permits financial planning at programme, Faculty or School level and therefore does not necessarily require a separate standalone Nursing programme budget. Nevertheless, the submitted Faculty budget does not clearly identify the financial resources attributable to the Bachelor of Nursing programme or demonstrate whether all programme-related recurring and one-time costs have been calculated. In particular, the documentation does not clearly identify the projected costs of nursing-specific academic and clinical staff; clinical supervision and placements; simulation and laboratory consumables; nursing equipment and maintenance; OSCE/OSPE implementation; staff training; and nursing-specific library and electronic resources.

The Faculty budget includes general allocations for these areas, but the relationship between those allocations and the planned Nursing intake, curriculum, clinical hours, group sizes and specific programme needs is not clearly demonstrated. The University's stated commitment to support the Nursing programme, including through cross-subsidisation if necessary, is positive. However, the relevant source and basis of such recurrent or one-time support were not clearly documented in the submitted financial planning materials.

Evidences/Indicators

- Self-Evaluation Report;
- Faculty of Medicine 2026 Budget;
- interviews with the Rector, programme management and administrative representatives;

Recommendations:

- The University should clearly identify and document, within the programme, Faculty or institutional financial planning framework, the financial resources allocated to the Bachelor of Nursing programme and demonstrate that these resources adequately cover its recurring and one-time implementation needs, including staffing, clinical education, simulation, laboratories, equipment, assessment and staff development.
- The University should formally document the sources and mechanisms of financial support available to the Bachelor of Nursing programme, including recurrent and one-time support. Where cross-subsidisation from Faculty or other institutional resources is envisaged, the relevant source and basis for such support should be clearly reflected in the financial planning documentation.

Suggestions for the Programme Development

- None

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
4.5. Programme/ Faculty/School Budget and Programme Financial Sustainability	Partially

5. Teaching Quality Enhancement Opportunities

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

5.1 Internal Quality Evaluation

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

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

The University has an established internal quality-assurance system based on the PDCA cycle and an annual Quality Assurance Action Plan. The Quality Assurance Office collaborates with program staff in planning evaluation activities, developing assessment instruments, analysing results and identifying areas for improvement. Student and staff surveys, program evaluations and other internal review mechanisms are used within this process.

During the site visit, the panel reviewed examples of evaluation instruments and results and confirmed that findings are communicated to academic staff and used to inform professional-development activities and other quality-improvement measures. As the Nursing program has not yet been launched, program-specific evidence such as student achievement, graduate feedback and employer outcome data is not yet available.

The review of program documentation identified areas requiring stronger internal quality control. In some syllabi, the alignment between teaching methods, assessment methods and learning outcomes was not sufficiently clear. In addition, although stakeholders were involved in program development, interviews with some employers showed limited familiarity with the program objectives, learning outcomes and curriculum. This indicates a need for more systematic and documented stakeholder involvement in program evaluation and development.

The panel therefore considers that the institutional quality-assurance framework is established and operational, while its program-level application should be strengthened through more consistent review of program documentation, clearer use of stakeholder feedback and systematic documentation of improvement actions and follow-up within the PDCA cycle.

Evidences/Indicators

- SER
- Survey results
- Interview results
- Quality Assurance Regulations
- Rules for Planning and Developing Educational Programs
- Evidence of stakeholder participation in program development

Recommendations:

- The University should strengthen the internal review of program and course documentation to ensure clear alignment between teaching methods, assessment methods and learning outcomes.
- The University should ensure systematic and documented involvement of employers and other relevant stakeholders in program evaluation and development, including evidence of how their feedback informs program decisions.

- The University should systematically document identified gaps, improvement actions and follow-up results within the PDCA cycle to demonstrate the effectiveness of program-level quality assurance.

Suggestions for the Programme Development

None

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
5.1 Internal quality evaluation	Substantially

5.2 External Quality Evaluation

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

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

The panel found evidence that the University uses external quality-assurance processes as an input to program development. The English-language Bachelor of Nursing program was externally reviewed by Professor Johannes Greske, PhD in Nursing, and the recommendations arising from that review were considered in subsequent program development.

The evidence indicates that external review has contributed to modifications of the program. This demonstrates that the University does not treat external evaluation solely as a compliance exercise, but uses external expert feedback as one source of program enhancement. At the same time, because the Nursing program is newly proposed, the panel could not yet assess a longer-term cycle of repeated external evaluation and follow-up based on program performance data.

On the evidence available, the panel considers that an external quality-assurance mechanism is established and that its results are used for program development; however, the program-specific track record is necessarily limited by its pre-launch status.

Evidences/Indicators

- Self-Evaluation Report (SER)
- Site Visit Findings
- Interview Results

Recommendations:

- None

Suggestions for the Programme Development:

- It is suggested that future external evaluations and expert recommendations be systematically recorded together with the actions taken, responsible units and follow-up results, thereby strengthening the evidence of a closed external-quality-assurance improvement cycle.

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
5.2. External Quality Evaluation	Complies

5.3 Programme Monitoring and Periodic Review

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

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

The University has established mechanisms for program monitoring and periodic review based on systematic collection and analysis of student and staff feedback, program and course evaluations, assessment data, administrative and support-service feedback, library-resource needs and employer input. The Quality Assurance Office analyses relevant information and communicates findings to the responsible units for follow-up.

Institutional procedures provide a formal basis for program review, updating and continuous improvement. Students, graduates, employers and other stakeholders are included in the monitoring framework. However, as the Nursing program has not yet been launched, program-specific evidence on student achievement, clinical outcomes, graduate performance and employer feedback is not yet available.

Considering the issues identified elsewhere in the review, future monitoring of the Nursing program should pay particular attention to the quality and capacity of clinical placements, achievement of nursing-specific competencies, the effectiveness of clinical teaching and assessment, and the adequacy of staff preparation for nursing education.

The panel therefore considers that the University has an established framework for program monitoring and periodic review. Its effectiveness at program level will need to be demonstrated once Nursing-specific data becomes available and is systematically used for improvement.

Evidences/Indicators

- SER
- Survey Results
- Interview Results
- University Internal Regulations
- The methodology of the data assessment analysis

Recommendations:

- None

Suggestions for the Programme Development

- None

Evaluation

Please, evaluate the compliance of the programme with the component

Component	Evaluation
5.3. Programme monitoring and periodic review	Complies

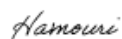
Attached documentation (if applicable):

Signatures:

Chair of Accreditation Expert Panel

Full name, signature

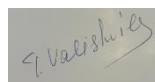
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Accreditation Expert Panel Members

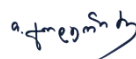
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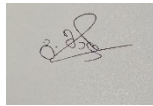
Full name, signature

Tamar Goderidze



Full name, signature

Gulnazi Maghradze

A small, square, grayscale image of a handwritten signature. The signature is written in dark ink on a light background. It appears to be a stylized, cursive script, possibly reading 'Gulnazi Maghradze'.