

Doc. 300.1.2/1

Date: 16/1/2020

# Medical School's Response (Basic Medical Education)

- Higher Education Institution:  
European University Cyprus
- Town: Nicosia
- Programme(s) of study under evaluation  
Name (Duration, ECTS, Cycle)

In Greek:

«Ιατρική, 360 ECTS / 6 έτη (Πτυχίο)»

In English:

“Medicine, 360 ECTS / 6 years (Doctor of Medicine, MD)”

- Language(s) of instruction: English
- Programme's status: Currently Operating

**The present document has been prepared within the framework of the authority and competencies of the Cyprus Agency of Quality Assurance and Accreditation in Higher Education, according to the provisions of the “Quality Assurance and Accreditation of Higher Education and the Establishment and Operation of an Agency on Related Matters Laws of 2015 and 2016” [N. 136 (I)/2015 and N. 35(I)/2019].**

## Guidelines on Content and Structure of the Report

- The Medical School based on the External Evaluation Committee's (EEC's) evaluation report on basic medical education (Doc.300.1.1/1) must justify whether actions have been taken in improving the quality of the programme of study in each assessment area and sub-area.
- The Medical School must respond on the following:
  - the findings, strengths, areas of improvement and recommendations of the EEC
  - the deficiencies noted under the basic and quality development standards
  - the conclusions and final remarks noted by the EEC
- In particular, for each sub-area the Medical School must state the actions taken to comply with the standards **and** provide evidence i.e. the appropriate documentation/policies/minutes/website links/annexes/etc. It is highlighted that the evidence must be provided by indicating the exact page where the information is and **not** as a whole document.
- The Medical School's response must follow below the EEC's comments, which must be copied from the external evaluation report on basic medical education (Doc. 300.1.1/1).

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## A. Assessment Areas

### 1. Mission and Outcomes

#### Findings

**The aims of the School were addressed through the Mission and Vision, which were clearly stated on the web site and in the documentation.**

We would like to thank the EEC for recognizing that EUCMS has addressed its aims through its Mission, Vision and Core Values and have made this available on our website and documentation (e.g. Handbook, Clinical Training Manual, Quality Assurance Guide, etc.). While we have made a sincere effort to include all stakeholders in the process of creating these aims, we appreciate the EEC's suggestion that other stakeholders, particularly our technical staff, administrators and patient groups, should contribute to this process, as well. As indicated in various responses below, we have now included these stakeholders in the Advisory Board and/or other Governance bodies/committees.

**The official documents contained clear learning outcomes and there were several other frameworks including competences, ACGME framework, WFME standards, EPAs and milestones.**

EUCMS (through the focused efforts of various committees, including the Curriculum Committee, Structure and Function Committee, Clinical Training Committee, among others) dedicated a tremendous amount of time to define learning outcomes and link them to competences appropriate for the clinical practice of the Medical School graduate. An effort was made to meaningfully harmonize and align several frameworks with our curriculum. A process, which was subjected to three external reviews in order to focus and fine tune our efforts and which ultimately resulted in two major reviews/revisions (SAR and PER), as described in our self-study. In accordance to the EEC comments and recommendations, we have now harmonized the relationships between the different competency frameworks by devising a new Clinical Competence Roadmap (please see Section 2 – Education, [Appendix 2.1](#)). As we embark on our new clinical curriculum, our new Clinical Competence Roadmap allows for a more coherent alignment with Learning

Outcomes and EPAs. ([Appendix 1.1: SMART Strategic Plan, Pillar 3, specific Strategic Objective #1, Attainable Actions #4, #5](#)).

**Excerpts from official documents and interviews demonstrated that the School had autonomy to develop the medical curriculum with advice from the Advisory Body, and to operate its own budget.**

We are pleased that the autonomy of the EUCMS was evident to the EEC across documentation provided and interviews with regards to the development of our curriculum and operation of our independent budget. Both activities are supported by the input of the Advisory Board, as well as the internal Governance Committees. This autonomy allowed us to seek external input, as well as submit the curriculum to two major revisions, aimed at not only fine-tuning the curriculum, but also scaling up the program. EUCMS has a dedicated budget with autonomy to allocate resources, as needed, to support the curriculum (instructional needs), faculty and staff recruitment, technical equipment and supplies, professional development (attendance of national or international meetings of professional societies, research support, publication fees), among others. The Dean, as the chief academic officer, has sufficient financial and personnel resources available and retains appropriate authority over those resources for planning, implementing and evaluating the medical education program. The collaboration between the Senate and the Councils of the School ensures that sufficient funds are allocated for medical education and the program. The Councils review budget needs with regards to all three missions of the School (Education, Research and Clinical Practice).

**The Medical School has many specific policies and procedures and did not report any difficulties in seeking exemptions from standard University policies.**

The governing bodies of the University, including the Senate and University Council, respect the autonomy of EUCMS, permitting it to function without undue restriction. However, as one of the five Schools that form the University, EUCMS is bound to operate under the general framework defined by the University Charter and the directions and guidelines provided by the Cyprus Agency of Quality Assurance and Accreditation in Higher Education (CYQAA). In addition, members of the medical faculty represent the

School at all levels of Governance, including the University Committee on Internal Quality Assurance Committee and the Senate.

**Students reported that they felt well represented. The documentation describes student representation with voting powers on several of the Committees, including the Programme Committee, the Quality Committee and the School Council. Students contribute to all issues in committees except those relating to appointments, promotions, personal issues, and budgets.**

We are pleased that our students believe that they are well represented in the School. As noted by the EEC, medical students are stakeholders in the School and as a result they participate with voting powers in central Governance committees, particularly Program Committee, School Quality Assurance Committee, School Council and Senate of the School and the University, respectively. EUCMS has adopted the requirements indicated in the University Charter and does not include students in committees related to new appointments (elections) of faculty member, appointments of technical and administrative staff and budget. We are thankful to our students who reported that they were appropriately represented in the School and the University. However, as suggested by the EEC, students are now included in other Governance Committees that are focused on curricular functions (such as Structure and Function, CTC, Medical Greek, etc.). ([Appendix 1.2: EUCMS Governance Committees](#)).

**There is no evidence that administrative and technical staff or patients contribute to the Mission and Vision**

As noted above (comment #1), while have made a sincere effort to include all stakeholders in the process of creating the Schools aims, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff, administrators, librarians and patient groups, should also contribute to this process. As indicated above, we now define the addition of these stakeholders through their inclusion the Advisory Board and/or other Governance bodies/committees. ([Appendix 1.2 and 1.3](#))

## **The EEC heard about Action Plans arising from programme evaluation and review, and read a Strategic Development Plan.**

As noted by the EEC, Action Plans were prepared in response to our previous requests for external reviews. These external evaluations were aimed at defining strengths and weaknesses in order to fine-tune our program and development. Action Plans, as well as the reports, were among the documentation made available to the EEC during the site visit. A Strategic Development Plan, with particular focus on Research, was also made available to the EEC.

### **Strengths**

#### **- The autonomy of the School is demonstrated through separate policies, curriculum and budgetary control.**

We are pleased that the autonomy of the EUCMS was evident to the EEC with regards to separate policies, the development and revision of our curriculum and operation of our independent budget. Both activities are supported by the input of the Advisory Board, as well as the internal Governance Committees.

#### **- Students and teaching staff sit on a number of committees with voting rights and contribute to policies and creating the Mission and Vision.**

Students and faculty are primary stakeholders in the School, and as noted by the EEC, they are represented and participate in creating the Mission, Vision and Core Values of the Schools, as well as provide important input in the development of new policies.

#### **- There is an Advisory Board that functions to assure the input from a number of relevant stakeholders e.g. professional organizations and the health sector, but it does not include patient representatives.**

While we have made a sincere effort to include relevant stakeholders in the Advisory Board, including professional organizations and the health sector, we appreciate the



EEC's suggestion that other stakeholders, particularly, patient groups, should be included in the Advisory Board, as well. As noted above, we have defined the inclusion of patient groups in the Advisory Board.

### **Areas for improvement and recommendations**

**Please note that when the EEC uses the term 'must' it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.**

**- The School must develop opportunities for patients, administrators and other staff such as librarians and technicians to contribute to the Mission and Vision.**

While we have made a sincere effort to include all stakeholders in the process of creating these aims, we appreciate the EEC's suggestion that other stakeholders, particularly our staff (including technicians and librarians), administrators and patient groups, should contribute to this process, as well. As indicated above, we now define the addition of these stakeholders through their inclusion the Advisory Board and/or other Governance bodies/committees, so as to contribute to the further development of our Mission, Vision and Core Values. ([Appendix 1.2 and 1.3](#))

**- The School must develop a 'SMART' Strategic Development plan with an indication of how it relates to the Action Plans and with a timeline to help guide and manage the more detailed Action Plans. The plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders**

As suggested by the EEC, we have developed a 5 year SMART Strategic Development Plan with imbedded Action Plans & Timeline. ([Appendix 1.1: SMART Strategic Plan](#)) The aim is that this strategic plan 2020-2025 will serve as our "roadmap" for the next phase of the School of Medicine's growth and development across the next five years, as we pursue our mission, reach our vision and respect our values.

We see this as our first strategic plan and recognize that it comes at a critical milestone in our history where we have now evolved through our first cycle of the Medical School Program. As we move forward through our future educational cycles, the School will submit itself to a strategic planning process, the last year of every 5-year strategic planning cycle through strategic planning conversations that will involve students, faculty, staff and the community. The aim is that through our interaction with all of our stakeholders, including those who will be added in accordance with the EEC suggestion, we will be able to propel the School forward to advance medical education, lead in discovery and better serve health care in our global community. At the end of each cycle, we will be able to reflect on our key achievements, and define the key strategic elements and actions of our next cycle.

Through our next strategic cycle, the School will focus on its vision to produce leaders in medicine. This will be realized through actions in 3 strategic domains of focus and 2 enablers necessary to support these domains. The 3 strategic domains of focus include: education, research and clinical care, and the 2 enablers to support these domains: our team, both faculty and staff, and governance and evaluation. For each area we define overarching strategic goals that will guide our development. Under each area, strategic objectives are defined to guide our efforts and allocation of resources over the next 5 years with a series of initiatives, as well as the expected outcomes from these actions.

For each strategic pillar we outline our overarching goals, which are relevant to our mission, and perceived direction, as indicated under each pillar. Our specific strategic objectives define our **S**pecific goals that are linked to these overarching strategic directions, answering the why, who and which. Each specific strategic objective is **A**ttainable with key reasonable initiatives or actions listed for each objective. Success towards meeting each goal is **M**easurable and each task is **R**elevant to achieving each goal within a clearly defined **T**imeline, as indicated in the metrics table. This Strategic Plan will be made available to all stakeholders.

## 2. Educational Programme

### Findings

**The excerpts from official documents and the verbal descriptions from both faculty and students provide evidence of the educational program.**

The School attempted to make available all and any documentation that would assist in the efforts of the EEC in evaluating our educational program. Our aim was to operate with transparency and with clear documentation.

**There was a description of the framework of the program with basic sciences integrated horizontally (systems-based) in the Foundations of Medicine (years 1-2), vertically integrated (basic-clinical practice) via a preparatory year 3 Foundation of Clinical Practice, continuing in Phase 3 Clinical Medicine Core (years 4-5) and a pre-internship (year 6). However, there is reference to several different competency frameworks without explaining the relationships. The Clinical Competence Roadmap is thorough but not related to Learning Outcomes or EPAs.**

We agree with the EEC that we have focused efforts towards both horizontal and vertical integration between courses, particularly of the preclinical years, with year 3 facilitating the transition from basic to clinical education. In accordance to the EEC comments and recommendations, we have now harmonized the relationships between the different competency frameworks by devising a new Clinical Competence Roadmap ([Appendix 2.1](#)). As we embark on our new clinical curriculum, our new Clinical Competence Roadmap allows for a more coherent alignment with Learning Outcomes and EPAs. ([Appendix 1.1: SMART Strategic Plan, Pillar 3, specific Strategic Objective #1, Attainable Actions #4, #5](#)).

The revised Clinical Competence Roadmap of our school ([Appendix 2.1: Clinical Competence Roadmap](#)), takes into account:

- the revised course syllabi with the learning outcomes,

- the Entrustable Professional Activities of the AAMC to guide the evolution of students towards postgraduate training,
  - the incorporation of professionalism into practical training,
  - the use of simulation to enhance practice and information retention,
  - the contribution of staff and other stakeholders,
- while simultaneously defining the corresponding EPAs for each level of study.

The proposed Clinical Competence Roadmap was revised through collaboration between the members of the Structure and Function committee, the Simulation committee and the Clinical training committee, in concert with the content of the revised curriculum. The Clinical Competence Roadmap is presented in Clinical Training Manual that is updated annually. (Please refer to self-study).

**There was evidence of good collaboration between the different basic sciences to design an integrated program.**

We would like to thank the EEC for this observation. This has been the result of the continuous evaluation of our program and the close collaboration between the acting bodies of EUCMS.

**The program fosters active and team-based learning in small groups in the first three years as well as assignments during the clinical phase.**

As noted by the EEC, small-group teaching and training represents the core of the weekly schedule of our educational program. We are grateful about the acknowledgement of assignments in the clinical years. We have added reflective assignments, and we have devised comprehensive portfolios to monitor our students' performance. The elements of the comprehensive portfolios are included in [\(Appendix 2.2\)](#).

**The program aims for reflective practice but there is little to no dedicated time for reflection, no portfolio and no Personal Development Plan.**

EUCMS welcomes the addition of Portfolios and Personal Development Plans for our students, as suggested by the EEC. With the inclusion of the Portfolio in our new cohort, we can now include systematic reflection, as well as regular reflection to all years. (Please see elements of comprehensive portfolio above). Additionally, this will allow us to effectively monitor and cyclically scale up its implementation with progressive student cohorts. The contents were selected to facilitate the personal portfolio to also serve as an effective personal development plan, which will be kept and monitored by students with their academic and clinical advisors. Ultimately, the aim is to promote guided reflection and feedback and enhance performance.

**Clinical skills teaching and learning followed a systematic approach and was supported by a variety of simulation technology. Standardized patients were only used for exams.**

We are grateful to the EEC for noting that we have incorporated clinical skills in our educational program. Our well-developed simulation facilities allow their regular use in our educational sessions. We agree that there is need to include standardized patients (SP) during the semester and not only for exams. For this reason the Simulation Committee and selected faculty, including external experts, have devised an SP program, which includes regular training of faculty, staff and students, as well creation of scenarios, and which is currently in process. ([Appendix 2.3: SP Program](#))

**There is teaching on scientific method and optional opportunities for a research project. It was noted that the staff's research competence and strategy is currently at an early stage of development. This impacts the teaching of EBM and research and the quality of the students' theses which could be substantially improved.**

We agree with the EEC that research remains in an early stage of development at the School. As such, one of the primary pillars in our Strategic Plan focuses on Research. In order to enhance opportunities for research among both faculty and students, and to incorporate components of research and scientific methodology in medical sciences throughout the 6-year medical program, EUCMS has implemented the following changes:

- Research is a distinct pillar in the School's Development Strategy Plan
- The school has refocused its strategy in staff recruitment plan to attract expert personnel in research
- An active Research Committee comprising of faculty, staff, etc. has been created ([Appendix 1.2](#))
- One of the acting fronts of the School mentoring committee is research promotion for faculty, staff and students (please see Section 4, Students, Findings Response #11)
- We offer an elective course for Years 2 and 3 on Medical Academic Skills
- We offer a Year 3 course on Research Methods
- A mandatory MD thesis during Year 6 is part of the submitted curriculum
- The MD thesis committee provides feedback, guidance and monitors appropriate collaboration between students and thesis supervisors (please see [Appendix 2.2](#) for committees)
- A dedicated session on research for students has been included for the student annual CaMESM meeting
- Research incentives through teaching hour reduction (THR) have been introduced by the University.

**There are detailed student timetables in years 1-3 with approximately 50% lecture time in semesters of 13 weeks duration. Students reported long working days: 8 hours of classes, 2-3 hours study daily and approximately 6-8 hours during the weekends.**

The proposed new Curriculum has increased the length of the semester by 4 weeks for years 4-6, which will reduce the daily workload of the students. (Please refer to Self-Study report). The School is exploring the option for a similar increase in preclinical years. In an effort to scale up effective teaching in the preclinical years (1-3) to promote better efficiencies, and allow for a healthier work-life balance for both faculty and students, we have included time for student self-improvement, study and reflection. We believe will be of paramount significance.



**Students spend most of their clinical placements in hospitals with almost no exposure to medical practice provided in the community. Students and clinical staff commented that the rotations were too short for students to become part of the team or to allow clinical teachers to assign clinical responsibility to students even during the pre-internship. The short rotations also preclude students from following-up patients.**

We agree with the need for exposure to medical practice provided in the community. As such, we have proceeded with appropriate accommodations to address the above as soon as possible:

- Our current student intake allows us now to standardize and streamline the clinical placements, in order to include student exposure to community settings in nearly all disciplines (e.g. placement in both outpatient and inpatient departments during specific rotations).
- The new curriculum includes Family Medicine and Primary Care as a primary clinical training pillar, and as such has foreseen an equal distribution of dedicated contact time in this area, as for all other clinical pillars.
- The new pre-internship rotations in Year 6, which runs with longitudinal student placements, allows students to be exposed to the benefits of longer student training with more contact with their clinical trainers, which also facilitates students assuming responsibility.

Additionally, EUCMS made focused efforts to further increase its resources for the clinical training of students. In this regard, we progressed to establish agreements with two locations (“Care Medical Institute” and “Polyclinic”) and have developed strategic collaborations for general practice/primary care. The addition of Polyclinic to our affiliated teaching clinics, in addition to supporting the general practice/primary care practice indicated by the EEC, also adds training sites for Ob/Gyn, Internal Medicine, Surgery, Gastroenterology and Pediatrics.

As noted above, the School has already planned (in its revised curriculum) to expand the clinical experience of students in years 4-6 by prolonging the semesters with an increase of 4 weeks. Our aim with this is to allow students to become part of the team

and follow up on patient care longitudinally and take on more clinical responsibilities during pre-internship training.

**Students expressed a need for more training in core disciplines such as internal medicine.**

The new curriculum provides an equal distribution of dedicated contact time in each of the 5 major core clinical pillars (Internal medicine, Child & Mother Health, Neuroscience, Surgery and Family Medicine). We believe that this equal weight distribution, in addition to the expansion of the semesters for clinical training, will help ensure that students will have more time for training in core disciplines, such as internal medicine.

**The first graduates reported that they were competent to practise, most likely due to extensive clinical exposure.**

We greatly appreciate this comment by the EEC. We consider the observation of extensive clinical exposure very important, underlining the benefit of the extensive clinical training of our curriculum. We believe this is the reason why our graduates felt competent to practice. As such, the new curriculum is devised in a way to place students not only in internal medicine, but additionally in other core clinical disciplines, as indicated above.

**Staff reported a need to increase the clinical placements to ensure sufficient exposure with the future intake of 120 students per year.**

Please note that the educational and clinical placement program runs in cohorts of 20 students each. This permits effective placements in clinical settings in a parallel manner. In addition, the new clinical courses include equal student exposure across all clinical disciplines, respecting the required evolution of their knowledge and skills, as dictated by the Clinical Competence Roadmap ([Appendix 2.1](#)). The clinical training map of Year 4 is provided as an example of the above scheme. ([Appendix 2.4](#)).



We would like to clarify that the School does not intend to increase the number of cohorts of student intake with our current resources, which were found appropriate by the EEC for our program. On the other hand, the school does intend to increase its faculty, support staff and resources, and by doing so, scale up its teaching efficiency. In addition, EUCMS is planning to increase its resources to further accommodate clinical training of students. In this regard, (as noted above) we progressed to establish agreements with two locations (“Care Medical Institute” and “Polyclinic”) and have developed strategic collaborations for general practice/primary care. The addition of Polyclinic to our affiliated teaching clinics, in addition to supporting the general practice/primary care practice indicated by the EEC, also adds training sites for Ob/Gyn, Internal Medicine, Surgery, Gastroenterology and Pediatrics. Additionally, two of our primary (and exclusive) teaching hospitals (German Oncology Center and Larnaca General Hospital) have increased their bed capacity, which further scales up our clinical teaching abilities. Our other exclusive training site, American Medical Center, has also increased the disciplines and services provided. This will be augmented by tightened collaborations with other teaching hospitals, such as Apollonio Hospital, which covers primary clinical disciplines and sub-disciplines, as well as with dedicated support spaces (e.g. seminar rooms, study rooms) in these affiliated teaching hospitals. Finally, we have broadened student opportunities for elective clinical training through our international linkages, (e.g. Hadassah, IASO Children’s, Metropolitan General, Hygeia Group, etc.).

**The EEC observed significant variability in the quality of the clinical teaching between locations and between departments within a location. Learning outcomes at some sites appeared to be the prerogative of the department head (identifying the ‘red flags’ for their discipline) while at others there were well organized programmes and a culture that fosters competency-based learning.**

We agree with the EEC, regarding the importance of harmonization of the quality and content of clinical training across the various clinical teaching sites. Harmonization is enhanced by several means. Firstly, we would like to note that student feedback regarding their rotations is taken into serious consideration, regularly leading to

adjustments to their placements. The newly devised clinical training map (see above) helps ensure that student cohort exposure is similar across departments. The new targeted training system for clinical instructors is shorter in duration, but regularly performed at the hospitals, which allows for more effective training. The content of clinical training is optimized by simulating a clinical training session, providing tips on how to organize a clinical training day and keep in line with the learning objectives, how to provide student feedback and to improve the content of their training. A guide for the logbook completion process has been made to assist clinical instructors ([Appendix 2.5](#)). In addition, the members of the Clinical training committee (e.g. the hospital academic liaisons) regularly evaluate the content of the logbooks, as well as perform summative clinical assessments (e.g. by mini-CEX assessments) in collaboration with the clinical instructors.

**The system of externship gives an opportunity to students to increase their clinical experience over the holidays with partner courses worldwide and therefore offers great variety and choice – but the EEC heard that it relies on individual motivation and financial ability to take up the opportunity.**

The externship experience promotes the idea of employability and allows students to gain experience in environments and countries that they wish or expect to work in the future. EUC medical students have the opportunity to participate in summer externships in prestigious highly ranked institutions all over the world for additional clinical and research training. The student experiences at these sites greatly enrich the EUC student by providing them the opportunity to learn in a wide variety of environments. To date, the School has had limited scholarships to reward superior academic performance of students. The School now provides two annual scholarships per each student year (3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup>), with pre-specified financial and academic criteria. In addition, we have expanded our network of local summer externships, by inviting more collaborating clinical training sites to offer summer positions, as well as have expanded our externship network to help accommodate students in their own country during summer (e.g. Greece, Germany). We have also promoted the Erasmus+ student mobility actions for student extracurricular placements, which are being presented to our students. Also, the school is organizing

annual summer sessions / summer schools: the first session themes are basic research training program (aimed at a more in-depth introduction of student to basic research) and an SP training program.

**Students sit on the Curriculum/Programme and the Quality Assurance Committee but do not sit on other curriculum focused committees such as the Structure and Function (S&F), Clinical Training (CTC), the Medical Greek and the Assessment Committees. Staff such as administrators, librarians, and technical staff are not represented on any of the programme committees.**

While we have made a sincere effort to include all stakeholders in the process developing and improving our program, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff, administrators and students, should contribute to this process, as well. (Please see Section 1, Findings Responses #1, #5, #6; Section 4, #12). As noted by the EEC, medical students are stakeholders in the School and as a result they participate with voting powers in central Governance committees, particularly Program Committee, Quality Assurance Committee, School Council and Senate of the School and the University, respectively. We are thankful to our students who reported that they were appropriately represented in the School and the University. However, as suggested by the EEC, students are now included in other Governance Committees that are focused on curricular functions (such as Structure and Function, CTC, Medical Greek, etc.). (Please see Section 1) EUCMS would like to note that when a student is on a committee, they are able contribute to all issues related to student activities, but they are not involved in appointments, promotions and budgets. While we work very closely with our technical and administrative staff and informally consult with them on a wide range of issue, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff and administrators, should also contribute to this process. As noted in Section 1, we now define the inclusion of our staff through their inclusion in Governance bodies/committees. We would like to clarify, however, that administrative and technical staff are already represented in the Clinical Training Committee, where they play a critical role. Additionally, it should also be noted that Special Teaching Personnel are also represented at the level of the Senate.

**There is an Advisory Board that functions to assure the input from a number of relevant stakeholders e.g. professional organizations and the health sector, but it does not include patient representatives.**

As noted above, while we have made a sincere effort to include all stakeholders (e.g. professional, academic, regulatory and governmental bodies) in the Advisory Board, we appreciate the EEC's suggestion that other stakeholders, in particular patient groups, should also have a means to contribute to this process, as well. As noted in Section 1, we have now defined the inclusion of patient groups in the Advisory Board. ([Appendix 1.2 and 1.3](#)).

**Several members of the school sit on national committees that oversee the current changes in the Health Care system.**

We are grateful that the EEC recognized the activities of several of our faculty members. The current structure of EUCMS with several ad hoc committees working in parallel has led to recognition of their contribution in their respective fields and as a result have been invited in committees and boards related of the local Healthcare System. Further to this, the important contribution of EUCMS in various national actions, keeps a high level of collaboration and recognition of EUCMS participation.

**Students reported the programme is well coordinated and administered.**

We are pleased that our students felt that the program was well coordinated and administered, which reflects that they feel safe and valued.

**The School is currently introducing Peer teaching though there was little evidence provided on the training and quality assurance around this approach.**

The EUCMS has effectively used peer teaching for anatomy laboratory sessions for across three years. Peer teachers who were trained and monitored, were recognized at the end of the term in a special peer teaching ceremony, where they received a letter and

certificate. (Sample letter and certificate are shown in [Appendix 2.6 and 2.7](#)). The program was re-introduced to students with the first student meeting in November 19, 2019. The SP program (described above), also involves students (peer teachers) and alumni (graduates), aiming to involve social learning aspects in practical training and help students, through role-playing, to feel the responsibility of a doctor but also assume responsibility of a trainer. Several of the faculty have extensive experience using peer teaching in their educational programs.

### **Strengths**

**- The School has had 2 major reviews: the SAR and the PER and there is a strategy and clear programme for regular evaluation. Strengths and weaknesses have been identified and Action Plans drawn up and students are clear that their feedback has been heard and responded to.**

EUCMS is grateful for this comment. The School undertook both major reviews to improve the curriculum. The SAR was aimed at the preclinical years (since according to the Cypriot law and the regulations of the National Agency, we could only revise the first three years at the time) and the PER was aimed primarily at the clinical years. The resulting proposed curriculum was the product of the input of every member of EUCMS (e.g. the faculty, staff and students), and the proposed changes reflect the vision of the school.

**- Staff, students and graduates are very satisfied with the education provided.**

We are extremely pleased with this comment. We believe it fosters further actions to keep a positive and secure environment for our staff, students, and graduates.

**- The programme is well coordinated and administered.**

We are grateful to the EEC for indicating that our program is well coordinated and administered. We have made continuous and concerted efforts in this regards.

**- Current Graduates felt they had been well prepared and could cope with clinical practice.**

We truly appreciate this observation. This feedback from our first cohort of graduates underlines the contribution that undergraduate training has on student confidence leads us to further improve their education and training, in order to help them meet the standards and requirements of postgraduate training at an international level.

**- There is small group interactive learning (Y1-3) with case scenarios related to the theory of the week.**

This is the result of a collaborative effort between faculty, staff and external contributors across several disciplines, aiming to associate the content taught every week with clinical applications.

**- The staff (including Academic and Clinical Advisor) are accessible to one another and to students.**

Open door policy is the mainstay of the EUCMS advising system. This not only promotes meaningful collaboration between EUCMS members, but also has helped the progress of our students and has led to prompt detection and resolution of arising issues.

**- There are small groups in the clinical placements with enthusiastic, motivated teachers, keen to help the students.**

We would like to express our appreciation of this remark. We acknowledge the weaknesses related to optimal clinical education in EUCMS and the fact that the EEC has realized the potential of our clinical trainers provides ample evidence to work towards optimizing the content and placements of clinical rotations.

**Areas for improvement and recommendations**



**Please note that when the EEC uses the term ‘must’ it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.**

**- The description of the programme refers to several frameworks including Competences, Learning Outcomes, WFME Standards, ACGME Framework and EPAs with milestones, without explaining their relationships. The Clinical Competence Roadmap is very thorough but does not relate to Learning Outcomes and EPAS. The School must simplify and/or map these descriptions to ensure the pathway through the curriculum is clear to staff and students.**

As described above, we have now harmonized the relationships between the different competency frameworks by devising a new Clinical Competence Roadmap ([Appendix 2.1](#)). As we embark on our new clinical curriculum, our new Clinical Competence Roadmap allows for a more coherent alignment with Learning Outcomes and EPAs. ([Appendix 1.1: SMART Strategic Plan, Pillar 3, specific Strategic Objective #1, Attainable Actions #4, #5](#)).

The revised Clinical Competence Roadmap of our school ([Appendix 2.1: Clinical Competence Roadmap](#)) takes into account:

- the revised course syllabi with the learning outcomes,
- the Entrustable Professional Activities of the AAMC to guide the evolution of students towards postgraduate training,
- the incorporation of professionalism into practical training,
- the use of simulation to enhance practice and information retention,
- the contribution of staff and other stakeholders,

while simultaneously defining the corresponding EPAs for each level of study.

The proposed Clinical Competence Roadmap was revised through collaboration between the members of the Structure and Function committee, the Simulation committee and the Clinical training committee, in concert with the content of the revised curriculum. The Clinical Competence Roadmap is presented in the Clinical Training Manual that is updated annually. (Please refer to the self-study).

- **The school must have the autonomy to make the attendance at didactic lectures voluntary and not mandatory, to permit students the choice on how best to use their time for learning.**

We agree with the EEC that the School must have the autonomy to make the attendance of didactic lectures voluntary and not mandatory, allowing student the choice on how best to use their time for learning. At present, National Agency stipulates that attendance is mandatory for all teaching activities. As noted in our strategic plan, EUCMS will petition the appropriate authorities regarding the making of attendance of the didactic lectures voluntary and not mandatory. ([Appendix 1.1: SMART Strategic Plan, Pillar I, specific Strategic Objective #6, Attainable Actions #5](#)).

- **The School must consider how to scale up effective teaching in Years 1-3 to bring efficiencies for both students and staff and allow a healthy work-life balance for both. The School must also expand the clinical experiences in Years 4-6.**

We understand that scaling up effective teaching, and ultimately education and training, is a pivotal aspect of strengthening the health workforce. In our effort to build a stronger educational institution, we have focused on how to recruit the right type of students, defining the competencies that our students should gain, recruiting and training the appropriate faculty and clinical instructors, and supporting career pathways and choices. The proposed new Curriculum has increased the length of the semester by 4 weeks for years 4-6, which will reduce the daily workload of the students. (Please refer to Self-Study report). The School is exploring the option for a similar increase in preclinical years. In an effort to scale up effective teaching in the preclinical years (1-3) to promote better efficiencies, and allow for a healthier work-life balance for both faculty and students, we have included time for student self-improvement, study and reflection. We believe will be of paramount significance.

As indicated by the EEC in their report and discussions, we recognize the burden placed on our teaching faculty. The University provides protected time for researchers, and with



the recent Senate decision this is provided from the on boarding of new faculty. Similarly, protected time for clinicians has been initiated, collectively aimed at providing a healthier balanced workload between teaching hours, clinical practice requirements and research needs. As such, the faculty can use the Teaching Hour Reduction (THR) system of the University to achieve its research and clinical activities. To further support the scaling up of our teaching efficiency, we have implemented a robust faculty development programme aimed at improving the quality of teaching. (Appendix 1.1: SMART Strategic Plan, Pillar I, specific Strategic Objective #6, Attainable Actions #4; Strategic Objective #6, Attainable Actions #3; and Enabler I, specific Strategic Objective #1, Attainable Actions #1-6; specific Strategic Objective #3, Attainable Actions #1-4; specific Strategic Objective #4, Attainable Actions #1-7).

The School agrees with the EEC in regards to expanding clinical experience. We had already planned to expand the clinical experience of students in years 4-6 in our revised curriculum by prolonging the semesters with an increase of 4 weeks.

**- In all years the School should consider prolonging the semesters as well as the duration of the clinical rotations at each placement with allocation of supervised clinical responsibilities to students.**

As noted above, the School agrees with the EEC, and in its revised curriculum had already planned to expand the clinical experience of students in years 4-6 by prolonging the semesters with an increase of 4 weeks. (Please refer to Self-Study) We will also examine prolonging the semesters in the preclinical years, as prolonging the duration of the semesters, will assist in decreasing both the student and faculty weekly workload and significantly scaling up effective teaching and learning. In addition, as described in our self-study, Year 6 consists of the longitudinal pre-internship placements, which allow for longer clinical rotations, as mentioned above. It is also worth noting that midterm exams are omitted from clinical years in the revised curriculum, thus increasing the opportunity for placements even more. Finally, one of the requirements of clinical training in Year 6, will be for students to opt out of doctor shadowing and assume responsibility in their training, as will be evident in their evaluation tools (personal

portfolio, DOPS, miniCEX) and assessment (pre-internship written examination and integrated summative OSCE).

**- The School must harmonize and standardize clinical rotations with clear learning outcomes.**

In accordance to the EEC comments and recommendations, we have now harmonized the relationships between the different competency frameworks by devising a new Clinical Competence Roadmap ([Appendix 2.1](#)). As we embark on our new clinical curriculum, our new Clinical Competence Roadmap allows for a more coherent alignment with Learning Outcomes and EPAs. In addition, the new syllabi now have clear learning objectives aligned with the curricular learning outcomes. Standardization is further enhanced with the newly devised clinical training map (see above), which helps ensure that student cohort exposure is similar across departments. The new-targeted training system for clinical instructors is shorter in duration, but regularly performed at the hospitals, which allows for more effective training. The content of clinical training is optimized by simulating a clinical training session, providing tips on how to organize a clinical training day and keep in line with the learning objectives, how to provide student feedback and to improve the content of their training. A guide for the logbook completion process has been made to assist clinical instructors ([Appendix 2.5](#)). In addition, the members of the Clinical training committee (e.g. the hospital academic liaisons) regularly evaluate the content of the logbooks, as well as perform summative clinical assessments (e.g. by mini-CEX assessments) in collaboration with the clinical instructors.

**- The School must ensure students have experience in role play with people as well as mannequins for clinical skills in the early years. Using simulated/standardised patients may provide this systematically. The School should introduce the students to real patients earlier than Year 4.**

We agree that there is need to include standardized patients (SP) during the semester and not only for exams. For this reason, through a collaborative effort of the Simulation Committee and select4ed faculty, we have devised an SP program, which includes training of faculty, staff and students and which is currently in process. ([Appendix 2.3: SP](#)

Program). More specifically, role-playing training sessions and summative assignments are now part of the following courses:

- Year 1. MD120 and MD135 introduce students to patient approach, teamwork and interprofessional communication. (please refer to syllabi presented in Self-Study)
- Year 2. MD210, MD220, MD235 and MD240. These courses go over approach to difficult patients, interprofessional collaboration, health psychology and clinical skills including history taking.
- Year 3. MD300, MD315, MD325, MD340 These courses constitute history taking, physical examination, recognition of abnormal signs/symptoms, summarizing and presenting medical history, and passing information.
- Years 4,5,6: all clinical courses as part of the on-campus training sessions.

Exposure of students to real patients and clinical settings earlier than Year 4 comprises of the following:

- Year 1. MD120 includes approx.40 hours of student observations in various healthcare departments as an introduction to the structure and function of the healthcare system, including hospitals, clinical laboratories, primary care centers, palliative care centers and rehabilitation centers.
- Year 2. MD215 provides an overview of public health and global health and includes approx.30 hours of visits and exposure to real patients in primary care settings.

**- The School must introduce dedicated time for reflection during clinical activities and introduce a portfolio to promote this across the programme.**

EUCMS welcomes the addition of Portfolios and Personal Development Plans for our students, as suggested by the EEC. With the inclusion of the Portfolio in our new cohort, we now include systematic reflection, as well as regular reflection to all years. Additionally, this will allow us to effectively monitor and cyclically scale up its implementation with progressive student cohorts. The contents were selected to facilitate the personal portfolio to also serve as an effective Personal Development Plan, which will be kept and monitored by students with their academic and clinical advisors, respectively. Ultimately, the aim is to promote guided reflection and feedback and enhance performance. We have added

reflective assignments, and we have devised comprehensive portfolios to monitor our students' performance. The elements of the comprehensive portfolios are included in [\(Appendix 2.2\)](#).

**- Research and Methodology education is limited for both students and staff and should be improved to foster critical and analytical thinking and the provision of a solid base for EBM.**

In order to enhance opportunities for research among both faculty and students, and to incorporate components of research and scientific methodology in medical sciences throughout the 6-year medical program, EUCMS has implemented the following changes:

- Research is a distinct pillar in the School's Development Strategy Plan
- The school has refocused its strategy in staff recruitment plan to attract expert personnel in research.
- An active Research Committee comprising of faculty, staff and external stakeholders has been created [\(Appendix 1.2\)](#).
- One of the acting fronts of the School mentoring committee is research promotion for faculty, staff and students (please see Section 4, Students, Findings Response #11)
- We offer an elective course for Years 2 and 3 on Medical Academic Skills
- We have compulsory Year 3 course on Research Methods
- A mandatory MD thesis during Year 6 is included in the new curriculum
- The MD thesis committee provides feedback, guidance and monitors appropriate collaboration between students and thesis supervisors
- A dedicated session on research for students has been included for the student annual CaMESM meeting
- Research incentives through teaching hour reduction (THR) have been introduced by the University, including a recent decision by the Senate to provide THR to newly recruited faculty to enhance their initial research efforts.

**- The School must develop their teaching on EBM to ensure that students' understanding and application go beyond routine use of guidelines. Students must develop a more critically reflective approach to all aspects of EBM. For example students need to critique the value of the evidence base, and its applicability to the individual patient.**

Various teaching and training modalities have been established to promote critical and analytical thinking among students. Among them, team-based learning sessions that combine components of problem based learning (PBL) and interactive group collaboration in solving problems, are used as a teaching and critical thinking tool. The scaling up of both research and training, as noted above, further embeds EBM in teaching, enabling students' to better understand, beyond the use of guidelines. (For example courses on Medical Academic Skills and Research Methods).

**- The School should consider having students on the curriculum focused committees such as the Structure and Function, the Medical Greek and the Clinical Training Committees**

As noted by the EEC, medical students are stakeholders in the School and as a result they participate with voting powers in central Governance committees, particularly Program Committee, Quality Assurance Committee, School Council and Senate of the School and the University, respectively. We are thankful to our students who reported that they were appropriately represented in the School and the University. However, as suggested by the EEC, students are now included in other Governance Committees that are focused on curricular functions (such as Structure and Function, CTC, Medical Greek, etc.) (Please see Section 1). EUCMS would like to note that when a student is on a committee, they are able contribute to all issues related to student activities, but they are not involved in appointments, promotions and budgets.

**- The School must provide relevant education training for clinicians focusing on: discussing beliefs about the purpose of clinical education and the students' and teachers' roles, how to engage students actively within the clinical setting while protecting patient safety, and giving feedback.**

The targeted training system for clinical instructors is shorter in duration, but regularly performed at the hospitals, which allows for more effective and relevant training. The content of clinical training is optimized by simulating a clinical training session, providing tips on how to organize a clinical training day and keep in line with the learning objectives, how to provide student feedback and to improve the content of their training. A guide for the logbook completion process has been made to assist clinical instructors ([Appendix 2.5](#)). In addition, the members of the Clinical training committee (e.g. the hospital academic liaisons) regularly evaluate the content of the logbooks, as well as perform summative clinical assessments (e.g. by mini-CEX assessments) in collaboration with the clinical instructors. This is further facilitated by the newly devised clinical training map (see above) helps ensure that student cohort exposure is similar across departments. Finally, it should be noted that according to all Memorandums of Understanding (MOUs) with clinical sites, clinical instructors receive financial compensation for student training, as well as other incentives, such as discounts for EUC programs, library access and participation in joint activities, including research projects, seminars and on-campus educational activities.

**- The School must ensure that during the Senior Clerkship students have the opportunity to undertake limited and supervised responsibility for a small number of patients and to prioritise tasks during each day.**

We are in complete agreement that senior students should learn to assume responsibility and develop the activity to prioritize tasks. The revised curriculum was developed to enhance alignment between the established EPAs and the Clinical Competence Roadmap and to enhance student exposure in their departments during the pre-internship longitudinal placements. Additionally, the aim was to be able not only for students to develop meaningful collaboration with their trainers, but also to enable patient follow-up and promote responsible interaction with their patients over a longer time. By prolonging the semesters with an increase of 4 weeks, students are better able to become part of the team, follow up on patient care longitudinally and take on more clinical responsibilities during pre-internship training. The evaluation & assessment tools



(personal portfolio, DOPS, miniCEX, logbooks, integrated summative OSCE) are used to ensure specific tasks are undertaken and confirmed by their clinical supervisor. An additional feature of senior clerkships is to develop the ability to guide the training of their junior peers who are placed in same departments.

**- The School must provide opportunities for students to follow-up patients over time.**

As noted above, the School has already planned in its revised curriculum to expand the clinical experience of students in years 4-6 by prolonging the semesters with an increase of 4 weeks. Our aim with this is to allow students to become part of the team and follow up on patient care longitudinally and take on more clinical responsibilities during pre-internship training. ([Appendix 1.1: SMART Strategic Plan, Pillar III, specific Strategic Objective #1, Attainable Actions #5,6](#)). Year 4 & 5 rotations are designed for weekly student exposures. As mentioned above, the new pre-internship longitudinal rotations in Year 6, allow student exposure with the benefits of longer training and contact with their clinical trainers.

**- There is clear evidence across Europe that there needs to be a significant increase in GPs. This has been recognised by the recent changes to the NHS of Cyprus. General practice is not yet systematically experienced and learned by the students in EUC; the School must develop their strategy to use the new GP service.**

We agree with the need for exposure to medical practice provided in the community. As such, we have proceeded with appropriate accommodations to address the above as soon as possible:

- Our current student intake allows us now to standardize and streamline the clinical placements, in order to include student exposure to community settings in nearly all disciplines (e.g. placement in both outpatient and inpatient departments during specific rotations).
- The new curriculum includes Family Medicine and Primary Care as a primary clinical training pillar, and as such has foreseen an equal distribution of dedicated contact time in this area, as for all other clinical pillars.
- The new pre-internship rotations in Year 6, which runs with longitudinal student placements, allows students to be exposed to the benefits of longer student

training with more contact with their clinical trainers, which also facilitates students assuming responsibility.

Additionally, EUCMS made focused efforts to further increase its resources for the clinical training of students. In this regard, we progressed to establish agreements with two locations (“Care Medical Institute” and “Polyclinic”) and have developed strategic collaborations for general practice/primary care. This now ensures 4 exclusive GP placements per day (i.e. 4 student teams simultaneously placed), including placement of EUC faculty for clinical practice and training.



### 3. Assessment of Students

#### Findings

**The EEC heard from students and staff about the developments made to the assessment programme year on year based on feedback and students appeared satisfied with the assessment programme.**

We appreciate the EEC's recognition of the efforts we made to improve the assessment methods of our School. The School aims for excellence through continuous improvement. In this process, we seek feedback from students and from external experts and devised an Assessment Committee, aimed at developing an assessment strategy that is in line with the current evidence from the Medical Education literature.

**Students can seek one to one feedback from their advisors on their exam performance.**

As noted by the EEC, the School has made concerted effort to ensure that students can have one-on-one feedback regarding their performance on exams. Students can seek feedback from two independent faculty members regarding their performance. For a course, advice on exam performance is often sought out from the course coordinator who highlights the areas of improvement for each student in that specific course. The Academic or Clinical Advisors provide overall guidance to the students assigned to them so that the students can improve in the attributes required throughout the curriculum. Academic/Clinical Advisors do not give specific feedback to the students for a particular course, but rather they monitor the student's overall performance and monitor the attributes that are vertical to the spiral curriculum. The Course Coordinators give feedback for the content of the examined course.

**There was no document stating the assessment principles, strategy and quality assurance.**

We agree with the EEC that documentation of the principles, strategy and quality assurance is a high priority for the School. The Assessment Committee has initiated the process and created the first guideline / checklist to further ensure the highest quality is

maintained throughout the curriculum. (Appendix 3.1) (Appendix 1.1: SMART Strategic Plan, Pillar I, specific Strategic Objective #4, Attainable Actions #2).

**The School uses a variety of assessment methods and assesses practical and clinical skills in every year but the balance of assessment types currently favours written and oral examinations over practical examinations such as OSCEs.**

We attempt to apply an appropriate range of assessment methods. We agree with the EEC observations, and we strongly support Objective Structured Clinical Examination (OSCE). Currently, we are using OSCEs mostly in the clinical years. OSCEs are not used for as an examination tool for years 1-2. Year 3 uses both written exams and OSPEs or DOPs. Presently, OSCEs both Formative and Summative, have been introduced in year 3. As students progress through their years of study, more practical/clinical examinations are used.

**In Years 1-3 assessment is delivered according to disciplines, not integrated into a systems approach and hence not aligned to the intended horizontal integration of the curriculum. Students are required to achieve passes in each of the disciplines, with contributions from the theoretical, practical, clinical, and professionalism components being fully compensated. Students can therefore progress with a weakness in one of these components.**

The new curriculum applies integration of assessment in year 3 with integrated OSPEs for pathophysiology, semiology and surgery. However, we would like to also note that disciplines are also individually assessed to ascertain that a strong weakness in one of the integrated disciplines cannot be compensated by the student's performance in the other disciplines. There is evidence that this overall assessment without compensation, which is employed in several medical schools, may cover deficiencies in important disciplines. Presently, we ensure that a deficiency in major discipline, such as anatomy, cannot be compensated by good performance in another discipline, such as physiology. Additionally, courses with a clear practical and/or clinical component currently have a dedicated practical/clinical assessment in addition to the knowledge assessment.

We recognize the pivotal importance of ensuring that students are competent in all three domains before they are able to progress. The Assessment Committee and the Curriculum Committee upon review of the available literature, noted several important points to consider with regards to assessing professionalism. ([Appendix 3.2: Considerations for Assessment of Professionalism](#)) After examining the range of attributes and dimensions of professionalism, a variety of tools have been selected to assess of professionalism, to further augment the ones currently in use (e.g. miniCEX). (Please refer to [Appendix 3.3](#) for full list of assessment modalities for Professionalism).

### **Systematic compulsory training of examiners is not routinely implemented.**

We recognize the importance of having trained examiners. At present faculty are introduced and trained in assessment at the New Faculty Orientation, Train-the-Trainers Sessions, as well as simulation / OSCE training sessions. In addition, we have developed a series of standardized patient assessment training sessions, which includes external expertise. (Please refer Section 2 – Educational Programme, [Appendix 2.2](#))

### **The MniCEX is used summatively and had no constructive feedback.**

We acknowledge that at present MiniCEX is used summatively. MiniCEX has been included formatively once per semester per clinical course, so as to ascertain that the students get constructive feedback.

### **There was no evidence of a quality assurance cycle for assessment. Data on pre-test review or post-test item analysis and the reliability of exams were not available.**

We agree with the EEC regarding the necessity to impose a quality assurance cycle for assessment. The recently formed Assessment Committee has adopted the THINK quality assurance framework (<http://www.think.edu.au/about-us/think-quality-assurance-framework>), which has embedded the Plan, Implement, Monitor/Review, and Improve (PIMI) quality assurance and continuous improvement. Student results are analyzed at the end of each semester. Additionally, the School has acquired the

SCANTRON auto corrector, which allows item analysis to assess reliability, difficulty and effectiveness of test questions.

### **Participation of external examiners in the final assessments of students was not evident.**

We agree with the EEC that the participation of external examiners in the final assessments of students is a beneficial as a quality assurance measure. OSCEs for select Clinical Courses (e.g. Respiratory Medicine) have used external examiners.

### **Strengths**

**EUCMS is a young faculty with a positive approach to feedback. Substantial changes have been made in the way students are assessed, based on systematic evaluations and feedback from students.**

The EUCMS across its short 6 years of existence has had the opportunity to recruit faculty with experience from other Medical Schools, including the National and Kapodistrian University of Athens, University of Chicago, University of Ioannina, UCL, University of Crete, Perlman Medical School, University of Pennsylvania and University of Strasburg, as well as energetic and committed junior faculty. Both senior and junior faculty has been positive to feedback and has aimed to achieve excellence. We are grateful for the acknowledgement by the EEC that we have made substantial changes based on our systematic evaluation and feedback from both invited external experts and students.

**The school uses standardised patients in OSCEs.**

EUCMS uses standardized patients (SP) in OSCEs in a routine manner for all clinical disciplines. Please note that a new SP program is already in place. (Please see Section 2 – Education Program)

**Students can seek one to one feedback from their advisors on their exam performance**

We are pleased that the EEC recognized that our students are actively encouraged to seek feedback from their advisors. Please see our response #2 in the findings section above.

### **Areas for improvement and recommendations**

**The School must reconsider how it ensures that students are competent in knowledge, practical and clinical aspects and professionalism as separate domains; deficiencies in professionalism or clinical competence should not be compensated with performance in other domains.**

As noted above in findings response #5, we agree with the EEC and recognize the pivotal importance of ensuring that students are competent in all three domains (knowledge, skills and professionalism) before they are able to progress. Courses with a clear practical and/or clinical component currently have a dedicated practical/clinical assessment in addition to the knowledge assessment. As noted above, the Assessment Committee and the Curriculum Committee reviewed the available literature and noted several important points to consider with regards to assessing professionalism. ([Appendix 3.2: Considerations for Assessment of Professionalism](#)) After examining the range of attributes and dimensions of professionalism, a variety of tools have been selected to assess of professionalism, to further augment the ones currently in use (e.g. miniCEX). (Please refer to [Appendix 3.3](#) for full list of assessment modalities for Professionalism). As such, professionalism is assessed with a multi-factorial approach.

**The school must use a procedure of standard setting for assessment items. The school must have the autonomy to set pass-marks and to deviate from the 60% rule.**

We agree with the EEC that a procedure of standard setting is needed for assessment. As standard setting in medicine is still in an evolutionary stage and various approaches have been developed, there remain several concerns. We now apply criterion-

referenced assessment relying on expert judgments in our standardized OSCEs in clinical courses (e.g. respiratory medicine). The examiners are experts in the field of examination and familiar with the examination methods, as well as with the level of our students. For some courses (respiratory medicine), an external examiner was employed. As noted by the EEC, EUCMS has sufficient autonomy to deviate from the University 60% rule.

**The school must develop quality assurance processes for all its assessments and evaluate the quality of the assessment at the end through a range of measures including external review, student and staff feedback and psychometric analysis. The School should consider engaging an expert in this area.**

As noted above in findings response #3, we agree with the EEC regarding the necessity to impose a quality assurance cycle for assessment. The recently formed Assessment Committee has adopted the THINK quality assurance framework (<http://www.think.edu.au/about-us/think-quality-assurance-framework>), which has embedded the Plan, Implement, Monitor/Review, and Improve (PIMI) quality assurance and continuous improvement. We now apply criterion-referenced assessment relying on expert judgments in our standardized OSCEs in clinical courses (e.g. respiratory medicine). External examiners who are experts in the discipline being assessed were brought in for examinations. The Assessment Committee has initiated the process of quality control and created the first guideline / checklist to further ensure the highest quality is maintained throughout the curriculum. (Appendix 3.1)

At present the School has introduced a range of measures to evaluate the quality of assessments. Student results are analyzed at the end of the semester. Additionally, the School has acquired the SCANTRON IT auto corrector, which allows item analysis to assess reliability, difficulty and effectiveness of test questions. Finally, two experts in medical education and assessment (from King's College) observed our assessments and worked with the faculty with feedback and recommendations (Appendix 3.4) At the end of each clinical training period, students provide the School with a confidential feedback form, as well as a questionnaire "Student confidence in practical skills". (Appendix 3.5)

**The University must allow external examiners to participate in final exams as a quality assurance measure.**

As noted above, we agree with the EEC that the participation of external examiners in the final assessments of students would be beneficial as a quality assurance measure. External examiners who are experts in their respective discipline have currently been brought in as external examiners to participate in OSCE final exams (e.g. respiratory medicine OSCEs, 1/14-15/2020).



## 4. Students

### Findings

**The admission policy and selection criteria are clearly provided by the School and are clearly communicated to the candidates. Admission criteria are continuously revised by the Admissions and Interview committee. The requested documents and interviews render the admission and student selection process effective.**

We are pleased that EEC found our admission and student selection process effective. The admission policy serves to select candidate academically capable to matriculate, without regard to ethnic background, religion, sex, age or possible disability. Academic Reference Letters and a Personal Statement are used to help provide an insight on the commitment and motivation to study medicine. A predominant part of the evaluation of each candidate is the interview, which examines the intrinsic motivation, knowledge and values of each candidate to determine their suitability for admission to EUCMS and their ability to matriculate. The admission process and specific criteria are made available to potential candidates. The Admissions and Interview Committee periodically evaluates the admission policy in order to strengthen academic qualities and standards.

**The School admits candidates from several countries establishing a large cultural diversity.**

As noted by the EEC, the School encourages, supports and nourishes cultural diversity. EUCMS strongly advocates that cultural and socio-economic diversity offer the students and the faculty a dynamic learning environment. We also believe that learning with a culturally diverse student body, may help better prepare students to work with patients from different cultural / ethnic backgrounds. In general, EUCMS promotes a culturally inclusive teaching environment aimed at developing culturally competent healthcare workers.

**Applicants who are graduates from other programmes or applicants who hold a BD can also be admitted.**



As noted by the EEC, apart from applicants who have completed a secondary (high) school education or twelve years of schooling, those who hold a BD can also be considered for admission, but they have to undergo the same admission process as those without a BD.

**The School has no system in place to recognize prior learning and work experiences.**

The student Interview & Admissions Committee is responsible for regulating and conducting all student interviews. All applicants who are eligible candidates for admission undergo a rigorous and thorough interview process where they are asked to discuss their personal motivation to study medicine, their hobbies and personal interests, their relevant experiences, as well as providing evidence of their academic credentials. While not with an additional formal system, learning and work experience are also taken into consideration during the interview process.

**Both staff and students reported they are satisfied with the admissions processes and with the students admitted to the programme.**

We are pleased that both staff and students were satisfied with the admissions process and students admitted. We strive to be responsive to the feedback we receive from both our students and the staff. The admission process has been recently revised, demonstrating that the Admission Process is not static, but dynamic and responsive to feedback, current practices and need.

**The school currently limits each annual cohort size to 120 students, which is in accordance with its staffing and resources; the School intends to increase its student intake in the coming years.**

We would like to clarify that the School does not intend to increase the number of cohorts of student intake with our current resources, which were found appropriate by the EEC for our program. On the other hand, the school does intend to increase its faculty, support staff and resources, and by doing so, scale up its teaching efficiency. At present, EUCMS

has opened eight new faculty posts, seeking to recruit qualified academics at any academic rank in the following disciplines: Neurology, Primary Care/General Practitioner (to demonstrate our focus on the GP training), Biology, General Surgery, Microbiology/Immunology, Hematology, Radiology, Obstetrics & Gynecology. More details can be found on: <https://euc.ac.cy/en/school-of-medicine-department-of-medicine/>. In addition, EUCMS is planning to increase its resources to further accommodate clinical training of students. Following the EEC evaluation, recruitment of experts in medical education and research have been programmed for the immediate future. In summary, although our current student body is in accordance with staffing and resources, as noted by the EEC, augmentation of staffing and resources is aimed at enforcing our educational program, enhancing staff/faculty health work-life balance and improving our research output.

**Students are accommodated in small groups and they report that the available teaching spaces are adequate. Attendance is mandatory; in Years 1-3 students attend lectures and labs until approximately 6pm. Although this limits the available time for private study and other activities, students did not report concerns.**

We thank the EEC for this comment. It is true that the current facilities can accommodate the cohorts of students admitted. Attendance is mandatory because the National Agency requires that both lectures and laboratory sessions (contact hours) are mandatory. We agree with the EEC, that mandatory attendance to the lectures limits the students' autonomy to self-regulate their time to study. EUCMS will inquire and formally petition the National Agency to see whether these policies can be revised at a national level. The School has prolonged the duration of the semesters for the clinical years, and by doing so, has decreased the daily hourly load of our students. (Please see Section 2) In the revised clinical program, EUCMS has increased the duration of the semester for the clinical years (years 4-6) by 4 weeks.

**The School provides academic counselling and guidance but students report that they only attend when they are having difficulties or want exam feedback. There is no requirement to keep a portfolio of work or a Personal Development Plan.**

According to the advising system, all academic advisors follow-up all students routinely and have regular meetings (at least once per semester). The School has made concerted effort to ensure that students can have one-on-one feedback regarding their performance. The Academic or Clinical Advisors provide overall guidance to the students assigned to them so that the students can improve in the attributes required throughout the curriculum. Academic/Clinical Advisors do not give specific feedback to the students for a particular course, but rather they monitor the student's overall performance and monitor the attributes that are vertical to the spiral curriculum. (Please see Section 3 above, Findings response #2)

EUCMS has welcomed the addition of Portfolios and Personal Development Plans for our students, as suggested by the EEC. With the inclusion of the Portfolio in our new cohort, we can now include systematic reflection, as well as regular reflection to all years. Additionally, this will allow us to effectively monitor and cyclically scale up its implementation with progressive student cohorts. The contents were selected to facilitate the personal portfolio to also serve as an effective personal development plan, which will be kept and monitored by students with their academic and clinical advisors. Ultimately, the aim is to promote guided reflection and feedback and enhance performance. The elements of the comprehensive portfolios are included in [Appendix 2.2](#).

**Student progress is monitored by pre-clinical and clinical advisors, who also provide one to one feedback after exams to the students under their guidance. Confidentiality is well protected within the processes.**

As noted in Section 3- Assessment, the School has made concerted effort to ensure that students can have one-on-one feedback regarding their performance. The Academic or Clinical Advisors provide overall guidance to the students assigned to them so that the students can improve in the attributes required throughout the curriculum. In accordance to the advising system, all academic advisors follow-up all students routinely and have regular meetings (at least once per semester) in order to monitor their progress. During these follow-ups, confidentiality is of utmost importance.

**Students feel that they are well-guided and advised about their concerns, and any kind of difficulties including academic performance, lack of professionalism amongst peers and staff, throughout the whole duration of their curriculum.**

We are grateful that our students and the EEC recognized the faculty's dedication to the students' advisory system. Advisors offer tremendous support to all students who seek advice.

**A Student Mentorship programme is to be introduced in Spring 2020 but the details of this scheme are not yet clear.**

As noted by the EEC, our newly formed mentorship committee (Fall 2019) has initialized the Student Mentorship program with aims of introducing and piloting the program. The primary aim of the EUCMS mentors is to help students define their career development and research development. To achieve this, the committee will continuously introduce and update the EUCMS website, with resources and information regarding residency, research opportunities in different countries, among other items. The committee will also host, so-called "town hall meetings" twice a year for the 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> year students. These meetings include presentations and open discussion about career and research development. The first is scheduled for the Spring CaMESM meeting. EUC Mentors and invited academics will be invited to promote reciprocal planning with Mentees.

**Students actively participate in all primary governance committees of the School and thus contribute to the formulation of the mission and outcomes, and to the design, management and evaluation of the programme.**

As noted by the EEC, medical students are stakeholders in the School and as a result they participate with voting powers in central Governance committees, particularly Program Committee, School Quality Assurance Committee, School Council and Senate of the School and the University, respectively. EUCMS has adopted the requirements indicated in the University Charter and does not include students in committees related

to new appointments (elections) of faculty member, appointments of technical and administrative staff and budget. We are thankful to our students who reported that they were appropriately represented in the School and the University. However, as suggested by the EEC, students are now included in other Governance Committees that are focused on curricular functions (such as Structure and Function, CTC, Medical Greek, etc.) ([Appendix 1.2: EUCMS Governance Committees](#)).

## **Strengths**

### **- Students and teaching staff sit on a number of committees with voting rights and contribute to policies and creating the Mission and Vision.**

As noted above, students participate with voting powers in central Governance Committees. Additionally, as suggested by the EEC, (please see above) students are now included in other Governance Committees that are focused on curricular functions (such as Structure and Function, CTC, Medical Greek, etc.) ([Appendix 1.2](#)).

### **- The School has a flat hierarchy permitting all to contribute to discussions.**

We appreciate the EEC's acknowledgement of our efforts to embrace and engage all faculty, staff and students in the School's development and functions. We do strive to be responsive to faculty, staff and students alike.

### **- Staff and students were satisfied with admission criteria**

We are pleased that our admission and student selection process effective, and staff and students are satisfied with the defined admission criteria, as noted in above Findings Responses #1 and #5. We have made an effort to implement an admission policy that serves to select candidates who are academically capable to matriculate, without regard to ethnic background, religion, sex, age or possible disability. Academic Reference Letters and a Personal Statement are used to help provide an insight on the commitment and motivation to study medicine. A predominant part of the evaluation of each candidate

is the interview, which examines the intrinsic motivation, knowledge and values of each candidate to determine their suitability for admission to EUCMS and their ability to matriculate.

**- All staff including the Academic and Clinical Advisors are easily available to students.**

As noted by the EEC, the School has made concerted effort to ensure that students can have easy access for one-on-one feedback regarding their performance. (Please see comments in Section 3, and Findings #8 and #9 above). The Academic or Clinical Advisors provide overall guidance to the students assigned to them so that the students can improve in the attributes required throughout the curriculum. Additionally, faculty members maintain consistent office hours and demonstrate a highly positive attitude towards students.

**- Students learn in small groups.**

We are grateful the EEC acknowledges the Schools concerted effort to teach students in small groups. We foster team-based learning in small peer groups for all practical skills sessions, with cohorts (15-20 students, consisting of 3-4 peer teams of 5 students each) in preclinical years. The majority of clinical teaching contact time is spent in smaller rotation groups of 3-6 students.

**- Those who struggle academically, clinically and professionally are offered tremendous support.**

As discussed above, EUCMS has developed an extensive advisory and support system aimed at assisting those who need academic, clinical and/or professional assistance.

**- Career advice has been excellent with the small cohorts.**

We are pleased that the EEC recognizes our efforts to provide career advice. Both EUCMS leadership and the Clinical Training Committee meet regularly with medical



students to address and guide them in their career choices, post-graduate training options, international requirements, among others. Special sessions are devised in the annual student meeting CAMESM that are also aimed at providing career advice. We believe that this will be further augmented with the activities of the Student Mentoring Committee. The Mentoring Committee, which was created in Fall 2019 is improving the mentoring system.

**- The School has a collegiate atmosphere where students work well together, feel like they belong to the professional community and are known to the staff who are genuinely interested in their students' wellbeing and academic development.**

We are grateful for this extremely favourable observation. Creating the sense of “belonging to a team” is a pivotal *modus operandi* of the School. We strive to create communities of practice, so that our students learn as a team, and we teach as a team. This collegial approach, along with forming communities of practice, creates a powerful learning environment for our students and a welcoming environment for us who work at EUCMS.

### **Areas of improvement and recommendations**

**Please note that when the EEC uses the term ‘must’ it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.**

**- As the student numbers increase the School should consider how to identify students with mental health, or socioeconomic difficulties. Requiring one to one meetings with advisors or other staff to discuss each student's portfolio and Personal Development Plan may help with this, as well as encouraging the students' professional development.**

An underpinning philosophy of our School stems from the fundamental values of the WHO about health and wellbeing, and emphasized the role of physical, mental and social health in academic achievement. Congruent with this, we have developed a network of academic and mental health services and resources, as well as standardized process and policies. Our aim is to facilitate our students adapt to the new academic



environment, enhance their capacity to personal autonomy and independence and provide additional help to those facing increased stress levels, learning difficulties and other psychosocial problems which are often associated with poor academic performance (this was present on page 132 of our Self-Study). We agree with the EEC that will be further augmented with the implementation of the Portfolio and personal development plan, as discussed in Findings response #8. This will serve as means of one-on-one discussion to assess across themes such as professionalism, reflective practice, ethics, cultural competence, mental health and well-being and learning and teaching. As described above, EUCMS has welcomed the addition of Portfolios and Personal Development Plans for our students, as suggested by the EEC. With the inclusion of the Portfolio in our new cohort, we can now include systematic reflection, as well as regular reflection to all years. Additionally, this will allow us to effectively monitor and cyclically scale up its implementation with progressive student cohorts. The contents were selected to facilitate the personal portfolio to also serve as an effective personal development plan, which will be kept and monitored by students with their academic and clinical advisors. Ultimately, the aim is to promote guided reflection and feedback and enhance performance ([Appendix 2.2](#)).

**- The school must have the autonomy to make the attendance of didactic lectures voluntary and not mandatory, to permit students the choice on how best to use their time for learning.**

We agree with the EEC that the School must have the autonomy to make the attendance of didactic lectures voluntary and not mandatory, allowing student the choice on how best to use their time for learning. At present, the National Agency stipulates that attendance is mandatory for all teaching activities. As noted in our strategic plan, EUCMS will petition the appropriate authorities regarding the making of attendance of the didactic lectures voluntary and not mandatory ([Appendix 1.1: SMART Strategic Plan, Pillar 1, specific Strategic Objective #6, Attainable Actions #5](#)).

**- The School must undertake a review of resources and clinical placements to ensure any increment of student intake can be accommodated within the estate and within its projected staffing, resources and clinical placements.**

We would like to clarify that the School does not intend to increase the number of cohorts of student intake with our current resources, which were found appropriate by the EEC for our program. On the other hand, the school does intend to increase its faculty, support staff and resources, and by doing so, scale up its teaching efficiency. In addition, EUCMS is planning to increase its resources to further accommodate clinical training of students. In this regards, (as noted above) we progressed to establish agreements with two locations (“Care Medical Institute” and “Polyclinic”) and have developed strategic collaborations for general practice/primary care. The addition of Polyclinic to our affiliated teaching clinics, in addition to supporting the general practice/primary care practice indicated by the EEC, also adds training sites for Ob/Gyn, Internal Medicine, Surgery, Gastroenterology and Pediatrics. Additionally, two of our primary (and exclusive) teaching hospitals (German Oncology Center and Larnaca General Hospital have increased their bed capacity, which further scales up our clinical teaching abilities. Our other exclusive training site, American Medical Center, has also increased the disciplines and services provided. This will be augmented by tightened collaborations with other teaching hospitals, such as Apollonio Hospital, which covers primary clinical disciplines, and sub-disciplines, as well as with dedicated support spaces (e.g. seminar rooms, study rooms) in these affiliated teaching hospitals. Finally, we have broadened student opportunities for elective clinical training through our international linkages (e.g. Hadassah, IASO Children’s, Metropolitan General, Hygeia Group, etc.). In addition, EUCMS is planning to increase its resources to further accommodate clinical training of students. Following the EEC evaluation, recruitment of experts in medical education and research have been programmed for the immediate future. In summary, although our current student body is in accordance with staffing and resources, as noted by the EEC, augmentation of staffing and resources is aimed at augmenting our educational program.

- **The School must consider how to scale up effective teaching in Years 1-3 to bring efficiencies for both students and staff and allow a healthy work-life balance for both. The School must also expand the clinical experiences in Years 4-6.**

We understand that scaling up effective teaching, and ultimately education and training, is a pivotal aspect of strengthening the health workforce. In our effort to build a stronger educational institution, we have focused on how to recruit the right type of students, defining the competencies that our students should gain, recruiting and training the appropriate faculty and clinical instructors, and supporting career pathways and choices. As noted above, in an effort to scale up effective teaching in the preclinical years (1-3) to promote better efficiencies, and allow for a healthier work-life balance for both, we have increased student's time for self-improvement, study and reflection and promote a health work-life balance. By modifying the curriculum to decrease required teaching hours, and increasing student time for self-study and reflection, we believe will be of paramount significance. Expanding the semesters in preclinical years may further facilitate this. As indicated by the EEC in their report and discussions, we recognize the burden placed on our teaching faculty. The University provides protected time for faculty researchers with Teaching Hour Reduction (THR) system, and with the recent Senate decision this is provided from the on boarding of new faculty. Similarly, protected time for clinicians has been initiated, collectively aimed at providing a healthier balanced workload between teaching hours, clinical practice requirements and research needs. As such, the faculty can use the Teaching hour reduction system of the University to achieve its research and clinical activities. To further support the scaling up of our teaching efficiency, we implement a robust faculty development programme aimed at improving the quality of teaching. ([Appendix 1.1: SMART Strategic Plan, Pillar I, specific Strategic Objective #6, Attainable Actions #4; Strategic Objective #6, Attainable Actions #3; and Enabler I, specific Strategic Objective #1, Attainable Actions #1-6; specific Strategic Objective #3, Attainable Actions #1-4; specific Strategic Objective #4, Attainable Actions #1-7](#)). The School agrees with the EEC in regards to expanding clinical experience. We had already planned to expand the clinical experience of students in years 4-6 in our revised curriculum by prolonging the semesters with an increase of 4 weeks.

**- In all years the School should consider prolonging the semesters as well as the duration of clinical rotations at each placement with allocation of supervised clinical responsibilities to students.**

As noted in the response above, the School agrees with the EEC, and in its revised curriculum had already planned to expand the clinical experience of students in years 4-6 by prolonging the semesters with an increase of 4 weeks. We will also examine prolonging the semesters in the preclinical years, as prolonging the duration of the semesters, will assist in decreasing both the student and faculty weekly workload and significantly scaling up effective teaching and learning.

## 5. Academic Staff/Faculty

### Findings

**The staff are very passionate; they described an excellent team spirit and students reported that the teaching was well coordinated.**

We are extremely grateful for the EEC observation regarding the enthusiasm and dedication of our staff, and how passionate they are about working at EUCMS. We strongly value teamwork and collective contribution. We are also pleased that our students felt that the program was well coordinated and administered, which reflects that they feel safe and valued.

**The School has a relatively flat hierarchy where all staff members have the opportunity to give input to their leaders.**

We appreciate the EEC's acknowledgement of our efforts to embrace and engage all faculty, staff and students in the School's development and functions. We do strive to be responsive to faculty, staff and students alike.

**The teachers actively asked the students for feedback on their teaching competences and received feedback from the students routinely at the end of semester.**

Feedback is a very important aspect of our teaching and program; as such, we value even informal feedback during our teaching. It is EUC policy to promote formal feedback at the end of the semester (as described in our self-evaluation report) and the EUCMS takes student feedback regarding all educational activities into serious consideration, which regularly leads to appropriate adjustments.

**There are annual awards for teaching and for scientific activities (by self-nomination, peer-nomination and student-nomination).**

EUC has established an annual reward for teaching and scientific excellence. In addition, a teaching hour reduction system is in place for staff with high research or authoring capacity.

**During recruitment, applicants for posts in EUCMS give a short lecture to demonstrate their teaching skills.**

In addition to other scientific and academic criteria, the new faculty selection process, both for full-time and part-time positions, includes a brief demonstration lecture appropriate for medical students and relevant to the subjects taught for the particular post. This gives the opportunity to the selection committee to evaluate the applicant's teaching background and ability to organize a class or lecture, in accordance with current medical education standards. During the selection process, the candidates do not only give a short demo lecture, but they also present their curriculum vitae, their research accomplishments and finally their vision for research and education in the school. EUCMS strives to recruit faculty and staff with vision and people who share the same inherent values of EUCMS.

**The School has a New Faculty Orientation programme (NFO) over 2 days and a Faculty Professional Development Programme (28 hours). Although the latter is said to be compulsory staff told us that not everyone attends because of lack of time.**

The new faculty orientation (NFO) is mandatory for all new full time faculty, which aims to familiarize new faculty (primarily full-time, but also part-time) with the educational model of EUC, the basic principles and means of teaching, and EUC rules and policies. The EUC Professional Development Programme aims to introduce all EUC faculty to the facilities and functions of EUC, and provide an overview of novel teaching and assessment methods. Although compulsory, it runs twice a year and works in a time-accumulation manner (i.e. faculty are required to attend all sessions but there is no deadline to accumulate these hours). Please note that this program is 36 hours.

**Regarding the hospital in Larnaca, there is no medical education training within the hospital, but the clinical teachers are offered a short course every year in the medical school.**

Larnaca General Hospital (LGH) is the exclusive public hospital for EUC and accommodates a considerable number of our students during their clinical years. EUC has a long tradition of collaboration with the doctors of LGH, which has led to the establishment of close relations and collaboration on various levels (i.e. research, teaching, joint participation in boards and committees). The early train-the-trainers sessions were non-mandatory and took place at EUC. As previously described, The new targeted training system for clinical instructors is shorter in duration, but regularly performed at the hospitals, which allows for more effective training. The content of clinical training is optimized by simulating a clinical training session, providing tips on how to organize a clinical training day and keep in line with the learning objectives, how to provide student feedback and to improve the content of their training. A guide for the logbook completion process has been made to assist clinical instructors ([Appendix 2.5](#)). In addition, the members of the Clinical training committee (e.g. the hospital academic liaisons) regularly evaluate the content of the logbooks, as well as perform summative clinical assessments (e.g. by mini-CEX assessments) in collaboration with the clinical instructors.

**The School has ambitious aims to offer all staff a PG Certificate in medical education.**

We do realize that offering a PG Certificate in Medical Education is ambitious and we are aware of the amount of work it entails. We confirm that we have submitted a proposal for an MSc program in Medical Education, completely aligned to international standards and advancements in medical education. After implementation, our intention is to offer this program to EUCMS staff, aiming to enhance and streamline the capacity of EUCMS in medical education. In addition to this theoretical and practical MSc, we will continue to provide our clinical trainers the few important tips needed for effective bedside teaching.

**The academic staff reported a very high workload, giving 12-15 hours of teaching per week, in addition to their clinical work and research.**



As indicated by the EEC in their report and discussions, we recognize the burden placed on our teaching faculty. The University provides protected time for researchers, and with the recent Senate decision this is provided from the on boarding of new faculty. Similarly, protected time for clinicians has been initiated, collectively aimed at providing a healthier balanced workload between teaching hours, clinical practice requirements and research needs. As such, the faculty can use the Teaching Hour Reduction system of the University to achieve its research and clinical activities. To further support the scaling up of our teaching efficiency, we implement a robust faculty development programme aimed at improving the quality of teaching. ([Appendix 1.1: SMART Strategic Plan, Pillar I, specific Strategic Objective #6, Attainable Actions #4; Strategic Objective #6, Attainable Actions #3; and Enabler I, specific Strategic Objective #1, Attainable Actions #1-6; specific Strategic Objective #3, Attainable Actions #1-4; specific Strategic Objective #4, Attainable Actions #1-7](#)). Additionally, as note previously, the new prolonged duration of the semesters will also facilitate decreased student and faculty workload.

### **There is no mentoring of new teachers.**

The above mentioned New Faculty Orientation (NFO), aims not only to introduce new faculty to the structure and function of EUCMS, but also to promote collaboration and effective teamwork among faculty and staff. Presently, an informal mentoring system exists among staff, which entails teaming between senior with junior staff. In addition, the second pillar of newly formed mentoring committee is faculty mentoring to assist junior faculty development provide guided professional development opportunities to support them to reach their goals and potential ([Appendix 1.1: SMART Strategic Plan, Team Enabler I, specific Strategic Objective #4, Attainable Actions #2,3,6](#))

**The documentation indicates that all staff have an evaluation every 2 years with the Chair of the Medical School.**

The School does have policies and procedures in place for provision of feedback to faculty regarding their academic performance and progress toward promotion. The Chair conducts a periodic professional development review of each regular, full-time faculty member. In addition, students evaluate faculty using an anonymous online questionnaire as described elsewhere.

### **The research competences and support for research are in the early stages of development.**

We agree with the EEC that research remains in an early stage of development at the School. As such, one of the primary pillars in our Strategic Plan focuses on Research. In order to enhance opportunities for research among both faculty and students, and to incorporate components of research and scientific methodology in medical sciences throughout the 6-year medical program, EUCMS has implemented the following changes:

- Research is a distinct pillar in the School's Development Strategy Plan
- The school has refocused its strategy in staff recruitment plan to attract expert personnel in research.
- An active Research Committee comprising of faculty, staff and external stakeholders has been created ([Appendix 1.2](#))
- One of the acting fronts of the School mentoring committee is research promotion for faculty, staff and students (please see Section 4, Students, Findings Response #11)
- We offer an elective course for Years 2 and 3 on Medical Academic Skills
- We offer a Year 3 course on Research Methods
- A mandatory MD thesis during Year 6 is part of the proposed new curriculum
- The MD thesis committee provides feedback, guidance and monitors appropriate collaboration between students and thesis supervisors
- A dedicated session on research for students has been included for the student annual CaMESM meeting
- Research incentives through teaching hour reduction (THR) have been introduced by the University.

**The publication rate is still low, but increasing according to PubMed.**

We agree with the EEC that research remains in an early stage of development at the School. However, across the 6 years of the schools existence there has been a notable increase in the number of PubMed publications by the faculty.

**The School is still in the development stage with increasing student numbers. It is unclear how the faculty will address the challenges following the expansion from 15 students to 120 students per year.**

We would like to clarify that the School does not intend to increase the number of cohorts of student intake with our current resources, which were found appropriate by the EEC for our program. On the other hand, the school does intend to increase its faculty, support staff and resources, and by doing so, scale up its teaching efficiency. In addition, EUCMS is planning to increase its resources to further accommodate clinical training of students. In this regards, (as noted above) we progressed to establish agreements with two locations (“Care Medical Institute” and “Polyclinic”) and have developed strategic collaborations for general practice/primary care. The addition of Polyclinic to our affiliated teaching clinics, in addition to supporting the general practice/primary care practice indicated by the EEC, also adds training sites for Ob/Gyn, Internal Medicine, Surgery, Gastroenterology and Pediatrics. Additionally, two of our primary (and exclusive) teaching hospitals (German Oncology Center and Larnaca General Hospital have increased their bed capacity, which further scales up our clinical teaching abilities. Our other exclusive training site, American Medical Center, has also increased the disciplines and services provided. This will be augmented by tightened collaborations with other teaching hospitals, such as Apollonio Hospital, which covers primary clinical disciplines, and sub-disciplines, as well as with dedicated support spaces (e.g. seminar rooms, study rooms) in these affiliated teaching hospitals. Finally, we have broadened student opportunities for elective clinical training through our international linkages (e.g. Hadassah, IASO Children’s, Metropolitan General, Hygeia Group, etc.).

**There is teaching on scientific method and optional opportunities for a research project. It was noted that the staff's research competence is currently at an early stage of development. This impacts the teaching of EBM and research and the quality of the student's theses which could be substantially improved.**

In order to enhance opportunities for research among both faculty and students, and to incorporate components of research and scientific methodology in medical sciences throughout the 6-year medical program, EUCMS has implemented the following changes:

- Research is a distinct pillar in the School's Development Strategy Plan
- The school has refocused its strategy in staff recruitment plan to attract expert personnel in research.
- An active Research Committee comprising of faculty, staff and external stakeholders has been created ([Appendix 1.2](#))
- One of the acting fronts of the School mentoring committee is research promotion for faculty, staff and students (please see Section 4, Students, Findings Response #11)
- We offer an elective course for Years 2 and 3 on Medical Academic Skills
- We have compulsory Year 3 course on Research Methods
- A mandatory MD thesis during Year 6 is part of the proposed new curriculum
- The MD thesis committee provides feedback, guidance and monitors appropriate collaboration between students and thesis supervisors
- A dedicated session on research for students has been included for the student annual CaMESM meeting
- Research incentives through teaching hour reduction (THR) have been introduced by the University.

It is also worth mentioning that the aforementioned changes aim to enforce projects in the recently created research lab of the EUCMS, where in addition to the cancer research team that is already performing research projects, a recently established antibiotic research team is working on small-scale projects, in collaboration with the lab technicians of the EUC wet labs and postgraduate students of the EUCMS MSc program "Infectious

diseases: prevention and control". In addition, there is a strong team in the pathophysiology and therapeutic management of acute illness and cardiopulmonary resuscitation.

## **Strengths**

**- The Medical School is an excellent working environment with excellent classrooms, labs and offices and the enthusiastic staff demonstrate a strong work ethic.**

We would like to thank the EEC for recognizing the excellent quality of our work environment, which we have worked hard, to maintain at the highest standards. We take extreme pride in our skills rooms, simulation center, laboratories and classrooms. The offices are appropriate for the administration of the school and we have a dedicated floor with faculty offices in the building across the street. We agree with the EEC about the strong work ethic of our staff members, who work with passion, dedication and ethos.

**- The student:tutor ratio is low with small classes and teaching in very small groups.**

We are grateful the EEC acknowledges the Schools concerted effort to teach students in small groups. We believe the fact that all years of study focus on small-group sessions are among the strengths of our program. We foster team-based learning in small peer groups for all practical skills sessions, with cohorts (15-20 students, consisting of 3-4 peer teams of 5 students each) in preclinical years. The majority of clinical teaching contact time is spent in smaller rotation groups of 3-6 students.

**- A flat hierarchy permits all to contribute to organisational, academic and curriculum issues.**

There is a flat hierarchy with several multidisciplinary ad hoc committees, as well as continuous support by the school leadership, that takes into account the contributions of all stakeholders. As noted throughout this report, following EEC recommendation, all curriculum-related committees will be revised to include representatives from staff, students and other groups.

### **- Staff, students and graduates are very satisfied**

We are extremely pleased with this comment. We believe it fosters further actions to keep a positive and secure environment for our staff, students, and graduates. We have made continuous and concerted efforts to embrace all students, faculty and staff to build a community built on mutual respect.

### **- The staff receive regular feedback from the students**

We are pleased that the EEC recognizes that the staff receives regular feedback both formally and informally from students. EUCMS leadership and staff strive to be responsive to all feedback it receives. We aim at continuous improvement and we consider ourselves as long-life learners. As noted in the Section 4- Students, we will augment our feedback by initiating systematic reflection in year 1 & year 4 at a regular basis and gradually introduce reflection to all other years. ([Appendix 1.1: SMART Strategic Plan, Education Pillar I, specific Strategic Objective #1, Attainable Actions #2 and Strategic Objective #3, Attainable Actions #4](#)). The aim is to promote guided reflection and feedback and enhance performance. As noted in Section 2, EUCMS welcomes the addition of Portfolios and Personal Development Plans for our students, as suggested by the EEC. With the inclusion of the Portfolio in our new cohort, we can now include systematic reflection, as well as regular reflection to all years. (Please see elements of comprehensive portfolio above). Additionally, this will allow us to effectively monitor and cyclically scale up its implementation with progressive student cohorts. The contents were selected to facilitate the personal portfolio to also serve as an effective personal development plan, which will be kept and monitored by students with their academic and clinical advisors. Ultimately, the aim is to promote guided reflection and feedback and enhance performance.

### **- Staff have access to training in education matters on induction and regularly thereafter.**

As noted above in the responses, the new faculty orientation (NFO) is mandatory for all new full time faculty, which aims to familiarize new faculty (primarily full-time, but also part-time) with the educational model of EUC, the basic principles and means of teaching,



and EUC rules and policies. The EUC Professional Development Programme aims to introduce all EUC faculty to the facilities and functions of EUC, and provide an overview of novel teaching and assessment methods. Although compulsory, it runs twice a year and works in a time-accumulation manner (i.e. faculty are required to attend all sessions but there is no deadline to accumulate these hours). Please note that this program is 36 hours. Additionally, through a collaborative effort of the Simulation Committee and selected faculty, we have devised an SP program, which includes training of faculty, staff and students and which is currently in process.

### **Areas for improvement and recommendations**

**Please note that when the EEC uses the term ‘must’ it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.**

**- The faculty is relatively young and will face a long learning trajectory in developing research expertise. The school should focus on biomedical, educational or healthcare research; this will require a strategy that invests in high profile researchers, infrastructure and resources along with opportunities to collaborate with other research groups across the EUC and the department of education, and other schools with high research profiles.**

As noted in Section 3 – Assessment, Strengths Response #1, as well as else where throughout this report, EUCMS across its short 6 years of existence, has the opportunity to recruit faculty with both educational and research experience from other Medical Schools, including the National and Kapodistrian University of Athens, University of Chicago, University of Ioannina, UCL, University of Crete, Perelman Medical School, University of Pennsylvania, and University of Strasburg, as well as energetic and committed junior faculty. Collectively, the primary research areas supported by our faculty and staff are Cancer, Neurosciences, Infectious Diseases and Translational Research. None-the-less, research remains in an early stage of development at the School. As such, one of the primary pillars in our Strategic Plan focuses on Research. In order to enhance opportunities for research among both faculty and students, and to incorporate components of research and scientific methodology in medical sciences throughout the 6-year medical program, EUCMS has implemented the following changes:



- Research is a distinct pillar in the School's Development Strategy Plan
- The school has refocused its strategy in staff recruitment plan to attract expert personnel in research.
- An active Research Committee comprising of faculty, staff and external stakeholders has been created ([Appendix 1.2](#))
- One of the acting fronts of the School mentoring committee is research promotion for faculty, staff and students (please see Section 4, Students, Findings Response #11)
- We offer an elective course for Years 2 and 3 on Medical Academic Skills
- We offer a compulsory Year 3 course on Research Methods
- A mandatory MD thesis during Year 6 is part of the proposed new curriculum
- The MD thesis committee provides feedback, guidance and monitors appropriate collaboration between students and thesis supervisors
- A dedicated session on research for students has been included for the student annual CaMESM meeting
- Research incentives through teaching hour reduction (THR) have been introduced by the University.

**- The School must refocus its strategic staff recruitment plan to attract expert personnel in the key areas of research and education, based on the ideal staffing, workload and responsibilities, informed by the requirements of the curriculum.**

As a new school, recruitment of full time academic faculty was stage over the first 6 years of existence. For the full time faculty, the aim was to build a team that will potentially work together for many years. In developing and composing the team, an effort was made to recruit individuals at different stages in their careers, to avoid the risk of having a core team that is primarily junior in experience or pre-retirees. While, currently there is a healthy mix of experienced and younger faculty members that ensures a balance of time-tested wisdom of the senior faculty and the new ideas from the junior faculty, recruitment had focused on primary pillars [structural basic sciences (anatomy, histology, etc.), functional basic sciences (physiology, pathophysiology, etc), and clinical pillars

(neuroscience, surgery, child & maternal health, internal medicine and primary care)]. The School is now a pivotal time point to not only to scale up our staffing, but also to focus on new areas of development. At present, EUCMS has opened eight new faculty posts, seeking to recruit qualified academics at any academic rank in the following disciplines: Neurology, Primary Care/General Practitioner (to demonstrate our focus on the GP training), Biology, General Surgery, Microbiology/Immunology, Hematology, Radiology, Obstetrics & Gynecology. Following the EEC evaluation, recruitment of experts in medical education and research have been programmed for the immediate future. In summary, although our current student body is in accordance with staffing and resources, as noted by the EEC, augmentation of staffing and resources is aimed at augmenting our educational program, enhancing staff/faculty health work-life balance and improving our research output.

**- The School must ensure that all teaching staff receive mentoring initially and participate in structured repeated relevant training in teaching and assessment. For example the training for clinical instructors should focus on discussing beliefs about the purpose of clinical education and the students' and teachers' roles, how to engage students actively within the clinical setting while protecting patient safety, and giving feedback.**

We agree with the EEC that mentoring and structured training is important for the teaching staff. To address this, EUCMS already organizes an annual New Faculty Orientation (NFO), which is mandatory for the new full time faculty and also invites part-time faculty to attend. The NFO aims not only to introduce new faculty to the structure and function of EUCMS, but also to promote collaboration and effective teamwork among faculty and staff. Presently, an informal mentoring system exists among staff, which entails teaming between senior with junior staff. In addition, the second pillar of newly formed mentoring committee is faculty mentoring to assist junior faculty development provide guided professional development opportunities to support them to reach their goals and potential ([Appendix 1.1: SMART Strategic Plan, Team Enabler I, specific Strategic Objective #4, Attainable Actions #2,3,6](#)) As previously described, The new targeted training system for clinical instructors is shorter in duration, but regularly performed at the hospitals, which allows for more effective training. The content of clinical training is optimized by simulating a clinical training session, providing tips on how

to organize a clinical training day and keep in line with the learning objectives, how to provide student feedback and to improve the content of their training. A guide for the logbook completion process has been made to assist clinical instructors ([Appendix 2.5](#)). In addition, the members of the Clinical training committee (e.g. the hospital academic liaisons) regularly evaluate the content of the logbooks, as well as perform summative clinical assessments (e.g. by mini-CEX assessments) in collaboration with the clinical instructors. Additionally, through a collaborative effort of the Clinical Training Committee, Simulation Committee and faculty, we have devised an SP program, which includes training of faculty, staff and students and which is currently in process. (as previously described in Section 2). It should be noted that according to all Memorandums of collaboration with clinical sites, clinical instructors receive financial compensation for student training, as well as other incentives such as discounts for EUC programs, library access and participation in joint activities, including research projects, seminars and on-campus educational activities.

**- Plans for the scientific staff's individual careers must be elaborated and include a strategy for the development of research competences at an individual and departmental level and include mentoring of new researchers.**

In order to enhance opportunities and development for research among our faculty and staff, the school has refocused its strategy staff recruitment plan to attract expert personnel in research. In addition, one of the acting fronts of the School mentoring committee is research promotion for faculty, staff and students (please see Section 4, Students, Findings Response #11). These actions are complemented by the University policy for teaching our reduction for research (THR), which is already in place, including the recently approved action by the Senate to initiate teaching hour reduction for research of efforts of newly hired faculty. As noted in Section 3, EUCMS across its short 6 years of existence, has recruited faculty with both educational and research experience from other Medical Schools, including the National and Kapodistrian University of Athens, University of Chicago, University of Ioannina, UCL, University of Crete, Perelman Medical School, University of Pennsylvania, and University of Strasburg, as well as energetic and committed junior faculty. Collectively, the primary research areas supported by our faculty and staff are Cancer, Neurosciences, Infectious Diseases and Translational Research.

None-the-less, research remains in an early stage of development at the School. As such, with the regards to the informal mentoring system that currently exists among staff, senior research faculty team with junior staff to support their development. The annual summer sessions or summer school (the first session themes are basic research training program, aimed at a more in-depth introduction to basic research, and SP training program) provide additional opportunity to develop research competencies.

**- The School must consider how to scale up effective teaching in Years 1-3 to bring efficiencies for both students and staff and allow a healthy work-life balance for both.**

We understand that scaling up effective teaching, and ultimately education and training, is a pivotal aspect of strengthening the health workforce. In our effort to build a stronger educational institution, we have focused on how to recruit the right type of students, defining the competencies that our students should gain, recruiting and training the appropriate faculty and clinical instructors, and supporting career pathways and choices. As noted above, in an effort to scale up effective teaching in the preclinical years (1-3) to promote better efficiencies, and allow for a healthier work-life balance for both, we have increased student's time for self-improvement, study and reflection and promote a health work-life balance. Increasing student time for self-study and reflection, we believe will be of paramount significance. Expanding the semesters in preclinical years may further facilitate this. As indicated by the EEC in their report and discussions, we recognize the burden placed on our teaching faculty. The University provides protected time for researchers, and with the recent Senate decision this is provided from the on boarding of new faculty. Similarly, protected time for clinicians has been initiated, collectively aimed at providing a healthier balanced workload between teaching hours, clinical practice requirements and research needs. As such, the faculty can use the Teaching Hour Reduction (THR) system of the University to achieve its research and clinical activities. To further support the scaling up of our teaching efficiency, we implement a robust faculty development programme aimed at improving the quality of teaching ([Appendix 1.1: SMART Strategic Plan, Pillar I, specific Strategic Objective #6, Attainable Actions #4; Strategic Objective #6, Attainable Actions #3; and Enabler I, specific Strategic Objective #1, Attainable Actions #1-6; specific Strategic Objective #3,](#)

Attainable Actions #1-4; specific Strategic Objective #4, Attainable Actions #1-7). The School agrees with the EEC in regards to expanding clinical experience. We had already planned to expand the clinical experience of students in years 4-6 in our revised curriculum by prolonging the semesters with an increase of 4 weeks. Prolonging the duration of the semesters will assist in decreasing both the student and faculty weekly workload.

**- The School must develop a ‘SMART’ Strategic Development plan with an indication of how it relates to the Action Plans and with a timeline to help guide and manage the more detailed Action Plans. The plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.**

In agreement with the EEC request and as noted in Section 1, we have developed a 5 year SMART Strategic Development Plan with imbedded Action Plans & Timeline. ([Appendix 1.1: SMART Strategic Plan](#)) The aim is that this strategic plan 2020-2025 will serve as our “roadmap” for the next phase of the School of Medicine’s growth and development across the next five years, as we pursue our mission, reach our vision and respect our values.

We see this as our first strategic plan and recognize that it comes at a critical milestone in our history where we have now evolved through our first cycle of the Medical School Program. As we move forward through our future educational cycles, the School will submit itself to a strategic planning process, the last year of every 5-year strategic planning cycle through strategic planning conversations that will involve students, faculty, staff and community. The aim is that through our interaction with all of our stakeholders, including those who will be added in accordance with the EEC suggestion, that we will be able to propel the School forward to advance medical education, lead in discovery and better serve health care in our global community. At the end of each cycle, we will be able to reflect on our key achievements, and define the key strategic elements and actions of our next cycle.

Through our next strategic cycle, the School will focus on its vision to produce leaders in medicine. This will be realized through actions in 3 strategic domains of focus and 2 enabler necessary to support these domains. The 3 strategic domains of focus include: education, research and clinical care, and the 2 enablers to support these domains: our team, both faculty and staff, and governance and evaluation. For each area we define overarching strategic goals that will guide our development. Under each area, strategic objectives are defined to guide our efforts and allocation of resources over the next 5 years with a series of initiatives, as well as the expected outcomes from these actions.

For each strategic pillar we outline our overarching goals, which are relevant to our mission, and perceived direction, as indicated under each pillar. Our specific strategic objectives define our **S**pecific goals that our linked to these overarching strategic directions, answering the why, who and which. Each specific strategic objective is **A**ttainable with key reasonable initiatives or actions listed for each objective. Success towards meeting each goal is **M**easurable and each task is **R**elevant to achieving each goal within a clearly defined **T**imeline, as indicated in the metrics table. This Strategic Plan will be made available to all stakeholders.

**- Research and Methodology education is limited for both students and staff and should be improved to foster critical and analytical thinking and the provision of a solid base for EBM.**

As previously described, In order to enhance opportunities for research among both faculty and students, and to incorporate components of research and scientific methodology in medical sciences throughout the 6-year medical program, EUCMS has implemented the following changes:

- Research is a distinct pillar in the School's Development Strategy Plan
- The school has refocused its strategy in staff recruitment plan to attract expert personnel in research.
- An active Research Committee comprising of faculty, staff and external stakeholders has been created ([Appendix 1.2](#))



- One of the acting fronts of the School mentoring committee is research promotion for faculty, staff and students (please see Section 4, Students, Findings Response #11)
- We offer an elective course for Years 2 and 3 on Medical Academic Skills
- We offer a compulsory Year 3 course on Research Methods
- A mandatory MD thesis during Year 6 is part of the proposed new curriculum
- The MD thesis committee provides feedback, guidance and monitors appropriate collaboration between students and thesis supervisors
- A dedicated session on research for students has been included for the student annual CaMESM meeting
- Research incentives through teaching hour reduction (THR) have been introduced by the University.

In addition, various teaching and training modalities have been established to promote critical and analytical thinking among students. Among them, team-based learning sessions that combine components of problem based learning (PBL) and interactive group collaboration in solving problems, are used as a teaching and critical thinking tool. The scaling up of both research and training, as noted above, further embeds EBM in teaching, enabling students' to better understand, beyond the use of guidelines.



## 6. Educational Resources

### Findings

**The Medical School is an excellent working environment with excellent classrooms, labs and offices and the enthusiastic staff demonstrate a strong work ethic.**

We would like to thank the EEC for recognizing our work environment, which we have worked hard, to maintain at the highest standards. We take extreme pride in our skills rooms, simulation center, laboratories and classrooms. The offices are appropriate for the administration of the school and we have a dedicated floor with faculty offices in the building across the street. We agree with the EEC about the strong work ethic of our staff members, who work with passion, dedication and ethos.

**There is extensive and appropriate use of information technology and technology enhanced learning at the Medical School.**

The School embraces the use of information technology and technology enhanced learning tools. We incorporate various online platforms, such as Blackboard and Moodle; computer-assisted learning actively supports teaching, where students have access to a large database of software made available to EUC students. We are closely involved in the project “Digitally Enhanced Learning-DEL” which uses innovative educational technology to enhance students’ learning experience. Virtual reality programs are actively used for courses, such as Anatomy and Histology. The School has invested and extensively uses high fidelity complex simulation, as well as other technological advanced learning tools, such as SECTRA, ultra-sound trainer, among others.

**The students are very satisfied with the resources in the Medical School and with the Library but would like access to them for a much longer time in the evening; ideally 24/7.**

We are pleased that the EEC found that our students are very satisfied with the available resources. We understand with the student need for longer access to the library. To

facilitate our student study efforts, we have study spaces and resources for medical students with extended hours. The online library system allows students to access all necessary learning materials at all times. In addition, the School leaves the laboratories open until late evening hours, under supervision.

**Although simulated/standardised patients are used within OSCEs they are not currently involved in teaching.**

We agree with the EEC that there is need to include standardized patients (SP) during the semester and not only for exams. While EUCMS uses standardized patients in OSCEs in a routine manner for all clinical disciplines, we have increased the use of standardized patients for training, as well (Please refer to Section 2). For this reason, through a collaborative effort of the Simulation Committee and selected faculty, we have devised an SP program, which includes training of faculty, staff and students and which is currently in process ([Appendix 2.3: SP Program](#)).

**The EEC observed teaching with simulation, and the mannequins were not utilised to their full potential. A trained person, sitting in another room and connected with a microphone and speaker in the mouth of the mannequin, could give the answers of the patient and thereby create a much more authentic simulation.**

We agree with the EEC that for the observed sessions, the mannequins were not utilized to their full potential. While some instructors are experienced in simulation and can use the full potential of the technology, the School recognizes the need for additional training. As such, the School has implemented a robust faculty development programme to improve quality of teaching, with focused simulation training. This has been made compulsory for all staff (faculty, technical staff, collaborators, clinical instructors) who include simulation in their teaching, to ascertain that quality is maintained as well as to ensure that we will take full advantage of our resources (simulation mannequins). ([Appendix 1.1: SMART Strategic Plan, Pillar I, specific Strategic Objective #5, Attainable Actions #7](#)). In addition, as noted above, we have devised an SP program, which includes training of faculty, staff and students and which is currently in process. ([Appendix 2.3: SP Program](#))

**The school promotes small group- and team-based learning (though the School does not use these terms in the standard internationally accepted ways). There was a sound faculty-student ratio.**

As noted by the EEC, the majority of instructional time of medical students in the curriculum is spent in small lab cohorts (15-20 students, 3-4 teams) in preclinical years, and small clinical cohorts of 3-6 students in clinical years.

**At the clinical placements visited there was a good array of specialties, settings, clinics, and procedures but students have almost no experience of general practice in the community. The observed student:staff ratio in the clinical setting was good.**

We are pleased that the EEC noted that there was an adequate array of specialties, setting, clinics and procedures. We agree that the student:staff ratio that we maintain in the clinical setting (cohorts of 3-6, depending on the specialty), is effective.

As noted in Section 2, we agree with the need for exposure to medical practice provided in the community. As such, we have proceeded with appropriate accommodations to address the above as soon as possible:

- Our current student intake allows us now to standardize and streamline the clinical placements, in order to include student exposure to community settings in nearly all disciplines (e.g. placement in both outpatient and inpatient departments during specific rotations).
- The new curriculum includes Family Medicine and Primary Care as a primary clinical training pillar, and as such has foreseen an equal distribution of dedicated contact time in this area, as for all other clinical pillars.
- The new pre-internship rotations in Year 6, which runs with longitudinal student placements, allows students to be exposed to the benefits of longer student training with more contact with their clinical trainers, which also facilitates students assuming responsibility.

Additionally, EUCMS made focused efforts to further increase its resources for the clinical training of students. In this regards, we progressed to establish agreements with two locations (“Care Medical Institute” and “Polyclinic”) and have developed strategic collaborations for general practice/primary care. The addition of Polyclinic to our affiliated teaching clinics, in addition to supporting the general practice/primary care practice indicated by the EEC, also adds training sites for Ob/Gyn, Internal Medicine, Surgery, Gastroenterology and Pediatrics.

**Students did not have their own workspace and nor access to EHR in the clinical placements.**

We appreciate the EEC’s observation. Our exclusive affiliated hospitals, like American Medical Center and German Oncology Center, offer space for students’ to study and work. To facilitate our student study efforts, we have study spaces and resources for medical students with extended hours at the university with online library system allows students to access all necessary learning materials at all times. In addition, the School leaves the laboratories open until late evening hours, under supervision.

**There is an evaluation system in place to ensure students and staff can raise concerns about the quality and safety of the learning environment.**

The School has strived to maintain the highest levels of quality and safety of the learning environment, and we agree with the EEC of the importance of an evaluation system. With this, we have ensured that students and staff can raise concerns.

**The School is a member of the Erasmus network, and has a formal MOU with several international institutions.**

Although we are still new, the School has already become actively involved in the Erasmus network. This enables our students during their course of studies or as soon as they complete their studies to undertake a minimum 2 to maximum 12 month internship in an organization and country of their choice. In addition, the School has initiated a Student Summer Externship program. Many of the Student Summer Externship offered by EUC School of Medicine are at internationally renowned research centers. The externship

experience promotes the idea of employability and allows students to gain experience in environments and countries that they wish or expect to work in the future. The externship program is also an opportunity to create and strengthen relations between EUC faculty and international clinical/research centers.

### **The School has established an ECFMG Medical School Web Portal (EMWSP).**

We are pleased that the School of Medicine has been approved by the Educational Commission for Foreign Medical Graduates (ECFMG) to facilitate graduates to apply for the US Medical Licensing Examination (USMLE), as well as for accredited US postgraduate medical education and residency programs. The School of Medicine has established an ECFMG Medical School Web Portal (PMSWP), which gives full access to the ECFMG services for our medical students.

**The system of externship gives an opportunity to students to increase their clinical experience over the holidays with partner courses worldwide and therefore offers great variety and choice – but the EEC heard that it relies on individual motivation and financial ability to take up the opportunity. Financial scholarships from EUC are very limited.**

EUC medical students have the opportunity to participate in summer externships in prestigious highly ranked institutions all over the world for additional clinical and research training. The student experiences at these sites greatly enrich the EUC student by providing them the opportunity to learn in a wide variety of environments. To date, 125 students have participated in the EUCMS Summer Externship Program. To date, the School has had limited scholarships to reward superior academic performance of students. However, the School now provides two annual scholarships per each student year (3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup>), with pre-specified financial and academic criteria. In addition, we have expanded our network of local summer externships, by inviting more collaborating clinical training sites to offer summer positions, as well as have expanded our externship network to help accommodate students in their own country during summer (e.g. Greece, Germany). We have also promoted the Erasmus+ student mobility actions for student extracurricular placements, which are being presented to our students. Also, the school is organizing annual summer sessions / summer schools: the first session themes are basic research

training program, aimed at a more in-depth introduction of student to basic research and an SP training program.

**The EEC observed a discrepancy between the faculty's enthusiasm and their level of expertise in teaching.**

We agree that our young faculty although dedicated and enthusiastic, may lack teaching expertise. EUCMS organizes New Faculty Orientation (NFO), which is mandatory for the new full time faculty and also invites part-time faculty to attend. The NFO aims not only to introduce new faculty to the structure and function of EUCMS, but also to promote collaboration and effective teamwork among faculty and staff. Presently, an informal mentoring system exists among staff, which entails teaming between senior with junior staff. As previously described, The new targeted training system for clinical instructors is shorter in duration, but regularly performed at the hospitals, which allows for more effective training. The content of clinical training is optimized by simulating a clinical training session, providing tips on how to organize a clinical training day and keep in line with the learning objectives, how to provide student feedback and to improve the content of their training. Additionally, through a collaborative effort of the Simulation Committee and selected faculty, we have devised an SP program, which includes training of faculty, staff and students and which is currently in process. (as previously described in Section 2).

### **Strengths**

**- The School has an excellent modern estate, and excellent facilities, and resources including an online library, equipment and simulation suites. These form the basis of an excellent working environment for the staff and students.**

We would like to thank the EEC for recognizing that our School facilities and resources are excellent. We have worked hard, to maintain our estate at the highest standards, and take extreme pride in our powerful and welcoming learning/working environment for the entire EUCMS community.

**- The resources are reviewed and updated as necessary.**



The School makes a concerted effort to review and update all resources so as to remain update and effective. A constant strategy has been to “maintain excellence in our infrastructure necessary to deliver cutting edge curriculum and ensure our educational mission, ([Appendix 1.1: SMART Strategic Plan, Pillar I, specific Strategic Objective #5](#)), “strengthen research infrastructure.... to ensure research becomes cutting edge ([Appendix 1.1: SMART Strategic Plan, Pillar II, specific Strategic Objective #6](#)), and for clinical training ([Appendix 1.1: SMART Strategic Plan, Pillar I, specific Strategic Objective #3](#)).

**- The facilities offer excellent opportunities for research into the effectiveness of education in these settings.**

The School of Medicine has facilities dedicated to preclinical years and the theoretical and skills training of the students during their clinical years. Facilities enable dynamic learning, and provide state-of-the-art teaching tools, including the active incorporation of technology to enhance student learning. The learning environment at the Medical School provides diverse physical locations and contexts to facilitate student learning. These learning environments have both a direct and indirect influence on student learning, including their engagement in what is being taught, their motivation to learn, and their sense of well-being, belonging, and personal safety.

We agree with the ECC that these facilities could also be used for assessing the effectiveness of these settings in medical education. We anticipate that with the new Master’s Program in Medical Education and the new PhD program in Medical Sciences that research projects for masters’ thesis or PhD dissertations may focus on the influence of technology, etc. on learning.

**- The student / teacher is low with small classes and teaching in small groups**

As noted previously (Section 4- Students, Strengths, Response #5), we are grateful that the EEC acknowledges the Schools concerted effort to teach students in small groups. We foster team-based learning in small peer groups for all practical skills sessions, with



cohorts (15-20 students, consisting of 3-4 peer teams of 5 students each) in preclinical years. The majority of clinical teaching contact time is spent in smaller rotation groups of 3-6 students. Overall, the teacher / student ratio has been maintained at about 1 : 3.

### **Areas for improvement and recommendations**

***Please note that when the EEC uses the term ‘must’ it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.***

**- The school should open the School learning resources and the library for students 24 hours per day.**

As noted above in response #3, we understand with the student need for longer access to the library. To facilitate our student study efforts, we have study spaces and resources for medical students with extended hours. The online library system allows students to access all necessary learning materials 24/7. In addition, the School leaves the laboratories open until late evening hours, under supervision.

**- The School must ensure students have experience in role play with people as well as mannequins for clinical skills in the early years. Using simulated/standardised patients may provide this systematically. The School should introduce the students to real patients earlier than Year 4.**

Our pre-clinical students work in Skills-labs, which offers a protected, “mistake-forgiving” training environment that allows them to practice procedures on mannequins, with standardized patients or with each other prior to performing procedural skills on real patients. Skills-lab training has been shown to improve procedural skills both in novices and experts. This applies to complex surgical skills, as well as basic clinical skills performed by medical students. As noted above in Response #4, have further increased the use of standardized patients. We agree with the EEC that there is need to include standardized patients (SP) during the semester and not only for exams. (Please see Response to Findings #5 in Section 2) Through a collaborative effort of the Simulation

Committee and selected faculty, and external experts, we have devised an SP program, which includes training of faculty, staff and students and which is currently in process. ([Appendix 2.3: SP Program](#)). From the first year and through the preclinical years, our new curriculum also includes observerships in hospitals during the Clinical Practicum (1<sup>st</sup> year) and Public Health (2<sup>nd</sup> year), as well as Skill-labs in the Primary Care Training in Interprofessional Practice in Healthcare course (2<sup>nd</sup> year) and Pathophysiology and Semiology courses (3<sup>rd</sup> year).

**- The School must consider how to scale up effective teaching in Years 1-3 to bring efficiencies for both students and staff and allow a healthy work-life balance for both.**

As noted in Section 2, we understand that scaling up effective teaching, and ultimately education and training, is a pivotal aspect of strengthening the health workforce. In our effort to build a stronger educational institution, we have focused on how to recruit the right type of students, defining the competencies that our students should gain, recruiting and training the appropriate faculty and clinical instructors, and supporting career pathways and choices. As noted above, in an effort to scale up effective teaching in the preclinical years (1-3) to promote better efficiencies, and allow for a healthier work-life balance for both, we have increased student's time for self-improvement, study and reflection and promote a health work-life balance. By modifying the curriculum to decrease required teaching hours, and increasing student time for self-study and reflection, we believe will be of paramount significance. Expanding the semesters in preclinical years may further facilitate this. As indicated by the EEC in their report and discussions, we recognize the burden placed on our teaching faculty. The University provides protected time for researchers, and with the recent Senate decision this is provided from the on boarding of new faculty. Similarly, protected time for clinicians has been initiated, collectively aimed at providing a healthier balanced workload between teaching hours, clinical practice requirements and research needs. As such, the faculty can use the Teaching hour reduction system of the University to achieve its research and clinical activities. To further support the scaling up of our teaching efficiency, we implement a robust faculty development programme aimed at improving the quality of teaching. ([Appendix 1.1: SMART Strategic Plan, Pillar I, specific Strategic Objective #6, Attainable Actions #4; Strategic Objective #6, Attainable Actions #3; and Enabler I,](#)

specific Strategic Objective #1, Attainable Actions #1-6; specific Strategic Objective #3, Attainable Actions #1-4; specific Strategic Objective #4, Attainable Actions #1-7). The School agrees with the EEC in regards to expanding clinical experience. We had already planned to expand the clinical experience of students in years 4-6 in our revised curriculum by prolonging the semesters with an increase of 4 weeks.

**- The School should consider prolonging all the semesters as well as the duration of clinical rotations at each placement.**

As we presented in Section 4, the School agrees with the EEC, and in its revised curriculum had already planned to expand the clinical experience of students in years 4-6 by prolonging the semesters with an increase of 4 weeks. We will also examine prolonging the semesters in the preclinical years, as prolonging the duration of the semesters, will assist in decreasing both the student and faculty weekly workload and significantly scaling up effective teaching and learning.

**- The faculty is relatively young, and will face a long learning trajectory in developing research expertise. The school must focus on biomedical, educational or healthcare research; this will require a strategy that invests in high profile researchers, infrastructure and resources along with opportunities to collaborate with other research groups across the EUC and the department of education, and other schools with high research profiles.**

As noted in Section 3 – Assessment, Strengths Response #1, as well as else where throughout this report, EUCMS across its short 6 years of existence, has the opportunity to recruit faculty with both educational and research experience from other Medical Schools, including the National and Kapodistrian University of Athens, University of Chicago, University of Ioannina, UCL, University of Crete, Perelman Medical School, University of Pennsylvania, and University of Strasburg, as well as energetic and committed junior faculty. Collectively, the primary research areas supported by our faculty and staff are Cancer, Neurosciences, Infectious Diseases and Translational Research. None-the-less, research remains in an early stage of development at the School. As such, one of the primary pillars in our Strategic Plan focuses on Research. In order to enhance opportunities for research among both faculty and students, and to incorporate

components of research and scientific methodology in medical sciences throughout the 6-year medical program, EUCMS has implemented the following changes:

- Research is a distinct pillar in the School's Development Strategy Plan
- The school has refocused its strategy in staff recruitment plan to attract expert personnel in research.
- An active Research Committee comprising of faculty, staff and external stakeholders has been created ([Appendix 1.2](#))
- One of the acting fronts of the School mentoring committee is research promotion for faculty, staff and students (please see Section 4, Students, Findings Response #11)
- We offer an elective course for Years 2 and 3 on Medical Academic Skills
- We offer a compulsory Year 3 course on Research Methods
- A mandatory MD thesis during Year 6 is part of the proposed new curriculum
- The MD thesis committee provides feedback, guidance and monitors appropriate collaboration between students and thesis supervisors
- A dedicated session on research for students has been included for the student annual CaMESM meeting
- Research incentives through teaching hour reduction (THR) have been introduced by the University.

**- The School should refocus their strategy staff recruitment plan to attract expert personnel in the key areas of research and medical education based on a plan on the ideal staffing, workload and responsibilities, informed by the requirements of the curriculum.**

As a new school, recruitment of full time academic faculty was stage over the first 6 years of existence. For the full time faculty, the aim was to build a team that will potentially work together for many years. In developing and composing the team, an effort was made to recruit individuals at different stages in their careers, to avoid the risk of having a core team that is primarily junior in experience or pre-retirees. While, currently there is a healthy mix of experienced and younger faculty members that ensures a balance of time-tested wisdom of the senior faculty and the new ideas from the junior faculty,

recruitment had focused on primary pillars [structural basic sciences (anatomy, histology, etc.), functional basic sciences (physiology, pathophysiology, etc), and clinical pillars (neuroscience, surgery, child & maternal health, internal medicine and primary care)]. The School is now a pivotal time point to not only to scale up our staffing, but also to focus on new areas of development. At present, EUCMS has opened eight new faculty posts, seeking to recruit qualified academics at any academic rank in the following disciplines: Neurology, Primary Care/General Practitioner (to demonstrate our focus on the GP training), Biology, General Surgery, Microbiology/Immunology, Hematology, Radiology, Obstetrics & Gynecology. Following the EEC evaluation, recruitment of experts in medical education and research have been programmed for the immediate future. In summary, although our current student body is in accordance with staffing and resources, as noted by the EEC, augmentation of staffing and resources is aimed at improving our educational program, enhancing staff/faculty health work-life balance and improving our research output.

**- The School must develop a ‘SMART’ Strategic Development plan with an indication of how it relates to the Action Plans and with a timeline to help guide and manage the more detailed Action Plans. The plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.**

As noted in Section 1, we have developed a 5-year SMART Strategic Development Plan with imbedded Action Plans & Timeline. ([Appendix 1.1: SMART Strategic Plan](#)) The aim is that this strategic plan 2020-2025 will serve as our “roadmap” for the next phase of the School of Medicine’s growth and development across the next five years, as we pursue our mission, reach our vision and respect our values.

We see this as our first strategic plan and recognize that it comes at a critical milestone in our history where we have now evolved through our first cycle of the Medical School Program. As we move forward through our future educational cycles, the School will submit itself to a strategic planning process, the last year of every 5-year strategic planning cycle through strategic planning conversations that will involve students, faculty, staff and community. The aim is that through our interaction with all of our

stakeholders, including those who will be added in accordance with the EEC suggestion, that we will be able to propel the School forward to advance medical education, lead in discovery and better serve health care in our global community. At the end of each cycle, we will be able to reflect on our key achievements, and define the key strategic elements and actions of our next cycle.

Through our next strategic cycle, the School will focus on its vision to produce leaders in medicine. This will be realized through actions in 3 strategic domains of focus and 2 enabler necessary to support these domains. The 3 strategic domains of focus include: education, research and clinical care, and the 2 enablers to support these domains: our team, both faculty and staff, and governance and evaluation. For each area we define overarching strategic goals that will guide our development. Under each area, strategic objectives are defined to guide our efforts and allocation of resources over the next 5 years with a series of initiatives, as well as the expected outcomes from these actions.

For each strategic pillar we outline our overarching goals, which are relevant to our mission, and perceived direction, as indicated under each pillar. Our specific strategic objectives define our **S**pecific goals that are linked to these overarching strategic directions, answering the why, who and which. Each specific strategic objective is **A**ttainable with key reasonable initiatives or actions listed for each objective. Success towards meeting each goal is **M**easurable and each task is **R**elevant to achieving each goal within a clearly defined **T**imeline, as indicated in the metrics table. This Strategic Plan will be made available to all stakeholders.

**- The School must secure resources to attract external experts in research and education.**

As noted in Section 1 – Mission and Vision, EUCMS has a dedicated budget with autonomy to allocate resources, as needed, to support the curriculum (instructional needs), faculty and staff recruitment, technical equipment and supplies, professional development, among others. Following the EEC evaluation, recruitment of experts in medical education and research have been programmed for the immediate future.



**- The school should provide an opportunity for faculty to observe how simulations are employed in other schools, particularly with standardized patients.**

As noted above, through a collaborative effort of the Simulation Committee and selected faculty, we have devised an SP program, which includes training of faculty, staff and students and which is currently in process. The SP training process occurs with both internal and external (invited) experts. In addition to the more robust faculty development programme to improve quality of teaching, with focused simulation training, faculty members who would like the opportunity for additional training and/or observation in other Medical Schools, have at their disposal their personal annual faculty development stipend, as well as Erasmus+ actions for faculty training mobility.

**- The school should ensure that all students have the possibility of externships.**

EUC medical students have the opportunity to participate in summer externships in prestigious highly ranked institutions all over the world for additional clinical and research training. The externship experience promotes the idea of employability and allows students to gain experience in environments and countries that they wish or expect to work in the future. To date, 125 students have participated in the EUCMS Summer Externship Program. While to date the School has had limited scholarships to reward superior academic performance of students, the School now provides two annual scholarships per each student years (3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup>, the primary years that go on externships), with pre-specified financial and academic criteria. In addition, we have expanded our network of local summer externships, by inviting more collaborating clinical training sites to offer summer positions, as well as have expanded our externship network to help accommodate students in their own country during summer (e.g. Greece, Germany). We have also promoted the Erasmus+ student mobility actions for student extracurricular placements, which are being presented to our students. Also, the school is organizing annual summer sessions / summer schools: the first session themes are basic research training program (aimed at a more in-depth introduction of student to basic research) and an SP training program.



## 7. Programme Evaluation

### Findings

**Mechanisms for repeated, systematic programme monitoring and evaluation are in place at EUCMS. Teachers and students give feedback, based on which strengths and weaknesses have been identified and the programme has been modified.**

We would like to thank the EEC for recognizing that we have established policies and processes for program evaluation and application of appropriate modifications. In addition to feedback from students, staff and faculty, the EUCMS has undertaken two major programme revisions (SAR and PER), as well as external evaluations from experts in medical education. The latter provided real-time feedback, which was directly implemented in our program, educational modalities, processes and infrastructure.

**Students provide routine feedback electronically, within class, in confidence without the presence of staff. Convenience samples of students are also asked to give programme feedback in focus groups with staff.**

We confirm that the EUC policy for evaluation is standardized, confidential and anonymous, performed in the above-described manner, regularly every semester for all courses and all instructors. In addition, feedback is provided anonymously for clinical rotations, which is applied to modify the content and schedule of clinical rotations. In addition, focus groups and participation of students in EUCMS committees (such as the Internal Quality Assurance Committee along the Department and School council) enable additional feedback contribution.

**Students give feedback on staff at the end of each semester but staff reported that they would like to receive such feedback soon after their teaching.**

In agreement with the EEC observation, as of Fall semester 2020, EUC permits for feedback to take place not only at the end of the semester, but also at the end of block sessions, such as those that take place during clinical years. As in Section 5, staff also

request for timely feedback during their teaching. Additionally to the above, periodic review of teaching sessions and feedback meetings take place by the Chair of the School, as indicated in the EUCMS Internal regulations. Another issue worth noting is the open door policy of the EUCMS, with ease of access of students to teaching staff, which facilitates timely provision of feedback and meaningful discussions on how to improve teaching and educational outcomes.

**EUCMS graduated its first cohort in summer 2019 therefore it has not yet been possible to analyse the performance of cohorts of graduates regarding their readiness for clinical practice.**

The EEC correctly notes that our recent graduation in summer of 2019 has not permitted analysis of graduate cohort performance. None-the-less, it is worth mentioning that the first cohort of graduates is currently in different stages of postgraduate training: nearly 70% have entered residency programs in Greece, Cyprus and Austria, 20% are attending postgraduate training programs (Masters or PhD), and 10% are doing pre-registration or working in healthcare.

**The performance of cohorts of students in relation to intended educational outcomes has not been tracked through use of assessment blueprinting.**

We agree with the EEC that documentation of the principles, strategy and quality assurance is a high priority for the School. The Assessment Committee has created the first guideline / checklist to further ensure the highest quality is maintained throughout the curriculum. (Please refer to Section 3). A preliminary assessment blueprinting check sheet to track performance of cohorts of students in relation to the intended educational outcomes in clinical will examine: assessment of knowledge, assessment of skills, Mini-CEX, DOC, Team Observation, Case Discussion, DOPS, Logbook, OSCE.

**In its programme monitoring and evaluation activities, the school has involved a range of stakeholders but this did not include part-time staff, administrative and technical staff, and representatives of the community such as patients.**

While we have made a sincere effort to include all stakeholders in the process developing and improving our program, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff, administrators and students, should contribute to this process, as well. (Please see Section 1, Findings Responses #1, #5, #6; Section 4, #12) As noted by the EEC, medical students are stakeholders in the School and as a result they participate with voting powers in central Governance committees, particularly Program Committee, School Quality Assurance Committee, School Council and Senate of the School and the University, respectively. EUCMS has adopted the requirements indicated in the University Charter and does not include students in committees related to new appointments (elections) of faculty member, appointments of technical and administrative staff and budget. We are thankful to our students who reported that they were appropriately represented in the School and the University. However, as suggested by the EEC, students are now included in other Governance Committees that are focused on curricular functions (such as Structure and Function, CTC, Medical Greek, etc.) ([Appendix 1.2: EUCMS Governance Committees](#)). EUCMS would like to note that when a student is on a committee, they are able contribute to all issues related to student activities, but they are not involved in appointments, promotions and budgets. While we work very closely with our technical and administrative staff and informally consult with them on a wide range of issue, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff and administrators, should also contribute to this process. We now define the addition of our staff through their inclusion in Governance bodies/committees. We would like to clarify, however, that administrative and technical staff are already represented in the Clinical Training Committee, where they play a critical role. Additionally, it should also be noted that the Special Teaching Personnel are represented at the level of the Senate. Additionally, we have defined the inclusion of patients in the Advisory Board and/or other Governance bodies/committees ([Appendix 1.2](#)).

**It was not evident that student feedback data, evaluation reports and development plans were made available to the students and all stakeholders though students were aware of major changes resulting from their feedback.**

Feedback and evaluation reports are provided to students in multiple ways:

- Informally during class, as previously mentioned.
- During regular meetings with their academic advisors, during which their overall performance is discussed and appropriate guidance is given.
- All students are made aware of their midterm performance and can go over their midterm paper with the course instructor.
- During practical sessions (OSPE, OSCE), students are given verbal feedback on their performance during debriefing (reflection) sessions.
- During clinical years, students have the opportunity to see their performance evaluation in their logbooks, based on which they also receive feedback by their course instructors at the end of the semester.

In addition, the Clinical Training Committee provides:

- A general evaluation report and development plan to submit to the students after the end of each semester, aiming to underline the important contribution of student feedback on improving the quality of the clinical rotations plan.
- In addition to the feedback meetings with clinical instructors (see Section 2), a feedback report to each collaborating clinical setting, based on student rotations.

As noted in Section 2, EUCMS welcomes the addition of Portfolios and Personal Development Plans for our students, as suggested by the EEC. With the inclusion of the Portfolio in our new cohort, we can now include systematic reflection, as well as regular reflection to all years ([Appendix 2.2](#)). Additionally, this will allow us to effectively monitor and cyclically scale up its implementation with progressive student cohorts. The contents were selected to facilitate the personal portfolio to also serve as an effective personal development plan, which will be kept and monitored by students with their academic and clinical advisors. Ultimately, the aim is to promote guided reflection and feedback and enhance performance.

**Three external reviews were reported in the self-evaluation but not provided for review by the EEC.**

As noted by the EEC, we have made focused efforts aimed at continuous improvement and development. In this regards, we have invited 3 external reviews of our program over the course of the first 6 years of the Schools existence. These external evaluations were aimed at defining strengths and weaknesses in order to fine-tune our program and development. These evaluations and the resulting action plans were among the documentation made available to the EEC at the site visit (please see Index of the documentation that was available in the meeting room of the site visit). Realizing the time constraints of the visit, these may not have been apparent ([Appendix 7.1, Please see Item #2](#)).

### **Strengths**

**- The School has conducted 2 major reviews: the SAR and the PER and has made major changes to the programme on the basis of these.**

EUCMS is grateful for this comment and that the EEC recognizes our previous efforts in reviewing our program and identifying areas for improvement. The School undertook both major reviews to improve the curriculum. The SAR was aimed at the preclinical years (since according to the Cypriot law and the regulations of the National Agency, we could only revise the first three years at the time) and the PER was aimed primarily at the clinical years. The resulting proposed curriculum was the product of the input of every member of EUCMS (e.g. the faculty, staff and students), and the proposed changes reflect the vision of the school.

**- Students and contributing staff are clear that their contributions to the major reviews and to regular evaluation processes have been heard and responded to.**

The EUCMS is grateful to the EEC for this observation. We strive to embrace students and staff in our collective efforts, particularly when it comes to improvement of the educational process to ensure a secure and collaborative working environment.

**- Students and teaching staff sit on a number of committees with voting rights and contribute to policies and creating the Mission and Vision.**

As noted by the EEC, both students and teaching staff sit on a number of committees with voting rights and contribute to policies and creating the Mission and Vision. In addition, students are stakeholders and they participate in all Governance bodies of the School and the University. They have voting rights in all Committees they sit, in the Department and School Council and of course the Senate.

**- Staff are eager to learn from student's feedback, asking for verbal feedback after a lecture.**

We are pleased that the EEC recognized the staff eagerness to acquire and learn from student feedback. As described above, the School adopts an open door policy, which in addition to the well-structured advising system enables regular feedback from students in both a formal and informal manner. This feedback has contributed to the continuous adjustment and improvement of the teaching quality.

**- The students are highly satisfied; 50 of the 52 students whom the EEC met recommended the school in a 'blind' vote.**

We would like to thank the ECC for this comment, and we would like to express our gratitude to our students for this highly positive recommendation. We believe that student satisfaction is the direct result of the student-centered collaborative programme of the EUCMS, that creates a safe and highly productive environment both for staff and students.

### **Areas for improvement and recommendations**

**Please note that when the EEC uses the term 'must' it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.**



**- Programme monitoring and governance should include representatives of all staff including those working part-time, clinical instructors, administrative and technical staff, and other stakeholders including patients.**

We agree with the EEC's suggestion, for a more formal representation of our staff and other stakeholders, such as patients, on committees, so as to further contribute to program monitoring and governance. While we have made a sincere effort to include all stakeholders in the process developing and improving our program, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff, administrators and students, should contribute to this process, as well. Medical students are stakeholders in the School and as a result they participate with voting powers in central Governance committees, particularly Program Committee, Quality Assurance Committee, School Council and Senate. In accordance to the EEC suggestion, students are now included in other Governance Committees that are focused on curricular functions (such as Structure and Function, CTC, Medical Greek, etc.) (Please refer to Section 1). Furthermore, we now define the addition of our staff through their inclusion in Governance bodies/committees. We would like to clarify, however, that administrative and technical staff are already represented in the Clinical Training Committee, where they play a critical role. As noted in Section 1, Patient groups are now included in the Advisory Board. ([Appendix 1.2 and 1.3](#))

**- As the number of graduates increases, the school must investigate their readiness to work in relation to the mission and intended educational outcomes of the curriculum.**

As noted by the EEC in Section 2 – Educational Program, indicating that our first graduates reported that they were competent to practice and they were very satisfied with the education provided. Moreover, our current graduates felt that they were well prepared and could cope with clinical practice. We consider the observation of extensive clinical exposure very important, underlining the benefit of the extensive clinical training of our curriculum. We believe this is the reason why our graduates felt competent to practice. As such, the new curriculum is devised in a way to place students not only in internal medicine, but additionally in other core clinical disciplines as indicated above. This feedback from our first cohort of graduates underlines the contribution that the undergraduate training had



on student confidence which led us to enhance across the years their education and training, in order to help them meet the standards and requirements of postgraduate training at an international level. Additionally, ([Appendix 1.1: SMART Strategic Plan, Pillar I, specific Strategic Objective #2, Attainable Actions #3 & #5](#)), our continued monitoring/follow-up of graduates will provide further and accurate graduate information to ensure employability, progression and development of alumni. In summary, however, the EEC correctly notes that our recent graduation in summer of 2019 has not permitted analysis of graduate cohort performance. None-the-less, it is worth mentioning that the first cohort of graduates is currently in different stages of postgraduate training: nearly 70% have entered residency programs in Greece, Cyprus and Austria, 20% are attending postgraduate training programs (Masters or PhD), and 10% are doing pre-registration or working in healthcare.

**- The School must develop a ‘SMART’ Strategic Development plan with an indication of how it relates to the Action Plans and with a timeline to help guide and manage the more detailed Action Plans. The plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.**

As suggested by the EEC, we have developed a 5 year SMART Strategic Development Plan with imbedded Action Plans & Timeline. ([Appendix 1.1: Strategic Plan](#)) (Please see Section 1) The aim is that this strategic plan 2020-2025 will serve as our “roadmap” for the next phase of the School of Medicine’s growth and development across the next five years, as we pursue our mission, reach our vision and respect our values.

For each strategic pillar we outline our overarching goals, which are relevant to our mission, and perceived direction, as indicated under each pillar. Our specific strategic objectives define our **S**pecific goals that our linked to these overarching strategic directions, answering the why, who and which. Each specific strategic objective is **A**ttainable with key reasonable initiatives or actions listed for each objective. Success towards meeting each goal is **M**easurable and each task is **R**elevant to achieving each

goal within a clearly defined **Timeline**, as indicated in the metrics table. This Strategic Plan will be made available to all stakeholders.

**- The school must track performance of cohorts of students in relation to intended educational outcomes by assessment blueprinting.**

We agree with the EEC and acknowledge the need for establishment of an assessment blueprint, to ensure that the educational outcomes are met. We agree with the EEC that documentation of the principles, strategy and quality assurance is a high priority for the School. The Assessment Committee has created the first guideline / checklist to further ensure the highest quality is maintained throughout the curriculum. (Please refer to Section 3). A preliminary assessment blueprinting check sheet to track performance of cohorts of students in relation to the intended educational outcomes in clinical will examine: assessment of knowledge, assessment of skills, Mini-CEX, DOC, Team Observation, Case Discussion, DOPS, Logbook, OSCE.

## 8. Governance and Administration

### Findings

**An organogram and a list of the committees, membership and academic leaders was provided, along with a description of their roles and areas of responsibility.**

Thank you for this acknowledgement. EUCMS has very specific documentation methods, as it was shown by the vast amount of documentation sent to the National Agency and the EEC.

**Students reported that they felt well represented. The documentation describes student representation with voting powers on several of the Committees, including the Programme Committee, the Quality Committee and the School Council but students do not sit on the focused curriculum committees such as the Structure and Function Committee, the Clinical Training Committee and the Medical Greek Committee; administrative and technical staff are not represented on any of the programme committees. When on committee, students contribute to all issues except those relating to appointments, promotions, personal issues, and budgets.**

While we have made a sincere effort to include all stakeholders in the process developing and improving our program, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff, administrators and students, should contribute to this process, as well. (Please see Section 1, Findings Responses #1, #5, #6; Section 4, #12) Medical students are stakeholders in the School and as a result they participate with voting powers in central Governance committees, particularly Program Committee, Quality Assurance Committee, School Council and Senate of the School and the University, respectively. We are thankful to our Students who reported that they were appropriately represented in the School and the University. However, as suggested by the EEC, students are now included in other Governance Committees that are focused on curricular functions (such as Structure and Function, CTC, Medical Greek, etc.). ([Appendix 1.2: EUCMS Governance Committees](#)). EUCMS would like to note that when a student is on a committee, they are able contribute to all issues related to student

activities, but they are not involved in appointments, promotions and budgets. While we work very closely with our technical and administrative staff and informally consult with them on a wide range of issue, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff and administrators, should also contribute to this process. We now define the addition of our staff through their inclusion in Governance bodies/committees. We would like to clarify, however, that administrative and technical staff are already represented in the Clinical Training Committee, where they play a critical role. Additionally, it should also be noted that the Special Teaching Personnel are represented at the level of the Senate.

**We met with the small team of administrative and technical staff whose roles and responsibilities are described in the documentation. They are very supportive of the School but there is little opportunity for them to contribute to the planning, review, and development of the programme and its processes.**

We take great pride in our Administrative and Technical staff, who are not only very well educated and trained, but strive for personal improvement. The entire support staff has been proven wholeheartedly supportive to all changes that have taken place over the last years, and more importantly have proven pivotal for these changes to take place. The leadership has always taken into serious consideration the suggestions from both Administrative and Technical Staff, and has always worked closely with staff. While we work very closely with our technical and administrative staff and informally consult with them on a wide range of issue, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff and administrators, should also contribute to this process. We now define the addition of our staff through their inclusion in Governance bodies/committees ([Appendix 1.2: EUCMS Governance Committees](#)). We would like to clarify, however, that administrative and technical staff are already represented in the Clinical Training Committee, where they play a critical role.

**Representatives of other stakeholder groups such as professional, academic, regulatory, and government bodies feed into the decisions of the governance committees through the external Advisory Body. There is no evidence that patients contribute to the governance or curriculum committees either directly or indirectly through the Advisory Body.**

While we have made a sincere effort to include all stakeholders (e.g. professional, academic, regulatory and governmental bodies) in the Advisory Board, we appreciate the EEC's suggestion that other stakeholders, in particular patient groups, should also have a means to contribute to this process, as well. As noted above in Section 1, we have defined the inclusion of patient groups in the Advisory Board ([Appendix 1.2 and 1.3](#)).

**The School articulates with the Health Service through Health Service members of the Advisory Body and through clinical leads sitting on the Clinical Training Committee. There are contracts with specified Hospitals that provide clinical placements and with individual Consultants who provide clinical teaching as Clinical Instructors.**

Thank you for the comment. EUCMS endeavors to communicate to the maximum extent with the Health Sector, both public and private through multiple processes, including the Advisory Board, Clinical Training Committee, membership on Governmental and/or Hospital committees, etc. The communication of EUCMS with the Health Sector is constant and bilateral, and it is primarily achieved through the clinical leads, as well as members and Chair of the Clinical Training Committee. EUCMS works with several affiliated teaching hospitals, apart from the Larnaca General Hospital, which was assigned to EUCMS by the Ministry of Health. As such, EUCMS has MOUs to ensure clinical placements with private sector hospitals and clinics, as well as with Private Specialists / Consultants who provide clinical teaching as clinical instructors. EUCMS carefully monitors the performance at all sites.

**The School links with others in the academic and health sectors through a series of events such as workshops on infection control, CPD sessions for doctors, a seminar on clinical trials, and educational programmes for nurses. In addition, the School reaches out to its own community through a number of sessions. In 2016 students teamed up with others across Cyprus through the Cyprus Medical Students Association (CyMSA) and other stakeholders including staff and midwives to deliver a plenary and workshops on infection prevention and control. There have been further infection control sessions, and a Cardiovascular health awareness campaign in the Fall 2019.**

We are grateful that EEC recognizes the efforts of the School to link with others in academic and health sectors through a series of events. In the past year alone, we have seen new examples in social responsibility emerge, with our faculty and medical students leading the way. These included collaboration in an international congress focused on Patient Safety. In effort spearheaded by the Ministry of Health to facilitate Accreditation of Personal Doctors in the new Health System of Cyprus, faculty actively participated in the design, teaching and examination activities of this initiative. Faculty members play a pivotal role on the Committee on Clinical Guidelines and Protocols, established by the Cyprus Ministry of Health. Faculty and students, worked together on several educational community outreach efforts including the Researcher's Night at Limassol, Researchers Day at EUC, Biology workshop for Children, and the Biodiversity Workshop for Children "Exploring the Brain". The importance that we place as a School on Infectious Diseases is underscored by the fact that the school hosted collaborative actions and workshops with the World Health Organization (WHO) and the European Center for Disease Control and Prevention (ECDC). Notable was the CME-accredited 2<sup>nd</sup> European Seminar of the European Training Programme in Infection Prevention and Control. The School joined forces with the European Committee on Infection Control and the European Society for Clinical Microbiology and Infection Control to address the postgraduate seminar "Infection Prevention and Control: Surveillance and Metacompetence" that was attended by healthcare professionals from around the world. We are also fully committed to the quality dissemination of medical knowledge. Keeping pace with the rapid developments in medical science, we hosted two noteworthy international congresses. The 6<sup>th</sup> International Multi-thematic Scientific Bio-Medical Congress hosted distinguished scientists and clinicians in the plethora sessions in an annual congress that has become a primary forum for academic exchange in Cyprus. The scientific program included plenary lectures, keynote lectures, and poster sessions designed to provide an innovative and comprehensive overview of the latest research developments in bio-medical sciences, across a wide gamma of topics. The School hosted the 2<sup>nd</sup> International Congress of Health Workforce Education & Research (Nicosia2019), as part of the School's focus to step to the forefront of global medical and health education. Hosting the 2019 Congress with diverse, international delegates from over 20 countries underscores our commitment to improve the training provided to health professionals globally. In this same light, in collaboration with the Department of Educational Sciences,



we examined the use of digital learning materials and media in adult education.

**Students have also been engaged in small scale community work such as Charity Football Tournament, a Red Cross Christmas Donation and Christmas Bazaar and a Christmastime visit by students dressed as Santa Claus to children in a local hospital.**

Thank you for acknowledging our students' initiatives. In general, we agree that our young student body has been engaged in a small-scale community work, and it intends to maximize its efforts to engage the students more in the community the university exists. This year it should be noted that the EUC Medical Student Society also organized the 4<sup>th</sup> Annual Meeting of Students of Medicine, which serves as a forerunner of annual meetings with high-standards, evidence-based knowledge and interaction between students and medical professionals. This is the only conference in Cyprus that is organized by medical students and which is addressed to medical students. The congress was aimed exposed to expose students to a professional environment where they are able to gain experience on presenting different topics of the medical field along with exchanging knowledge among them. Students from all years participated in the meeting with presentations, where they analyzed and discussed issues of scientific content and interest, concerns, as well as informative issues that they developed under the auspices of faculty members. In addition, the conference included workshops on practical topics and a poster session where research projects of medical students were presented.

**The School has policies on Equality and Diversity including a policy on Gender equality for staffing, and it takes account of cultural competences in the curriculum.**

As recognized by the EEC, Equality and Diversity are important in for staffing. Presently, 58% of our support staff are females, and about 30% of our teaching faculty are females. We also monitor gender diversity in our student cohorts. Our first cohort consisted of 63% females, while our last two cohorts female students ranged from 50 to 57%. Because the School attracts a large cultural diversity of students, we actively promote a culturally



inclusive teaching environment, aimed at developing cultural diversity on learning and teaching styles.

**There is a description of academic leadership and it is revised every second year.**

EUCMS would like to acknowledge the EEC's finding. According to the Charter of the University, each Academic Leadership appointment has a specified tenure. The Dean is elected every 3 years by the faculty and stays in office for 3 years with the possibility for another term of office for another 3 years. The members of the faculty of the Department elect the Chair and the term of office is 2 years, with a possibility for a second term of office for another 2 years. The Program Coordinator is appointed by the Dean and can serve up to 2 terms of 2 years.

### **Strengths**

**- The School has a clearly described governance structure with an appropriate range of committees and described membership, roles and responsibilities.**

We would like to thank the EEC for this favourable comment. EUCMS academic leadership has created clear documentation norms to make its governance clear. In addition to having a clear description of our governance structure, we have made concerted efforts to embrace and engage all faculty, staff and students in the functions of Governance. The later was achieved with the introduction of a full range of committees, with defined membership, roles and responsibilities to enhance and monitor the function, activities and development of the School.

**- The academic staff and students have opportunities to feed into School and programme governance; they feel well represented and that the leadership is responsive.**

We are grateful to the EEC for this observation. As noted above, our aim has been to engage our teaching and learning community, so that they may voice their input and become invested in the processes of the School. The current leadership has been in

office for 1 ½ years and we are pleased that EEC found that our students and the academic staff feel that their input is taken into consideration and that we are responsive to their feedback.

**- All staff including administrative, technical and library staff are enthusiastic and dedicated to creating an excellent programme and school.**

The EUCMS academic leadership is extremely grateful to the entire staff for their enthusiasm and dedication. Without their continuous efforts and support, much of what the School has accomplished would not have been possible. EUCMS leadership has imbued the need for excellence in the medical school, recognizing that this is achieved not by a momentarily action, but rather, by habit. More importantly, the excellence that all members of the School have strived to obtain in the program and school is dependent upon accepting critical evaluation of our performance and acknowledging areas that need improvement. In this regards, we are grateful to the EEC for their candid discussions regarding our program, and the insightful comments and suggestions throughout their report.

**- There are formal agreements for teaching with specific healthcare providers and clinicians.**

The School has a formal administrative and academic structure for facilitating clinical training of its medical students at its affiliated hospitals and clinics. These are established through formal agreements. The Clinical Training Manual and the Clinical Training Committee ensure optimal cooperation between all affiliated persons and sites with the School.

**- The School is reaching out to its academic, professional and local community through a range of events and activities.**

As noted above in responses to the Findings #6 and #7, both the staff and students have made efforts to link with others in academic and health sectors through a series

of events. In the past year alone, several events have taken place, as mentioned above. None-the-less, we intend to improve our outreach by enhancing our community efforts.

### **Areas for improvement and recommendations**

**Please note that when the EEC uses the term ‘must’ it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.**

**- The School must develop a ‘SMART’ Strategic Development plan with an indication of how it relates to the Action Plans and with a timeline to help guide and manage the more detailed Action Plans. The plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.**

As suggested by the EEC, we have developed a 5 year SMART Strategic Development Plan with imbedded Action Plans & Timeline. ([Appendix 1.1: Strategic Plan](#)) (Please see Section 1) The aim is that this strategic plan 2020-2025 will serve as our “roadmap” for the next phase of the School of Medicine’s growth and development across the next five years, as we pursue our mission, reach our vision and respect our values.

We see this as our first strategic plan and recognize that it comes at a critical milestone in our history where we have now evolved through our first cycle of the Medical School Program. As we move forward through our future educational cycles, the School will submit itself to a strategic planning process, the last year of every 5-year strategic planning cycle through strategic planning conversations that will involve students, faculty, staff and community. The aim is that through our interaction with all of our stakeholders, including those who will be added in accordance with the EEC suggestion, that we will be able to propel the School forward to advance medical education, lead in discovery and better serve health care in our global community. At the end of each cycle, we will be able to reflect on our key achievements, and define the key strategic elements and actions of our next cycle.

Through our next strategic cycle, the School will focus on its vision to produce leaders in medicine. This will be realized through actions in 3 strategic domains of focus and 2 enabler necessary to support these domains. The 3 strategic domains of focus include: education, research and clinical care, and the 2 enablers to support these domains: our team, both faculty and staff, and governance and evaluation. For each area we define overarching strategic goals that will guide our development. Under each area, strategic objectives are defined to guide our efforts and allocation of resources over the next 5 years with a series of initiatives, as well as the expected outcomes from these actions.

For each strategic pillar we outline our overarching goals, which are relevant to our mission, and perceived direction, as indicated under each pillar. Our specific strategic objectives define our **S**pecific goals that our linked to these overarching strategic directions, answering the why, who and which. Each specific strategic objective is **A**ttainable with key reasonable initiatives or actions listed for each objective. Success towards meeting each goal is **M**easurable and each task is **R**elevant to achieving each goal within a clearly defined **T**imeline, as indicated in the metrics table. This Strategic Plan will be made available to all stakeholders.

**- Programme monitoring and governance should include representatives of all staff including those working part-time, clinical instructors, administrative and technical staff, and other stakeholders including patients.**

As noted above in the Response to the Findings #2, 3 and 4 we totally agree with the EEC's suggestion, for a more formal representation of our staff on committees, so as to further contribute to program, monitoring and governance, as well as other stakeholders including patients. While we have made a sincere effort to include all stakeholders in the process developing and improving our program, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff, administrators and students, should contribute to this process, as well. Students are now included in other Governance Committees that are involved in program monitoring. ([Appendix 1.2: EUCMS Governance Committees](#)). While we work very closely with our technical and administrative staff and informally consult with them on a wide range of issue, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff

and administrators, should also contribute to this process. We now define the addition of our staff through their inclusion in Governance bodies/committees. We would like to clarify, however, that administrative and technical staff are already represented in the Clinical Training Committee, where they play a critical role. Additionally, it should also be noted that the Special Teaching Personnel are represented at the level of the Senate. As noted above, in Section 1 we have defined the inclusion of patient groups in the Advisory Board. ([Appendix 1.3](#))

**- The School must consider including students, librarians, administrative and technical staff, and representatives of the community such as patients on the curriculum focused committees such as the Structure and Function, the Medical Greek and the Clinical Training Committees**

As noted above in the Response to the Findings #2, 3 and 4 we totally agree with the EEC's suggestion, for a more formal representation of our staff on committees, so as to further contribute to program, monitoring and governance, as well as other stakeholders including patients. While we have made a sincere effort to include all stakeholders in the process developing and improving our program, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff, administrators and students, should contribute to this process, as well. Students are now included in other Governance Committees that are focused on curricular functions (such as Structure and Function, CTC, Medical Greek, etc.). ([Appendix 1.2: EUCMS Governance Committees](#)). EUCMS would like to note that when a student is on a committee, they are able contribute to all issues related to student activities, but they are not involved in appointments, promotions and budgets. While we work very closely with our technical and administrative staff and informally consult with them on a wide range of issue, we appreciate the EEC's suggestion that other stakeholders, particular our technical staff and administrators, should also contribute to this process. We now define the addition of our staff through their inclusion in Governance bodies/committees. We would like to clarify, however, that administrative and technical staff are already represented in the Clinical Training Committee, where they play a critical role. Additionally, it should also be noted that the Special Teaching Personnel are represented at the level of the Senate.

**- Although we are confident from our interviews with staff that there is ongoing development and careful governance, we need more evidence in support of this activity. We would like to see the Strategic Development Plan with timelines please.**

We thank the EEC committee for their confidence. As noted above, we have prepared a Strategic Development Plan with timelines for your review. ([Appendix 1.1: Strategic Plan](#))  
(Please also see Section 1)



## 9. Continuous Renewal

### Findings

**The fact that the School is willing to undertake this review for accreditation so early in its development, deserves recognition.**

We are truly grateful for the EEC's acknowledgement. We have made focused efforts aimed at continuous improvement and development. In this regards, we have invited 3 external reviews of our program over the course of the first 6 years of the Schools existence.

**All faculty members and students were very positive, gave their time generously to the EEC and answered the team's questions very constructively during the visit.**

We would like to thank the EEC for this comment. The leadership, as well as the faculty, staff and students found the EEC's candid discussions a constructive learning process. We all believe that this was a positive experience and feel that we were provided with important clues how to move effectively forward.

**The School enabled the visiting EEC to speak with a wide range of students and staff and it as our impression that all spoke freely.**

We are grateful for the EEC's observation. All of our staff were enthusiastic about participating, and a large number of students were eager to participate. Academic freedom is of major importance for the school and the University as an entity. In this regard, the faculty staff and students acted autonomously, with the full support of the leadership for their freedom of expression.

**The School provided a vast amount of documents, but additional documentation on the detail and quality assurance of assessment, plans for development of the staff's competences, structured blueprinting and monitoring of learning outcomes, and students' and staff's wellbeing could have been beneficial.**

The School attempted to make available all and any documentation that would assist in the efforts of the EEC. We are grateful that you recognize this, as well as our effort to operate with transparency with clear documentation.

**Although we are confident from our interviews with staff that there is ongoing activity in continuous improvement and renewal, we need more evidence in support of this activity. We would like to see the Strategic Development Plan with timelines please.**

We thank the EEC committee for their confidence regarding our ongoing activity in continuous improvement and renewal. As noted above, we have prepared a Strategic Development Plan with timelines for your review. ([Appendix 1.1: Strategic Plan](#)) (Please also see Section 1)

### **Strengths**

#### **- The enthusiastic staff demonstrate ambition for the School.**

We are grateful to the EEC for this observation. The School is proud that its staff is enthusiastic, dedicated and shows a sincere ambition for the future of the school. Collectively, we aim for excellence through the process of critical evaluation and continuous improvement.

#### **- The School has conducted 2 major reviews: the SAR and the PER; the SAR has resulted in major changes to the programme and following the PER, major changes have been suggested.**

EUCMS is grateful that the EEC acknowledges our efforts to improve our program. The School undertook both major reviews to improve the curriculum. The SAR was aimed at the preclinical years (since according to the Cypriot law and the regulations of the National Agency, we could only revise the first three years at the time) and the PER was aimed primarily at the clinical years. The resulting proposed curriculum was the product of the

input of every member of EUCMS (e.g. the faculty, staff and students), and the proposed changes reflect the vision of the school.

**- Students and staff are clear that their contributions to the major reviews and to regular evaluation processes has been heard and responded to.**

As noted above, the resulting proposed curriculum was the cumulative product of the input from every member of the EUCMS community. We are thankful to our students and staff for their role in making us better, and to the EEC for their acknowledgment.

### **Areas for improvement and recommendations**

**Please note that when the EEC uses the term ‘must’ it should be interpreted as essential to bring the School towards compliance in the relevant sub-area.**

**- Programme monitoring and governance should include representatives of all staff including those working part-time, clinical instructors, administrative and technical staff, and other stakeholders including patients.**

As noted above in the Response to the Findings #2, 3 and 4 we totally agree with the EEC’s suggestion, for a more formal representation of our staff on committees, so as to further contribute to program, monitoring and governance, as well as other stakeholders including patients. While we have made a sincere effort to include all stakeholders in the process developing and improving our program, we appreciate the EEC’s suggestion that other stakeholders, particular our technical staff, administrators and students, should contribute to this process, as well. Students are now included in other Governance Committees that are involved in program monitoring. ([Appendix 1.2: EUCMS Governance Committees](#)). While we work very closely with our technical and administrative staff and informally consult with them on a wide range of issue, we appreciate the EEC’s suggestion that other stakeholders, particular our technical staff and administrators, should also contribute to this process. We now define the addition of our staff through their inclusion in Governance bodies/committees. We would like to clarify, however, that administrative and technical staff are already represented in the

Clinical Training Committee, where they play a critical role. Additionally, it should also be noted that the Special Teaching Personnel are represented at the level of the Senate. As noted above, in Section 1 we have defined the inclusion of patient groups in the Advisory Board. . ([Appendix 1.3](#))

**- The School must develop a ‘SMART’ Strategic Development plan with an indication of how it relates to the Action Plans and with a timeline to help guide and manage the more detailed Action Plans. The plan must focus on the development of research and education within the School against its current resources, along with plans on how to scale up in response to increased student numbers. This plan should be communicated to all stakeholders.**

As suggested by the EEC, we have developed a 5 year SMART Strategic Development Plan with imbedded Action Plans & Timeline. ([Appendix 1.1: Strategic Plan](#)) (Please see Section 1) The aim is that this strategic plan 2020-2025 will serve as our “roadmap” for the next phase of the School of Medicine’s growth and development across the next five years, as we pursue our mission, reach our vision and respect our values.

We see this as our first strategic plan and recognize that it comes at a critical milestone in our history where we have now evolved through our first cycle of the Medical School Program. As we move forward through our future educational cycles, the School will submit itself to a strategic planning process, the last year of every 5-year strategic planning cycle through strategic planning conversations that will involve students, faculty, staff and community. The aim is that through our interaction with all of our stakeholders, including those who will be added in accordance with the EEC suggestion, that we will be able to propel the School forward to advance medical education, lead in discovery and better serve health care in our global community. At the end of each cycle, we will be able to reflect on our key achievements, and define the key strategic elements and actions of our next cycle.

Through our next strategic cycle, the School will focus on its vision to produce leaders in medicine. This will be realized through actions in 3 strategic domains of focus and 2 enablers necessary to support these domains. The 3 strategic domains of focus include: education, research and clinical care, and the 2 enablers to support these domains: our

team, both faculty and staff, and governance and evaluation. For each area we define overarching strategic goals that will guide our development. Under each area, strategic objectives are defined to guide our efforts and allocation of resources over the next 5 years with a series of initiatives, as well as the expected outcomes from these actions.

For each strategic pillar we outline our overarching goals, which are relevant to our mission, and perceived direction, as indicated under each pillar. Our specific strategic objectives define our **S**pecific goals that are linked to these overarching strategic directions, answering the why, who and which. Each specific strategic objective is **A**ttainable with key reasonable initiatives or actions listed for each objective. Success towards meeting each goal is **M**easurable and each task is **R**elevant to achieving each goal within a clearly defined **T**imeline, as indicated in the metrics table. This Strategic Plan will be made available to all stakeholders.

**- Many other suggestions given in the previous sections are also relevant to this area.**

We are grateful to the EEC for their candid discussions regarding our program, and the insightful comments and suggestions throughout their report. We have tried to respond to each suggestion, and include all recommendations in our Strategic Plan. By embracing the EEC's comments and suggestions, we are convinced that our School will be able to more effectively advance its program, ensure the learning outcomes of its students, and the well being of the EUCMS community.

## **B. Conclusions and Final Remarks**

**Overall, the EEC has encountered a very favourable learning environment and a highly committed, enthusiastic, well-qualified and reflective staff, embedded in a very attractive School environment.**

The EUCMS is extremely pleased that the EEC not only found that the School has an effective learning environment, but also that our staff is well-qualified and passionate about their work. We have worked hard to maintain our learning environment at the highest standards. We agree with the EEC about the strong work ethic of our staff members, who work with passion, dedication and ethos. The EUCMS academic leadership is extremely grateful to the entire staff for their enthusiasm and dedication. Without their continuous efforts and support, much of what the School has accomplished would not have been possible. EUCMS leadership has imbued the need for excellence in the medical school, recognizing that this is achieved not by a momentarily action, but rather, by habit. More importantly, the excellence that all members of the School have strived to obtain in the program and school is dependent upon accepting critical evaluation of our performance and acknowledging areas that need improvement. In this regards, we are grateful to the EEC for their candid discussions regarding our program, and the insightful comments and suggestions throughout their report. We would like to thank the EEC for recognizing that our School facilities and resources are excellent, making a very attractive work environment. We have worked hard, to maintain our estate at the highest standards, and take extreme pride in our powerful and welcoming learning/working environment for the entire EUCMS community. We take particular pride in our skills rooms, simulation center, laboratories and classrooms.

**The first cohort of students had just graduated when the EEC visited and almost all the students we met, representing Years 1-6, recommended the programme with great enthusiasm and appreciated the curriculum, and the teaching, supervision and support from staff.**

We would like to thank the ECC for this observation, and we would like to express our gratitude to our students and graduates for this highly positive recommendation. We believe



that student satisfaction with the education provided, the coordination and administration of the program, their supervision and the support they receive, is the direct result of our student-centered collaborative programme, that creates a safe and highly productive environment both for staff and students. The feedback from our first cohort of graduates underlines the contribution that undergraduate training has on student confidence and leads us to further improve their education and training, in order to help them meet the standards and requirements of postgraduate training at an international level. We consider the observation that they feel that they have extensive clinical exposure very important, as it underlines the benefit of the extensive clinical training of our curriculum. Ultimately, we believe that it is the quality of their clinical training is the reason why our graduates felt competent to practice.

**The staff are striving to achieve the highest standards in medical education. There is a need for training, both in educational and research competences, for the staff.**

We are extremely grateful for the EEC observation regarding the enthusiasm and dedication of our staff and faculty in striving to reach the highest standards in medical education. At present, the New Faculty Orientation (NFO) is mandatory for all new full time faculty, which aims to familiarize new faculty (primarily full-time, but also part-time) with the educational model of EUC, the basic principles and means of teaching, and EUC rules and policies. The EUC Professional Development Programme aims to introduce all EUC faculty to the facilities and functions of EUC, and provide an overview of novel teaching and assessment methods. However, as noted throughout this report, the School provides various forms of additional training. For example, the School now implements a focused SP training, which collectively provide a fairly robust faculty development programme. In addition, a renewed targeted training system has been introduced for Clinical instructors with session of short duration and regularly performed in the instructors' hospital environment. Our current efforts to recruit premier research faculty to spearhead research efforts and focused research training will facilitate our strategic overarching goals of building a strong research faculty and staff to ensure a vibrant, productive research community.

**The School should embrace the recent changes in the health system to introduce students to general practice and primary care.**

As noted by the EEC in their report, the School articulates with the Health Service with various means. For example, we have linked with the Health System by actively participating in the design, teaching and examination activities in an initiative spearheaded by the Ministry of Health to facilitate Accreditation of Personal Doctors in the new Health System of Cyprus; we play a pivotal role on the Committee on Clinical Guidelines and Protocols, established by the Cyprus Ministry of Health; among others. In this regard, we agree that our students should be introduced to medical practice provided in the community. In this regards, it should be noted that the revised curriculum considers Family Medicine and Primary Care as a primary clinical training pillar, and as such has foreseen an equal distribution of dedicated contact time in this area, as for all other clinical pillars. As such, EUCMS has already made focused efforts to further increase its resources for the clinical training of students primary care/general medicine. In this regard, we progressed to establish agreements with two locations (“Care Medical Institute” and “Polyclinic”) and have developed strategic collaborations for general practice/primary care. This now ensures 4 exclusive GP placements per day (i.e. 4 student teams simultaneously placed), including placement of EUC faculty for clinical practice and training.

**With the increasing number of students, the school must anticipate increased utilisation of the existing facilities in the school and the teaching hospitals.**

As suggested by the EEC, we have developed a 5 year SMART Strategic Development Plan with imbedded Action Plans & Timeline. The aim is that this strategic plan will allow us to scale up our teaching effectiveness and increase utilization of the existing facilities of the School and Teaching Hospitals. We understand that scaling up effective teaching, and ultimately education and training, is a pivotal aspect of strengthening the health workforce. We would like to clarify that the School does not intend to increase the number of cohorts of student intake with our current resources, which were found appropriate by the EEC for our program. On the other hand, the school does intend to increase its faculty, support staff and resources (as described throughout the previous sections), and by doing so, scale up its teaching efficiency. As noted above, EUCMS has

already made efforts to increase its resources to further accommodate clinical training of students. In this regard, we progressed to establish agreements with two locations (“Care Medical Institute” and “Polyclinic”) and have developed strategic collaborations for general practice/primary care. The addition of Polyclinic to our affiliated teaching clinics, in addition to supporting the general practice/primary care practice indicated by the EEC, also adds training sites for Ob/Gyn, Internal Medicine, Surgery, Gastroenterology and Pediatrics. Additionally, two of our primary (and exclusive) teaching hospitals (German Oncology Center and Larnaca General Hospital) have increased their bed capacity, which further scales up our clinical teaching abilities. Our other exclusive training site, American Medical Center, has also increased the disciplines and services provided. This will be augmented by tightened collaborations with other teaching hospitals, such as Apollonio Hospital, which covers primary clinical disciplines and sub-disciplines, as well as with dedicated support spaces (e.g. seminar rooms, study rooms) in these affiliated teaching hospitals. Finally, we have broadened student opportunities for elective clinical training through our international linkages, (e.g. Hadassah, IASO Children’s, Metropolitan General, Hygeia Group, etc.). In our effort to build a stronger educational institution, we have focused on how to recruit the right type of students, defining the competencies that our students should gain, recruiting and training the appropriate faculty and clinical instructors, and supporting career pathways and choices. While, as noted by the EEC in their report, our School has excellent facilities and resource, we are dedicated to maintain our estate at the highest standards by constant monitoring and improvement.

**For more elaboration on the strengths and areas of improvement we refer to the sections 1 to 9 above.**

The leadership, as well as the faculty, staff and students found the EEC’s candid discussions a constructive learning process. We all believe that this review was a positive experience and feel that we were provided with important input on how to move effectively forward. All of our staff members were enthusiastic about participating in the review process, and a large number of students were equally eager to participate. The School thoroughly reviewed the findings, strengths and areas of improvement clearly indicated by the EEC following their review. We have attempted to respond to each item specifically and succinctly, indicating our actions. By embracing the EEC’s comments and suggestions, we are convinced that our

School will be able to more effectively advance its program, ensure the learning outcomes of its students, and the well being of the EUCMS community. EUCMS leadership has imbued the need for excellence in the medical school, recognizing that this is achieved not by a momentarily action, but rather, by habit. More importantly, the excellence that all members of the School have strived to obtain in the program and school is dependent upon accepting critical evaluation of our performance and acknowledging areas that need improvement. In this regards, we are grateful to the EEC for their candid discussions regarding our program, and the insightful comments and suggestions throughout their report.

## C. Higher Education Institution Academic Representatives

<i>Name</i>	<i>Position</i>	<i>Signature</i>
<b>Elizabeth O. Johnson</b>	Dean	
<b>Ioannis Patrikios</b>	Chairperson	
<b>Theodoros Xanthos</b>	Curriculum Coordinator	
Full Name 4	Position 4	
Full Name 5	Position 5	
Full Name 6	Position 6	

Date:16.1.2020

## D. Appendices



## 1. Mission and Outcomes Appendix

Appendix 1.1 SMART Strategic Plan

Appendix 1.2 EUCMS Governance Committees

Appendix 1.3 Advisory Board EUCMS

## 2. Educational Programme Appendix

Appendix 2.1 Clinical Competence Roadmap\_S2020

Appendix 2.2 Student Portfolio

Appendix 2.3 SP program description

Appendix 2.4 Clinical Training Map

Appendix 2.5 Logbook evaluation instruction

Appendix 2.6 Peer teacher certif letter Anat II

Appendix 2.7 Peer Teacher certificate spring 2016

### **3. Assessment of Students Appendix**

Appendix 3.1 MCQs of SBA checklist

Appendix 3.2 Assessment of Students

Appendix 3.3 Professionalism Assessment Tools

Appendix 3.4 Schedule

Appendix 3.5 Student confidence in practical skills

#### 4. Students Appendix

n/a

## 5. Academic Staff/Faculty Appendix

n/a

## 6. Educational Resources Appendix

n/a



## 7. Programme Evaluation Appendix

### Appendix 7.1 - INDEX of Available Documents

## 8. Governance and Administration Appendix

n/a

## 9. Continuous Renewal Appendix

n/a

