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ΑΡΧΗ ΔΙΑΣΦΑΛΙΣΗΣ ΚΑΙ ΠΙΣΤΟΠΟΙΗΣΗΣ  
ΤΗΣ ΠΟΙΟΤΗΤΑΣ ΣΤΗΝ ΑΝΩΤΑΤΗ ΕΚΠΑΙΔΕΥΣΗ

HELLENIC REPUBLIC

H Q A

HELLENIC QUALITY ASSURANCE  
AND ACCREDITATION AGENCY

# Accreditation Report for the Undergraduate Study Programme of:

## Medicine

Institution: University of Thessaly

Date: 10<sup>th</sup> November 2019

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Επιχειρησιακό Πρόγραμμα  
Ανάπτυξη Ανθρώπινου Δυναμικού,  
Εκπαίδευση και Διά Βίου Μάθηση  
Με τη συγχρηματοδότηση της Ελλάδας και της Ευρωπαϊκής Ένωσης



Report of the Panel appointed by the HQA to undertake the review of the Undergraduate Study Programme of **Medicine** of the **University of Thessaly** for the purposes of granting accreditation

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## **PART A: BACKGROUND AND CONTEXT OF THE REVIEW**

### **I. The Accreditation Panel**

The Panel responsible for the Accreditation Review of the Undergraduate Study Programme of the **University of Thessaly** comprised the following four (4) members, drawn from the HQA Register, in accordance with the Law 4009/2011:

1. **Professor Peter Katsikis** (Chair)  
Erasmus University Medical Center, The Netherlands
  
2. **Professor Agapios Sachinidis**  
University of Cologne, Germany
  
3. **Associate Professor Mary Andrianopoulos**  
University of Massachusetts, USA
  
4. **Dr. Dimitra Pappa**  
Panhellenic Medical Association, Greece

## II. Review Procedure and Documentation

The external Accreditation Panel received all review material ahead of the site visit from the HQA. These included the response of the Medical School of the University of Thessaly to the previous external review and the action taken. The student handbook, quality indicators, course descriptions, scientific output, evaluation forms, subject evaluation results, clinical practice guide and other documents provided by HQA were reviewed by the Accreditation Panel before the site visit.

The external Accreditation Panel was debriefed by the HQA on the morning of Tuesday the 4<sup>th</sup> of November, 2019. The Panel was instructed on the procedure and the schedule of the accreditation visit. The site-visit of the external Accreditation Panel to the Medical School of the University of Thessaly took place on Tuesday the 5<sup>th</sup>, Wednesday the 6<sup>th</sup> and Thursday the 7<sup>th</sup> of November, 2019. During the visit on Wednesday November 6<sup>th</sup>, the external Accreditation Panel met with the Deputy Rector, President of QUA/MOΔΙΠ, and the Head of the department of Medicine. The Panel also met with representatives of IEG/OMEA and QUA/MOΔΙΠ, representatives of teaching staff, students, graduates and representatives of employers (hospital administration) and social partners.

On Thursday November 7<sup>th</sup> the Panel visited facilities including downtown campus, classrooms, lecture rooms, the auditoriums, the central library, laboratories and clinical facilities used for medical student training.

At the end of the visit, a joint exit interview was conducted with the Deputy Rector, President of QUA/MOΔΙΠ, the Head of the Department of Medicine and representatives of IEG/OMEA and QUA/MOΔΙΠ. Major findings and suggestions of the external Accreditation Panel were presented and discussed and clarifications were provided where needed.

The overall visit was very productive and the members of the external Accreditation Panel promptly received all information they requested while candid discussions were conducted between all parties.

### **III. Study Programme Profile**

The Faculty of Medicine at the University of Thessaly was founded in 1985 and received its first medical students in the academic year 1990-1991. Faculty of Medicine at the University of Thessaly is located in the city of Larissa. The medical school has facilities on two campuses in the city of Larissa. Students are enrolled in the school of medicine after a competitive national entry examination. Approximately, 100 new students are admitted annually. Currently there are more than 660 medical students enrolled in the program. The study program awards a medical degree to students that successfully complete the program. The medical degree from the Faculty of Medicine enables medical licensure in Greece. The study program for the medical degree has a duration of 6 years (12 semesters) to complete. Graduates of the program can practice medicine or continue their training in a medical specialty.

## PART B: COMPLIANCE WITH THE PRINCIPLES

### Principle 1: Academic Unit Policy for Quality Assurance

**INSTITUTIONS SHOULD APPLY A QUALITY ASSURANCE POLICY AS PART OF THEIR STRATEGIC MANAGEMENT. THIS POLICY SHOULD EXPAND AND BE AIMED (WITH THE COLLABORATION OF EXTERNAL STAKEHOLDERS) AT ALL INSTITUTION'S AREAS OF ACTIVITY, AND PARTICULARLY AT THE FULFILMENT OF QUALITY REQUIREMENTS OF UNDERGRADUATE PROGRAMMES. THIS POLICY SHOULD BE PUBLISHED AND IMPLEMENTED BY ALL STAKEHOLDERS.**

*The quality assurance policy of the academic unit is in line with the Institutional policy on quality, and is included in a published statement that is implemented by all stakeholders. It focuses on the achievement of special objectives related to the quality assurance of study programmes offered by the academic unit.*

*The quality policy statement of the academic unit includes its commitment to implement a quality policy that will promote the academic profile and orientation of the programme, its purpose and field of study; it will realise the programme's strategic goals and it will determine the means and ways for attaining them; it will implement the appropriate quality procedures, aiming at the programme's continuous improvement.*

*In particular, in order to carry out this policy, the academic unit commits itself to put into practice quality procedures that will demonstrate:*

- a) the suitability of the structure and organization of the curriculum;*
- b) the pursuit of learning outcomes and qualifications in accordance with the European and the National Qualifications Framework for Higher Education;*
- c) the promotion of the quality and effectiveness of teaching;*
- d) the appropriateness of the qualifications of the teaching staff;*
- e) the enhancement of the quality and quantity of the research output among faculty members of the academic unit;*
- f) ways for linking teaching and research;*
- g) the level of demand for qualifications acquired by graduates, in the labour market;*
- h) the quality of support services such as the administrative services, the Library, and the student welfare office;*
- i) the conduct of an annual review and an internal audit of the quality assurance system of the undergraduate programme(s) offered, as well as the collaboration of the Internal Evaluation Group (IEG) with the Institution's Quality Assurance Unit (QAU);*

### Study Programme compliance

In response to the requirement for a quality assurance program, the Medical School and the University of Thessaly have established an Internal Evaluation Group (IEG/OMEA) that functions at the Medical school level and a Quality Assurance unit (QAU/MOΔΙΠ) that functions at the University Level. Since the last External Evaluation conducted in February 2011, the IEG/OMEA in collaboration with QAU/MOΔΙΠ and the Curriculum Committee, developed a framework with which to assess the University of Thessaly's undergraduate medical school's quality and achievements. The framework for Quality Assurances includes a set of 5-6 well-defined quality

aims and achievable targets, a system for measuring each aim and goal or Key Performance Index (KPI), the actions and individuals responsible for assessing each goal/aim, and the projected timeline for meeting and implementing changes. The University of Thessaly's IEG/OMEA has also developed a multi-tiered quantitative and qualitative system to assess quality assurances with respect to effectiveness of teaching instruction (comprised of 2 student satisfaction surveys for academic and clinical coursework, respectively) and the students' performance (exam grade in each course).

The student satisfaction survey of teaching instruction uses a 5-point scale and is administered between the 8<sup>th</sup> - 10<sup>th</sup> weeks of each semester per course using an anonymous online electronic questionnaire that was developed with the assistance of the Information Technology department on campus. The student satisfaction survey consists of 37 items that fall under 5 main categories pertaining to how well the lesson plans and course content have met the objectives of the course, students' satisfaction of the educational materials, format of exams and assignments, fairness in scoring, instructor's organization of content and delivery of the lecture, accessibility of the faculty member, and number of weeks each student studied for the specific course, etc. An open-ended section at the bottom of the survey is available for students to provide qualitative comments. A table summarizing each faculty member's ratings per course was provided to the Accreditation Panel (AP).

The students' satisfaction of each clinical course or module was assessed using a similar questionnaire and a 5-point rating scale to evaluate 44 content items falling under 5 discrete clinical categories. Lastly, the IEG/OMEA compared each individual student's final exam score and the course's mean exam score to each faculty member's satisfaction surveys. Student feedback was shared with each faculty anonymously, but at this time there is no mechanism for improving teaching instruction for the department as a unit or for faculty who were rated on the low end and are in need of mentoring and monitoring. The AP estimated that overall median or average scores for all academic and clinical courses for 2018-2019 ranged between a 3.47 to 4.69.

The process of surveying students was voluntary and students were contacted via email and were encouraged to complete the survey for each course. The IEG/OMEA reported that the percentage of students who responded to the survey the first year it was administered was relatively low, however, the student response rate was reported to have increased substantially in subsequent years.

The AP reviewed the specific content items in the student questionnaires and believe that some question items in the survey are not clear to effectively evaluate students' satisfaction of specific courses and the acquisition of knowledge and skills. The IEG/OMEA and Curriculum Committee indicated that they plan to make changes to the Medical School's undergraduate curriculum based on the student course evaluations and feedback.

The IEG/OMEA and Curriculum Committee reported that they plan to implement a mechanism for continuously improving the academic program by training two faculty in Medical Education



on various teaching pedagogies to improve faculty and the Department's teaching effectiveness. The last External Evaluation of the University of Thessaly's medical programs was conducted in February, 2011 (8 years ago). The AP commends faculty, administrators, the IEG/OMEA and Curriculum Committees for implementing a system to evaluate the medical school's curricula and faculty teaching effectiveness annually using quality assurance measures. Once the two faculty have completed the additional coursework, they will train other faculty in the department using a trickle-down mentoring process with respect to methods for improving teaching, implementing novel student-centered learning models, e-learning platforms, and critical thinking and problem-based learning pedagogies. These two faculty will also play a key role in implementing the new curriculum in approximately two years.

The majority of the faculty are full professors (and to a lesser degree associate or assistant professors) and medical doctors (MD). A very small number of lecturers are employed to assist with covering required courses. The qualifications of faculty in the undergraduate medical program and medical school are strong, but research productivity can be improved with respect to applying and securing competitive external funding for research. Gender inequality is still evident at the University of Thessaly's medical school as noted back in 2011. Among the professors only 9 are females versus 38 males.

There has been a significant downsizing of faculty over the past 5-10 years due to austerity measures, retirements and losing faculty to more desirable positions abroad and in other countries. As a result, the mode of delivering required coursework in the medical school ranges from formal lectures taught in one amphitheater with all students in attendance, multiple small group sections comprised of 8-10 students per course or lab, to clinical modules in specific medical specialty areas with approximately 5 students per rotation. It is very commendable that faculty invest much of their time teaching large and multiple sections of the same course or module. The medical students who met with the AP indicated that they feel faculty are very dedicated and committed to the students. Many of the faculty in the medical school also teach in the doctoral and masters programs.

Faculty in the medical school are significantly tasked due to heavy teaching loads to cover the curriculum. According to faculty, there is not enough dedicated time to conduct research nor are enough grants for research.

The University of Thessaly's medical school and hospital have many centers of excellence. Faculty engage in community service and philanthropic activities. The social outpatient clinic housed on the old medical school campus in the center of Larissa is one example of the philanthropy the faculty and medical students provide by serving the citizens from underprivileged backgrounds in the community. The old medical school campus also supports several laboratories that conduct specialized and technical analyses that benefit the community, navy, country, and other organizations in Europe. Despite these significant contributions to the community and state, the AP believes that infrastructure and equipment is lacking in the medical school. Medical students reported that through the ERASMUS program some students have the opportunity to train on state-of-the-art medical equipment and facilities abroad. The

AP is of the same opinion that the medical school and hospital are not adequate to accommodate the number of medical students it admits with respect to infrastructure, dedicated space for students, laboratories, and equipment.

There is a significant demand and need to graduate and retain medical student graduates in the country. During a small group session with 16 medical students, the AP learned that approximately 75% of them intended to leave the country once they graduated for jobs in other countries, since there were no incentives, jobs, or adequate resources and infrastructure for them to remain and clinically practice in the country.

### Panel judgement

<b>Principle 1: Institution Policy for Quality Assurance</b>	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

### Panel Recommendations

- The AP recommends that the IEG/OMEA and Curriculum Committee devise a coherent and effective process for providing faculty with constructive feedback regarding their teaching effectiveness. A continuous and periodic plan needs to be put in place for revising course content and implementing changes in a timely manner.
- The AP recommends that the medical school's curricula be restructured so that it includes essential topics in the first 1 to 2 years of the academic program related to life-long learning, how to conduct a systematic review of the literature, use electronic search engines to conduct literature reviews, frame research questions and hypotheses, address issues related to confidentiality and the protection of human subjects and the patients whom they serve, topics on medical ethics, professionalism, civility, and diversity. In addition, linking teaching to research can be enhanced by introducing medical students to basic principles of research early in their academic program, such as in Years 1 and 2 (in lieu of Year 3 and later and in only specific courses).
- The AP recommends that the state and local community invest in the University of Thessaly's Medical School's program so that it can function at its maximum capacity, be able to retain and recruit high quality faculty from the state and other countries, and alleviate the side effects of faculty burn-out and inbreeding.
- The AP strongly recommends that the state provide the monetary resources to the University of Thessaly's medical programs and hospital to support a new dedicated building on the main campus, purchase essential medical equipment currently lacking in the hospital and laboratories, and to upgrade very old, outdated equipment.

- The AP strongly recommends that the Ministry of Education and Ministry of Health address the crisis regarding the massive exodus of talented medical students and medical practitioners to other lucrative jobs outside the state. Graduates of the medical school need to be enticed to remain and practice in the country.
- The AP recommends more efforts to attract money from private foundations. Improving of the infrastructure of the University of Thessaly, the city of Larissa, and state investments will contribute to attracting support from private foundations.
- Although the faculty, University and medical school have many outstanding accomplishments, the research activities and centers of excellence at the University of Thessaly's medical school are not well documented in a systematic manner on the University's website with respect to PubMed original publications; congresses and other scientific activities. The University of Thessaly's medical school's footprint on the internet can be improved. It is recommended that the University of Thessaly focus on developing unique setting points of achievement and scholarship to highlight their accomplishments and other necessary points of interest.
- The AP strongly recommends a representative(s) from the medical faculty who will be responsible for the identification/coordination of collaboration/synergy between the different departments of the University of Thessaly. It is recommended that the University of Thessaly's medical school promote collaborations with European scientists (specifically with Greek scholars and researchers) may help to attract EU and other international grants.
- The AP strongly recommends that gender inequality be taken seriously. There is still a significant disparity between female and male professors (9 versus 38 males). Females should be encouraged to apply of high-level professor positions.
- It is recommended that the undergraduate guide book be revised so that it explicitly outlines the process and the appropriate administrative offices and mental health practitioners to contact for academic advising, issues related to academic dishonesty and plagiarism, engagement in research and internal review process for the protection of human subjects, accommodations for students with learning and physical disabilities, and most importantly, in the event of a crisis due to bullying or sexual harassment, etc.. The AP recommends that the student guidebook be available electronically on the medical school's website so students can readily access the information online as a resource guide.
- It is suggested that the HQA and ADIP organize a follow-up external evaluation of the University of Thessaly's medical programs, in approximately two to four years maximum, to ensure implementation of the recommended changes for re-accreditation.

## Principle 2: Design and Approval of Programmes

**INSTITUTIONS SHOULD DEVELOP THEIR UNDERGRADUATE PROGRAMMES FOLLOWING A DEFINED WRITTEN PROCESS WHICH WILL INVOLVE THE PARTICIPANTS, INFORMATION SOURCES AND THE APPROVAL COMMITTEES FOR THE PROGRAMME. THE OBJECTIVES, THE EXPECTED LEARNING OUTCOMES, THE INTENDED PROFESSIONAL QUALIFICATIONS AND THE WAYS TO ACHIEVE THEM ARE SET OUT IN THE PROGRAMME DESIGN. THE ABOVE DETAILS AS WELL AS INFORMATION ON THE PROGRAMME'S STRUCTURE ARE PUBLISHED IN THE STUDENT GUIDE.**

*Academic units develop their programmes following a well-defined procedure. The academic profile and orientation of the programme, the objectives, the subject areas, the structure and organisation, the expected learning outcomes and the intended professional qualifications according to the National Qualifications Framework for Higher Education are described at this stage. The approval or revision process for programmes includes a check of compliance with the basic requirements described in the Standards, on behalf of the Institution's Quality Assurance Unit (QAU).*

*Furthermore, the programme design should take into consideration the following:*

- the Institutional strategy*
- the active participation of students*
- the experience of external stakeholders from the labour market*
- the smooth progression of students throughout the stages of the programme*
- the anticipated student workload according to the European Credit Transfer and Accumulation System*
- the option to provide work experience to the students*
- the linking of teaching and research*
- the relevant regulatory framework and the official procedure for the approval of the programme by the Institution.*

### Study Programme compliance

The Medical School of the University of Thessaly undergraduate program is designed and approved by the Curriculum Committee, the Medical school level Internal Evaluation Group (IEG/OMEA), the University Level Quality Assurance unit (QAU/MOΔΙΠ) and the Medical School General Assembly. The principle or framework that guides the curriculum design of the Medical School of the University of Thessaly is the current legislation, although no specific legislation exists for curriculum content. Content is instructed by and harmonized with the curricula of other medical schools. The curriculum is based on special study modules of 360 European Credit Transfer System (ECTS) (30 ECTS per semester) and carries a Diploma Supplement Label (DS Label).

The General Assembly of the Medical school that has the final approval authority on curriculum and teaching changes. The Medical school of the University of Thessaly has established a Curriculum Committee that oversees the medical student curriculum in terms of content, learning objectives and teaching strategies. The committee is comprised by faculty from different departments. The Curriculum Committee meets regularly to update and revise the curriculum (6-8 times per year). The IEG/OMEA holds 2-3 meetings annually to monitor the

implementation of the study program, monitor via evaluations the performance of teaching faculty and students and to recommend changes and improvements to the study program and faculty teaching.

Student representatives are consulted by the Curriculum Committee but it remains unclear if they actively participate and contribute to the committee as full members. Student representatives participate in the Medical School General Assembly and have voting rights for the approval or rejection of changes.

The Curriculum Committee has taken the initiative to have 2 members are enrolled in a Masters in Medical/Clinical Education Distance Learning Degree from the University of Edinburgh. The knowledge and expertise these two members will bring to the study program will be invaluable and is expected, if utilized appropriately, to allow for the continuous update and renewal of the study program/curriculum with new teaching methods and learning objectives.

Although good relationships exist between external stakeholders and the Medical school of the University of Thessaly, external stakeholders have little input in the curriculum and study program. There is a Career and Employment Unit at the University of Thessaly in Volos but its activity and advice to medical students is unclear.

Student workload in the Curriculum is quantified in terms of ECTS units. The Curriculum sets learning objectives, expected learning outcomes and expected skills that are required for the professional qualification and degree of medical doctor and the medical license approval upon graduation.

The students receive clinical experience during their training but little work experience outside the affiliated hospitals. A percentage of students have the opportunity to participate in programs abroad whether clinical training at Medical institutions or health care missions in developing countries.

A small percentage of students have the opportunity to participate in research. According to the IEG/OMEA, approximately 10% of the undergraduate medical students engage in research in Years 3-5. However, an organized program that increases awareness of research opportunities and the benefits of student participation is not established. Such a program would potentially attract a wider group of students. Some financial incentives and support for such research in the form of a research funding/scholarship program would facilitate student research.

The student guide is currently lacking important information and requires substantial revision. Responsibilities and rights of students are not clearly presented. A code of conduct booklet exists for the University of Thessaly as a whole, but this needs to be made more visible and easily accessible via the Medical School website and the student guide book. A clear presentation of expectations and principals of ethical behavior, medical ethics, scientific integrity and regulatory compliance, are not presented to students in the student guide book. In addition, the grievance/complaint process is unclear and only refers to issues related to the study program and grading. A concise presentation of essential information that guides the students to undertake their studies, what are the expectations and requirements, and the expected professional conduct should be one of the main focuses of the guide book. Cataloguing of faculty personnel should be removed from the guide book.

## Panel judgement

<b>Principle 2: Design and Approval of Programmes</b>	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

## Panel Recommendations

- The relationship, responsibilities and duties, of the Curriculum Committee, IEG/OMEA and QAU/MOΔΙΠ and the formal implementation of meetings remains unclear and needs to be clearly established. Who has the decision mandate, approval and implementation authority and the approval flow between individual committees needs to be clearly established in writing. Who makes the final recommendation for changes to the Medical School General Assembly for its approval remains unclear. A stricter distribution of duties is required.
- The knowledge and expertise the two members trained in Medical Education should be fully exploited. A clear leadership role in the Curriculum Committee and IEG/OMEA should be assigned in order to ensure the implementation of new teaching methods and learning objectives.
- A career and employment unit that specializes on medical student advice is needed.
- The opportunities for medical student research should be broadened. An increased awareness of research opportunities and the benefits of student participation in research is needed. A program needs to be established that informs and provides support in the form of research funding/scholarships to the very best of students.
- The student guide is currently inadequate and needs substantial revision. The guide should explicitly explain responsibilities and rights of students, professional and ethical behavior, scientific integrity and regulatory compliance/safety. Instructions of the grievance/complaint process and how one deals with inappropriate behavior of fellow students or faculty need to be explicitly presented. Student support services should be presented clearly. The guide should direct students on the website to find further detailed information and resources.

### Principle 3: Student- centred Learning, Teaching and Assessment

**INSTITUTIONS SHOULD ENSURE THAT THE UNDERGRADUATE PROGRAMMES ARE DELIVERED IN A WAY THAT ENCOURAGES STUDENTS TO TAKE AN ACTIVE ROLE IN CREATING THE LEARNING PROCESS. THE ASSESSMENT METHODS SHOULD REFLECT THIS APPROACH.**

*Student-centred learning and teaching plays an important role in stimulating students' motivation, self-reflection and engagement in the learning process. The above entail continuous consideration of the programme's delivery and the assessment of the related outcomes.*

*The student-centred learning and teaching process*

- *respects and attends to the diversity of students and their needs, enabling flexible learning paths;*
- *considers and uses different modes of delivery, where appropriate;*
- *flexibly uses a variety of pedagogical methods;*
- *regularly evaluates and adjusts the modes of delivery and pedagogical methods aiming at improvement*
- *regularly evaluates the quality and effectiveness of teaching, as documented especially through student surveys;*
- *reinforces the student's sense of autonomy, while ensuring adequate guidance and support from the teaching staff;*
- *promotes mutual respect in the student - teacher relationship;*
- *applies appropriate procedures for dealing with students' complaints.*

*In addition :*

- *the academic staff are familiar with the existing examination system and methods and are supported in developing their own skills in this field;*
- *the assessment criteria and methods are published in advance;*
- *the assessment allows students to demonstrate the extent to which the intended learning outcomes have been achieved. Students are given feedback, which, if necessary is linked to advice on the learning process;*
- *student assessment is conducted by more than one examiner, where possible;*
- *the regulations for assessment take into account mitigating circumstances*
- *assessment is consistent, fairly applied to all students and carried out in accordance with the stated procedures;*
- *a formal procedure for student appeals is in place.*

#### Study Programme compliance

Although students reported that there are some accommodations and support services for students with special need and learning disabilities, special accommodations are handled on an individual basis. Greek and foreign students reported challenges transitioning into the program.

The current pedagogy for teaching in the medical school include mostly traditional lectures, small group laboratory assignments and clinical modules, and use of a web-based platform for posting syllabi and class lectures (i.e., Moodle). Currently, there is a lack of or a limited number of student-centered teaching pedagogies that utilize critical thinking and problem-based learning models, e-learning, and other more contemporary teaching models.

The Curriculum Committee indicated that they are currently considering a mixed model curriculum based on both traditional and student-centered learning pedagogies. Any changes to undergraduate medical school's curriculum will need to be approved by the General Assembly.

As previously stated, students reported that in general they felt supported in medical school faculty and staff, however, they expressed uncertainty about specific university and program policies. Students were informed about whom to contact for academic advising, tutoring and housing during the student orientation at the start of Year 1, but this information was not published in the student guidebook or published on the medical school's website in a comprehensive manner.

Students were not required to attend academic advising regularly, but reported they knew whom to consult on an as needed basis. Critical information was delivered mostly during the first year orientation, in some courses, or from senior classmates. Some students reported a sense of autonomy for engaging in research, semesters abroad (ERAMUS), and other opportunities available to them, yet those students who were not as motivated or informed were not knowledgeable about such opportunities.

An appeal process exists for students to file complaints. Students click on a link on the Medical school website to file a complaint anonymously, which is received by the secretary in the President's Office. The system is problematic since it is difficult to protect the student's anonymity yet file the grievance at the same time. Students must enter their email address in the body of the grievance they file through the link. It is not clear whether there is any follow through for each grievance filed and whether the student's confidential information is protected and there is no concern for retribution.

Faculty have academic freedom and autonomy for organizing and teaching their courses in the format of their choice, including methods for exams and evaluating of students. Currently there is no center for faculty development for teaching instruction. The IEG and Curriculum Committee will provide instruction to faculty so that they may develop their own skills once the two faculty mentors complete the pedagogical coursework in coursework development.

The student handbook provides information regarding specific grades that must be achieved to graduate and fulfill ECTS credit hours. The assessment procedures include a variety of test formats ranging from multiple choice examinations, essays, oral presentations, and projects. The assessment process for each course is determined by each faculty member and is provided on the course syllabus. Oral examinations include evaluations by two faculty members to control for bias and objectivity. Each faculty member provides each student feedback based on their performance in the course.

Although each course syllabus includes the content to be covered in the course and general objectives for the course, information of the required textbook, specific content linked to each objective and knowledge and skills to be demonstrated is not a standardized process in the medical school curriculum for all courses across the board. Faculty are not required to list the objectives for each lecture at this time.

The clinical coursework is skilled based and typically requires a certain amount of patient contact time or clinical procedures to be performed on patients prior to graduation. Students must have



faculty sign off on their clinical log in order for the coursework to count towards graduation requirements. According to students, a similar log for documenting lab attendance and patient observations is also completed by undergraduate medical students in Years 1-4.

According to students, the regulations for assessment take into account mitigating circumstances. Special accommodations for examinations are possible based on students' special needs or learning styles and is handled on an as needed basis.

### Panel judgement

<b>Principle 3: Student- centred Learning, Teaching and Assessment</b>	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

### Panel Recommendations

- As previously stated, the AP recommends that procedures for student accommodations and support services for students, especially for those with special needs, learning disabilities, and from diverse backgrounds be outlined in the student guidebook. The student guidebook should be available electronically and the medical school's website so students can readily access the information online. The student handbook and website should be updated more frequently so that it is up-to-date.
- The AP recommends that the Curriculum Committee establish a formal process for mentoring all faculty on teaching pedagogies and provide faculty opportunities for professional development in teaching. A student-centered learning curriculum should be implemented.
- The AP also strongly recommends that faculty be provided sufficient resources to travel to professional conferences for professional development and presentation of their research. Currently faculty are only provided 300 Euros to attend conferences and being released from their covering courses is problematic.
- The AP recommends that the formal appeal process be specifically stated in the student guidebook that is distributed out to students in Year 1. Special accommodations for examinations for students with special needs, learning styles and with mitigating circumstances be specifically stated and outlined in the student guidebook.

## Principle 4: Student Admission, Progression, Recognition and Certification

**INSTITUTIONS SHOULD DEVELOP AND APPLY PUBLISHED REGULATIONS COVERING ALL ASPECTS AND PHASES OF STUDIES (ADMISSION, PROGRESSION, RECOGNITION AND CERTIFICATION).**

*Institutions and academic units need to put in place both processes and tools to collect, manage and act on information regarding student progression.*

*Procedures concerning the award and recognition of higher education degrees, the duration of studies, rules ensuring students progression, terms and conditions for student mobility should be based on the institutional study regulations. Appropriate recognition procedures rely on institutional practice for recognition of credits among various European academic departments and Institutions, in line with the principles of the Lisbon Recognition Convention.*

*Graduation represents the culmination of the students' study period. Students need to receive documentation explaining the qualification gained, including achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed (Diploma Supplement).*

### Study Programme compliance

The medical school accepts students according to a system of competitive general national examinations. The base score for entry for 2018 was 18597 units. An organized curriculum is followed in accordance with the published curriculum, which is subject to periodic internal evaluation by the Curriculum Committee and the IEG/OMEA. Courses are updated or removed or revised, after evaluation and recommendation by the IEG/OMEA.

ECTS are applied across the curriculum according to the Lisbon convention and this ensures recognition amongst other European academic departments and Institutions.

The introduction of the students starts with a welcoming day, which includes an introduction to methods that ensure a smooth transition from basic education to higher education.

There is an academic advisor who is assigned to students. The advisor comes in contact with newly arrived students but it remains unclear how closely the monitors follow student progress or how frequently meetings are held between student and monitor.

The enrollment or retention of the student from the study program is recorded each year using a "logbook" on a daily basis that records the daily attendance of the student. These elements are one of the criteria for student's participation in the final exams of each course.

Students during their studies are encouraged to promote their mobility through workshops and participation in Erasmus programs. Students are offered opportunities to utilize and hone their skills and specialization by attending workshops and conferences, and participating in research programs. These research programs are implemented in collaboration with laboratory

departments and with the support of national and international organizations and companies as well as with funding through the E.S.P.A program.

At the Medical school there are organized student groups of artistic interest such as theater, music dance groups with activity in the local community.

In addition, students are encouraged to volunteer and participate in social solidarity activities such as the "social medicine and pharmacy clinic" which are staffed and operated on a daily basis for people in need. A number of scholarships are awarded to medical students and create a strong motivation to enhance students' learning. These are funded through local sources.

The students receive a Diploma Supplement documentation that accompanies the diploma and provides additional information for each student about the gained qualifications the achieved learning outcomes, the context, level, content and status of the studies.

An electronic platform that enables electronic course evaluation using questionnaires has been implemented to assess and enhance the quality of teaching.

#### Panel judgement

<b>Principle 4: Student Admission, Progression, Recognition and Certification</b>	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

#### Panel Recommendations

- Regulations covering student progression, progression monitoring and evaluations should be clearly published in the handbook and the website of the school of Medicine.

## Principle 5: Teaching Staff

**INSTITUTIONS SHOULD ASSURE THEMSELVES OF THE QUALIFICATIONS AND COMPETENCE OF THE TEACHING STAFF. THEY SHOULD APPLY FAIR AND TRANSPARENT PROCESSES FOR THE RECRUITMENT AND DEVELOPMENT OF THE TEACHING STAFF.**

*The Institutions and their academic units have a major responsibility as to the standard of their teaching staff providing them with a supportive environment that promotes the advancement of their scientific work. In particular, the academic unit should:*

- *set up and follow clear, transparent and fair processes for the recruitment of properly qualified staff and offer them conditions of employment that recognize the importance of teaching and research;*
- *offer opportunities and promote the professional development of the teaching staff;*
- *encourage scholarly activity to strengthen the link between education and research;*
- *encourage innovation in teaching methods and the use of new technologies;*
- *promote the increase of the volume and quality of the research output within the academic unit*
- *follow quality assurance processes for all staff members (with respect to attendance requirements, performance, self-assessment, training etc.);*
- *develop policies to attract highly qualified academic staff;*

### Study Programme compliance

The selection of staff is made with meritocratic procedures and transparency, in accordance with the candidates' academic qualifications and teaching ability. Outside recruitment of new faculty, however, is limited. Staff are provided with equal opportunities for development, promotion and lifelong learning.

The mobility of staff is encouraged but it remains unclear what institutional procedures are in place that supports mobility. The shortage of support staff raises the question if teaching staff can successfully conduct both research and teaching activities.

Research programs under the guidance of teachers are in full development, in collaboration with laboratories and with the active participation of students, ensuring an efficient combination of teaching and research.

Teaching staff and courses are evaluated through an anonymous questionnaire completed electronically by the students. Monitoring of student and teacher performance and participation in each course, is also completed electronically.

The academic unit has not defined a research strategy that focuses on scientific areas of strength.

### Panel judgement

Principle 5: Teaching Staff	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

## **Panel Recommendations**

- Identify areas of research excellence and focus research activities.
- The renewal of the human potential of the Medical School is critical to the future success of the school. The school needs to avoid institutional inbreeding and has to promote talent recruitment. The school of Medicine should promote teacher and researcher recruitment from outside the University of Thessaly and preferably abroad.
- Financial support for conference attendance and scientific exchanges need to be made available to teaching staff.

## Principle 6: Learning Resources and Student Support

**INSTITUTIONS SHOULD HAVE ADEQUATE FUNDING TO COVER TEACHING AND LEARNING NEEDS. THEY SHOULD –ON THE ONE HAND- PROVIDE SATISFACTORY INFRASTRUCTURE AND SERVICES FOR LEARNING AND STUDENT SUPPORT AND–ON THE OTHER HAND- FACILITATE DIRECT ACCESS TO THEM BY ESTABLISHING INTERNAL RULES TO THIS END (E.G. LECTURE ROOMS, LABORATORIES, LIBRARIES, NETWORKS, BOARDING, CAREER AND SOCIAL POLICY SERVICES ETC.).**

*Institutions and their academic units must have sufficient funding and means to support learning and academic activity in general, so that they can offer to students the best possible level of studies. The above means could include facilities such as libraries, study rooms, educational and scientific equipment, information and communications services, support or counselling services.*

*When allocating the available resources, the needs of all students must be taken into consideration (e.g. whether they are full-time or part-time students, employed or international students, students with disabilities) and the shift towards student-centred learning and the adoption of flexible modes of learning and teaching. Support activities and facilities may be organised in various ways, depending on the institutional context. However, the internal quality assurance ensures that all resources are appropriate, adequate, and accessible, and that students are informed about the services available to them.*

*In delivering support services the role of support and administrative staff is crucial and therefore they need to be qualified and have opportunities to develop their competences.*

### Study Programme compliance

The infrastructure of the Medical School academic campus and the teaching University hospital provides adequate space for the teaching of medical students. The quality of current space and facilities i.e. study rooms, library facilities and journal access, auditorium, laboratory teaching spaces, internet access are deemed as good to very good. However, the increase in numbers of medical students admitted and attending the program has the utilization of this infrastructure currently at capacity. This makes the long-established infrastructure expansion plans that include new auditoriums, and teaching and research space, an absolute necessity.

Infrastructure design and improvement should take into consideration students with special needs. Current infrastructure is only partially adequate for students with disabilities with some sites being nearly inaccessible.

The Medical School has established an electronic platform that allows students to monitor their progress and receive information for the school of Medicine. The implementation of an electronic logbook that records skill acquisition and training of medical students facilitates the monitoring by both students and faculty of the completeness of training.

The shift to student centered learning and more flexible modes of teaching also discussed and to some degree planned has not been implemented at a large scale. Subject content delivery via e-learning is underutilized and small group self-teaching have not been widely implemented.

Slides of lectures delivered in-person are being provided electronically to students but little other content is presented by e-learning. E-teaching modules and webinars should be more widely implemented and replace a substantial number of face-to-face lectures. Two major obstacles are preventing the implementation of new teaching methods. Shortage of staff and lack of expertise. The current training of two faculty members in a Ms. of Medical Education is expected to provide essential knowledge and tremendous impetus for the implementation of new teaching methods. The delivery of problem-based learning and small group teaching is seriously hampered by staff shortage and the lack of junior faculty. The better utilization of e-learning would reduce teaching burden and also facilitate to the implementation of problem-based learning and small group teaching.

The delivery of support services needs to be streamlined and there needs to be an increase in awareness of the existence of such services to students. The guide book needs to include support services. Mental health support to students exists at the level of the University of Thessaly (Psychological Counseling and Support for Students) but this is not included in the guide book. Trained psychologists are made available for this student service.

An office for students with disabilities does not formally exist. Currently, it is unclear what recourse students with disabilities have and who to contact when they have problems.

A formal grievance/mistreatment office does not exist. Currently in the guide book there is mention of a process to complain about study issues and grades which involves contacting the secretary of the school and the relay of this information to the president. Students appeared unaware of how to deal with inappropriate behavior and who to contact. The establishment of 2-3 confidential contact faculty (of both genders) and the reassurance of guarantees against retaliation need to be formalized and included in guide book and on the website. Such a confidential grievance/mistreatment office should also exist for faculty to appropriately resolve differences between faculty members.

Issues of confidentiality of any communication with support services needs to be stressed and ensured. The website should have a student services section that clearly lists and describes services.

### Panel judgement

<b>Principle 6: Learning Resources and Student Support</b>	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

### Panel Recommendations

- The long overdue infrastructure expansion that includes the building of new auditoriums, and teaching and research space, is essential for the delivery of quality education. Funding for these expansion plans should be a top priority of the administration of the Medical School and the University of Thessaly. This expansion of infrastructure is vital to the preservation of the quality of medical student education.

- Housing facilities available to medical students were presented as sufficient but could be improved. A survey of housing needs and available resources need to be annually conducted.
- Special attention is needed to students with special needs and disabilities. Infrastructure should be surveyed and changes implemented to allow full access to facilities for these students.
- Modern teaching methods need to be more widely implemented. Problem-based learning and small group teaching should be employed at a larger scale. E-teaching modules and webinars should be utilized to replace a substantial number of face-to-face lectures.
- Shortage of staff needs to be addressed with the hiring of junior faculty and staff.
- The support services (mental health services etc.) needs to be become easily accessible and their existence made clear to students (in guide book and website). Both the guide book and website need to include a clear section on student support and explain what type, for what needs and clear instructions who to contact.
- An office for students with disabilities needs to be established. It is recommended that a confidential contact faculty be appointed that has expertise to deal with students with special needs. Information should be included in guide book and on website.
- A formal grievance/mistreatment/confidentiality process needs to be established. This should include 2-3 contact faculty (of both genders) that both students and faculty can approach. The process should provide assurance of confidentiality and guarantee against retaliation. The process and guarantees should be presented in the guide book and on website. It should be made clear that any inappropriate behavior, misconduct, threatening behavior or any behavior that makes a student feel unsafe or uncomfortable should be reported and discussed with the contact faculty. A framework of how complaints are anonymously handled by the contact faculty and the reporting process to administration/school should be established.
- The confidentiality of any communication with support services needs to be stressed and ensured.
- It is strongly recommended that IEG/OMEA and QAU/MOΔIΠ revise and update policies and services for student support at the university.



## Principle 7: Information Management

**INSTITUTIONS BEAR FULL RESPONSIBILITY FOR COLLECTING, ANALYSING AND USING INFORMATION, AIMED AT THE EFFICIENT MANAGEMENT OF UNDERGRADUATE PROGRAMMES OF STUDY AND RELATED ACTIVITIES, IN AN INTEGRATED, EFFECTIVE AND EASILY ACCESSIBLE WAY.**

*Institutions are expected to establish and operate an information system for the management and monitoring of data concerning students, teaching staff, course structure and organisation, teaching and provision of services to students as well as to the academic community.*

*Reliable data is essential for accurate information and for decision making, as well as for identifying areas of smooth operation and areas for improvement. Effective procedures for collecting and analysing information on study programmes and other activities feed data into the internal system of quality assurance.*

*The information gathered depends, to some extent, on the type and mission of the Institution. The following are of interest:*

- *key performance indicators*
- *student population profile*
- *student progression, success and drop-out rates*
- *student satisfaction with their programme(s)*
- *availability of learning resources and student support*
- *career paths of graduates*

*A number of methods may be used for collecting information. It is important that students and staff are involved in providing and analyzing information and planning follow-up activities.*

### Study Programme compliance

The AP was provided a number of summary reports consisting of University and Departmental demographic data with respect to number of faculty, student profiles, faculty publications, grant monies awarded annually, student graduation rates, dropout rates, and number of years to complete the program, and the number of doctoral students, to name some.

On an annual basis, MODIP has a platform to collect, manage and analyze data using the Statistics Cardisoft program. The Curriculum Committee's attendance is also documented by the Internal Evaluation Group (IEG/OMEA) in collaboration with faculty and the General Assembly. Student outcome data and satisfaction surveys regarding teaching effectiveness are analyzed and are correlated student examination grades. This allows MODIP, OMEA and the Curriculum Committee to make improvements to the program and monitor progress. Alumni data were not evident to the AP to review.

### Panel judgement

<b>Principle 7: Information Management</b>	
Fully compliant	<b>X</b>
Substantially compliant	
Partially compliant	
Non-compliant	

### Panel Recommendations

The AP recommends that outcome data be posted on the University of Thessaly's website, including number of alumni, faculty publications, grant monies awarded, etc.

## Principle 8: Public Information

**INSTITUTIONS SHOULD PUBLISH INFORMATION ABOUT THEIR TEACHING AND ACADEMIC ACTIVITIES WHICH IS CLEAR, ACCURATE, OBJECTIVE, UP-TO-DATE AND READILY ACCESSIBLE.**

*Information on Institution's activities is useful for prospective and current students, graduates, other stakeholders and the public.*

*Therefore, institutions and their academic units provide information about their activities, including the programmes they offer, the intended learning outcomes, the qualifications awarded, the teaching, learning and assessment procedures used, the pass rates and the learning opportunities available to their students, as well as graduate employment information.*

### Study Programme compliance

Information on Institution's activities is currently published on the Medical school's website and in the student handbook. The Medical school provides information about both undergraduate and postgraduate programs that the school offers. Most information is only included in the student handbook. There is no information on the intended learning outcomes, the qualifications awarded, the teaching, learning and assessment procedures used, the pass rates, the learning opportunities as well as graduate employment information available to their students and this is also not accessible to the public.

### Panel judgement

Principle 8: Public Information	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

### Panel Recommendations

Update medical school website to provide students and public with intended learning outcomes, the qualifications awarded, the teaching, learning and assessment procedures used, the pass rates, the learning opportunities available to students, and graduate employment information.

## Principle 9: On-going Monitoring and Periodic Internal Review of Programmes

**INSTITUTIONS SHOULD HAVE IN PLACE AN INTERNAL QUALITY ASSURANCE SYSTEM FOR THE AUDIT AND ANNUAL INTERNAL REVIEW OF THEIR PROGRAMMES, SO AS TO ACHIEVE THE OBJECTIVES SET FOR THEM, THROUGH MONITORING AND AMENDMENTS, WITH A VIEW TO CONTINUOUS IMPROVEMENT. ANY ACTIONS TAKEN IN THE ABOVE CONTEXT SHOULD BE COMMUNICATED TO ALL PARTIES CONCERNED.**

*Regular monitoring, review and revision of study programmes aim to maintain the level of educational provision and to create a supportive and effective learning environment for students.*

*The above comprise the evaluation of:*

- the content of the programme in the light of the latest research in the given discipline, thus ensuring that the programme is up to date;*
- the changing needs of society*
- the students' workload, progression and completion;*
- the effectiveness of the procedures for the assessment of students*
- the students' expectations, needs and satisfaction in relation to the programme;*
- the learning environment, support services and their fitness for purpose for the programme*

*Programmes are reviewed and revised regularly involving students and other stakeholders. The information collected is analysed and the programme is adapted to ensure that it is up-to-date. Revised programme specifications are published.*

### Study Programme compliance

The medical school has established a Curriculum Committee and the IEG/OMEA that monitor the content of the program and the student workload. The Curriculum Committee meets regularly to update and revise the curriculum. Scientific changes and changing needs in society are taken into account. The IEG/OMEA meets regularly and monitors in addition the implementation of the study program, and its effectiveness by an electronic platform that enables assessment of student and faculty performance and the assessment of the effectiveness of procedures and teaching methods. Students' workload, progress and the numbers of students completing the program in time is closely monitored by the IEG/OMEA. The study program is reviewed and revised regularly and student representatives are consulted. Other stakeholders however are not consulted but this is not deemed a critical point for medical education. All changes to curriculum need be approved by the Medical School General Assembly where student representatives participate with voting rights thus appropriate student participation is provided in program design.

### Panel judgement

<b>Principle 9: On-going Monitoring and Periodic Internal Review of Programmes</b>	
Fully compliant	<b>X</b>
Substantially compliant	
Partially compliant	
Non-compliant	

## **Panel Recommendations**

No recommendations.

## Principle 10: Regular External Evaluation of Undergraduate Programmes

**PROGRAMMES SHOULD REGULARLY UNDERGO EVALUATION BY COMMITTEES OF EXTERNAL EXPERTS SET BY HQA, AIMING AT ACCREDITATION. THE TERM OF VALIDITY OF THE ACCREDITATION IS DETERMINED BY HQA.**

*HQA is responsible for administrating the programme accreditation process which is realised as an external evaluation procedure, and implemented by a committee of independent experts. HQA grants accreditation of programmes, with a specific term of validity, following to which revision is required. The accreditation of the quality of the programmes acts as a means of verification of the compliance of the programme with the template's requirements, and as a catalyst for improvement, while opening new perspectives towards the international standing of the awarded degrees.*

*Both academic units and institutions participate in the regular external quality assurance process, while respecting the requirements of the legislative framework in which they operate.*

*The quality assurance, in this case the accreditation, is an on-going process that does not end with the external feedback, or report or its follow-up process within the Institution. Therefore, Institutions and their academic units ensure that the progress made since the last external quality assurance activity is taken into consideration when preparing for the next one.*

### Study Programme compliance

The undergraduate program of the Medical school of the University of Thessaly is currently undergoing an external evaluation mandated by HQA for the first time. External evaluation is being conducted by an external panel of experts assembled by HQA. The educational, research and health care activities of the Medical school as an academic unit were externally evaluated in 2011 by an external committee mandated by HQA.

Quality assurance of the undergraduate program of the Medical school of the University of Thessaly is being implemented with the establishment of the Internal Evaluation Group (IEG/OMEA) and the Quality Assurance unit (QAU/MOΔΙΠ). These two committees at the Medical School and University level oversee issue of quality and accreditation. These two committees meet regularly and monitor the quality of teaching, study program content and teacher and student performance.

The implementation of the Curriculum Committee, IEG/OMEA and QAU/MOΔΙΠ has enabled the Medical school of the University of Thessaly to address issues raised during the previous academic unit evaluation of the Medical School in 2011. Major educational issues raised by the 2011 review was the need for continuous and regular revision of curriculum, and the adoption of modern teaching methods (small group problem-based teaching, e-learning, focus on clinical skill acquisition and integration of preclinical and clinical subjects).

The Curriculum Committee and IEG/OMEA have decided a number of changes to the teaching approaches. These have not been fully implemented. The issues/problems have been identified and strategies have been developed to implement change. This provides confidence that the Medical school will be able to adjust, update, modernize and further improve the undergraduate program. For this it is critical that the framework for the function and responsibilities of the

Curriculum Committee, IEG/OMEA and QAU/MOΔΙΠ are clearly established by the Medical school and the University of Thessaly.

### Panel judgement

<b>Principle 10: Regular External Evaluation of Undergraduate Programmes</b>	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

### Panel Recommendations

- Curriculum changes identified in the previous 2011 review should be fully implemented. This is true for the implementation of modern teaching methods. The reliance on face-to-face classroom type lectures should be reduced.
- Regular meetings of IEG/OMEA and QAU/MOΔΙΠ should be formalized and mandated. An end year review of course evaluations, teaching program and student and faculty performance should be performed in order to guide revisions or improvements of the teaching program.

## **PART C: CONCLUSIONS**

### **I. Features of Good Practice**

Great progress has been made since the 2011 evaluation of the Medical School in relation to educational activities. The Medical school and the University of Thessaly have established a Curriculum Committee, the Medical school level Internal Evaluation Group (IEG/OMEA) and the University Quality Assurance unit (QAU/MOΔΙΠ). The undergraduate bachelors program is designed and approved by the Curriculum Committee, IEG/OMEA and QAU/MOΔΙΠ. Final approval is delegated to the Medical School General Assembly. ECTS have been adopted by the curriculum. The principle or framework for the curriculum is harmonized with the curricula of other medical schools. The curriculum comprises of 360 ECTS and carries a DS Label.

The study program provides clear learning objectives, expected learning outcomes and expected skills that will be acquired. This greatly facilitates the training of medical students.

The study program of the medical school undergoes continuous review Curriculum Committee and IEG/OMEA. An electronic platform and a course evaluation program have been established that allow monitoring of the performance of the study program but also the individual performance of courses, lectures, students and faculty. Regular meetings of Curriculum Committee and IEG/OMEA provide oversight and recommend changes to the medical student curriculum in terms of content, learning objectives and teaching strategies.

A major strength is seen in the initiative of the Medical School to train their faculty in modern educational methods. The Medical school has enrolled 2 faculty members to a Masters in Medical/Clinical Education at the University of Edinburgh. If utilized appropriately, this will prove an invaluable resource for the modernizing of teaching methods.

It is worthy to mention the unique philanthropic activities offered to some students. In particular, medical missions to African countries and the volunteering with the community outpatient clinic, which serves citizens from underprivileged backgrounds in the local community. This provides unique experiences to students to voluntarily serve people in need.

### **II. Areas of Weakness**

The most important weaknesses identified are related to the teaching methods, the lack or underdevelopment of important courses, support services and the handbook.

1) The teaching methods and tools, although moving in the right direction, need to be modernized. Currently not enough content is delivered via e-learning and self-directed small group learning. A percentage of the course material should be presented by non-lecture type approaches.

2) Courses need to provide students with important training on self-directed and lifelong learning. The rapid change of medical knowledge makes it essential that medical students



acquire the skills to be able to access reliable information, critically appraise the quality and source of this information and draw conclusions. This requires an introduction into critical thinking and the scientific method of clinical and translational research.

3) A course that includes Medical Ethics and professional behavior should be introduced earlier in the curriculum. This course should also introduce students to principles of scientific integrity, human subject research, animal research, biosafety and recombinant DNA safety.

4) The student handbook requires significant revision. The handbook should introduce students the principles of ethical behavior, the academic code of conduct, professional behavior and scientific integrity. The handbook should direct to support services for mental health, grievances, students with disabilities etc.

5) A formal grievance/mistreatment process needs to be established. This confidential and retaliation free process should designate responsible faculty that can be approached by any student or faculty. What constitutes inappropriate behavior should be explicitly explained in both handbook and website.

6) There is no clear process or office that addresses issues of students with disabilities.

### **III. Recommendations for Follow-up Actions**

1) Establish clearly demarcated relationships, responsibilities and duties, for the Curriculum Committee, IEG/OMEA and QAU/MOΔΙΠ.

2) The percentage of the course material delivered by non-traditional lecture type approaches needs to be defined. The implementation of e-modules, webinars and small-group teaching and problem-based learning needs to form a substantial part of the curriculum.

3) Revise the student handbook.

4) Establish a formal grievance/mistreatment process/office.

5) Establish an office for students with disabilities.

6) A major problem that is a threat to Greek academia and society in general is the unabated brain drain. During the visit, the Accreditation Panel became intensely aware of the medical students' intention to continue their training or seek employment abroad. The lack of employment and training opportunities in Greece is a major threat to its future medical

community. Urgent measures need to be taken that ensure opportunities are created for either the specialty training or employment of doctors. This can take the form of special scholarships for excellence for the training in Greece or abroad of its best students. Employment conditions and salaries also need to be substantially improved to reverse this current.

7) The Medical school of the University of Thessaly is in need of infrastructure to accommodate the training of increasing numbers of medical students. Both teaching and research space is required.

8) The Medical school of the University of Thessaly has a significant shortage of staff and junior faculty. This shortage impacts the training of medical students and impedes the implementation of modern teaching methods. Recruitment of new talent to the Medical school will be critical to its future success.

#### **IV. Summary & Overall Assessment**

The Principles where full compliance has been achieved are:

Principle 7: Information Management

Principle 9: On-going Monitoring and Periodic Internal Review of Programmes

The Principles where substantial compliance has been achieved are:

Principle 1: Academic Unit Policy for Quality Assurance

Principle 2: Design and Approval of Programmes

Principle 3: Student- centred Learning, Teaching and Assessment

Principle 4: Student Admission, Progression, Recognition and Certification

Principle 5: Teaching Staff

Principle 6: Learning Resources and Student Support

Principle 8: Public Information

Principle 10: Regular External Evaluation of Undergraduate Programmes

The Principles where partial compliance has been achieved are:

None

The Principles where failure of compliance was identified are:

None

<b>Overall Judgement</b>	
Fully compliant	
Substantially compliant	<b>X</b>
Partially compliant	
Non-compliant	

**The members of the Accreditation Panel for the UGP of Medicine of the University of Thessaly**

**Name and Surname**

**Signature**

**Professor Peter Katsikis**

Erasmus University Medical Center, The Netherlands

**Professor Agapios Sachinidis**

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