European Association of Establishments for Veterinary Education



#### **RE-VISITATION REPORT**

#### To the Faculty of Veterinary Medicine of the Latvia University of Life Sciences and Technologies, Jelgava, Latvia

**On 15 – 16 October 2019** 

By the Re-visitation Team:

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#### Introduction

The Faculty of Veterinary Medicine (VMF) of the Latvia University of Life Sciences and Technologies (LLU) was evaluated by the ESEVT in November 2016 under SOP 2012 Stage 1.

During the Visitation, the ESEVT Visitation Team identified a number of deficiencies. Based on these observations, ECOVE in May 2017 concluded that one of these deficiencies was considered to be a Major Deficiency, leading to a Conditional Approval status for the Establishment. The Major Deficiency identified from the Evaluation was:

'Insufficient hands-on clinical training, especially in horses'.

Furthermore, six Minor Deficiencies were recognised and listed by ECOVE:

- 1. Lack of competitive salaries could mean the loss of key staff, especially in the clinical area.
- 2. There is a need to increase the direct involvement of 6<sup>th</sup> year students in the clinical work during the entire 6<sup>th</sup> year, although it is noted that other years are also involved with clinical cases.
- 3. A lack of a sufficiently developed residency programme.
- 4. Paid time free of teaching and clinical duties is needed for PhD students in order to allow them to concentrate on their research projects.
- 5. Improve communication and feedback from students, especially the web-based course evaluation tool.
- 6. Improve the English teaching in the view of the admission of an increasing number of foreign students.

The Re-visitation SER (R-SER) was sent on time to the Re-visitation Team. The R-SER was well written, to the point and only needed to be clarified over a few points.

The Re-visitation was very well organised and completed in an excellent atmosphere. All requested documents were provided to the Team on due time.

#### **1.** Correction of the Major Deficiency

#### **1.1. Major Deficiency: 'Insufficient hands-on clinical training, especially in horses' 1.1.1. Findings**

In the Visitation Report 2016, the Team concluded that there was a need to:

- Increase the direct involvement of students in the clinical work;
- Increase the caseload at the equine clinic;

- Improve and expand hands-on training on patients, especially in the equine clinic;

- Let the students write full medical records, including treatment plans.

The R-SER sets out the hands-on clinical training that the students experience during their practical exercises, both before and then throughout the clinical rotation year. The evidence within the R-SER includes the practical exercises previously carried out, as well as the changes and additional teaching introduced after the 2016 ESEVT Visitation.

During the first two years of study, several courses include supervised practical exercises that give the students hands-on experience with healthy farm animals and horses.

During study years 3-5, the main change to improve individual hands-on training is the introduction of smaller groups of 5-6 students (LLU Senate's decision). As introduction to the clinical training (see below), practical hands-on work in small groups is conducted during the  $3^{rd}-5^{th}$  year clinical subject courses.

Supervised hands-on clinical training at the VTH and the Faculty farm:

- Third year students now spend a significantly longer time with Equine Clinic patients, including clinical examination and treatment. The number of companion animals that third year students see for clinical examination has also increased. At the same time, students are more actively handling patients.

- The fourth year clinical practice concentrates on farm animals and horses. The practice takes place at the Establishment's "Vecauce" farm and at the VTH Equine Clinic. The farm practice primarily focuses on dairy cattle (930 dairy cows).

- The clinical hands-on practice during the fifth year autumn takes place at the VTH Small Animal and Equine Clinics.

- Starting in 2020, the two periods of Clinical Rotation (I and II) will be carried out during the sixth year of studies (presently 5<sup>th</sup> and 6<sup>th</sup> year). Clinical Rotation I is a six weeks extramural (see below). Clinical Rotation II includes six three-week long intramural sections at the Small Animal Medicine, Small Animal Surgery, Equine, Mobile and Farm Animal Clinics and Pathology.

External Practical Training:

- The students see additional companion animals, horses and farm animals during the fourth year extramural practice. Because of the African Swine Fever situation, the number of pigs is low.

- Clinical Rotation I is a six weeks extramural practice at selected practices (incl. recommendations from the Latvian Veterinary Association) with a profile according to the student's preference (e.g. small animal, farm, equine).

In summary:

- At the VTH Clinics, syllabus and organisational changes have increased the extent of students' hands-on clinical training.

- VTH patients are available to students throughout the academic year, for 3<sup>rd</sup> and 6<sup>th</sup> year students from January to May, for 3<sup>rd</sup> and 5<sup>th</sup> year students - from September to December.

- The considerable increase in equine patients (from 205 to 917 during the last three years) has improved the "hands-on" training of clinical examination and treatment procedures.

- The VTH Mobile Clinic now also accepts equine patients.

- Two new academic staff have been recruited to the VTH Equine Clinic.

- The recruitment of an associate professor responsible for the hands-on training at the "Vecauce" farm has contributed to a significant quality upgrading.

- Students have full access to the computer-based clinical records.

- Students handle and present elected clinical cases recurrently throughout their training.

#### 1.1.2. Comments

The Re-visitation Team verified the increase in the number of animals, especially horses, seen by students and their increased participation in the workup of VTH patients, i.e. "hands-on clinical training".

#### 1.1.3. Suggestions

Evaluate the progress made at the revision of the Interim Report (IR) submitted by the Establishment, to make sure that the improvements are maintained.

#### 1.1.4. Decision

The Major Deficiency has been fully corrected.

#### 2. Correction of the Minor Deficiencies

## 2.1. Minor Deficiency 1: 'Lack of competitive salaries could mean a loss of key staff, especially in the clinical area'

#### 2.1.1. Findings

In 2017, LLU introduced a "financial motivation system" with salary supplements for academic staff that meets one or more set criteria. In total, the addition can amount to 20%. During 2018-2019, teachers' teaching obligations were reduced to 25 weekly hours per FTE. In addition to their regular assignments, employees can also undertake, for example, project work or work at the clinics and receive special remuneration. The Dean has access to grants for extra assignments.

#### 2.1.2. Comments

The Re-visitation Team was informed that, on the national level, the salaries offered to academic staff are "competitive". VMF states that the introduction of the "motivation system" has had several positive effects. The students' course evaluations show, among other things, that the academic staff's involvement in teaching has increased.

#### 2.1.3. Suggestions

As at previous evaluations, the suggestion remains that a higher degree of financial autonomy would allow VMF to retain and attract key individuals, especially in the clinical area.

# 2.2. Minor Deficiency 2: 'Need to increase the direct involvement of $6^{th}$ year students in clinical work throughout the $6^{th}$ year, although it is noted that other years are also involved with clinical cases'

See Section 1 Correction of the Major Deficiency.

### 2.3. Minor Deficiency 3: 'Lack of a sufficiently developed residency program'

#### 2.3.1. Findings

Within the framework of a collaboration between LLU and Liège University, a Professor (DVM, PhD, Dip.ECEIM, Dip.ECVAA) regularly visits the VMF. Since 2015, this Professor provides theoretical and practical training in "Emergency and anaesthesia" and assists in the PhD supervision. Since 2016, a teacher (DrVet, PhD, DACVD, DECVD) from North Carolina State University offers on a regular basis continuing education in dermatology.

However, the investment in qualified continuing education today does not allow for any local residency training. The background is both financial and a question of what initiatives a relatively small faculty can carry. Instead, VMF is looking for other ways to gain access to specialist expertise in the long term. One solution is that employees at LLU undergo a residency

programme abroad and then return to VMF. In this way, the Faculty can gradually build up its own diploma programmes and at the same time expand the Faculty's CPD programs.

#### 2.3.2. Comments

The efforts that VMF has initiated to develop access to specialist expertise in the long term are commendable. They should receive special financial support since this is basically about providing Latvia with the latest science-based developments in veterinary medicine.

#### 2.3.3. Suggestions

Specialisation of academic staff, e.g. by undertaking residencies in EBVS Colleges, must be encouraged and supported financially.

# **2.4.** Minor Deficiency 4: 'Need of paid time free of teaching and clinical duties for PhD students in order to allow them to concentrate on their research projects' **2.4.1.** Findings

At LLU, there is a system obliging doctoral students with an academic position to teach in undergraduate education to an extent that adversely affects the time they have for their own research and education. This situation is exacerbated by the tight economic framework.

Despite the limitations, LLU has launched a special agreement with doctoral students teaching at VMF, which includes recurring leave from teaching. In total, it is five teaching-free months for doctoral students with an academic position.

A special grant system has recently been introduced, where doctoral students and their supervisors receive support of 8,000€ over a 2-3 year period.

#### 2.4.2. Comments

In the RSER, VMF suggests that a review of the employment conditions for academic staff undergoing doctoral training should be undertaken. Greater flexibility with increased scope for (externally funded) research work must be considered. Regional and international research collaboration can also contribute to more effective doctoral education.

#### 2.4.3. Suggestions

The initiatives taken by LLU and those suggested by VMF should be followed through to establish a long-term strategy for recruitment of research-trained (i.e. PhD) academic staff.

## **2.5.** Minor Deficiency 5: 'Need to improve communication and feedback from students, especially the web-based course evaluation tool'

#### 2.5.1. Findings

A common problem for many universities is that students do not provide feedback via the ITbased course evaluations. LLU IS was introduced in 2011 and was updated in 2018 to facilitate student participation. LLU IS is used partly to give academic staff at different levels (from individual teachers to university management) an insight into how students value their education, and partly to evaluate individual teachers' efforts ("financial motivation system", see 2.1.1) and for decisions on renewing contracts with visiting lecturers.

#### 2.5.2. Comments

VMF reports a positive development of the response rate during the past three years, from 33% to 47%. Probably the introduction of the "financial motivation system" in combination with the update of LLU IS has motivated both teachers and students to pay attention to the course evaluation system. LLU and other Latvian universities share the problem of low feedback from students and are trying to find a solution. A compulsory system may be set up.

#### 2.5.3. Suggestions

From the QA perspective, students' course evaluations with high response rates are most important. The Re-visitation Team is pleased that improvement work is underway at LLU and in cooperation with other Latvian universities.

# 2.6. Minor Deficiency 6: 'Need to improve the English teaching in the view of the admission of an increasing number of foreign students'

#### 2.6.1. Findings

From the Visitation Report 2016 it is evident that the criticism mainly concerned deficiencies in the use and knowledge of the English language, both in terms of the oral teaching and the access to English-speaking literature, etc. VMF has implemented a number of improvements for foreign students. When it comes to the teachers' communicative ability in English, language courses are now offered to the academic staff. Invited lecturers teach in English.

#### 2.6.2. Comments

Universities competing in an international education market must offer teaching in a sufficiently good English. VMF's efforts in this area must continue unabated.

#### 2.6.3. Suggestions

None.

#### **3. ESEVT Indicators**

#### 3.1. Findings

The indicator I-8 (the number of companion animals seen intra-murally/n° of students graduating annually) has now been recalculated and with the additional time allocated for students to spend at VTH, it raises the indicator to 189.676 (well above the minimum required value of 42.01).

The indicator I-10 (the number of equine patients seen intra-murally/n° of students graduating annually) has also been recalculated following the increased number of equine patients, raising the indicator to 20.951 (well above the minimum required value of 1.30).

#### **3.2.** Comments

None.

## **3.3. Suggestions**

None.

#### 4. Conclusions

The Major Deficiency identified in 2016 is considered fully corrected and an ongoing process is in place to correct the Minor Deficiencies, although some of them have already been fully corrected.

### **Decision of ECOVE**

The Committee concluded that the Major Deficiency identified in 2016 had been corrected.

The Faculty of Veterinary Medicine of the Latvia University of Life Sciences and Technologies is therefore classified as holding the status of: **APPROVAL**.