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Erasmus+ Programme
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SAFEMED+ Curriculum Development Committee Regulation

SAFEMED+ Description

Simulation in Undergraduate MEDical Education for Improvement of SAFEty and Quality of Patient Care (SAFEMED+) is ERASMUS+ KA2 CBHE project financed during CALL 2020. The project brings together Georgia (GE), Ukraine (UA) and Armenia (AM), three similar former Soviet Union Eastern Partnership countries from the same region in terms of their necessity to improve the safety and quality of patient care by implementing the medical simulation methods within undergraduate medical education. Medical students from Medical HEIs of these countries frequently face the problem of how to deliver training of different invasive and non-invasive clinical skills (clinical skills includes communication skills, practical procedures and patient examination) for achieving the medical competencies (knowledge, skills and attitude), required from future doctors. SAFEMED+ project is refined by adding a concept of "Clinical Line" that implies modification of structure of existing MD curricula in terms to integrate all clinical skills taught in different modules and clinical disciplines as one whole line with independent credits. Clinical Line will accumulate all teaching and assessment activities linked by content and performed in scope of particular subject's syllabus. SAFEMED+ consortium created the board of the consortium member institutions' representatives to elaborate, develop and implement the curricular changes and Clinical Line concept.

Curriculum Development Committee Members

During the Kick-off meeting (held in February 24-25, 2021) of SAFEMED+ project each consortium HEI was asked to name one of the staff members as SAFEMED+ CDC member. The CDC members are contracted by host institutions, they are part of local Curriculum Committees and involved in Curricular development processes. SAFEMED+ CDC will function during SAFEMED+ Lifetime.

SAFEMED+ CDC Staff Costs

Each CDC staff costs will be covered according to the SAFEMED+ Grant Agreement and Partnership Agreement.

SAFEMED+ CDC Aims and Functions

1. CDC must get the Local Curriculum Descriptions and view of local clinical line development from each of consortium Partner Country HEIs.

2. CDC must select the Expert(s) for Clinical Line Concept elaboration

    2.1. CDC is the board for expert selection

    2.2. CDC must create the criteria expert selection and plan the process

    2.3. Expert of Clinical Line Concept better to be the part of the Consortium Program Country HEIs, otherwise CDC can apply to the coordinator or any consortium member for the tendering of the expert selection

    2.4. The Clinical Line Expert workload:

        2.4.1. Collect and analyze the SAFEMED+ partner country HEIs' Curricula

2.4.2. Collect and analyze of local views of Clinical Line Concept Development

2.4.3. Give the general workshop and small local meetings for SAFEMED+ CDC and partner country HEI Curriculum Committee members to discuss the implementation of the elaborated Clinical Line concept plan

2.4.4. Training SAFEMED+ CDC members for further supervision of the Clinical Line Concept implementation process

3. All CDC members must get the training and be aware in each Partner HEI's Clinical Line Concept implementation plan for further supervision

4. CDC should analyze the compatibility of purchasing equipment to the Clinical Line Concept

5. CDC must organize the trainings of Clinical Skills mentors/teachers/trainers from partner HEIs

6. CDC should be the final decision-making body for students' piloting group selections for pilot implementation of Clinical Line Concept in partner HEIs

6.1. Creation of criteria for student's selection for piloting groups.

7. CDC should supervise the Clinical Skills pilot learning process according the Clinical Line Concept

8. CDC must organize the trainings for OSCE management, development and implementation in partner HEIs

9. CDC must supervise the full implementation of Clinical Line Concept in Partner Country HEIs during SAFEMED+ lifetime and collect all the tangible/intangible data of the implementation process

10. CDC must supervise OSCE after full implementation of Clinical Line in Partner Country HEIs during SAFEMED+ lifetime

General Regulations of CDC

1. CDC members must have meeting routinely once in every 2 months of SAFEMED+ Calendar. It can organize additional meetings depending to SAFEMED+ needs.

2. Each consortium HEI should apply to SAFEMED+ coordinator for any amendment.

SAFEMED+ CDC Reporting

SAFEMED+ CDC must write the progress report to SAFEMED+ Steering Committee in every 6 months of SAFEMED+ Calendar.