

External Evaluation Committee Visit to the University of Nicosia Medical School and Clinical Teaching Partners

4 and 5 October 2021

Summary of Activities

The External Evaluation Committee (EEC) carried out a limited evaluation of the 6-year MD programme in the University of Nicosia Medical School in September 2020. Due to the international travel restrictions imposed during the Covid 19 pandemic, a visit to the School was not possible. Instead, the EEC held interviews with senior management, teachers, students, and other stakeholders over 21, 28 and 29 September 2020 using video conferencing. The EEC submitted a report based on the interviews, with the intention of updating the findings, strengths, recommendations, and compliance judgements once a visit became feasible.

Over the 4 and 5 October 2021, the EEC visited the University of Nicosia, the Medical School, Limassol and Paphos General Hospitals and the University of Nicosia Medical Centre and focused on observing the estate, educational facilities, teaching resources and methods of teaching and learning in both the academic and clinical settings.

The External Evaluation Committee (EEC) saw excellent estate and facilities in the University, the Medical School and the UNIC Medical Centre. The Anatomy and Histology Laboratories, Clinical Skills Centre and small rooms for Communication Skills were all very well-equipped, pleasant rooms. [Standards 6.1 and 6.2]

We noted that ultrasound is being increasingly used in the contexts of anatomy and skills, and of course in clinical practice. [Standard 6.2]

The facilities in the hospitals appeared less suitable, especially for clinical teaching; the side wards and consulting rooms we saw were too small to accommodate the patient, doctor and standard 2 students, making it more difficult to engage in student-focused teaching while prioritising patient-focused care. [Standards 6.1 and 6.2]

Everywhere the EEC went, we met friendly, engaged, and enthusiastic teachers who were patient, respectful of and helpful to their students. Unfortunately, we did not have an opportunity to speak to clinical teachers immediately after their teaching session. [Standards 5.2 and 6.2]

We were pleased to meet thirteen Y4/5 students across the two hospital sites. They appeared very keen on their studies, very grateful for the work done by the University and Hospital in providing their education. They would all recommend the School and their placements, and the only constructive comment we could draw from them was that those students based in Paphos would like to see more patients by themselves. [Standards 2.1, 2.7, 3.1, 3.2, 4.3, 6.2, 7.1, and 7.2]

Students also spoke of a didactic format of peer teaching and some Interprofessional Education, but the latter focused on nurses teaching medical students some skills and procedures in the clinical setting. [Standards 2.1, 7.1, 8.1 and 8.5]

Members of the EEC watched several lectures, most of which were of good quality. There was one whose structure and slides were somewhat disorganised. All lectures were of a hybrid nature with some students joining online while others were present in the lecture theatre. The main format was

didactic, but several lecturers engaged the students by asking direct questions. The interactivity however focused on a few members of the class. Seldom did we observe the teacher repeating questions and answers to ensure all students could hear them. We did not see the use of buzz groups or team-based learning to engage the quiet or reluctant students – and the closed question and feedback format never broke into a conversation or Socratic questioning to explore students' thinking and understanding. We did not see any opportunities for students to discuss questions amongst themselves before answering, so most of the interaction was lecturer-student-lecturer. [Standards 2.1, 6.3, and 6.5]

The EEC observed approximately 10 episodes of clinical teaching in the hospitals. Unfortunately, we were not able to observe Workplace Based Assessment (WPBA). [Standards 2.5, 3.1, 3.2, 6.1, 6.2, 6.5 and 8.5]

Students assured the EEC that clinical teachers observed them practising and giving them constructive feedback. We did not see this interactive type of clinical teaching i.e., engaging the clinician, patient, and student. Instead of 'talk with patients' we observed 'talk about patients'. In the clinical discussions, taking place once the patient left the room, clinical teachers often chose to give information rather than engage students through questions and feedback. In turn, teachers were often questioned in depth by the students, and teachers failed to take the opportunity to turn this around to quiz the students. [Standards 2.5, 5.2, 6.2, 6.5 and 8.5]

During the consultations we observed the difficulties arising from the need for translators for the students, when the practitioner and patient were speaking Greek. This caused a significant distraction away from a patient-centred consultation. [Standards 5.2, 6.2, and 6.5]

We may not have observed an interactive approach that engaged the students directly with the patients, due to the vagaries of sampling but that seems unlikely since we observed 10 episodes of teaching. Alternatively, the clinical teachers may have been keen to demonstrate a well-organised session where they provided good teaching. Other possible explanations include lack of time during the consultation, language barriers, misconception of what was expected, or lack of skills amongst the educators. [Standards 5.2, 6.1, 6.2, and 6.5]

We also observed 5 sessions of structured teaching of consultations and clinical skills in the simulated setting within the medical school. These were well devised to develop skills for challenging contexts. The tutorials were very well organised and efficient; the teachers were all enthusiastic and very well prepared. The sessions appeared engaging and stimulating for the learners though there appeared too much knowledge content in the time available; for example, not all students completed the examination of the cranial nerves under observation. Teachers spoke for much of the time, particularly in the cranial nerves' session, often imparting knowledge rapidly rather than waiting for students to retrieve information and think through their own next steps in the skills processes. [Standards 2.5, 5.2, 6.2, 6.5 and 8.5]

In communication skills, the facilitator established at the outset what the student role player most wanted feedback on and at the end, after the student shared their reflections on their own experience then all present, including the Simulated/Standardised Patient (SP), peer students, and facilitator gave focused, constructive feedback. [Standards 2.5, 5.2, 6.2, 6.5 and 8.5]

The EEC also had a brief opportunity to speak to one of the Simulated/Standardised Patients who contributes to skills training and OSCEs. She had a good understanding of what is expected of her. She reported that she was carefully and repeatedly trained for the tasks. She was also trained to give feedback according to the sandwich method. [Standards 5.2, 6.2 and 6.5]

The students we met, now use a well-structured electronic portfolio and members of the EEC were able to review some of these with the students' consent. The portfolios evidenced a good range of clinical skills having been signed off using rubrics and we noted that almost all were rated 'excellent'. There was no constructive feedback on how to improve on the samples we saw. Students told us that although clinicians gave them verbal feedback there was no time for the teachers to write in their portfolios and students were not permitted to do so. Students told us about a reflective overview section of their portfolio which they shared with us; this comprised a comprehensive log of activities with little reflection on their achievements and future learning needs. [Standards 2.4, 2.5, 3.2, 5.2, 6.2, 6.5 and 8.5]

Role modelling of excellent clinical practice was limited; it was not clear to what extent various factors contributed including small rooms without curtained off examination couches, language barriers, use of a translator for teaching, lack of experience of clinical teaching that engaged the teacher, student, and patient, or cultural influences on clinical practice. We observed a doctor-centred, paternalistic approach, rather than patient-centred clinical practice. There is a concern that the good work done in simulation sessions may decay very quickly if clinicians do not have the facilities, time, and training to demonstrate and teach using patient-centred practice. [Standards 2.5, 5.1, 5.2, 6.1, 6.2, 6.5 and 8.5]

Strengths

1. Highly motivated, well informed academic and clinical teachers who are respectful of their students and keen to help them learn. [Standard 5.1]
2. High quality estate and facilities in the Medical School and University of Nicosia. [Standards 6.1, 6.2 and 6.3]
3. An excellent University of Nicosia Medical Centre with potential to develop holistic primary (and specialist) care within Cyprus, and to educate students on this approach. [Standards 6.1, 6.2, 6.4 and 8.5]
4. Effective use of teaching in the simulated setting (clinical skills and communication) with well-trained Standardised Patients. [Standards 2.5, 6.2 and 6.5]
5. Feedback in role play sought from all present including self, peers, and the Standardised Patient, with the facilitator asking the student about their required focus for feedback. [Standards 3.2 and 6.5]
6. Enthusiastic students, very supportive of the School and its community. [Standards 2.1, 2.7, 4.3, 6.2]
7. Quality processes that regularly evaluate the courses and programme, and faculty responsive to students. [Standards 7.1, and 7.2]

Areas for improvement and recommendations

1. Developments in the hospital must take account of the needs of clinical teaching. [Standards 6.1, 6.2 and 8.5]
2. The Portfolio should be developed further, with more focus on constructive feedback and students' reflections; written feedback should be explicit. [Standard 2.8, 3.2, 5.2, 6.2, and 6.5]
3. The School must continue to develop a systematic and longitudinal faculty development programme for both academic and clinical teachers that includes the following: patient-centred communication and clinical practice; clinical teaching that encourages student-patient interactivity, and moves away from a didactic approach; working with a translator in the consultation; feedback to learners using a modern framework; collaborative learning amongst students; student-teacher interactivity; and use of the 'flipped classroom', especially where the session with experts should focus on application of knowledge such as skills and communication sessions, revision quizzes and problem-solving workshops. [Standards 2.5, 2.8, 3.2, 5.2, 6.5 and 8.5]
4. The School should consider embarking on interprofessional education in the clinical setting. [Standards 2.4, 2.5 and 2.8]
5. The School should consider requiring students to be able to speak Greek to their patients, even if the teaching is in English. [Standards 2.4, 2.5 and 2.8]

UPDATE TO COMPLIANCE SCALES

The committee has reviewed all the compliance decisions submitted in the October 2020 report; all remain accurate except for Sub-area 6.1 and 6.2 which have been updated from *Not applicable* to *Partially compliant*, as shown below.

Sub-area		<i>Non-compliant/Partially compliant/ Compliant / Not applicable</i>
6.1	Physical facilities	Partially compliant
6.2	Clinical training resources	Partially compliant
6.3	Information technology	Compliant
6.4	Medical research and scholarship	Partially compliant
6.5	Educational expertise	Partially compliant
6.6	Educational exchanges	Compliant



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CYPRUS AGENCY OF QUALITY ASSURANCE AND ACCREDITATION IN HIGHER EDUCATION



We would like to express our gratitude to the Rector of the University, the Dean of the Medical School, and the MD Programme Director, along with the many members of staff at the University, Limassol and Paphos General Hospitals, and the University Medical Centre, as well as the students, patients, and other stakeholders, who have all engaged with the visit so constructively and who have given their time generously to help us observe and learn so much during our short visit.

The External Evaluation Committee
6 November 2021

Signatures of the EEC who visited on 4 and 5 October 2021

Name	Signature
Professor Helen Cameron	
Professor Reinold Gans	
Professor Matthias Siebeck	
Dr Philippos Stylianos	
Eleni Xenophonos	

Date: 6 November 20

