

**European Association  
of Establishments for Veterinary Education**



**RE-VISITATION REPORT**

**To the Faculty of Veterinary Medicine, University of Erciyes, Kayseri, Turkey**

**On 20 – 24 September 2021**

**By the Re-visitation Team:**

**Juan Alberto Corbera, Las Palmas de Gran Canaria, Spain: Chairperson**

**Marina Spinu, Cluj-Napoca, Romania: ESEVT Coordinator**

## **Contents of the Re-visitation Report**

### **Introduction**

- 1. Correction of the Major Deficiencies**
- 2. Correction of the Minor Deficiencies**
- 3. ESEVT Indicators**
- 4. Conclusions**

### **Introduction**

The Faculty of Veterinary Medicine, University of Erciyes (FVMEU), Turkey, (referred to as Veterinary Education Establishment (VEE) in this Report) was evaluated by the ESEVT on the 16 to 21 of September 2018.

The previous Visitation Team considered that the students did not benefit of sufficient time for their practical clinical training and emergency care on a compulsory basis, so they could not acquire Day One Competences in an adequate manner. The facilities available were not compliant with the biosecurity and animal welfare legal provisions since the planned development of the VTH for both large animals and companion animals was not accomplished, isolation facilities were inadequate from both management and procedures' point of view. This, and also the insufficient number of support staff, led to insufficient caseload of equine clinical cases along with less equine and companion animal necropsies for the practical training to be performed.

Further, the Team concluded that no clear management structures responsible for the assessment strategy were in place, while the information relevant for the management of the programme was inappropriately collected, analysed and used. No consistent periodical reviews and monitoring were in place to assess and adjust the outcomes of the programme to societal and students' needs.

These findings led to the identification of 10 Major Deficiencies:

1. Non-compliance with substandard 3.5 because of insufficient time allocated to practical clinical training for the acquisition of Day One Competences;
2. Non-compliance with substandard 3.5 and 4.8 because students do not receive Day One Competence in emergency care on a compulsory basis;
3. Non-compliance with Substandard 4.7 because of lack of compliance of the facilities with the appropriate legislation on biosecurity and EU animal welfare and care standards;
4. Non-compliance with substandard 4.7 because of the need to embark on the planned development of the VTH for both large animals and companion animals;
5. Non-compliance with Substandard 4.13 because of inappropriate management and procedures within the isolation facilities;
6. Non-compliance with Substandard 5.1 and 5.2 because insufficient caseload of equine clinical cases and equine and companion animal necropsies for practical training;
7. Non-compliance with Substandard 8.1 because there is no clearly identified management structure demonstrating the lines of responsibility for the assessment strategy;
8. Non-compliance with Standard 9.2 because of insufficient number of support staff in both the technical and clinical areas;

9. Non-compliance with Substandard 11.7 because of insufficient collection, analysis and use of relevant information for an effective management of its programmes and activities;
10. Non-compliance with Substandard 11.9 because there is no monitoring and periodical review of the programmes to ensure that they achieve the objectives set for them and respond to the needs of the students and society.

Similarly, areas of concern (Minor Deficiencies) were identified, such as:

1. Ensuring the effective alignment of all content, teaching, learning and assessment activities of the degree programme
2. Herd health management teaching should be improved for Day 1 Competence acquisition by students in this area
3. Overseeing the QA of the curriculum, particularly in gathering and then evaluating feedback from students and other stakeholders
4. EPT must complement and strengthen the academic education and have effective academic oversight for its efficacy
5. Facilities must comply with all relevant health, safety and biosecurity standards
6. Operational policies and procedures (including biosecurity, good laboratory practice and good clinical practice must be taught and posted for students, staff and visitors
7. The VTH must meet the relevant National Practice Standards
8. A need to monitor progression and the rate of attrition
9. An absence of a process linking assessment design to programme learning outcomes and the assessment strategy does not ensure the achievement of learning objectives
10. Insufficient quality control of the students' logbooks.
11. Students should be trained in scientific and research techniques relevant to evidence-based veterinary medicine
12. Delivery of the Programmes must ensure that students are encouraged to take an active role in creating the learning process
13. The VEE must consistently apply pre-defined and published regulations covering all phases of the student "life cycle," e.g. student admission, progression, recognition and certification

The decision by ECOVE, who met on 22<sup>nd</sup> November 2018 was Non-Accreditation status.

The Re-visitation Self Evaluation Report (RSER), the Addendum and Annexes included, describing the progress during the period of repeated RV postponements and including the anti-COVID-19 measures applied to ensure the VEE's appropriate functioning, was provided to the Re-visitation Team on time and contained relevant information. The RSER was informative, some pending issues were answered before the Re-visitation.

The Re-visitation was well prepared and well organised by the VEE. It was performed in a cordial working atmosphere, in agreement with the ESEVT 2016 SOP.

## **1. Correction of major deficiencies**

### **1.1. Major Deficiency 1 ("Non-compliance with substandard 3.5 because of insufficient time allocated to practical clinical training for the acquisition of Day One Competences")**

#### **1.1.1. Findings**

The VEE reorganised its curriculum, based on discussions with teaching staff, students of the VEE and stakeholders locally, and also at national level, with other VEEs, during several meetings, to be more hands-on-clinical teaching oriented. Thus, the number of courses in the

core curriculum decreased to 87 from 95 and there was an increase in compulsory intramural clinical training (from 638 to 930 h) and the EPT activity also increased. This led to a change in the practice/theory ratio from 45/55 to 57/43 ( $3170/5585 \times 100$  and  $2415/5585 \times 100$ , respectively). The current voluntary attendance system was replaced in the revised curriculum with compulsory teaching practical activities. The total of clinical practice hours increased to 1470 h, built of 930h of practical course hours, intern shifts (180h), clinical shifts (200h) and EPT (160h). Compulsory Clinical pathology is delivered during internship rotation (8 theoretical, 12 practical hours).

A total of 703 of clinical competencies/learning objectives were issued, computerized and monitored in their accomplishments by the teaching staff responsible of clinical rotations. Diagnostic imaging hours were included as compulsory for all the students prior to the clinical rotation in the revised curriculum. These Day One Competences (DOC) were listed in a Clinical Logbook and an Emergency care Logbook. In the revised curriculum, a significant increase in the clinical animal work, seminars and SSL hours has been introduced, (totals of 292, 157, and 386 hours, respectively). ECTS calculation did not include the time for autonomous study. A progress towards improving Day One Competences' acquisition by the students was supported by providing student skill rooms with animal models and simulators. The new management software sustains and helps monitoring teaching, patient recording diagnostic services and data withdrawal for research. The VTH meets the national standards of the Ministry of Agriculture and Forestry, allowing the students procurement of appropriate training in the clinics of different species, with practice of biosecurity provisions in such units.

### **1.1.2. Comments**

Reorganising the distribution of theoretical and practical hours of training, rendering DOC in the two types of logbooks, changing the orientation of the training towards a more clinical orientation and also increasing the number of compulsory hours in internship and clinical shifts hours, the hands-on training (EPT), while reducing the number of optional courses, allowed the students to better focus on clinical training. Collaboration with external stakeholders also enhanced the acquisition of clinical skills and DOC by the students during EPT. Improvement in the e-learning environment helped the VEE to overcome the COVID-19 caused pitfalls, by implementing a more collaborative approach between departments to use a high variety of videos and other open access materials.

### **1.1.3. Suggestions**

The curriculum to be implemented needs close follow-up and a permanent adjustment of the topics, based on the feedback from the teaching staff, students and stakeholders; this should be reflected in the continuous improvement of the logbooks to best serve the acquisition of DOC and clinical skills by the students.

### **1.1.4. Decision**

Major Deficiency 1 (“Non-compliance with substandard 3.5 because of insufficient time allocated to practical clinical training for the acquisition of Day One Competences”) has been corrected.

## **1.2. Major Deficiency 2 (“Non-compliance with substandard 3.5 and 4.8 because students do not receive Day One Competence in emergency care on a compulsory basis”)**

### **1.2.1. Findings**

Compulsory internship and clinical shifts, with active student involvement, are part of the revised core curriculum and take place at the VTH, which also provides professionally supervised emergency service 24/7 for all species. Compulsory emergency care logbooks,

discussed and agreed by the community and supported by a decision of the Senate (Directive of Clinical Courses and Clinical Night Shift Practice) stand for the adequate acquisition of DOC. As previously mentioned, an increased total number of hours (380h), of which 180 h for intern shifts and 200 h for Clinical shifts were introduced in areas of clinical training. Therefore the level of appropriate acquisition of emergency care DOCs was made possible.

### **1.2.2. Comments**

The VEE ensured not only that the overall clinical training hours will increase in the revised curriculum but also allocated an important part of those hours to emergency care, creating a DOCs in the field, which is made compulsory. Furthermore, this structure of the clinical training is included in the legal provisions of the University by the Senate decision, being subject to constant monitoring and thus, further improvement.

### **1.2.3. Suggestions**

None.

### **1.2.4. Decision**

Major Deficiency 2 (“Non-compliance with substandard 3.5 and 4.8 because students do not receive Day One Competence in emergency care on a compulsory basis”) has been corrected.

## **1.3. Major Deficiency 3 (“Non-compliance with Substandard 4.7 because of lack of compliance of the facilities with the appropriate legislation on biosecurity and EU animal welfare and care standards”)**

### **1.3.1. Findings**

Hospitalisation facilities were improved by the addition of well-equipped separate hospitalisation units for dogs and cats (Scientific Research Projects Supporting Unit of Erciyes University No: EUBAP TSG 2021-10968), as well as a loft for wild birds, ensuring welfare. Written evidence of the cases clinical details and a welfare checklists exist for regularly hospitalised patients and also those in isolation. The isolation facilities for small animals have been recently constructed, promoting the biosecurity level compliant with EU legislation. The isolation unit for calves has been improved with the addition of appropriate changing room and adequate doors for the isolation boxes. Small ruminant isolation facilities were upgraded to adequately accommodate diseased animals preventing dissemination of the infectious agents. The equine isolation unit now consist of one isolation box with a pre-room for changing and adequate sewage evacuation and ventilation. The healthy animals used for students’ pre-clinical training were removed from the area and relocated to the VEE farm.

Permanent checks on welfare are carried out by support staff in all of the hospital units. Further, welfare of farm, experimental animals and patients is taught being subject to ethical committee approval. Pain relief drugs were diversified in the hospitalisation unit, enhancing the multi-modal anesthesia/analgesia approach. Biosecurity culture was reinforced by: a) creation of new facilities for disinfection and cleaning (main building, VTH, and isolation units), changing rooms (small animal isolation units); several flow charts were drawn to avoid contamination risk, waste management protocols were issued; b) information on biosecurity provided to staff and students by posters, flow charts, reorganised website.

### **1.3.2. Comments**

The improved and newly built small animal hospitalisation facilities now better support the animal welfare and care standards. The provision of permanently upgraded flowcharts and instructions for users will increase the biosecurity and bio-containment levels in the VTH and isolation units. The use of the isolation facilities is for the VEE subject to permanent revision;

the process is ongoing to comply with the highest standards for promoting the best husbandry, management, biosecurity, welfare and care standards.

### **1.3.3. Suggestions**

The Biosecurity manual needs to be regularly revised and subsequently updated. Consultations with external advisors on biosecurity issues in constructions and visiting successful models from elsewhere could be considered. The adequate functioning of the isolation units needs, in spite of the very low number of such cases, continuous care and infrastructure (floor/wall) maintenance.

### **1.3.4. Decision**

Major Deficiency 3 (“Non-compliance with Substandard 4.7 because of lack of compliance of the facilities with the appropriate legislation on biosecurity and EU animal welfare and care standards”) has been fully corrected.

## **1.4. Major Deficiency 4 (“Non-compliance with substandard 4.7 because of the need to embark on the planned development of the VTH for both large animals and companion animals”)**

### **1.4.1. Findings**

The extension of the large animal VTH started within a project (including new facilities for operation, reanimation, hospitalization and isolation units for ruminant, equine, and wild animals) approved by the General budget of the Turkish Presidential Strategy and Budget department. The small animal units of the VTH have been re-constructed (Scientific Research Projects Supporting Unit of Erciyes University No: EUBAP TSG 2021-10968). Biosecurity and welfare standards were implemented (see above). New additions to the VTH include: reception, waiting, resting and locker rooms in VTH were remodelled in line with the needs of owners and students; a clinical examination room for triage of the cases, a computerized recording system, isolation units for cats, dogs and equine, an addition for waste management to the necropsy and isolation facilities, large and small animal examination units were requalified, an open area examination space was created for equine, medical imaging equipment was purchased (USG, ECG, ECO, and Endoscope); two new intensive care units for companion animals opened and equipped, dermatology, cardiology, orthopaedic examination rooms were created and equipped; a new surgical operating room was established and equipped; the ophthalmology examination room was redesigned and adapted; clinical skill rooms were opened and equipped with advanced simulators and animal models. Filters were set up at the entrances, a kennel kitchen was established within the VTH.

### **1.4.2. Comments**

All improvements implemented at the VTH, including the isolation facilities added to the fluency of the patient flow; further, they ensure the adequate infrastructure to the implementation of biosecurity and biocontainment measures. The large animal VTH will add to this, the building starting in the current academic year 2021 (end of September), the project itself being based on fulfilment of European legislation requirements for the purpose.

### **1.4.3. Suggestions**

Based on the significant progress attained so far, the Team encourages the VEE to further strive for continuous improvement of the Large Animal VTH.

#### **1.4.4. Decision**

Major Deficiency 4 (“Non-compliance with substandard 4.7 because of the need to embark on the planned development of the VTH for both large animals and companion animals”) has been fully corrected.

### **1.5. Major Deficiency 5 (“Non-compliance with Substandard 4.13 because of inappropriate management and procedures within the isolation facilities”)**

#### **1.5.1. Findings**

The biosecurity and bio-containment at the VEE level became, after 2018, the responsibility of a newly appointed Vice Dean for QA. The central educational programme of the University included a compulsory course on biosecurity for both staff and students. The Biosecurity Committee of FVMEU sets up seminars on biosecurity programmes for farms, VTH, laboratories and the teaching farm and issued a manual on biosecurity (including general rules, specific guidelines for equine, farm and companion animals, poultry and exotic animal clinics, waste management, for animal origin food processing units, different laboratories of the VEE) subject to VEE Council approval and subsequent inclusion into the Biosafety Plan of the VEE, publicly available on its website. Relevant measures, QA principles (GCP and GLP) included are presented to the students at the beginning of each semester and repeatedly, for in turn clinical shifts. “Occupational health and safety” is a compulsory course for first year students. Protocols for managing infectious patients as well as biosecurity rules were set up and publicised. The VTH provides a classification of patients depending on the vital and/or infectious risk level after clinical examination in the triage. The direction to specific clinics (reproduction, surgery and internal medicine) is indicated by different colour stripes on the floor, with no overlap with the delineation of biosecurity risk zones. Disposal room for biological residues from isolation units is in place; further, these are disposed by a contracted external company. Specific rules for waste management and disposal of contaminated disposable protective materials were issued.

Clear delineation of isolation units for cats, dogs, equines and calves from other premises in the VTH is in place. To ensure the correct implementation of biosecurity procedures, changing rooms and washing facilities were introduced in the small animal intensive care for personnel or students. Small animal isolation facilities were provided with disposable safety equipment and disinfectants. However, students and clinical staff were observed inappropriately dressed inside the isolation units, implying that not all the biosafety standards set out in the manuals are being applied correctly.

#### **1.5.2. Comments**

The training on isolation biosecurity principles and practical implementation of the patient care personnel will guarantee not only the compliance with the biosecurity rules, but also the increase of the animal welfare and care. The suboptimal adequacy of pre-room for changing in equine and calf isolation units makes it difficult to fully implement appropriate biosecurity procedures. Explanatory posters and flowcharts should be present in the isolation facilities.

#### **1.5.3. Suggestions**

Continuous progress in correct implementation of biosecurity principles should be carefully followed. In the VTH, a more clear explanation of the procedure on colour ranking related to the patient risk classification after the triage should be in place and defined in detail in the biosecurity manual. Training in biosecurity measures should be improved and increased.

#### **1.5.4. Decision**

Major Deficiency 5 (“Non-compliance with Substandard 4.13 because of inappropriate management and procedures within the isolation facilities”) has been corrected.

#### **1.6. Major Deficiency 6 (“Non-compliance with Substandard 5.1 and 5.2 because insufficient caseload of equine clinical cases and equine and companion animal necropsies for practical training”)**

##### **1.6.1. Findings**

The data were provided by the VEE covering the year 2020, which resulted in a fragmented presentation of the raw data and Indicators, due to COVID-19 restrictions, on the one hand, and due to the time elapsed since the last Visitation on 16 - 21 of September 2018.

An increase of the caseload of equine clinical cases and equine and companion animal necropsies for practical training has been observed due to the collaboration with municipalities, equestrian sport clubs, police and gendarme mounted forces and the decision to cover the expenses related to these deficiencies. The extramural equine caseload increased with 200%, while the number of intramural cases increased with over 21%. There was an increase in equine necropsies, with a positive balance in I19 of 0.008 and of 0.039, in 2018-2019 and 2019-2020, respectively.

The number of necropsies in small animals increased due to the inclusion of cadavers from shelters, municipality and private owners (with agreement). The COVID-19 period negatively influenced the number of equine cases seen at the VTH and it is still low, as I10 Indicates (0.002 for 2018-2019 and -0.44, 2019-2020).

##### **1.6.2. Comments**

The efforts of the VEE disciplines involved in small animal and equine clinics continuously expand their efforts to increase the caseload and also the number of cadavers examined by the students by signing further contracts with stakeholders involved in the field. The Necropsy discipline proved to positively respond to the encouragement from the VEE, expressed in the increase of number of cadavers subject to necropsy by students and a simultaneous successful implementation of anti-COVID measures.

##### **1.6.3. Suggestions**

The VEE is encouraged to continue the work initiated and make all possible efforts to keep the required level of clinical and necropsy cases. As the caseload is at low limits and in order to ensure adequate numbers in the future, the VEE should increase incentives for necropsy staff and equine clinicians to be more motivated to actively participate in their activities at the VTH. The recruitment of highly qualified clinical staff at the VTH, especially EBVS diplomates in equine medicine and surgery, could increase the intramural caseload.

##### **1.6.4. Decision**

Major Deficiency 6 (“Non-compliance with Substandard 5.1 and 5.2 because insufficient caseload of equine clinical cases and equine and companion animal necropsies for practical training”) has been fully corrected.

#### **1.7. Major Deficiency 7 (“Non-compliance with Substandard 8.1 because there is no clearly identified management structure demonstrating the lines of responsibility for the assessment strategy”)**

##### **1.7.1. Findings**

Curriculum management is the task of the Curriculum Committee (CC), along with Educational and Teaching Committee, Assessment and Evaluation Committee (AEC) and teaching staff.



This management includes the assessment of teaching and learning outcomes of clinical practice as part of the assessment strategy. Members from the Faculty of Education were included as external members in the AEC and Education and Examination, providing professional guidance in strategic development of the evaluation. The first steps taken to clarify the responsibilities for assessment strategies within the management structures envisaged discussions on the potential content alignment, updates to both content and assessment methodology during meetings involving students and stakeholders. The CC reviewed their coordination approach to different disciplines, including the assessment methodology. The basic guidelines for the assessment strategy, including responsibilities were revised by a working group, considering the feedbacks from students, staff, and external stakeholders, collected by surveys and also during meetings. Teaching staff publicizes and implements improved assessment methods related to teaching outcomes; based on student surveys at the end of each semester, the results are further monitored by the individual teachers and, subsequently, by the Assessment Evaluation Committee. It is the task of AEC to ensure that the methodologies applied for assessment (specific methodologies for assessing theoretical knowledge, pre-clinical and clinical practical skills) are appropriate to verify the acquisition of clinical skills and Day One Competences.

### **1.7.2. Comments**

The VEE is aware that an appropriate implementation of the QA process and closing the loop are imperative for the adequate acquisition of DOC by their graduates, therefore one of their important present and future objectives is to continue improving their QA system in place.

### **1.7.3. Suggestions**

None.

### **1.7.4. Decision**

Major Deficiency 7 (“Non-compliance with Substandard 8.1 because there is no clearly identified management structure demonstrating the lines of responsibility for the assessment strategy”) has been fully corrected.

## **1.8. Major Deficiency 8 (“Non-compliance with Standard 9.2 because of insufficient number of support staff in both the technical and clinical areas”)**

### **1.8.1. Findings**

Support staff increased to 43 in total in the technical and clinical areas and VTH, 27 being added since 2018. A qualified pharmacist, 2 medical imaging technicians and 3 anaesthesiologists were hired by the VTH in both the technical and clinical areas; they have been recruited to respond to the increasing patient population of 7/24 hospital services. Similarly, some 10 people were hired to ensure the adequate cleanness of the facilities.

There is a request for increasing the number of animal care personnel with 5 nurses, which is planned to take place in the near future.

### **1.8.2. Comments**

The ongoing financial support and the encouragement from the University is of help in covering the personnel needs of the VEE. The increase of numbers of support staff led to an improvement of the animal welfare and care in the VTH, contributing to an increased prestige of the VEE in the area.

### **1.8.3. Suggestions**

The continuing education programme for support staff at the VTH should not only include the topics of their professional competencies but should also include biosafety issues and teaching skills in order to be able to participate actively in the students learning process and provide basic and nursing care to patients. Then, the VEE will actively promote the animal welfare culture at every level.

### **1.8.4. Decision**

Major Deficiency 8 (“Non-compliance with Standard 9.2 because of insufficient number of support staff in both the technical and clinical areas”) has been fully corrected.

## **1.9. Major Deficiency 9 (“Non-compliance with Substandard 11.7 because of insufficient collection, analysis and use of relevant information for an effective management of its programmes and activities”)**

### **1.9.1. Findings**

The overall QA strategy is discussed first in QA Committee (QC) regular meetings.

To ensure that objectives are met, the QC of the University centralises the results of regular surveys from and discussions with all categories of staff, students and stakeholders, also providing the results to the VEE and making them available on the web.

For different services of the VEE (teaching, research, administration, etc.) online surveys have been organised for external (stakeholders) and internal (academic and administrative staff and student) annually to enhance the adjustment of the institutional procedures. Subsequent to periodical national (VEDEK) and international (EAEVE) evaluations of the VEE, the results are analysed and the outcomes are used to improve the curriculum structure and management. An annual report on the progress and its monitoring, shared with the staff, is presented by the Dean, with the support of the VEE Council and the QC. The VEE has in place a PDCA procedure, for which cycles the QC is also consulted.

Software such as VETOPRATIC and ERUVETO-Student Affairs were developed to monitor students' rate of attrition, progression, clinical skills and Day One Competences acquisition, which, in turn, helps the management of the training programme.

The role of the students and stakeholders along the entire process has increased, opinions from the stakeholders being collected by the “Visitor book”, a dedicated site.

### **1.9.2. Comments**

The substantial improvement in collecting, analysing and adequately using the gained information for the improved management of the curriculum is an ongoing process. The employment of a PDCA approach proved its efficacy in successfully accomplishing the QA procedures and closing the QA loop. The VEE is committed to increase its efforts to efficiently employ the QA system currently in place and continuously embed the QA culture in all its activities of.

### **1.9.3. Suggestions**

None.

### **1.9.4. Decision**

Major Deficiency 9 (“Non-compliance with Substandard 11.7 because of insufficient collection, analysis and use of relevant information for an effective management of its programmes and activities”) has been fully corrected.

**1.10. Major Deficiency 10 (“Non-compliance with Substandard 11.9 because there is no monitoring and periodical review of the programmes to ensure that they achieve the objectives set for them and respond to the needs of the students and society”).**

**1.10.1. Findings**

Relevant committees composed by teaching staff, students’ and stakeholders’ representatives periodically monitor and review the study programme and the curriculum. The VEE Council and QC now include student and stakeholder representatives as well as administrative staff. The feedback from the stakeholders, reflecting the constantly changing needs of the society, was implemented into the curriculum and syllabi during the revision of those. All processes, decisions, and approved corrective actions are communicated to the internal and external stakeholders. The level of satisfaction is also questioned through student surveys and stakeholders’ feedback on their practical training and services (including VTH services) respectively. Annual internal student surveys, related to courses, internship, and acquisition of DOC were introduced, allowing an insight into the students’ opinions about teaching and assessment strategies and also study needs. The survey results along with results on evaluations by VEDEK and EAEVE led to the revision of the core curriculum and course contents also envisaging the learning outcomes of courses. The decisional process in all its moments is transparent, the information flow, the QA processes, decisions, and approved corrective actions were shared with internal and external stakeholders on the web page. The presence of specialists in education (Education Faculty staff) as members of Assessment and Evaluation Committee and Education Examination Committee to improve the curriculum to avoid overlap and implement aligned programme between different departments and courses. Based on student and stakeholder input, changes were implemented in the VTH and introduced in selecting the locations for EPTs.

**1.10.2. Comments**

Changes at society level, in continuous change represent a challenge in designing the curriculum of the VEE, tailoring the DOC students need to acquire, therefore the needs of students and society do not leave the agenda of the VEE leadership. The VEE functioning is supervised by the Ministry of Agriculture and Forestry and it meets the National Practice Standards. The conditional accreditation given by the National Accreditation Agency (VEDEK) along with the recent "Disability-Friendly Campus" certificate provided, ranked the VEE among the most proficient VEEs in Turkey. The permanent revision of the curriculum and DOCs, based on surveys and meetings, also including external input, allows the FVMEU to improve the quality of its graduates and involve students during early stages of their training in designing their profession.

**1.10.3. Suggestions**

If permitted by the University/VEE internal rules on representation percentage, an increase of the number of students’ delegates in the different VEE Committees would ensure a more clear information on their demands and needs.

**1.10.4. Decision**

Major Deficiency 9 (“Non-compliance with Substandard 11.9 because there is no monitoring and periodical review of the programmes to ensure that they achieve the objectives set for them and respond to the needs of the students and society”) has been fully corrected.

## **2. Correction of the Minor Deficiencies**

### **2.1. Minor Deficiency 1 “Ensuring the effective alignment of all content, teaching, learning and assessment activities of the degree programme”)**

#### **2.1.1. Findings**

The implementation of the QA system has permitted the alignment, within the programme, of the content, teaching, learning and assessment activities to close the loop. Feedback from students and stakeholders was incorporated.

The students are actively involved in designing the learning outcomes and assessment strategy and are encouraged to participate in the decisional bodies of the VEE.

#### **2.1.2. Comments**

The Team considers the measure taken by the VEE as adequate; the issue has been addressed properly, which also contributes to correcting the Minor Deficiency 1.

#### **2.1.3. Suggestions**

The VEE is encouraged to further improve its QA system and harmonise the syllabi of different disciplines to avoid overlap.

### **2.2. Minor Deficiency 2 “Herd health management teaching should be improved for Day 1 Competence acquisition by students in this area”**

#### **2.2.1. Findings**

Along with the increase in the number of hours taught towards the prevalence of practical, hand on teaching, “Herd health management” and “Preventive medicine” were included to the new curriculum, while evidence based medicine and scientific and research techniques are considered to be included in the Final Degree Project.

#### **2.2.2. Comments**

The new QA-based approach to curriculum design and changes in syllabi allowed the VEE to effectively implement the QA specific procedures towards continuously improving DOCs. Logical medical thinking represented the fundament of the process.

#### **2.2.3. Suggestions**

None.

### **2.3. Minor Deficiency 3 “Overseeing the QA of the curriculum, particularly in gathering and then evaluating feedback from students and other stakeholders”**

#### **2.3.1. Findings**

Both students and stakeholders were included in various committees, thus providing their opinion on the curriculum and also syllabi of the VEE. Students’ opinions are also available by regular filling of various questionnaires. External stakeholders might provide their input on the website of the VEE. All documents issued by relevant committees of the VEE are available on the website, therefore they are easily accessible for consultation and potential subject to discussion and future improvement for the stakeholders.

#### **2.3.2. Comments**

There was improvement in correcting Minor Deficiency 3 and the process is ongoing.

### **2.3.3. Suggestions**

An increase of the number of students representatives in the QA Committee, if consistent with the University/VEE internal rules on representation percentage, would ensure a more clear feedback from students.

## **2.4. Minor Deficiency 4 “EPT must complement and strengthen the academic education and have effective academic oversight for its efficacy”**

### **2.4.1. Findings**

The total number of EPT hours increased in the new curriculum to 240, with 80 h more than in the old curriculum. Further collaboration was sought for and found with external stakeholders to diversify the students’ experience and effectively allow the acquisition of DOCs. There is an EPT Committee in charge of designing and controlling the EPT activities of the students. The students’ satisfaction questionnaires represent the basis of selection for EPT sites. A list of those is available on the website. A supervisor helps the student to perform his/her duties during the EPT, and record those in a logbook. There are online questionnaires filled in by the students and its supervisor during EPT, which are then collected and discussed, along with the logbooks by the by the EPT Committee.

### **2.4.2. Comments**

The VEE attained his target of improving the quality but also the contents and diversity of the EPTs by correct monitoring of the learning outcomes and student/stakeholder feedback.

### **2.4.3. Suggestions**

None.

## **2.5. Minor Deficiency 5 “Facilities must comply with all relevant health, safety and biosecurity standards”**

### **2.5.1. Findings (see also Major deficiency 3)**

The VTH for small animals improved its emergency rooms and intensive care units. Similarly, the VEE recently constructed isolation facilities for small animal, the biosecurity level being compliant with EU legislation. The isolation units for calves and small ruminants were improved and upgraded with the addition of biosecurity compliant changing room and possibilities to prevent dissemination of infectious agents. The equine isolation unit was equipped with a pre-room for changing and adequate sewage evacuation and ventilation.

### **2.5.2. Comments**

The VEE made all the efforts to re-build, upgrade or improve the clinical and isolation facilities in a way to correspond with EU legal requirements and make possible the biosecurity implementation.

### **2.5.3. Suggestions**

The adequate use of the facilities in order to train students to understand and apply biosecurity will benefit of the correct implementation of all procedures provided in the legislation, Biosecurity manual and other internal VEE procedures.

## **2.6. Minor Deficiency 6 “Operational policies and procedures (including biosecurity, good laboratory practice and good clinical practice must be taught and posted for students, staff and visitors” (also see Major deficiency 5)**

### **2.6.1. Findings**

The students are taught about operational procedures and biosecurity measures on the first day they start a subject, with further comments during their clinical training and internship at the VTH. For that, the Biosecurity manual is one of the important documents. GLP are presented on site, during laboratory works but also posted on the website, free access being provided. GCP are taught at the clinics, at the first clinical stage of the student and reiterated several times along the studies. Posters are placed in most, but not all of the important sites for students, staff and visitors.

### **2.6.2. Comments**

Notable progress in the operational procedures is in place to ensure compliance with relevant biosecurity procedures.

Although the VEE has a Biosecurity manual, its provisions are unclear or incomplete in some cases. The corrections to it will allow the students a better acquisition of DOCs and implementation of GLP and GCP.

### **2.6.3. Suggestions**

The VEE should permanently improve and follow the correct implementation of biosecurity signalling, tailoring the adequate biosecurity measures to its premises, to best serve the students' learning process.

## **2.7. Minor Deficiency 7 “The VTH must meet the relevant National Practice Standards”**

### **2.7.1. Findings**

The VEE is under the permanent supervision of the Ministry of Agriculture and Forestry and it meets the National Practice Standards (also see Major Deficiency 10). Further, the VEE is ranked as one of the leading VEEs in the country.

### **2.7.2. Comments**

None.

### **2.7.3. Suggestions**

None.

## **2.8. Minor Deficiency 8 “A need to monitor progression and the rate of attrition”**

### **2.8.1. Findings**

The VEE implemented automated means to better control the student life cycles during studies. Therefore, VETOPRATIC and ERUVETO-Student Affairs software automation programmes were developed to provide student related indicators: students' rate of attrition, progression, clinical skills and Day One Competences acquisition. Several other programmes are in use, looking at student's rate of attrition, number of passed exams, courses taken by the student, status of passing or failing the course, communication opportunities with the student, EPTs, internships such as (INSTRUCTOR, ADVISOR, OBISIS). The Educational Teaching Committee, during evaluating the teaching programme and assessment methods, consults the student representatives. Subsequently, the outcomes of the meetings are reported and discussed in the QC and Faculty Council for revision of the studies.

### **2.8.2. Comments**

The Student Affairs Office feedbacks from are identified and discussed through regular meetings at the departmental level and submitted to the Dean's Office. The results are evaluated and shared on the website of the VEE.

### **2.8.3. Suggestions**

None.

## **2.9. Minor deficiency 9 “An absence of a process linking assessment design to programme learning outcomes and the assessment strategy does not ensure the achievement of learning objectives”**

### **2.9.1. Findings**

The QA Committee is in charge along with the Council and other committees, of considering the adequate design of the learning programme to achieve the expected outcomes. Its intense activity has permitted the alignment, within the programme, of the content, teaching, learning and assessment activities to close the loop. Feedback from students and stakeholders was also incorporated. The assessment and evaluation process can include process-based assessment tools; project and performance assignments, portfolio (homework, presentations, experiments, review submission, case study, case discussion, consultation, patient examination), logbooks, performing in the field (farm, slaughterhouse, public and private institutions and organizations visits) and scientific events could be involved and those contribute by 20% to the grade.

### **2.9.2. Comments**

The process of designing the curriculum depending on the expected outcomes as DOC is in place and is permanently monitored, evaluated and adapted to changing needs.

### **2.9.3. Suggestions**

None.

## **2.10. Minor Deficiency 10 “Insufficient quality control of the students’ logbooks”**

### **2.10.1. Findings**

Two types of logbooks were introduced by the VEE: clinical logbooks and an Emergency care logbook, to assess all the DOCs that need to be acquired by the students. Over 700 competencies are listed in those, from communicating with the owner to medical imaging or surgical procedures. The approval of the logbook by a teacher involved in a certain discipline guarantees the obtainment of the clinical skills by the students.

### **2.10.2. Comments**

None.

### **2.10.3. Suggestions**

None.

## **2.11. Minor Deficiency 11 “Students should be trained in scientific and research techniques relevant to evidence-based veterinary medicine”**

### **2.11.1. Findings**

In the revised form of the curriculum a separate course of “Scientific Research and Presentation Techniques” has been added.

Teachers, especially grant holders, involve the students in small research project, results of which could be included in the graduation work. Two yearly congresses for students take place in Kayseri, one organised by IVSA and the other by VetEBA (Veterinary Education, Science and Research). The students can attend Journal clubs, or PhD presentations. Interns voluntarily prepare a paper on a topic suggested by the staff under their supervision. Scientists from Turkey or abroad, included in exchange programmes such as Mevlana, Farabi or Erasmus give lectures on selected topics about research based learning.

**2.11.2. Comments**

None.

**2.11.3. Suggestions**

None.

**2.12. Minor Deficiency 12 “Delivery of the Programmes must ensure that students are encouraged to take an active role in creating the learning process”**

**2.12.1. Findings**

Participation of the students, who were lately included as internal stakeholders to the educational process, in all decisional committees of the VEE ensures their active participation in designing their own curriculum, noticing inconsistencies and sustaining the need for corrections in the curriculum to best fit their professional interest and education.

**2.12.2. Comments**

None.

**2.12.3. Suggestions**

None.

**2.13. Minor Deficiency 13 “The VEE must consistently apply pre-defined and published regulations covering all phases of the student “life cycle,” e.g. student admission, progression, recognition and certification”**

**2.13.1. Findings**

The VEE added to its strategic plan to implement measures to monitor and consistently apply pre-defined and published regulations covering all phases of the student “life cycle”.

All processes concerning admission, learning, assessment, recognition/certification are clearly stated in the regulations of the VEE and made public on its website. Several committees of the VEE included a thorough critical revision of the entire student “life cycle”. This will permit to better monitor the progression and the attrition rate of the students.

The supervision of the EPT was broadened to ensure its efficacy.

**2.13.2 Comments**

None.

**2.13.3. Suggestions**

None.

**3. ESEVT Indicators**

The ESEVT Indicators have not been recalculated, due to the exceptional situation of the 2019-2020 and 2020-2021 academic years, when the COVID-19 pandemic started and continued. Nevertheless, an increase in medical and surgical cases was recorded as indicated above by the Re-visitation Team. The Indicator for equine patients seen intramurally (I10) is still lower, with a negative balance, but the number of patients seen extramurally (I14), which is as high as almost 4 times the median of the category, can compensate this inequity.

In the first period 2018-2019, *all* Indicators are in the positive range, while in the second period 2020-2021, due to the restrictions imposed by COVID-19 prevention, *I7* (n° of hours of extra-



mural practical training in FSQ & VPH), *I10* (n° of equine patients seen intra-murally / n° of students graduating annually), *I13* (n° of individual ruminants and pig patients seen extra-murally / n° of students graduating annually), *I15* (n° of visits to ruminant and pig herds / n° of students graduating annually), *I17* (n° of companion animal necropsies / n° of students graduating annually), *I18* (n° of ruminant and pig necropsies / n° of students graduating annually) and *I20* (n° of rabbit, rodent, bird and exotic pet necropsies / n° of students graduating annually) are in the negative range.

### **3. Conclusions**

The Re-visitation Team considers that the Major Deficiencies identified during the Visitation done in September 2018 (i.e. “Non-compliance with substandard 3.5 because of insufficient time allocated to practical clinical training for the acquisition of Day One Competences”; “Non-compliance with substandard 3.5 and 4.8 because students do not receive Day One Competence in emergency care on a compulsory basis”; “Non-compliance with Substandard 4.7 because of lack of compliance of the facilities with the appropriate legislation on biosecurity and EU animal welfare and care standards”; “Non-compliance with substandard 4.7 because of the need to embark on the planned development of the VTH for both large animals and companion animals”; “Non-compliance with Substandard 4.13 because of inappropriate management and procedures within the isolation facilities”; “Non-compliance with Substandard 5.1 and 5.2 because insufficient caseload of equine clinical cases and equine and companion animal necropsies for practical training”; “Non-compliance with Substandard 8.1 because there is no clearly identified management structure demonstrating the lines of responsibility for the assessment strategy”; “Non-compliance with Standard 9.2 because of insufficient number of support staff in both the technical and clinical areas”; “Non-compliance with Substandard 11.7 because of insufficient collection, analysis and use of relevant information for an effective management of its programmes and activities”; “Non-compliance with Substandard 11.9 because there is no monitoring and periodical review of the programmes to ensure that they achieve the objectives set for them and respond to the needs of the students and society”) have all been addressed and corrected by the VEE.

Improvements were observed in areas related to all Minor Deficiencies, some of them being entirely corrected. For some of them, conceptual follow-ups are recommended to further develop the corresponding fields.

## **Decision of ECOVE**

The Committee concluded that the Major Deficiencies identified after the full Visitation on 16 – 21 September 2018 had been corrected.

The Veterinary Education Establishment (VEE) of the Erciyes University in Kayseri is therefore classified as holding the status of: **ACCREDITATION**.