Field Monitoring - Israel

HAC - 23-11-17

OCULUS Optometry CUrriculum for Lifelong Learning through ErasmUS

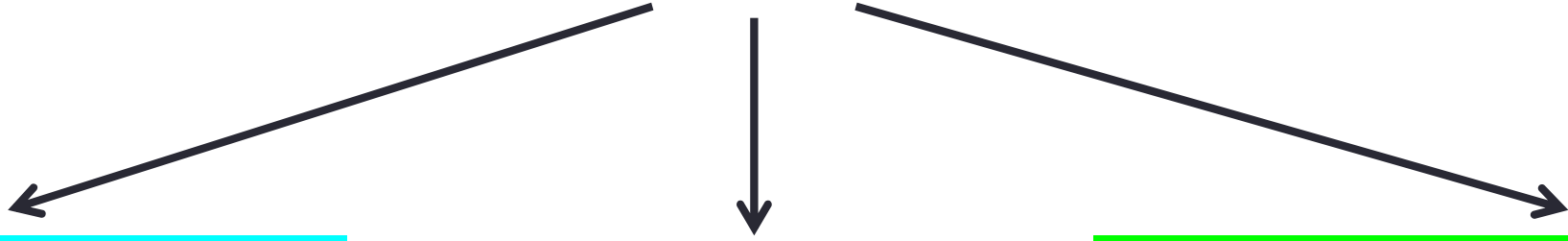
Erasmus+

Opening remarks – Dr. Bente Monica Aakre - USN

Oculus coordinator

Time	Topic
10:00-10:05	Opening remarks
10:05-10:10	Overview
10:10-10:20	Preparation: Self-assessment process European Diploma
10:20-10:30	Development: Results - Gap Analysis
10:30-10:40	Pedagogical Transformation Plan
10:40-11:00	EBP-self assessment+ development
11:00-11:10	Break
11:10-11:35	Portal, OSAT and PLN
11:35-11:40	Dissemination
11:40-11:45	management
11:45-11:50	QA
11:50-12:00	Individual slides on institutional achievement, dissemination and impact

The OCULUS project



Accreditation for European Diploma for Israel and India Schools of Optometry

Update optometry curriculum according to EBP (Evidence Based Practice)

Create a PLN (Personal Learning Network) for students and optometrists

OCULUS Optometry CUrriculum for Lifelong Learning through ErasmUS

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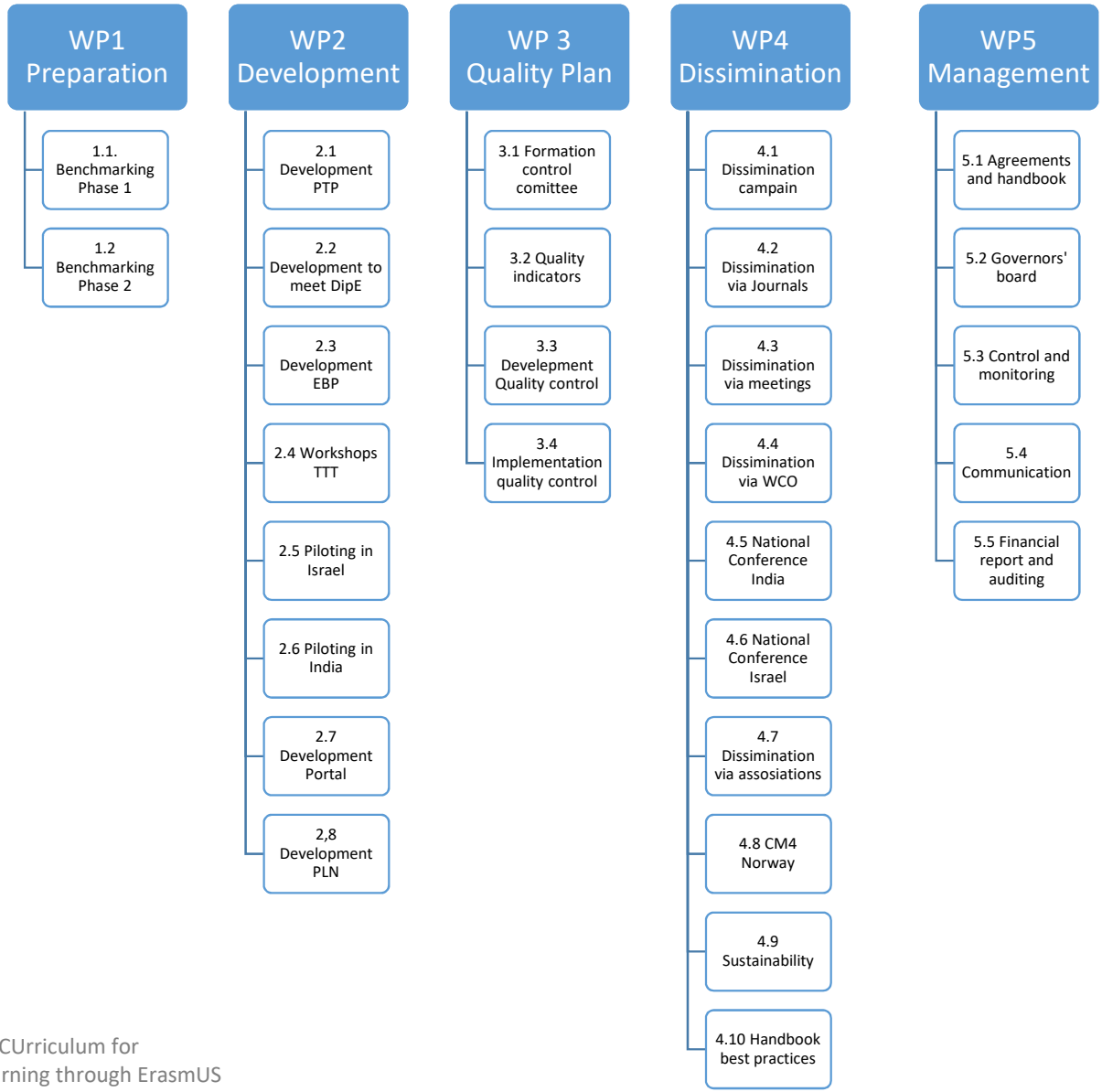
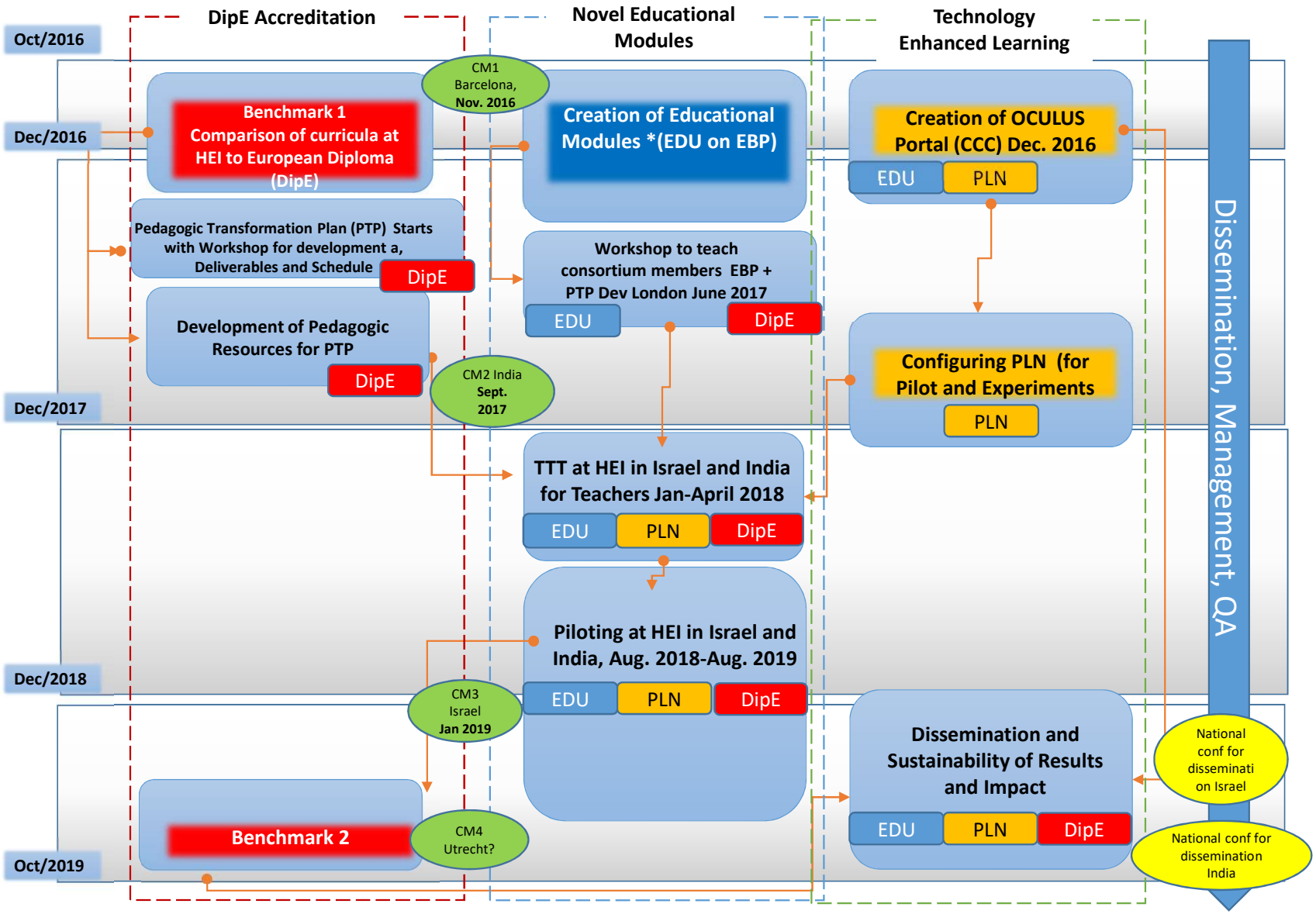
Organogram


WP1 Preparation
1.1. Benchmarking Phase 1
1.2 Benchmarking Phase 2
WP2 Development
2.1 Development PTP
2.2 Development to meet DipE
2.3 Development EBP
2.4 Workshops TTT
2.5 Piloting in Israel
2.6 Piloting in India
2.7 Development Portal
2,8 Development PLN
WP 3 Quality Plan
3.1 Formation control comittee
3.2 Quality indicators
3.3 Develepment Quality control
3.4 Implementation quality control
WP4 Dissimination
4.1 Dissimination campain
4.2 Dissimination via Journals
4.3 Dissimination via meetings
4.4 Dissimination via WCO
4.5 National Conference India
4.6 National Conference Israel
4.7 Dissimination via assosiations
4.8 CM4 Norway
4.9 Sustainability
4.10 Handbook best practices
WP5 Management
5.1 Agreements and handbook
5.2 Governors' board
5.3 Control and monitoring
5.4 Communication
5.5 Financial report and auditing

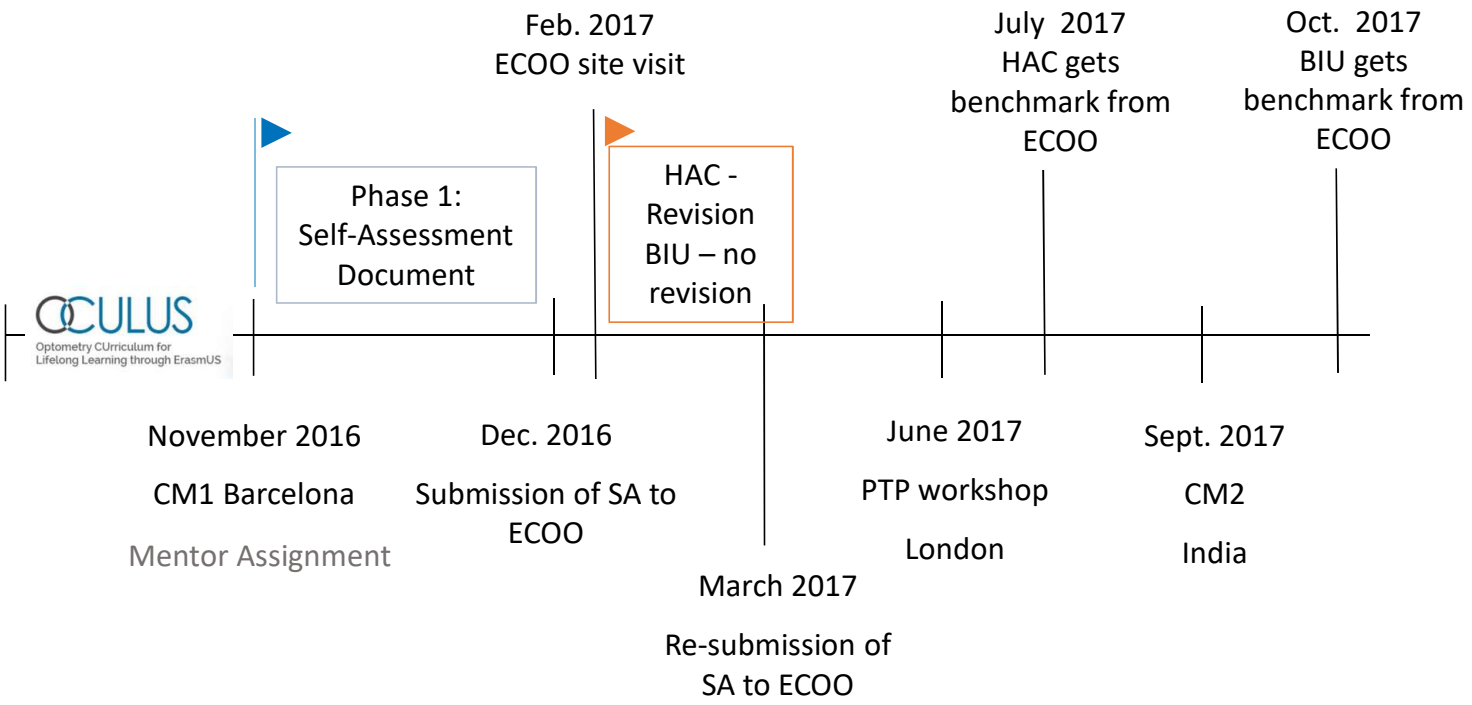
OCULUS Consortium Flowchart



WP1.1

Preparation

European Diploma Self Assessment process



Self-Assessment Process: Preparation

European Diploma Self-assessment document: Knowledge based competencies and clinical/practical competencies

Subject 3: Visual Optics (European Diploma A2)		
***Learning outcomes**:* The candidates should demonstrate fundamental knowledge and insight into visual optics in order for the candidate to be able to understand and solve problems related to image formation, both qualitative and quantitative, for the candidate to investigate the optics of the human visual system and refractive correction. Knowledge and understanding should be demonstrated in the areas of: (1) schematic eye models, (2) dioptrics of the eye, (3) entopic phenomena, (4) quality of retinal image, (5) prismatic effect, and the manipulation of lens form and setting to obtain the desired control of prismatic effect, (6) radiation and the eye, (7) eye protection regulations, and relevant standards..		
Where in the programme?	**Credit weighting?**	**Method of assessment?**

Subject 11: Contact lenses (European Diploma Section B3)					
	Clinical/practical competencies:	**Competency assessment**		**Clinical experience**	
		How assessed?	**Where in the programme?**	**Number of patients examined?**	**Record kept?**
1	The ability to insert and remove contact lenses and instruct patients in these procedures.				
2	The ability to fit soft contact lenses.				
3	The ability to manage the aftercare of patients wearing soft contact lenses.				
4	The ability to advise on contact lens materials and care regimes.				
5	The ability to manage the aftercare of patients wearing rigid gas permeable contact lenses.				
6	The ability to fit rigid gas permeable contact lenses.				
7	The ability to fit contact lenses to patients with astigmatism.				

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Self-Assessment Process: Preparation

- Current format is Word File
- Division of subjects into sub-topics does not reflect our curriculum
- The format does not cover needs for periodical assessment, and process control (data entry, data validation, *information unification*)
- **Stage 1**: Oculus (HAC) created an Excel file
- **Stage 2:** Oculus (Sapir) is creating an online tool: OSAT

Stage 1:
Changes to Self-assessment document: Knowledge base

- Every sub-topic is addressed individually
- Courses are linked to syllabi
- Lecturer's names added and linked to CV

Subject 3: Visual Optics Learning outcomes: The candidates should demonstrate fundamental knowledge and insight into visual optics in order for the candidate to be able to understand and solve problems related to image formation, both qualitative and quantitative, for the candidate to investigate the optics of the human visual system and refractive correction. Knowledge and understanding should be demonstrated in the areas of:

Learning outcome	Name of Course	Course Code	Lecturer	Total duration course	duration topic	Method of assessment?
schematic eye models	Visual Optics	B1visO	Dinah Paritzky	42	4.5	Weekly quizzes and final exam
dioptrics of the eye	Visual Optics	B1visO	Dinah Paritzky	42	6	Weekly quizzes and final exam
entopic phenomena	Clinical Optometry A	B2clinoptA	Dinah Paritzky	42	0.5	Weekly quizzes and final exam
quality of retinal image	Visual Optics	B1visO	Dinah Paritzky	42	22.5	Weekly quizzes and final exam
prismatic effect, and the manipulation of lens form and setting to obtain the desired control of prismatic effect	Dispensing Optics B	B1dispB	Ibrahim Saadeh	42	2	homework + exam
radiation and the eye	Dispensing Optics A	B1dispA	Rinat Carmi	42	6	final exam
eye protection regulations, and relevant standards	Dispensing Optics A	B1dispA	Rinat Carmi	42	3	final exam
Total					**44.5**	

Changes to Self-assessment document: Clinical base

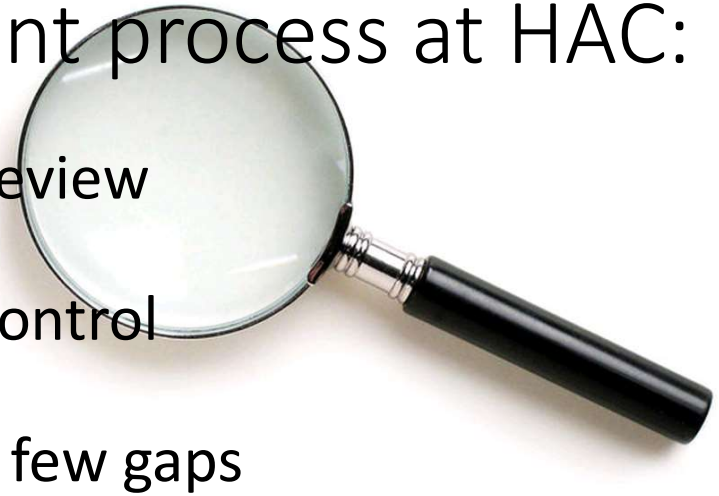
- Clinical competencies divided between labs and clinics
- Patients divided into number examined by student and number where student is *assessed*

Subject 11: Contact lenses (European Diploma Section B3)							
Clinical/practical competencies:	Competency assessment		Clinical experience				
	Name of Course	Course Code	Number of patients examined?	Number of patients where student is assessed	How assessed?	Record kept?	Comments
The ability to insert and remove contact lenses and instruct patients in these procedures.	Contact Lenses Laboratory A	BL3clA	28	30	grade that goes to average of final grade	MVE	
	Contact lens clinic	BC4cl	10	3			
The ability to fit soft contact lenses.	Contact Lenses Laboratory A	BL3clA	15	15	supervisor assessment and feedback + fin	Lab book	
	Contact lens clinic	BC4cl	6	6	grade that goes to average of final grade	MVE	
The ability to manage the aftercare of patients wearing soft contact lenses.	Contact lens clinic	BC4cl	3	3	grade that goes to average of final grade	MVE	
The ability to advise on contact lens materials and care regimes.	Contact lens clinic	BC4cl	7	7	grade that goes to average of final grade	MVE	
	Contact Lenses Laboratory A	BL3clA	0	0			
The ability to manage the aftercare of patients wearing rigid gas permeable contact lenses.	Contact lens clinic	BC4cl	1	1	grade that goes to average of final grade	MVE	
The ability to fit rigid gas permeable contact lenses.	Contact Lenses Laboratory A	BL3clA	15	15	supervisor assessment and feedback + fin	Lab Book	
	Contact lens clinic	BC4cl	3	3	grade that goes to average of final grade	MVE	
The ability to fit contact lenses to patients with astigmatism.	Contact lens clinic	BC4cl	2	2	grade that goes to average of final grade	MVE	
	Contact Lenses Laboratory A	BL3clA	3	3	supervisor assessment and feedback	Lab Book	

Best Practice for Self Assessment:

- Mentoring from a previously accredited School of Optometry
- Preliminary visit from ECOO
- Appoint faculty member responsible for each section: knowledge and clinical/practical
- Patient logbook eg Meditrek essential for clinical competencies
- **When in doubt: ASK!**

Results of Self-assessment process at HAC:



- Invaluable tool for curriculum review
- Quality assurance and quality control
- Knowledge competencies: very few gaps
- Clinical competencies: several gaps - pathology, diagnostics and low vision
- Feedback from ECOO has already led to changes in curriculum

The European Council of Optometry and Optics

Gap Analysis

Based on Self-Assessment and preliminary visits

OCULUS Optometry CUrriculum for Lifelong Learning through ErasmUS

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Part A Optical Technology

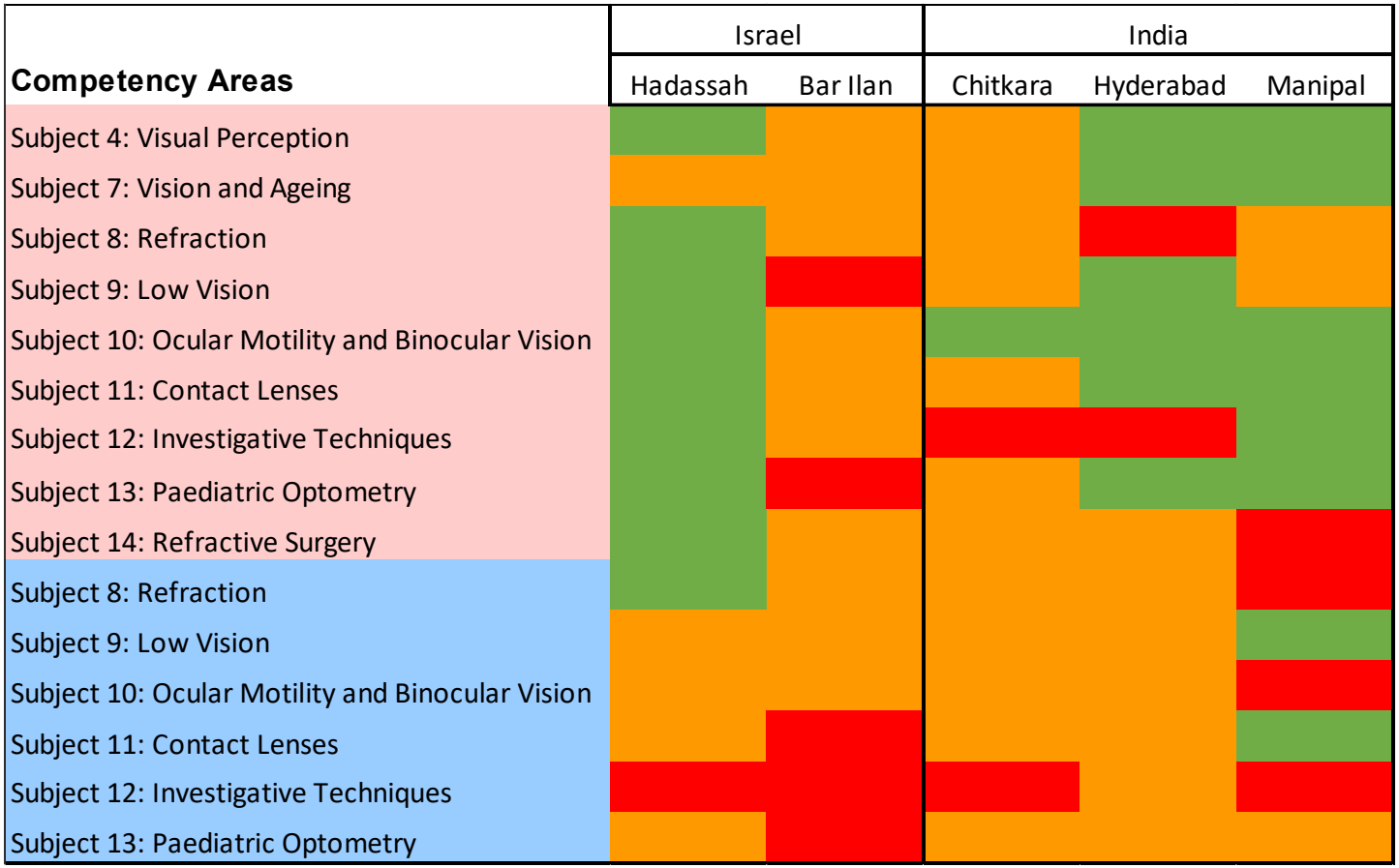
1. Optics
2. Optical Applicances

Knowledge based
Clinical/Practical competencies
SATISFACTORY
SOME WEAKNESSES
INADEQUATE

Competency Areas	Israel		India		
	Hadassah	Bar Ilan	Chitkara	Hyderabad	Manipal
Subject 1: Geometrical Optics					
Subject 2: Physical Optics					
Subject 3: Visual Optics					
Subject 5: Optical Appliances					
Subject 6: Occupational Optics					
Subject 5: Optical appliances					
Subject 6: Occupational Optics					

Part B Management of visual problems

1. Refraction
2. Binocular Vision
3. Contact Lenses
4. Visual Perception



Knowledge based

Clinical/Practical competencies

SATISFACTORY

SOME WEAKNESSES

INADEQUATE

Part C General health and ocular abnormalities

1. Biology 2. Ocular Biology 3. Ocular Abnormality

Competency Areas	Israel		India		
	Hadassah	Bar Ilan	Chitkara	Hyderabad	Manipal
Subject 12: Investigative Techniques	SATISFACTORY	SOME WEAKNESSES	SOME WEAKNESSES	INADEQUATE	SATISFACTORY
Subject 15: Anatomy and Histology	SATISFACTORY	SOME WEAKNESSES	SATISFACTORY	SATISFACTORY	SATISFACTORY
Subject 16: Neuroscience	SATISFACTORY	SOME WEAKNESSES	SOME WEAKNESSES	INADEQUATE	SATISFACTORY
Subject 17: General Physiology and Biochemistry	SATISFACTORY	SOME WEAKNESSES	SATISFACTORY	SATISFACTORY	SATISFACTORY
Subject 18: Microbiology and Immunology	INADEQUATE	SOME WEAKNESSES	SATISFACTORY	SATISFACTORY	SATISFACTORY
Subject 19: General Pharmacology	INADEQUATE	INADEQUATE	SATISFACTORY	SOME WEAKNESSES	SATISFACTORY
Subject 20: Pathology and General Medical disorders	SATISFACTORY	INADEQUATE	SOME WEAKNESSES	SATISFACTORY	SATISFACTORY
Subject 21: Epidemiology and Biostatistics	SATISFACTORY	INADEQUATE	SATISFACTORY	SATISFACTORY	SATISFACTORY
Subject 22: Ocular Anatomy and Physiology	SATISFACTORY	INADEQUATE	SATISFACTORY	SATISFACTORY	SOME WEAKNESSES
Subject 23: Ocular Pharmacology	INADEQUATE	INADEQUATE	INADEQUATE	SOME WEAKNESSES	INADEQUATE
Subject 24: Abnormal Ocular Conditions	SATISFACTORY	INADEQUATE	INADEQUATE	INADEQUATE	SATISFACTORY
Subject 12: Investigative Techniques	INADEQUATE	INADEQUATE	INADEQUATE	SOME WEAKNESSES	INADEQUATE
Subject 14: Refractive Surgery	SOME WEAKNESSES	INADEQUATE	INADEQUATE	SOME WEAKNESSES	INADEQUATE
Subject 24: Abnormal Ocular Conditions	SOME WEAKNESSES	INADEQUATE	SOME WEAKNESSES	SOME WEAKNESSES	INADEQUATE

Knowledge based

Clinical/Practical competencies

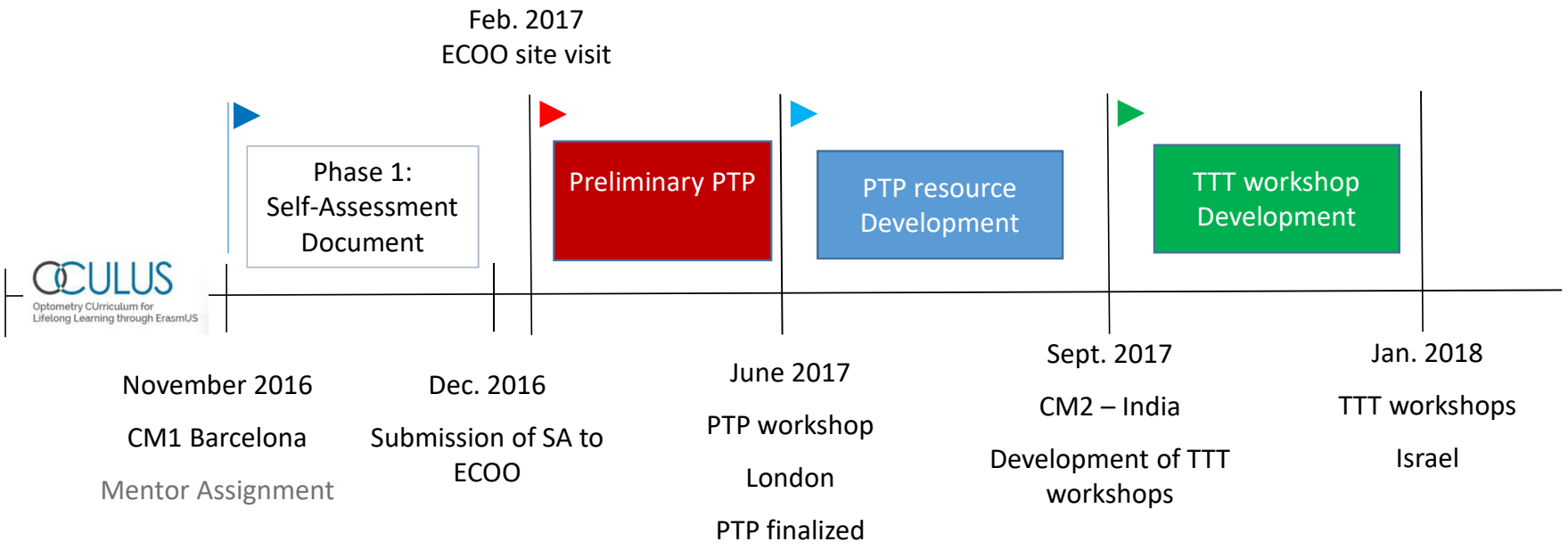
SATISFACTORY

SOME WEAKNESSES

INADEQUATE

WP2.1&2.3

Development – pedagogical transformation plan and resources


Feb. 2017
ECOO site visit
Phase 1:
Self-Assessment
Document
Preliminary PTP
PTP resource
Development
TTT workshop
Development
November 2016
CM1 Barcelona
Mentor Assignment
Dec. 2016
Submission of SA to
ECOO
June 2017
PTP workshop
London
PTP finalized
Sept. 2017
CM2 – India
Development of TTT
workshops
Jan. 2018
TTT workshops
Israel

Gaps – in general

- Knowledge base – very few easy to fill
- Clinical base
    1. Lack of appropriate patients
    2. Lack of skills
    3. Legal constraints

Clinical Gaps 1

GAP	Proposal for closure/Site visit/ Pedagogy committee	Comments from ECOO/ Oculus team
Use of diagnostic pharmaceuticals in clinic	Recruit OMD to work in clinics. Rotate students through these clinics.	Acceptable solution. Diagnostics must include mydriatics, cycloplegia, localin. Students do not need to insert pharmecitical drops. Can practice on Saline drops.
Pediatric Patients	OMD in clinics. Send 4th year students to MCHC for dry cycloplegic exam for screening	
Low vision	Sending students to Michaelson not sufficient – requires case management. Open a Low Vision Clinic once a week like in Bar Ilan	Acceptable solution, discussed ways of recruiting patients

Clinical Gaps 2

GAP	Proposal for closure/Site visit/ Pedagogy committee	Comments from ECOO/ Oculus team
Vocational prescribing	Occupational Rx, Sport vision, Rx sunglasses	Discussed ways of recruiting these patients
Patients with Pathology and referrals	The patient base at our department is primarily healthy. ECOO - grand round format Rotate students through Prof. Frucht's cornea clinic	Acceptable
All labs and clinics must have competency based practical exams	This is partially the case but needs to be systematic for the entire program.	ECOO, USN, CUL, HU sharing their rubrics for creating standard rubric for Oculus

Clinical Gaps 3

GAP	Proposal for closure/Site visit/ Pedagogy committee	Comments from ECOO/ Oculus team
Too few patients encounters (150 mum)	Fewer VT clinics and schedule more refraction clinics	Make refraction clinics shorter – 1 hour 4th year instead of 90 minutes.

PTP – example BIU

Gaps	Solutions
Use of diagnostic drops Pediatric patients	Collaboration with hospitals
	Supervision of ophthalmologists in the clinic
Vocational prescribing	Collaboration with other degrees who might need protective , sports centers , professional courses, Israel aerospace industry
dispensing clinic	After the examination, the student will accompany the patient to the dispensing section
Patients with Pathology and referrals	Collaboration with hospitals and ophthalmologists - referrals patients to the clinics.

Gaps	Solutions
Clinics: detail on how specific LO's are known to be deemed competent .	Development uniform and specific rubric score on Meditrek
Too few patients	Assistants for clinic supervisors – that will help to supervise and shorten exam time. Extension of clinic hours – refraction and contact lenses

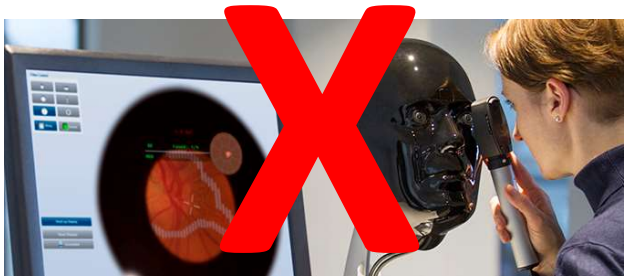
CM2 – Hyderabad Sept. 2017 – PTP (TTT) workshops

1. Investigative techniques clinical competency workshop
2. Online cases for ocular pathology
3. Grand round workshop for clinical competency in ocular pathology
4. Binocular vision/ visual perception knowledge base and clinical competencies
5. Refractive Surgery – clinical competency workshop
6. Workshop on how to assess competencies

Developement – Pedagogical Transformation Plan

		TEAM LEADERS					WHO CAN RUN?								
		Rishi	Ariela	Vidyut	Adi& Keerti										
Workshop description	**[Short title]**	**UOH**	**HAC**	**MU**	**CU**	**BIU**	**USN**	**UPC**	**HU**	**CUL**	**CU**	**UOH**	**MU**	**HAC**	**BIU**
Based on the ECOOs Gap analysis only – do you need a workshop in the following clinical competencies (on a scale of 1-5, 1 = not at all – 5 = most faculty need this training. 3 = about half the faculty are competent). Faculty includes clinical supervisors. [Goldmann Tonometery]	[Goldmann Tonometery]	2	5	1	1	3	y	n	y		n	y	y	m	y
Based on the ECOOs Gap analysis only – do you need a workshop in the following clinical competencies (on a scale of 1-5, 1 = not at all – 5 = most faculty need this training. 3 = about half the faculty are competent). Faculty includes clinical supervisors. [Fundus examination]	[Fundus examination]	1	5	1	1	3	y	n	y		n	y	y	n	y
Based on the ECOOs Gap analysis only – do you need a workshop in the following clinical competencies (on a scale of 1-5, 1 = not at all – 5 = most faculty need this training. 3 = about half the faculty are competent). Faculty includes clinical supervisors. [diagnostic pharmaceuticals]	[diagnostic pharmaceuticals]	1	5	1	3	3	y	n	m		n	y	n	n	y
Based on the ECOOs Gap analysis only – do you need a grand round workshop - this is to expose students to ocular pathology (on a scale of 1-5, 1 = not at all – 5 = most faculty need this training. 3 = about half the faculty are competent). Faculty includes clinical supervisors.	grand round workshop	2	5	5	5	5	y	n	m		n	n	n	n	n

PTP – equipment - Israel



ECOO recommendations

HAC – Perimeter + OCT

BIU – Perimeter + Fundus Camera

PTP equipment - India

USN has been in contact with the Contact person in EACEA, Joseph Lynn Micallef.

The general rule is that VAT , duties charges etc are not eligible cost unless we can provide official documentation that the corresponding cost cannot be claimed back or recovered.
In the case of India there is no Tax exemption agreement between India and the European Commission so we need a confirmation from the Indian tax authorities that the Indian institutions
cannot claim back or recover VAT .
At the moment the situation is that Indian tax authorities is not willing to give such a statement. This is an unfortunate situation and we have contacted Mr. Micallef for further assistance on how to deal with this.

TTT

- HAC – Jan. 21st&23rd – clinical skills
- BIU Jan. 24th and 25th clinical skills
- Combined workshop on assessment Jan. 22nd

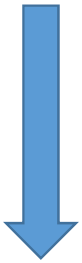
Evidence Based Practice

EBP

OCULUS
Optometry CUrriculum for
Lifelong Learning through ErasmUS

Main aim

No EBP in current European diploma

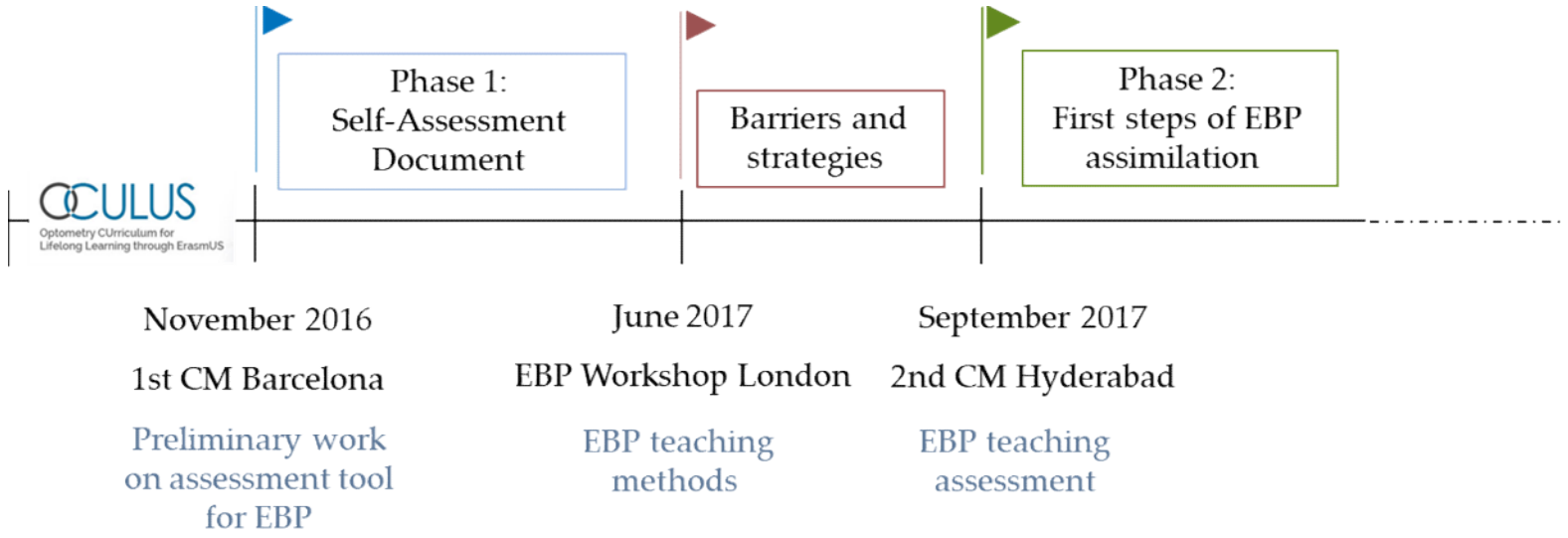


Analysis

Development

Implementation

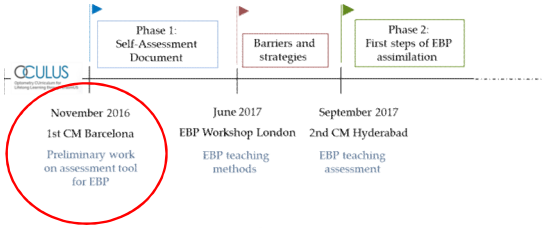
Timeline


Phase 1:
Self-Assessment
Document
Barriers and
strategies
Phase 2:
First steps of EBP
assimilation
OCULUS
Optometry CUrriculum for
Lifelong Learning through ErasmUS
November 2016
1st CM Barcelona
Preliminary work
on assessment tool
for EBP
June 2017
EBP Workshop London
EBP teaching
methods
September 2017
2nd CM Hyderabad
EBP teaching
assessment

1st Consortium Conference Meeting - Barcelona
November 2016

Preliminary work on assessment tool for EBP

- Identify learning and teaching strategies that aim to teach aspects of EBP (Data collection)
- Compare each of these against strategies that are based on the best available research evidence (‘best practice’)
- Where needed, modify existing strategies to meet best practice



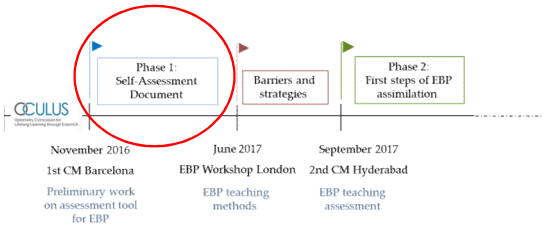
EBP teaching assessment tool

Assessment Category	Type of Assessment	Steps of EBP				
Benefit to Patients	**Patient-Oriented Outcomes**	Given the clinical outcome(s) identified, are patients experiencing better outcomes in association with a specific EBP learning initiative.				
Behaviors	**Activity Monitoring**	How frequently do learners ask questions about patients?	How frequently and to what extent are searches conducted related to patient care?	How frequently do learners critically appraise evidence related to patient care?	How frequently do learners consciously choose or reject evidence related to patient care?	Have learners reflected on their EBP behavior and identified areas for improvement?
Skills	**Performance Assessment**	How complete and relevant are the learners' PICO/PIO questions?	How thoroughly and efficiently do learners conduct searches?	Can learners complete critical appraisals, both of singular items and collections?	Can learners come to a reasonable interpretation of how to apply the evidence?	Have learners been able to reflect on their skills and take action to improve them?
Knowledge	**Cognitive Testing**	Can learners structure answerable questions?	Can learners identify appropriate databases to search?	Can learners select appropriate methods of critical appraisal?	Can learners identify situations where it is feasible and appropriate to apply EBP?	Can learners identify successful approaches to translating EB knowledge

Adapted from Tilson et al., 2011.

Phase 1:
Self-Assessment Document

Course / Year	Semester	Teacher		Ask	Acquire	Appraise	Apply	Audit	Description Of Task
Module name: Year #			Knowledge	Are the students taught about research or clinical questions that are framed prior to searching for evidence (e.g. PICO)?	Are the students taught about finding research evidence relevant to a clinical or research question?	Are the students taught about appraising the research evidence?	Are the students taught about using the most valid and relevant evidence together with other factors (e.g. experience) in a clinical	Are the students taught about evaluating the process from Ask to Apply?	Here you can see a description in each box, prompting you and the module leader to consider whether the students are taught something, learn a skill, or are taught the importance of this skill. This will help you and the module leader to work out what to enter in the boxes below this, applying to each module.
			Skills	Are the students asked to form a research or clinical question (e.g. using PICO)?	Are the students asked to find research evidence that is relevant to a clinical or research question?	Are the students asked to appraise the research evidence?	Are the students asked to use the most valid and relevant evidence together with other factors in a clinical	Do the students know how to evaluate the process from Ask to Apply?	
			Attitude	Are the students taught the importance or value of framing a question prior to searching for evidence (e.g. PICO)?	Are students taught the importance or value of finding research evidence relevant to a clinical or research question?	Are the students taught the importance or value of appraising the research evidence?	Are the students taught the importance or value of using the most valid and relevant evidence together with other factors in a clinical	Are the students taught the importance or value of evaluating the process from Ask to Apply?	

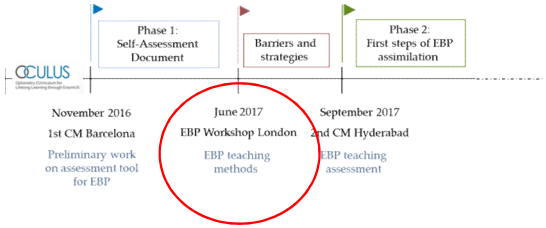


EBP Workshop Consortium Meeting-London
June 2017

EBP teaching methods

- Overview of existing EBP teaching methods - presented by each group.

- Parallel workshops
  1. Sharing practice and experience of teaching EBP
  2. Potential EBP teaching strategies to be introduced in each curriculum
  3. Potential barriers to implementation
  4. Partner institutions worked with an EBP teaching mentor (fitting various EBP teaching methods into each curriculum).



Potential barriers to implementation

- Lack of time
- Lack of funding
- No room in the curriculum
- Lack of facilities
- Negative attitude of some teachers
- Difficulty motivating students
- Administrative constraints

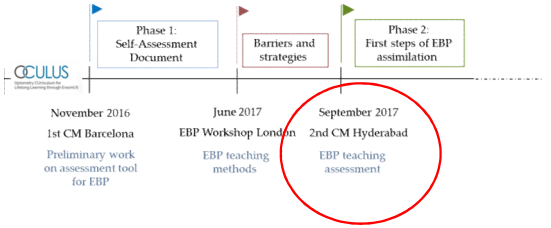
Potential EBP teaching strategies

- EBP steps in each year of the curriculum
- EBP in a range of topics
- Teachers - relevant knowledge, skills and attitude
- Examples:
  - Hypothetical and real case studies
  - Peer to peer case presentation and critique
  - Small group discussions in tutorials and lectures
  - Early students observing later students and giving critique and feedback

2nd Consortium Conference Meeting – Hyderabad
September 2017

EBP teaching assessment

- Overview of existing EBP teaching methods
- Parallel workshops
- A personal meeting with Catherine and Annmarie regarding the faculties syllabus - comments and recommendations



HAC - Overview
Examples

- Introduction to the 5 As prior to appraisal should be introduced in the 1st or 2nd year.
- Later on in the program- should integrate CASP in Cochrane reviews and real research
- We may be overdoing looking up research papers for topics
- Clinics - prior to analyzing the cases , the 5 A's should be reintroduced to the students and also the attitude.

HAC - Overview
Examples

- Study design taught in fourth year should be moved earlier in the curriculum
- Seminar class meeting for CBL discuss cases according to EBP.
- EBP Questionnaires (Before and after introduction of the Attitude towards EBP)

BIU – Implementation plan

Introduction of the five steps of the EBP each year:

Year 1	Year 2	Year 3	Year 4
Ask	Ask	Ask	**Ask**
Acquire	Acquire	Acquire	**Acquire**
(Appraise)	Appraise	Appraise	**Appraise**
		Apply	**Apply**
			Audit

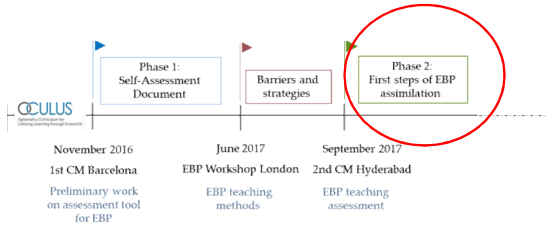
- Introduction to Search databases (Acquire) in collaboration with the Life Sciences Library.
- In each year, between 2-4 courses were selected to implement the relevant steps in the EBP
- Internal audit of the process: Each lecturer should submit the form in which he intends to perform the process

The beginning of the pilot: after TTT (next year) start in the first year and progress over the years.

Phase 2:
First steps of EBP assimilation

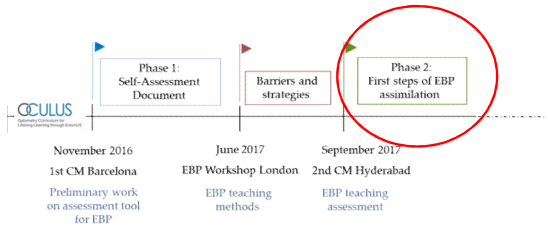
- EBP in the curriculum - 5 As during the program according to a logical order.

- Train the Trainer - expansion of knowledge, skills and attitude.



Current state - HAC

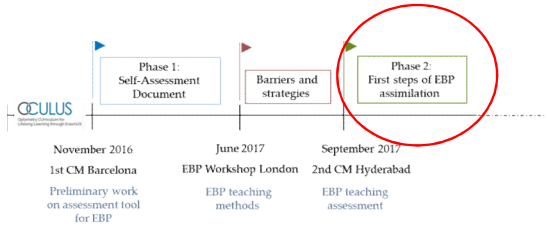
- Specific changes according to Catherine's recommendations in the various courses and clinics
- Small TTT workshops for faculty on EBP – First for clinical preceptors
- Journal club established based on model at Manipal U
- EBP TTT in June with Catherine from City U



Current state - BIU

- Introduction the Implementation plan to our senior faculty members
- small meetings with the lectures of the selected courses in the first year to explore the ways of

  implementing
- EBP TTT in June



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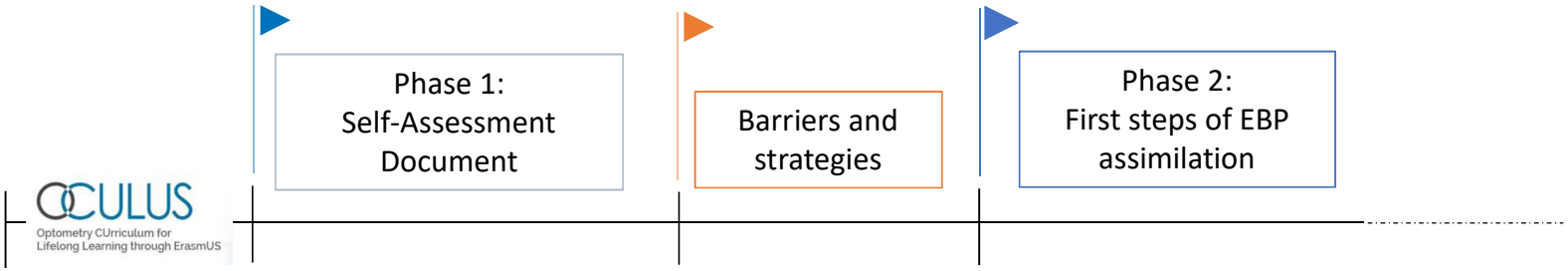


November 2016

1st CM Barcelona

Preliminary work on assessment tool for EBP

June 2017

EBP Workshop London

EBP teaching methods

September 2017

2nd CM Hyderabad

EBP teaching assessment

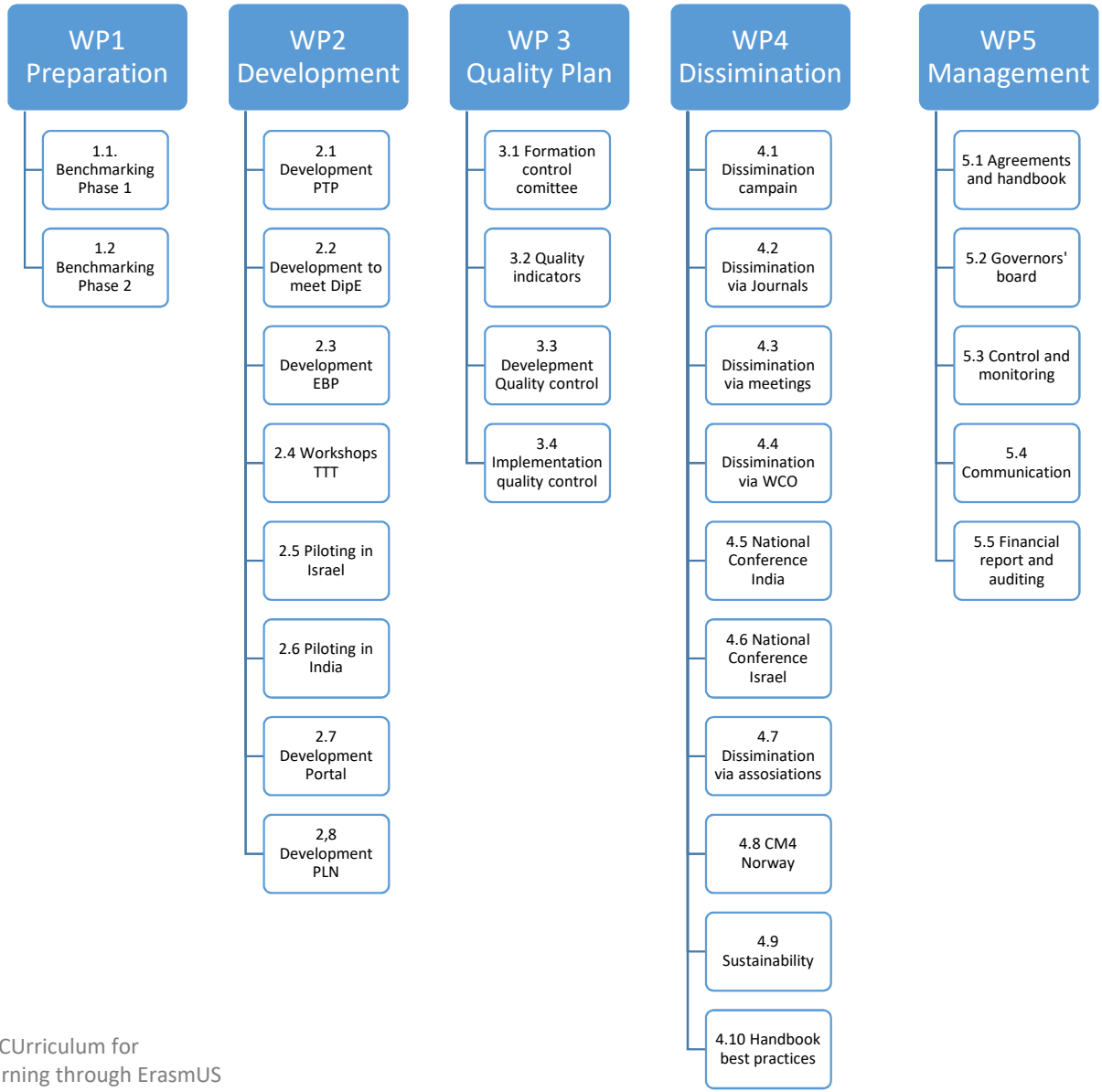
QA

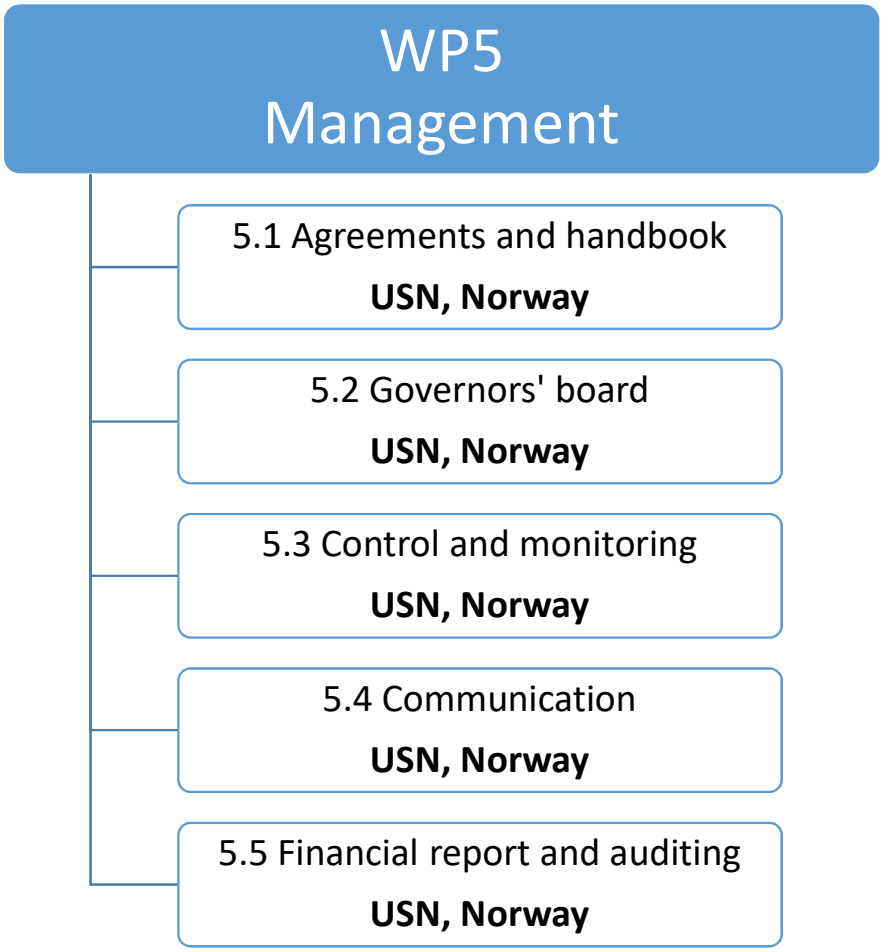
- Quality team formed at CM1.
- Team represents all participating institutions.
- Quality indicators identified from project Workplan.
- Quality monitoring tool developed showing each Workplan item, used to check and discuss quality and progress at Team meetings (to date, CM2 and by Skype Nov 2017).

Activities	Detailed activity	Quality and progress indicators	Means of verification	Remarks
Preparation				
	OSAT development	Online tool created and final version approved by ECOO	Written confirmation from ECOC	Assignment on time. Delivery late due to misunderstanding and complexity. Meeting 20th November to progress.
	Pedagogical data collection at partner HEIs	All data collected at all 6 partner organisations	Data collection records comple	On time
	Conversion of credits to ECTs	Course credits at all 6 partner organisations converted to ECTs	Written confirmation from each organisation	Task assigned on time, due to unclarity late feedback
	Preliminary gap analysis	Gap analysis report provided to each partner organisation	Gap analysis document from EC	On time
	Follow-up pedagogical data collection			
	Follow-up gap analysis	Gap analysis report provided to each partner organisation	Gap analysis document from ECOO	
Development				
	Mentoring	Notes from meetings		PTP mentors assigned early; EBP assigned slightly late, at CM2
	PTP and EBP development workshop	Workshop format and outputs	Minutes of London June 2017 m	Workshop was limited by a lack of data from ECOO at this
	Update of pedagogical transformation plan			
	Development of Syllabi and Teaching and assessment Materials for PTP			
	Literature search and appraisal of research evidence on EBP education in health care.	Completed prior to EBP/PTP planning meeting in London, June 2017	Minutes of June meeting, showing presentation on	Results submitted for peer-reviewed publication
	Find and Appraise Existing Resources for EBP	Programme evaluation completed by each institution		
	PTP and EBP workshops	Quality evaluation questionnaire		
	Develop manuals for the EBP teaching methods	First draft circulated October 2017	Draft and later final product	Will be available on Oculus site
	Portal development	Minutes of meeting in Barcelona November 2016	Portal itself	Good web site since modifications after CM2
	Portal technical support, maintenance and updates			
	PLN development			Not piloted yet. CS will contact Sapir to query progress.
	PLN implementation			
	TTT workshop planning			
	TTT workshop implementation			
	Pilot module implementation			
	Continuing education workshops in partner countries			

Management

How we have organized it


WP1 Preparation
1.1. Benchmarking Phase 1
1.2 Benchmarking Phase 2
WP2 Development
2.1 Development PTP
2.2 Development to meet DipE
2.3 Development EBP
2.4 Workshops TTT
2.5 Piloting in Israel
2.6 Piloting in India
2.7 Development Portal
2,8 Development PLN
WP 3 Quality Plan
3.1 Formation control comittee
3.2 Quality indicators
3.3 Develepment Quality control
3.4 Implementation quality control
WP4 Dissimination
4.1 Dissimination campain
4.2 Dissimination via Journals
4.3 Dissimination via meetings
4.4 Dissimination via WCO
4.5 National Conference India
4.6 National Conference Israel
4.7 Dissimination via assosiations
4.8 CM4 Norway
4.9 Sustainability
4.10 Handbook best practices
WP5 Management
5.1 Agreements and handbook
5.2 Governors' board
5.3 Control and monitoring
5.4 Communication
5.5 Financial report and auditing


WP5
Management
5.1 Agreements and handbook
USN, Norway
5.2 Governors' board
USN, Norway
5.3 Control and monitoring
USN, Norway
5.4 Communication
USN, Norway
5.5 Financial report and auditing
USN, Norway

WP5
Management

Project Management Team (PMT)
= Project manager + one representative from each participating country

- Bente Monica Aakre, USN - University College of Southeast Norway
- Ariela Gordon-Shaag, HAC - Hadassah Academic College, Israel
- Ramesh S Ve - MU - Manipal University, School of Allied Science , India
- Catherine Suttle, CUL - City University London, UK
- Annemarie Brouwer, HU - University of Applied Science Utrecht, the Netherlands
- Joan Gispets, UPC - The Universitat Politècnica de Catalunya, Spain

"The management team will be supported by HAC (with proven experience of leading the LLAF Tempus funded consortium)"

- Michael Berman, HAC - Hadassah Academic College, Israel

WP5
Management

- Administrative team, USN - University College of Southeast Norway
  - Project manager: Bente Monica Aakre
  - Administrative co-ordinator: Maaike Dooper
  - Financial controller: Magnar Sommerstad
  - Support from section for internationalisation: Thor-Egil Eide
  - Faculty administration support: Mari Fuglseth Aakre

5.1 Agreements and hand-book

In the portal:

- Signed partnership agreements
- Guidelines on how to use the grant
- Detailed project description
- Timeline and LFM

5.2 Governors' board

- ☑ One representative from each partner institution
- ☑ Meet once a year (CM1 and CM2)
- ☑ Review and monitor project process and quality
- ☐ Solve on a democratic basis any conflict between partners

”The coordinator is responsible to lead the project towards the expected results within the defined time tables, yet it will be flexible and attentive as needed to implement the reccommendations from the GB”

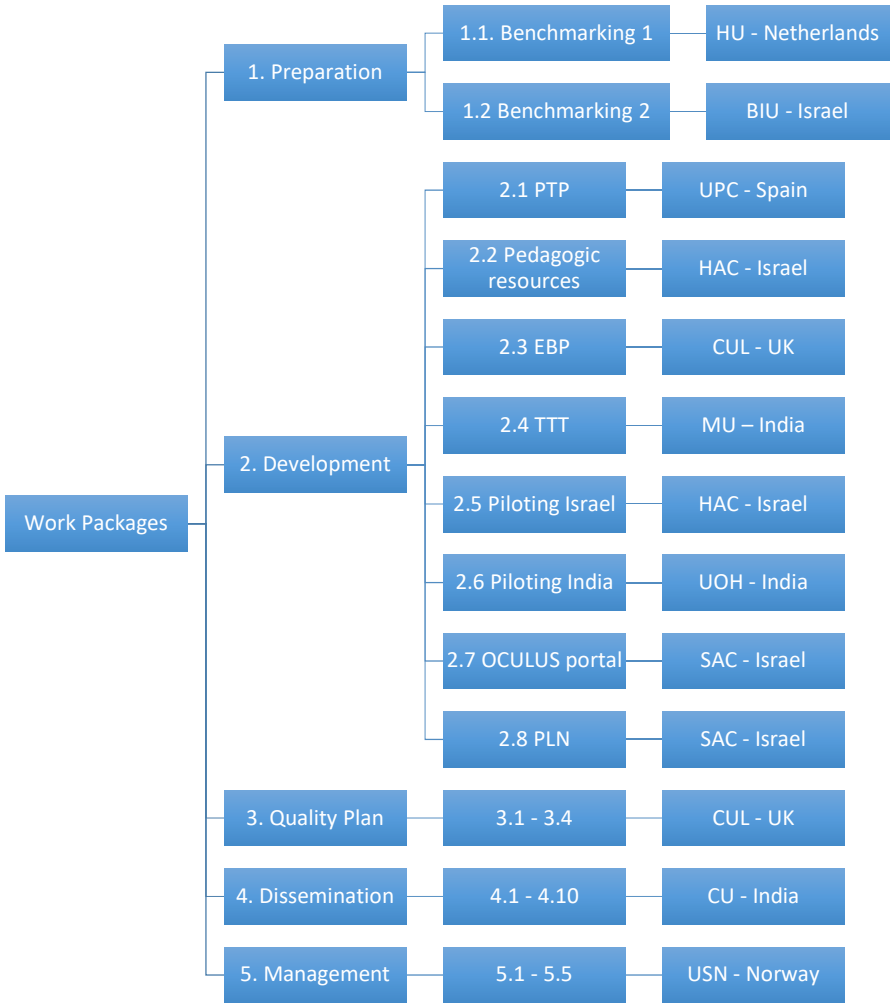
5.3 Control and monitoring

Representatives from each HEI are responsible for delegating tasks and monitoring of all project activities in their countries

WP-leaders reports to the PMT via the OCULUS portal

Every HEI is responsible for at least one sub-WP

Every HEI contributes in all WPs


Work Packages
1. Preparation
1.1. Benchmarking 1
HU - Netherlands
1.2 Benchmarking 2
BIU - Israel
2. Development
2.1 PTP
UPC - Spain
2.2 Pedagogic resources
HAC - Israel
2.3 EBP
CUL - UK
2.4 TTT
MU – India
2.5 Piloting Israel
HAC - Israel
2.6 Piloting India
UOH - India
2.7 OCULUS portal
SAC - Israel
2.8 PLN
SAC - Israel
3. Quality Plan
3.1 - 3.4
CUL - UK
4. Dissemination
4.1 - 4.10
CU - India
5. Management
5.1 - 5.5
USN - Norway

5.4 Communication

- ☑ Web--based OCULUS portal (described and budgeted in WP 2.7)
  - potential of improvement – working on it
- ☑ Bi--Monthly online meetings between project leader (USN) and consortium representatives.
  - In periods more seldom, potential for improvement!
- ☑ Four international consortium meetings (CM) will be held during the project period where there will be a management session with meetings of the GB and the quality management team:
  - ☑ CM1: **Barcelona**, described and budgeted in WP.1.1
  - ☑ CM2: **India, Hyderabad**. Described and budgeted in WP.2.2.1.*
  - ☐ CM3: **Israel**, described and budgeted in WP 2.6.6.*
  - ☐ CM4: **Norway**, Kongsberg. Described and budgeted in WP 4.8
- ☑ Monthly Webex, video or phone meetings between project coordinator (USN) and members of management group.
  - In periods more seldom, potential for improvement!

* These two swapped

5.5 Financial report and auditing

- Templates and instructions are placed in the OCULUS portal. Each institution can see their financial report and the manager can see all reports.
- Financial reports should have been gathered every 6 months in the first 2 years and every quarter during the last year in order to have tighter monitoring towards the end of the project.
  - Only partly achieved. However, Travel reports, Time-sheets and Joint declarations have been submitted
  - Template for financial report designed to meet the needs of the project and the demands of the EU is recently finished and will be prioritized and completed in a couple of weeks.
- An external auditor will be assigned to the project in the middle of the projects' lifespan in order to monitor and make reporting corrections on time.

Questions?

Dissemination

- ICO meeting – Dec. 2016
- EAOO conference, Barcelona May 2017 - symposium
- WCO conference, India, Sept. 2017 – two lectures
- AAO Meeting, Chicago, Il, Poster

HAC – dissemination - examples

- Board of directors meeting
- Dept. Chairpeson meeting
- College website
- Academic Council Meeting
- Faculty meeting
- Students

BIU- Dissemination - examples

- Done:
- Advertising on the department's website
- Dissemination for MA and Research students
- Dissemination for University officials, including Dean, Rector, Director of Life Sciences

- In the next six months:
- Undergraduate students
- Conference at BIU

Impact HAC

- Buzz and interest in Dept. of Optometry
- Mobility grants with City U, London – Optometry and Communication Disorders
- Mobility Grant USN, Norway – Optometry
- Meetings and Dialogue at HAC about internationalization policy
- Submission of grant to CHE for internationalization

BIU outcomes:

- Structured workplan for implementation EBP in the curriculum
- Dispensing Clinics (start at the next semester in the third year as a pilot with review at the end of the year . Preparation at the second year)
- Conversion of Israeli credits points to ECTS : at the first stage doubling of 1.5. At the following stage, calculation according to ECTS characteristics (student work)
- Uniform and structured scoring sheets at the clinics
- Assisting at the clinic
- Meditrek changes to included more information
- The Research Authority handles the financial management of the Erasmus project at Bar-Ilan
- In process : deep review of the curriculum (review syllabuses , finding overlapping subjects , review of assessment)

BIU - Support systems of the institution in the project:

- Financial management: Research Authority
- General support: Head of research authority
- General support: BIU International office
- Academic Counseling: Academic Secretariat
- EBP Development :Library of Life Sciences
- Academic Counseling (EBP) : Center for the Advancement of Teaching
- General support: Faculty of life science