Doc. 300.1.2

Higher Education Institution's Response

Date: 4/12/2024

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

  In Greek:

  Ιατρικές Επιστήμες (3-8 Έτη/180 ECTS, Διδακτορικό)

  In English:

  Medical Sciences (3-8 Years/180 ECTS, Ph.D.)
- **Language(s) of instruction: English**
- **Programme's status:** Currently Operating
- **Concentrations (if any):**

  In Greek: Concentrations
  In English: Concentrations

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

A. Guidelines on content and structure of the report

- *The Higher Education Institution (HEI) based on the External Evaluation Committee's (EEC's) evaluation report (Doc.300.1.1 or 300.1.1/1 or 300.1.1/2 or 300.1.1/3 or 300.1.1/4) must justify whether actions have been taken in improving the quality of the programme of study in each assessment area. The answers' documentation should be brief and accurate and supported by the relevant documentation. Referral to annexes should be made only when necessary.*

- *In particular, under each assessment area and by using the 2nd column of each table, the HEI must respond on the following:*

    - *the areas of improvement and recommendations of the EEC*
    - *the conclusions and final remarks noted by the EEC*

- *The institution should respond to the EEC comments, in the designated area next each comment. The comments of the EEC should be copied from the EEC report **without any interference** in the content.*

- *In case of annexes, those should be attached and sent on separate document(s). Each document should be in *.pdf format and named as annex1, annex2, etc.*

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

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

	Sub-area	Non-compliant / Partially Compliant / Compliant
1.1	Policy for quality assurance	
1.2	Design, approval, on-going monitoring and review	partially compliant
1.3	Public information	compliant
1.4	Information management	compliant

Areas of improvement and recommendations **by EEC**	Actions Taken by the Institution	For Official Use ONLY
Evaluation of the potential strengths of developing an exit degree would be beneficial.	We appreciate the Committee's suggestions regarding the potential strengths of developing an exit degree or certificate. We agree in principle that such a degree could serve as an important facilitative option for students who, for various reasons, are unable to complete their PhD – often due to challenges in completing the research phase – but have successfully completed the required coursework and compulsory components, including the qualifying exam. At present, the national higher education agency (CYQAA) does not allow for an exit degree or certificate, hence to move forward, we will need to consult the national regulatory requirements with the CYQAA and seek approval through the university's governance structures, including Department and School Councils, as well as the EUC Senate.	Choose level of compliance:
The appointment of a mentor separate from the internal supervisory panel is recommended.	We fully agree with EEC's suggestion that our PhD students would benefit from having a mentor who is not directly involved in their PhD studies. While both the School and the University have established mentoring programs primarily designed for new faculty (this is outlined in **Appendix 1**), we will build upon these frameworks to develop a dedicated mentoring program tailored specifically for Medical Sciences PhD students. This will be	Choose level of compliance:

	similar in context to the Academic Advisors applied in the Medical Program, whereby academics not involved in the PhD will serve to support PhD students achieve their goals, provide technical advice and other support which may reduce the stresses associated with their doctoral work.	
External members of the adjudication committee ought to be familiar with some aspects of the PhD topic, and consideration of PhD student input into their selection should be sought. Consideration of the internal panel could contribute to the adjudication panel is advised. We understand that a "one size fits all" approach has been taken more widely across the Institution for PhDs, on reflection we wonder whether a framework with the potential for school-level contextualisation would be advisable.	We would like to thank the EEC for their recommendation on the composition of the Examination/Adjudication Committee. In this regards, please note the following: 1. **External Members' Familiarity with the PhD Topic** Existing regulations at European University Cyprus ensure that all members of the Examination/Adjudication Committee, including external ones, possess relevant expertise. Specifically, the PhD Guide for the Medical Sciences doctoral program states: "All members of the Examination Committee should have an area of specialisation related to the Doctoral Dissertation research area and/or the doctoral research methodology." 2. **PhD Student Input into Committee Selection** The regulations also allow for PhD student input in selecting the Examination/Adjudication Committee. Specifically: "Once the Doctoral Dissertation has been officially submitted and accepted for defence, the Main Supervisor proposes the committee composition to the Department Council, which appoints the committee based on proposals from the Main Supervisor and the Doctoral Candidate, reviewed by the Doctoral Coordinator."	Choose level of compliance:

	3. **Inclusion of Internal Panel Members in the Adjudication Panel** While we appreciate the EEC's recommendation for the inclusion of internal panel members, this has been addressed in the ongoing revision of doctoral regulations, initiated in December 2023. Based on extensive consultation and benchmarking, the updated regulations, set for Senate approval in December 2024, provide: o Examination Committees will have at least three members, with up to two members potentially from the respective program, department, or school. o If needed, up to two additional members with expertise in the research field or methodology may be included from within the university. These measures reflect a commitment to ensuring contextual alignment, student involvement, and adherence to best practices across doctoral programs.	
Supervisors should be more involved and responsible for the doctoral student colloquium. In the EEC's perception, it is a responsibility of a supervisor to shape a PhD project in order to be feasible and doable in a given time period	We would like to thank the EEC for giving us the opportunity to clarify the role of the PhD Supervisors. The PhD Program Committee provides only administrative support. Scientific supervision of the Ph.D. Student is provided by the principal supervisor and co-supervisor when relevant. Supervision adheres to a 'mentor-mentee' model. While the supervisor serves to provide guidance, the students is responsible for his own work. The later aims to augment scientific accountability. Supervisors, who are scientifically	Choose level of compliance:

	qualified and active scholars in the field, have regular consultations with their students. Since successful student supervision is integral to a successful Ph.D. student, all Ph.D. supervisors receive the 'Ph.D. Program in Medical Sciences – Guide to Ph.D. Supervisors' and receive guidance during a 'Supervisors Workshop'. The supervisor and advisory committee reviews the scientific quality of the research project, assesses whether the project may be reasonably expected to result in a dissertation of the required standard within the defined timeframe. The supervisor defines clear timepoints to evaluate progress and plans meetings, to discuss the research proposal, performance, coursework performance, plan teaching duties and progress of the research project.	

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

	Sub-area	Non-compliant / Partially Compliant / Compliant
2.1	Process of teaching and learning and student centred teaching methodology	
2.2	Practical training	compliant
2.3	Student assessment	partially compliant

Areas of improvement and recommendations **by EEC**	Actions Taken by the Institution	For Official Use ONLY
A School retreat with all PhD students to network and socialise (as well as the more academic colloquium) is suggested to create a common community of practice.	We appreciate the EEC's suggestion of creating a PhD retreat to foster networking, socialization and a shared community of practice among PhD students. While we currently hold a "PhD Day" where students come together to present the academic work, as well as month research committee meetings and bi-weekly journal clubs, we agree that providing a separate opportunity focused on bonding and informal interactions would be beneficial. We will explore ways to incorporate this into our program activities to further strengthen the sense of community among our students.	Choose level of compliance:
The doctoral students would profit not only from the cross-disciplinary lectures but a more structured leadership training making them fit for future jobs in industry, academia etc. One platform, especially meant for industry and business but also with a Medical branch would be AIESEC, a student organisation for future leaders.	We appreciate the EEC's recognition of the value of our cross-disciplinary Insight Lectures, which draw on expertise from research, industry and academia. We also acknowledge the importance of more structure leadership training to prepare our doctoral students for diverse career paths. As mentioned in our response to the EEC report for the MD program, we are committed to reviewing existing platforms to foster leadership development in our PhD Students. The suggestion of the AIESEC as a potential partner is valuable, and we will explore how its resource, particularly in the industry and medial sectors, might complement our current efforts.	Choose level of compliance:

3. Teaching staff

(ESG 1.5)

	Sub-area	Non-compliant / Partially Compliant / Compliant
3.1	Teaching staff recruitment and development partially compliant	partially compliant
3.2	Teaching staff number and status	partially compliant
3.3	Synergies of teaching and research	partially compliant

Areas of improvement and recommendations **by EEC**	Actions Taken by the Institution	For Official Use ONLY
While we were provided with some details, we have not seen the formal written requirements for an academic to become a supervisors - such as time available, research experience, standing and training.	We would like to thank the EEC for giving us the opportunity to clarify the requirements for becoming a PhD supervisor. As presented in our report and presentations, in addition to having expertise relevant to the PhD project, a supervisor must hold the rank of at least Assistant Professor. According to the EUC Charter, Assistant Professors must have "the requirements for the rank of Lecturer (Doctorate and positive and substantial evidence of high competency in teaching and research) plus three post-doctorate years of university teaching and research experience; positive and substantial record of high competency in teaching and research, evidence of positive contribution to the overall development of the individual's program area and department; and service to the community." Additionally, as defined in our PhD program guidelines, a Supervisor cannot be responsible for more than 5 PhD students.	Choose level of compliance:
Albeit not a graduate school with one overarching subject, a list of faculty should be put together - also to indicate to future PhD students the available topics and potential supervisors.	At the opening of the Call for New PhD students, the webpage includes a list of PhD Course Coordinators. More importantly, the website of the University and School includes a mini-cv (as designed by the National Higher Education Regulator (CYQAA) which underscores the research areas and interests of both full-time faculty, Visiting Faculty and Clinical Faculty. Additionally, the School of Medicine, currently being developed MEDiC website (https://medicalinnovationcenter.eu-	Choose level of compliance:

	wp.qobrix.com/) , also indicates the faculty and their research areas and ongoing projects. In general, the faculty of the School cover 5 core disciplines, namely: Cancer Biology & Clinical Oncology; Neuroscience; Cardiopulmonary Disorders; and Infectious Diseases, Immunology & Microbiology. We appreciate the EEC's suggestion, and we will link this information to the 'Medical Sciences PhD' in the University webpage. Attached please find the latest list of Faculty and research areas. **(Appendix 2)**	
The school should ensure that the committee that surrounds and supports the programme lead is sufficiently knowledgeable in everyday practice to prevent a "single point of failure".	We appreciate the EEC's valuable feedback regarding the PhD programme and fully agree that the PhD programme committee should be enhanced to ensure robust support for both the programme and the Programme Coordinator, thereby mitigating the risk of a "single point of failure." To this end, we have expanded the original four-member committee to a eight-member team. This augmented structure balances expertise in both basic and clinical research, providing comprehensive oversight and guidance. The committee members now include: 1. **Prof. A Stephanou** – A senior research faculty member and Chair of the Research Committee. As a distinguished basic scientist with over 20,000 citations, Prof. Stephanou has extensive experience mentoring PhD students and junior researchers. 2. **Dr. E. Farazi** – A senior basic science medical researcher and epidemiologist with advanced degrees from MIT (MSc) and Harvard (PhD). A former holder of the Tim Hawks Chair in Cancer Prevention and Population Science, she has been awarded 17 national and international grants and has a wealth of supervisory experience, having mentored over 35 PhD, MSc and BSc theses, as well as numerous	Choose level of compliance:

	summer research projects. Dr. Farazi also co-coordinate the interdepartmental PhD in Cancer Biology and Clinical Oncology. 3. **Dr. D. Papapodoupoulos** – A senior clinical researcher and Chair of the Medical Thesis Committee. A Neurologist-Neuroimmuno-logist with a PhD from Imperial College London and a diploma in neuropathology, he has collaborated on several clinical trials. His role will be critical in bridging MD graduates to the PhD programme. 4. **Dr. A. Larentzakis** – A clinical researcher and Chair of the AI Committee. A surgeon with international credentials, including fellowships with ESPSO, FACS, and FESSO, Dr. Larentzakis brings extensive experience in clinical research, multicenter studies, and publications. 5. **Dr. C. Tsioutis** – A clinical researcher with expertise in infectious diseases, healthcare management, and business administration. As Director of EUC affiliated Care Medical Institute, Dr. Tsioutis has supervised numerous PhD and MSc students and has a strong presence in international research forums and publications. 6. **Dr. D. Ntourakis** – A clinical researcher with experience as Vice Chair of the Department of Medicine and former faculty at the University of Strasbourg, France. He has led funded projects and is currently coordinating two research initiatives that offer PhD students Research Fellowships in Medical Education. 7. **Dr. C. Michaeloudes** – A basic science medical researcher and Chair of the Structure and	

	Function Committee. With experience at Imperial College London, Hong Kong University, and the University of Cyprus, Dr. Michaeloudes provides a global perspective. He has supervised numerous PhD and postgraduate projects and contributed to high-impact research funded by international bodies. This strengthened and diverse Core PhD Committee is well-equipped to provide robust support for the PhD programme. Its members bring a wealth of expertise in academia, clinical practice, and industry-focused research. Together, they are committed to ensuring the programme's success and enabling our PhD students to excel in academia, research, clinical institutions, and industry	

4. Student admission, progression, recognition and certification
(ESG 1.4)

	Sub-area	Non-compliant / Partially Compliant / Compliant
4.1	Student admission, processes and criteria	compliant
4.2	Student progression	partial compliant
4.3	Student recognition	partial compliant
4.4	Student certification	partial compliant

Areas of improvement and recommendations **by EEC**	Actions Taken by the Institution	For Official Use ONLY
The PhD program to continue successfully needs (external) research funding and evidence of research impact. This could provide a basis for further competitive professorial recruitments to the faculty.	We recognize that, given the relatively short duration of the program (since its inception in Fall 2021), three years is still early to fully demonstrate the program's potential for external research funding and research impact. However, despite this limited timeframe and with our first cohorts of 16 students (excluding the 10 students that were admitted this fall), we have already secured three research grants and published 16 articles in peer-reviewed journals, 9 of which are original research papers. We agree with the EEC's assessment that as we continue to recruit additional high-caliber faculty with a focus on their research impact, these initial successes will be further strengthened and contribute to the program's long-term growth and visibility.	Choose level of compliance:

5. Learning resources and student support

(ESG 1.6)

	Sub-area	Non-compliant / Partially Compliant / Compliant
5.1	Teaching and Learning resources	compliant
5.2	Physical resources	compliant
5.3	Human support resources	compliant
5.4	Student support	partially compliant

Areas of improvement and recommendations **by EEC**	Actions Taken by the Institution	For Official Use ONLY
A mentor separate from the supervisors with no connection to the Department of the PhD is suggested as a further resource to the doctoral student.	As noted above in Section 1, we fully agree with EEC's suggestion that our PhD students would benefit from having a mentor who is not directly involved in their PhD studies. While both the School and the University have established mentoring programs primarily designed for new faculty (this is outlined in **Appendix 1**), we will build upon these frameworks to develop a dedicated mentoring program tailored specifically for Medical Sciences PhD students. This will be similar in context to the Academic Advisors applied in the Medical Program, whereby academics not involved in the PhD will serve to support PhD students achieve their goals, provide technical advice and other support which may reduce the stresses associated with their doctoral work.	Choose level of compliance:

6. Additional for doctoral programmes

(ALL ESG)

	Sub-area	Non-compliant / Partially Compliant / Compliant
6.1	Selection criteria and requirements	compliant
6.2	Proposal and dissertation	compliant
6.3	Supervision and committees	partially compliant

Areas of improvement and recommendations **by EEC**	Actions Taken by the Institution	For Official Use ONLY
As per earlier, we feel that careful consideration of an exit award is sensible, e.g. "licensiate" after two years of studies.	As noted previously in ***Section*** 1, we appreciate the committee's suggestions regarding the potential strengths of developing an exit degree or certificate. We agree in principle that such a degree could serve as an important facilitative option for students who, for various reasons, are unable to complete their PhD – often due to challenges in completing the research phase – but have successfully completed the required coursework and compulsory components, including the qualifying exam. At present, the national higher education agency (CYQAA) does not allow for an exit degree or certificate, hence to move forward, we will need to consult the national regulatory requirements with the CYQAA and seek approval through the university's governance structures, including Department and School Councils, as well as the Senate.	Choose level of compliance:

B. Conclusions and final remarks

Conclusions and final remarks **by EEC**	Actions Taken by the Institution	For Official Use ONLY
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 reason why they started the PhD program in the first place. The EEC welcomes this idea and would like to make some suggestions: For MD students interested in research, the EUC should consider opportunities to engage early on in research, eg. during the first three years. One possibility would be a facultative summer school with the participation of PhD students/faculty, which may even run for more advanced MD students. Such research activities could lead to MD thesis (Y6) from an embedded research experience in a research group accommodating rather than an isolated or purely clinical topic. 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.	We appreciate the EEC's recognition of the importance of early research engagement for MD students. As detailed in our response ***MD Report, Section 2, (Curriculum),*** we have integrated research skills into the preclinical curriculum. These include biochemistry, genetics, biostatistics, epidemiology, and research methods courses, with a focus on practical scientific techniques and data analysis. Students also gain exposure to research through hands-on activities, literature reviews, and scientific poster presentations. To further promote research, we are enhancing student engagement by launching a "Research Day," where faculty will present their research and available student opportunities. We are also formalizing research collaborations with PhD students, providing mentorship and posting research opportunities on our website. Our Summer Externship Program offers students placements in prestigious institutions worldwide, including Oxford and Johns Hopkins, providing access to advanced research environments. These initiatives, along with the required Medical Thesis, align with our strategic goals and strengthen our commitment to fostering students' research skills. Additionally, the PhD Committee has been expanded to include key faculty, such as Dr. D.	Choose level of compliance:

	Papapodopoulos, Chair of MD Thesis Committee, to help bridge MD graduates to the PhD program. We are confident these efforts will support the continued development of our research profile and output.	
In addition, the faculty, at this stage in development, would benefit from the judicious recruitment of internationally-renowned academics, ideally with associated junior staff, to enhance the research pipeline and add weight to the scientific offering within the department.	We appreciate the EEC's insightful recommendation to recruit internationally-renowned academics to further strengthen our research pipeline. We fully agree that such recruitment will significantly enhance the scientific offering within the department. As mentioned above in ***Section 4*** , the program is still in its early stages, having been launched in Fall 2021, and it is therefore too soon to fully demonstrate the long-term impact on external research funding and overall research outcomes. Nevertheless, within this relatively short period, our program has already achieved notable milestones, including securing three research grants and publishing 16 peer-reviewed articles, 9 of which are original research papers. With our first cohorts comprising 16 students, and an additional 10 students admitted this fall, we are encouraged by these early successes. We are confident that, as we continue to recruit high-caliber faculty with a focus on their research impact, these achievements will not only be further strengthened but will also contribute to the program's long-term growth and increased visibility. We remain committed to fostering an environment that attracts top-tier talent and advances impactful research.	Choose level of compliance:

We would like to express our sincere appreciation to the External Evaluation Committee for their time to visit and review our PhD Program and for sharing their invaluable expertise through candid discussions and constructive recommendations for areas of enhancement. We are pleased that they recognized the strengths of our program even at this early stage, and we look forward to demonstrating our progress in future re-evaluation processes.

C. Higher Education Institution academic representatives

Name	*Position*	*Signature*
Prof. Elizabeth Johnson	Dean	Elizabeth Johnson Elizabeth Johnson (Dec 3, 2024 16:54 GMT+2)
Theodore Lytras	Chairperson	Theodore Lytras Theodore Lytras (Dec 3, 2024 16:46 GMT+2)
Iva Tzvetanova	Program Coordinator	

Date: 4/12/2024

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Appendix 1

SCHOOL OF MEDICINE

Mentoring Program in the School of Medicine

Introduction to the Premises of Mentoring in Medicine

The Mentoring program is based upon providing a support system to promote a symbiotic interchange between faculty, staff and students. Mentorship is a time-honored tradition in medicine, aimed at facilitating the transfer of knowledge from one generation to the next, playing an essential role in the successful development of future capabilities of each individual and their ability to succeed.

The School of Medicine embraces the primary pillars of the mentor concept
Manages the relationship
Encourages
Nurtures
Teaches
Offers mutual respect
Responds to the Mentee's needs

Mentoring between faculty & students, senior faculty & junior faculty / staff is based on promoting asynergetic purposeful conversation & reflection on experience with aim to 1) challenge, 2) motivate and 3) inspire. The effectiveness of the process is based on mutual trust, a genuine belief in the process, helping the mentee's ideas to flourish, and inspiration of a vision. Dogmatic input by the mentor/leader "you must do this" or "this is due now", with bold highlights, inuendo, etc. are counterproductive, and considered poor mentor/leader qualities. Rather the roles played by the mentor are: counselor, motivator, advisor, role model, door opener, guide, etc.

The principles applied include:

Synergy:

- Enriching for both mentor & mentee
- It is all about learning – not teaching
- Mentee is empowered to take responsibility of their life

Relationship:

- Mentoring is a "power-free" partnership
- Develop mentee's independent thinking – not make them independent

Uniqueness:

- This is not coaching or counseling
- Provides direction to channel efforts
- Nourishes ideas

Stages of Mentoring applied:

Prescriptive stage:

- Setting boundaries
- Confidentiality

Persuasive stage:

- Defining the crux of the relationship

Collaborative stage:

- Specific Issues
- Roadmap for the future

Confirmative stage:

- Guidance & direction

*The **qualities** we try to instill in our Mentors:*

- Listens
- Accessible
- Constructive feedback
- Encourages confidence & independent thinking
- Role model
- Builds network
- Encourages multiple mentors
- Avoids dictating choices or controlling behavior

*As such, the mentor takes on **multiple roles**.*

- Advisor: shares career experience & knowledge
- Supporter: provides emotional & moral encouragement
- Tutor: gives specific feedback on performance
- Sponsor: seeks opportunities for mentee
- Model: exemplifies the kind of person one should be to be an academic

*Ultimately the **benefits to the Mentee** are significant, including:*

- Effective professional development
- Improves confidence & ability to deal with difficult & challenging situations
- Provides a forum in which they can reflect upon their professional behaviors, supporting theself-development

Key Mentoring Skills include:

- the ability to broker relationships for others;
- the ability to build and maintain new relationships with colleagues;
- the ability to coach, facilitate learning, and guide without command;
- the ability to communicate clearly and empathetically with individuals who may not share one'sbackground, interests, or personal histories/ circumstances;
- and the ability to manage conflict.

Mentors should also have time to meet regularly, and the capacity to provide and receive feedback.

High-Performing Mentor Behaviors Encouraged:

1. Asking open-ended questions in order to understand their mentee's experiences receiving mentoring. Uses the information to collaboratively articulate and align mutual expectations of the mentoring relationship in the first few meetings.
2. Allowing for non-transactional interactions to occur; e.g., drop-in/ check-in and initiate conversations informally;
3. Self-awareness regarding the ways conscious and unconscious assumptions, biases, and backgrounds influence their world views, particularly as related to gender, race/ethnicity, national origin, and other identity dimensions. Mentors reach out to the appropriate staff for advice or preparation; and
4. Responding promptly and candidly to inquiries from mentees with concrete ideas and perspectives.
5. Refraining from non-specific, generic and general feedback.

As the relationship progresses, mentors inspire, enable and foster their mentee's success by:

1. Describing their own paths to independence;
2. Building mentee confidence through encouragement, offering constructive feedback; offeringsuggestions related to other performance areas; and helping the mentee with objectives;
3. Promoting their mentee's professional development by identifying possible resources, additional mentors (if needed) and arranging introductions (if needed);
4. Nominating their mentee for memberships in national organizations and/or for prestigiousspeaking engagements, as appropriate;
5. When asked, offering advice and helping brainstorm approaches for the mentee to skillfullymanage demands, needs, and interests related to his or her trainees, funding agencies, personal commitments, work-life balance, and other areas.

History – School of Medicine Faculty /Staff Mentoring

- Initiation of New Faculty Orientation – Onboarding Program – Fall, 2018
- Faculty one-on-one Meetings based on Student Evaluation – Fall, 2018
- Faculty Mentoring Committee – Fall, 2019
- Peer Mentoring / Committees – Spring 2018
- Portfolios – Design Fall 2020, Implementation pilot Fall 2021
- 'PhD Program in Medical Sciences – Guide to PhD Supervisors' – Spring 2022
- 'PhD in Medical Sciences - Supervisor Training Workshop' – Spring 2023

History – School of Medicine Student Mentoring

- Dedicated Medical School New Student Orientation – Fall, 2018
- Academic Advisors – Fall, 2018
- Clinical Advisors – Fall, 2018
- Support Meeting for Students with Low GPAs – Fall, 2018
- Student Mentoring Committee – Fall, 2019
- Portfolios - Design Fall 2020, Implementation pilot Fall 2021
- e-logbooks - Design Fall 2020, Implementation pilot Spring 2021

Mentoring Scheme(s)

Faculty - Mentoring

A. Introduction of New Faculty to the School – onboarding

New Faculty Orientation Program

Basic Premises of the New Faculty Orientation (NFO) Program

- It was established to familiarize new faculty with the educational model of the School, the basic principles and means of teaching, as well as the rules and policies of EUC.
- It is expected that these "Onboarding and orientation" programs, will shorten time to productivity and contribute to the faculty's ability to make an impact immediately.
- The School introduces the curriculum, the facilities and other necessary information for the new faculty to integrate effectively and quickly into the program. We also attempt to introduce the effects of cultural diversity on learning and teaching styles, which effect social interactions, peer cooperation, performance, skills, competition, etc.
- As we have international professionals, we began to include support information for their integration into the Cyprus professional community.
- Being an international school, another aim was to introduce faculty on how to promote a culturally inclusive classroom with content integration using examples from different cultures, equity pedagogy with inclusive language and models of address, aswell as actively encouraging cultural tolerance.
  (attached NFO Agendas 2018, 2019)

Novice faculty members are formally trained in the development courses shown in the report, but they are also actively monitored by a senior member of the faculty. Through this mentoring system, the new members of the faculty improve their teaching skills under close supervision. EUCMS involves junior faculty in the various committees. As stated previously, administration is part of the job description of any academic. The participation in these committees exposes the newly appointed faculty to the other aspect of their duties.

B. Activities

1. Structure Meetings Around Student Evaluations

- Once a year discussion of teaching, research, development and personal dilemmas & goals based on review of student evaluation outcomes
- Meetings ~ 1 hour
- Co-signed form that outlines
  1. Observations / outcomes from evaluations
  2. Goal development
  3. Goal-activity alignment
  4. Goal-time alignment

2. Peer Mentoring Model

Peer or near-peer mentoring comprises a critical network mentoring as opposed to the traditional senior-junior dyad. This is effective for the group to focus on single goals,

such as increasing publications, learning specific skills or strategies for work/life balance, et.

This offers:

1. Psychosocial support: friendship, confirmation, emotional support, empathy
2. Mutual professional development
3. Collaborative problem solving

This is encouraged by the construction of ad hoc committees with common goals:

1. Faculty creates deliberate networks.
2. These networks are kept alive by frequent meetings

Student - Mentoring

1. Introduction of New Students to the School

All new students are introduced to the School of Medicine curriculum, policy and activities during the **Medical Student Orientation,** which takes place the week before classes start. Medical Student Orientation is an essential part of a successful transition to Medical School. Crossing the threshold of the Medical School, students are taking their initial steps into the profession. Medical Student Orientation is foundational to the student's success as a medical student at EUC and will provide them with information vital to their matriculation. The program sets the tone for their academic career and highlights expectations, as well as gives them the opportunity meet their fellow classmates. The Medical Student Orientation culminates with the"White Coat Ceremony", where students will receive their first white coat and take their first step towards the responsibility of becoming a physician by reciting an oath dedicating themselves and pledging integrity in the study and practice of medicine.

PhD Students are formally introduced to the Program during the first week of their classes. Additionally, all PhD students are given the 'Medical Sciences Ph.D. – Guide' upon enrolment.

2. Academic Advisor

Academic (Pre-Clinical) Advisors: Each student is also assigned an Academic Advisor, to track each individual student from year 1 through year 3 (semesters 1 – 6). Academic Advisors are full-time faculty of the School of Medicine, and are responsible for assisting the student in defining and developing realistic educational goals, in keeping with his/her abilities, skills, interests, and career aspirations. Academic Advisors are also responsible for ensuring the student is aware of university regulations and policies.

3. Clinical Advisor

Clinical Training Advisors: The Clinical Training Committee assigns full-time faculty members to serve as **Clinical Training Advisors** to track each individual clinical student from year 4 through year 6 (semesters 7 – 12). Each advisor ensures that all requirementsare correct and complete, including: reviewing evaluation, grades and graduation requirements and updating rotation schedules. Students must maintain contact with their **Clinical Training Advisor** throughout their clinical terms until graduation.

4. PhD Dissertation Supervisor

PhD supervision in the Medical Sciences PhD Program follows the 'mentor-mentee' model. Supervisors are trained in two distinct modules.

Module 1: Roles and Expectations in Ph.D. supervision

- Clarifying supervisor and student expectations in Ph.D. supervision
- Supervisor roles – teacher, master, colleague, supervisor, mentor
- What constitutes a successful Ph.D. supervision – according to research?
- Identifying and fostering talent in research – the supervisor's role

Module 2: Rules, Regulations and Research integrity

- Introduction to rules and regulations
- Framework and Information
- How do you get into the Ph.D. Program?
- What requirements are there along the way?
- How do you complete a Ph.D. Program?
- What kind of support is available, if you have an international Ph.D. student?
- Responsible Conduct of Research (RCR)

5. Students with low GPA

Students identified with a low GPA are requested to see their assigned Academic and Clinical Advisors to identify means of additional academic support. The Dean also requests borderline students (those who do not meet the requirements for letters of probation but maintain a marginal performance) to see their assigned Advisors. Students who are identified with a low GPA (lower than 2.0) are identified and guided as follows:

1- For first year students at the end of the 1st semester of their studies or for students included in the list for the first time: each affected student is called by their Advisor, in orderto ensure that students are aware of the concerns of the School, and that students are indeed properly informed that the School is available to provide support. Specifically,students are informed about the role and importance of the GPA and discuss possible reasons and causes of their low performance, and ways for improvement. This is written and agreed upon with a signed form. (Student Report Template attached)

6. E-logbooks

The school is presently working with a company to design an electronic logbook. This includes details of clinical/practical experiences with feedback from clinical advisors,clinical instructors and mentors.

Appendix 2

School of Medicine

Overview of Our Core Research Areas: Explore detailed insights into the key research domains and our researchers that drive our academic excellence and innovation.

Cancer Biology & Clinical Oncology

Domains of Active Research

- **Molecular Mechanisms of Tumor Progression**: Investigating the genetic and molecular pathways that drive the initiation, growth, and metastasis of cancer cells.
- **Cancer Biomarkers and Early Detection**: Identifying and validating biomarkers for the early detection, diagnosis, and prognosis of various cancers.
- **Novel Therapeutics and Drug Resistance**: Developing and testing new cancer therapies, including targeted treatments, immunotherapies, and combination therapies.
- **Translational Research**: Bridging the gap between laboratory discoveries and patient care by translating findings from basic research into clinical applications.

Researchers

- Prof A. Stephanou
- Prof I. Patrikios
- Dr. E. Ferazi
- Dr. A. Yiallouris
- Prof. N. Zamboglou
- Prof. C. Zamboglou
- Dr P. Christodoulou
- Dr. C. Michaeloudes
- Dr. A. Michalinos
- Dr. G. Hadjigeorgiou
- Prof G. Melino
- D. Kyparissopoulos

Neuroscience

Domains of Active Research

- **Stress and Related Disorders:** Investigating the functional neuroanatomy of stress, with a focus on neural circuits involved in stress-related brain disorders like depression.
- **Neurobiology of Glial Cells**: Exploring the role of oligodendrocytes in information processing and axonal function, and their critical contributions to the nervous system.

- **Pathophysiology of Neuronal Disorders**: Examining the structure and function of neural circuits in the brain and nervous system, identifying cellular factors that contribute to disorders such as stroke and traumatic brain injury.
- **Neurodegenerative Disorders**: Studying the mechanisms underlying neurodegenerative diseases such as Alzheimer's, Parkinson's, and ALS, with the aim of uncovering insights that could lead to new therapeutic strategies.

Researchers

- Prof E. Johnson
- Dr D. Papadopoulos
- Dr. Iva Tzvetanova
- Dr. G. Hadjigeorgiou
- Dr. K. Gousias
- Dr M. Stamelou
- Prof. N. Grigoriadis
- Prof. G. Friehs
- Prof. V. Zerris
- Dr M. Pantazis

Cardiopulmonary Disorders

Domains of Active Research

- **Biomarkers for Early Diagnosis and Prognosis**: Identifying and validating biomarkers for early detection, diagnosis, and prognosis of cardiac diseases, including heart failure and cardiomyopathies.
- **Mechanisms of Pulmonary Disorders**: Investigating the underlying mechanisms and biological processes of pulmonary disorders such as chronic obstructive pulmonary disease (COPD) and pulmonary hypertension, focusing on cellular and molecular changes.
- **Therapeutic Strategies for Cardiopulmonary Disorders**: Developing and testing new therapeutic strategies for treating cardiopulmonary disorders, including research into novel drug targets, preclinical and clinical trials, and the efficacy of combination therapies to improve patient outcomes.

Researchers

- Dr C. Michaeloudes
- Dr. S. Kakoullis
- Dr. V. Raffay
- Dr. K. Lampropoulos
- Dr. N. Karpettas
- Dr F. Triposkiadis
- Dr S. Papaioannou
- Dr C. Grassos
- Dr. V. Vassilikos
- Dr K. Kypreos

- Dr A. Pittaras
- Dr I. Pantazopoulos
- Dr P. Calder

Infectious Diseases, Microbiology & One Health

Domains of Active Research

- **Immune System Responses to Infections**: Exploring the roles of innate and adaptive immunity in responding to infections, with a focus on how immune responses protect against pathogens and how dysregulation can lead to conditions such as autoimmune diseases or chronic inflammation.
- **Microbial Infection, Resistance, One Health and Epidemiology**: Investigating interactions between microbes, their environments, and the broader One Health context, including the human microbiome and its impact on health and disease. This research also encompasses epidemiological studies to understand the spread, determinants, and control of infections within populations and across interconnected ecosystems.
- **Therapeutic Strategies for Infectious Diseases**: Developing and evaluating strategies to prevent and treat infectious diseases, including conducting preclinical and clinical trials and exploring the use of antiviral, antibacterial, and antifungal agents.

Researchers

- Dr. C. Tsioutis
- Dr. C. Kousparou
- Dr. T. Lytras
- Dr. C. Filippou
- Dr. A. Yiallouris
- Dr. Z. Pana
- Prof. G. Petrikkos
- Dr. D. Paraskevis
- Dr. A. Mose
- Dr. D. Voniatis
- Dr. R. Nir-Paz
- Dr. P. Van Damme

Current Projects

Explore the forefront of our research initiatives across diverse scientific domains. Our current projects are dedicated to advancing knowledge and innovation in Cancer Biology, Neuroscience, Cardiopulmonary Disorders, and Infectious Diseases. Each project represents our commitment to translating ground-breaking discoveries into

tangible solutions that address critical health challenges. Dive into our active research efforts to see how we're pushing the boundaries of science and improving patient outcomes.

Cancer Biology & Clinical Oncology

Our research in cancer biology and clinical oncology is focused on unraveling the complexities of cancer to improve patient outcomes. Our active projects include:

- **Molecular Mechanisms of Tumor Progression**: We investigate the genetic and molecular pathways driving cancer development and metastasis. Learn more about our work in this area.
- **Cancer Biomarkers and Early Detection**: Our team identifies and validates biomarkers crucial for the early diagnosis and prognosis of various cancers. Explore our current biomarker research.
- **Novel Therapeutics and Drug Resistance**: We are developing and testing innovative therapies, including targeted treatments and immunotherapies, to overcome drug resistance. Discover our latest therapeutic advancements.
- **Translational Research**: Bridging laboratory discoveries with clinical applications, we translate basic research findings into actionable treatments for patients. See how we're advancing translational research.

Neuroscience

In the realm of neuroscience, our focus is on understanding the brain and nervous system to address various disorders. Our current projects include:

- **Stress and Related Disorders**: We explore the neural circuits involved in stress and related disorders, aiming to understand and mitigate conditions like depression. Read about our stress research.
- **Neurobiology of Glial Cells**: Our research delves into the role of glial cells in brain function and their impact on neurological health. Learn more about our glial cell studies.
- **Pathophysiology of Neuronal Disorders**: We investigate neural circuit dysfunctions and cellular factors contributing to disorders such as stroke and traumatic brain injury. Explore our research on neuronal disorders.
- **Neurodegenerative Disorders**: Our work focuses on the mechanisms underlying neurodegenerative diseases like Alzheimer's and Parkinson's, with the goal of developing new therapeutic strategies. Find out more about our neurodegenerative research.

Cardiopulmonary Disorders

Our research in cardiopulmonary disorders aims to enhance the understanding and treatment of heart and lung diseases. Active projects include:

- **Biomarkers for Early Diagnosis and Prognosis**: We are identifying biomarkers for early detection and prognosis of cardiac conditions such as heart failure and cardiomyopathies. See our latest findings on cardiac biomarkers.

- **Mechanisms of Pulmonary Disorders**: Our research investigates the biological mechanisms underlying pulmonary diseases like COPD and pulmonary hypertension. Learn more about our pulmonary disorder studies.
- **Therapeutic Strategies for Cardiopulmonary Disorders**: We are developing and evaluating novel therapeutic approaches for cardiopulmonary conditions, including drug targets and combination therapies. Discover our therapeutic strategies.

Infectious Diseases, Microbiology & One Health

Our research in this domain focuses on understanding and combating infectious diseases through a One Health perspective. Current projects include:

- **Immune System Responses to Infections**: We study how the immune system responds to infections and the role of immune dysregulation in disease. Explore our research on immune responses.
- **Microbial Infection, Resistance, One Health and Epidemiology**: Our work covers the interactions between microbes, their environments, and human health, including epidemiological studies on infection spread and control. Learn more about our microbial research.
- **Therapeutic Strategies for Infectious Diseases**: We develop and assess strategies to prevent and treat infections, focusing on new antiviral, antibacterial, and antifungal agents. See our latest therapeutic developments.

List of Research Areas for Full Time, Visiting and Clinical Faculty

#	Field of Study	Topic	Supervisor
1	Biology/ Oncology	**The effect of smoking on chemotherapy-induced toxicity inpatients with breast cancer: a systematic review.**	Dr. C. Michaeloudes c.michaeloudes@euc.ac.cy
2	Cardiology	**Structural heart disease**	Dr. K. Lampropoulos k.lampropoulos@euc.ac.cy
3	Cardiology	**Experimental studies in cardiology**	Dr. K. Lampropoulos k.lampropoulos@euc.ac.cy
4	Cardiology	**Coronary syndromes**	Dr. K. Lampropoulos k.lampropoulos@euc.ac.cy
5	Cardiology	**Heart valve diseases (TAVI, Mitra clip …)**	Dr. K. Lampropoulos k.lampropoulos@euc.ac.cy

6	Cardiology	**Congenital heart disease (PFO, ASD, et.c.)**	Dr.K. Lampropoulos k.lampropoulos@euc.ac.cy
7	Cardiology	**Arrhythmias**	Dr.K. Lampropoulos k.lampropoulos@euc.ac.cy
8	Cardiology	**Heart failure**	Dr K. Lampropoulos k.lampropoulos@euc.ac.cy
9	Cardiology	**Cardiac catheterization**	Dr.K. Lampropoulos k.lampropoulos@euc.ac.cy
10	Cardiology	**Environment and arterial hypertension**	Prof. C. Grassos harigrass@yahoo.gr
11	Cardiology	**Climate Changes and cardiovascular diseases**	Prof. C. Grassos harigrass@yahoo.gr
12	Cardiology	**Prenatal diagnosis of congenital heart defects in Cyprus**	Dr. V. Polydorou v.polydorou@euc.ac.cy
13	Cardiology	**Prevalence and age distribution of congenital heart defects in Cyprus and the economic impact of congenital heart disease in the Republic of Cyprus.**	Dr. V. Polydorou v.polydorou@euc.ac.cy
14	Dermatology	**ENT and Dental foci in Psoriasis: a narrative review** In this MD Thesis I expect from candidate to present a completesystematic review of possible connection/influence of Ear,Nose and Throat and as well Dental foci in clinical course and therapyof Psoriasis; last few years these topics are in a focus of interest in Psoriasis Research.	Prof.A. Stanimirovic andrija.stanimirovic@gmail.com

15	Dermatology	**Pigmented lesions of oral mucosa** In this MD Thesis I expect from candidate to classify and describe pigmented lesions of oral mucosa; keeping in mind thatoral mucosa is also in domen of Dermatology and not only	Prof.A. Stanimirovic
		Dentistry or Oral Surgery; I expect to point out the need ofcollaborative work of various specialties in this field.	andrija.stanimirovic@gmail.com
16	Dermatology	**Cheilitis in Dermatology** In this MD Thesis I expect from candidate to classify and describe various forms of cheilitis, keeping in mind that we haveto examine lips obligatory in dermatological examination/consultation and that cheilitis can be very often asign of systemic diseases.	Prof. A. Stanimirovic andrija.stanimirovic@gmail.com
17	Epidemiology	Health needs of migrants and refugees in Europe: a scopingreview"	Dr. T. Lytras t.lytras@euc.ac.cy
18	Epidemiology / Infectious disease	**Long-term effects of viral infections (post-viral syndromes)(e.g. post-acute COVID-19 syndrome, long-COVID)**	Prof. D. Paraskevis dparask@med.uoa.gr
19	Epidemiology / Infectious disease	**One Health approach to zoonotic diseases: Investigate theinteraction between human, animal, and environmental health in the emergence and control of zoonotic diseases (e.g., SARS-CoV-2, Ebola, or avian flu)**	Prof. D. Paraskevis dparask@med.uoa.gr
20	Epidemiology / Infectious disease	**Interventions to prevent sexually transmitted diseases(STDs); the role of post-exposure prophylaxis**	Prof. D. Paraskevis dparask@med.uoa.gr
21	Epidemiology / Infectious disease	**Innovative diagnostic tools for rapid detection of infectiousagents using point of care methods**	Prof. D. Paraskevis dparask@med.uoa.gr

22	Epidemiology / Infectious disease	**Antimicrobial resistance** - Antimicrobial resistance (AMR) is one of the top global public health and development threats. Itis estimated that bacterial AMR was directly responsible for 1.27 million global deaths in 2019 and contributed to 4.95 million deaths/ The misuse and overuse of antimicrobials inhumans, animals and plants are the main drivers in the development of drug-resistant pathogens/ AMR puts many of	Prof. T. Zaoutis t.zaoutis@cleoresearch.org
		the gains of modern medicine at risk. It makes infections harderto treat and makes other medical procedures and treatments – such as surgery, caesarean sections and cancer chemotherapy – much riskier.	
23	Epidemiology / Infectious disease	**Healthcare-acquired infections -** HAIs are infections thatpatients get while or soon after receiving health care. Healthcare-associated infections (HAIs) are a serious threat to healthcare safety. They are associated with significant morbidity,mortality, excess length of stay and healthcare costs. PreventingHAIs is a top priority in public health and health care and to a large degree these infections are preventable/	Prof. T. Zaoutis t.zaoutis@cleoresearch.org
24	Epidemiology / Infectious disease	**Quality Improvement and Patient Safety** - In 1999, The Institute of Medicine released a sobering report titled *To Err is Human: Building a Safer Health System*, which stated that an estimated 98,000 hospitalized patients die each year in USA frommedical mistakes. The report was not intended to blame providers or hospitals but, rather, to clarify that bad systems of care (and not bad people) were largely responsible for these deadly mistakes. Furthermore, the report hoped to rally health care providers, administrators, regulators, and patients around a national imperative toward creating a culture of safety and developing systems of care to improve health care quality. This work is not limited to the USA but is applicable globally.	Prof. T. Zaoutis t.zaoutis@cleoresearch.org
25	Forensic Pathology	**Describe how you would identify multiple victims who have died from an airplane crash.** *Describe different methods and the value of each method as well asexperts employed to identify the deceased. Liaison with relatives. Identification commission, repatriation. Possible mistakes that may be made with identification*	Prof. P. Vanezis p.vanezis@qmul.ac.uk

26	Forensic Pathology	**Discuss what injuries might be caused during cardiopulmonary resuscitation (CPR) and how you might differentiate them from prior injuries.** *Different types of injuries which are minor as well as more serious injuries which may potentially have caused death, should be discussed. Differentiate injuries, taking into account possible vital reaction and site as well as taking a full history from eyewitnesses*	Prof. P. Vanezis p.vanezis@qmul.ac.uk
27	Forensic Pathology	**Describe how you would identify multiple victims who havedied from an airplane crash.** *Describe different methods and the value of each method as well asexperts employed to identify the deceased. Liaison with relatives.*	Prof. P. Vanezis p.vanezis@qmul.ac.uk
		Identification commission, repatriation. Possible mistakes that may be made with identification	
28	Genetics	**Establishment of a RegistryNeurodegenerative Disorders Epidemiology and Clinical Impact in for RareCyprus: Genetic**	Dr. Kousparou C.
29	Internal Medicine/ Hematology	**The use of artificial intelligence and machine learning in hemoglobinopathies: A narrative review.** This review will discuss the current and future applications of AI and ML in diagnosis, prognosis and treatment of patients with various hemoglobinopathies such as thalassemia and sickle cell disease.	Dr. V. Danilatou v.danilatou@euc.ac.cy
30	Internal Medicine/ Hematology	**Should routine thrombophilia testing guide long-term anticoagulation in VTE patients? From guidelines to clinical practice.** Current guidelines for thrombophilia testing lack consensus. Existing clinical guidelines from major scientific organizations such as British Society of Hematology, and American Society of Hematology regarding the recommendations for thrombophilia testing in patients with VTE will be reviewed. The gaps from clinical guidelines to current practice will be discussed.	Dr. V. Danilatou v.danilatou@euc.ac.cy
31	Internal Medicine/ Hematology	**Machine learning to predict venous thromboembolism in cancer patients. A systematic review.** Venous thromboembolism (VTE) risk is high in cancer patients. Several Clinical scores have been used to predict venous thromboembolism in solid cancer patients but have several limitations. This systematic review explores if machine learning (ML) can enhance traditional clinical scores. Limitations and challenges of various approaches will be discussed, and research gaps will be identified.	Dr. V. Danilatou v.danilatou@euc.ac.cy

32	Internal Medicine	**Atherosclerosis**	Dr. A. Angouridis A.Angouridis@euc.ac.cy
	Internal Medicine	**Lipid disorders**	Dr. A. Angouridis A.Angouridis@euc.ac.cy
33	Medical Education	**Integration of Artificial Intelligence in Medical Education: AScoping Review**	Dr. D. Larentzakis
		Exploring how AI tools are being used in medical education for personalized learning, diagnostics training, or virtual simulations. A scoping review could focus on effectiveness, learner outcomes,and potential challenges in implementation.	a.larentzakis@euc.ac.cy
34	Medical Education	**Ethical and Legal Considerations of AI in Medical Training: A Scoping Review** A scoping review of the ethical, legal, and societal implications ofusing AI in medical education. This could cover issues such as data privacy, bias in AI algorithms, the changing role of educators, andpreparing medical students for a future where AI is integrated into clinical practice.	Dr. A. Larentzakis a.larentzakis@euc.ac.cy
35	Medical Education	**Self and Peer Assessment in medical education - Reflections**	Dr. V. Raffay V.Raffay@euc.ac.cy
36	Medical Education/ Resuscitation	**Virtual reality and Augmented reality in CardiopulmonaryResuscitation training**	Dr. V. Raffay V.Raffay@euc.ac.cy
37	Medical Education/ Resuscitation	**Innovative medical applications in medicine – CPR and BLSapps**	Dr. V. Raffay V.Raffay@euc.ac.cy
38	Neuroscience	**Does the relapse rate in multiple sclerosis affect the brain atrophy rate in multiple sclerosis? A meta-analysis of randomized controlled trials**	Dr. D. Papadopoulos d.papadopoulos@euc.ac.cy

39	Neuroradiology	**Contribution of PET imaging to radiotherapy planning in meningioma patients**	Dr. I. Polycarpou I.Polycarpou@euc.ac.cy
40	Neuroscience	**Reradiation by glioblastoma recurrence: Overall survival**	Dr. I. Polycarpou I.Polycarpou@euc.ac.cy
41	Neuroscience	**Radionecrosis risk after radiosurgery and stereotacticradiotherapy in therapy patients of brain metastasis**	Dr. I. Polycarpou I.Polycarpou@euc.ac.cy
42	Nephrology	**Kidney transplantation and post-transplant lymphoproliferative disorders: a systematic review andmeta-analysis**	Dr. A. Kousios andreaskousios@gmail.com
43	Nephrology	**Kidney transplantation: glomerular disease recurrence: asystematic review and meta-analysis**	Dr. A. Kousios andreaskousios@gmail.com
44	Nephrology	**Kidney donors: long-term outcomes, incidental findings during work-up: A systematic review and meta-analysis**	Dr. A. Kousios andreaskousios@gmail.com
45	Nephrology	**Dialysis: sodium dialysate and long-term outcomes: Asystematic review and meta-analysis**	Dr. A. Kousios andreaskousios@gmail.com
46	Nephrology	**Kidney donors with kidney disease: case series.** The student will synthesise data from a small cohort of kidney donors who had progressive CKD and will perform a literature review.	Dr. A. Kousios andreaskousios@gmail.com
47	Nephrology	**Haemato/onco-nephrology projects.** The student will collect and analyse data on renal outcomes in patients with sickle-cell disease or paraprotein-related renal disease.	Dr. A. Kousios andreaskousios@gmail.com
48	Nephrology	**Dialysis: nutrition and phosphate clearance**. The student willcreate a dataset from existing data and perform the analysis.	Dr. A. Kousios andreaskousios@gmail.com

49	Nephrology	**Dialysis: effect of sodium modelling, pulse wave velocity and residual renal function on intradialytic hypotension.** The student will create a dataset from existing data and perform the analysis.	Dr. A. Kousios andreaskousios@gmail.com
50	Nephrology	**Dialysis: Factors associated with reduced hand-grip strength, nutrition, cognitive and physical function in a dialysis cohort.** The student will create a dataset from existing data and perform the analysis.	Dr. A. Kousios andreaskousios@gmail.com
51	Nephrology	**Epidemiological data of kidney biopsy.** Indications, complications, diagnosis and risk to progression toend stage kidney disease.	Dr. S. Koursoumbas spyros.koursoumbas@gmail.com
52	Nephrology	**Renin-angiotensin-aldosterone system: From physiology to clinical significance in disease. Management with traditional and novel drugs.**	Dr. P. Pavlakou & Prof. C. Zamboglou c.zamboglou@euc.ac.cy
53	Obstetrics/ Gynecology	**Progestin Primed Ovarian Stimulation (PPOS) protocol : does the type or dose of progestins play any role ?: a systematic review and meta-analysis**	Dr. P. Drakopoulos p.drakopoulos@euc.ac.cy
54	Obstetrics/ Gynecology	**The impact of Growth hormones on AMH levels in infertilewomen: a systematic review and meta-analysis**	Dr. P. Drakopoulos p.drakopoulos@euc.ac.cy
55	Oncology	**PSMA-PET guided high-precision radiotherapy for prostatecancer - a multicenter cohort**	Dr. C. Zamboglou constantinos.zamboglou@goc.com.cy
56	Oncology	**Quality of life after Bladder radiotherapy for prostate cancer:a questionaire-based cross-sectional study**	Dr. C. Zamboglou constantinos.zamboglou@goc.com.cy

57	Oncology	**Cross correlation of AI classifier with proteomic signatures inprostate cancer tissue slides**	Dr. C. Zamboglou constantinos.zamboglou@goc.com.cy
58	Oncology	**Registry of epidemiological data, clinical and histopathological characteristics, genetic alterations, treatment strategies and survival of patients with rare cancertypes (NETs, thyroid cancer, CNS cancers, sarcomas)**	Dr. C. Zamboglou constantinos.zamboglou@goc.com.cy
59	Oncology	**Serum lipidome as potential non-invasive biomarkers fornon-alcoholic fatty liver disease (NAFLD)-associated hepatocellular carcinoma: a systematic review**	Dr. E Farazi e.farazi@euc.ac.cy
60	Oncology	**The role of adipokines in non-alcoholic fatty liver disease (NAFLD) and NAFLD-associated hepatocellular carcinoma: asystematic review**	Dr. E. Farazi e.farazi@euc.ac.cy
61	Ophthalmology	**Retrospective study of patients,30-50 years old, after takingoral corticosteroid therapy and end to cataract operation**	Dr. T. Ntinioti t.ntinioti@external.euc.ac.cy
62	Ophthalmology	**Retrospective study of patients, 30-50 years old, diabeticthat end to cataract operation**	Dr. T. Ntinioti t.ntinioti@external.euc.ac.cy
63	Orthopedics	**Effectiveness of Platelet-Rich Plasma (PRP) Therapy in Treating Tendon Injuries in the Hand** PRP therapy has gained popularity as a non-invasive treatment option for various musculoskeletal injuries, but its efficacy, particularly in hand tendon injuries, remains controversial. A research project investigating PRP's effectiveness would contribute to the body of evidence needed to validate or refute its use. This project would have practical applications for both orthopedic surgeons and patients, as PRP is becoming a frequently requested treatment option in sports medicine and orthopedics, and clear guidance based on scientific evidence is needed.	Dr. R. Moucharafieh ramzi.moucharafieh@gmail.com

64	Orthopedics	**Comparative Study of Different Fixation Techniques forScaphoid Fractures** Scaphoid fractures are among the most common wrist fractures,yet the best method of fixation remains a topic of debate. This study would compare the outcomes of various fixation techniques, such as screw fixation versus pinning, assessing healing time, complications, and return to function. Since scaphoid fractures often affect young, active individuals, optimizing treatment is crucial. This project would address an	Dr. R. Moucharafieh ramzi.moucharafieh@gmail.com
		important clinical question and could lead to better decision-making for orthopedic surgeons treating this common injury.	
65	Orthopedics	**Outcomes of Nerve Grafting and Nerve Transfers inPeripheral Nerve Injuries of the Upper Limb** Peripheral nerve injuries in the upper limb can cause significant functional impairment, and both nerve grafting and nerve transfers are widely used to restore motor and sensory function.However, there is limited comparative data on the long-term success of these procedures. This study would analyze patient outcomes following nerve grafting and nerve transfers, focusingon factors such as recovery of function, complication rates, and overall quality of life. By exploring these techniques, this projectwould contribute valuable insights to help refine surgical approaches and improve outcomes for patients with complex nerve injuries.	Dr. R. Moucharafieh ramzi.moucharafieh@gmail.com
66	Orthopedics	**Outcomes of Nerve Transfers for Brachial Plexus Injuries** Brachial plexus injuries can lead to severe disability, and nerve transfers have emerged as an essential surgical option to restorefunction. This project would examine functional recovery in patients undergoing nerve transfers, analyzing which types of transfers yield the best motor and sensory outcomes. It would also investigate the timing of surgery and its impact on recovery,providing valuable insights into optimizing treatment strategies.	Dr. R. Moucharafieh ramzi.moucharafieh@gmail.com

67	Orthopedics	**Comparing Open vs. Arthroscopic Treatment for TriangularFibrocartilage Complex (TFCC) Tears** TFCC injuries are common in athletes and manual laborers, leading to wrist pain and instability. This study could compare patient outcomes between open and arthroscopic repair methods, focusing on postoperative pain, recovery time, and return to full activity. A thorough evaluation of these techniquescould guide clinical decisions in treating TFCC tears more effectively.	Dr. R. Moucharafieh ramzi.moucharafieh@gmail.com
68	Orthopedics	**Evaluating the Success of Early Mobilization after TendonRepair in Hand Injuries** Early mobilization protocols after tendon repair are believed to improve outcomes by preventing stiffness and promoting faster recovery. This study would investigate the effects of early vs. delayed mobilization on tendon healing, strength, and functionaloutcomes in patients with hand injuries. This project would provide evidence to refine rehabilitation strategies after tendonrepair surgeries.	Dr. R. Moucharafieh ramzi.moucharafieh@gmail.com
69	Orthopedics	**Microsurgical Reconstruction in Complex Hand Trauma: Functional and Aesthetic Outcomes** Complex hand trauma often requires microsurgical reconstruction, such as free flaps or composite tissue transfers, torestore function and aesthetics. This project would explore the long-term functional and aesthetic outcomes of these techniquesin patients with severe hand injuries. The study could focus on different types of reconstructive options, their complication rates, and patient-reported quality of life after surgery.	Dr. R. Moucharafieh ramzi.moucharafieh@gmail.com
70	Orthopedics	**Risk factors for developing knee and heel pain in adolescentsparticipating in sports.** The theory is that heel and knee pain in adolescents during sports is related to muscle imbalance during growth. The student will be asked to assess this theory by clinicallyassessing (with the supervisors help) muscle strength and range of motion. Application for ethical approval will be needed for thisproject.	Dr. M. Zenios m.zenios@euc.ac.cy
71	Orthopedics	**The management of children with musculoskeletal sepsis.** Theaim is the to review children admitted with musculoskeletal sepsisin the last three years at Mediterranean Hospital of Cyprus in 2023 and identify possible factors that determine clinical outcome. Musculoskeletal sepsis in childhood is not a common but potentially lifethreatening pathology. Data will be compared with	Dr. M. Zenios m.zenios@euc.ac.cy

		international guidelines.	
72	Orthopedics	**Incidence of idiopathic scoliosis in children referred to a paediatric orthopaedic clinic** Idiopathic scoliosis is a spinal deformity that usually develops during puberty and usually affects girls. In Cyprus all children in public schools are examined for scoliosis. The student will assess reasons for referral to an Orthopaedic clinic and the percentage of those referred actually diagnosed with scoliosis. Results will becompared to international standards	Dr. M. Zenios m.zenios@euc.ac.cy
73	Orthopedics	**The management of patients with fracture neck of the femur.**The aim is the to review patients with a fracture neck of the femuradmitted at Mediterranean Hospital of Cyprus in 2023 and identifypossible factors that determine clinical outcome. Fracture neck ofthe femur is a common pathology in the elderly with serious complications that needs to be dealt effectively. Data will be compared with international guidelines.	Dr. M. Zenios m.zenios@euc.ac.cy
74	Orthopedics	**Neck and lumbar spinal pains in adolescents** This project has approval from the Cyprus Ethics Committee andinvestigates the incidence of musculoskeletal spinal pains in	Dr. M. Zenios m.zenios@euc.ac.cy
		relation to the new way of life and in particular the use of mobile phones and tablets. The relation between extracurricular activities/time spent with mobile devices and musculoskeletal pains in teenagers have not previously been investigated in Cyprus. We are hoping to identify risk factors for such pains and inform both schools and parents the results of our study in order to reduce the incidence of these pains and improve the quality of life of children.	

75	Pediatrics	**Increasing incidence of Pertussis among paediatric population** Bordetella pertussis is a very contagious pathogen that is transmitted in aerosol droplets throughout coughing and sneezing. Historically, whooping cough, caused by B. pertussis infection, was a leading cause of death in young children and massive vaccination over the past 50 years has resulted in a hugedecline in global prevalence. In most high-income countries, the national immunization program me includes a five-dose diphtheria-tetanus-acellular pertussis (DTaP) schedule for infants, toddlers and pre-school children, with coverage rates of > 95%. In spite of this, pertussis has re-emerged in several developed countries, representing a major public health concern.	Dr. A. Hadjipanayi A.Hadjipanayis@euc.ac.cy
76	Pediatrics	**Reemergence of mycoplasma pneumonia in children following Covid 19 pandemic and resistance to macrolide** Mycoplasma pneumoniae is a common causative agent of respiratory infections, mostly in school-aged children. The majority of infections appear as a mild respiratory illness. However, some persons experience severe pneumonia and require hospitalization. Noteworthy cyclical increases in M. pneumoniae infections have been detected every 3–5 years, possible because of deviations in the predominant circulating strain. M. pneumoniae infections are typically treated using macrolide antibiotics. Macrolide resistance varies globally, with the highest resistance prevalence (>90%) in Asia. After implementation of nonpharmaceutical interventions in response to COVID-19, the frequency of identified M. pneumoniae infections substantially declined beginning in 2020. Beginning in the fall of 2023, a lot of countries a reemergence of this pathogen.	Dr. A. Hadjipanayi A.Hadjipanayis@euc.ac.cy
77	Pediatrics	**The role of fecal calprotectin in pediatric disease** Fecal calprotectin (FC) is a calcium- and zinc-binding protein of the S100 family, mostly expressed by neutrophils and released	Dr. A. Hadjipanayi

		during inflammation. FC became an increasingly valuable tool both for gastroenterologists and for general practitioners for distinguishing inflammatory bowel disease from irritable bowel syndrome. Increasing evidences support the use of this biomarker for diagnosis, follow-up and evaluation of response to therapy of several pediatric gastrointestinal diseases.	A.Hadjipanayis@euc.ac.cy
78	Pharmacology/ Oncology	**Mechanisms of chemoprotection by phytochemicals against chemotherapy-induced toxicity in breast cancer therapy.** This project will involve a review of the current literature on the potential chemoprotective effects of Phytochemicals, when used us co-treatments with chemotherapeutic agents, in breast cancertherapy, focusing on the mechanisms of action.	Dr.P. Christodoulou pa.christodoulou@euc.ac.cy
79	Pharmacology/ Oncology	**The anticancer properties of the natural compound, Vitamin B17.** This project will involve a systematic review of the current literature on the potential anticancer effects of the phytochemicalVitamin B17 and its mechanisms of action.	Dr. P. Christodoulou pa.christodoulou@euc.ac.cy
80	Plastic surgery	The effect of lipedema reduction surgery on relevant laboratory/haematological examinations. Student's tasks: go through lab exams in our hospital information system of all lipedema patients of the past year and compare values before and after surgery (estimated number of cases: 50)	Prof. C. Zamboglou c.zamboglou@euc.ac.cy
81	Plastic surgery	Initial clinical experiences with Aesculap's AEOS exoscope in autologous breast reconstruction using the DIEP flap (no publications found on pubmed of plastic surgeons using this exoscope for breast reconstruction). Student's task: go through records to document total time of surgery and ischaemia time during flap anastomosis in DIEP flap breast reconstruction, for both cases where we used the exoscope and the standard microscope to compare the 2 (estimated number of cases: 25)	Prof. C. Zamboglou c.zamboglou@euc.ac.cy
82	Primary Care	Patient beliefs about Medicines	Dr. I. Cotter icot@cytanet.com.cy

83	Primary Care	Factors affecting medicine adherence	Dr. I Cotter icot@cytanet.com.cy
	Public Health/ Microbiology	An evolutionary and population diversity study on the persistentcolonisers of *Legionella pneumophila* in cooling towers in London and their distribution.	Dr. B. Afshar, Prof. Spiller, & Prof. Efsrtatiou androulla.efstratiou@ukhsa.gov.uk
	Public Health/Microbiology	*Mycoplasma pneumoniae* Resistance & Investigation through molecular Surveillance in the UK (MP RISE UK). Preparedness for future *Mycoplasma pneumoniae* epidemics; A next-generationsequencing approach to surveillance.	Dr. B. Afshar & Prof. Efstratiou androulla.efstratiou@ukhsa.gov.uk
	Reproductive Medicine	Artificial intelligence (AI) in assisted reproduction technologies Double outlet right ventricle (DORV): Literature review and case study discussion. [DORV is a congenital heart defect resulting from abnormal embryonic development of the cardiovascular system. Ethical implications and future impact of recent research and advancements in reproductive medicine (eg. In-vitro gametogenesis, artificial womb technology, three-parent babies, ex utero organogenesis). Impact of Tobacco Risk Reduction on Fertility Outcomes in In Vitro Fertilization: A Clinical Evaluation of Smokers UndergoingAssisted Reproductive Technologies"	Dr. K Menelaou k.menelaou@euc.ac.cy
	Reproductive Medicine		Dr. C.Kousparou
	Surgery	**Impact of Artificial Intelligence in Surgical Decision Making: A Scoping Review** A scoping review of the emerging role of AI in diagnostics, preoperative planning, intraoperative assistance, and postoperative care in general surgery. Focus on accuracy,	Dr. A. Larentzakis

	Public Health/ Microbiology	An evolutionary and population diversity study on the persistent colonisers of *Legionella pneumophila* in cooling towers in London and their distribution.
85	Public Health/Microbiology	*Mycoplasma pneumoniae* Resistance & Investigation through molecular Surveillance in the UK (MP RISE UK). Preparedness for future *Mycoplasma pneumoniae* epidemics; A next-generation sequencing approach to surveillance.
86	Reproductive Medicine	Artificial intelligence (AI) in assisted reproduction technologies
87	Reproductive Medicine	Double outlet right ventricle (DORV): Literature review and case study discussion. [DORV is a congenital heart defect resulting from abnormal embryonic development of the cardiovascular system.
88	Reproductive Medicine	Ethical implications and future impact of recent research and advancements in reproductive medicine (eg. In-vitro gametogenesis, artificial womb technology, three-parent babies, ex utero organogenesis).
89	Reproductive Medicine	Impact of Tobacco Risk Reduction on Fertility Outcomes in In Vitro Fertilization: A Clinical Evaluation of Smokers Undergoing Assisted Reproductive Technologies"
90	Surgery	**Impact of Artificial Intelligence in Surgical Decision Making: A Scoping Review** A scoping review of the emerging role of AI in diagnostics, preoperative planning, intraoperative assistance, and postoperative care in general surgery. Focus on accuracy, efficiency, and outcomes.