



RE-VISITATION REPORT

**To the Veterinary Education Establishment of the Atatürk University, Erzurum,
TÜRKİYE**

On 23-25 April 2024

By the Re-visitation Team:

Bertil DOUW, Groenlo, the Netherlands: Chairperson

Pierre LEKEUX, Liege, Belgium: 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. Executive Summary

Introduction

The VEE of the Atatürk University in Erzurum was evaluated by an ESEVT team in November 2021.

In March 2022, ECOVE concluded that 7 Major Deficiencies and 9 Minor Deficiencies were identified.

In accordance with the 2019 ESEVT SOP, the status of the VEE of the Atatürk University in Erzurum is Non-Accreditation.

A Re-visitation (RV) was planned in April 2024 and the RV Self-Evaluation Report (RSER) was submitted to EAEVE and the RV team in due time.

The RV was well prepared and organised in full agreement with the SOP.

The 2019 ESEVT SOP is valid for this RV.

1. Correction of the Major Deficiencies

1.1. Major Deficiency 1: Non-compliance with Substandard 3.1.3 because the curriculum does not allow sufficient acquisition of Day One Competences in Clinical Sciences in companion animals (including equine and exotic pets)

1.1.1. Findings

For the 2022-2023 academic year, the education committee updated the curriculum in terms of theoretical and practical course hours. Learning outcomes by the course match now with the Day One Competences.

To enable students to see more patients, cases and materials in both clinical and practical courses, more visits are made to farms in rural areas (including horses) with the Mobile Animal Clinic.

Clinical courses are compulsory courses and students take a total of 424 hours of clinical courses from the departments of obstetrics and gynaecology, andrology and artificial insemination, internal medicine, and surgery. These activities are recorded for each student separately and monitored digitally through the ÖBS/E-VET system (an e-logbook) with “practice tracking forms” and still manually for some courses. A course coordinator is appointed by the Faculty Board, prepares the clinical rotation programmes and determines the evaluation method of the clinical courses, including the organisation of the exams.

1.1.2. Analysis of the findings/Comments

Day One Competences are sufficiently covered by the new curriculum, having a checklist each week for what activity the student has to practise and students recording their practice activities in the ÖBS system.

1.1.3. Suggestions

An additional increase in patients will give students more ability to practise their skills and Day One Competences. While cooperation with horse farms and shelters is an improvement, further cooperation with outside bodies should be explored.

1.1.4. Decision

The Major Deficiency 1 has been fully corrected.

1.2. Major Deficiency 2: Non-compliance with Substandard 3.1.4 because the curriculum does not allow sufficient acquisition of Day One Competences in Clinical Sciences in food-producing animals (including Animal Production and Herd Health Management)

1.2.1. Findings

Practical training in animal husbandry-related courses is given at the university farms and private farms. Clinical training is also provided at VTH, the university farms and within the scope of the Mobile Clinic service.

Students participate in routine Herd Health and Management programmes in the on-farm application of animal husbandry and clinical courses. Students also undertake routine herd health planning, control and prevention of infectious and parasitic diseases during their shifts at the university farms. All activities are recorded and evaluated.

Herd Health, Management and Economics courses are now included in the curriculum.

1.2.2. Analysis of the findings/Comments

The Day One Competences in Clinical Sciences in food-producing animals are sufficiently covered in the new curriculum. From the 6th semester onwards all students receive practical training. Due to the student/staff ratio, the course has been split into two parallel tracks, ensuring that class sizes are not too big. The cooperation with the university farms and private farms gives enough ability to acquire the Day One Competences. To ensure that each student practises all required activities, each student's records are monitored digitally through the ÖBS/E-VET system with “practice tracking forms” (e-logbook). All trainings in Herd Health are improved and recorded in the same way.

1.2.3. Suggestions

None.

1.2.4. Decision

The Major Deficiency 2 has been fully corrected.

1.3. Major Deficiency 3: Non-compliance with Substandard 4.3 because the core clinical teaching facilities do not offer sufficient education support for best husbandry, management, biosafety and biosecurity, and animal welfare practices

1.3.1. Findings

Several structural improvements were made or finished since the previous visitation for isolation units and in the VTH. Also, extra equipment was acquired and is now in operation. To enhance biosecurity, doors, ventilation and drainage were improved and guidelines and waste management plans were updated.

Biosafety Training is given by experts and a course "Biosafety and Occupational Health in Veterinary Medicine" was introduced in the first semester of the curriculum.

1.3.2. Analysis of the findings/Comments

A great number of structural improvements were seen in the revisitation of the clinical facilities. Combined with mandatory training in biosecurity for all staff and students, a safe teaching environment was created. Also, the deficiencies impairing animal welfare have been sufficiently rectified, together with other improvements in drainage, ventilation and waste management.

1.3.3. Suggestions

It is suggested to keep improving the husbandry conditions in the VEE and to enhance the animal welfare conditions. To have all relevant biosecurity information available in each clinical training facility for students and staff, a QR-code may be displayed in the front of each relevant room, which provides this information straight away on the mobile phone.

1.3.4. Decision

The Major Deficiency 3 has been fully corrected.

1.4. Major Deficiency 4: Non-compliance with Substandard 4.5 because the students do not have access to all required diagnostic and therapeutic facilities (i.e., anaesthesia, intensive/critical care, ophthalmology, etc.)

1.4.1. Findings

The Necropsy course was added to the curriculum as a 1 hour theoretical and 4 hours practical compulsory course. The number of compulsory necropsies that students must attend based on species for the Day One Competences was determined and recorded.

The Anaesthesia/Reanimation course and an Emergency Medicine course have been added in the 8th semester.

Internal Medicine and Surgery, which covers intensive care, Emergency Medicine and Ophthalmology courses, are now added to the Clinical Rotations programmes. Within the scope of these courses in the curriculum, the students gain all the theoretical and practical skills required for anaesthesia, intensive care and ophthalmology.

Necessary numbers of emergency interventions and hospitalisation hours have been optimised and from January 2022, patients were admitted to and treated in the Emergency Clinic.

1.4.2. Analysis of the findings/Comments

The curriculum and number of patients have been adjusted to allow students to require sufficient knowledge on anaesthesia, ophthalmology and intensive/critical care. While the number of anaesthesia cases gives students ample experience to practise under the guidance of a staff member, the number of ophthalmology cases is just enough. In the aftermath of the COVID-19 epidemic and the earthquakes in 2023, every effort is made to increase case numbers and let

teaching staff improve their teaching skills and knowledge by exchanging with other VEEs from national and international universities.

1.4.3. Suggestions

It is suggested to continue to attract more patients to the VTH to enhance the number of clinical and surgical cases, so both students and staff can get a broader experience with anaesthesia, ophthalmology and different kinds of surgery.

1.4.4. Decision

The Major Deficiency 4 has been fully corrected.

1.5. Major Deficiency 5: Non-compliance with Substandard 4.6 because the isolation facilities do not meet the need for containment of animals with communicable diseases

1.5.1. Findings

The isolation facilities were drastically improved. Necessary arrangements have been made to keep animals in isolation facilities separate and isolated. Written protocols and visible warning signs were prepared for the isolation facilities.

1.5.2. Analysis of the findings/Comments

The isolation facilities which were under construction during the full visitation of 2021 have been finished and give students the chance to practise how to contain animals with communicable diseases. Several separate units give the VEE the ability to isolate animals in the correct way, where the routing and procedures of staff and students are well implemented in these facilities.

1.5.3. Suggestions

None.

1.5.4. Decision

The Major Deficiency 5 has been fully corrected.

1.6. Major Deficiency 6: Non-compliance with Substandard 5.1 because the number and variety of healthy and diseased animals, cadavers, and material of animal origin is not adequate for providing practical and safe hands-on training to students

1.6.1. Findings

To increase the number of live and dead animals for educational purposes and to bring these cases to the VEE, cooperation was established with surrounding veterinary clinics, farms and animal shelters. To increase the number of diagnostic necropsies, a VEE member was assigned as a coordinator to ensure coordination between the veterinary pathology unit and the VTH. Outside of the VEE, cooperation with horse farms, poultry farms and sheep farms in the field allows students to practise on these farms.

1.6.2. Analysis of the findings/Comments

The number of live and dead animals for educational purposes has sufficiently been rectified, except for the number of equine patients seen intramurally (Indicator I10) and the number of

equine necropsies (Indicator I19). The number of equine patients seen intramurally is compensated by the number of equine patients seen extramurally, while the number of equine necropsies is partially compensated by higher numbers in the other species (e.g. ruminants).

1.6.3. Suggestions

It is suggested to continue to increase the number of live and dead animals for educational purposes, especially now the aftermath of the COVID-19 epidemic and the 2023 earthquakes are starting to wean off.

1.6.4. Decision

The Major Deficiency 6 has been fully corrected.

1.7. Major Deficiency 7: Non-compliance with Substandard 9.2 because of insufficient numbers of teaching and technical and support staff

1.7.1. Findings

The number of academic and administrative staff appointed and promoted after the full visit was increased: 7 Professors, 10 Associate Professors, 15 Assistant Professors and 10 Research Assistants have been appointed. In addition, 1 Veterinarian and 3 Veterinary Technicians were also appointed as support staff.

1.7.2. Analysis of the findings/Comments

Extra teaching and support staff have been proactively appointed and promoted, putting the staff /student ratio within the range and being now in sufficient numbers.

1.7.3. Suggestions

It is suggested to keep enhancing the quality of staff available to teach. Training of young staff and keeping relevant experience within the staff in each department should be key points in providing sufficient knowledgeable teaching staff.

1.7.4. Decision

The Major Deficiency 7 has been fully corrected.

2. Correction of the Minor Deficiencies

2.1. Minor Deficiency 1: Partial compliance with Substandard 3.1.6 because of suboptimal acquisition of understanding and use of principles of clinical governance, and practice evidence-based veterinary medicine.

2.1.1. Findings

Students can participate in the clinical examinations of patients and can also access the E-VET system, which is the electronic recording system used for patients. All students taking clinical courses are trained on the E-VET system. Diagnosis and treatment opportunities are offered to students through the VTH, university farms, private farms and mobile clinics.

2.1.2. Analysis of the findings/Comments

With the improvements in the curriculum and the records provided by the students in the ÖBS system with “practice tracking forms”, average clinical governance and practice evidence-based veterinary medicine are acquired by the students. Minor Deficiency 1 has therefore been corrected.

2.1.3. Suggestions

To improve clinical training and practise evidence-based veterinary medicine, the critical thinking of students and the search for possible solutions is to be stimulated.

2.2. Minor Deficiency 2: Partial compliance with Substandard 4.4. because research-based and evidence-based clinical training is sub-optimal.

2.2.1. Findings

Great progress has been made in terms of making clinical education evidence-based and research-based. Laparoscopic, endoscopic, radiological and well-equipped VTH central laboratory and the facilities of microbiology, parasitology, virology, biochemistry and Pathology department laboratories are used for the definitive diagnosis of sick animals. Necropsy and biopsy samples are also used for diagnostic purposes. Efforts are made to teach students to use scientific experience and thinking. Some of the student graduation theses prepared under the supervision of VEE members include topics based on clinical, laboratory or field research.

2.2.2. Analysis of the findings/Comments

With the improvements in the curriculum and the records provided by the students in the ÖBS system with “practice tracking forms”, as well as the active participation of students in follow-up and research projects, it is considered that Minor Deficiency 2 has been corrected.

2.2.3. Suggestions

None.

2.3. Minor Deficiency 3: Partial compliance with Substandard 4.7 because not all, but only volunteer students, can practise field veterinary medicine and Herd Health Management under academic supervision within the ambulatory clinic

2.3.1. Findings

To increase the quality and quantity of ambulatory clinical services, the equipment and personnel have been increased. Participation in ambulatory clinical services is compulsory for students.

2.3.2. Analysis of the findings/Comments

Within the Core Clinical Training in the new curriculum, the mandatory participation of students in the ambulatory clinic ensures that all students get sufficient opportunities to practise field veterinary medicine and Herd Health Management under academic supervision. Monitoring is done in the ÖBS system with “practice tracking forms” to ensure all students acquire the Day One Competences. Minor Deficiency 3 has been corrected.

2.3.3. Suggestions

None.

2.4. Minor Deficiency 4: Partial compliance with substandard 4.9 because of sub-optimal delivery of biosafety and biosecurity in all departments

2.4.1. Findings

Trainings on biosafety were organised for teaching and support staff and students. Biosecurity procedures applied in the clinics and laboratories of the relevant departments were determined, taught and posted on the boards to be seen.

Care is taken to implement biosecurity measures in all services and departments within the VEE. The biosecurity guide and necessary explanations are available on the website. Students and staff are asked to follow biosecurity procedures.

2.4.2. Analysis of the findings/Comments

Based on the findings, Minor Deficiency 4 has been corrected.

2.4.3. Suggestions

The suggestion of QR codes in 1.3.3. is applicable here as well.

2.5. Minor Deficiency 5: Partial compliance with Substandard 5.3 because not under all circumstances students are active participants in the clinical workup of patients

2.5.1. Findings

Every effort is made to ensure that all students participate in all clinical training and procedures with patients and gain further practical experience. In the clinics, patient follow-up forms were developed for students to follow the patients from the stage of taking anamnesis until discharge.

2.5.2. Analysis of the findings/Comments

The correction of Minor Deficiency 5 is still an ongoing process. While with the use of “practice tracking” forms in the ÖBS system, students are required to report on clinical cases, the active participation of the full workup of patients is still to be improved. Students need to be trained to have critical clinical thinking and to be stimulated to provide their own plans for suitable treatments.

2.5.3. Suggestions

It is suggested to make students more individually responsible in the examination of patients and to provide their own analysis and treatment plan, before discussing it with the teaching staff.

2.6. Minor Deficiency 6: Partial compliance with Substandard 7.2 because the number of students admitted is sub-optimally consistent with the resources available at the VEE for staff, buildings, equipment, healthy and diseased animals, and materials of animal origin

2.6.1. Findings

The suggestions made to reduce the number of accepted students were approved by the Rectorate of the University. For the year 2024, it was proposed by the Faculty Board to admit 70 students and this decision was approved by the University Senate. Care is taken to ensure that educational

resources are used equally for all registered students. All classes were now divided into two sections to reduce the number of students in the education groups.

2.6.2. Analysis of the findings/Comments

The correction of Minor Deficiency 6 is still an ongoing process. While the VEE is trying to reduce the number of students admitted yearly, there is a constraint due to national legislation and procedures.

2.6.3. Suggestions

While the VEE is limited in the possibility of limiting the number of students admitted each year, careful planning of staff and resources must ensure that every student receives an education of high quality.

2.7. Minor Deficiency 7: Partial compliance with Substandard 8.5 because of a sub-optimal implementation of Day One Competences in the assessment of clinical skills

2.7.1. Findings

All activities to be carried out were formally defined and enlisted in the Practical Training Guidelines. A practical training diary is kept for each semester. To pass the quality control, the practices are tracked by the students digitally in the ÖBS system or manually through notebooks. All departments log the 14-week practice lists of these activities at the beginning of each semester and report them to the dean's office.

2.7.2. Analysis of the findings/Comments

With the improvements in the curriculum and the records provided by the students in the ÖBS system with “practice tracking forms”, the acquisition of Day One Competences was sufficiently assessed. Minor Deficiency 7 has been corrected.

2.7.3. Suggestions

Better use of the E-Vet computer system would give a good understanding of all clinical cases seen and surgeries performed at the VEE. Besides a better insight into the caseload of the VEE, better monitoring of the acquisition of Day One Competences by the students would be possible.

2.8. Minor Deficiency 8: Partial compliance with Substandard 9.3 because the balance of the workload of teaching, research and service and the rewarding system for teaching excellence are sub-optimal

2.8.1. Findings

There is an "Academic Incentive System" organised by the Council on Higher Education (YÖK) for the scientific activities (publications, research projects, scientific awards, patents, citations, etc.) of teaching staff. In addition, in line with the recommendations in the Full Visitation report, clinical activities were added to the score scale/positional promotion in the University Appointment Promotion Directive.

There is also an “Academic Incentive Award”, where all teaching, research and service activities of teaching staff are recorded and used to calculate the remuneration of each person.

2.8.2. Analysis of the findings/Comments

The new system of remuneration provides a suitable way of rewarding all staff for all teaching, research and service activities, including social and clinical activities. Minor Deficiency 8 has been corrected.

2.8.3. Suggestions

None.

2.9. Minor Deficiency 9: Partial compliance with Substandard 9.4 because the programme for professional growth and development of academic and support staff is sub-optimal

2.9.1. Findings

The promotion criteria for teaching staff include teaching, research, contribution to society and training. These are specified in the Associate Professor Regulation and a directive of Atatürk University and clinical activities were added to the score scale/positional promotion in the University Appointment Promotion Directive.

2.9.2. Analysis of the findings/Comments

The programme for professional growth and development of teaching and support staff is working well and staff are well aware of the criteria. National and international trainings are promoted by the VEE and University to increase the professional skills of graduate students and staff. Minor Deficiency 9 has been corrected.

2.9.3. Suggestions

None.

3. ESEVT Indicators

3.1. Findings

Indicators are above the minimal value, except I10 and I19.

3.2. Analysis of the findings/Comments

The number of equine patients seen intramurally is still low but is drastically increasing (230 patients in 2023). This is compensated by a high number of equine patients seen extramurally. The number of equine necropsies is still low, although increasing, which is compensated by a high number of ruminant necropsies.

3.3. Suggestions

It is suggested to continue the efforts to increase the number of equine patients and cadavers available for students.

4. Executive Summary

The VEE of the Atatürk University in Erzurum was evaluated by an ESEVT team in November 2021 and ECOVE concluded that 7 Major Deficiencies and 9 Minor Deficiencies were identified. Despite the negative impact of the COVID-19 pandemic and the earthquakes in 2023, the VEEs made great efforts to correct the deficiencies and asked for Re-visitation.

The Re-visitation SER was provided on time and the Re-visitation was organised in agreement with the SOP 2019.

Based on the pieces of evidence provided during the Re-visitation, the Re-visiting team considers that the seven Major Deficiencies have been corrected, seven Minor Deficiencies have been corrected and an ongoing process is in place to correct the two remaining ones.

Decision of ECOVE

The Committee concluded that the Major Deficiencies identified after the Full Visitation on 15-19 November 2021 had been corrected.

The Veterinary Education Establishment (VEE) of the Atatürk University, Erzurum is therefore classified as holding the status of: **ACCREDITATION**.