Doc. 300.1.2

07.14.318.077

Higher Education Institution's Response

Conventional-face-to-face programme of study

Date: 04/07/2023

- **Higher Education Institution: Frederick University**
- **Campus: Limassol**
- **School: Health Sciences**
- **Department: Life and Health Sciences**
- **Programme(s) of study under evaluation Name (Duration, ECTS, Cycle)**

Programme

In Greek:

Φυσικοθεραπεία (4 ακαδημαϊκά έτη, 240 ECTS, Bachelor (BSc))

In English:

Physiotherapy (4 academic years, 240 ECTS, Bachelor (BSc))

Language(s) of instruction:

- **Specializations (if any):**

  In Greek: -

  In English: -

Programme's Status: New

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 to 2019" [N. 136 (I)/2015 to N. 35(I)/2019].

A. Guidelines on content and structure of the report

- *The Higher Education Institution (HEI) based on the External Evaluation Committee's (EEC's) evaluation report (Doc.300.3.1) must justify whether actions have been taken in improving the quality of the department in each assessment area.*

- *In particular, under each assessment area, the HEI must respond on, without changing the format of the report:*

    - *the findings, strengths, areas of improvement and recommendations of the EEC*
    - *the deficiencies noted under the quality indicators (criteria)*
    - *the conclusions and final remarks noted by the EEC*

- *The HEI's response must follow below the EEC's comments, which must be copied from the external evaluation report (Doc. 300.3.1).*

- *In case of annexes, those should be attached and sent on a separate document.*

1. Study programme and study programme's design and development

(ESG 1.1, 1.2, 1.7, 1.8, 1.9)

ALL areas marked as Compliant

Areas of improvement and recommendations

1.a.	Once the programme has been approved please make sure that programme related information and quality assurance processes are published on the Frederick University website.

As per CYQAA guidelines (Παραπλανητικές Διαφημίσεις (dipae.ac.cy)), no programme related information (i.e promotional material, courses, admission criteria and procedures etc) can be published before the successful accreditation of the new programme of study.

Upon successful accreditation, all relevant information will be publicly announced in Frederick University's website, as done for all the rest of its programmes.

1.b.	Consider appointing an external examiner to allow fresh ideas to be introduced into the programme. This would also allow objective external scrutiny to maintain academic standards.

We accept and adopt the EEC recommendation. A three-member external committee has been appointed in order to provide feedback on the programme's content and operations.

Members of the Committee are:

Num.	Full Name	Position	University / Organization
1.	Prof. Elias Tsepis	Professor (Physiotherapy)	University of Patras, Greece
2.	Dr Arietta Spinou	Lecturer in Cardiorespiratory Physiotherapy Practice and Research	Kings College, London, UK
3.	Nedi Erotokritou	Senior Physiotherapist	Melathron EOKA Rehabilitation Center, Cyprus

2. Student – centred learning, teaching and assessment

(ESG 1.3)

Areas of improvement and recommendations

2.a.	The committee proposes considering developing a vision for an innovative physiotherapy program. The vision should reach out to the clinical partners in developing physiotherapy in a way that will help to overcome the challenges of the needs of society concerning physiotherapy and health.

We accept and adopt the EEC reccomendation. Below is the programme mission and vision:

Our Mission is to provide innovative physiotherapy education in accordance with the highest professional standards and prepare physiotherapists for service and leadership in the prevention and maintenance of quality of life and wellbeing of people. In addition, our Mission is to train physiotherapists who will be open to research and innovation, and in possession of lifelong learning and evidence-based application skills as well as maintaining a positive interaction with practicing professionals and associations, fostering a virtuous cycle of continuous improvement.

Our Vision is to become an active cell for the provision of high-quality physiotherapy services in the community, in particular through the creation, adoption and dissemination of new knowledge and scientific support to organizations, General Healthcare System, graduates and all other stakeholders. We also visualize to be a nationally recognized leader in innovative, inclusive, and transformative physiotherapy education and practice, achieving a respected position in the field by producing services and policies that prioritize education and focus on research, having a place in the scientific arena and attaining vocational autonomy.

2.b.	The committee proposes implementing the "International classification of functioning" (ICF, defined by the WHO) as a basic model of thinking and goal setting for the clients into program and in each course. • In addition, it is considered to work with the "CanMEDS" role model to offer the students an overview about the different perspectives of work in the profession of physiotherapy. • The committee proposes considering implementing interdisciplinarity for example with occupational and speech therapy in the study program especially in neurology, geriatrics, and pediatrics. • The committee proposes recommending implementing digital competencies in the course descriptions

We accept and adopt the implementation of the 'International Classification of Functioning', in order to record information on the functioning and disability of patients. The ICF framework was already included in the description of the 'Neurological Physiotherapy' course and was also added in the description of all specialized physiotherapy courses and specifically:

- PHYS203 - Therapeutic exercise, (***Musculoskeletal and movement related dysfunctions)***
- Cardiopulmonary Physiotherapy I & II (PHYS205, PHYS206), ***(Dysfunctions of the cardiovascular, haematological, immunological and respiratory systems)***
- PHYS207 - Clinical biomechanics, *Pathokinesiology and ergonomics* (***Neuromusculoskeletal and movement related dysfunctions)***
- Neurological Physiotherapy I & II (PHYS209, PHYS210), ***(Dysfunctions of the Central and peripheral nervous systems)***
- PHYS202 - Manual Therapy, ***(Musculoskeletal and movement related dysfunctions)***
- PHYS204 - Therapeutic Massage, ***(Musculoskeletal and movement related dysfunctions)***
- Electrotherapy modalities I & II, (PHYS208, PHYS301) (***Neuromusculoskeletal and movement related dysfunctions)***
- PHYS303 - Physiotherapy of pediatric disorders, ***(Musculoskeletal, neurological and cardiorespiratory pediatric disorders)***
- Physiotherapy in musculoskeletal disorders I, II & III (PHYS305, PHYS306, PHYS411), (***Musculoskeletal and movement related dysfunctions)***
- PHYS307 - Clinical Exercise Physiology,
- Clinical Placements I, II & III, (PHYS309, PHYS310, PHYS411) ***(Musculoskeletal, neurological and cardiorespiratory disorders)***

- PHYS302 - Physiotherapy in special groups, ***(Musculoskeletal, neurological and cardiorespiratory disorders)***
- PHYS401 - Advanced Physiotherapy assessment and Clinical Reasoning, ***(Musculoskeletal, neurological, and cardiorespiratory disorders)***
- PHYS4034 - Physiotherapy in sports (***Musculoskeletal and movement related dysfunctions*** and
- PHYS414 - Clinical Physiotherapy Practice. ***(Musculoskeletal, neurological and cardiorespiratory disorders)***

Please refer **to Annex 01** – Course Descriptions.

Impairments of body functions, according to the ICF model, are included in all the above subjects, related to the

– Cardiovascular, haematological, immunological and respiratory systems (heart failure, cardiorespiratory disorders, vascular dysfunction etc).
– Musculoskeletal and movement related dysfunctions (joint mobility, muscle weakness and dysfunction, acute and chronic pain).
– Dysfunctions caused by disease or trauma of the central and peripheral nervous system (CVA'S, MS, Parkinson's disease, peripheral nerve injuries, peripheral neuropathies and myopathies etc.

- We also agree with the inclusion CanMeds role model of physiotherapy competency framework in the course description of 'Clinical placements I, II & III' (PHYS305, PHYS306, PHYS411), regarding neurological, cardiorespiratory and musculoskeletal physiotherapy. This framework is very important, in order to support and enhance the practice of qualified physiotherapists by providing explicit statements to guide professional development as a Physiotherapy practitioner, communicator, collaborator, leader, health advocate and professional, according to the 'Physiotherapy Competence Framework'.
- We strongly encourage and have already promoted and included interdisciplinarity, collaboration with other disciplines and colleagues, both in our programme curriculum as well as in scientific and research collaborations, in all physiotherapy disciplines, as soon as the programme commences and runs with other programmes and departments including:
    - Computer Science and Computer engineering with expertise in AI, augmented reality, and robotics,

- Physical Education and Sports Science
- Nursing
- Pharmacy
- Biomechanics and lower limb and foot analysis
- Speech and Language therapy, Occupational therapy and Health psychology at the Melathron Rehabilitation Center as well as at State and Private collaborating hospitals, in Cyprus and Greece, in patients with neurological, geriatric and pediatric disorders

- Digital physiotherapy and advanced technology in the physiotherapy assessment and treatment approach is supported by the programme, and described both in the compulsory courses as well as, as in the separate elective course “PHYS318 - Advanced Technology in Physiotherapy” in the sixth semester. Electronic teaching platforms such as ‘moodle’ are readily available. Tele-physiotherapy and rehabilitation through digital technology (tablets, computers, smartphone technology) are readily available for distant patient assessment, treatment and recovery process monitoring will also be offered in the course, in order to educate students and patients in this form of therapeutic management. This approach is equally effective as compared to face to face physiotherapy sessions and have been proved to be particularly useful in circumstances such as the recent COVID-19 pandemic. Biomechanical kinematic body analysis is also available through specialized computer and smartphone software. Digital means of physiotherapy competence are included in the course descriptions.

2.c.	The recommendation from the committee is to work closer with the professional body throughout the phase of implementing the new program of physiotherapy. 1. The committee proposes assigning the students during the clinical placement for a period of time to one clinical setting that they will be able to follow a patient's progress. 2. The committee is not sure how the compulsory course "clinical practice" with 26 weeks will fit in the time frame of the semester dates and leave enough workload for the students to finish their thesis (3 ECTS). 3. The committee recommends developing a training procedure for the clinical educators to transfer competencies from university to the clinical setting. To support this transfer of competencies the committee strongly recommends developing student-oriented assignments during the clinical placements to work on the critical thinking and evidence orientated practice competencies. 4. The committee proposes utilizing the Erasmus+ options for the students and the staff to support the recommendations above

1. We accept and adopt the EEC reccomendation. During clinical practice (clinical practice I – III) and clinical training, our students will be assigned for one (1) month to one (1) clinical setting that they will be able to follow a patient's progress. By the end of this month, students will be assigned to other placement settings for the same period of time. In order to ensure the quality of clinical practice and training, so far we have made agreements 18 clinical setting areas (Please refer to **Annex 02** – Clinical Placement Agreements) and therefore students during rotation will have the opportunity to deal with a variety of patients affected by several pathologies.
2. The University has identified through its QA processes that the quality of student theses at undergraduate level significantly improves when stretching over the whole final academic year rather than a single semester. Students will conclude the significant part of their thesis work in the 7th semester and during the final semester the clinical practice will also inform and support the conclusion of the thesis component. Students will be in clinical settings during weekdays but, in line with similar practices in health-related studies and practices in other similar programs, will have afternoons and days off to finish their thesis.
3. We accept and adopt the EEC recommendation. Similar with the academic staff orientation program already in place, before the beginning of each academic semester the University

will invite all clinical educators involved in the programme for training. In clinical placements, students are required to integrate theory and practical skills to deliver a physiotherapy service under supervision. Therefore, the clinical practice and clinical training courses have been designed to transfer the competencies from University to clinical setting and provide students with an opportunity to develop and demonstrate competence in safely delivering physiotherapy clinical services in a variety of practice environments, and with people across the lifespan.

During the clinical placement, rubrics are used to evaluate the students in areas such as theoretical knowledge, physiotherapy skills, communication and interpersonal relationships etc. (See **Annex 03.01** - Clinical Practice Guide and **Annex 03.02** - Clinical Training Guide). The clinical educators are professional clinical physiotherapists with experience in treating patients as well as educators' training and they train students in small groups and always according to the relevant subject matter. The clinical educator and students get to know each other and their areas of clinical practice or education, discuss the structure of the mentoring environment and set the goals and timeframe. Points of discussion are as follows:

- ✓ Introductions, including backgrounds and experiences
- ✓ Clarify the student' s scope of practice, environment, and available resources
- ✓ Establish goals
- ✓ Discuss expectations of feedback
- ✓ Set the timeframe and mentor/student availability

During clinical practice, the clinical educator selects the appropriate patient, the student evaluates the patient by recording the subjective symptoms, objective findings, takes into account the elements selected together with the medical opinion and organizes the rehabilitation with guidance and assistance from the educator where necessary. The clinical educator guides the student in developing clinical reasoning and selecting the appropriate intervention. He/she also corrects and assists the student to develop his/her clinical skills and abilities. The educator and student provide feedback in a mentorship relationship. Good feedback is constructive and non-threatening, and the recipient is open and receptive to receiving the feedback. Effective feedback is necessary for advancing learning.

Based on the above, for each clinical placement course, in the designated physiotherapy clinical placement area, content will include:

- ✓ Supervised physiotherapy clinical practice experience in a healthcare setting including the provision of timely and constructive feedback on performance.
- ✓ Involvement in the delivery of a physiotherapy healthcare service and the management of a clinical case load
- ✓ Opportunities for the application of background theoretical knowledge
- ✓ Opportunities for the application of skills in history taking.
- ✓ Opportunities for the application of skills in physical examination, physical assessment and the use of appropriate outcomes measures and assessment tools
- ✓ Opportunities for the application of clinical reasoning and analysis skills
- ✓ Opportunities for the application of verbal, non-verbal, written and electronic communication skills
- ✓ Opportunities for the application of skills in evidence-based practice and risk management to enhance patient outcomes and ensure public safety.
- ✓ Direct experience working and participating in interprofessional practice and within a healthcare team.
- ✓ Exposure to the role and responsibilities of the physiotherapist and opportunities for the observation of professional role models
- ✓ Opportunities for the application of skills in reflective practice and self review.
- ✓ Opportunities for the demonstration of professional behaviour, attitudes and responsibilities

For further information, please refer to our clinical practice and clinical training guides.

4. We agree with the EEC recommendations in expanding the collaborations for clinical practice internationally. So far, we have already made a relevant agreement with Evangelismos Hospital in Greece, to host students via Erasmus+ mobility schemes for students' placement and we are in advanced discussions with and Metropolitan Hospital for the same purpose. Furthermore, the supporting team is in discussion to enhance options with further agreements and collaborators abroad to facilitate the student needs as the programme grow. Clearly, given that the program is only expected to commence

operations now, by the time the students will engage in clinical practice, further options will also become available through actively seeking the expansion of these collaborations.

2.d.	The committee proposes specializing the assignments for each course so that the constructive alignment can be shown and the development of the competencies of the student through each course will be transparent to all teaching staff. The committee proposes implementing group assignments to support the development of collaborating skills

We agree with EEC's recommendation and adopt it.

Before the enrolment to any course, the students' course on the e-learning platform is updated with the relevant information indicating the expected learning outcomes, competences, and assessment methods. This information is published for all the students and staff to see.

The Learning Outcomes matrix with their codifications is indicated in **Annex 04**. We also believe that specialized assignments, group projects and collaboration skills are important for the students to further enrich their educational experience. Additionally, we highlighted it in our PLOs mapping (please see **Annex 04** - Synthesis, S2) as well as adding them as a mandatory assignment in the sample courses in **Annex 05**.

Specialized assignments can be seen in the sample course descriptions of **Annex 05**.

3. Teaching staff

(ESG 1.5)

Areas of improvement and recommendations

3.a.	It became not completely clear whether there was a common goal and vision for the staff. For example, although there was mention of “evidence-based practice” as a point of departure for teaching the staff was not aware of putting a strong teaching focus on the International Classification of Functioning (ICF)-Framework. The ICF is extremely useful in clinical practice because of its comprehensive and holistic nature and has as its primary purpose to establish a common language for defining health and health-related states between providers. The ICF is a biopsychosocial model of functioning, health, and disability. Using standard language to define and measure disability, the ICF helps to explain how a person's body problems and social circumstances affect their functioning. It is our feeling that the program can greatly improve by facilitating the ICF Framework as a central focus that repeatedly comes back in various teachings.

Please refer to previous answer 2b.

3.b.	Clinical reasoning is a core skill needed for solving clinical problems and establishing rapport with patients. It allows healthcare providers, including physiotherapists, to integrate the patient's needs and experiences with their reasoning and decision-making in practice. The Physical Therapy Clinical Reasoning and Reflection Tool (PTCRT: https://www.physio-pedia.com/Clinical_Reasoning) uses the ICF framework to guide a physical therapist's practice and facilitate clinical reflection. For this reason, it seems important to teach the background of the ICF Framework to future physical therapists. (See for further details https://www.physio-pedia.com/ICF_and_Application_in_Clinical_Practice).

We accept and adopt the EEC recommendation. Please refer to Annex 01 – Course Descriptions.

3.c.	The area of cardiorespiratory physiotherapy expertise seemed to be missing. Hence, this should be given attention and efforts should be made to add this competency to the educational staff. Furthermore, there seems to be large innovative potential at the university to consider and develop new technological advancements in the discipline, to be integrated both into the curriculum and the research of the staff.

As per the programmes planning for the first years of operation, the courses related to cardiopulmany physiotherapy, are sufficiently covered by Associate Professor Emanuel Papadopoulos who has the relevant specialization and expertise. Any related cardiorespiratory content that is part of anatomy courses is appropriately covered by Dr Phivos Symeonides (PhD, MD).

The matter was discussed with the EEC and we fully agree, as per the above recommendation, that with the progression of the programme, an academic area that should be prioritised for a new hire is that of cardiorespiratory physiotherapy. The projections of the Department is to make such a call within the first two years of the operation of the programme.

4. Student admission, progression, recognition and certification

(ESG 1.4)

Areas of improvement and recommendations

4.a.	Please publish entry and progression requirements on the Frederick University website once the programme has been approved. Policies should be transparent and publically available

As previously mentioned, as per the CYQAA guidelines (Παραπλανητικές Διαφημίσεις (dipae.ac.cy)), no programme related information (i.e promotional material, courses, admission criteria and procedures etc) can be published before the successful accreditation of the new programme of study.

Upon successful accreditation of this programme, all relevant information will be publicly announced in Frederick University's website, as done for all the rest of its programmes.

5. Learning resources and student support

(ESG 1.6)

ALL areas marked as compliant

Areas of improvement and recommendations

5.a.	Once the programme becomes more established, for example, into its third and fourth years - consider laboratory space utilisation, and whether extra laboratory space is required as student numbers increase.

The new programme submitted for evaluation and accreditation, is currently supported by four laboratories. (1) Movement Laboratory, (2) Neuromusculoskeletal Physiotherapy Laboratory, (3) Cardiorespiratory and neurological physiotherapy laboratory and (4) Research Laboratory. As the EEC pointed out in other sections of this report, they were impressed by the laboratory spaces and equipment for a programme that has yet to begin its operations. The current laboratory facilities can fully support the planned 36 students per year intake. This is inline with the planned cohorts in order to maintain a sustainable programme of study. As the programme grows, provisions have been made and space has been reserved if the need arises for expanding the laboratory space and/or reduce the laboratory space utilization levels for allowing more time to students for independent laboratory use.

5.b.	As the programme becomes more established, consider appointing a laboratory technician/manager to set up the labs. This will free up academic time to focus more on research.

We apologize if it was not correctly clarified during the onsite visit. Mr Giannis Sisou, who was touring the committee in the onsite facilities visit, is the dedicated laboratory manager for the physiotherapy laboratories and in collaboration with the technical personnel lead by the Director of Operations and Infrastructure, is in charge for the setup and smooth operation of the labs. Furthermore, there are two (2) additional laboratory assistants involved in the programme (Mr Michail Pantouveris, Mr Dimitris Sokratous) who are in charge for the delivery

of the laboratory content of the course, in collaboration with the leading academic staff. As the programme grows in the future, there are provisions in place to hire additional laboratory personnel to cover any possible needs that might arise.

5.c.	Consider out of hours access to labs for students for independent study. A lone working policy should be developed.

We agree with the EEC's recommendation and access for clinical skills development will greatly improve our students. As per the recommendation we are introducing the "Skills Practice Laboratory" which is described below.

Skills Practice Lab

The Skills Practice Lab represents a realistic clinical environment which helps student to socialize them to their future profession on a practical level. This Lab provides a safe environment in which they can assimilate their theoretical knowledge into practical skills that they will continue to practice in their clinical placements.

The aim of Skills Practice Lab is to improve the quality of physiotherapy education through standardized practical competence, skills, and communication ability based on excellence in theoretical background and intellectual skills that meet international standards. The objectives of this Lab are followed below:

- ✓ Train students to become long life learners
- ✓ Bridge theory to practice
- ✓ Ensure competence-based teaching
- ✓ Secure learning environment
- ✓ Promote problem based learning
- ✓ Promote student-centered learning
- ✓ Apply techniques, exercises and other physiotherapy interventions in fellow students
- ✓ Train with clinical educators
- ✓ Review teaching materials
- ✓ Organize Structured Clinical Evaluation
- ✓ Use of simulated patient for communication

Regarding the student's behavior in Skills Practice Lab:

- ✓ All students must be honest and be in conformity with Frederick academic regulation
- ✓ No eating and drinking in skills lab
- ✓ When students enter in skills lab she/he must sign in the Skills lab attendance book
- ✓ Students should possess their student ID Card
- ✓ No cell phone allowed entering in skills lab
- ✓ No bag allowed entering in skills lab
- ✓ The room should keep clean and the materials rearranged
- ✓ Students must always keep the skills lab quiet as well as possible every time the
- ✓ Every time after finishing rearrange materials as you have found and left everything in its appropriate place

The Skills Practice Lab uses one of the existing laboratories (Musculoskeletal Lab) and can be used for independent and small group study/practice, demonstration by faculty and peers to validate your learning. The Skills Practice Lab is available for booking in early morning and late afternoon in all working days

Reservations can be made through the office of the Clinical Training coordinator of the programme.

6. Additional for doctoral programmes

(ALL ESG)

N/A

7. Conclusions and final remarks

7.a.	The **evaluation committee was fully supportive** of the new proposed BSc Physiotherapy programme at Frederick University. We believe there will be a demand for the programme based in Limassol as there are no competing programmes (the nearest programmes are in Nicosia). We feel that the team should consider a more radical vision and philosophy for the programme which provides innovation and novelty. The programme could reflect the changing face of the physiotherapy profession as we encounter new and evolving societal challenges. The teaching team should consider what is novel about the programme and why a student would choose to study physiotherapy at Frederick University (compared to other universities). The teaching team should carefully consider how to regulate and manage student placement opportunities as this is regularly a limiting factor for physiotherapy programmes. Overall, we were very impressed with the positivity and enthusiasm of the teaching team. Equally, we were impressed with the new laboratories, library and learning spaces. We feel confident that the proposed BSc Physiotherapy programme at Frederick University will be a success and we wish the team all the best for the future.

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We would like to sincerely thank the External Evaluation Committee for their dedicated work and invaluable comments, proved both within their evaluation report and during the frank discussions held through the visit. All suggestions made by the EEC have been adopted and implemented as seen by the answers throughout sessions 1-5.

We are particularly pleased that the External Evaluation Committee is supportive of the accreditation of the new programme, and we are committed in providing an innovative programme with a top quality of education to all prospective students. We are especially grateful for the EEC's concluding statement in relation to the quality of the academic staff, the supporting infrastructure and the program design.

B. Higher Education Institution academic representatives

Name	*Position*	*Signature*
Prof. George Demosthenous	Rector	

Date: 04/07/2023