Doc. 300.1.2/1

Date: 4/12/2024

Medical School's Response
(Basic Medical Education)

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

In Greek:
Ιατρική (6 Έτη/360 ECTS, Πτυχίο, M.D.

In English:
Medicine (6 Years/360 ECTS, M.D. Doctor of Medicine)

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

The present document has been prepared within the framework of the authority and competencies of the Cyprus Agency of Quality Assurance and Accreditation in Higher Education, according to the provisions of the "Quality Assurance and Accreditation of Higher Education and the Establishment and Operation of an Agency on Related Matters Laws" of 2015 to 2021 [L.136(I)/2015 – L.132(I)/2021].

Guidelines on Content and Structure of the Report

- The Medical School based on the External Evaluation Committee's (EEC's) evaluation report on Basic Medical Education (Doc.300.1.1/1) must justify whether actions have been taken in improving the quality of the programme of study in each assessment area and sub-area.

- The Medical School must respond on the following:

  - the deficiencies under the findings and areas of improvement
  - the recommendations, conclusions and final remarks noted by the EEC.

- In particular, for each sub-area the Medical School must state the actions taken to comply with the standards **and** provide evidence i.e. the appropriate documentation/policies/minutes/website links/annexes/etc. It is highlighted that the evidence must be provided by indicating the exact page where the information is and **not** as a whole document.

- The Medical School's response must follow below the EEC's comments, which must be copied from the external evaluation report on Basic Medical Education (Doc. 300.1.1/1).

Contents

Please add page numbering to the report after you are finished making all edits Page

A. ASSESSMENT AREAS

1. MISSION AND VALUES

	Sub-area	Non-compliant / Partially Compliant / Compliant
1.1	Stating the mission	compliant

Findings

This is a very progressive forward-looking school of medicine with strong leadership and a very good team of academic staff. The mission and general strategy of the MD programmel has been presented. It is also published and regularly disseminated. The EUC seems to particularly follow an inclusive approach by integrating stakeholders broadly. The mission is well placed with the external stakeholders.

Strengths

EUC has a clear mission/vision which is known to its stakeholders. It is also clearly visible that the EUC made an effort to include other frameworks such as ACGME and WFME. The school has strong values of inclusiveness, respect and dedication to excellence.

Areas of improvement and recommendations

The EUC should further develop their unique selling points (USPs), e.g. the international orientation, wet lab possibilities, clinical trials work and dry lab research including public health and bioinformatics, particularly in light of the evolving NHS. The Master of Medical Education would also represent such an USP although we understand the previous market for this was not compatible with its continuation.

EUC Response:

We greatly appreciate the EEC's recommendation to further develop our unique selling points (USPs). In response, we are working on expanding our offerings, including the full implementation of our Academic Clinical Trials Unit, and exploring advanced skills courses for clinicians and healthcare professionals, utilizing our state-of-the-art facilities such as the advanced life-support system and ultrasound trainer.

We are also considering the re-introduction of the M.Sc. in Medical Education, but as a first step in the process, we are exploring a Certificate Course in Medical Education through our University Future Skills Hub. This program is designed to spark interest in medical education and offer an accessible pathway for working professionals to build their expertise. Through the stacking of earned certificates, attendees could eventually lead to a M.Sc. in Medical Education.

The Certificate Course will focus on practical teaching skills and essential aspects of medical education, with the following features:

- Duration: 6 months,
- Delivery Mode: hybrid
- Assessment: Portfolio development, microteaching sessions, and capstone projects
- Target Audience: Healthcare professionals and educators in academic or clinical settings

Key modules include:

1. Foundations of Medical Education
2. Teaching and Learning Strategies
3. Assessment and Feedback
4. Curriculum Development and Evaluation
5. Leadership and Professionalism
6. Innovations in Medical Education
7. Scholarship in Medical Education (Optional)

The program aims to accelerate leadership and professional development in medical education, fostering a new generation of clinician-educators.

Many clinicians have very busy schedules so more protected time for teaching would be advisable.

EUC Response:
The School strives to accommodate the demanding schedules of clinicians and researchers involved in large international projects. To better meet the needs of our faculty, we manage the distribution of their responsibilities across teaching, research, clinical practice, and administration. While we cannot control the requirements of clinicians employed by hospitals, we do have flexibility in adjusting the hours of our full-time clinical faculty to provide more protected time for teaching.

2. CURRICULUM

	Sub-area	Non-compliant / Partially Compliant / Compliant
2.1	Intended curriculum outcomes	compliant
2.2	Curriculum organisation and structure	compliant
2.3	Curriculum content	compliant
2.4	Educational methods and experiences	compliant

Findings

The MD program was presented in detail with specified faculty, exemplified curricula, and outcome measures. The curriculum is in line with the requirements for basic medical education as outlined in the relevant Cypriot Lawa.

The curriculum is based on European standards and follows the approach of a competency-based integrated-spiral curriculum. It is divided into three phases: 1) foundations of medicine, 2) foundations of clinical practice, and 3) clinical medical care.

The curriculum is very student-oriented with an emphasis on critical thinking development from early on as well as very low student-staff-ratios throughout the curriculum. There is a sophisticated training environment including state-of-the-art high and low fidelity simulation, mannequins and standardized patients (in reality, senior students and other staff members) to foster skills training in the first three years. Students are followed with a bespoke electronic logbook. During the last year, longer clinical placements comprise the pre-internship and a compulsory research paper (MD thesis) is also required.

The allocation of students to a site is influenced by student preference and student nationality. Educators recognise that there are potential challenges in communication when the students are not fluent in Greek or when English fluency is insufficient between patient and student. In such cases, students will not see patients on their own. Spoken Greek for medical purposes is taught as needed. Digital learning activities are systematically included for students via blackboard, and for teachers an in-house content factory supports the creation of digital material. Students also have the opportunity to access commercial material (e.g. AMBOSS) with supplemented rates which are useful for external exams, particularly the USMLE. The faculty expressed a desire to expand its peer-teaching network.

Strengths

Well thought-out, transparent curriculum with clear endpoints. A drop in grades (GPA) triggers an obligatory meeting with the academic supervisor - a go-to faculty member every student has assigned from day 1. 95% complete the program successfully (graduation).

We have heard that, beyond this compulsory meeting, the open-door policy of faculty is highly regarded by students who highlight it as “faculty being alongside them”. It strengthens the “family feel” that runs through the school and enhances student experience and professional values.

The externship system and ERASMUS programme provides exciting opportunities for students to

further grow their clinical expertise in countries and/or specialities of their choosing. The project to deliver clinical education in Tanzania while provide community healthcare was particularly noteworthy.

Areas of improvement and recommendations

The curriculum is designed to build strong foundations in the first three years of applied knowledge alongside clinical skills and simulation-based expertise. Given that the programme leads to an MD with a mandatory thesis in year 6, we would suggest that opportunities should be provided in the first three years to ensure basic scientific / data interpretation skills were sound, to greater prepare students for future research.

EUC Response:

We sincerely appreciate the EEC's recognition of the strong foundation we provide to our students in clinical knowledge, skills and simulation-based training during their preclinical years. We fully concur with the importance of ensuring that students develop robust scientific and data interpretation skills early in their medical education to prepare them for future endeavors.

Currently, our preclinical curriculum is carefully designed to integrate basic and translational research skills and data analysis into various courses, including:

- **Biochemistry, Cell Biology, Genetics (Year 1 and 2):** Through wet labs in biological sciences and hands-on molecular biology techniques, students are immersed in the practical aspects of scientific investigation, equipping them to bridge basic science and clinical application. Students are also exposed to reviewing literature and presenting scientific posters
- **Biostatistics (Year 1):** Students are introduced to statistical principles and gain hands-on experience using software such as "R" for biostatistical analysis, focusing on medical research applications.
- **Epidemiology (Year 2):** This course emphasizes understanding study design and interpreting epidemiological data, providing a foundation for population-level health research.
- **Research Methods (Year 3):** Students practice systematic literature reviews and critical appraisal, along with exposure to qualitative and quantitative research methodologies.

Beyond coursework, we also actively encourage research engagement from the outset of the program. During the incoming **Student Orientation and Cyprus Annual Medical Students Meeting (CAMeSM).**, all medical students are introduced to the research opportunities available within the School. These presentations will highlight the importance of research in medicine, provide an overview of the main research areas available in the EUC School of Medicine and will showcase potential projects on which students can be involved. Building on this, we are launching a dedicated "Research Day", where faculty members will present their ongoing research projects and highlight opportunities for student involvment.

In order to develop our research capability and to introduce preclinical students to research, we are planning to organize a **basic research summer school**. This will involve taught courses on experimental design, research statistics and ethics, data analysis and interpretation, introduction to bioinformatics, and scientific paper writing and critical appraisal. Practical sessions on cell culture and basic molecular biology techniques, will also allow us to utilize our state-of-the-art wet laboratories to provide the students with hands-on experience on basic molecular research. The

summer school will complement the basic science modules taught in pre-clinical years, and provide students with an early introduction to research.

We are also enhancing collaboration between medical students and Ph.D. students within the School, creating mentorship opportunities and promoting interdisciplinary research. While this initiative is already underway informally, we are formalizing the process by posting availabe research opportunities on our website. Additionally, the Research Committee will work with faculty to expand and advertise summer research projects that students can join.

It should be noted that our students benefit significantly from the **Summer Externship Program**, which provides access to leading international hospitals, research institutions, and laboratories worldwide. Notably, nearly 40% of our students have participated in externships at prestigious institutions such as Oxford University, Johns Hopkins University, and Shriners Hospital for Children. These placements often include working in laboratories led by Nobel Laureates, offering unparalleled exposure to cutting-edge research and advanced clinical environments. These experiences not only prepare our students for future research but also strengthen ties between our School and global academic leaders. Attached please find a list of the typical Summer Externships offered to EUC Medical Students. (**Curriculum Appendix 1**)

We appreciate the EEC's thoughtful recommendation, which aligns closely with our strategic priorities. These initiatives, in addition to the required **Medical Thesis**, collectively underscore our commitment to cultivating the research acumen of our students, preparing them for success in both clinical practice and academic medicine.

We would strongly urge the faculty to further develop a more expansive and authentic interprofessional teaching paradigm, recognising the challenges that this creates in timetabling terms. IPE currently runs just in the third semester, which is unlikely to address intentions of interprofessional education (IPE), e.g. roles, perspectives, mutual understanding and value of roles. Despite the obstacles with true IPE the committee strongly believes this to be a necessary asset to the current curriculum.

EUC Response:
We acknowledge the critical importance of interprofessional education (IPE) in preparing students for collaborative practice within the healthcare workforce. While our dedicated IPE course in their second introduces foundational domains and principles of interprofessional healthcare—such as values and ethics, roles and responsibilities, interprofessional communication, and team-based care—we recognize the need to expand these efforts.

To address this, EUC is actively enhancing its English-language Health Sciences programs, including nursing, physiotherapy, and other allied health disciplines. As part of this expansion, we plan to implement several initiatives in year 3 (Foundations of Clinical Practice) and in the clinical years (Years 4–6). These include:

- **Inaugural bootcamps**: add seminars focusing on interprofessional collaboration and teamwork.
- **Team-based learning simulations:** designed to mirror real-world interprofessional scenarios.

- **Student-led interprofessional clinics:** fostering practical, hands-on collaboration among students from diverse disciplines.

These enhancements will reinforce interprofessional team-based skills, aligning with the Entrustable Professional Activities (EPAs) outlined in the Clinical Training Manual. By embedding these opportunities throughout the later phases of the curriculum, we aim to cultivate mutual understanding, respect for roles, and the skills necessary for effective interprofessional practice

The same accounts for the integration of artificial intelligence (AI): there is a definite need to use AI as a tool (e.g. learning analytics in the electronic logbook, AI as simulated patient) as well as prepare students for the understanding and usage of new technologies in the field of healthcare. The committee appreciates that as a first step an "AI in Medical Education Committee" has been formed to monitor further proceedings. Here the EEC suggests that the Medial School should prioritise and rapidly implement the teaching of AI use wherever suitable, This also includes policies on the actual usage of AI by students and staff (e.g. plagiarism, choice of tools).

EUC Response:
We sincerely thank the EEC for recognizing the establishment of the "AI in Medical Education Committee" as a first step toward integrating artificial intelligence (AI) into our educational framework. We also deeply value the committee's recommendations to prioritize and accelerate the implementation of AI in teaching, develop policies for its responsible use, and prepare students for the transformative impact of AI in healthcare.

EUC acknowledges the rapidly evolving role of AI in healthcare and education. As the committee noted, AI offers unprecedented opportunities for enhancing learning experiences, such as through learning analytics, simulation tools like AI-driven virtual patients, and innovative healthcare technologies. While our initial efforts, including the creation of the AI committee, have provided a foundation, we recognize the urgency to expand these efforts and establish a comprehensive framework for both the teaching and governance of AI.

Current **Efforts & Action Plan** of the AI Committee are outlined below:
1. Integration of AI into the Curriculum

- Course Development: Introduce foundational AI courses for medical students, focusing on practical applications such as clinical decision support systems, imaging analytics, and personalized medicine.
- Hands-on Training: Incorporate AI tools in clinical simulations, to enhance diagnostic and treatment planning skills. Investigate AI-patient simulation solution
- Interdisciplinary Approach: Collaborate with computer science and data science faculties to provide joint programs and electives, enabling students to develop competencies in healthcare technology.

2. **AI-Enhanced Learning Tools**
BlackBoard learning platform has several AI tool for staff and students. A recent training session was offered by the Chair of the EUC Digital enhanced Learning (DeL) Committee Prof. Loucas Louca on "Blackboard AI capabilities for Teaching and Learning. This training session was recorded and is available under professional development section.

The BB AI Design Assistant provides the following generative AI-facilitated functionalities in Learn Ultra:

- Generate keywords for the royalty-free image service in Learn powered by Unsplash – Suggests keywords to the Unsplash search for efficiency.
- Generate learning modules – Assists instructors by suggesting a course structure.
- Generate learning module images – Creates and suggests images for each learning module.
- Generate authentic assignments – Provides suggestions for assignments using your course context
- Generate test questions and question banks – Inspires instructors by suggesting a range of questions in a test or building a question bank.
- Generate discussions and journals – Provides instructors with prompts to encourage class interaction
- Context picker – Uses the course context you choose to generate content for many of our AI features
- Language selector - Selects output language from among any of the languages supported by Learn
- Generate a rubric – Suggests a grading rubric with structure and criteria against a given assessment, which creates instructor efficiency and provides grading transparency to students.
- Generate an AI conversation - Creates a conversation between a student and an AI persona in a Socratic questioning exercise or role play scenario
- Generate Document images – Generates images to use within a Document, making Documents more visually appealing to students.

3. **Policy Development and Ethical Guidelines**
   - Responsible AI Use: Develop institutional policies addressing the ethical and practical usage of AI tools by students and staff, including guidelines on plagiarism, AI-generated content, and appropriate tool selection.
   - AI Literacy: Provide faculty and student workshops on the ethical implications of AI in healthcare, emphasizing issues like data privacy, bias, and accountability.
   - Plagiarism and Tool Selection: Create an official policy for the use of AI tools in academic work, clarifying acceptable practices and ensuring integrity.

4. **Faculty Development** (as per previous)
   - AI Training for Educators: Organize faculty development programs to train educators on integrating AI tools into teaching and research.
   - Mentorship Programs: Establish mentorship initiatives where faculty members proficient in AI can support colleagues in adopting these technologies.

Although the curriculum is balanced in clinical areas, we found the opportunities in mental health experience limited. We understand this relates in part both to local provision and to concerns (anticipated or otherwise) that local patients would feel vulnerable sharing this aspect of their health with medical students. It is commonly said elsewhere in Europe that there is “No health without Mental Health.” The faculty should consider opportunities to strengthen this area of learning, potentially exploring opportunities further afield if the local vulnerability aspect is insurmountable. Although community health learning is limited locally, we see that this is addressed in areas such as the Emergency Department and in outreach programmes.

EUC Response:
The School acknowledges that the clinical experience and training opportunities in psychiatry currently available to our students may not be as extensive as necessary for a subject as vital as mental health. We deeply appreciate the significance of excellence in mental health services for individuals and communities, as well as the foundational importance of psychiatric training in the practice of all clinical specialties.

We agree with the committee's statement that "there is no health without mental health." As such, we are committed to enhancing our curriculum to ensure our graduates are well-prepared to address mental health challenges. While local constraints, including limited psychiatric resources and patient concerns about vulnerability, pose challenges, we initiated the following measures to strengthen mental health education and training:

1. Strengthening Partnerships with Local Institutions and Practitioners
- **Collaborations with Local Mental Health Institutions**: We are actively negotiating a partnership with the sole existing mental health institution in the region to establish new, structured psychiatric placements for our students.
- **Engaging Community Psychiatrists**: We are expanding clinical opportunities by collaborating with experienced psychiatrists practicing locally who are willing to serve as clinical instructors for our program.

2. Leveraging Innovative Learning Approaches
- **AI-Based Virtual Simulations**: We are exploring the adoption of advanced AI-driven psychiatric simulations to provide students with a controlled and interactive environment to practice diagnostic and therapeutic skills.
- **Standardized Patients and Role-Playing**: Plans are underway to use standardized patients portraying psychiatric conditions, enabling students to gain hands-on experience in patient interviewing and diagnosis.

3. Enhancing Clinical Exposure through Exchanges and External Programs
- **International Exchange Programs**: We are encouraging participation in exchange programs with other medical schools or psychiatric institutions, enabling students to complete psychiatric rotations in more resource-rich settings abroad.
- **Online Psychiatry Learning Platforms**: Students will have access to comprehensive online resources, including case libraries, webinars, and e-learning modules, to supplement in-person training.

4. Expanding Opportunities in Community and Primary Care Settings
- **Primary Care Integration**: We are working with partnering primary care centers, which frequently serve as the first contact for mental health cases, to increase student exposure to psychiatric presentations.
- **Collaboration with NGOs and Community Programs**: The School is exploring partnerships with NGOs and government initiatives focused on mental health, offering students opportunities to engage in community-level mental health services.

5. Integrating Psychiatry Across Specialties
- **Interdisciplinary Training**: Recognizing the overlap between mental health and other medical disciplines, we are further embedding psychiatric education within specialties such as neurology, family medicine, and pediatrics.

These strategies reflect the School's commitment to addressing the gaps identified by the committee. We are confident that these measures will significantly enrich the mental health

education and clinical training of our students, ensuring they are equipped to provide holistic care to patients across all settings.

MD students benefit from learning in non-technical skills but in addition may benefit from a more structured leadership training. One platform, especially meant for industry and business but also with a Medical branch would be AIESEC, a student organisation for future leaders.

EUC Response:
We actively encourage our students to develop leadership skills through a variety of roles and initiatives. Examples include their volunteer involvement in organizing and executing the **International Multithematic Scientific Biomedical Congress (IMBMC)**, hosted by the School of Medicine. During this event, students not only gain organizational experience but also engage the public through health-related activities, such as providing blood pressure measurements.

Additionally, our students play a pivotal role in organizing the **Cyprus Annual Medical Students Meeting (CAMeSM)**, which is held at our University. This event brings together medical, dentistry, and biomedical science students from across the globe. It serves as a platform for student-led academic discourse, helping participants hone their leadership and interpersonal skills through collaboration with faculty and external stakeholders.

While we already incorporate opportunities for developing non-technical skills, we are exploring means to provide a more **structured and comprehensive leadership training framework** tailored to medical students, including the following:

1. **Introduce Structured Leadership Training**:
    - Develop a dedicated leadership module within the MD curriculum, focusing on:
        - Team dynamics and collaboration in healthcare.
        - Ethical decision-making in clinical settings.
        - Communication skills for patient care and interdisciplinary teamwork.
        - Managing healthcare crises and public health leadership.
2. **Leverage Existing Platforms like AIESEC**:
    - **Encourage Student Membership**: Promote participation in AIESEC, a global organization specializing in leadership development for youth. Its Medical branch offers industry-specific leadership opportunities and international exposure.
    - **Institutional Collaboration**: The university can establish formal partnerships with AIESEC, enabling students to participate in global healthcare projects and leadership training programs.
3. **Expand Peer-Teaching Roles**:
    - Formalize and expand peer-teaching opportunities across courses, providing a platform for students to lead, mentor, and collaborate with their peers.
4. **Community Leadership Opportunities**:
    - Increase involvement in community outreach initiatives, such as public health campaigns and volunteer healthcare services, to enable students to develop leadership skills in real-world contexts.
5. **International Exposure**:
    - Enhance access to leadership roles through existing externship programs and international collaborations, allowing students to gain insights into global healthcare leadership practices.

6. **Recognition of Leadership Achievements**:
    - Implement a system to formally recognize leadership contributions, such as certifications, awards, or transcripts highlighting leadership roles and achievements.

With measures such as these, we believe that the MD program can provide students with the tools to emerge as competent, confident leaders in medicine and healthcare.

3. ASSESSMENT

	Sub-area	Non-compliant / Partially Compliant / Compliant
3.1	Assessment policy and system	partially compliant
3.2	Assessment in support of learning	compliant
3.3	Assessment in support of decision-making	partially compliant
3.4	Quality control	partially compliant

Findings

The entire strategy for assessment Y1-Y6 was explained in detail. Assessment has been designed using principles of constructive alignment, matching the learning objectives to the appropriate assessment type. It consists of a variety of assessments, e.g. MCQs/SAQs, OSPE/OSCE, workplace-based assessments / supervised learning events (MINICEX and DOPS). Patient contacts are mostly assessed on a passed/failed scheme by the direct clinical supervisor within the bespoke e-logbook. Statistical reports from single best answer / MCQ written assessments are used for quality assurance (sharing with course instructors, review by assessment committee).

Outcome is monitored by the school as a basis for continuous improvement: the faculty considers their guidelines “living documents”.

Strengths

The ability of students to request review of exam questions of a previous paper, for learning (as opposed to a re-mark based on reconsideration of the answers they provided).
The bespoke student e-logbook to capture clinical activity and workplace-based assessments / supervised learning events.

The quality assurance processes for written / single best answer exams.
Students are made aware of cultural differences in the following way: “understand, not necessarily agree”.

Areas of improvement and recommendations

While there is a rigorous process for quality assurance of written (single best answer) assessment, this has not been applied to OSCEs which are equally important for the holistic assessment of student performance and hence future patient safety. We recognise that the mechanism used for SBA QA is unlikely to be suitable for OSCEs, but urgent attention is needed to address this. Because SBAs are well quality assured, we have determined that the programme is partially compliant in this area.

The major high-stakes clinical assessment is the OSCE undertaken once or twice a semester. Each OSCE involves 5-7 minutes contact time, but only 2 or 3 stations (maximum) per sitting. This is unlikely to meet stringent reproducibility / reliability requirements; we advise the faculty to seek expertise in this manner and to consider options such as increasing the ways in which the logbook is used in assessment terms for higher-level Miller’s pyramid function.

EUC Response:

We appreciate the committee’s observations regarding the current structure and quality assurance mechanisms of our OSCE assessments and the recommendations provided for their enhancement.

Below, we address these points, clarifying our current practices and presenting a comprehensive plan for improvement.

Current Practices and Context: At present, our Objective Structured Clinical Examinations (OSCEs) are conducted with 5-7 minutes of contact time per station, involving 2-3 stations per course across 2 courses per semester. This structure results in a cumulative annual assessment duration of approximately 40-84 minutes, averaging 60 minutes of OSCE-based evaluation per year. While this provides a foundation for assessing clinical competence, we acknowledge the need to expand and diversify the scope of OSCE assessments to ensure rigorous and holistic evaluation in line with best practices.

To address the committee's recommendations and further enhance the quality and reliability of our OSCE assessments, we have developed a strategic plan spanning the next three academic semesters. The key objectives and actions are as follows:

1. **Expansion of OSCE Contact Time and Stations**:
    - **Midterm Assessments**: Introduce one additional OSCE station per student per course during the midterm examination period. This will serve as an early assessment of clinical skills and better prepare students for their final OSCE exams and clinical training rotations.
    - **Final Assessments**: Increase the number of OSCE stations in final exams to 3-4 stations per student per course (equivalent to 6-8 stations per semester and 12-16 annually). This expanded structure will allow for the assessment of a broader range of clinical skills and scenarios.
2. **Enhanced OSCE Station Design**:
    - Increase station duration to 10 minutes with an additional 1-minute reflection period before entry. This adjustment will facilitate the evaluation of more complex scenarios and skills, ensuring a deeper and more comprehensive assessment.
    - Develop interdisciplinary OSCE stations shared across courses in the same semester, focusing on universal clinical competencies such as communication (e.g., breaking bad news), ethical decision-making (e.g., obtaining consent), and organizational skills (e.g., discharge planning).
3. **Building Capacity for Quality OSCE Delivery**:
    - Expand the pool of trained staff by recruiting practicing physicians and experts in OSCE methodology. Introduce a mandatory "Train the Trainers" (TTT) hybrid program for all academic staff participating in OSCEs to ensure uniformity in assessment standards.
    - Establish a faculty roster for OSCE participation, with clear guidelines on minimum involvement required for supervisory competence.
    - Utilize new facilities and lab rooms to support simultaneous OSCE stations, increasing capacity while maintaining quality.
4. **Integration of Technology and AI**:

- Explore and implement AI-driven OSCE solutions to supplement traditional methods. Currently, we are evaluating appropriate programs for acquisition and plan to integrate them into the OSCE framework this semester.

5. **Logbook Optimization for Higher-Level Assessment**:
   - The EUC logbook will be leveraged as a supplementary tool for assessing clinical competencies at advanced levels of Miller's pyramid. This will include tasks ranging from routine clinical activities to complex patient management scenarios.
   - As part of a phased implementation, clinical instructors are undergoing targeted training. The logbook features will initially be piloted in select clinical training sites using iterative Plan-Do-Study-Act (PDSA) cycles to refine processes before broader application.

With the above, we anticipate the following outcomes:

- Increase OSCE exposure to 10-12 stations per semester for each student, ensuring comprehensive and robust assessment.
- Enhance the reliability and reproducibility of OSCE results by standardizing processes and increasing station variety.
- Foster interdisciplinary collaboration among faculty and students, emphasizing transferable clinical skills.
- Strengthen the integration of assessment tools such as the logbook, aligning with advanced competency frameworks.

We remain committed to continuously improving our assessment processes to ensure that our graduates meet the highest standards of clinical competence, thereby safeguarding future patient safety.

We have heard the school's aspiration to move towards EPMs - this should be done with some care in undergraduate terms to ensure the totality of student performance is evaluated in a variety of settings.

EUC Response:
We appreciate the committee's feedback on our plans to integrate Entrustable Professional Activities (EPAs) into our curriculum and acknowledge the importance of a careful, structured approach to ensure comprehensive evaluation of student performance across diverse settings.

Phased Implementation Plan:
To achieve this goal without compromising the breadth of assessment, we are adopting a stepwise approach:

1. **Enhanced Use of E-Logbooks**:
   - We are expanding the e-logbook's role to assess higher-level functions within Miller's pyramid, providing structured, continuous evaluation of clinical competencies alongside detailed feedback.

2. **Standardization of DOPS**:

- Direct Observation of Procedural Skills (DOPS) will be standardized to ensure real-time assessment of technical and non-technical skills, preparing students for advanced entrustment evaluations.

3. **Pilot Testing of EPAs**:
   - Only after successful implementation of the above will we pilot EPAs, tailored to undergraduate medical education. This ensures that entrustment decisions are appropriate, evidence-based, and reflective of students' readiness for supervised clinical responsibilities.

Ensuring Comprehensive Evaluation:
This phased approach minimizes risks and guarantees a holistic assessment of student performance. By integrating EPAs gradually and systematically, we remain committed to evaluating students across cognitive, technical, and professional domains while supporting their progression in a safe and effective manner.

There are some concerns that the interim assessments are carried out very soon into the medical programme and that this may make preparation for students difficult.

EUC Response:
We appreciate the committee's observation and wish to clarify the purpose and structure of the midterm exams in our program, as there is a difference in how these exams are implemented across preclinical (Years 1-3) and clinical years (Years 4-6).

- **Preclinical Years (Years 1-3)**: Midterms are high-stakes summative assessments contributing ~30% to the course grade, administered mid-semester (week 6-7), and covering material delivered to that point.
- **Clinical Years (Years 4-6)**: Midterms are low-stakes formative assessments, contributing only 10% to the course grade. These exams assess preparedness for clinical rotations and focus on general medical knowledge and foundational concepts.

To address potential preparation challenges in the clinical years, we will pilot in Spring 2025 an extended preparation period with three weeks of study followed by one week of exams. Outcomes and feedback from this trial will guide future improvements.

This approach ensures midterm assessments remain supportive of learning and appropriately tailored to each stage of the program.

4. STUDENTS

	Sub-area	Non-compliant / Partially Compliant / Compliant
4.1	Selection and admission policy	compliant
4.2	Student counselling and support	compliant

Findings

Admissions criteria and selection processes are clearly stated by the school and are available to prospective students. Candidates from all countries are invited to apply, allowing for rich cultural diversity. Currently, the school admits 150 students per year which is in line with their capacities and resources. We have heard of careful planning behind MD student selection to highlight all prerequisites for a future doctor in clinical practice. Although a threshold of academic attainment must be met, great emphasis is placed on the panel interview and on additional conversations that the candidate has as part of the selection process. We have heard that affected candidates frequently declare a learning disability or neurodivergence after selection, i.e. early enough in the process to support their future learning.

Tuition (30k€/year) is not considered a problem by the students: good return for money, especially given the access to faculty provided. Housing in Nicosia not a problem either because EUC provides opportunities for dormitory and other (private) housing in the vicinity of EUC campus. EUC does not help with accommodation for distance placements (but is doing so with selected US sites).

Students have a strong voice at EUC, they are equipped with essential tools for use of technology in learning.

Strengths

Multiple types of assessment, both formative and summative, are used.
Students receive an academic supervisor (faculty member) who serves as a sounding board, always in stand-by if needed. Compulsory meetings take place if the student's grades (GPA) drop.

Further student counselling (e.g. grievance) is in place. Learning Greek as a second language is highly encouraged by supplying adequate learning tools.
There is a culture of inclusivity and embracing equality and diversity at EUC.

We have heard how occasional students who recognise they are not suited to medicine while they are on the course have been provided with transfer opportunities onto other programmes (eg Nursing), and this has been well-received by affected students in the long-term.
Students are part of all relevant committees and their voices are heard and highly appreciated.

Areas of improvement and recommendations

We have not identified any areas for improvement in this field.

EUC Response:

We sincerely thank the EEC for acknowledging the strengths of our School in selection and admission policies, as well as student counselling and support. We are committed to maintaining a student-centered program and are pleased that the EEC found no areas requiring improvement.

5. ACADEMIC STAFF

	Sub-area	Non-compliant / Partially Compliant / Compliant
5.1	Academic staff and establishment policy	compliant
5.2	Academic staff performance and conduct	compliant
5.3	Continuing professional development for academic staff	compliant

Findings

From the extensive lists of faculty, clinical teachers and visiting faculty we could conclude that all subjects are well-covered (but for the vacant position of a pathologist). We have heard about the guidelines in place for hiring new faculty as well as clear and transparent paths for tenure-track promotion.

In general, the academic staff highly identifies with their workplace mirrored in the long tenure of many academic staff. On multiple occasions, faculty described themselves as a family. For new faculty members there is a comprehensive induction day to help understand the mission and vision.

New staff are trained in a personally tailored programme (common trunk splitting up into special branches in line with expected teaching commitments) and to support teaching responsibilities. Academic staff are encouraged to undertake research. For those who do, teaching hour reduction (THR) is in place to further stimulate scientific activities (although this is a double-edged sword in terms of research-informed education).

Strengths

There was reference, by faculty, of a transparent and equal culture with respect to gender - which was welcomed at senior level. We heard how a student had complained about feeling racially intimidated in a clinical session: this was rapidly corrected and students thanked those involved.

We have heard that despite the policy of offering a teaching hour reduction based on research impact, this is rarely taken up by faculty who are dedicated to education and their students and recognise the purpose of the “total academic”.

Areas of improvement and recommendations

Since pathology is considered an important subject, we trust that EUC will fill this vacancy soon.

EUC Response:

We fully agree on the importance of pathology as a core subject. The vacancy created by the recent departure of a staff member has been prioritized, and the post has already been opened for replacement.

While students benefit from tremendous clinical opportunities at some of the local hospitals we have viewed, care should be taken to ensure that all involved in medical student education

understand the framework of the curriculum (if not the detail). One clinical educator shared with us that they were not aware of the curriculum (although the teaching they provided was excellent in scope, style and pitch for the student concerned).

EUC Response:
We recognize the importance of ensuring all clinical educators are familiar with the curriculum framework, even if not in full detail. While we do provide **Annual Train-the-Trainer Sessions**, we will focus on introducing a clear session that presents the curricular framework, focusing on key competencies, learning objectives, and assessment standards

The Clinical Training Committee is addressing augmenting these sessions with the following:

1. Additional online Train-the-Trainer Sessions to be made available throughout the academic year

2. Digital Access: Develop an online platform where clinical educators can access curriculum details, teaching guides, and resources at their convenience.

These additional initiatives will further support better alignment between the curriculum and clinical teaching while promoting continuous improvement.

6. EDUCATIONAL RESOURCES

	Sub-area	Non-compliant / Partially Compliant / Compliant
6.1	Physical facilities for teaching and learning	compliant
6.2	Clinical training resources	compliant
6.3	Information resources	compliant

Findings

The university campus and buildings are well-established to enrich the student experience and enhance their learning. We were greatly impressed by the new building and its strength of simulation, clinical skills and small group teaching rooms. The simulation rooms with the mannequins are advanced with recording capabilities and debriefing areas. The facilities and laboratories are state of the art.

Strengths

The importance of the debrief in simulation learning and educational space was recognised. Excellent facilities for laboratory work and clinical skills

Areas of improvement and recommendations

The vast majority of simulation mannequins that we observed were caucasian. Given the diversity of students on the MD programme and the geopolitical setting of the school, we would encourage the school to find opportunities to diversify the external characteristics of its mannequins as expansion and/or replacement is required.

EUC Response:

We are committed to providing a diverse and inclusive simulation experience that mirrors the varied backgrounds of our student body and the broader geopolitical context of our location. We acknowledge the EEC's feedback regarding the predominance of Caucasian mannequins in our current collection. We are continuing to actively address this issue to ensure that our training tools reflect the diversity of our student population.

The current diversity breakdown of our mannequin collection is as follows:

1. **Low-Fidelity Mannequins**: (total: 5 mannequins)
    a. 2 black females (40%)
    b. 1 Asian male (20%)
    c. 2 male Caucasian (40%)

2. **High-Fidelity Mannequins**: [total: 5 mannequins, 1 female (20%), 1 Asian (20%), 3 male Caucasian (60%)]
    - 2 Apollo mannequins (CAE)
    - 1 Victoria (Gaumard)
    - 1 SimMan (Laerdal)
    - 1 SimPad Female (Laerdal)

2. **Specialty Models**:

- 1 infant mannequin (Laerdal)
- IV training arms in black and white skin tones
- Arterial blood gas (ABG) trainers in black and white skin tones

We will continue to strive to maintain and further augment a diverse collection to ensure representation of different ages, genders, and ethnic backgrounds, providing students with realistic and inclusive training scenarios. We remain committed to further diversifying our resources as part of our continuous improvement efforts.

The EUC might consider offering more opportunities for their students to practise basic skills on mannequins (e.g. auscultation, ear examination) aside the official teaching classes. This might also tailor well with the schools intention to further strengthen the peer-teaching aspect.

EUC Response:
We appreciate the recommendation to enhance opportunities for students to practice basic clinical skills outside of formal teaching sessions. To address this, we will explore implementing the following:

1. **Extend Simulation Lab Hours**: Increase the operational hours of simulation labs to allow students access beyond scheduled sessions.
2. **Dedicated Practice Areas**: Allocate specific spaces within the simulation center equipped with mannequins and basic clinical tools for unsupervised practice, with appropriate safety and maintenance protocols.
3. **Skills Competency Checklists**: Develop detailed checklists to guide independent practice and peer-teaching activities, ensuring structured learning outcomes.
4. **Feedback Opportunities**: Introduce mechanisms for students to receive constructive feedback from peer tutors or faculty during independent practice sessions.

These initiatives will support skill development, align with our commitment to peer teaching, and foster a culture of continuous learning and self-improvement.

7. QUALITY ASSURANCE

	Sub-area	Non-compliant / Partially Compliant / Compliant
7.1	The quality assurance system	compliant

Findings

The entire medical curriculum is coined a “living document”, using the principles of continuous improvement.

External stakeholders consist of members from the local government, the Cyprus Medical Association, and the Royal College of Physicians/European Union of Medical Specialists (UEMS), students (from other universities), patient representatives, industry, and previous graduates from EUC. External stakeholders assured the EEC that the rapid expansion was monitored well - in a rapidly changing medical landscape given the recent creation of the National Health Service.

Professional networks are often used to source overseas learning opportunities for students. There is currently a lack of alignment between undergraduate and postgraduate medical training opportunities, with postgraduate training, we understand, only being available in government-run hospitals, which means that EUC students do not benefit from the insights of junior doctors in training (although those out of training do contribute).

We have heard that it can be possible for a single hospital to accept MD students from two different universities, although this is rare. In our experience, this can provide opportunities to learn from best practice and for students to learn from each other, which can be transformative where the timetable allows.

Strengths

Senior faculty described the lived-experience of whole faculty involvement in decision making and change management. This is certainly a strength, but we wonder if it may act as a hindrance to future nimble change management in the light of a broader range of priorities.

Areas of improvement and recommendations

Given the depth of experience and expertise in external stakeholders, we would suggest that the MD programme (and department in general) would benefit from strategies to involve them in student facing activity. EUC could look for opportunities within the chorus of existing external stakeholders to further improve their alignment with US institutions (MCQ, OSCE, USLME).

EUC Response:

We appreciate the Committee’s suggestion to further involve our external stakeholders in student-facing activities. Our School already benefits from a diverse network of stakeholders, including representatives from the Ministry of Health, medical associations, industry, postgraduate medical education, healthcare workforce education, patient advocacy groups, and administrators from both private and public hospitals. We recognize the value these stakeholders could bring to our students' learning experiences and will explore opportunities to engage them more directly in student-facing activities, such as mentoring, guest lectures, clinical placements, and skills workshops. Additionally,

by collaborating with our stakeholders, we aim to enhance the alignment of our curriculum and assessments (e.g., MCQs, OSCEs) with international standards.

Given the broad multiculturality of students and the wide range of hospitals in which their graduates work, we consider that EUC would benefit reputationally from more strategically drawing upon its alumni (for both Philanthropy and placement expertise). Developing an office to assist students in networking and finding their first overseas employment would add to the USP of the school (residency, industry, or PhD programs).

EUC Response:
We appreciate the committee's recommendation to engage our alumni more strategically. Our university already has a very active alumni office, which plays a key role in fostering strong relationships with our graduates. This includes the University's lifelong learning program which provides professional seminars in the field to our alumni, which facilitates maintaining close ties of our alumni with the Alma Mater. During the Cyprus Annual Medical Students Meeting (CAMeSM) our medical students are provided the opportunity to participate in residency workshops which are spearheaded by EUC Medical School Alumni and obtain information about their future placements once they graduate. Information on residency in various countries, including the UK, Greece, and Cyprus is presented to our students.

To build on this foundation, we will explore ways to further augment alumni engagement, particularly through more direct connections with our medical alumni via our dedicated School of Medicine (MEDiC) website. This platform will provide enhanced networking opportunities and facilitate career support for students, helping them secure international opportunities in residencies, industry roles, or advanced studies. Any steps taken will align with EUC's vision of supporting student success, fostering global connections, and enhancing the overall reputation of our program.

8. GOVERNANCE AND ADMINISTRATION

	Sub-area	Non-compliant / Partially Compliant / Compliant
8.1	Governance	compliant
8.2	Student and academic staff representation compliant	compliant
8.3	Administration	compliant

Findings

The EEC was provided with several organograms that outline structures, processes, and people with responsibilities. There is a multitude of committees installed to guarantee smooth operation and steering, which was repeatedly stressed by faculty members as a valuable and inclusive instrument.

The EEC received limited information on a yearly budget. It seems that the allocation of resources to the various activities is sound.

Strengths

Considering the documents steering the medical School are described as “living”, the organisation is currently well-suited to quickly adapt structure and governance. There is a constant strive towards continuous improvement and technological development.

Areas of improvement and recommendations

From the material provided, the EEC could not see any budget allocated for strategic development of e.g. preclinical research/wet lab provided to the medical students.

EUC Response:

The School conducts an annual review to allocate the budget across key areas essential for its strategic development. This includes capital expenditures for a range of major and small equipment such as confocal microscopes, PCR, stereoscopes, pH-meters, and auscultation manikins, as well as software designed to enhance the quality of our labs and support research activities. A significant portion of the budget is also dedicated to operational expenses, including laboratory consumables for student wet lab activities, research, clinical training, or the development of key tools, such as the EUC eLogbook.

In terms of budget allocation, approximately: 2% is reserved for school events, 30% for capital expenditures (equipment and software), 8% for faculty development and 60% for laboratory and research disposables, clinical training fees, and the development of strategic initiatives like the EUC Medical School e-Logbook.

The School is particularly committed to supporting the professional development and research efforts of faculty, PhD students, and undergraduate students. Specific allocations include:

- **Faculty**: €1200 per faculty member annually for professional development (seminars, workshops), €1000 per faculty for research consumables, and €1000 for open-access publication fees.
- **PhD Students**: €1500 per student annually for laboratory services and consumables.

- **Undergraduate Students**: Dedicated research funds to support undergraduate research activities.

This approach ensures that all members of our academic community have the necessary resources to pursue their professional and research goals, fostering innovation and continuous learning.

B. CONCLUSIONS AND FINAL REMARKS

The European University Cyprus is a relatively young university that is most certainly on an upward trajectory. The Medical School of EUC has developed and delivers a modern MD curriculum with a successful start 2013. It is currently going through an episode of rapid growth that, for the time being, is managed very well. Everybody, including faculty, students, administration and clinical teachers in the associated hospitals seemed extremely motivated. The enthusiasm and dedication of the clinical staff we met at the university and in the hospitals was tremendous. Academics and administrative staff a like repeatedly mentioned considering themselves as family. EUC has embraced state-of-the art teaching and outcome measures, aligned with European and US standards. There seemed to be distinctive structures in place to secure smoothly operated processes with maximum quality assurance.

Students are well taken care of through selection, enrollment and the programme. Learning materials, especially the skills lab is state-of-the-art with all kinds of mannequins and low and highfidelity simulation. Teaching goals are transparent. The first three years provide a comprehensive preclinical curriculum. Nevertheless, the EEC feels that the education could profit from authentic face-to face contact with real patients during these three years - despite the excellent skills lab/mannequins, even if this were to be short. There is work to be done in clinical assessments to enable the programme to assure itself that the high-stakes OSCE is sufficiently robust to produce reliable results, and this has been discussed in the document and in our face-to-face feedback.

EUC Response:
The School deeply appreciates the committee's positive feedback on the program's structure, learning materials, and transparency of teaching goals. We will investigate incorporating patient contact during the preclinical years of our program, in addition to the hospital visits that already take place in year 1 Clinical Practicum, we will assess the possibly of scheduled visits under the peer mentoring of senior (6th year) medical students in their presidency year. Additionally and as part of a public outreach initiative, we are exploring the option of organizing regular a day or a week of outpatient clinics in several medical specialties, where accepting patient visits 'Pro bono publico". The aim here is to serve both the need for 1-3 year students to have face to face interaction with real patients, and also society outreach.

Regarding OSCE assessments, we recognize the need for further enhancements to ensure their robustness and reliability. As outlined previously in this report (Section #3 Assessment), we have developed a comprehensive plan to expand OSCE contact time and stations, improve station design, and integrate new technologies. These measures aim to provide a more rigorous, holistic assessment of clinical competencies, further strengthening the program.

The EUC has identified research as a strategic area for future development and one of its unique selling points (a view shared by external stakeholders). The EEC welcomes this idea and would like to make some suggestions: For those interested in research, the EUC could provide the option to engage early on in research, eg. during the first three years. One possibility would be a facultative summer school, which would also benefit advanced MD students with an embedded research experience to fuel their MD thesis. Ideally, some of these students may wish to continue with EUC on a PhD after graduation. Such a scenario would substantiate the research profile and research output that in turn will enable more staff to obtain extramural research funding.

EUC Response:
We greatly appreciate the EEC's suggestion to engage students in research early in their education. As outlined above in Section 2 (Curriculum), we already integrate research and data interpretation skills from the first year, such as through hands-on labs in biochemistry, genetics, and biostatistics, alongside courses in epidemiology and research methods. These courses not only build foundational research skills but also prepare students to apply scientific inquiry to clinical practice.
To further encourage research involvement, we are launching initiatives such as the Research Day, where faculty present ongoing projects and highlight opportunities for student participation. Additionally, our Summer Externship Program offers students valuable research experiences at leading international institutions, including Oxford University and Johns Hopkins, further strengthening their exposure to cutting-edge research and clinical environments.

We are also formalizing the collaboration between medical students and Ph.D. students to promote mentorship and interdisciplinary research. This will be supported by expanding and advertising summer research opportunities through the Research Committee. These efforts, along with the required Medical Thesis, will provide our students with the skills and experiences necessary to pursue advanced research opportunities, reinforcing our commitment to developing their research acumen and supporting our evolving research profile.

We would like to thank the EUC for their hospitality and the willingness to openly share and discuss all relevant issues. We strongly believe that the institution is doing a great job of securing optimal conditions for the medical faculty to thrive, under the energy, commitment and expertise of the Dean.

EUC Response:
We sincerely thank the EEC for their thorough and insightful review. We greatly appreciate the recognition of our efforts to foster an environment where students, staff and faculty can thrive. We remain committed to continuously improving our educational program and research initiatives, and we are grateful for the EEC’s guidance in ensuring our ongoing compliance and excellence.

C. HIGHER EDUCATION INSTITUTION ACADEMIC REPRESENTATIVES

Name	*Position*	*Signature*
Prof. Elizabeth Johnson	Dean	Elizabeth Johnson Elizabeth Johnson (Dec 3, 2024 16:59 GMT+2)
Theodore Lytras	Chairperson	Theodore Lytras Theodore Lytras (Dec 3, 2024 17:00 GMT+2)
Dimitris Papadopoulos	Program Coordinator	Dimitrios Papadopoulos Dimitrios Papadopoulos (Dec 3, 2024 17:07 GMT+2)

Date:4/12/2024

A. APPENDICES

1. MISSION AND VALUES APPENDIX

n/a

2. CURRICULUM APPENDIX

a. Externship Institutions

3. ASSESSMENT APPENDIX

n/a

4. STUDENTS APPENDIX

n/a

5. ACADEMIC STAFF APPENDIX

n/a

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6. EDUCATIONAL RESOURCES APPENDIX

n/a

7. QUALITY ASSURANCE APPENDIX

n/a

8. GOVERNANCE AND ADMINISTRATION APPENDIX

n/a

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EUC School of Medicine, Summer Externship Program
List of Institutions

Appendix 1

No	University/ Specialty	Country	Professor (contact)
1	University of Rome "Tor Vergata" **(English Speaking)** Surgery, Cardiology, General Medicine, Medical Biochemistry	Italy	Professor Dr Gerry Melino
2	University of Southampton Medical Nutrition/Research	UK	Professor Dr Philip Calder
	Barts and the London School of Medicine Queen Mary, University of London. Neuroscience, Neurotrauma and Neurodegeneration / Research	UK	Professor Dr Adina Michael-Titus
4	AHEPA Thessaloniki Neurology/Neuroimmunology/Research	GR	Professor Nikos Gregoriades
5	Shriners Hospitals for Children SHC Springfield Massachusetts (SHC Springfield can provide in hospital housing and meals at no charge) Pediatrics, orthopedics /Research	USA	**H. Lee Kirk, Jr., FACHE**
6	**Aristotle University of Thessaloniki** **Thessaloniki Greece** **Obstetrics - Gynecology -** **Maternal Fetal Medicine**	GR	**Apostolos P. Athanasiadis,**
7	**AXEPA Hospital** **Aristotle University of Thessaloniki** **Internal Medicine**	GR	**Apostolos Xatzitolios**

8	**Hippokrateion General Hospital** **Aristotle University of Thessaloniki** **Neonatology**	GR	**Vassiliki Drosou-Agakidou &** **Kosmas Sarafidis**
9	**Hippokration Hospital** **Aristotle University of Thessaloniki** **Pediatrics – Infectious Diseases**	GR	**Emmanuel Roilides,**
10	**Papageorgiou General Hospital** **Aristotle University of Thessaloniki** **Orthopedics**	GR	**Fares Sayer**
11	**Aristotle University of Thessaloniki** **Forensic Medicine and Toxicology**	GR	**Nikolaos Raikos**
12	**Molecular Microbiology and Immunology** **Alpert Medical School and Brown University** **(research/lab)** **Rhode Island Hospital**	USA	**Eleftherios Mylonakis** emylonakis@lifespan.org
13	**American University of Beirut,**	Lebanon	Zeina Kanafani zk10@aub.edu.lb
14	**Golestan University of Medical Sciences**	IRAN	Mehrdad Aghaei mehrdadaghaie@yahoo.com
15	**Oxford Medical** **Transplant Surgery**	UK	James.gilbert@ouh.nhs.uk and Aimee
16	**Pediatrics/Neonatology, Sidra Organization**	Qatar	Alexa Macauley Administrative Assistant t. +974 4003 6565 Email: aMacauley-c@sidra.org PO BOX 26999 Doha, Qatar Bernd Reichert, ARZT, MD, MRCPCH, DClEd Neonatology Assistant Professor of Pediatrics, WCMCQ t. +974 4003 5523

			m. +974 3030 9363 e. breichert@sidra.org
17	**Oxford Medical** **Cardiology/Research**	UK	Charis Antoniades
18	**University Clinical Halle (Saale)** **Institute for Medical Immunology**	Germany	Prof Barbara Seliger barbara.seliger@uk-halle.de
19	**Thrombosis and Hemostasis Center** **Service d'Hematologie Biologique, Hopital Tenon, Group Universitaire de l'Est Parisien, INSERM U938, Research Group "Cancer-Hemostasis-Angiogenesis. Faculty of Medicine Sorbonne University, Paris**	France	Grigoris Gerotziafas grigorios.gerotziafas@aphp.fr
20	**Neuroimmunology Unit and MS Center at Hadassah and the neuroimmunology laboratory**	**Israel**	Prof. Dimitris Karoussis
21	**Cardiology** **Thessaloniki AHEPA**	GR	Prof Vasilis Vasilikos
22	**Orthopedics** **Larissa**	GR	Prof Aristeidis Zivis
23	**Weizman Institute of Science, Hebrew University of Jerusalem**	**Jerusalem** **Israel**	Honorary Professor and Nobel Laureate Ada Yonath offers to host 2 of our students for 6 to 8 weeks
24	**German Oncology Center** **Oncology**	Limassol Cyprus	Dr Nikolaos Zamboglou
25	**NIKON-Center of Excellence; Medical University of Graz, Austria**	**Austria**	Prof. Wolfgang Graier
26	**Johns Hopkins, USA** **New therapeutic approaches Oncology Research**	**USA**	Prof. Nickolas Papadopoulos
27	**Henry Dunant Hospital** **Cardiology**	**GR**	Dr Giorgos Andrikopoulos

28	**Humanitas Research Hospital, Cardiology**	**Milan Italy**	Prof. Dr Maddalena Lettino
29	Technion - Israel Institute of Technology in Haifa	**Haifa Israel**	**Hon. Prof. Aaron Ciechanover** Nobel Laureate 6 to 8 weeks
30	**Larissa University Hospital Cardiology**	**Larissa Greece**	Prof. Filippos Triposkiadis
31	**Naval Hospital Athens Invasive Cardiology**	**Athens Greece**	Dr Spyros papaioannou
32	**The Donald and Barbara Zucker School of Medicine at Hofstra/ Northwell in NY**	**USA**	Prof. Spyropoulos Alex
33	**Anesthesiology; Apollonio Private Hospital and the American Medical Centre in Nicosia**	**Nicosia Cyprus**	Dr Periklis Zavridis
34	**Anesthesiology; Institute of Pain Medicine, Tel Aviv Medical Centre in Israel**	**Tel Aviv Israel**	Dr. Silviu Brill
35	**Neuroimmunology Unit at Hadassah and the neuroimmunology laboratory**	**Israel**	Prof. Dimitris Karoussis
36	**Medical College of Wisconsin Department of Anesthesiology**	**USA**	Prof. Herodotos Ellinas hellinas@mcw.edu (414) 805-5916 (414) 805-5915
37	**Invasive Radiology** Erasmus University Hospital, ULB, Brussels, Belgium	**Belgium**	Christina Iosif Christina.iosif@gmail.com
38	**Birmingham Hospital** Hematology/Cancer	**Birmingham UK**	Manolis Nikolousis
39	**Houston Shrine Hospital** Orthopedics	**Houston USA**	Bias, Linda lbias@shrinenet.org
40	**ANDRIJA STANIMIROVIĆ** University of Applied Health Sciences, Zagreb, Croatia Dermatology	Croatia	andrija.stanimirovic@zvu.hr; andrija.stanimirovic@gmail.com, croatia.vitiligo.org@gmail.com; a.stanimirovic@usa.net

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