



## VILNIAUS UNIVERSITETO

medicinos krypties  
*medicinos* studijų programos  
išorinio išsamiojo

## VERTINIMO IŠVADOS

Vilnius University

study field of medicine  
external assessment of  
*medicine* study programme

Final Report

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Team leader:

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## *Profile of programme of Medicine study field*

<b>Title of study programme</b>	<i>Medicine</i>
<b>State code</b>	60107B102
<b>Kind of study<sup>1</sup></b>	I
<b>Mode of study<sup>2</sup> (duration in years)</b>	F (6)
<b>Volume of study programme in credits</b>	244
<b>Degree and (or) professional qualification to be awarded</b>	Master of Medicine, Doctor
<b>Programme registration date, order No.</b>	1997-05-19, Nr. ISAK-565

### **1. Introduction**

This report is based on a review of the supporting documentation and self evaluation report by the Faculty of Medicine and on the visit to the Faculty and clinics on 13th and 14th December 2004. The expert team are grateful to the staff and students of the Faculty of Medicine at Vilnius University for their co-operation in the preparation of this report including the good documentation and the full and frank discussions which provided additional information.

Vilnius University has all the necessary institutional and human resources to implement effectively the study programme “Medicine” for around 160 students enrolment on a yearly basis.

### **2. Aims and goals of study programme**

The aims of the study programme are clearly articulated as the training of physicians who meet the requirements of the the EU Council Directive 93/16/EEC and the WHO. The objectives are given in some detail and give a good description of what the student is expected to learn. The breadth of knowledge is appropriate and meets the relevant international standards. However, the terms sufficient and adequate within these objectives are not defined. As a result some of the studies may be in too much depth.

The Faculty of Medicine should be commended for its objectives for the realisation and improvement of the study programme in “Medicine” which show an intention to continue the process of development which has already begun. We have concerns about the implementation of some of these objectives.

*Objective 2:* The concept of continuous pedagogical training for the staff is excellent but there did not seem to be a system for ensuring that it took place. We note

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<sup>1</sup> **NU** – Non-university studies; **U** – Undergraduate studies; **M** – Masters’ studies;

**SP** – Specialised Professional studies; **I** – Integrated studies;

<sup>2</sup> **F** – Full-time; **PE** – Part-time (Evening); **PX** – Part-time (Extramural).

that the University provides courses in lecturing but attendance at these is voluntary. There does not appear to be any instruction in clinical teaching or assessment. We note that there are financial constraints to the development of pedagogical training.

*Objective 3:* While progress is being made in the introduction of new methods of teaching we were concerned that there did not appear to be a strategy for the introduction of new methods of assessment. Although the Faculty monitor the performance of the finals examinations there does not appear to be any monitoring of the interim examinations. A variety of methods are used at the discretion of the departments and clinics concerned. An insufficient attempt seems to be made to guarantee the validity and reliability of the examinations.

*Objective 4:* There is evidence that resources particularly in IT and in the library are being improved as finances allow. The Faculty are actively seeking funding to develop their plans further. It is hoped that such funding will be made available to enable them to continue the improvements.

*Objective 5:* We were pleased to note the movement towards increasing the credits for research work. It is important that it should continue to be made compulsory for all students.

*Objective 7:* It is not clear how student exchanges can take place when all of the courses are taught in Lithuanian. The institutional programmes do not facilitate international exchange. It may be necessary to increase the time available for self-directed and elective studies to allow this to take place.

*Objective 8:* This is an important aim which is crucial to the future good functioning and development of the programme. The recently implemented structure of a Study Programme Committee is a crucial component of such a system but attention must be paid to the collection and processing of data in a systematical manner. Good procedures must be created to ensure that necessary modifications to the programme take place in response to the monitoring process. The ability of the Faculty to change up to 15% of the curriculum each year without reference to outside authorities is a strength and should allow effective systems to be developed.

### **3. Analysis of the programme**

#### **3.1. Programme *Medicine***

##### **3.1.1. Structure, contents and study methods**

The overall structure of the programme is satisfactory. The number of credits and their distribution between components of the programme is on the whole acceptable. However, the number of credits for elective and freely chosen subjects is low although it meets the minimum requirement. We have concerns about the clinical teaching which seems to vary from clinic to clinic and from teacher to teacher. At its best it is exemplary with students having the opportunity to talk to and examine patients on their own, but

other teachers concentrate on teaching in larger groups and do not give the students the possibility of individual practise.

From the documentation we received it appears that the content of the programme meets the requirements. All of the necessary subjects are covered. It may be necessary to strengthen the teaching in Research Methods and Critical Thinking as the students felt that they did not receive enough teaching in these areas.

A good variety of teaching methods is employed but the teaching method used depends on the department or clinic concerned. The Faculty wishes to move towards more self-directed learning and has ambitions to introduce Problem-Based Learning as a means of increasing integration. They also wish to move towards early clinical contact. All of these plans are in line with changes in medical education internationally and the advantages and disadvantages seem to be well understood by the Study Programme Committee.

We have concerns about the assessment. In particular, we are concerned at the continued dependence on oral examinations which are known according to the literature to be unreliable. Theoretical knowledge is most reliably tested by using high quality multiple choice examinations in a range of formats. We are also concerned at the apparent lack of testing of practical skills. We understand that the students' clinical skills are tested at the end of the Propaedeutics Course but that they are not formally tested thereafter. The 'practical' component of the examinations as they were described to us consist of asking the students about clinical scenarios rather than assessing their practical clinical skills.

### **3.1.2. Execution of studies and support for students**

The teachers are clearly highly professional with a sound knowledge of their disciplines. They take their responsibilities to the students seriously. The teachers and students complain that the number of students in each teaching group is too large. This is a result of financial constraints.

The majority of the staff think that the academic support for the students is good. The students do not feel so. They do not understand what they have to learn in each course and how they will be assessed. Although they are told what the content of the course will be they do not have written information except for the noticeboards which only give information on scheduling.

Welfare support for the students is given by the Students' Representation. The system of giving a first year student a guide from a higher year is excellent.

### **3.1.3. Variation in the number of students**

The number of students is increasing since 2000 as is the competition. The drop out rate is acceptable at 10% and is similar to international figures. It is not clear that resources are increasing to match the increase in numbers.

### **3.1.4. Teaching staff**

The standards and qualifications of the teaching staff is high but the proper deployment is difficult because of a lack of resources. There is a clear desire to provide continued professional development in pedagogy but the opportunities are limited by financial constraints.

### **3.1.5. Advantages and disadvantages of the programme**

The main strength of the programme is the high quality of the graduates from the programme particularly in regard to their theoretical knowledge. This covers all of the subjects connected with medicine. The teaching of general university subjects is a further strength. The course meets the requirements for minimum credits in each subject.

These strengths are facilitated by the high quality of the staff and their good international connections. The flexibility of the system which allows changes of up to 15% of the curriculum each year also contributes. The teaching environment is good with modern equipment being freely available in the clinical setting. Constant improvements are being made in the learning resources such as IT and library.

A disadvantage of the programme is the small amount of elective courses. An other major disadvantage is the large number of students in each teaching group. The groups are 10-20 students. In clinical settings a group should be no larger than 5-6. This is due to a lack of financial resources to deploy more teachers rather than a shortage of patients. The teaching is concentrated in tertiary care. Some teaching in Primary Care does occur but probably needs increasing.

There is a deficiency in the teaching of critical thinking and research methods but we have been told of plans to improve this.

#### **4 Material conditions**

The infrastructure for teaching is good. The auditoriums are well equipped and adequate in numbers and size. The Faculty library is being improved. Although the students complained that there were insufficient books we saw evidence that new books were being provided. In addition, the students have access to the Lithuanian Medical Library in the city. The IT facilities are good and are undergoing constant updating.

The clinical settings are well-equipped and there are large numbers of patients with a wide variety of clinical conditions.

#### **5. External relations**

There is evidence of good international connections with joint research projects with other EU countries and with the USA. There appear to be good relationships with other national bodies.

#### **6. Feedback**

The main example of feedback which we were given was a questionnaire organised by the students 2 years ago. This identified a number of issues which are being dealt with at present. There is no formal regular system of feedback from the students to the Faculty.

Students state that they do not receive detailed feedback about their examinations and where they went wrong.

#### **7. Internal assurance of study quality**

The administration of the Faculty is sympathetic to the concept of quality improvement but as yet there is the lack of an effective quality control system although components of the system have been put in place already. The Study Programme Committee has recently been set up to monitor quality but there is as yet no formal method for collecting information on a routine basis on the performance of the programme. The reporting line to Faculty is good but at present only subjective impressions could be reported.

## **8. General assessment of the programmes within the study field**

### **8.1. Recommendations to the higher education institution**

- 1 The quality assurance system should continue to be developed.
- 2 Continuous professional development in pedagogy should be formalised and supported.
- 3 There should be an increase in the number of elective courses especially in the senior years.
- 4 Criteria should be set for student assessment to include validity and reliability of the assessment methods. The assessment should include practical clinical skills. The system of monitoring the performance of the finals examinations should be extended to cover all examinations.
- 5 Information to students should be improved. The development of handbooks and study guides should be considered.
- 6 Teaching in Primary Care and interprofessional teaching should be increased

## 8.2. Proposal on accreditation

Study programme of Vilnius University

university integrated study programme *Medicine* (state code 60107B102) is given full accreditation.

*Head of the group:*

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Samuel Leinster

*Members:*

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Ilze Akota

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Laimutis Paškevičius

Final Report signed

2004 12  
(date)

Vilnius  
(place)