



Doc. 300.1.3

Date: 14th March 2025

Feedback Report from EEC Experts

- **Higher Education Institution:**
Cyprus University of Technology
- **Town:** 30 Archbishop Kyprianou Street, Limassol, 3036, Cyprus
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 - **School/Faculty:** School of Health Sciences
 - **Department:** Department of Nursing
- **Programme of study under evaluation
Name (Duration, ECTS, Cycle)**

In Greek:

Μεταπτυχιακό στη Νοσηλευτική Φροντίδα Παιδιών και Εφήβων (2 έτη/120 ECTS, Μεταπτυχιακό επιπέδου Μάστερ, Συμβατικό)

In English:

Master in Nursing Care of Children and Adolescents (2 years/120 ECTS, Post graduate at a Master's level, Full time)

- **Language(s) of instruction:** Greek
- **Programme's status:** New
- **Concentrations (if any):**

In Greek: Concentrations

In English: Concentrations



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 2021 [L.136(I)/2015 – L.132(I)/2021].

A. External Evaluation Committee (EEC)

<i>Name</i>	<i>Position</i>	<i>University</i>
Marie Friedel	Full Professor and Director of Programs in Nursing Sciences	University of Luxembourg
Veronica Lambert	Full Professor of Children and Family Nursing, Head of School	Dublin City University
Katja Joronen	Professor of Nursing Science, Department of Nursing Science	University of Turku
Michaella Kyriakou	Cardiology Trainee in Clinical and Precision Medicine	University of Cyprus



B. Guidelines on content and structure of the report

The EEC based on the external evaluation report (Doc.300.1.1 or 300.1.1/2 or 300.1.1/3 or 300.1.1/4) and the Higher Education Institution's response (Doc.300.1.2), must justify whether actions have been taken in improving the quality of the programme of study in each assessment area.

1. Study programme and study programme's design and development (ESG 1.1, 1.2, 1.7, 1.8, 1.9)

EEC's final recommendations and comments on the HEI's response

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	EEC's final recommendations and comments on the HEI's response
<p>1.1. To enhance the attractiveness of the new program, a clearer vision and a robust marketing strategy is needed to inform the potential employability opportunities and the career pathway for graduate students of this new programme. Related to that, continuing the conversation with established stakeholders should be encouraged.</p> <p>A communication plan /information done to promote this new master among the public and nurses is needed, although it was stated that a communication plan was conducted in all hospitals in Cyprus. This suggests that CUT has important contacts already established.</p>	<p>Indeed, as the Evaluation Committee identified, the Department of Nursing at CUT, the point of reference in National Law for Nursing education, enjoys long-standing contacts with all hospitals across the island through its teaching and research activities, as well as all Nursing Education and Research bodies and competent authorities (the Nursing Division at the Ministry of Health, the Cyprus and Midwifery Council, the Nurses and Midwives Association etc.), all of which participated in the evaluation process. The participatory process followed from the design stages of this programme ensured the involvement and engagement of all stakeholders throughout the process. Thus, as already documented in our sustainability plan, we expect that there will be a lot of interest for this programme, as it is the first of its kind in Cyprus, and that the stakeholders will promote it and multiply the University's normal communication strategy and channels. We anticipate that the first couple of cohorts will mainly consist of nurses already working within the field/settings of Pediatric care, as the need to upgrade and consolidate skills was strongly recognised both during the formal stakeholder meetings as well as at informal contacts with hospitals/ clinics/ clinicians.</p> <p>We agree with the Committee about the importance of a clear career pathway for the graduates of the programme - both for Nurses already working in Pediatric Care as well as Nurses who will staff Pediatric settings in the future after receiving structured training in pediatric care. As discussed during the evaluation visit, there is currently no registry for paediatric nurses in Cyprus (only General Nursing, Mental Health Nursing and Midwifery). However, Nursing specialisation is valued by employers. Furthermore, the Ministry of Health is currently preparing the Capacity Planning Strategy, where both the shortage of nurses has been identified as well as the need for specialisation. This led to a national campaign, currently in progress, with the participation of all national Nursing academic and professional representatives, including CUT. More importantly, at this stage, the Cyprus Nurses and Midwifery Association (CNMA) is taking steps towards widening the range of Nursing Divisions (incl. Pediatric Nursing) and lobbying for establishing Specialisation Registries (incl. Pediatric Nursing).</p>	<p>Compliance</p> <p>The current documented need of qualified pediatric nurses and the participatory approach with all stakeholders is being identified as promising arguments to inform and attract potential candidates to register to this new programme.</p>

	<p>Thus, while the need for more nurses and indeed, pediatric nurses, is established, the above efforts would lead to a clearer career pathway, both for new nurses wishing to enter this area of nursing as well as nurses already working in this area who would be further encouraged to enroll in the programme to upgrade their skills. Although these efforts are currently work in progress, we are confident that the start of this programme will further influence this development positively, and strengthen the ‘voice’ of Nursing associations towards achieving this goal.</p> <p>With regards to a promotion plan, CUT has a dedicated office (Communication, Promotion and Internationalization Service https://www.cut.ac.cy/university/administration/administrative-services/pr/) which is responsible for the overall promotion of all University academic programmes in a unified and coordinated strategy and a variety of channels (online, radio/TV, social media, street banners, participation in events, publications etc). Furthermore, it provides high-quality administrative support to Departments to customize the promotion of their academic programmes by incorporating field-specific channels. This will be over and above the already existing wide networks the Department would employ to promote the programme.</p>	
<p>1.2. A clear design regarding the type (disciplines: neonatology, intensive care unit,...) of clinical internships provided to each student should be added.</p>	<p>Each student's clinical allocation will be individually designed in relation to his/her previous pediatric nursing clinical experience e.g. a student working in the Neonatal Intensive Care Unit (NICU) or Pediatric Intensive Care Unit (PICU) of the reference hospital in Nicosia will be placed in other children’s departments /community, as well as students working in children’s departments in the suburban hospitals will be placed in the children’s departments of the reference hospital with more hours be allocated in NICU and PICU. All students, whether they have worked in a children's unit or not, will be required to rotate through all children’s departments of the reference children’s hospital and community structures as well. The duration of their clinical placements in each pediatric unit will depend on their professional/ educational needs.</p> <p><i>Please see an indicative table of students’ clinical placement rotation (Annex 1: PED_Clinical Practice AND PATHWAY).</i></p>	<p>Compliance</p> <p>The plan (provided at Annex 1) to allocate students to specific and individualized domains of internships will ensure that students will reach the necessary competences at the end of the programme.</p>
<p>1.3. The workload of students in regards of ECTS=hours should be prevented to avoid any potential academic burn-out, especially for nurses</p>	<p>Please refer to point 2.1 below, to see alternative study options and how these will be offered.</p>	<p>Compliance</p>

<p>who are supposed to work full-time alongside their full-time announced programme</p>		
<p>1.4. The high number of learning outcomes presented in the current programme might be reconsidered to better align with the effective ECTS announced, the time available for students to realistically achieve this, within and across modules.</p>	<p>Thank you for this comment. We have reviewed the number of learning outcomes and have made changes to better align with the ECTS and the new Competency Framework, that has been adopted as per point 2.2</p> <p><i>Please see Annex 2: Competency framework for paediatric nurses</i></p>	<p>Compliance</p> <p>Based on the provided Annex 2, learning outcomes and competencies have been clearly identified.</p>
<p>1.5. A clear distinction should be made among essential and optional readings asked to students.</p>	<p>A clear distinction was made among essential and optional readings.</p> <p><i>Please see Annex 3: Essential and optional reading</i></p>	<p>Compliance</p> <p>Yes, the difference was now presented in a clearer way.</p>

2. Student - centred learning, teaching and assessment (ESG 1.3)

EEC's final recommendations and comments on the HEI's response

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	EEC's final recommendations and comments on the HEI's response
<p>2.1 The EEC is concerned about the feasibility for full time working nurses to follow a full-time designed Master programme. This concern was also raised by teaching staff and students' representatives.</p>	<p>Acknowledging the fact that most of the students enrolled in this programme are expected to be nurses working full time, flexible part time study options will be made available and communicated to the students before enrollment to the programme. Furthermore, an Academic Advisor will be allocated to each student at the start of the programme, who will discuss with each student his/her individual needs design the student's own academic pathway through the programme, giving him/her flexibility options e.g.</p> <p>(a) <u>1st option – 2 years Full time study</u> (b) <u>2nd option – 3 years Part time study:</u> The theory and labs of the 1st and 2nd semester to be attended by all students. In the summer students will be given the flexibility to do their clinical practice; in the 2nd and 3rd year, students will be given the flexibility to do the three elective courses and their Master thesis. (c) <u>3rd option – 4 years Part time study:</u> Students will be given the option to do half of the courses in the 1st year, progressing in the 2nd year with the elective courses, in the 3rd year the rest of the courses from the 1st year of an equivalent full-time student and finally continue in the 4th year with their thesis.</p> <p><i>Please refer to an indicative timeline with the flexibility options of the student's pathway (Annex 1).</i></p>	<p>Compliance</p> <p>The proposed new plan offers more flexibility to align with the professional duties of the students combining studies and work.</p> <p>A feasibility pragmatic test the first 2-3 years will probably be necessary to evaluate those different options proposed, regarding to course scheduling and teaching staff availabilities.</p>
<p>2.2 Regarding clinical competencies, EEC recommend defining clear competencies that should be reached by Master students at</p>	<p>The learning outcomes of the Master program in Nursing Care of Children and Adolescents have been revised, as agree with the Evaluation Committee's suggestion that a Competency Framework, specific to Pediatric Nursing would</p>	<p>Compliance</p>

<p>the end of the programme, through the implementation of a specific competency framework for pediatric nurses.</p>	<p>allow us to reduce and simplify the learning outcomes both within and across modules. The Nursing competencies described in the <i>Position Statement by the Paediatric Nursing Associations of Europe (2012)</i> https://pnae.eu/wp-content/uploads/2020/05/Paediatric-Nurse-Education-in-Europe.pdf has been adopted to facilitate this alignment. All Learning objectives and courses have now been aligned to this framework.</p> <p><i>Please refer to Annex 2: Competency framework for paediatric nurses</i></p>	
<p>2.3 In accordance, clearly define the individual clinical placements pathways for each student, based on their previous professional experiences in pediatrics. For eg. In neonatology, high clinical skills are needed for pediatric nurses. Will this program ensure that all master students reach these competences? Will CUT be able to ensure that all students will have the opportunity of a clinical placement in neonatology, NICU, pediatric emergency unit, which are mainly located in Nicosia?</p>	<p>As discussed in point 1.1, clinical placements will be shaped according to each student's needs, incl. current and past employment settings. Note that all students will have a specialized practice in NICU and PICU with 14 - 70 hours, depending on their background. It is of note that the NUR Department already has established links with Makarios Hospital in Nicosia, the point of reference for neonatology and paediatric emergency and intensive care, where students - both undergraduate and postgraduate (e.g. Midwifery, Advanced Practice Intensive and Emergency track) have clinical placements.</p> <p><i>Please see an indicative table of students' clinical placement rotation (Annex 1: PED_Clinical Practice AND PATHWAY).</i></p>	<p>Compliance</p> <p>The Annex 1 demonstrates a plan to organize the clinical placement rotation.</p> <p>It's important to plan internships in NICU and PICU units for all the students who do not have precedent professional experience in these domains. However, please note that 14-70 hours represent a very short duration for an internship in these high specialized clinical fields to reach pediatric nursing competencies.</p>
<p>2.4 We highly recommend additional resources in terms of infrastructures and medical equipment's to organize pediatric clinical laboratories within the teaching program. We were informed that one SIMbaby (Laerdal), an advanced pediatric simulation mannequin (Gaumard), 3 simulators of Pediatric Multi-Venous IV Training Arm/Leg to test injection and a patient</p>	<p><u>Equipment that have been purchased:</u></p> <ol style="list-style-type: none"> 1. Simulators for teaching Children Nursing: <ul style="list-style-type: none"> ● Advanced Pediatric Patient Simulator Gaumard - Pediatric HAL® S2225 ● Baby Simulator (Laerdal SimBaby) ● Simulators of Pediatric Multi- Venous IV Training Arms ● Simulators of Infant IV Training Legs 2. Patient Monitor, 5-Lead ECG, SpO2, NiBP, Resp & Temp. 	<p>Compliance</p> <p>The equipment that has been purchased is corresponding to the clinical teaching needs of pediatric nursing students.</p>

<p>monitor have been purchased.</p>	<p>3. Debriefing System Preconfigured 3 wireless cameras, PC with debriefing software installed.</p> <p>The university allocates an annual budget for the purchase of equipment and consumables (usually 80.000 - 100.000 euro/per Department), which might vary depending on the increased needs of each Department, determined largely based on educational needs of programmes in the stage of planning or on offer/ in progress. The above equipment was secured through this process. The Department of Nursing, in the context of the launch of the Master in Nursing Care of Children and Adolescents, requested an additional budget for 2025 for the purchase of the following:</p> <ul style="list-style-type: none"> ● Manikins and equipment for nursing skills in NICU & PICU <ol style="list-style-type: none"> 1. Advanced Newborn Patient Simulator 2. Simulated Incubators for neonatal care 3. Phototherapy Bilirubin Light Simulator 4. Simulated Ventilators for NICU & PICU 5. Defibrillator with Pediatric Paddles 6. Infant CPAP/BiPAP Machine 7. Bag-Valve-Mask (BVM) Resuscitators (infant, child sizes) ● Supplies for General pediatric and neonatal care/Critical care/Oncology care <ol style="list-style-type: none"> 1. Endotracheal Tubes (ETT) (neonatal & pediatric sizes) 2. Laryngoscopes (with neonatal/pediatric blades) 3. Nasopharyngeal & Oropharyngeal Airways 4. Neonatal and pediatric suction tubes 5. Tracheostomy Tubes & Care Kits 6. Intraosseous (IO) Access Trainer 7. Foley Catheter Kits (pediatric sizes) 8. Pediatric urine collection bag 9. Pediatric Ostomy Care Supplies 	
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	<ol style="list-style-type: none"> 10. Wound Dressings & Bandages 11. Neonatal Feeding Tubes & Syringes 12. Breastfeeding Simulation Kits 13. Pediatric & Neonatal Stethoscopes 14. Pediatric Blood Pressure Cuffs (Newborn, Infant, Child) 15. Pediatric Thermometers (Temporal, Tympanic) 16. Pediatric Central Line & Dressings & Maintenance Kits 17. Pediatric Oncology Medication Administration Kit 18. Safe Handling & Disposal Kits for Chemotherapy (gowns, gloves, masks, goggles) 	
<p>2.5 Students should be clearly informed about the workload (ECTS-hours) regarding each module, given the diversity of assessment methods.</p>	<p>The workload per module is clearly defined in the course outline (e.g. hours in teaching, clinical labs training, clinical placement and self-directed learning). Preparation for assessments is included in SDL. Assessment methods are always clearly stated in the course outline. All course outlines are communicated to the students at the beginning of each semester, uploaded in the e-learning platform and deposited with the Department Secretariat. Course outlines detail the coursework required each week and what weight each assessment method has on the total course grade.</p> <p><i>As an example, see Annex 4: Course outline:</i></p> <p><i>PED_111 Fundamental principles of child's nursing care</i></p>	<p>Compliance</p> <p>The precise added informations on the workload per module gives now a transparent information to students on what is expected and in which volume.</p>
<p>2.6 The vision of creating a university clinic in the future, such as it exists already in rehabilitation, is excellent and should be promoted and implemented with good governance.</p>	<p>This matter is included in the strategic planning of 2023 – 2030 of the university as a matter of high priority https://www.cut.ac.cy/university/strategic-plan/ A high-level committee has been established with the participation of the President of the University Council, the Rector, the head of Property management and the Dean of the School of Health Sciences to lead the discussions with the State Health Services Organization hospital management.</p>	<p>Compliance</p> <p>The vision of creating at a on long-term basis, a university clinic is aligned to local facilities existing resources and ongoing discussions.</p>

	<p>To provide some more context, please note that currently there are no official University Hospitals in the country to facilitate medical training. Nursing education, which enjoys a much longer history than medical education in Cyprus, has its own traditionally-established system, which is centrally regulated through the Division of Nurse Education of the Ministry of Health and links to all state hospitals. The Bill and Regulations for establishing the framework for University Hospitals has been in discussion in parliament and consultation with stakeholders for a number of years now, even though in the meanwhile three Medical Schools have been established in the country. In anticipation of the conclusion of this process, which would mainly address the structures and roles within inpatient hospital settings, CUT has adopted a parallel strategy which prioritizes the establishment of outpatient University health centers/units in partnership with the State Health Services. One such clinic (University Rehabilitation and Speech Therapy Clinic) providing in-kind services to the community and facilitating students' learning already exists in the School of Health Sciences/CUT</p> <p>(https://www.cut.ac.cy/faculties/hsc/reh/rehab-clinic/)</p>	
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3. Teaching staff (ESG 1.5)

EEC's final recommendations and comments on the HEI's response

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	EEC's final recommendations and comments on the HEI's response
<p>3.1 Teaching staff need more structured time and space to interact and share their experiences and dedicate to continuous professional education to maintain the quality of teaching.</p>	<p>Continuous Professional development is offered to all staff through various channels e.g. the Learning Network centrally and also at departmental level. On a systematic basis, the Department performs a needs assessment exercise for pedagogical skills. For example, the most recent exercise led to the organization of training on inter-professional learning/practice in partnership with King's College as well as three day seminars on Student centered learning, Clinical skills teaching and OSCE examination This is of course ongoing work as both our department and the University allocate an annual budget towards CPD. https://ldn.cut.ac.cy/). Furthermore, CUT is a member of the EuT+ consortium which periodically provides CPD opportunities to all university staff on an open-call addressing general pedagogical needs as well as topic-specific needs. For instance, the latest call is a 5-week programme starting March 5th, entitled "Transformative Digital Pedagogies for Higher Education (TDP4HE) Training Programme" (https://transformative-pedagogies.univ-tech.eu/training-program) , with as series of 5 modules on "teaching and learning in the digital era", "didactic foundation of teaching/learning through the use of new emerging technologies", "didactic principles of study process", "intro to psychology and inclusive education" and "professional development of academic staff". With regards to the point of sharing of experiences and following the</p>	<p>Compliance</p> <p>Different offers for continuous professional is either existing already or foreseen in the future.</p> <p>CUT is aware about promoting a culture of continuous education and quality academic teaching linked to research activities.</p>

	<p>recommendations of the External Evaluation Committee, the program Coordination Committee adopted scheme whereby two meetings will be set-up with the teaching staff involved in the program. In particular, the first meeting will be held at the beginning of each semester for planning, and the second will be at the end of each semester for debriefing, interacting and sharing their experiences. Finally, a recommendation will also be made to the Departmental Council to adopt the above scheme for all its programmes and also create opportunities for peer-review once a year. Such schemes are currently opportunistic in nature and don't constitute standard practice university-wide. However, this as well as other actions for enhancing learning/academic experience for students, have been identified as priorities in the University Strategic Planning, 2023-2030.</p> <p>https://www.cut.ac.cy/university/strategic-plan/enhancing_academic_experience/</p>	
<p>3.2 Considering that existing teaching staff is already involved in other programs, it is highly recommended for strategic workforce planning to recruit additional human resources for the sustainability of the program: such as academic teaching staff specialised in pediatric nursing, clinical instructors specialised in pediatric nursing, clinical allocations officer (to plan, organize, and maintain accurate records of each individual student's clinical placements based on their previous professional experience in pediatrics. Regarding the supervision of students during their clinical internships and the current situation in which mentors do not have the qualification of master in pediatric nursing, we recommend to CUT to provide</p>	<p>1. Although each faculty member is assigned a large number of teaching modules in other programmes (undergraduate and postgraduate), it is worth mentioning that our department council has decided that postgraduate programmes are offered sequentially and only one at a time in order to maintain the faculty workload within the recommended 6 hours per week for each semester (in total 6 hours for 26 weeks). Nonetheless, with a growing number of postgraduate courses being developed by our department and the increasing need to offer them more frequently, the department will request the recruitment of new staff from the Senate in order to meet the requirements. Please note, that as regards to the recruitment of academic staff, it is a matter that is managed by the university administration. Each</p>	<p>Compliance</p> <p>Teaching staff needs of this new programme are being addressed and optimisation of existing teaching staff has been considered.</p> <p>However, new academic members shall be foreseen gradually.</p>

<p>training to mentors in specific competencies in pediatric nursing.</p>	<p>Department is requested to submit requests for new staff on an annual basis according to its projected needs. Regarding the current Master programme, more than 70% of the teaching will be covered by the existing staff.</p> <p>2. For the clinical placements, a person will be assigned to allocate the clinical placements. In particular, the current practice in the Department is that one of the seconded staff members undertakes this responsibility.</p> <p>3. For the clinical mentors the Department, as it does in other Master programmes, will collaborate with experienced paediatric nurses who will be employed as special scientists. The mentors, after attending a training program, will be responsible for supervising and teaching both clinical practice and Sim/Labs. To be noted that, for specialized departments such as the NICU, PICU, Pediatric Oncology Unit (POU), and pediatric emergency, experienced nurses who have graduated from the Master program in Advanced Nursing Practice and who work in these departments will be employed. In addition, graduates of the doctoral program or doctoral candidates whose thesis is on nursing care of children and their families and they are experienced pediatric nurses, will be also involved in students' mentoring.</p>	
<p>3.3 Furthermore, we recommend for collective oversight to ensure consistency of the training programmes of mentors provided from public or private sectors</p>	<p>The Department is already doing this. Mentors in all programmes are supervised by clinical education supervisors (academic staff), who assess both their preparation and performance, evaluated by staff and students. The Department maintains a dedicated Moodle page for mentors' training, which is regularly updated with specialized topics.</p>	<p>Compliance</p> <p>Mentors are already in place and are regularly trained.</p>



	<p>Also, there is also close collaboration with the Sector of Continuing Education of the Ministry of Health and mentor training seminars are co-organized.</p>	
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4. Student admission, progression, recognition and certification (ESG 1.4)

EEC's final recommendations and comments on the HEI's response

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	EEC's final recommendations and comments on the HEI's response
<p>4.1 Given that the target market are nurses currently working in pediatric nursing, candidates should be screened at admission based on their previous professional experiences in pediatrics. It should be mentioned in the admission process that this criterion will be checked. Individualized clinical internships paths should be designed for each candidate to complement their skills in pediatric specialist area that there are not trained in yet. This would enable alignment to baseline skills and competences of the candidate and assist with mapping allocated placements for the clinical internships.</p>	<p>As described earlier, during the admission process, in the orientation week, students will have a meeting with their Academic Advisor and among the things that will be discussed are (a) their clinical placements allocation, which will be based on their previous professional experiences in pediatrics and also (b) the pathway of flexibility options they prefer to take. This will enable alignment to baseline skills and competences of the candidate and assist with mapping allocated placements for the clinical internships.</p> <p>To ensure that clinical internships and flexibility options pathways respond to the individualized candidate's needs, a Mentorship document agreement will be filled and signed by both the advisor and the student.</p> <p><i>Please see Annex 5: Mentorship agreement.</i></p>	<p>Compliance</p> <p>An individualized flexible teaching programme is foreseen regarding the previous professional experiences of students.</p>

5. Learning resources and student support (ESG 1.6)

EEC's final recommendations and comments on the HEI's response

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	EEC's final recommendations and comments on the HEI's response
5.1 EEC recommends to ensure sufficient space and specific medical equipment to organize the clinical laboratories to reach the necessary clinical skills required by a pediatric nurse.	A designated area will be established in the Nursing Labs building of the Department for the Child's Nursing Care Labs/Sim, furnished with high-fidelity manikins, medical apparatus and supplies.	Compliance Spaces have been foreseen.
5.2 EEC recommend to recruit progressively additional academic (specialised in pediatric nursing) and administrative staff to ensure the smooth running of this new programme and the sustainable well-being of the staff. The need for administrative support was mentioned by the SWOT analysis done by the internal quality committees.	Allocations of new posts at Departments /Schools are decided centrally by the University Council, based on past recruitment patterns. A suggestion will be sent to the University Council for two (2) new posts for 2025; one (1) Teaching Research Staff post and one (1) Special Teaching Staff post. The Department will also be asked to reallocate the duties of the administrative staff to provide support to the programme.	Compliance We hope CUT will receive the suggested additional teaching position and sufficient administrative support to implement the new programme.
5.3 Additional resources are potentially needed to implement in this new programme the innovative teaching methods (such as virtual reality) promoted through international research projects.	The Erasmus+ research program "Virtual Children's Hospital for Learning Pediatric Nursing (VLPN)" has currently entered the piloting stage which is performed in collaboration with the CUTing Edge center http://cutingedge.cut.ac.cy/ . CUTing Edge provides its infrastructures, innovative high-tech resources of teaching and technical support as well. The other Erasmus + program "Extended Reality Learning Framework for Pediatric Nursing Students (PeDXR)" is soon entering its piloting stage which will be performed also in collaboration with the CUTing Edge.	Compliance The innovative teaching method based on virtual reality can be implemented through existing research collaborations.

	<p>Noteworthy, by the time the current Master program is up and running, all the necessary resources will be in place, and the existing collaboration will be expanded.</p>	
<p>5.4 The EEC suggests, if this is possible, to share some transversal courses (eg. Research methods) among existing Masters programmes (MSc Advanced Practice Nursing, MSc in Midwifery) to increase efficiency of human resources in teaching staff.</p>	<p>The Department takes very seriously the workload of the teaching staff. The standard practice to contain staff workload that the Department has adopted so far is through stacking postgraduate programme. Though planning in advance which programmes are to be offered in the next period, decided by the Departmental Council, the Department avoids, as default practice, to offer Master programmes in parallel. Commonly, all master programmes at the Dept NUR have a two-year duration. So, these are offered in alternating years and not on an annual basis. While this approach does not allow mixing different cohort of MSc students, a practice that enhances the learning experience, it has been found to be more effective in containing the staff workload and making more efficient use of human resources. While courses that are common across all postgraduate programmes such as Research Methods (example also given by Evaluation Committee) but also Biostatistics, Evidence-based Practice, Writing Skills etc might be combined across programmes in the scenario that different master programmes are running in parallel (and thus reducing the workload of certain staff members), that also means that inadvertently the workload of other staff members involved might increase.</p> <p>However, it should be noted that when programmes are offered in parallel, the option of combining</p>	<p>Compliance</p> <p>A pragmatic rhythm of offering the programme in alternating years has been found to ensure smooth implementation at an organizational level.</p>

	<p>courses and audiences is always taken into account. Most commonly, this involves combining research-oriented courses (all or most commonly partially) in postgraduate programmes with the equivalent courses from the doctoral programme (since this is the programme that runs on an annual basis). Indeed, experience shows that this practice has many benefits for both the postgraduate and doctoral students, who also get to adopt more advanced roles in the course (e.g. chair the session of postgraduate students' presentations and provide peer-review). This practice will continue with the current programme.</p> <p>It is also of note that, in the specific new Master programme, the Department has updated the research-oriented courses (as compared to longer-running programmes) to bring them closer to current trends. Therefore, when the Department revises its other Master programs, it will adopt some of the courses of the current program in the other Master programs i.e. "Evidence based practice (EBP), contemporary issues and implemented science in children's nursing care", "Research methodology/ Critical appraisal skills", "Master Thesis Dissertation – Implementation project in Nursing Care of Children and Adolescents", "Teaching and Learning in Practice", "Leadership and quality management in Children's Nursing", "Developing skills for self-care and wellbeing", "Developing interpersonal communication skills for healthcare professionals", "Mentoring undergraduate students during their clinical practice".</p>	
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<p>5.5. EEC recommend to add progressively courses provided in English to gradually promote mobility.</p>	<p>The university, in its effort to promote students' mobility, has introduced a regulation for all Departments to have at least one course in English per semester. In the context of this programme we consider that the courses that could be offered in English in the first cohort are two of the elective courses i.e. "Developing skills for self-care and wellbeing", "Developing skills for family coaching" or "Developing interpersonal communication skills for healthcare professionals", and a plan will be designed for the next cohorts. In addition, this will be beneficial to our students in familiarizing themselves with academic English.</p>	<p>Compliance The university has foreseen some courses that could be offered in English.</p>
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6. Additional for doctoral programmes (ALL ESG)

EEC's final recommendations and comments on the HEI's response

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	EEC's final recommendations and comments on the HEI's response
<p>6.1 Information for master students to be admitted to a doctoral programme should be improved, in order to explicitly encourage master students to engage into a PhD.</p>	<p>Currently, the enrolment data reveals that 25% of all candidates and graduates in the PhD programme are alumni of the Department's master's programmes; this percentage rises to 33% when excluding PhD graduates who are also staff members, including nursing personnel designated as special teaching staff within the Department. We expect similar trends with the new Master program in Nursing Care of Children and Adolescents. In fact, this will be the first program that will enable pediatric nurses to progress to PhD.</p>	<p>Compliance</p> <p>Previous experiences helps to estimate the percentages of students who will pursue their studies with a doctoral programme.</p> <p>Continuous information should be provided to encourage this academic pathway for pediatric nurses , who gained their Master degree.</p>
<p>6.2 The EEC suggests to consider involving potential master students in parts of PhD research projects.</p>	<p>The model for research theses followed by the Department across all Master programmes gives the students the opportunity to (a) either propose a research project along their own interests or (b) choose to join an existing research team coordinated by other academics i.e. externally funded research projects Erasmus+ research programs or PhD research thesis. The same model will be used for this master programme. It is of note, however, that for the purposes of this specific programme the students' projects need to have an implementation focus and/or quality improvement at their workplace. Several of the research projects in the Department take this approach, whether these are externally funded and/or doctoral projects. Thus, depending on available opportunities at the time,</p>	<p>Compliance</p> <p>This option has been considered by the university and is already implemented.</p>



	<p>every effort will be made for our students to engage with PhD students (i.e. during the research methodology combined courses/course activities) and/or get involved in research projects, given that this can also fulfil the specific requirement of the thesis project i.e. implementation/ quality improvement in their workplace.</p>	
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7. Eligibility (Joint programmes) (ALL ESG)

EEC's final recommendations and comments on the HEI's response

Areas of improvement and recommendations by EEC	Actions Taken by the Institution	EEC's final recommendations and comments on the HEI's response
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C. Conclusions and final remarks

The EEC must provide final conclusions and remarks, with emphasis on the correspondence with the EQF.

EEC's final conclusions and remarks



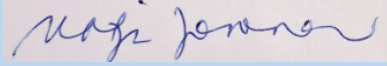

Conclusions and final remarks by EEC	Actions Taken by the Institution	EEC's final recommendations and comments on the HEI's response
<p>1. Clinical laboratories and clinical placements in highly specialised clinical pediatric units must be ensured to reach specific competencies for all master students, such as neonatal intensive care unit (NICU), pediatric intensive care units (PICU).</p>	<p>Thanks for summarizing the key recommendations.</p> <p>Based on the recommendations of the External Committee we have restructured the students' clinical placements rotations, <i>please see point 1.2.</i></p> <p>In terms of clinical laboratories, we have ensured the use of dedicated space for the pediatric clinical simulation Labs within the Lab building of the Department, equipped with high-tech/Artificial Intelligence manikins, <i>please see point 2.4.</i></p> <p>It is expected that, by the start of the Master programme in Nursing Care of Children and Adolescents, the Sim/Labs will be fully equipped thus, a high standard clinical education in children's nursing will be enabled.</p> <p>Further, the use of high-tech innovative teaching resources i.e. virtual reality, in collaboration with CUTing Edge center, will enhance students' learning process, <i>please see point 5.3.</i></p> <p>To ensure that students will reach specific competencies, for specialized departments, such as neonatal intensive care unit (NICU), pediatric intensive care units (PICU), POU, pediatric emergency, experienced nurses who have graduated from the Master program in Advanced Nursing Practice and who work in these departments will</p>	<p>Compliance</p> <p>All of the EEC's final recommendations have been addressed and demonstrate the high awareness and will to implement this new Master programme aligned with quality standards and international recommendations regarding pediatric nursing academic programmes.</p> <p>Again, we would like to congratulate the huge efforts made by the University and especially the internal committee which prepares this new master programme.</p>

	be employed for the clinical/lab teaching of the students, <i>please see point 3.2.</i>	
2. Specific infrastructure (eg. clinical labs) and specific pediatric equipment must be ensured.	<i>Please see the answer in the point above.</i>	Compliance
3. Sufficient human resources, such as skilled pediatric nursing teaching staff and a dedicated clinical allocation officer must be ensured.	In terms of the recruitment of skilled pediatric nursing teaching staff and a dedicated clinical allocation officer, have been in detail in point 3.2. The Department already has a clinical placement team that will be responsible also for the clinical placement of the current students. As stated in point 5.2, the recruitment plans of the Department, include a suggestion to the University Council for two (2) new posts for 2025 to cover the teaching needs of the current program.	Compliance We highly recommend the addition of qualified teaching staff in pediatric nursing and strongly support the recruitment plans shared with EEC.
4. At the admission process, previous professional experiences in pediatrics must be screened among each candidate to individualize the clinical placements pathways (disciplines to consider for the clinical placements: neonatology, pediatric intensive care units, pediatric emergency)	As stated in point 2.1 and 4.1 an Academic Advisor will be allocated for each candidate and at the admission process previous professional experiences in pediatrics will be screened to individualize the clinical placements which will be based on his/her previous professional experiences in pediatrics and also decide which pathway of study flexibility options he/she prefers to take. A mentorship agreement will be discussed and signed by both student and Academic Advisor.	Compliance The allocation of an academic advisor has been foreseen and an individualized teaching plan is planned.
5. A competency guide/framework specific to pediatric nursing should be progressively implemented to align learning outcomes/courses content to each competency that a pediatric nurse in Cyprus should reach, especially if there is currently	As mentioned in point 2.2, a Competency Framework specific to children's nursing has been designed, which aligns learning outcomes/courses content to each competency that a specialized children nurse in Cyprus should reach.	Compliance The newly competency framework adds quality to the planned academic new master programme and will support the alignment between the teaching staff to reach the learning outcomes.



no existing regulation for pediatric nurses.		
6. Considering that potential students will be full-time working nurses, and following an announced full-time Master program, the workload of students regarding the proportion of lessons (Hours/ECTS) should be carefully analysed towards feasibility and well-being.	As described above, each candidate at the admission process will be given the options for full – time and part – time study. <i>Please refer to the options described in point 2.1</i>	

D. Signatures of the EEC

Name	Signature
Marie Friedel	
Veronica Lambert	
Katja Joronen	
Michaela Kyriakou	

Date: 14th March 2025

