

The Manual of Self-assessment study. Evidences' generation

The National Council for Accreditation of Medical Colleges
Ministry of Higher Education
Dec. 2020

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Foreword:

In August 2018, the accreditation process was launched in Iraqi medical colleges, after updating the national accreditation standards and a series of workshops to develop the competence of members of the national assessing teams.

Based on the data collected by the National Council for Accreditation of Medical Colleges (NCAMC), medical colleges in Iraq were divided into 3 groups. This division was based on the extent to which the colleges are ready for the accreditation process, taking into account the exposure of some regions to wars and internal unrest.

After the assessing teams finished their tasks and submitted the reports to the council, the stage of studying the reports and granting accreditation to the colleges began after verifying that they had achieved the accreditation standards.

The members of the Council recorded a lot of notes after reviewing the reports and documents provided to them or by following up the work of the assessing teams during their field visits to the colleges. Based on that, we came to the conclusion that there is some ambiguity in some standards on the one hand and a lack of clarity in generation of some evidences on the other hand. Accordingly, and in order to clarify the matter to the colleges, facilitate the self-assessment study , and clarify what is required when the assessing teams visit them, the council developed a plan to explain the standards in a detailed and simplified manner in addition to an explanation of how to generate evidence from each standard.

The plan was a series of specialized workshops. In each workshop, a specific standard is discussed and evidence/s written on it. The workshops were held on the Skype platform due to the Lock-down conditions imposed due to COVID-19.

It is truly a huge work in which the members of the Council made a great effort and

time. The Work , on the blessing of God , began on 31/3/2020 and ended on 23 / 9/2020. It took nine workshops, an average of two sessions per workshop . The number of working days is 27 days, 2-3 hours per day.

This book “ The Manual of self-assessment study, evidences’ generation” came within a series of books written by the NCAMC to assist medical colleges in their work within the accreditation process. Accordingly, this book is directed to the staff

of medical colleges in general and to members of self-assessment committees and quality assurance units in particular.

On this occasion, the head of the Council, extends her deep thanks and gratitude to all the members of the NCAMC and invokes God Almighty to bless their distinguished efforts at a time when sincerity in work has become one of the necessities of the stage and the way to build the nation.

Yusra AR Mahmood
Head of NCAMC
Dec. 2020

How to use?

This book has been written in a standardized format taking into account the author's point of view. Each area is written by one or more council members.

The national standards consist of 9 areas, each area containing one or more subareas, which in turn consist of one or more standards .

Each chapter represent an area . The chapter begins by writing the area as mentioned in the book of National Standards 2018 . Each standard is then written separately, followed by annotation and/or notes or explanations of unclear or difficult phrases or terms , then the evidence Generation.

Evidence generation is one of the important steps that help the college and the assessors to understand the standard and what is required of them to achieve it. In order to verify that the standard has been fully achieved, it must pass through three levels: present, applied , and effective , keeping in mind some of the standards do not have to pass through the three levels in order to be achieved or to say that they are fully met.

The existing evidences are not obligatory for the colleges and the college has the freedom to add or ignore it depending on its conviction, as it is mentioned before what is written is to approximate the idea and help in preparing the evidence.

Each standard has its own peculiarity in defining the three levels. For example: To verify that the standard exists, it is possible to use official documents or administrative orders, or inspect on the ground ... etc. To verify that the standard is actually applied, it is possible to view the meetings' minutes of the departments'

councils or college council and review the recommendations and measures taken to implement these recommendations. To verify that the standard is effectively applied, it is possible to design a special questionnaire and/or the opinion of stakeholders [e.g. faculty , students , administrative staff, graduates , health sector workers...etc.] can be obtained, or a direct interview with them can be conducted.

Yusra AR Mahmood
Head of NCAMC
Dec. 2020

Area -1-
Mission and Outcome

MISSION AND OUTCOMES

Prepared by:

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Introduction

We will try to elaborate on this subject by answering the following questions:

1. What is the mission statement?
2. Why it is important?
3. What should include?
4. Who should participate in its development?
5. How we develop the mission statement and when it should be renewed?
6. What are the intended educational objectives/outcomes/competencies.
7. What evidence the medical college should generate to prove compliance with the standards

Area “one “of the national standards consists of four main sub-areas:

1. The mission statement.
2. Autonomy and freedom in mission statement development.
3. Intended educational objectives / outcomes or competencies.
4. The process of the mission statement development and stakeholders involved

Mission Statement: should include very brief mentioning the followings:

- a. Vision
- b. Aims
- c. Educational strategy
- d. Type of curriculum
- e. Instructional methods
- f. Assessment methods
- g. Curriculum management.
- h. Feedback
- i. Monitoring and evaluation.
- j. Medical research
- k. Global health

Intended educational objectives/outcomes/ competencies:

Educational outcomes or learning outcomes/competencies refer to statements of knowledge, skills and attitude that students demonstrate at the end of a period of learning. Outcomes within medicine and medical practice - to be specified by the medical college would include documented knowledge and understanding of:

- (a) The basic biomedical sciences,
- (b) The behavioral and social sciences, including public health and population medicine,
- (c) Medical ethics, human rights and medical jurisprudence relevant to the practice of medicine,
- (d) The clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving; and

(e) The ability to undertake life-long learning and demonstrate professionalism in connection with the different roles of the doctor, also in relation to the medical profession.

The characteristics and achievements the students display upon graduation can be categorized in terms of the doctor as (a) scholar and scientist, (b) practitioner, (c) communicator, (d) teacher, (e) manager and (f) a professional and appropriate student conduct would presuppose a written code of conduct.

What evidence the medical college should generate to prove compliance with the standards?

We have to remember that the evidence generated by the academic institution have three levels:

- a. Present
- b. Applied
- c. Effective

Any evidence will be more impressive if it includes the three levels which is not necessary to fulfill all three feature

- Documents (including official administrative orders issued by college council ,dean or vice deans , departments , units etc. and minutes of meetings)
- Questioner and survey (faculty, students , administrative staff, graduates ,health sector workers)
- Direct interview. (faculty, students , administrative staff, graduates ,health sector workers)

1.1MISSION

Basic standards: The medical college must

1.1.1. state its mission.

1.1.2. make it known to its community and the health sector it serves.

1.1.3. in its mission outline the aims and the educational strategy resulting

in a medical doctor

1.1.3.1. competent at a basic level.

1.1.3.2. with an appropriate foundation for future career in any branch of medicine.

1.1.3.3. capable of undertaking the roles of doctors as defined by the health sector.

1.1.3.4. prepared and ready for postgraduate medical education.

1.1.3.5. committed to life-long learning.

1.1.4. consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.

1.1.1. The medical college must state its mission.

Annotations:

[Mission provides the overarching frame to which all other aspects of the educational institution and its program have to be related. Mission statement would include general and specific issues relevant to institutional, national, regional and global policy and needs. Mission in this document includes the institutions' vision.]

Evidence generation:

(The mission statement document)

Documents (including official administrative orders issued by college council, dean or vice deans, departments, units etc. and minutes of meetings)

1.1.2. The medical college must make it known to its community and the health sector it serves

Annotations:

[Community would include the leadership, staff and students of the medical college as well as other stakeholders]

*[Health sector ;would include the health care delivery system, whether public or private and medical research institutions) The evidence that Mission and Outcomes were known to its community and the health sector it serves (by representative of **other** stakeholders from health sector, medical societies, other NGOs etc. in the Mission and Outcomes committee). Also Mission and Outcomes document should be on the website of the academic institution and at the teaching hospitals, health centers that serve as the training sites for the medical school students]*

Evidence generation:

Present: (The official order by which the mission/ objectives (MO) committee was established, Meetings minutes of the of the MO committee during which they develop the MO statement)

Effectives: Questioner and survey (faculty, students, administrative staff, graduates, health sector workers) Direct interview. (faculty, students , administrative staff, graduates ,health sector workers)

1.1.3.The medical college must in its mission outline the aims and the educational strategy resulting in a medical doctor...

Evidence generation :

(The mission statement document) and educational strategy and strategic plane ((The evidence that the medical college used the MO statement to plan the curriculum, assessment, quality enhancement and quality assurance.(there must be a documents showing that the curriculum committee during their curriculum design using the MO .

e.g. : If one of the medical college outcomes is to enhance critical thinking and problem solving ability of the student, and then there must be:

- Part of curriculum design to have student center strategy with more learning than teaching sessions including small group teaching sessions, tutorials, seminars
- in the assessment part there should be more case scenarios which link basic biomedical sciences with clinical signs ,including data interpretation and avoidance of questions which need direct answers.
- In the syllabus time table there must be more time for interactive teaching than large group lecturing sessions.

1.1.3.1. The medical college must in its mission outline the aims and the educational strategy resulting in a medical doctor competent at a basic level.

Annotations:

[Basic level of medical education is in most countries identical to undergraduate medical education starting on the basis of completed secondary school education]

Evidence generation

Present : The mission statement document.

1.1.3.2. The medical college must in its mission outline the aims and the educational strategy resulting in a medical doctor with an appropriate foundation for future career in any branch of medicine

Annotation : *(any branch of medicine refers to all types of medical practice, administrative medicine and medical research)*

Evidence generation

Present (The mission statement document)

1.1.3.3. The medical college must in its mission outline the aims and the educational strategy resulting in a medical doctor capable of undertaking the roles of doctors as defined by the health sector.

Evidence generation

Present (The mission statement document)

1.1.3.4. The medical college must in its mission outline the aims and the educational strategy resulting in a medical doctor...prepared and ready for postgraduate medical education.

Annotations:

[Postgraduate medical education would include preregistration education (leading to right to independent practice), vocational/professional education, specialist/subspecialist education and other formalized education programs for defined expert functions]

Evidence generation

Present (The mission statement document)

1.1.3.5. The medical college must in its mission outline the aims and the educational strategy resulting in a medical doctor committed to life-long learning

Annotations:

[Life-long learning is the professional responsibility to keep up to date in knowledge and skills through appraisal, audit, reflection or recognized continuing professional development (CPD)/continuing medical education (CME) activities. CPD includes all activities that doctors undertake, formally and informally, to maintain, update,

develop and enhance their knowledge, skills and attitudes in response to the needs of their patients. CPD is a broader concept than CME, which describes continuing education in the knowledge and skills of medical practice]

Evidence generation

Present (The mission statement document)

1.1.4. The medical college must consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability

Annotations:

[Encompassing the health needs of the community would imply interaction with the local community, especially the health and health related sectors, and adjustment of the curriculum to demonstrate attention to and knowledge about health problems of the community.]

[Social accountability would include willingness and ability to respond to the needs of society, of patients and the health and health related sectors and to contribute to the national and international development of medicine by fostering competencies in health care, medical education and medical research. This would be based on the college's own principles and in respect of the autonomy of universities. Social accountability is sometimes used synonymously with social responsibility and social responsiveness. In matters outside its control, the medical college would still demonstrate social accountability through advocacy and by explaining relationships and drawing attention to consequences of the policy]

Evidence generation

Present (The mission statement document)

Quality development standards: The medical college should ensure that the mission encompasses

1.1.5.medical research attainment.

1.1.6.aspects of global health.

1.1.5.The medical college should ensure that the mission encompasses medical research attainment

Annotations:

[Medical research encompasses scientific research in basic biomedical, clinical, behavioral and social sciences and is described in 7.4.]

Evidence generation

Present (The mission statement document)

1.1.6. The medical college should ensure that the mission encompasses aspects of global health

Annotations:

[Aspects of global health would include awareness of major international health problems, also of health consequences of inequality and injustice.]

Evidence generation

Present (The mission statement document)

1.2 INSTITUTIONAL AUTONOMY AND ACADEMIC FREEDOM

Basic standards: The medical college must have institutional autonomy to

1.2.1. formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding

1.2.1.1. design of the curriculum.

1.2.1.2. use of the allocated resources necessary for implementation of the curriculum.

Annotations:

[Institutional autonomy would include appropriate independence from government and other counterparts (regional and local authorities, religious communities, private cooperation , the professions, unions and other interest groups) to be able to make decisions about key areas such as design of curriculum assessments, students admission, staff recruitment/selection and employment conditions, research and resource allocation]

Evidence generation:**Present**

dean authorities+ staff instruction + student assessments committee and instructions , students admission, staff recruitment/selection and employment conditions In certain items in which the medical college is not totally free to deal with like : student intake , student and faculty/ staff selection , in these circumstances there must be a policy drafted by the college documenting its need ,approved by college council and passed for higher authorities for approval or refusal

Applied

Questioner and survey (faculty, students , administrative staff, graduates ,) Direct interview. (faculty, students , administrative staff, graduates ,)

Effectiveness

any reports or actions and changes in instruction depend on feedback from staff and student

1.2.1.1. The medical college must have institutional autonomy to formulate and implement policies by their for which its faculty/academic staff and administration are responsible, especially regarding design of the curriculum

Evidence generation**Present**

Documents of curriculum committee meeting minutes which proves that they are free in designing the curriculum, instructional methods and mode of assessment.

(The policy + curriculum committee +administrative order + Curriculum Committee authorities + administrative order +meeting reports)

Applied Questioner and survey (faculty, students), direct interview (faculty, students)

Effective's feedback reports from monitoring and evaluation committee show actions and changes on curriculum

1.2.1.2. The medical college must have institutional autonomy to formulate and implement policies by their for which its faculty/academic staff and administration are responsible, especially regarding use of the allocated resources necessary for implementation of the curriculum.

Present

(Curriculum Committee authorities). Documents proves that the college of medicine allocating physical , financial as well as human resources to implement the curriculum and achieving the outcomes.

Applied

reports of need by Curriculum Committee any added building + administrative order showing human resource duties + administrative order showing changes of position and responsibilities of faculty and staff

Effectives Questioner and survey (faculty, students, administrative staff, and graduates) direct interview. (Faculty, students, administrative staff, graduates)

Quality development standards:

The medical college should ensure academic freedom for its staff and students

1.2.2. in addressing the actual curriculum.

1.2.3. in exploring the use of new research results to illustrate specific subjects without expanding the curriculum.

Annotations:

[Academic freedom would include appropriate freedom of expression, freedom of inquiry and publication for staff and students]

[Addressing the actual curriculum would allow staff and students to draw upon different perspectives in description and analysis of medical issues, basic as well as clinical.]

1.2.2.The medical college should ensure academic freedom for its staff and students in addressing the actual curriculum

Present:

Curriculum committee administrative order ensure representation of student and staff member+ Curriculum Committee authorities

Applied:

copy of feedback from academic staff and students

Effective:

Questioner and survey (faculty, students,) direct interview. (Faculty, students, , graduates) any actions and changes on curriculum depend on feedback from staff and student

1.2.3. The medical college should ensure academic freedom for its staff and students in exploring the use of new research results to illustrate specific subjects without expanding the curriculum.

Present copy of educational researches about curriculum.

Effectiveness Questioner and survey (faculty, students,). direct interview. (Faculty, students, graduates) any actions and changes on curriculum depend on feedback from staff and student

1.3 EDUCATIONAL OUTCOMES

Basic standards: The medical college must

1.3.1. define the intended educational outcomes that students should exhibit upon graduation in relation to :

1.3.1.1. their achievements at a basic level regarding knowledge, skills, and attitudes.

1.3.1.2. appropriate foundation for future career in any branch of medicine.

1.3.1.3. their future roles in the health sector.

1.3.1.4. their subsequent postgraduate training.

1.3.1.5. their commitment to and skills in life-long learning.

1.3.1.6. the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.

1.3.2. ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives.

1.3.3. make the intended educational outcomes publicly known.

1.3.1. The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to

Annotations:

[Educational outcomes or learning outcomes/competencies refer to statements of knowledge, skills and attitude that students demonstrate at the end of a period of learning. Outcomes might be either intended or acquired. Educational/learning objectives are often described in terms of intended outcomes. Outcomes within medicine and medical practice - to be specified by the medical college would include documented knowledge and understanding of (a) the basic biomedical sciences, (b) the behavioral and social sciences, including public health and population medicine, (c) medical ethics, human rights and medical

jurisprudence relevant to the practice of medicine, (d) the clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving; and (e) the ability to undertake life-long learning and demonstrate professionalism in connection with the different roles of the doctor, also in relation to the medical profession. The characteristics and achievements the students display upon graduation can e.g. be categorized in terms of the doctor as (a) scholar and scientist, (b) practitioner, (c) communicator, (d) teacher, (e) manager and (f) a professional.]

Evidence generation

Present (The educational outcomes statement document)

1.3.1.1. The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to their achievements at a basic level regarding knowledge, skills, and attitudes.

Evidence generation

Present (The educational outcomes statement document)

1.3.1.2. The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to appropriate foundation for future career in any branch of medicine.

Evidence generation

Present (The educational outcomes statement document)

1.3.1.3. The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to their future roles in the health sector.

Evidence generation

Present (The educational outcomes statement document)

1.3.1.4. The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to their subsequent postgraduate training.

Evidence generation

Present (The educational outcomes statement document)

1.3.1.5. The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to their commitment to and skills in life-long learning.

Evidence generation

Present (The educational outcomes statement document)

1.3.1.6. The medical college must define the intended educational outcomes that students should exhibit upon graduation in relation to the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.

Evidence generation

Present (The educational outcomes statement document)

1.3.2. The medical college must ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives

Annotations:

Appropriate student conduct would presuppose a written code of conduct.

Evidence generation

Present

Ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives.

It must be mentioned in the outcome document that the medical ethics and professional behavior is an important part of the academic institution (These include the ability to demonstrate competencies in appropriate professional behavior and basic knowledge in principle of communication skill medical ethics and legal responsibilities.)

Applied

The academic institution should reflect this outcome into its curriculum through certain teaching units in the curriculum with specified learning objectives, credits instructional methods for learning and its assessment (module, large group teaching, interactive sessions etc.)

1.3.3. The medical college must make the intended educational outcomes publicly known.**Evidence generation****Present**

The educational outcomes statement document show participation of different stockholder in developing the statement of mission and outcomes

Applied

Questioner and survey (faculty, graduates, health sector workers) Direct interview. (Faculty, students, graduates, health sector workers, mentioned in website of college and poster in hospitals and different others areas

Quality development standards: The medical college should

1.3.4. specify and co-ordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training.

1.3.5. specify intended outcomes of student engagement in medical research.

1.3.6. draw attention to global health related intended outcomes.

1.3.4. The medical college should Specify and co-ordinate the linkage of acquired outcomes by graduation with acquired outcomes in postgraduate training.

Evidence generation

Present

statement of Mission and Outcomes that contain the method show how the college teach and trained undergraduate student to ensure matching with main task that the internship junior graduate responsible for in postgraduate training programs

Applied Questioner and survey (curriculum committee, faculty, students, graduates, health sector workers) Direct interview. (Curriculum committee, Faculty, students, graduates, health sector workers)

1.3.5. The medical college should Specify intended outcomes of student engagement in medical research.

Evidence generation

Present

The educational outcomes statement document show under graduate list of medical research in curriculum and week syllabus

Applied

Questioner and survey (curriculum committee, faculty, students, graduates)

1.3.6. The medical college should Draw attention to global health related intended outcomes.

Evidence generation

Present

statement of Mission and Outcomes that contain the method show

1.4 PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES

Basic standard: The medical college must

1.4.1. ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes.

1.4.1. The medical college must ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes.

Annotations:

[Principal stakeholders would include the dean, the faculty council, the curriculum committee, representatives of staff and students, the university leadership and administration, relevant governmental authorities and regulatory bodies.]

Evidence generation

Present :

The mission and outcomes official administrative orders show participation of the Principal stakeholders(the dean, the faculty council, the curriculum committee, representatives of staff and students, the university leadership and administration, relevant governmental authorities and regulatory bodies

Applied

Questionnaire and survey and direct interviews with all above stakeholders

Quality development standard:

The medical college should

1.4.2. ensure that the formulation of its mission and intended educational outcomes is based also on input from other stakeholders.

1.4.2. The medical college should ensure that the formulation of its mission and intended educational outcomes is based also on input from other stakeholders.

Annotations:

[Other stakeholders would include representatives of other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organizations). Other stakeholders would also include other representatives of academic and administrative staff, education and health care authorities, professional organizations, medical scientific societies and postgraduate medical educators]

Evidence generation

Present

The mission and outcomes official administrative orders show Other stakeholders include representatives of other health professions, patients, the community and public ,also include other representatives of academic and administrative staff, education and health care authorities, professional organizations, medical scientific societies and postgraduate medical educators.

Applied

Questioner and survey and direct interviews with all above stakeholders .

Area -2-
EDUCATIONAL PROGRAM

EDUCATIONAL PROGRAM

Prepared by:
Prof. Yusra AR. Mahmood

2.1 FRAMEWORK OF THE PROGRAM

Basic standards: The medical college must

2.1.1. define the overall curriculum.

2.1.2. use a curriculum and instructional/learning methods that stimulate, prepare and support students to take responsibility for their learning process.

2.1.3. ensure that the curriculum is delivered in accordance with principles of equality.

Basic standards:

2.1.1. The medical college must define the overall curriculum.

Annotation:

[Overall curriculum in this document refers to the specification of the educational program, including a statement of the intended educational outcomes the content/syllabus , learning experiences and processes of the program. The curriculum should set out what knowledge, skills, and attitudes the student will achieve. Also, the curriculum would include a description of the planned instructional and learning methods and assessment methods . Curriculum description would sometimes include models based on disciplines, organ systems, clinical problems/tasks or disease patterns as well as models based on modular or spiral design. The curriculum would be based on contemporary learning principles.]

Evidences generation:

A written curriculum which must fulfill the following points :

- a statement of the intended educational outcomes (refer to statements of knowledge, skills and attitude that students demonstrate at the end of a period of learning),
- the content/syllabus (describe the content, extent and sequencing of courses and other curricular elements),
- learning experiences and processes of the program.
- the curriculum would include a description of the planned instructional and learning methods and assessment methods (define, state the principles, methods and practices used for assessment of its students,).
- Curriculum description would sometimes include models based on disciplines, organ systems, clinical problems/tasks or disease patterns as well as models based on modular or spiral design.
- The curriculum would be based on contemporary learning principles.

2.1.2. The medical college must use a curriculum and instructional/learning methods that stimulate, prepare and support students to take responsibility for their learning process.

Annotation

[Instructional/ learning methods would encompass lectures, small-group teaching, problem-based or case-based learning, peer assisted learning, practical, laboratory exercises, bed-side teaching, clinical demonstrations, clinical skills laboratory training, field exercises in the community and web-based instruction.]

Evidences generation :

Note: The more the curriculum depends on the students as center of learning and away from didactic lecture, the more they will take responsibility for their learning process i.e. be active and participate in the learning process.

Present:

- ❖ Documents showing the types of instructional/ learning methods : interactive lectures which stimulate critical thinking , small group discussion, problem-based or case-based learning, peer assisted learning, practical , laboratory exercises, bed-side teaching, clinical demonstrations, clinical skills laboratory training, field exercises in the community and web-based instruction.

Applied:

- ❖ Time tables or any documents prove that the mentioned instructional / learning methods are applied to the ground.

Effective:

Effectiveness of the instructional / learning methods is proved by :

- ❖ questionnaire or interviewing the students.
- ❖ Estimate the effectiveness of implementation by direct inspection or field inspection by the college's committee or the visiting team (site visit observation of application)

2.1.3. The medical college must ensure that the curriculum is delivered in accordance with principles of equality.

Annotation:

[Principles of equality mean equal treatment of staff and students irrespective of gender, ethnicity, religion, socio-economic status, and taking into account physical capabilities.]

Evidences generation :

Note: To achieve such standard ;The college should draft policy declaring that : the admission policy is central and it depends on the students' grade , The college takes into account the policy of equality and non- discrimination among students in terms of gender , ethnicity , religion or socioeconomic status , and ensuring all students regardless of their profile, have equal access to the same resources and facilities and ensuring students feel safe, giving students equal chances of success, like wise achieving equality among the staff in regards treatment , privileges, right and duties in delivering the curriculum..

Present :

- ❖ a written policy about non-discrimination which should be approved by college's council.

Applied :

- ❖ issuing administrative orders ,
- ❖ Minutes of departments' meetings that indicate the application of these instructions

effective:

- ❖ feedback from students , graduates , academic staff and non-academic staff (namely registration division) by questionnaire or interview.

Quality development standard:

2.1.4. The medical college should ensure that the curriculum prepares the students for life-long learning.(LLL)

Evidences generation :

Note: Lifelong learning is achieved; mainly, by student directed type of learning. The required documents are :

Present

- ❖ verification of types of learning that enhance (LLL); e.g. :
 - small group learning,
 - medical student's self – assessment of learning needs ,
 - identification , analysis and synthesis of relevant information.
 - conducting dissertation,
 - clinical problem solving ,
 - peer assisted learning,
 - appraisal of articles...etc.

Applied and effective :

- ❖ How curriculum prepare students to (LLL), how the syllabus is applied ;by didactic methods or another methods of learning.
- ❖ Documents showing the Learning/instructional methods used to deliver the curriculum.
[small group learning , conducting dissertation, clinical problem solving , peer assisted learning, appraisal of articlesetc.]
- ❖ The teaching schedule which should indicate the protective time available to the students for the purpose of achieving (LLL).
- ❖ Check up in the time table for sufficiency of time used for self-directed learning.
- ❖ Documents showing the time recorded by (IT)about the activities of students online.... or any other methods suitable for the college.

2.2 SCIENTIFIC METHOD

Basic standards: The medical college must

2.2.1. throughout the curriculum teach

2.2.1.1. the principles of scientific method, including analytical and critical thinking.

2.2.1.2. medical research methods.

2.2.1.3. evidence-based medicine.(EBM)

Annotation:

[To teach the principles of scientific method, medical research methods and evidence-based medicine requires scientific competencies of teachers. This training would be a compulsory part of the curriculum and would include that medical students conduct or participate in minor research projects.]

2.2.1.1. The medical college must throughout the curriculum teach the principles of scientific method, including analytical and critical thinking.

Evidences generation :

Present :

- ❖ the syllabus and time table of teaching the scientific methods; which must be compulsory part of the curriculum.
- ❖ The syllabus must demonstrate lectures about the concept of critical and analytic thinking.

Applied :

- ❖ The college must discuss how analytic and critical thinking are achieved in the learning process. (note: it is achieved by for e.g. practical / clinical problem solving , small group learning, concept map, appraisal of researches, ... etc.) .

- ❖ The schedule showing lectures or lessons about the concept of critical thinking

effective :

- ❖ Interview and/or questionnaire to students , academic staff.

2.2.1.2. The medical college must throughout the curriculum teach medical research methods.**Evidences generation :****Present :**

- ❖ syllabus of teaching researches' methods [theory and practical].
- ❖ Learning objectives.

Applied

- ❖ Samples of the simple researches which are conducted by students .
- ❖ mechanism for following up and supervising the researches.

Effective :

- ❖ feedback by Interview and/or questionnaire to students , academic staff.
- ❖ Documents showing methods for evaluating these researches and calculating their scores.

2.2.1.3. The medical college must throughout the curriculum teach evidence-based medicine(EBM) .**Annotation:**

[Evidence-based medicine means medicine founded on documentation, trials and accepted scientific results.]

Evidences generation :

Present:

- ❖ syllabus of teaching (EBM) .

Applied :

- ❖ how EBM is incorporated in the syllabus? This is achieved by verifying the learning objectives of some of the subjects where (EBM) is applied.

Effective :

- ❖ feedback by Interview and/or questionnaire to students , academic staff.

Quality development standard:**2.2.2. The medical college should in the curriculum include elements of original or advanced research.****Annotation:**

[Elements of original or advanced research would include obligatory or elective analytic and experimental studies, thereby fostering the ability to participate in the scientific development of medicine as professionals and colleagues.]

Evidences generation :

As part of curriculum ; it should include:

- ❖ Advanced researches which are published as original articles ;
- ❖ or advanced researches which carry with it experimental work and scientific analysis,
- ❖ or advanced researches which enhance the students' ability to contribute to the development of medicine.

2.3 BASIC BIOMEDICAL SCIENCES [BBS]

Basic standards: The medical college must

2.3.1. in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of

2.3.1.1. scientific knowledge fundamental to acquiring and applying clinical science.

Annotation:

[The basic biomedical sciences would - depending on local needs, interests and traditions include anatomy, biochemistry, biophysics, cell biology, genetics, immunology, microbiology (including bacteriology, parasitology and virology), molecular biology, pathology, pharmacology and physiology.]

2.3.1.1. The medical college must in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of scientific knowledge fundamental to acquiring and applying clinical science.

Evidence generation :

Note: In the subject-based curriculum ; the (BBS) must be delivered in applied form i.e. incorporate the BBS into clinical sciences. While in the integrated type of curriculum; it is a foregone conclusion, this standard is achieved through the vertical integration.

Present :

- ❖ list of the (BBS)which are delivered in the curriculum and are incorporated with the clinical sciences.
- ❖ syllabus of (BBS), theory part ;to demonstrate the incorporation with the clinical sciences.

Applied :

- ❖ learning objectives of the (BBS) lectures or any other learning methods; which give an idea that the (BBS) are given mostly in an applied mode .

Effective :

- ❖ feedback by Interview and /or questionnaire to students , academic staff.
- ❖ Any type of assessment methods to verify the incorporation aspect between (BBS) and clinical sciences.

2.3.1.2. The medical college must in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of concepts and methods fundamental to acquiring and applying clinical science.

Evidence generation :**Present :**

- ❖ syllabus of (BBS), the practical lessons.
- ❖ learning objectives of the practical lessons.

Applied:

- ❖ documents showing how these lessons create understanding of concept fundamental to acquire and apply clinical sciences.(i.e. Explain in few sentences how BBS help students to understand and apply clinical sciences through your curriculum)

Effective :

- ❖ feedback by Interview and /or questionnaire to students , academic staff.

- ❖ OSPE sheets or any other type of assessment methods to verify the incorporation aspect between BBS and clinical sciences.

Quality development standards: The medical college should:
2.3.2. in the curriculum adjust and modify the contributions of the biomedical sciences to the:

2.3.2.1. scientific, technological and clinical developments.

2.3.2.1. The medical college should in the curriculum adjust and modify the contributions of the biomedical sciences to the scientific, technological and clinical developments.

Evidences generation :

Present :

- ❖ First of all the college/ department / curriculum committee should determine the scientific , technology , clinical development on the bases of which the (BBS) were modified.

Applied :

- ❖ Documents required are minutes of meetings showing the modification of the curriculum in light of developments in science and technology.
- ❖ Learning objectives of these changes .

Effective:

- ❖ feedback by Interview and /or questionnaire to students , academic staff, stakeholders.

e.g. of scientific development : new disease / syndrome , genetic aspects of diseases, immunological aspect of diseases.....**etc.**

e.g. of technology development: new medical devices used for diagnosis or investigation. Or modern methods of doing certain analyses to detect diseases.....*etc.*

e.g. of clinical development: new clinical approach, new guideline, a modern way in surgical procedures....*etc.*

2.3.2.2. The medical college should: in the curriculum adjust and modify the contributions of the biomedical sciences to the: current and anticipated needs of the society and the health care system.

Evidences generation :

Present :

- ❖ First of all the college/ department / curriculum committee should determine the needs of the society and the health sector through meeting with representatives from both parties , and the curriculum is then modified in light of these needs.

Applied :

- ❖ Document required is/ are minute/s of the meeting show that the curriculum has been modified in light of these needs of society and health system.
- ❖ Learning objectives of the subjects which underwent these changes .
- ❖ whether it is applied; is verified by checking the concerned teaching schedule/s and syllabus

effective:

- ❖ feedback by Interview and /or questionnaire to academic staff, health alliance, other stakeholders.

2.4 BEHAVIOURAL AND SOCIAL SCIENCES, MEDICAL ETHICS AND JURISPRUDENCE

Basic standards: The medical college must :

2.4.1. in the curriculum identifies and incorporates the contributions of the:

- 2.4.1.1. behavioral sciences.
- 2.4.1.2. social sciences.
- 2.4.1.3. medical ethics.
- 2.4.1.4. medical jurisprudence.

Annotation:

[behavioral and social sciences include: biostatistics, community medicine, epidemiology, global health, hygiene, medical anthropology, medical psychology, medical sociology, public health and social medicine.]

2.4.1.1. The medical college must in the curriculum identifies and incorporates the contributions of the behavioral sciences.

Evidences generation :

Present:

- ❖ Syllabus of behavioral sciences with its learning objectives.

Applied:

- ❖ Schedules of teaching such subjects with sample of lectures.
- ❖ Learning objectives of these lectures.

Effective:

- ❖ feedback by Interview and /or questionnaire to students , academic staff.

2.4.1.2. The medical college must in the curriculum identifies and incorporates the contributions of the social sciences.

Evidences generation :

Present:

- ❖ Syllabus of the social sciences with its learning objectives.

Applied:

- ❖ Schedules of teaching such subjects with sample of lectures.
- ❖ Learning objectives of these lectures.

Effective:

- ❖ feedback by Interview and /or questionnaire to students , academic staff.

2.4.1.3. The medical college must in the curriculum identifies and incorporates the contributions of the medical ethics.

Annotation:

[Medical ethics deals with values, rights and responsibilities related to physician behavior and decision making]

Evidences generation :

Present:

- ❖ Syllabus of the medical ethics with its learning objectives.

Applied :

- ❖ Schedules of teaching such subject with sample of lectures.

Effective:

- ❖ feedback by Interview and /or questionnaire to students (the ended stages) , graduates , academic staff, other stakeholders.

2.4.1.4. The medical college must in the curriculum identifies and incorporates the contributions of the medical jurisprudence.**Annotation:**

[Medical jurisprudence deals with the laws and other regulations of the health care delivery system, including the regulations of production and use of pharmaceuticals and medical technologies (devices, instruments, etc.).]

Evidences generation :**Present:**

- ❖ Syllabus of medical jurisprudence with their learning objectives.

Applied :

- ❖ Schedules of teaching such subjects with sample of lectures.

Effective:

- ❖ feedback by Interview and /or questionnaire to students (the ended stages), graduates , academic staff, other stakeholders.

Quality development standards: The medical college should 2.4.2. in the curriculum adjust and modify the contributions of the behavioral and social sciences as well as medical ethics and medical jurisprudence to:

- 2.4.2.1. scientific, technological and clinical developments.**
- 2.4.2.2. current and anticipated needs of the society and the health care system.**
- 2.4.2.3. changing demographic and cultural contexts.**

Annotation :

[The behavioral and social sciences, medical ethics and medical jurisprudence would provide the knowledge, concepts, methods, skills and attitudes necessary for understanding socio-economic, demographic and cultural determinants of causes, distribution and consequences of health problems as well as knowledge about the national health care system and patients' rights. This would enable analysis of health needs of the community and society, effective communication, clinical decision making and ethical practices.]

Evidences generation ; for (2.4.2.1., 2.4.2.2., 2.4.2.3.) :

Present :

- ❖ The latest developments in sciences, technology and / or clinical aspects should be specified in meetings' minutes.
- ❖ the society and health system's needs should be specified in meetings' minutes.
- ❖ the demographic changes (e.g. size , composition, and distribution of population) or cultural contexts should be specified in meetings' minutes.

Applied :

- ❖ Meeting minutes which indicate modification in the syllabus of behavioral, social, sciences, ethics and jurisprudence according to :
 - the latest development in sciences, technology and / or clinical aspects.
 - Health needs
 - Society needs.
 - Demographic changes.
 - Changing in cultural context.

Effective:

- ❖ feedback by Interview and /or questionnaire to students , academic staff, principal and other stakeholders.

2.5 CLINICAL SCIENCES AND SKILLS

Basic standards: The medical college must

2.5.1 in the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students:

2.5.1.1. acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation.

2.5.1.2. spend a reasonable part of the program in planned contact with patients in relevant clinical settings.

2.5.1.3. experience health promotion and preventive medicine.

2.5.2. specify the amount of time spent in training in major clinical disciplines.

2.5.3. organize clinical training with appropriate attention to patient safety.

2.5.1.1. The medical college must in the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation.

Annotations:

[Clinical skills include history taking, physical examination, communication skills, procedures and investigations, emergency practices, and prescription and treatment practices.]

[Professional skills would include patient management skills, team-work/team leadership skills and inter-professional training.]
[Appropriate clinical responsibility would include activities related to health promotion, disease prevention and patient care.]

Evidences generation :**Present :**

- ❖ teaching schedule for various lessons in clinical sciences.
- ❖ Learning objectives of various theoretical lessons in clinical sciences.
- ❖ Learning objectives of various practical lessons in clinical sciences which demonstrate acquisition of clinical skills and professional skills.
- ❖ Learning objectives of various practical lessons in clinical sciences which demonstrate acquisition of professional skills.
- ❖ Learning objectives demonstrate activities related to health promotion, disease prevention and patient care.

Applied :

- ❖ A Schedule of training in various clinical sciences in the hospital departments/ units as well as PHCCs to clarify training in health promotion and preventive medicine.
- ❖ Log book for the clinical training in each subject; which should include training on clinical skills , acquisition of professional skills , health promotion and disease prevention.

Effective:

- ❖ Document showing application of the training schedule in an effective manner with a mechanism to follow up and implement the specified schedule.

- ❖ asking/ interviewing the students, Health staff , about the effectiveness of each element.
- ❖ Sample of OSCE or other type of exam which must show the achievement of professional skills as for e.g. scenario or a role - play between nurse and the student then observe how does he deal with the situation ?

2.5.1.2. The medical college must in the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students spend a reasonable part of the program in planned contact with patients in relevant clinical settings.

Annotations:

[A reasonable part would mean about one third of the program.]

[Planned contact with patients would imply consideration of purpose and frequency sufficient to put their learning into context.]

Evidences generation :

Present :

- ❖ Documents showing number of hours/ units of each of the clinical training. Its summation should make 1/3 of the total program.

Applied :

The clinical settings must be well planned and relevant.

- ❖ Document showing the settings of the clinical training in hospitals, PHCCs , other centers.
- ❖ Schedules of the clinical training . they must be a well-planned training schedule with clear learning objectives.
- ❖ Documents showing attendance of students in theses settings.

Effective :

- ❖ it is verified by asking/ interviewing the students.

2.5.1.3. The medical college must in the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students experience health promotion and preventive medicine.

Evidences generation :

Present :

- ❖ Schedule for training in health promotion and health prevention. In community medicine and other clinical disciplines .
- ❖ Learning objectives of health promotion and health prevention subjects.

Applied :

- ❖ Log book or schedule showing the training in the field of health promotion and health prevention.
- ❖ Training schedule in PHCCs or public health department in the health governorate.

Effective :

- ❖ it is verified by asking/ interviewing the students.

2.5.2. The medical college must specify the amount of time spent in training in major clinical disciplines.

Annotations:

[Time spent in training includes clinical rotations and clerkships, i.e. 4th, 5th, and 6th year grade]

[Major clinical disciplines would include internal medicine (with subspecialties), surgery (with subspecialties), psychiatry, general

practice / family medicine, gynecology & obstetrics and pediatrics.]

Evidences generation :

Present :

- ❖ Schedule demonstrating the number of hours / units allocated for each major discipline.

[Note: training in major clinical disciplines must cover at least one third of the program.]

Applied

- ❖ Verification of application according to schedules in the specified hrs. and the settings of training in hosp. or PHCCs.

Effectiveness :

- ❖ it is verified by asking/ interviewing the students.(representing sample of students from each grade)

2.5.4. The medical college must organize clinical training with appropriate attention to patient safety.

Annotations :

[Patient safety would require supervision of clinical activities conducted by students.]

Evidences generation :

Note: Patient safety aims to prevent and reduce risks, errors and harm that occur to patients during provision of health care. It includes wide range of methods starting simply with, hand hygiene / wearing clothes , mask, maintain confidentiality of information, privacy during examination, drug dispensaries , training under supervision ,to more complicated issue.

Present :

- ❖ The documents required are lectures' notes and /or the syllabus of the clinical sessions which must demonstrate objectives about patients' safety.

Applied:

- ❖ Learning objectives to clarify that students apply methods that achieve patient safety during clinical training.
- ❖ Interview with patients , health staff to verify application of these maneuvers.
- ❖ Log book to demonstrate the training of students on patient safety methods.

effective:

This is verified by :

- ❖ asking the student whether they actually apply certain methods to maintain patient safety.
- ❖ Observation during clinical training.
- ❖ OSCE stations .

Quality development standards: The medical college should

2.5.4. in the curriculum adjust and modify the contributions of the clinical sciences to the

2.5.4.1. scientific, technological and clinical developments.

2.5.4.2. current and anticipated needs of the society and the health care system.

2.5.5. ensure that every student has early patient contact gradually including participation in patient care.

2.5.6. structure the different components of clinical skills training according to the stage of the study program.

2.5.4.1 The medical college should in the curriculum adjust and modify the contributions of the clinical sciences to the scientific, technological and clinical developments.

Evidences generation :

- ❖ The latest developments in sciences, technology (advanced skill lab, simulator, plastinated cadaver)and / or clinical aspects should be specified in meetings' minutes.
- ❖ Meeting minutes which indicate modification in the syllabus of clinical sciences in response to the latest development mentioned previously.
- ❖ Asking / interviewing members of (CC) , scientific department , hosp. staff .

2.5.4.2. The medical college should in the curriculum adjust and modify the contributions of the clinical sciences to the current and anticipated needs of the society and the health care system.

Evidences generation :

- ❖ the society and health system's needs should be specified in meetings' minutes.
- ❖ Meeting minutes which indicate modification in the syllabus of clinical sciences in response to: Health needs and Society needs.
- ❖ The effectiveness is verified by asking / interviewing members of (CC) , scientific department , health staff in PHCCs.

2.5.5. The medical college should ensure that every student has early patient contact gradually including participation in patient care.

Annotations :

[Early patient contact would partly take place in primary care settings and would primarily include history taking, physical examination and communication.]

[Participation in patient care would include responsibility under supervision for parts of investigations and/or treatment to patients, which could take place in relevant community settings.]

Evidences generation :

Present :

- ❖ Curriculum map i.e. Schedule showing the clinical training which may be started as early as 1st. grade partly in PHCCs.
- ❖ Syllabus of early training which should demonstrate learning objectives about: history taking, physical examination and communication skills, suggesting investigations and / or treatment.

Applied :

- ❖ Well scheduled relevant settings in the PHCCs or community settings.
- ❖ The settings supervised by the responsible seniors should be well known to students as well as for those involved in this issue.
- ❖ List of students' attendance to the sessions.

Effective:

- ❖ Interview or/ and asking students about the benefit as well as about the adherence to the stated schedule and objectives.

2.5.6. The medical college should structure the different components of clinical skills training according to the stage of the study program .

Evidences generation :

Present :

- ❖ The college should first determine a list of clinical skills that the student must learn during the study period; or copy of syllabus demonstrating such skills.
- ❖ documents demonstrate the distribution of these skills over the study years in an organized manner that match the objectives/ outcome of that year.

Applied :

- ❖ Log book : demonstrate such skills.
- ❖ Attendance in the clinical settings or skill lab.

Effective :

- ❖ OSCE or other mode of assessment that used to assess these skills.
- ❖ Interview / questionnaire to students.

2.6 PROGRAMME STRUCTURE, COMPOSITION AND DURATION

Basic standard:

2.6.1. The medical college must describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioral and social and clinical subjects.

Evidences generation :

Present :

- ❖ Documents as : Curriculum map or Schedule of the curriculum elements /courses / modules that demonstrate the coordination between these 4 subjects: BBS, behavioral and social, and clinical subjects regarding sequences and extent of each element/course/module.
- ❖ A document that describe how these 4 sciences are coordinated with one another ; their contents and sequences .

Applied :

- ❖ Minutes of the CC meetings in which it is explained how the curriculum is designed in a sequential and constructive manner that ensures consistency between the four subjects [BBS, behavioral and social, and clinical subjects]
- ❖ Learning objectives that manifest such coordination, for both theoretical and practical lessons.

Effective:

- ❖ Samples of OSCE station , written questions.
- ❖ Interview / questionnaire the students and graduates.

Quality development standards:**The medical college should in the curriculum**

2.6.2. ensure horizontal integration of associated sciences, disciplines and subjects.

2.6.3. ensure vertical integration of the clinical sciences with the basic biomedical and the behavioral and social sciences.

2.6.4. allow optional (elective) content and define the balance between the core and optional content as part of the educational program.

2.6.5. describe the interface with complementary medicine.

2.6.2 The medical college should in the curriculum ensure horizontal integration of associated sciences, disciplines and subjects.

Annotation:

[Examples of horizontal (concurrent) integration would be integrating basic sciences such as anatomy, biochemistry and physiology or integrating disciplines of medicine and surgery such as medical and surgical gastroenterology or nephrology and urology.]

Evidences generation :

Present

- ❖ Documents as : Curriculum map or Schedule to clarify the horizontal integration with in the same year.

Applied and effectiveness :

- ❖ Learning objectives of the disciplines / modules....etc. for both theoretical and practical lessons.

2.6.3. The medical college should in the curriculum ensure vertical integration of the clinical sciences with the basic biomedical and the behavioral and social sciences.

Annotations:

[Examples of vertical (sequential) integration would be integrating metabolic disorders and biochemistry or cardiology and cardio-vascular physiology.]

Evidences generation :**Present**

- ❖ Documents as : Curriculum map or Schedule to clarify the vertical integration between BBS, clinical sciences, behavioral and social sciences ; for both theoretical and practical lessons.
- ❖ Documents that describe how these 4 sciences are integrated with each other.

Applied and effectiveness :

- ❖ Learning objectives of the disciplines / modules....etc., which clarify the vertical integration between these sciences; for both theoretical and practical lessons.

2.6.4. The medical college should in the curriculum allow optional (elective) content and define the balance between the core and optional content as part of the educational program.**Annotations:**

[Core and optional (elective) content refers to a curriculum model with a combination of compulsory elements and electives or special options.]

Evidences generation :**Present:**

- ❖ A document proving the presence of the optional (elective) subjects with in the curriculum. The elective subjects should be well defined , well supervised and organized to ensure the balance between the core and the optional contents.
- ❖ Curriculum map which demonstrate the balance between the core and the optional contents..

Applied and effectiveness:

- ❖ Syllabus of elective subjects.

- ❖ Learning objectives of the elective subjects .
- ❖ Document approving assessment of the elective subjects.
- ❖ Documents proving attendance of students to the elective subjects.

2.6.5. The medical college should in the curriculum describe the interface with complementary medicine.

Annotations:

[Complementary medicine would include traditional or alternative practices.]

Evidences generation :

Present

- ❖ lectures about complementary medicine
- ❖ document describe the interface of complementary medicine with other discipline like (pharmacology , internal medicine , surgery, pediatrics, Gyn.&obs.).

Applied

- ❖ Learning objectives concerning complementary medicine .
- ❖ Most of department should be involved in this type of medicine ; so the syllabus of each department is required to verify application of complementary medicine.

effective

- ❖ Interview / questionnaire to students / instructors .

2.7 PROGRAMME MANAGEMENT

Basic standards: The medical college **must**

2.7.1. have a curriculum committee, which under the governance of the academic leadership (the dean) has the

responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes.

2.7.2. in its curriculum committee ensures representation of staff and students.

2.7.1. The medical college must have a curriculum committee, which under the governance of the academic leadership (the dean) has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes.

Annotation:

[The authority of the curriculum committee would include authority over specific departmental and subject interests, and the control of the curriculum within existing rules and regulations as defined by the governance structure of the institution and governmental authorities. The curriculum committee would allocate the granted resources for planning and implementing methods of teaching and learning, assessment of students and course evaluation.]

Evidences generation :

Present:

- ❖ An official order to form the curriculum committee (CC).
- ❖ Documents of job description and authority of the (CC).

Applied :

- ❖ Meeting minutes showing the recommendations and plan of actions [POA] concerning curriculum.

Effective:

- ❖ Documents showing the impact of meeting minutes (recommendation) i.e. implementation of the (POA).

- ❖ Documents showing allocation of the granted resources to planning and implementing methods of teaching and learning methods.
- ❖ The Curriculum Committee addresses to the Dean, in which it requests to take advantage of the resources granted for the development of the educational process or the educational system, for example: assigning teaching staff, developing classrooms or laboratories, or developing the method of examinations.

2.7.2. The medical college must in its curriculum committee ensures representation of staff and students.

Evidences generation :

Present

- ❖ The administrative order to form the (CC) which must include representatives from students and staff.

Applied and effective:

- ❖ Interview / questionnaire to students and staff .

Quality development standards: The medical college should

2.7.3. through its curriculum committee plan and implement innovations in the curriculum.

2.7.4. in its curriculum committee include representatives of other stakeholders.

2.7.3. The medical college should through its curriculum committee plan and implement innovations in the curriculum.

Evidences generation :

Note : e.g. of innovations in the curriculum : Incorporation of educational technology – Successful application of computers , smart phones, social media, simulations, virtual environments and other educational technology tool to enhance the learning, faculty peer evaluation.

Present:

- ❖ Discuss in a document the innovative part of the curriculum
- ❖ Workshop to discuss this innovation

Apply :

- ❖ Planning and preparing to apply innovation in curriculum.

Effective:

- ❖ implementation of the innovated curriculum
- ❖ students' and faculty feedback through interview or questionnaire.

2.7.4. . The medical college should in its curriculum committee include representatives of other stakeholders.**Annotation:**

[other stakeholders include : [other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organizations). Other stakeholders would also include other representatives of academic and administrative staff, education and health care authorities, professional organizations, medical scientific societies and postgraduate medical educators.]

Evidences generation :**Present:**

- ❖ The administrative order to form the (CC)which must include representatives from other stakeholders .

Applied and effective:

- ❖ Interview / questionnaire to students and staff .
- ❖ Participation in activities which concerning curriculum development.

2.8 LINKAGE WITH MEDICAL PRACTICE AND THE HEALTH SECTOR

Basic standard: The medical college must

2.8.1 ensure operational linkage between the educational program and the subsequent stages of education or practice after graduation.

2.8.1 The medical college must ensure operational linkage between the educational program and the subsequent stages of education or practice after graduation.

Annotation:

[The operational linkage implies identifying health problems and defining required educational outcomes. This requires clear definition and description of the elements of the educational programs and their interrelations in the various stages of training and practice, paying attention to the local, national, regional and global context. It would include mutual feedback to and from the health sector and participation of teachers and students in activities of the health team. Operational linkage also implies constructive dialogue with potential employers of the graduates as basis for career guidance.]

[Subsequent stages of education would include postgraduate medical education (preregistration education, vocational /

professional education and specialist / subspecialist or expert education, and continuing professional development (CPD) / continuing medical education (CME).]

*[* Note: CPD includes all activities that doctors undertake, formally and informally, to maintain, update, develop and enhance their knowledge, skills and attitudes in response to the needs of their patients].*

Evidences generation :

Note: The relation between the medical college and health institutes (e.g. teaching hospitals, PHCCs, other specialized centers...etc.) must be solid and sustainable. That is why the health sectors must be represented in the CC , or sharing the college in formulation of its mission and objectives and so on.

Present :

- ❖ Letter of agreement between the college and the health institutes. It must include details of aspects of cooperation between the two sides, exchange of experiences, participation in scientific activities by both sides .
- ❖ Constructive dialogue as basis for career guidance for the future graduates. During the regular meetings the health problems must be discussed ,and the required educational outcomes must be defined. The constructive dialogue must be extended to involve the postgraduate stages. This is verified by presence of formal invitations to the meetings, mentioning the topics of discussion and the attendees. This constructive dialogue can be achieved through the Board of teaching hospitals management.
- ❖ The health institute must be informed about the elements of training and practice in various stages of the educational

program. This is achieved by formal documents, leaflet / schedules distributed in the health institutes.

Applied :

- ❖ Letter of agreement .
- ❖ Meetings' minutes of the constructive dialogue with the recommendations.
- ❖ The field visit to the hospital in order to verify the implementation of the recommendations approved at the meetings.

Effective :

- ❖ Documents showing the mutual feedback to and from the health sector. The feedback must be analyzed an action must be planned and then implemented.
- ❖ Documents showing participation of both sides in the scientific activities of the other. e.g. scientific conferences / meetings, health awareness campaigns , immunization campaigns, CME , CPD*etc.
- ❖ The documents that demonstrate the effectiveness of this linkage are for example: changing the curriculum with changing health needs or competencies' requirements ; at the same time keeping up with health needs at the local , regional and international levels and changing the curriculum based on them.
- ❖ Other examples about the linkage between the health sector and the academic sector:
 - Documents like Ministerial order related to nomination to postgraduate studies (from the Ministry of Health)

- Documents proving that health institutions are informed about the topic of opening up postgraduate studies in certain specialties
- Documents proving the participation of college staff in training postgraduate doctors in teaching hospitals.
- Documents proving participation of the teaching staff in the teaching of postgraduate students (those affiliated to the ministry of health) in the basic biomedical sciences.
- Documents proving that the titles of MSc. and PhD. theses depend on health problems that the Ministry of Health proposes annually.

Quality development standards: The medical college should

2.8.2. ensure that the curriculum committee

2.8.2.1. seeks input from the environment in which graduates will be expected to work, and modifies the program accordingly.

2.8.2.2. considers program modification in response to opinions in the community and society.

2.8.2.1. The medical college should ensure that the curriculum committee seeks input from the environment in which graduates will be expected to work, and modifies the program accordingly.

Evidences generation :

Present :

- ❖ Meetings' minutes of (CC) which clarify the committee's procedures for feedback.
- ❖ Various documents which demonstrate feed-back from the health institution (e.g. of input from environment: team work, patients , health staffetc.)

Applied

- ❖ Analysis of the results and then putting a plan of action.

effective

- ❖ Modification of the program accordingly; documented in the meeting minutes of the (CC) and approved formally .

2.8.2.2 The medical college should ensure that the curriculum committee considers program modification in response to opinions in the community and society.

Evidences generation :

Present :

- ❖ Meetings' minutes of (CC) which clarify the committee's procedures for feedback.
- ❖ Various documents which demonstrate feed-back from the community leaders and society .
استطلاع الرأي العام ، وجهاء المجتمع، شيوخ العشائر ، أعضاء مجالس (المحافظات ، أعضاء من شرائح مختلفة من المجتمع) .

Applied

- ❖ Analysis of the results and then putting a plan of action.

effective

- ❖ Modification of the program accordingly; documented in the meeting minutes of the (CC) and approved formally .

References :

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Area -3-
ASSESSMENT OF STUDENTS

ASSESSMENT OF STUDENTS

Prepared by:

Ass. prof. Dhafer Basheer Al-Youzbaki

3.1 ASSESSMENT METHODS

Basic standards: The medical college must

3.1.1. define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes.

3.1.2. ensure that assessments cover knowledge, skills and attitudes.

3.1.3. use a wide range of assessment methods and formats according to their “assessment utility”.

3.1.4. ensure that methods and results of assessments avoid conflicts of interest.

3.1.5. ensure that assessments are open to scrutiny by external expertise.

3.1.6. use a system of appeal of assessment results.

3.1.1. The medical college must define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes.

Evidences generation :

Present :

define, state and publish (publish "at official or formal web site of the college, Examination Committee and examinations book, Google classroom and in papers etc.") the principles, methods and practices used for assessment of the students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes.

Applied :

Documents demonstrating application of most of the above criteria of the curriculum)

Effective :

Documents (surveys) from a representing samples of medical students , tutors , related stakeholders ; about clear orientation of the above criteria.

3.1.2. The medical college must ensure that assessments cover knowledge, skills and attitudes.

Evidences generation :

Present :

Check for policy of assessment that must cover knowledge, skills and attitudes(KSA).

Use documents including a Blue print or other documents representing assessment of KSA. *(even more theoretical subjects, assessment of skills can be ensured by addressing intellectual skills, attitudes "there are valid questionnaires available on the net")*

Applied:

Documents representing application of the above criteria [KSA] in all departments of the college.

Effective:

Documents demonstrating application of the above criteria for most of subjects in each department of the college.

3.1.3. The medical college must use a wide range of assessment methods and formats according to their “assessment utility”.

(Annotations: assessment methods would include consideration of the balance between formative and summative assessment, the number of examinations and other tests, the balance between different types of examinations (written and oral), the use of normative and criterion-referenced judgments, and the use of personal portfolio and log-books and special types of examinations, e.g. objective structured clinical examinations

(OSCE) and mini-clinical evaluation exercise (MiniCEX). It would also include systems to detect and prevent plagiarism.

“Assessment utility” is a term combining validity, reliability, educational impact, acceptability and efficiency of the assessment methods and formats.)

[Note : The psychometric committee is the one which is responsible for assessment utility.]

Evidences generation :

Present :

Documents indicating the use of a wide range of assessment methods

Applied :

Use of a Blue Print to prove application of the above criteria to most subjects of curriculum.

Effective :

Questionnaire to graduates , undergraduates to verify whether the assessment include wide range of methods.

3.1.4. The medical college must ensure that methods and results of assessments avoid conflicts of interest.

Evidences generation :

Present :

Documents for instructions to exclude conflict of interest (e.g. social, economic, ... *etc.*). Moreover , there are methods of examinations that reduce the incidence of conflict of interest like for example: using of question bank for theory , OSCE, OSLER and other forms of exam.

Applied

Presence of documents to ensure application of the above criteria in all departments or all equivalent units of the college.

Effective

Surveys for both faculty members and students ensuring effective application of the above criteria (satisfaction questionnaire)

3.1.5. The medical college must ensure that assessments are open to scrutiny by external expertise.

Evidences generation :

Present There are documents confirm that the college had a policy that their assessment methods and processes are open to inspection by external expertise. This external expertise could be from the university or other university, ministry or from outside the country.

Applied Documents ensuring application of the above criteria to all types of exam and in organized periodic manner.

Effective Documents indicating a change or action to be taken after application of the above criteria.

3.1.6. The medical college must use a system of appeal of assessment results.

Evidences generation :

Present

Documents indicating that there is a system of appeal (specific regulation and instructions whether ministerial or university) through a specific committee

Applied

Documents ensuring application of the above criteria to the most types of exam.

Effective

Surveys for student satisfaction after application of the above criteria.

Quality development standards: The medical college should

3.1.7. evaluate and document the reliability and validity of assessment methods.

3.1.8. incorporate new assessment methods where appropriate.

3.1.9. encourage the use of external examiners.

3.1.7. The medical college should evaluate and document the reliability and validity of assessment methods.

(Annotation : evaluate and document the reliability and validity of assessment methods would require an appropriate quality assurance process of assessment practices)..

[note: during the electronic correction which usually use OMAR system ; the validity , reliability , C.I. , ..etc. , are estimated then the examination committee transfer it to the quality assurance assessment committee (QAAC) or to psychometric committee for further management].

Evidences generation :

Present :

evaluate and document the reliability and validity of assessment methods which require an appropriate committee regarding quality assurance process of assessment practices.

Applied

Documents ensuring application of the above criteria to the most types of exam.

Effective

Documents (e.g. meeting minutes of college's council, department , or committee.... etc.) indicating that the college was taking special decisions according to reflection results of evaluation.

3.1.8. The medical college should incorporate new assessment methods where appropriate.

Evidences generation :

Present :

Documents indicating incorporation of new assessment methods ,by for e.g. annual reviewing of the assessment plan .

Applied :

Documents ensuring application of the new assessment methods in more than one area of assessment in light of the annual reviews.

Effective :

Documents ensuring the impact of the new assessment methods e.g. interview students and assessment committee ; to verify their satisfaction about these methods, impact on students' performance, change in graduates' behaviours.

3.1.9. The medical college should encourage the use of external examiners.

(*Annotation : Use of external examiners may increase fairness, quality and transparency of assessments.*)

Evidences generation :

Present :

The college should had a policy which encourage the participation of external examiners from other colleges, other institute (ministry of health), or outside the country

Applied :

Documents ensuring application of the above criteria in continuous periodic manner.

Effective :

Documents ensuring application of the above criteria in most departments of the college.

3.2 RELATION BETWEEN ASSESSMENT AND LEARNING

Basic standards: The medical college must

3.2.1 use assessment principles, methods and practices that

3.2.1.1. are clearly compatible with intended educational outcomes and instructional methods.

3.2.1.2. ensure that the intended educational outcomes are met by the students.

3.2.1.3. promote student learning.

3.2.1.4. provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress.

3.2.1.1. The medical college must use assessment principles, methods and practices that are clearly compatible with intended educational outcomes and instructional methods.

(Annotations: assessment principles, methods and practices " refer to assessment of student achievement and would include assessment in all domains: knowledge, skills and attitude".)

[Notes:

- the general educational outcomes as well as the those for each academic year must be announced and known to students.

- what is meant here is the constructive alignment between the instruction method and the type of assessment]

Evidences generation :

Present : The college must have documents indicating the use of Blueprint (assessment principles, methods and practices that are well matched between educational outcomes and instructional methods and assessment methods i.e. constructive alignment).

Applied : Documents ensuring application of the above criteria in all departments of the college.

Effective : Documents representing feedback survey and analysis about matching between educational outcomes and assessments from the graduates, medical students and academic staff.

Sample of Blueprint

	OSCE	OSLER	MCQ	Log book	Port- folio	Written Exam.	Quiz	Formative
Educational Outcomes								
Instructional Methods								

3.2.1.2. The medical college must use assessment principles, methods and practices that ensure that the intended educational outcomes are met by the students.

Evidences generation :

Present :

Documents showing feedback from students representing coverage of assessment principles, methods and practices for the three main areas of educational outcomes (Scientist "knowledge", Behavior "skills" and Attitudes)

Applied : Documents representing application of the above criteria in all academic departments of the college

Effective : plan of action according to the feedback results; like for example changing or using new assessment methods .

3.2.1.3. The medical college must use assessment principles, methods and practices that promote student learning.

[Note: to promote student learning is by using analytic type of questions.]

Evidences generation :

Present :

Documents representing comparisons of students results of exam before and after application of effective use of assessment principles, methods and practices .

Look for policy of assessment ; does it promote learning like using case problem solving questions , use different levels of questions

according to bloom taxonomy , using blueprint to achieve the 3 principles (knowledge , skill, and attitude)

Applied :

- Documents representing results of tutor surveys about students' performance before and after application of effective using of assessment principles, methods and practices.
- Verify samples of questions.

Effective :

Documents representing results of students surveys about change in students learning after application of effective use of assessment principles, methods and practices .
Or interview the students to verify the policy of assessment.

3.2.1.4. The medical college must use assessment principles, methods and practices that provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress . (*Annotations: Decisions about academic progress would require rules of progression and their relationship to the assessment process*).

Evidences generation :

Present : The college must have both summative and formative assessment.

Applied: The above criteria must be applied to most subjects in the curriculum.

Effective: Documents representing feedback survey from both students and teachers about balance, satisfaction and effectiveness of both formative and summative exam; in guiding learning and academic progress.

Quality development standards: The medical college should

3.2.2. adjust the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning.

3.2.3. ensure timely, specific, constructive and fair feedback to students on basis of assessment results.

3.2.2. The medical college should adjust the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning.

(Annotations: adjust the number and nature of examinations: would include consideration of avoiding negative effects on learning. This would also imply avoiding the need for students to learn and recall excessive amounts of information and curriculum overload)

(Annotations: of curricular elements to encourage both acquisition of the knowledge base and integrated learning would include consideration of using integrated assessment, while ensuring reasonable tests of knowledge of individual disciplines or subject areas).

Evidences generation :

Present : Documents representing results of surveys from students about both negative effects of assessment (number and types of assessment) on learning process and about the overload of the curriculum (i.e. excessive information).

Applied: Application of the above criteria in all stages of students for all subjects.

Effective: Documents representing active decisions to adjust assessments (number and types) and curricular volume after reasonable students surveys.

Quality development standards: The medical college should

3.2.3. The medical college should ensure timely, specific, constructive and fair feedback to students on basis of assessment results.

Evidences generation :

Present : Documents indicating assurance of timely, specific, constructive(helpful) and fair feedback to students on basis of assessment results.

Applied and effective :Documents ensuring application of the above criteria in all departments of the college and all subjects in each department.

Area -4-

PROGRAMME EVALUATION

PROGRAMME EVALUATION

Prepared by:
Ass. Prof. Amal Swidan

4.1 MECHANISMS FOR PROGRAMME MONITORING AND EVALUATION

Basic standards: The medical college must

4.1.1 have a program of routine curriculum monitoring of processes and outcomes.

4.1.2 establish and apply a mechanism for program evaluation that

4.1.2.1 addresses the curriculum and its main components.

4.1.2.2 addresses student progress.

4.1.2.3 identifies and addresses concerns.

4.1.3 ensure that relevant results of evaluation influence the curriculum.

Basic standards:

4.1.1 The medical college must have a program of routine curriculum monitoring of processes and outcomes.

Annotations:

[Program monitoring would imply the routine collection of data about key aspects of the curriculum for the purpose of ensuring that the educational process is on track and for identifying any areas in need of intervention. The collection of data is often part of the administrative procedures in connection with admission of students, assessment and graduation].

Evidence generation

Present, Applied and Effective:

- Official document that describe the mechanism applied by the college to monitor its program. This may be a letter from program evaluation committee or any equivalent committee or unit to the dean or college council. The document must be approved by dean or college council.
- An organizational chart that illustrates committees or units or any equivalent structure(s) involved in the monitoring process.
- Reports from registration unit that document students' attendance of different educational activities in statistical approach (lectures, practical sessions, field visits, primary health care center sessions or visits, clinical sessions....etc.) on monthly basis or otherwise to the body or person(s) in charge. Those in charge may be college council, dean and associated dean for scientific affairs, curriculum committee, or program evaluation committee. These reports must include details about students attendance rates as related to subjects/modules and grades (or even teachers if feasible).
- Reports Examination committee must report, to those in charge, about numbers of students who defer examination and explain causes in a statistical approach. Students pass rates must also be reported as related to marks and subjects. Failure rates must be reported as correlated with non-attendance, with subjects/modules, and with teachers.
- Reports Curriculum committee to those in charge that document monitoring of processes and outcomes. Reports of curriculum committee must be prepared carefully by extracting most relevant points from meeting minutes, staff/student surveys, or any other method related to program monitoring.

- Reports from scientific departments (or modules directors) submitted to those in charge, that document their activities for program monitoring and evaluation. These could be routine meeting minutes or any alternative.

4.1.2.1 The medical college must establish and apply a mechanism for program evaluation that addresses the curriculum and its main components.

4.1.2.2 The medical college must establish and apply a mechanism for program evaluation that addresses student progress.

4.1.2.3 The medical college must establish and apply a mechanism for program evaluation that identifies and addresses concerns.

Annotations

[Program evaluation is the process of systematic gathering of information to judge the effectiveness and adequacy of the institution and its program. It would imply the use of reliable and valid methods of data collection and analysis for the purpose of demonstrating the qualities of the educational program or core aspects of the program in relation to the mission and the curriculum, including the intended educational outcomes. Involvement of external reviewers from other institutions and experts in medical education would further broaden the base of experience for quality improvement of medical education at the institution].

[Main components of the curriculum would include the curriculum model, curriculum structure, composition and duration and the use of core and optional parts].

[Identified concerns would include insufficient fulfillment of intended educational outcomes. It would use measures of and information about educational outcomes, including identified

weaknesses and problems, as feedback for interventions and plans for corrective action, program development and curricular improvements; this requires safe and supporting environment for feedback by teachers and students].

Evidence generation

Present, Applied, Effective:

1. Official document that describe the mechanism applied by the college to evaluate its program. This may be a letter from program evaluation committee or any equivalent committee or unit to the dean or college council. The document must be approved by dean or college council.
2. The curriculum of the college that must be properly (perfectly) written, and that must include a description of the college mechanism for systematic gathering of information that helps the college to judge the effectiveness and adequacy of it and its educational program. The written curriculum must also include its main components like model, structure, composition, the use of core and optional parts, and duration.
3. Examination committee and registration unit joined reports that address student progress. Information for these reports can be obtained from the routine reports for monitoring (which are mentioned above) along with analysis and relevant conclusions.
4. Curriculum committee report that addresses concerns. Concerns are elicited from students and teacher feedback through direct reporting or through surveys, and from plans for corrective actions. Insufficient fulfillment of intended educational outcomes is an important concern that needs

good analysis to reach to points of weaknesses and problems.

4.1.3 The medical college must ensure that relevant results of evaluation influence the curriculum.

[Note: The college must use the results obtained from the above sources in curriculum planning, implementation and development.]

Evidence generation

▪ Present

Curriculum committee or any equivalent committee or unit meetings minutes that have discussed relevant results of evaluation in relation to the curriculum.

▪ Applied

Official letter that shows formulation of plans for corrective actions submitted to dean or college council.

▪ Effective

Official orders that show how they influenced the curriculum through implementation of plans of corrective actions.

Quality development standards: The medical college should

4.1.4. periodically evaluate the program by comprehensively addressing

4.1.4.1. the context of the educational process.

4.1.4.2. the specific components of the curriculum.

4.1.4.3. the long-term acquired outcomes.

4.1.4.4. its social accountability

4.1.4.1 The medical college should periodically evaluate the program by comprehensively addressing the context of the educational process.

4.1.4.2 The medical college should periodically evaluate the program by comprehensively addressing the specific components of the curriculum.

4.1.4.3 The medical college should periodically evaluate the program by comprehensively addressing the long-term acquired outcomes.

4.1.4.4 The medical college should periodically evaluate the program by comprehensively addressing its social accountability.

Annotations:

[The context of the educational process would include the organization and resources as well as the learning environment and culture of the medical college].

[Specific components of the curriculum would include course description, teaching and learning methods, clinical rotations and assessment methods].

[Social accountability would include willingness and ability to respond to the needs of society, of patients and the health and health related sectors and to contribute to the national and international development of medicine by fostering competencies in health care, medical education and medical research. This would be based on the college's own principles and in respect of the autonomy of universities. Social accountability is sometimes used synonymously with social responsibility and social responsiveness. In matters outside its control, the medical college would still demonstrate social accountability through advocacy and by explaining relationships and drawing attention to consequences of the policy].

[Note: Social accountability would include willingness and ability to respond to the needs of society, of patients and the health and health related sectors and to contribute to the national and international development of medicine by fostering competencies in health care, medical education and medical research.]

Evidence generation▪ **Present**

Meeting minutes of curriculum committee and/or program evaluation committee that document the periodic evaluation of the program by addressing the above quality standards.

▪ **Applied and Effective**

Reports of curriculum committee and reports of program evaluation committee that describes the above quality standards. These reports can be constructed from meeting minutes of both committees.

4.2 TEACHER AND STUDENT FEEDBACK**Basic standard:****4.2.1 The medical college must systematically seek, analyze and respond to teacher and student feedback.****Annotation:**

[Feedback would include students' reports and other information about the processes and products of the educational programs. It would also include information about malpractice or inappropriate conduct by teachers or students with or without legal consequences].

4.2.1 The medical college must systematically seek, analyze and respond to teacher and student feedback.**Evidence generation****Present**

1. Students' reports (the college must allow students to report verbally or in a written format about processes and outcomes of educational program and about malpractice).

2. Teachers' reports (about processes and outcomes and about malpractice).
3. Surveys may also provide relevant information about processes and outcomes of educational program (must be prepared carefully and scientifically).

Applied

Survey results analysis as well as student and teacher reports analysis that include discussion of results and relevant recommendations.

Effective

Any relevant document that shows response of the college to student and teacher feedback and/or response to survey results (if present). The document may be a report from curriculum committee, program evaluation committee, or student counseling unit. The document may also be official order by dean or college council about response to be taken by relevant committee or unit.

4.2.2 Quality development standard:**The medical college should use feedback results for program development.**

Annotation: *[Feedback would include students' reports and other information about the processes and products of the educational programs. It would also include information about malpractice or inappropriate conduct by teachers or students with or without legal consequences].*

Evidence generation**Present**

Reports of curriculum/program evaluation committees, or meeting minutes describing the use of FB results (student and teacher reports as well as survey results) for program development.

Applied and Effective

Official order that approve an action related to program development.

4.3 PERFORMANCE OF STUDENTS AND GRADUATES

Basic standards: The medical college must

4.3.1 analyse performance of cohorts of students and graduates in relation to

4.3.1.1. mission and intended educational outcomes.

4.3.1.2. curriculum

4.3.1.3. provision of resources.

Quality development standards: The medical college should

4.3.2. analyse performance of cohorts of students and graduates in relation to student

4.3.2.1. background and conditions.

4.3.2.2. entrance qualifications.

4.3.3. use the analysis of student performance to provide feedback to the committees responsible for

4.3.3.1. student selection.

4.3.3.2. curriculum planning.

4.3.3.3. student counseling.

Basic standards:

4.3.1.1 The medical college must analyse performance of cohorts of students and graduates in relation to mission and intended educational outcomes.

4.3.1.2 analyse performance of cohorts of students and graduates in relation to curriculum.

4.3.1.3 analyse performance of cohorts of students and graduates in relation to provision of resources.

Annotations:

[Measures and analysis of performance of cohorts of students would include information about actual study duration, examination scores, pass and failure rates, success and dropout rates and reasons, student reports about conditions in their courses, as well as time spent by them on areas of special interest, including optional components. It would also include interviews of students frequently repeating courses, and exit interviews with students who leave the program].

[Measures of performance of cohorts of graduates would include information on results at national license examinations, career choice and postgraduate performance, and would, while avoiding the risk of program uniformity, provide a basis for curriculum improvement].

[Student background and conditions would include social, economic and cultural circumstances].

Evidence generation**Present and Applied**

Performance of cohorts of students is available from reports of examination committee and registration unit, and the curriculum /program evaluation committee. The document here will be report(s) from curriculum/program evaluation committees or medical education unit, submitted to dean or college council. Performance of graduates must be obtained from graduates themselves and from health institutions they serve and this must be done by graduate unit. The document here will be report(s) from graduate unit.

Effective

Curriculum committee must analyze performance and correlate it with mission, intended educational outcomes, and provision of resources and report it to dean or college council. The document

must be a report from curriculum committee and a report from graduate unit addressed to dean or college council.

Quality development standards:

4.3.2.1 The medical college should analyze performance of cohorts of students and graduates in relation to student background and conditions.

Evidence generation

All medical students in Iraq are similar in their backgrounds, so documents here maybe skipped.

4.3.2.2 The medical college should analyze performance of cohorts of students and graduates in relation to student entrance qualifications.

Evidence generation

All medical students in Iraq are similar in their entrance qualifications, so documents here maybe skipped.

4.3.3.1 The medical college should use the analysis of student performance to provide feedback to the committees responsible for student selection.

Evidence generation

In Iraq students selection is not a college issue, it is a central process carried by special official body that uses an efficient electronic program, so documents here maybe skipped.

4.3.3.2 The medical college should use the analysis of student performance to provide feedback to the committees responsible for curriculum planning.

Evidence generation

Curriculum committee report(s) and/or meeting minutes showing FB results they receive from relevant committees or units and show how they use it in curriculum planning.

4.3.3.3 The medical college should use the analysis of student performance to provide feedback to the committees responsible for student counseling.

Evidence generation

Students counseling committee report(s) and/or meeting minutes showing FB results they receive from relevant committees or units and show how they use it in student counseling.

4.4 INVOLVEMENT OF STAKEHOLDERS

Basic standard: The medical college must

4.4.1. in its program monitoring and evaluation activities involve its principal stakeholders.

Quality development standards: The medical college should

4.4.2. for other stakeholders

4.4.2.1. allow access to results of course and program evaluation.

4.4.2.2. seek their feedback on the performance of graduates.

4.4.2.3. seek their feedback on the curriculum.

Basic standard:

4.4.1 The medical college must in its program monitoring and evaluation activities involve its principal stakeholders.

Annotation

[Principal stakeholders would include the dean, the faculty council, the curriculum committee, representatives of staff and students, the university leadership and administration, relevant governmental authorities and regulatory bodies].

Evidence generation

This will be documented through all the above reports and meeting minutes, that document the attendance of routine meetings and any other activity by principal stakeholders or equivalent.

Quality development standards:

4.4.2.1 The medical college should for other stakeholders allow access to results of course and program evaluation.

4.4.2.2 The medical college should for other stakeholders seek their feedback on the performance of graduates.

4.4.2.3 The medical college should for other stakeholders seek their feedback on the curriculum.

Annotation

[Other stakeholders would include representatives of other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organizations). Other stakeholders would also include other representatives of academic and administrative staff, education and health care authorities, professional organizations, medical scientific societies and postgraduate medical educators].

Evidence generation**Present and Applied**

Official letters and meeting minutes that document communications that inform other stakeholders about results of course and program evaluation.

Effective

Feedback from other stakeholders about graduate performance and about curriculum. Feedback maybe through reports, interviews, or survey. Other documents could be agendas as well as list of participants for workshops or any other relevant activity involved in program monitoring and evaluation.

Area -5-

Students

Students

Prepared by:
Prof. Firas Tariq Ismaeel

5.1 ADMISSION POLICY AND SELECTION

Basic standards: The medical college must

5.1.1. formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students.

5.1.2. have a policy and implement a practice for admission of disabled students.

5.1.3. have a policy and implement a practice for transfer of students from other national or international programs and institutions.

5.1.1. The medical college must formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students

Annotation :

(Admission policy would imply adherence to possible national regulation as well as adjustments to local circumstances .If the medical school does not control admission policy, it would demonstrate responsibility by explaining relationships and drawing attention to consequences, e.g. imbalance between intake and teaching capacity.)

The statement on process of selection of students would include both rationale and methods of selection such as secondary school results, other relevant academic or educational experiences, entrance examinations and interviews ,including evaluation of motivation to become doctors. Selection would also take into account the need for variations related to diversity of medical practice.

Admission Policy means a home's program statement of its

purpose, eligibility requirements, and application procedures for admission.)

Evidences generation:

-Present :Documents about admission policy .

-Applied and effective : documents that prove its effective implementation(there is a process and procedures for implementation of policy).

If the college does not control the admission policy (i.e. controlled by MOHE) the college would demonstrate responsibility by explaining relationships and drawing attention to consequences, such as effects on teaching / learning activities, intended outcomes, others..

5.1.2. The medical college must have a policy and implement a practice for admission of disabled students.

Annotation :

(Policy and practice for admission of disabled students will have to be in accordance with national law and regulations.

Disabled students are students with some physical or mental impairment that substantially limits one or more major life activities. Usually disabled students have low academic achievement. Many students with disabilities have difficulty remembering information presented visually or auditorally.)

Note:

Types of disabilities may include:

- *Hearing loss*
- *Low vision or blindness*
- *Learning disabilities, such as Attention-Deficit Hyperactivity Disorder, dyslexia, or dyscalculia*
- *Mobility disabilities*
- *Chronic health disorders, such as epilepsy, Crohn's disease, arthritis, cancer, diabetes, migraine headaches, or multiple*

sclerosis

- *Psychological or psychiatric disabilities, such as mood, anxiety and depressive disorders, or Post-Traumatic Stress Disorder (PTSD)*
- *Autism spectrum disorders*

Evidences generation:

Present :college must have documented approved policy regarding the admission of disabled students(in accordance with national laws).

Applied : procedures taken for implementation. the procedures taken (regarding accommodation, training facilities , others).

Effective : efficacy must be shown by questioners or interviews with principal stakeholders(including students of concern).

5.1.3.The medical college must have a policy and implement a practice for transfer of students from other national or international programs and institutions.

Annotation :

[Transfer of students would include medical students from other medical college and students from other study programs.]

Evidences generation:

Present :documented policy regarding transfer of students from other national and international medical colleges.

Applied: a copy of the college credit transfer committee orders and minutes of meetings .

Effective: decisions taken to show its effective implementation.

Quality development standards : The medical college should
 5.1.4. state the relationship between selection and the mission of the school, the educational program and desired qualities of graduates.

5.1.5. periodically review the admission policy.

5.1.6. use a system for appeal of admission decisions.

5.1.4. The medical college should state the relationship between selection and the mission of the school, the educational program and desired qualities of graduates.

Evidences generation:

Present: presence of statement that shows how the college use its mission ,curriculum and outcomes to build up its selection procedures.

Applied: implemented effectively .

5.1.5. The medical college should periodically review the admission policy.

Annotation :

[Periodically review the admission policy would be based on relevant societal and professional data, to comply with the health needs of the community and society, and would include consideration of intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population),including the potential need of a special recruitment, admission and induction policy for under privileged students and minorities.]

Evidences generation:

Present :Documents showing the review of the admission policy (how and by whom).the review should include societal and

professional data, to comply with the health needs of the community and society, and would include consideration of intake according to gender, ethnicity and other social requirements ,including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities.

Applied and effective: Documents that shows the effect of this review on admission policy and the changes done by the college.(e.g. : meetings' minutes and their recommendations and actions)

5.1.6. The medical college should use a system for appeal of admission decisions.

Evidences generation:

Present:

- 1-The ministerial regulations regarding the appealing system(central).
- 2-The college should have a documented functioning policy for appealing on its admission decisions.

Applied: implementation of this system .

5.2. STUDENT INTAKE

Basic standard: The medical college must

5.2.1. define the size of student intake and relate it to its capacity at all stages of the program.

5.2.1. The medical college must define the size of student intake and relate it to its capacity at all stages of the program.

Annotation :

[Decisions on student intake would imply necessary adjustment on national requirements for medical workforce. If the medical college does not control student intake, it would demonstrate responsibility by explaining relationships and drawing

attention to consequences, e.g. imbalance between intake and teaching capacity.]

Evidences generation:

1- regarding the college : **Present** :the college must give description of the available resources (whether physical or nonphysical) on each stage of study (by providing enough documents).

Applied: How the decision is taken and by whom, need to provide document and meeting minutes.

2- regarding the MOHE (central control of the number of students accepted).

The college would demonstrate responsibility by explaining relationships and drawing attention to consequences, e.g. imbalance between intake and teaching capacity.

(<https://gpseducation.oecd.org/revieweducationpolicies/#!/node=41734&filter=all>)

Quality development standard:

5.2.2. The medical college should periodically review the size and nature of student intake in consultation with other stakeholders and regulate it to meet the health needs of the community and society.

Annotation :

[The health needs of the community and society would include consideration of intake according to gender, ethnicity and other social requirements(socio-cultural and linguistic characteristics of the population),including the potential need of a special recruitment, admission and induction policy for under privileged students and minorities. Forecasting the health needs of the community and society for trained physicians includes estimation of various markets and demographic forces as well as the scientific development and migration patterns of physicians].

Evidences generation:

Present: Are there schedule of periodic meeting meetings, is it documented and decisions has been taken, Documents about the health needs of community. The implementation of these decisions. The review would include consideration of intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need of a special recruitment, admission and induction policy for underprivileged students and minorities.

Applied: decisions taken.

Effective: changes occurred according to these decisions.

5.3 STUDENT COUNSELLING AND SUPPORT

Basic standards: The medical college and/or the university must

- 5.3.1. have a system for academic counseling of its student population.**
- 5.3.2. offer a program of student support, addressing social, financial and personal needs.**
- 5.3.3. allocate resources for student support.**
- 5.3.4. ensure confidentiality in relation to counseling and support.**

5.3.1. The medical college and/or the university must have a system for academic counseling of its student population.

Annotation :

[Academic counseling would include questions related to choice of electives, residence preparation and career guidance. Organization of the counseling would include appointing academic mentors for individual students or small groups of students.]

Note:

Mentors, must be knowledgeable and up-to-date on matters concerning (1) curriculum--requirements in the student's majors, as well as general education and graduation requirements of the university; (2) registration procedures; (3) student personnel services--medical, counseling, housing, placement, social, recreational, etc.; (4) financial obligations; and (5) job market and employment information.

The general advising duties are normally as follows:

- 1. The faculty advisor explains to the student the program of general or basic education as it relates to the first two years of college, to the major of the student, and to preparation for life pursuits generally.*
- 2. The faculty advisor helps the student examine the course offerings in his major, relate these to other possible majors, and understand the graduation requirements for the curriculum leading to an appropriate degree.*
- 3. The faculty advisor helps the student explore the career fields for which his major provides training and obtain related vocational information and survey job opportunities.*
- 4. The faculty advisor serves as a link between the student and the administration by counseling the student on his scholastic problems (course scheduling, course adjustment, and academic progress and by making appropriate referral to other assistance agencies).*

Evidences generation:

Present: The college must have documented approved system, which must include (choice of electives, residence preparation and career guidance),the college must appoint mentors for

individual students or small groups of students.

Applied and effective: The system must be functioning and effective by asking students, teachers , others by using questionnaires or interviews.

5.3.2. The medical college and/or the university must offer a program of student support, addressing social, financial and personal needs.

Annotation :

[Addressing social, financial and personal needs would mean professional support in relation to social and personal problems and events, health problems and financial matters, and would include access to health clinics, immunization programs and health/disability insurance as well as financial aid services in forms of bursaries, scholarships and loans.]

Evidences generation:

Present: The college must provide a programme(documented and approved) about student support activities(social, personal, financial, and health issues).Social and personnel(presence of mentors ,psychologist..).Financial support(such as loans, other way to support the students).Health issues(including presence of immunization programme, access to health clinics).

Applied: implementation of the programme.

Effective: Its effectiveness is shown by asking principle stakeholders(including students) and observation of the services provided.

5.3.3. The medical college and/or the university must allocate resources for student support.

Note:

STUDENT RESOURCE ALLOCATION

The purposeful and practical allocation of resources to support equitable access to high-quality learning opportunities, is a

major component of education. Leaders at all levels are charged with making decisions about how to effectively distribute and leverage resources to support teaching and learning. It would include:

- 1. **Fund.** Activities at several levels of the system, determine both the amount of money that is available to support education and the purposes to which money can be allocated. No one level of the educational system has complete control over the flow, distribution, and expenditure of fund.*
- 2. **Human capital.** People “purchased” with the allocated funds do the work of the educational system and bring differing levels of motivation and expertise developed over time through training and experience.*
- 3. **Time.** People’s work happens within an agreed-upon structure of time (and assignment of people to tasks within time blocks) that allocates hours within the day and across the year to different functions, thereby creating more or less opportunity to accomplish goals.*

Evidences generation:

Present: The college must provide documents about its resources and how its located to support students(by supporting education)how its distributed and expended.

Applied and effective: There should be documents about its implementation and its effectiveness by asking stakeholders.

5.3.4. The medical college and/or the university must ensure confidentiality in relation to counseling and support.

Evidences generation:

Present: Document ensure confidentiality regarding students counseling and support.

Effective: Its effectiveness is measured by student and teachers opinion (interviews or questionnaires).

Quality development standards:

The medical college should

5.3.5. provide academic counseling that

5.3.5.1. is based on monitoring of student progress.

5.3.5.2. includes career guidance and planning.

5.3.5.1. The medical college should provide academic counseling that is based on monitoring of student progress.

Evidences generation:

Present: A document that include student progress as part of counseling system. The progress should be noticed by recording the students (formative exams, summative exams, log books, portfolios,....)

Applied: documents including the acts taken by the college (mentor) accordingly.

Effective: effectiveness measured by asking students.

5.3.5.2. The medical college should provide academic counseling that includes career guidance and planning.

Evidences generation:

Present: A document shows that career guidance should be present as part of the counseling provided for students .

Applied and effective: its implementation and effectiveness and usefulness shown by asking students.

5.4 STUDENT REPRESENTATION

Basic standards: The medical college must
5.4.1 formulate and implement a policy on student representation and appropriate participation in

- 5.4.1.1. mission statement.**
- 5.4.1.2. design of the program.**
- 5.4.1.3. management of the program.**
- 5.4.1.4. evaluation of the program.**
- 5.4.1.5. other matters relevant to students.**

5.4..1.1 , 5.4.1.2., 5.4.1.3., 5.4.1.4. , 5.4.1.5.

The medical college must formulate and implement a policy on student representation and appropriate participation in : mission statement, design of the program, management of the program, evaluation of the program, other matters relevant to students.

Annotation:

[Student representation would include student self-governance and representation on the curriculum committee, other educational committees, scientific and other relevant bodies as well as social activities and local health care projects.]

Evidences generation:

Present: Presence of documented policy on student representation and participation in curriculum committee ,educational committees, college council and other committees.

Applied: documented orders of the committees ,the minutes of committee meeting and its decisions.

Effective :interviews or questionnaires to show the efficacy of role of students in these committees.

Quality development standard:

The medical college should

5.4.2. encourage and facilitate student activities and student organizations.

5.4.2. The medical college should encourage and facilitate student activities and student organizations.

Annotation

[To facilitate student activities would include consideration of providing technical and financial support to student organizations.]

Evidences generation:

Present: presence of documents that show the college supports students activities and organizations by giving technical and financial support.

Applied and effective: students and faculty interviews to show that it is implemented effectively.

Reference :

<https://gpseducation.oecd.org/revieweducationpolicies/#!node=41734&filter=all>

Area -6-
ACADEMIC STAFF/FACULTY

ACADEMIC STAFF/FACULTY

Prepared by:
Assist. Prof. Dr. Ali Khairalla Shaeli

As this area discusses a policy of the college regarding staff, so we referred you to appendix at end of the area about (HOW TO WRITE A POLICY)

Note: evaluation and updating (on regular time) is part of any PLOICY STRUCTURE. And should be written in the policy.

ACADEMIC STAFF/FACULTY**6.1 RECRUITMENT AND SELECTION POLICY**

Basic standards: The medical college must

6.1.1. formulate and implement a staff recruitment and selection policy which

6.1.1.1. outline the type, responsibilities, and balance of the academic staff/faculty of the basic biomedical sciences, the behavioral and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff.

6.1.1.2. address criteria for scientific, educational, and clinical merit, including the balance between teaching, research, and service functions.

6.1.1.3. specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioral and social sciences, and the clinical sciences.

Quality development standards:

The medical college should

6.1.2. in its policy for staff recruitment and selection take into account criteria such as

6.1.2.1. relationship to its mission, including significant local issues.

6.1.2.2. economic considerations.

6.1.1.1. The medical college must formulate and implement a staff recruitment and selection policy which outline the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioral and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff.

Annotation:

[The staff recruitment and selection policy would include ensuring a sufficient number of highly qualified basic biomedical scientists, behavioral and social scientists and clinicians to deliver the curriculum and a sufficient number of high-quality researchers in relevant disciplines or subjects.]

*[**Balance of academic** staff/faculty would include staff with joint responsibilities in the basic biomedical, the behavioral and social and clinical sciences in the university and health care facilities, and teachers with dual appointments.]*

[Balance between medical and non-medical staff would imply consideration of sufficient medical orientation of the qualifications of non-medically educated staff.]

Evidence generation:

- ❖ **Present:** the college must have policy document which regulate the staff recruitment and selection. This policy must show sub-heading which outline the following.
 - Type of staff
 - Responsibility of staff
 - Balance of academic staff to deliver the curriculum
 - Balance between medical and non-medical staff
 - Balance between full-time and part-time academic staff
 - And balance between academic and non-academic staff.
- ❖ **Applied;** The implementation is through the documents like official orders for every part of this policy and sub-heading in all details.
- ❖ **Effective;** regular evaluation of the policy on fixed time scale (= yearly, two years or more according to institute needs). This evaluation by survey, questionnaire, or feedback. The results of this evaluation will show the policy effectiveness and will be used to update the policy to make it functioning better and change any defected parts.

6.1.1.2. The medical college must formulate and implement a staff recruitment and selection policy which address criteria for scientific, educational, and clinical merit, including the balance between teaching, research, and service functions.

Annotations:

(Merit would be measured by formal qualifications, professional experience, research output, teaching awards and peer recognition),

(Service functions would include clinical duties in the health care delivery system, as well as participation in governance and management).

Evidence generation:

- ❖ **Present:** The medical college must have policy document of staff recruitment and selection which address scientific, educational, and clinical merit including balance between teaching, research, and service function. The policy should consider the following.
 - The qualifications of faculty
 - The professional experience
 - Research
 - Teaching awards and peer recognition
 - Able to share in teaching, healthcare, research, and governance.
- ❖ **Applied;** Implementation of the policy by application of official orders which emphasize the importance of the meritorious criteria of recruited or selected staff. Depending on the highest degree in his field, had award of the field, well known, recommended by his peers, interview, presentation of seminar to special committee, and pass the education methods course.
- ❖ **Effective;** regular evaluation of the policy on fixed time scale (= yearly, two years or more according to institute needs). This evaluation by survey, questionnaire, or feedback. The results of this evaluation will show the policy effectiveness and will be used to update the policy to make it functioning better and change any defected parts.

6.1.1.3. The medical college must formulate and implement a staff recruitment and selection policy which specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioral and social sciences, and the clinical sciences.

Evidence generation:

- ❖ **Present:** The medical college must have a policy document of staff recruitment which address specify and monitor the responsibilities of its academic staff of the basic biomedical sciences, the behavioral and social sciences and the clinical sciences. This policy should show the details of each job.
- ❖ **Applied;** Implementation of the policy the college must had official orders that show the Job-description in detail, and the annual evaluation of all staf.
- ❖ **Effective;** regular evaluation of the policy on fixed time scale (= yearly, two years or more according to institute needs). This evaluation by survey, questionnaire, or feedback. The results of this evaluation will show the policy effectiveness and will be used to update the policy to make it functioning better and change any defected parts.

Quality development standards:

6.1.2.1. The medical college should in its policy for staff recruitment and selection take into account criteria such as relationship to its mission, including significant local issues

Annotation:

(Significant local issues would include gender, ethnicity, religion, language, and other items of relevance to the college and the curriculum).

Evidence generation:

- ❖ **Present:** The college should include in their policy for staff recruitment the relation of mission to significant local issues like gender, ethnicity, religion, language, and others.
- ❖ **Applied,** Implementation of the policy through official orders in these issues.
- ❖ **Effective:** regular evaluation of the policy on fixed time scale (= yearly, two years or more according to institute needs). This evaluation by survey, questionnaire, or feedback. The results of this evaluation will show the policy effectiveness and will be used to update the policy to make it functioning better and change any defected parts.

6.1.2.2 The medical college should in its policy for staff recruitment and selection take into account criteria such as relationship to economic considerations.

Annotation:

(Economic considerations would include taking into account institutional conditions for staff funding and efficient use of resources).

Evidence generation:

- ❖ **Present:** The college should consider in its policy for staff recruitment economic considerations, that means the economic status of the college should be part of planning policy for recruitment.
- ❖ **Applied:** Implementation of economic consideration in their policy for staff recruitment by official orders regarding staff recruitment.
- ❖ **Effective:** regular evaluation of the policy on fixed time scale (= yearly, two years or more according to institute needs). This evaluation by survey, questionnaire, or feedback. The results of this evaluation will show the policy effectiveness and will be used to update the policy to make it functioning better and change any defected parts.

6.2 STAFF ACTIVITY AND STAFF DEVELOPMENT

Basic standards: The medical college must

6.2.1 formulate and implement a staff activity and development policy which

6.2.1.1. allow a balance of capacity between teaching, research and service functions.

6.2.1.2. ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications.

6.2.1.3. ensure that clinical service functions and research are used in teaching and learning.

6.2.1.4. ensure sufficient knowledge by individual staff members of the total curriculum.

6.2.1.5. include teacher training, development, support and appraisal.

Quality development standards: The medical college should

6.2.2. take into account teacher-student ratios relevant to the various curricular components.

6.2.3. design and implement a staff promotion policy.

Basic standards:

6.2.1.1. The medical college must formulate and implement a staff activity and development policy which allow a balance of capacity between teaching, research, and service functions.

Annotation:

(The balance of capacity between teaching, research and service functions would include provision of protected time for each function, taking into account the needs of the medical school and professional qualifications of the teachers).

Evidence generation:

- ❖ **Present:** The college must have a policy document regarding staff activity and development, that means protected time to each activity whether professional or teaching, which ensure balance of capacity between teaching, research, and service function
- ❖ **Applied:** implementation of the policy by documented official orders about all faculty protected time for all activities (teaching, research, and service function).
- ❖ **Effective:** regular evaluation of the policy on fixed time scale (= yearly, two years or more according to institute needs). This evaluation by survey, questionnaire, or feedback. The results of this evaluation will show whether the policy effective or there is shortcoming. This will be used to update the policy to make it functioning better and change any defected parts.

6.2.1.2. The medical college must formulate and implement a staff activity and development policy which ensure recognition of meritorious academic activities with appropriate emphasis on teaching, research, and service qualifications.

Annotation:

Recognition of meritorious academic activities would be through rewards, promotion and/or remuneration.

Evidence generation:

- ❖ **Present:** The medical college must have a policy document which ensure recognition of meritorious (excellent and prominent achievements) academic activities with emphasis on teaching, research and service qualifications by rewards promotion or remuneration.
- ❖ **Applied:** implemented policy by documented official orders for reward, promotions, and others for staff with meritorious activities

- ❖ **Effective:** regular evaluation of the policy on fixed time scale (= yearly, two years or more according to institute needs). This evaluation by survey, questionnaire, or feedback. The results of this evaluation will show the policy effectiveness and will be used to update the policy to make it functioning better and change any defected parts.

6.2.1.3. The medical college must formulate and implement a staff activity and development policy which ensure that clinical service functions and research are used in teaching and learning.

Evidence generation:

- ❖ **Present:** The medical college must have a policy document which ensure that clinical service functions and research are used in teaching and learning and development.
- ❖ **Applied;** implemented by documented official orders of staff schedules in clinical sections showing the clinical sessions and research used for teaching and learning.
- ❖ **Effective:** regular evaluation of the policy on fixed time scale (= yearly, two years or more according to institute needs). This evaluation by survey, questionnaire, or feedback. The results of this evaluation will show the policy effectiveness and will be used to update the policy to make it functioning better and change any defected parts.

6.2.1.4. The medical college must formulate and implement a staff activity and development policy which ensure sufficient knowledge by individual staff members of the total curriculum.

Annotation:

(Sufficient knowledge of the total curriculum would include knowledge about instructional/learning methods and overall curriculum content in other disciplines and subject areas with the purpose of fostering cooperation and integration)

Evidence generation:

- ❖ **Present:** The medical college must have a policy document of staff activity and development which ensure sufficient knowledge by all staff of total curriculum instructional methods, content of other departments and subjects to foster cooperation and integration.
- ❖ **Applied;** Implementation of the policy by documented official orders about the ways that each discipline or department will share the content and methods of instructions with other department to ensure that all staff had sufficient Knowledge of all curriculum (content an instructional methods), including meeting, workshops, recommendations and others.
- ❖ **Effective:** regular evaluation of the policy on fixed time scale (= yearly, two years or more according to institute needs). This evaluation by survey, questionnaire, or feedback. The results of this evaluation will show the policy effectiveness and will be used to update the policy to make it functioning better and change any defected parts.

6.2.1.5. The medical college must formulate and implement a staff activity and development policy which include teacher training, development, support and appraisal.

Annotation:

(Teacher training, development, support, and appraisal would involve all teachers, not only new teachers, and also include teachers employed by hospitals and clinics).

Evidence generation:

- ❖ **Present:** The medical college must have a policy document for staff development which include teacher training (Trainee and trainers), development, support and appraisal on regular basis, for both new and every teacher.
- ❖ **Applied;** implemented by documented official orders which shows the training (trainers and trainee) activities, the staff development plans implementations, the support to staff(the

academic staff support each other according to their experience fields), and appraisal of staff.

- ❖ **Effective:** regular evaluation of the policy on fixed time scale (= yearly, two years or more according to institute needs). This evaluation by survey, questionnaire, or feedback. The results of this evaluation will show the policy effectiveness and will be used to update the policy to make it functioning better and change any defected parts.

Quality development standards:

6.2.2. The medical college should take into account teacher-student ratios relevant to the various curricular components.

Evidence generation:

- ❖ **present;** The medical college should have a document shows that college took in the account teacher-student ratios in various curricular components.
- ❖ **Applied;** Implemented by shows the document and official orders of teacher student ratio in clinical, small group, large group, and other activities
- ❖ **Effective:** regular evaluation of the policy on fixed time scale (= yearly, two years or more according to institute needs). This evaluation by survey, questionnaire, or feedback. The results of this evaluation will show the policy effectiveness and will be used to update the policy to make it functioning better and change any defected parts.

6.2.3. The medical college should design and implement a staff promotion policy.

Evidence generation:

- ❖ **present;** The medical college should have a document of staff promotion policy showing the detail of promotion, timing, and reasoning.
- ❖ **Applied;** implemented by official orders shows the promotion of staff.

- ❖ **Effective:** regular evaluation of the policy on fixed time scale (= yearly, two years or more according to institute needs). This evaluation by survey, questionnaire, or feedback. The results of this evaluation will show the policy effectiveness and will be used to update the policy to make it functioning better and change any defected parts.

Appendix: How to write a policy(policy template)

جامعة ----- كلية الطب	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> شعار الجامعة او الكلية </div>	
اسم السياسة: (يجب ان يكون عنوان السياسة معبر عن المحتوى و واضح)	رقم السياسة
رقم الاصدار : (يقصد به هل هو الاصدار الاول لهذه السياسة او الثاني و هكذا)	تاريخ الاصدار:
تاريخ التفعيل :	تاريخ التحديث :
اعداد السياسة: (الدائرة المسؤلة عن الاعداد)	اعضاء لجنة الاعداد
نطاق العمل: (مجال عمل السياسة)	تنطبق على: (المجموعات او الافراد الذين تنطبق عليهم السياسة)

رقم الاصدار	التحديث	تاريخها
المصادقة على السياسة:		
<p>السياسة :</p> <p>مقدمة السياسة: يكتب فيه عن اهداف و اسباب و مضمار و سياق عمل السياسة و على من تنطبق هذه السياسة.</p> <p>نص السياسة: (يجب ان تكتب السياسة بكلمات واضحة و سهلة و لاتشتمل على كثير من المصطلحات قدر الامكان , و تتضمن القوانين و الضوابط و التعليمات الواجب اتباعها, و قد تحتوى السياسة على عناوين ثانوية يجب ان تبين بشكل واضح, يجب ان توضح السياسة و تضع اجوبة للاسئلة التالية من, كيف, اين, متى, لماذا.</p> <p>يجب ان توضح السياسة ماذا يحصل اذا انتهك احد هذه السياسة</p> <p>يجب ان تتضمن السياسة اعادة النظر بمحتواها (تحدث) و تقيم بشكل واضح و فترة محددة و الجهة التي تقوم بذلك التحديث.</p> <p>التعريفات و المصطلحات: يجب ان يعرف جميع المصطلحات او اي كلمة ممكن ان تقبل اكثر من وجه بشكل واضح</p> <p>الاجهزة و المعدات , الادوات , او الوثائق المستخدمة لتحقيق السياسة: يقصد بها المستلزمات المطلوبة لاتمام عمل هذه السياسة من اجهزه او ادوات او وثائق و حسب نوع السياسة , يجب ان تكتب بشكل واضح و تهيء لضمان انجاح العمل</p> <p>المراجع: يجب ان تذكر كل القوانين و التعليمات و المصادر التي يتم الاستناد او الاشارة او الاقتباس منها</p>		

Referneces;

<http://www.ju.edu.jo/ar/arabic/JobsCompetition/%D8%B3%D9%8A%D8%A7%D8%B3%D8%A9%20%D8%A7%D9%84%D8%AA%D8%B9%D9%8A%D9%8A%D9%86%20%D9%81%D9%8A%20%D8%A7%D9%84%D8%AC%D8%A7%D9%85%D8%B9%D8%A9.pdf>

<https://bizfluent.com/how-6630292-write-policy-document.html>

<https://www.smartsheet.com/company-policies-procedures>
<http://en.iso.uobabylon.edu.iq/download/SCAN0000.PDF>

Area -7-

EDUCATIONAL RESOURCES

EDUCATIONAL RESOURCES

Prepared by:
Dr. Abduladheem Yaseen Abbood
Dr. Talib Jawad Kadem

7.1 PHYSICAL FACILITIES

Basic standards:

The medical college must

7.1.1. have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately.

7.1.2. ensure a learning environment, which is safe for staff, students, patients and their relatives.

Quality development standard:

The medical college should

7.1.3. improve the learning environment by regularly updating and modifying or extending the physical facilities to match developments in educational practices.

7.1.1. The medical college must have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately.

Annotations:

[*Physical facilities would include lecture halls, class, group and tutorial rooms teaching and research laboratories, clinical skills laboratories, offices, libraries, information technology facilities, student amenities such as adequate study space, lounges, transportation facilities, catering, student housing, personal storage locker, sports, and recreational facilities.*]

Note:

Annex 7: WFME data collection questions. To review these questions for all standards in all areas, see annex 7 below.

Basic Medical Education WFME Global Standards for Quality Improvement

Outline for data collection questions link:

<https://www.who.int/workforcealliance/knowledge/toolkit/46/en/>

(These data collection questions, based on the Areas and Sub-areas in the Global Standards, should result in a document providing comprehensive answers to all the topics. Answers should, if possible, be referenced in published documents, which could be appended)

Evidence generation:

Present and Applied:

- 1- Provide the requested information on the types of classroom space (e.g., lecture hall, laboratory, clinical skills teaching space and or simulation space, small group discussion room, etc.) used for each instructional format during year 1, 2, 3, 4, 5 & 6 in the medical curriculum. Only include space used for regularly-scheduled medical college classes, including laboratories. Add rows for all types of classroom space for each year as needed.

Provide the requested information on the types of classroom space					
Year	Classroom Space	Room Type / Purpose	No. of rooms of this size/type	Seating Capacity (Provide a range if variable across rooms)	Building(s) where rooms are located
1					

2					
3					
4					
5					
6					

2-Provide number of staff offices and research laboratories in each academic department of the medical school. Add rows as needed.

Faculty offices and search laboratories.			
Department name	No. of full-time teaching staff.	No. of offices	No. of research labs

3- Provide details of areas occupied by the college:

- Total area of the college buildings
- Number, area, and location of each building.
- Percentage of green area out of the total area of the college

4-Determine the actual students to area ratio and staff to area ratio in the college, then, determines the adequacy of these ratios, the college should compare these ratios with the one of the international standards in the case of the absence of national standards. Below are examples of a determination of these ratios:

4.1- Auditorium halls, (standard; 1m² per student for Auditoriums with more than 200 seats)

4.2- Lecture room (standard; 1m² per student in a lecture room with an area of 50-60 m²)

4.3- Seminar rooms (standard: 1.5 m² per student for tutorial or seminar room) 4.4-Rooms for small groups (ex. 8-10

students in each group, 2 m² per student with round table offers active participation with their facilitator and not crowded). The medical school must have adequate tutorial rooms and /or small group learning rooms. Full descriptions are required

4.5- Clinical skill center (Standard: Skill lab should be adequate in size and quality to student number, it may consist of a large open space for seminars and several side rooms for the discussion, it may include a variety of clinical settings such as general practice consulting rooms, procedural skill rooms, accident, and emergency cubicles, an intensive care unit and a place for simulators, in addition to storage areas and offices for staff)

The medical school must have adequate Skill laboratories. Full descriptions are needed

4.6- Anatomy, and pathology museums and dissection room. (Standard: minimum area per student should be 2 square meters per student. Maximum 30 students for each class, presence of dissection tables, organ stations, refrigerated cadaver storage, transport equipment, sinks, embalming stations, and casework with good airflow, space allocation, plumbing, electrical requirement, etc.)

The medical school must have efficient anatomy and pathology museums or any other alternative. Presenting a full description for the presence of adequate anatomy and /or pathology museums (number and seating capacity for each are required)

The medical school must have adequate dissection rooms and/or equivalent; full descriptions are needed

4.7-Computer laboratories :(Standard: 1 computer for each teaching staff and 1 computer for every 25 students)

The number of computers, areas, and seating capacities, should be offered.

4.8-Faculty offices (Standard: ideally 9m² single room, 15 m² shared room)

Give the number of staff, number and areas of faculty rooms

4.9-Water cycles: (Standard: water cycles for staff; ideally 1 for 20 users, and students; 1 for 30 users).

Provide a number, area, and location for water cycles

4.10-Parking area (Standard: 1 to 2 staff members and 1 to 20 students). Provide the number and location of the parking areas

4.11-Laboratories :(Standard: Area; ideally 60m² for 20 students

-Name and location, safety instructions, quality, and adequate instrument should be documented

Medical colleges should have an adequate number of laboratories; basic medical sciences/ multi-disciplinary laboratories, research laboratories.

Note: type of the medical program implemented should be indicated.

Effective:

5- Staff and student feedback on the sufficiency of the physical facilities to ensure effective curriculum delivery

For further details of physical facilities, see Annexes 7.1.1a and 7.1.1b.

7.1.2. The medical college must Ensure a learning environment, which is safe for staff, students, patients, and their relatives.

Annotation:

[A safe learning environment would include the provision of necessary information and protection from harmful substances, specimens, and organisms, laboratory safety regulations, and safety equipment.]

Evidence generation

Present:

1- Describe the security system(s) in place and the personnel available to provide a safe learning environment for medical students during regular school hours and after school hours at each location. (Annex 7.1.2)

2- Provide a copy of the medical college or university plan (instructions) for emergency and disaster preparedness. This instruction should be circulated to all medical students, faculty and staff.

Applied:

3- Describe how medical students and medical staff are informed of institutional policies and plans to prepare for emergencies and disasters.

Effective:

4- The College should evaluate the adequacy and efficiency of the security systems at the educational constructions and clinical teaching sites. This evaluation should also be supported by providing data from the student surveys, by curriculum year (Y1 to Y6), on the percent of respondents who were satisfied / very satisfied with safety and security at all instructional sites.

Quality development standard:

7.1.3. The medical college should improve the learning environment by regularly, updating, and modifying or extending the physical facilities to match the developments in educational practices. Evidence generation:

Present:

1- Describe the recent (updated) challenges in the needed teaching space such as that mentioned below

Applied and Effective:

2- What are the mechanisms used for scheduling educational spaces if these spaces are used for a required learning experience in the early years of the curriculum (lecture halls, large and small

group rooms, and laboratories) are shared with other colleges/programs to accommodate the needs of the medical education program such that the delivery of the curriculum is not disrupted.

3- What are the mechanisms applied for scheduling facilities used for teaching and assessment of students' clinical skills if these facilities are shared with other colleges/programs to ensure that these facilities accommodate the needs of the medical college so that teaching and assessments are not disrupted

4- What are the necessary measures or adjustment the college should implement to accommodate the increase in class size over the succeeding years

5- What is the support plan for the college research mission and what are the resources for basic, clinical and evaluation research?

7.2 CLINICAL TRAINING RESOURCES

Basic standards: The medical college must

7.2.1. ensure necessary resources for giving the students adequate clinical experience, including sufficient

7.2.1.1. number and categories of patients.

7.2.1.2. clinical training facilities.

7.2.1.3. supervision of their clinical practice.

Quality development standard: The medical college should

7.2.2. evaluate, adapt and improve the facilities for clinical training to meet the needs of the population it serves.

Basic standards:

7.2.1.1. The medical college must ensure necessary resources for giving the student adequate clinical experiences, including sufficient: Number and categories of patients.

Annotations:

[Patients may include validated simulation using standardized

patients or other techniques, where appropriate, to complement, but not substitute clinical training.]

(See Annex 7.2 for further details)

Evidence generation:

Present:

- 1- Provide Student: Patient Bed ratio, especially for the last 3 years
(standard: 1/3)
- 2- A medical college has, or is assured the use of appropriate resources for the clinical instruction in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity) (level of severity of illness), case mix (groups of patients requiring similar tests, procedures, and resources that are treated at a particular hospital), age, gender by providing the following data:

2.1- Patient Volume: Provide the required information for each hospital that will be used for the in-patient.

Facility Name/Campus (If applicable)	No. of beds in use	Average daily occupancy	No. of admissions / year	No. of outpatient visits /year

2.2- Inpatient Teaching Facilities. Provide information for inpatient teaching facilities used for required clinical training at each hospital

Facility Name/Campus (If applicable)	Clinical training course	Average daily inpatient census	Anticipated(expected) Average No. of Students Per Clinical training course (Range)	
			Colleges' medical students	Medical students from other colleges

2.3-Inpatient Teaching Sites by Clinical training course: List all inpatient teaching sites where medical students will take one or more required Clinical training courses, indicate the Clinical training course(s) offered at each site by placing an "X" in the appropriate column.

Facility Name/Campus (if applicable)	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Surgery	Other (list)

2.4-Ambulatory teaching sites: For each type of ambulatory teaching, sites indicate the Clinical training course(s) where students will spend time at this type of site by placing an "X" in the appropriate column. (Ambulatory care refers to care that takes place where patients attend hospital facilities without being admitted as inpatients).

Facility Type	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Surgery	Other (list)
Teaching hospital						
General hospital						
Health Center						
Others						

Applied and Effective:

3-Evaluate the clinical facilities provided by the college for clinical training classes from the following point of view: area, location, and sufficiency.

4-Describe any significant changes in clinical education sites planned by the College of Medicine over the next three years as a result of class size increases or other circumstances.

5-Provide documents showing that Teaching Hospitals and Primary Health Care centers (PHC) have met the health institution’s accreditation.

If the MOH accreditation program was not implemented, see the Teaching Hospital Standard's template appendix below as a template (example) for assessment of the current situation.

6- Evaluate the quality and adequacy of the affiliated health care institutions for clinical training from the specialties and teaching beds' point of view. Details of teaching beds include the number of beds used, average daily occupancy, number of admissions per

year, number of outpatients per year, number of classrooms, clinical boardrooms, etc.

7- Provide data to ensure that the college has teaching beds and outpatient clinics in main specialties (surgery, medicine, pediatrics, obstetrics & gynecology), and emergency, ENT, Dermatology, and other specialties based on the health problems, with an adequate clinical teaching staff.

8- The college should provide documents for facilitating students' access to out-patient clinics for teaching and learning purposes. These documents might be supported by students and staff opinions

9- Provide documents showing that students have easy access to primary health care centers, examples: study timetable, official letters, and students/staff opinions, etc.

10- Describe and interpret the survey results of student, staff, and stakeholder satisfaction with the adequacy of the number and category of patients at different affiliated clinical institutions for making the students adequate clinical experience.

7.2.1.2. The medical college must ensure necessary resources for giving the students adequate clinical experience, including sufficient Clinical training facilities.

Annotation:

[Clinical training facilities would include hospitals (adequate mix of primary, secondary and tertiary), sufficient patient wards and diagnostic departments, laboratories, ambulatory services (including primary care), clinics, primary health care settings, health care centers, and other community health care setting skills laboratories. All these clinical training facilities are to ensure clinical training to be organized using an appropriate mix of clinical settings and rotation throughout all main disciplines.]

Evidence generation:

Clinical training resources

Each hospital or other clinical facility affiliated with a medical

college that serves as a major location for required clinical learning experiences should have sufficient information resources and instructional facilities for medical student education.

Present:

- 1- Describe clinical training resources at an Inpatient Hospital for Clinical Training

List each inpatient hospital that will be used for required clinical training. Indicate whether the indicated resource is available for medical student use at that site by placing an "X" under the appropriate column heading. College with regional campuses should include the campus name for each facility. Add additional rows as needed. (Campus: the buildings of a college or university and the land that surrounds them)

Facility Name/Campus (If applicable)	Lecture / Conference Room	Study Area(s)	Computers
Ex., Hospital of.....			

- 2- Describe the clinical training resources by curriculum year:

As available, provide data from a single, recent academic year from the student survey analysis, clinical training evaluations, or other sources, on student satisfaction with the adequacy of educational/teaching spaces, at inpatient and outpatient clinical sites used for the inpatient and outpatient portions of required clinical training course. Add rows for each relevant question, and indicate the year and source of these data

Survey question	Year 3	Year4....
Adequacy of education/teaching spaces in hospitals, including space for teaching (lectures/conference rooms), study areas, and information		

technology (computers and internet access)		
Data survey year, and source		

3- Give comments on the adequacy of resources (from the above survey question) to support medical student education at each inpatient and outpatient site used for required clinical clerkships, including space for teaching (lectures/conference rooms), study areas, and information technology (computers and internet access).

4- Describe the adequacy and availability of the diagnostic departments, laboratories, ambulatory services (including primary care), clinics, health care settings, and skills laboratories in the main clinical institution

5- Researches:

5.1- Check for the presence of a committee for reviewing research projects and papers, and the presence of an institutional review board (IRB) for reviewing research medical ethics.

5.2-Show hospital budget allocation to support research (minimum 3% of hospital budget internationally)

6- Library, including virtual library: Provide documents showing the presence and adequacy of the following resources in the library:

6.1- Presence of a minimum of one database.

6.2- Presence of a minimum of 50% up-to-date information resources,

6.3-Books; at least 300 titles are expected to be available.

6.4 – Periodicals: At least 10 journals in each specialty in hard copy or electronic format five years ago; all staff should have easy access via an international network.

6.5-Availability of dictionaries and encyclopedias.

6.6- Availability of wireless high-speed internet.

Applied:

7- The Hospital/College Clinical Skills Laboratory (CSL):

7.1- Provide documentation demonstrating that the CSL is on the cutting edge of technology with respect to equipment, anatomical models, electronic simulators, and modules for standardized patient encounters.

7.2- Mention who supervises the students in the laboratory experience?

7.3- Describe skill lab contribution in providing support for clinical training?

8- Provide documents showing a Web site for learning aids and communication for students and staff.

Effective:

9- Logbook:

On an annual basis, the student logbooks for the entire clinical training year are usually reviewed by the Undergraduate Medical Education unit (UME) or any other authority in charge, to ensure that all students have encountered the required clinical presentations. Show logbook samples and student interviews.

10- Students and staff satisfaction on the adequacy of resources to support medical student education at each inpatient and outpatient site used for required clinical training, including space for clinical teaching (conferences/rounds), access to library resources, and information technology (computers and the internet).

11- Supply the data by site, for the problems with the availability of resources at one or more inpatient or outpatient sites were identified, and identify the steps being considered to address the identified problems.

7.2.1.3. The medical college must ensure necessary resources for giving the students adequate clinical experience, including sufficient supervision of their clinical practice.

Evidence generation:

Present:

- 1- Provide the number and quality of the training supervisors in the following clinical practices:
 - 1-Internal medicine
 - 2 -Pediatric medicine.
 - 3-Surgery, including surgical subspecialty.
 - 4-Obstetrics & Gynaecology.
 - 5- Community medicine,
 - 6-in addition to Accident and Emergency, ENT, Dermatology, and other specialties

Applied:

- 2- Provide the clinical training program at different affiliated clinical institutions, including their supervising clinical training teams

Effective:

- 3- Provide student/staff satisfaction with the clinical supervision of staff from both clinical training institutions and college
Further details on standards and specifications of teaching hospitals are provided in Appendix 7.2.

Quality development standard:

7.2.2. The medical college should evaluate, adapt, and improve the facilities for clinical training to meet the needs of the population it serves.

Annotation:

[The term “evaluate” would include an assessment of the relevance and quality of medical education programs in terms of settings, equipment, number and categories of patients, as well as health practices, supervision, and administration.]

Evidence generation:**Present:**

- 1-What areas of clinical institutions in affiliated institutions need adjustments and improvements regarding the changing needs of

the population it serves? Provide documentation demonstrating improvements in parameters, equipment, patient numbers and categories, health practices, supervision, and administration.
 2 - Does the college consider the skills lab to be part of the clinical education program? Give a summary of the skill laboratory establishment, description, contents, and activities including basic skill courses and some other skill courses carried out in the skill laboratory with the plan for improvement.

Applied:

3-Evaluate the appropriateness and quality of the changes in clinical training resources

Evaluation of Clinical Training- Resources by Curriculum Year		
As available, provide data from a single, recent academic year from either the student survey analysis, clinical training evaluations, or other sources, for appropriateness and quality for the changing in medical training programs from the following points: Educational/teaching spaces, settings, equipment and number and categories of patients, health practices, supervision and administration at inpatient and outpatient clinical sites used for required clinical training. Add rows for each relevant question, and indicate the year and source of these data.		
Survey questions	Year 1	Year2.....
Data survey year....., source.....		

4- Interpret the result of the recent survey questions (data analysis) on the adequacy, appropriateness, and quality of medical training programs of resources to support medical student education at each inpatient and outpatient site used for required clinical training. Recommendations from conferences and rounds for improvements can also be documented

5-Provide the data by site and describe the steps and actions that could be taken to address the identified problems with the availability, adequacy, appropriateness, and quality of resources at one or more inpatient or outpatient sites, to ensure that these clinical training facilities will be adjusted to acquire adequate clinical training standard.

Examples of the College's role in developing clinical training institutions:

- Adjust the grouping and scheduling of trainees for clinical training in clinical training courses, so that each group has a different course depending on the resources available.
- Contribution to the development and improvement of clinical education facilities in terms of supervision, administration, etc.
- Contribution to the Ministry of Health for the setting up of certain diagnostic units in the training site.

Effective:

6-Does the college assesses affiliated training institutions regularly?

Provide a summary of these evaluation studies and what needs to be improved. Moreover, the portfolio is important to visualize students' achievement (documents on what kind of practice they have conducted). These achievements enable the college to introduce developments to suit the training requirements of the students.

7.3 INFORMATION TECHNOLOGY

Basic standards: The medical college must

7.3.1 formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology.

7.3.2. ensure access to web-based or other electronic media.

Quality development standards: The medical college should

7.3.3. enable teachers and students to use existing and exploit appropriate new information and communication technology for

7.3.3.1. independent learning.

7.3.3.2. accessing information.

7.3.3.3. managing patients.

7.3.3.4. working in health care delivery systems.

7.3.3.5. optimize student access to relevant patient data and health care information systems.

Basic standards:

7.3.1 The medical college must formulate and implement a policy that addresses the effective and ethical use and evaluation of appropriate information and communication technology.

Annotations:

[Effective use: Information and communication technology would include:

*Use of computers, cell/mobile telephones, internal and external networks, and other means as well as coordination with library services. The policy would include common access to all educational items through a *learning management system. Information and communication technology would be useful for preparing students for evidence-based medicine and lifelong learning through continuing professional development (CPD).]*

Note:

Appropriate safeguards would be included in the relevant policy to promote the safety of physicians and patients while empowering them to use new tools. *Annex 7.3.1.

A-Effective use and assessment of information technology (policy and implementation):

Evidence generation:

Present and Applied

1-Provide information technology (IT) resources available to the college. Discuss the adequacy of these IT resources

Medical College IT Resources					
Provide the following information based on the most recent academic year. Colleges with regional campuses should specify the campus in each row.					
Campus (if applicable)	How many computer classrooms are accessible to medical	How many computers or work stations are in each	Is there a wireless network On-campus?	Is there a wireless network in classrooms and	Are there sufficient electrical outlets in educational space to allow computer use? (Y/N)

-Identify the availability of a wireless network in classrooms and workplaces. If there is no wireless network at instructional sites on campus or if the network does not cover all locations, describe the shortage of internet access points in educational spaces (e.g., in large classrooms, small class-rooms, student study space).

-Describe the availability of telecommunications technology that links all instructional sites/campuses and how Information Technology (IT) services support the delivery of distributed education.

-How does the medical college assess the adequacy of IT resources to sustain the educational program?

-Describe how medical students, residents, and faculty can access educational resources (e.g., curriculum materials) from off-campus sites, including teaching hospitals and ambulatory teaching sites).

2- Provide the number of IT services staff. Determine the adequacy of these staff.

Medical College IT Services Staffing			
Provide the number of IT staff, in the following areas, using the most recent academic year. Colleges with regional campuses may add rows for each additional campus.			
Total No. of IT Staff	Professional Staff	Technical and Paraprofessional Staff	Part-time Staff (e.g., student workers)

3-Describe the Cooperation between medical college library and information technology resources (i.e. policies or regulations)

Medical College Library and information technology resources cooperation
Library/ IT Unit workers
1-Number of workers:
2-Qualifications:
a- Skills in clinical informatics (YES/NO)
b-Behavior (YES/NO)
c-Lifelong learning (YES/NO)
d-Professional development of teaching faculty. (YES/NO)

-Identify the ways that staff members in the IT services unit are involved in curriculum planning and delivery for the medical school. For example, do IT services staff assist faculty in developing instructional materials, developing or maintaining the curriculum database or other curriculum management applications, or learning to use the technology/Audio-Visual resources for on-site or distance education.

4-Provide document(s) showing that the college formulates and implement the regulations and policies designed by the learning management system or any other alternative authority in the college for effective use of information technology including the use of:

- Computers
- Cell/mobile telephones
- Internal or external networks

5-Which committee or body who is responsible for formulating the policy of the " information and communication technology center" in the medical college. (Example: presence of formal committee, information technology center for the whole university, etc.)

6- Are there additional governmental policies dealt with information and communication technology? e.g., a computer course is a university requirement, general encouragement for the use of information technology by the government, etc.

Effective:

7-Discuss the results of the Survey of Student Satisfaction with IT Resources by Curriculum Year

Student Satisfaction with IT Resources by Curriculum Year		
As available, provide data for the student survey, by curriculum year, on the percent of respondents that were satisfied/very satisfied with computer/IT resources. Add rows for each relevant question area on the student survey. Colleges with regional campuses should specify the campus in each row.		
Survey Question (Campus as applicable)	YEAR 1	YEAR 2...3....

8- Does the college have the authority to direct resources to the

use of information technology? If it has such authority, list its achievement, e.g. establishment of the electronic library, network, website, etc.

B- Ethical use and evaluation of IT (policies and implementation):

Annotation:

[Ethical use refers to the challenges for both physician and patient privacy and confidentiality following the advancement of technology in medical education and health care. Appropriate safeguards would be included in relevant policy to promote the safety of physicians and patients while empowering them to use new tools.]

Evidence generation:

Present:

1-Show that policy on the ethical use of IT would ensure the implication of the following concepts:

- Patient Privacy
- Show documents demonstrating the practical policies of maintaining the security and privacy of patient records (limited to the patient only).
- Patient Confidentiality
- Demonstrate the set of rules that ensures patient's confidentiality (records distributed between the patient and the doctor who trust)
- Appropriate safeguards:
Are safeguards to promote physician and patient safety from using the new IT tools?

2 -Demonstrate physical, technical, and administrative safeguard rules for tools applied to patient information records, and demonstrate that these safeguards allow appropriate access to health providers for patient care. (Physical, technical, and administrative safeguards protect the privacy, security, and integrity of recorded patient information).

Applied:

3-Provide college/hospital report or evidence showing the implementation of these policies

Effective:

4- Discuss Students, clinical staff, patients, satisfaction, and evaluation of the ethical use and evaluation of information technology tools.

For more details, please follow the link in Annex 7.3.1

7.3.2. The medical college must ensure access to web-based or other electronic media.

Evidence generation:

Present:

1- Provide the following information for the most recent academic year for Library journals, books, databases, seats, and public workstations. Interpret the results

Library/ Building (as appropriate)	Total Current Journal Subscriptions (all formats)	Book Titles (all formats)	Databases	Total User Seating	Public Workstations

2- Provide the number of library staff in the medical college who provides easy access to the web-based and other electronic media, using the most recent academic year. Interpret the results

Professional Staff	Technical and Paraprofessional Staff	Part-Time Staff (e.g., student workers)

3-Describe the medical students and faculty access to electronic and other library resource services across all sites both on and off college campuses (Examples: access to the homepage for students and staff to obtain the information required, literature searching, literature databases, electronic books, and journals, etc.)

4-Provide the CVs of the professional IT staff (i.e. personnel who are working to facilitate easy access to the facilities in the library, educational resources, and even conducting workshops for the staff in this area)

5-Provide a copy of the policies and regulations for the IT users of how to access, use types of ITs, audiovisual aids, and other different educational electronic resources in the college

Applied:

6-Describe college action for constructing a high-security system to prevent unauthorized access to the network

7-Briefly summarize any partnerships that extend the process of access to other library information resources. For example, the library interactions with other universities and/or affiliated hospital libraries?

8- The college should list the regular library working hours. Mention any additional hours during which medical students have access to all or part of the library for study including electronic media.

Effective:

9-Provide data from the Graduation Questionnaire on the percentage of respondents that were satisfied/very satisfied with the library access. Add rows as needed for each campus.

Library location	College graduates satisfaction %		
	2018	2019	2020....

10-Provide data from the student questionnaires analysis by curriculum year, on the percentage of respondents that were satisfied/very satisfied with the access to the library services and library resources. Add rows as needed for each location.

Library location		College students satisfaction %			
		Year 1	Year 2	Year 3	Year 4...
	Ease of access to library resources and holdings (includes virtual access on and off location)				
	Quality of library support and services				

11- Evaluate the efficiency of the access process to the educational resources including; library, computers, websites, instruments, and other available IT resources, and determine the number and disciplines of the users who accessed these resources last year.

12- Provide the analysis and interpretation for the satisfaction of the students and staff with the processes used to ensure effective access to the web-based and other electronic media at each site used for required learning experiences.

Quality development

7.3.3.1. The medical college should enable teachers and students to use existing and exploit appropriate new information and communication technology for independent learning.

Evidence generation

Present:

- 1- Show documents demonstrating that the college provides high quality, meaningful digital content for teachers and learners to facilitate independent learning
- 2- Students and teachers should have sufficient access to new digital technologies and the internet in the teacher classrooms,

and teacher education institutions for independent learning (Show document(s) to ensure the presence of efficient access to IT resources for the process of independent learning)

Applied:

3- Teachers should have the knowledge and skills to use the new digital tools and resources(homepage, literature database, e-books, and e-journals, etc.) to help all students achieve high academic and clinical standards by independent learning (College should provide the skills and activities of teachers guiding independent learning process; such as conducting courses, workshops, lectures, etc.)

4-Provide documents to show the application of computers, cell/mobile telephones, internal and external networks in Independent Learning.

Effective:

5-Describe the activities which have been achieved by student and staff by using or exploiting new information and communication technology via independent learning skills (e.g. medical techniques, skills, research, etc.)

7.3.3.2. The medical school should enable teachers and students to use existing and exploit appropriate new information and communication technology for accessing information.

Evidence generation:

Present:

1-Describe the role of the college in providing medical students, and staff access to the homepage, literature searching through on-campus and out-campus LAN connection for literature databases, all the electronic books, and journals, etc. (show policies, instructions guideline, etc.).

2-Describe the college efforts in providing computer technologies and information technologies and skills to make access to

information by students and staff. Examples, conducting workshops, training courses, lectures, written instructions, policies, modernization of IT instrument, etc.

Applied and Effective:

3- Provide document for the continuous improvement of the internet environment in the college locations to facilitate staff and student access as well as preventing unauthorized access to the network

4- Provide staff and students satisfactions in the role of the college to enable them in using new IT and communication technology in accessing information

7.3.3.3 The medical school should enable teachers and students to use existing and exploit appropriate new information and communication technology for managing patients

Evidence generation:

Present:

1-Describe the healthcare information technology tools used in managing patient during the clinical training such as computer terminal installed at inpatient and outpatient practice setting and research centers

2- What sort of saved documents used for the management of patients that could the faculty members and students have access to it? (E.g. all the documentation, laboratory data, and images which were saved in the electronic medical chart system for faculty members and students to use)

Applied:

3-Describe how the college/hospital enables staff and students to be involved in patient management by utilization of information and computer technologies. (E.g., college/hospital conducting lectures, workshops, website document...)

Effective:

4- Show the satisfaction of the student in accessing the electronic chart of patients (with the help and supervision of staff to ensure

personal information security) in outpatient and inpatient practice settings or other research centers (show survey /interview document(s))

5- Describe any plan proposed by the college for implementing new information and communication technology used for managing patients.

(For a definition of Healthcare Information Technology (HIT) and Patient Management Software (PMS), see Annex 7.3.3.3)

7.3.3.4 The medical school should enable teachers and students to use existing and exploit appropriate new information and communication technology for for working in health care delivery systems

Evidence generation:

Present:

1-Describe how the medical college facilitates medical students' timely access to needed diagnostic, preventive, and therapeutic health services (for their check-up) at sites in reasonable proximity to the locations of required learning experiences e.g. health center which consists of internal medicine, psychiatry, dentistry, etc. contribution to health maintenance of staff and, students, health check for radiation handlers, psychiatric problems, vaccinations, etc.

2- Provide document(s) showing that medical students and staff at all instructional sites are informed about availability and access to health services e.g.: information about health care database system sharing between health centers provide continuous health maintenance and support, and giving instructions for regular health checkups for students and staff with the legal basis from the college health and safety act, in addition to the web-based health check-up database construction for students and staff to read

Applied:

3-Show that medical college has policies and procedures in place that permit students to be excused from required learning experiences including required clinical learning experiences to seek needed care. These policies and procedures that permit students to be excused from their learning schedule should be disseminated to medical students, faculty, and residents.

Effective:

4- Provide college data to show that the respondents (%) at the college are satisfied/very satisfied with student health services provided by different health centers sharing health care database system, e.g. satisfaction with the regular health checkups, mental health interview to ensure early detection and of an early therapeutic intervention for psychiatric problems, vaccination for faculty members and students, etc.

7.3.3.5. The medical school should enable teachers and students to use existing and exploit appropriate new information and communication technology for Optimize student access to relevant patient data and health care information systems.

Evidence generation:

Present:

1-Provide policy or guidance documents that specify the time afforded to the students to access health care information system services in addition to the time of classes and clinical activities.

2-Describe the skills or instructions provided by the college for optimizing student's ability to read all the medical records registered by faculty members and to be able to review the patient's electronic medical charts (for only patients they are responsible for)(e.g. lectures, workshops, brochure, etc.)

Applied:

3-Provide clinical training committee discussions and recommendations for optimization of student access to patient data and health care information system by trying to relax

restrictions for viewing the electronic chart, since restriction would affect student learning.

Effective:

4-Show students and staff opinions in optimization measures for student access to relevant patient data and health care information systems (example on optimization measures: implementation of new regulation, change in syllabus objectives, skill improvement, etc.)

7.4 MEDICAL RESEARCH AND SCHOLARSHIP

Basic standards:

The medical college must

7.4.1. use medical research and scholarship as a basis for the educational curriculum.

7.4.2. formulate and implement a policy that fosters the relationship between medical research and education.

7.4.3. describe the research facilities and priorities at the institution.

Quality development standards:

The medical college should

7.4.4. ensure that interaction between medical research and education

7.4.4.1. influences current teaching.

7.4.4.2. encourages and prepares students to engage in medical research and development.

Basic standards:

7.4.1. The medical college must use medical research and scholarship as a basis for the educational curriculum.

Annotation:

[Medical research and scholarship encompass scientific research

in basic biomedical, clinical, behavioral, and social sciences. Medical scholarship means the academic attainment of advanced medical knowledge and inquiry. The medical research basis of the curriculum would be ensured by research activities within the medical college itself or its affiliated institutions and/or by the scholarship and scientific competencies of the teaching staff.]

Note:

For more details see Annex 7.4

A-Use medical research as a basis for the educational curriculum

Evidence generation:

Present:

1-Provide, as available, a general outlines for research facilities and research programs of the college including:

- Committees for postgraduate studies and scientific research
- Research committee for staff research
- Laboratory facilities for biomedical research (Biochemistry, Pathology, Physiology, Microbiology, etc.)
- Facilities for clinical research (hospitals, health centers, etc.)
- Faculty staff who can supervise researchers
- Research facilities in the college or university
- Participation (or having a sponsorship) in a research program with international research institutes (WHO, UNICEF, UNPA, Universities, etc.).
- Medical research journal to improve and support research work
- Review of the main recent research programs in biomedical sciences, medicine, community medicine, evaluation of health care programs, medical education, etc.)

Applied:

2-Provide evidence to show that each department, division, and research unit continue their efforts to maintain excellent faculty members, and promote research and top-level research products from the international competition point of view.

3-Provide number and title of research abstracts recently submitted by medical student /staff which demonstrate research activities and competencies of the researchers

Effective:

4- Determine the impact of the following activities on the increasing student awareness and opportunities to do a research projects such as: publishing of student papers, coordination between basic and clinical researches, develop a systematic approach to solving problems and to gain familiarity with the scientific method, acquisition of medical knowledge, attitudes, or skills, etc. To determine these impacts, the college may conduct opinions survey or any other alternatives.

B-Use a scholarship as a basis for the educational curriculum

Evidence generation:

Present:

1-Provide the number, titles, and types of scholarships afforded for staff and students.

Applied:

2- Is there a formal mentorship program to assist faculty in their development as scholars? Give a brief description of this program if present.

3- Describe the infrastructure and resources available or planned to support faculty scholarship (e.g., a research office support for grant development, funding for research project development).

Effective:

4- What is the impact of the scholarships granted to the staff/students on their research abilities and competencies?

7.4.2. The medical school must formulate and implement a policy that fosters the relationship between medical research and education.

Evidence generation:

Present:

1- Show that medical school has a policy to supports medical student participation in research and other scholarly activities of the faculty (e.g. show policies or regulations for coordination of student placements, development of opportunities, or provision of financial support for research cost and publications).

Applied:

2-Demonstrate the implementation of college activities in developing interaction of medical research and education, e.g., providing Scholarship, research methodology courses, and training opportunities in developing medical research and education

Effective:

3-Conduct student's survey to show their satisfaction in the impact of the implemented policies on enhancing the relationship between medical research and education from the following concepts: increase of understanding of clinical medicine; facilitate critical and independent thinking, discovery thinking, and critical appraisal, develops teamwork skills, contribution to the health of their patients, etc.

7.4.3. The medical college must describe the research facilities and priorities at the institution.**Evidence generation:****Present and Applied:**

1-Describe research laboratories facilities and equipment (give a general view only) with the level of conducted research at each department

2-Provide data for the cooperation with the affiliated research facilities and also with other education/research institutions

3-How does the college accomplish the research priorities? Examples; show documents for collaboration among basic sciences, clinical medicine, and social medicine, and documents for enhancing clinical research and translational research, etc.

Effective:

4-Provide the student and staff satisfaction with the research facilities and priorities?

Quality development standards:

7.4.4.1. The medical college should ensure that interaction between medical research and education influences current teaching.

Evidence generation:**Present:**

1- Describe how the college runs a research methodology course in respect to the following issues: research conduction, application of research principles, research project evaluation, learning scientific writing principles, learning how to select a problem and prepare a project proposal, application of statistical methods etc.

2-What are other efforts or development programs to enable undergraduate students to experience basic training as researchers, and to become future researchers (e.g. attending lectures presented by senior researchers to demonstrate the integration between research projects of basic sciences, clinical sciences, and social sciences, conducting an elective research program in the department they choose, participating in seminar presentations, etc.)

Applied:

3-List the number and titles of researches accomplished by the students which have been conducted as a result of the researcher development activities carried out by the current curriculum

Effective:

4-Provide student and staff satisfaction in the medical researcher development program implemented in the current teaching to enable undergraduate students to become future researchers. In addition to the survey, the minutes of the research/curriculum

committee meetings can also be provided as a supportive document.

7.4.4.2. The medical college should ensure that interaction between medical research and education encourages and prepares students to engage in medical research and development.

Evidence generation:

Present:

- 1- Show how the college increases student awareness of the opportunity of doing medical research and development of education e.g., creates a list of potential researches and projects in Basic Science and Health Research, give promotions, conducting conferences for student researches, etc...
- 2- The college should announce the list of the faculty members who are willing to or already supervise students to do medical research. Show the announced list.
- 3- Describe the opportunities offered to the students to receive training in the principles and application of research methods and the appraisal and integration of research into medical science. Provide documents for these opportunities such as lectures, workshops, website information, etc.
- 4- How does the college financially support this kind of research? e.g., show funds, grants, promotions, etc.

Applied:

5- Provide the number of students, who are engaged as co-workers in staff research (e.g. engagement in the evaluation of community health programs or engagement in clinical research, etc.)

6- Give the number and titles of student research abstracts that were conducted by the financial college's support.

Effective:

7-Does the college perform continuing research improvement and provide opportunities for any interested students in the professional medical program, to be exposed to or participate in on-going high-quality research? Provide data

8-Interpret opinions of the students/graduates and faculty in the quality of the measures taken by the college to encourage and prepare students in medical research and development of education which are listed above

7.5 EDUCATIONAL EXPERTISE

Basic standards: The medical college must

7.5.1. have access to educational expertise where required.

7.5.2. formulate and implement a policy on the use of educational expertise in

7.5.2.1. curriculum development.

7.5.2.2. development of teaching and assessment methods.

Quality development standards: The medical college should

7.5.3. demonstrate evidence of the use of in-house or external educational expertise in staff development.

7.5.4. pay attention to current expertise in educational evaluation and in research in the discipline of medical education.

7.5.5. allow staff to pursue educational research interest.

Basic standards:

7.5.1. The medical college must have access to educational expertise where required.

Annotations:

[Educational expertise would deal with processes, practice, and problems of medical education and would include medical doctors, educational psychologists, and sociologists. It can be provided by an education development unit or a team of interested and experienced teachers at the institution or be acquired from another national or international institution. Research in the

discipline of medical education investigates theoretical, practical, and social issues in medical education.]

Evidence generation:

Present:

1- Name the committee or authority (include doctors, educational psychologists, and sociologists) and their specialties, that specifically work for medical education and accept consultations on educational methodologies.

Applied and Effective:

2-Show documents of collaboration with medical education professors or other foreign university organization working specifically with education.

3-Describe the achievements that have resulted from access to medical education experts (in-house units or outside experts) in the following areas:

3.1- Professional development skills in the areas of the faculty member's discipline content

3.2- Curricular design

3.3- Student assessment methodologies

3.4-The instructional methodology or teaching methods (i.e., description of the learning objectives-centered activities and ensure the flow of information between teacher and students)

3.4-Teaching methodology or teaching methods (i.e. Describing activities that focus on learning objectives and the flow of information between teacher and students)

3.5-Program evaluation process (presentation of committee minutes, discussion and exchange of views, activities on program implementation and evaluation)

(Note: Examples of the activities which might apply the educational experts to achieve this goal are: workshops, seminars, courses, practical applications of the educational principles in the management of the curriculum, etc.).

7.5.2.1. The medical college must Formulate and implement a policy on the use of educational expertise in Curriculum development.

Evidence generation:

Present:

1- Outline the policy of working with education experts to lead and develop the medical program and improve allocated educational resources. View official orders, rules, minutes, etc...

Applied:

2-Describe the availability of competent people to help teachers improve their teaching and evaluation skills. Display official orders, communications or transactions, meeting minutes, etc...

Effective:

3- Provide documents demonstrating achievements of the education expertise in curriculum development and reform, such as meeting minutes, workshops, conference recommendations, etc.

4-Provide analysis and interpretation for faculty and student feedback, on the appropriateness and quality of the policies; moreover, provide their satisfaction with the application of the recommended reforms in the processes of curriculum development

7.5.2.2. The medical college must formulate and implement a policy on the use of educational expertise in the development of teaching and assessment methods

Evidence generation:

Present:

1 - Indicate the committee or authority responsible for developing and implementing teaching and assessment methodologies in the college. Outline their structure and function.

2-Describe the availability of qualified individuals to assist teachers in improving their teaching and evaluation skills. Display official orders, communications / transactions, meeting minutes, etc...

Applied:

3 – What policies are implemented by the college to ensure that educational expertise is provided on a regular basis to advice on the development of teaching and evaluation methods?

Effective:

4-Provide documents showing that policies implemented on the use of educational expertise in teaching and assessment methods have been met, examples: committee meetings minutes, the document showing the application of innovative scientific principles of teaching and assessment methods, with regular advice from the educational experts, studies conducted to evaluate the effectiveness of the instructional and evaluation methods(checking validity, reliability, and feasibility of the methods) under supervision of these experts, moreover, these roles should be evaluated continuously by staff and student feedback.

Quality development standards:

7.5.3. The medical college should demonstrate evidence of the use of in-house or external educational expertise in staff development.

Annotation:

[Educational expertise would deal with processes, practice and problems of medical education and would include medical doctors with research experience in medical education, educational psychologists and sociologists. It can be provided by an education development unit or a team of interested and experienced teachers at the institution or be acquired from another national or international institution.]

Evidence generation:

Present:

1- Describe the organizational placement of in-house education specialists involved in staff development in the area of education, research and administration.

(E.g. Expertise at the Faculty Development Office, Medical Education Unit, Dean's Office, University Offices)

2-Describe the availability of qualified external individuals who can help faculty members improve their teaching, evaluation, research and administration skills. Post official orders, invitations, communications, transactions, minutes of meetings.

Applied:

3- Provide documentation demonstrating the use of teaching expertise by the college in staff development and time (ex: Part-time, full time, visitor...) they had devoted to the faculty staff development (e.g. Post formal order, college board meeting minutes, workshops, seminars, websites, etc.)

Effective:

4-Evaluate specific programs or activities, and their durations that have been designed with expertise to help in the process of faculty development (e.g. Medical training courses, seminars, clinical instructor training, web sites and email communication skills, etc.).

7.5.4. The medical college should pay attention to current expertise in educational evaluation and research in the discipline of medical education.**Annotation:**

[Research in the discipline of medical education investigates theoretical, practical and social issues in medical education.]

Evidence generation:**Present:**

1-Provide document(s) of sharing faculty members in the activities

of implementation and reform of medical education carried out by experts to adopt updated information

2-As available describe the college achievements to take opinions from foreign visiting professors experts about medical education evaluation and research

Applied:

3-What is the updated information/research which has been implemented in medical education reform as a result of the sharing of faculty members' expertise in conferences, meetings, studies, etc. as well as opinions from external experts.

Effective:

4- Provide staff feedback, on the college attentions processes to promote the achievements of the expertise in the educational evaluation as well as research, in the discipline of medical education

7.5.5. The medical school should allow staff to pursue educational research interests.

Evidence generation:

Present:

1- Describe how does the college disseminate educational research activities of the faculty staff? Outline the current status.

2 - Show whether a medical college and/or its sponsoring institution provides opportunities/promotions to pursue educational research interest for professional development to each faculty member in the areas of discipline content.

Examples of these areas include curriculum design, program evaluation, student assessment methods, teaching methodology, or other areas of research to improve leadership skills and competencies. Demonstrate how the college disseminates research topics among teachers.

Applied:

3- Show the list of educational research conducted within the college.

Effective:

4- Demonstrate documents illustrating the results of staff satisfaction with the college's achievements in disseminating improvements in educational research areas based on staff research interest

7.6 EDUCATIONAL EXCHANGES

Basic standards:

The medical college must 7.6.1. formulate and implement a policy for

7.6.1.1. National and international collaboration with other educational institutions, including staff and student mobility.

7.6.1.2. transfer of educational credits.

Quality development standards:

The medical college should

7.6.2. facilitate regional and international exchange of staff and students by providing appropriate resources.

7.6.3. ensure that exchange is purposefully organized, taking into account the needs of staff and students, and respecting ethical principles.

Basic standards:

7.6.1.1. The medical college must Formulate and implement a policy for

National and international collaboration with other educational institutions, including staff and student mobility.

Annotations:

[Other educational institutions would include other medical schools as well as other faculties and institutions for health education, such as schools for public health, dentistry, pharmacy, and veterinary medicine]

Evidence generation:**Present:**

- 1- Does the college, university, or ministry have a policy for collaboration in educational exchange with other educational institutions including staff mobility with these institutions?
Display formal policy documents.
- 2- Does the college has a student fellowship, collaboration protocol with other regional and international medical colleges. State types of collaboration, countries, and date of collaboration?
- 3- Does the College of Medicine have a well-defined clinical partnership with MOH departments? Show documents.
- 4- Does the College of Medicine have a partnership or collaboration with health colleges and paramedic training institutions (nurses, paramedics, medical technologists, etc.)?
Display documentation demonstrating such collaboration.
- 5- Does the college has a copy of a written policy or order (from college, ministry, or university) for national and international collaboration with other educational institutions (medical colleges, public health, dentistry, pharmacy, and veterinary medicine), in staff and student mobility process?
Demonstrate policy and cases of staff and student mobility among medical colleges and other educational institutions.
- 6- Does the college have collaboration with other scientific research and training institutions to ensure scientific exchange, exchange of training experiences, organize workshops, conferences, and seminars for faculty members or students?
Summarize these events.

Applied:

- 7- Show the cases of staff and student mobility that results from the implication of collaboration and partnership arrangements with other institutions

Effective:

8- Give the opinions of the student and staff on the impact of the educational collaborative and partnership arrangement with other institutions on the process of staff and student mobility

7.6.1.2. The medical college must formulate and implement a policy for: Transfer of educational credits.

Annotation:

[Policy for a transfer of educational credits would imply consideration of limits to the proportion of the study program which can be transferred from other institutions. Transfer of educational credits would be facilitated by establishing agreements on mutual recognition of educational elements and through active program coordination between medical college. It would also be facilitated by the use of a transparent system of credit units and by flexible interpretation of course requirements.]

Evidence generation:

Present:

1-Does the college has Policies for educational credit transfer between the college and other national educational institutions (medical colleges, public health, dentistry, pharmacy, and veterinary medicine, etc.), these policies should be demonstrated.

2-Does the college, university, or ministry has a system of issuing approval for credit transfer between national colleges and foreign medical colleges to facilitate student transfer during study time or after graduation? Describe this system's structure and policy.

Applied:

3- Demonstrate student files with previously transferred credits and related committee meeting minutes, applying current policies.

Effective:

4- Assess the credit transfer process applied to the college, based on the following points:

A-The proportion limit of the study program which can be transferred from other institutions should be considered, i.e., number of courses, stage or year of the study

B-Existence of mutual recognition of educational elements among medical colleges.

C-Transparency and flexibility when discussing course requirements for student transfers.

Quality development standards:

7.6.2. The medical college should facilitate the regional and international exchange of staff and students by providing appropriate resources.

Annotation:

[Staff would include academic, administrative, and technical staff.]

Evidence generation:

Present and Applied:

1-Does the college provide resources to facilitate regional and international interchange of university staff? Demonstrate appropriate resources for each event such as accommodation, transport, food, etc. particularly for international cooperation.

2. Does the college provide resources to facilitate the regional and international exchange of students, e.g. resources for student exchange for short or long courses, training, visiting programs, such as accommodation, transportation, eating, registration fees, etc... Show documents demonstrating the college authority and its action in these regards.

Effective:

3- Show a summary report demonstrating the assessment of the adequacy of resources provided by the college for the exchange of teachers and students on a national and international scale.

7.6.3. The College of Medicine should ensure that the exchange is purposefully organized, taking into account the needs of staff and students, and adhering to ethical principles.

Evidence generation:

Present:

1-Provide a copy of the official agreement for the exchange program, with foreign medical colleges, and demonstrating that this agreement is purposefully organized, assure fruitful and safe educational environment and meet the need of staff and students

Applied:

2-Provide full documents for each exchanged national and international student or staff besides meeting minutes for the committee in charge to ensure availability of the needs and ethical principles for each case

Effective:

3-Show students and staff feedback evaluation, based on the actual outcomes of past data of student/staff exchange

Annexes for area- 7-

- **Annex 7**

Basic Medical Education WFME Global Standards for Quality Improvement

Outline for data collection link: :

<https://www.who.int/workforcealliance/knowledge/toolkit/46/en/>

- **Annex.7.1.1a**

الدليل الإرشادي لمعايير المساحات والموارد البشرية والتجهيزات والمواصفات العامة للمباني والمرافق لمؤسسات التعليم العالي في مصر (مثال للاطلاع)

-Annex 7.1.1b

Physical educational facilities and services standards

Physical educational facilities and service standards

No.	Details	Standard	Percentage of compatibility with standard.
1	Green area	25%	
2	Registration Office Area	10m ² /100 student	
3	Officers in the registration office	Officer/200 students	
4	Faculty office area(single)	9m ²	
5	College office space (shared)	15m ²	
6	Library study area/student	0.8 m ²	
7	Periodical/specialty	5 for each specialty	
8	Computer/teaching staff	1computer for each staff	
9	Computer/student	1computer/25 students	
10	Student/ teaching staff	20 students/1staff member	
11	Technician/student in a laboratory...	1technician/20 students in the lab.	
12	Lecture hall	50-60 m ²	

13	Student/lecture hall	50-60 student/lecture hall	
14	Student stadium	200 student capacity	
15	Research Lab. Area	16m ²	
16	Water closet for staff	1W.C./20 STAFF	
17	Water closet for students	1W.C./30 students	
18	Car parking for staff	1 space/1 staff	
19	Car parking for student	1 space/10 student	
20	Closed hall	2000m ²	

- Annex. 7.1.2

Examples of security measures that should be available and evaluated:

A- Police department/university guards to manage law enforcement, fire safety, emergency medical services, etc...

B-In-card access for building

C-Public safety department to ensure students, physician, hospital employees, patients and visitors

D-Security cameras to monitor inside and outside the college

E-Using emergency notification systems such as email, text messaging, TV, and loudspeakers

F-Presence of emergency plan in case of fire and explosions, severe weather, hazardous chemical materials, contaminations, electricity shut down, law enforcement emergencies.

-Annex 7.2: Teaching hospital, standards, and specifications

الرابط:

ومواصفاته معايير المستشفى التعليمي

<http://sites.ju.edu.jo/ar/pgmc/nationalaccreditation/>

pdf معايير المستشفى التعليمي ومواصفاته.

- Annex 7.3.1:

*A learning management system (LMS) is a software application for the administration, documentation, tracking, reporting, automation, and delivery of educational courses, training programs, or learning and development programs

- Annex 7.3.1.2:

https://www.radiologyinfo.org/en/info.cfm?pg=article-patient-privacy#part_one

- Annex 7.3.3.3 :

Definitions: -Healthcare information technology (HIT) has been defined as "the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making". Health information technology presents numerous opportunities for improving and transforming healthcare in managing patients that include; reducing human errors, improving clinical outcomes, facilitating care coordination, improving practice efficiencies, and tracking data over time. Health information technology has an impact on patient management including safety. Patient management software (PMS) is one of the common categories of HIT.

-Patient management software (PMS) is referred to as software that is regulated as a medical device. It is software that is used to acquire medical information from a medical device to be used in the treatment or diagnosis of a patient. It can also be software that is an adjunct to a medical device and directly contributes to the treatment of the patient by performing analysis, or providing treatment or diagnosis functionality that replaces the decision and judgment of a physician).

- Annex 7.4

Definitions:

- Medical educational research may include evaluation of the transferor acquisition of knowledge, attitudes, or skills in any topic relevant to human health among any type of learner, including health professionals, students in the health professions, and patients.

Besides medical researches, medical educational researches are required. These researches would influence current teaching, facilitate the learning of scientific methods, and evidence-based medicine.

- Annex 7.6.1.1:

Examples of collaboration links with other institutions:

Cooperation in scientific activities such as workshops and conferences, international students exchange program, training programs, and opportunities, joint research activities, external examiners, visiting experts and faculty members, conduction of international examinations (e.g., MRCP examinations), Contribution in the teaching and clinical facilities, in the implementation and development of the undergraduate medical programs of other colleges. Nevertheless, many of the current links are based on personal staff connections.

- Annex 7.6.2:

- Examples of an exchange of academic staff: The college may provide an exchange of academic staff for certain medical colleges, health professional colleges, Iraqi Medical Specializations Board, Arab Board of Medical specialization, participation in the training or curriculum development courses, participation in the final examinations for undergraduate and postgraduate studies of other colleges, giving consultations for

the international medical organization, participation in conferences, etc.

- Transfer Students suggestions notes (These suggestions are not a substitute for the official rules, if available)

A medical college ensures that any student accepted for transfer or admission with advanced standing demonstrates: academic achievements, completion of relevant prior required learning experiences, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. A medical college accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.

- Visiting Students Suggestions (These suggestions are not a substitute for the official rules, if available)

A medical college, in case of acceptance of visiting students, manages and ensures the following: a) verification of the credentials of each visiting medical student, b) each visiting medical student demonstrates qualifications comparable to those of the medical students he or she would join in educational experiences, c) maintenance of a complete roster of visiting medical students, d) approval of each visiting medical student's assignments, e) provision of a performance assessment for each visiting medical student

- **Annex 7.6.3:**

The resources such as faculty, educational space, clinical placements, used by a medical college to accommodate any exchanged medical students or staff, should not significantly diminish the resources available to already enrolled medical students and should also respecting real needs, ethical principles by considering the demands and needs of staff and students (humanity, anti-discrimination,...etc.)

Area -8-
ASSESSMENT OF STUDENTS

GOVERNANCE AND ADMINISTRATION

Prepared by:
Prof. Dr. Ihsan Ajeena

8.1 GOVERNANCE

Basic standard: The medical college must

8.1.1. define its governance structures and functions including their relationships within the university.

Quality development standards:

The medical college should

8.1.2. in its governance structures set out the committee structure, and reflect representation from

8.1.2.1. principal stakeholders.

8.1.2.2. other stakeholders.

8.1.3. ensure transparency of the work of governance and its decisions.

Basic standards:

8.1.1. The medical college must define its governance structures and functions including their relationships within the university.

Annotation:

[Governance means the act and/or the structure of governing the medical school. Governance is primarily concerned with policy making, the processes of establishing general institutional and program policies and also with control of the implementation of the policies. The institutional and program policies would normally encompass decisions on the mission of the medical college, the

curriculum, admission policy, staff recruitment and selection policy and decisions on interaction and linkage with medical practice and the health sector as well as other external relations]

[Relationships within the university of its governance structures would be specified, for example if the medical college is part of or affiliated to a university.]

[The committee structure, which includes a curriculum committee, would define lines of responsibility, which would include authority over specific departmental and subject interests, and the control of the curriculum within existing rules and regulations as defined by the governance structure of the institution and governmental authorities. The curriculum committee would allocate the granted resources for planning and implementing methods of teaching and learning, assessment of students and course evaluation.]

Evidence generation:

Present:

document/s showing the governance structure and function (job description of different disciplines) of the college and how the college implements its policy (ex. regarding the curriculum and research affairs ... etc). Document/s showing the relation between the college and university (the college as a part of the university and the connection with the university, ex. the participation of the dean in the University Council, the impact of university on college management and activities ... etc).

Applied:

document (ex. a photo) showing that the governance structure of the college and how the college is managed are well distributed in suitable places (ex. published at the Deanery).

Effective:

document/s (ex. The result of a survey, questionnaire or meetings with stakeholders) explaining that stakeholders are familiar with these information.

Quality development standards:

8.1.2.1. The medical college should in its governance structures set out committee structure, and reflect representation from principal stakeholders.

Annotation:

[principal stakeholders would include the dean, the faculty council, the curriculum committee, representatives of staff and students, the university leadership and administration, relevant governmental authorities and regulatory bodies]

Evidence generation:

Present:

document/s showing the committees within the college and their functions (especially the curriculum committee). These committees must include principal stakeholders in their structures.

Applied and effective:

document/s showing that the involved stakeholders must know (ex. The result of a survey, questionnaire or meetings with stakeholders) about these committees and know the function of their committees.

8.1.2.2. The medical college should in its governance structures set out committee structure, and reflect representation from other stakeholders.

Annotation:

[other (non-principal) stakeholders would include representatives of other health professions, patients, the community and public e.g. users of the health care delivery systems, including patient organizations. Other stakeholders would also include other representatives of academic and administrative staff, education and health care authorities, professional organizations, medical scientific societies and postgraduate medical educators]

Evidence generation:

Present:

document/s showing the committees within the college and their functions. These committees must include other (non-principal) stakeholders in their structures.

Applied and effective:

document/s showing that the involved stakeholders must know (ex. The result of a survey, questionnaire or meetings with stakeholders) about these committees and know the function of their committees.

8.1.3. The medical college should ensure transparency of the work of governance and its decisions.

Evidence Generation:

Present:

document/s showing that the college had disseminated information about the work of governance and its decisions in newsletters, web-information or disclosure of minutes (according to roles and regulation).

Applied:

document/s showing that this dissemination is really there (ex. A photo, a copy of the newsletter, a web site showing these

information ... etc).

Effective:

document/s showing that these information is known to students, academic and administrative staff, education and education and health care authorities, professional organizations, medical scientific societies and postgraduate medical educators (ex. The result of a survey, questionnaire or meetings).

8.2 ACADEMIC LEADERSHIP

Basic standard:

The medical college must

8.2.1. describe the responsibilities of its academic leadership for definition and management of the medical educational program.

Quality development standard:

The medical college should

8.2.2. periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes.

Basic standards:

8.2.1. The medical college must describe the responsibilities of its academic leadership for definition and management of the medical educational program.

Annotation:

[Academic leadership refers to the positions and persons within the governance and management structures being responsible for decisions on academic matters in teaching, research and service and would include dean, deputy dean, vice deans, heads of departments, course leaders, directors of research institutes and

centers as well as chairs of standing committees, ex. for student selection, curriculum planning and student counseling).

Evidence Generation:

Present:

document/s showing the responsibilities of the academic leadership within the college

Applied:

documents showing that these responsibilities had reached to the involved stakeholders (ex. The result of a survey, questionnaire or meetings with stakeholders).

Effective:

documents showing that these responsibilities are known by the involved stakeholders (ex. The result of a survey, questionnaire or meetings with stakeholders).

Quality development standard:

8.2.2. The medical college should periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes.

Evidence generation:

Present:

document/s showing that the college periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes.

Applied:

document/s showing the results of these periodic evaluations.

Effective:

documents showing the participation of the involved stakeholders (ex. The result of a survey, questionnaire or meetings with

stakeholders). Documents showing the impact of these periodic evaluations.

8.3 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION

Basic standards:

The medical college must

8.3.1. have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget.

8.3.2. allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs.

Quality development standards:

The medical college should

8.3.3. have autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended educational outcomes.

8.3.4. in distribution of resources take into account the developments in medical sciences and the health needs of the society.

Basic standards:

8.3.1. The medical college must have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget.

Annotation:

[The educational budget would depend on the budgetary practice in the college and would be linked to a transparent

budgetary plan for the medical college]. Referencing: Consider National standards: 5.3.3. and 5.4

Evidence generation:

Present:

document/s showing that the college have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget.

Applied:

document/s (ex. The result of a survey, questionnaire or meetings with stakeholders) showing that these responsibilities and authorities had reached to the stakeholders = transparency.

Effective:

document/s (ex. The result of a survey, questionnaire or meetings with stakeholders) showing that these responsibilities and authorities are known by the stakeholders.

8.3.2. The medical college must allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs.

Evidence generation:

Present:

document/s showing that the college is allocating the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs = College Autonomy.

Annotation:

[Autonomy would include appropriate independence from government and other counterparts to be able to make decisions about key areas such as design of curriculum, assessments,

students admission and staff recruitment/selection and employment conditions, research and resource allocation].

Applied: document/s showing that the college apply this autonomy (in at least 80% of the domains of autonomy) to improve college educational outputs.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing improvement of college educational outputs in relation to this resource allocation.

Quality development standards:

1... 8.3.3. The medical college should have autonomy to direct resources, including teaching staff remuneration, in an appropriate manner in order to achieve its intended educational outcomes.

Evidence generation:

Present:

document/s showing that the college have autonomy to direct and manage resources (including teaching staff remuneration) in an appropriate manner in order to achieve its intended educational outcomes.

Applied:

document/s and/or results of survey, questionnaire or meetings with stakeholders showing that the college apply this autonomy (for at least 80% of the intended educational outcomes).

Effective:

document/s and/or results of survey, questionnaire or meetings with stakeholders showing that the intended educational outcomes are achieved as a result of this autonomy.

1... 8.3.4. The medical college should, in distribution of resources, take into account the developments in medical sciences and the health needs of the society.

Evidence generation:

Present:

document/s showing that the college take into account the developments in medical sciences and health needs of the society when distribute the resources.

Applied:

document/s showing that this distribution of resources is applied (for more than two/year) on the developments in medical sciences and the health needs.

Effective:

document/s (ex. results of survey, questionnaire or meetings with stakeholders) showing the impact of this distribution of resources on developments in medical sciences and the health needs.

8.4 ADMINISTRATION AND MANAGEMENT

Basic standards: The medical college must

8.4.1. have an administrative and professional staff that is appropriate to

8.4.1.1. support implementation of its educational program and related activities.

8.4.1.2. ensure good management and resource deployment.

Quality development standard: The medical college should

8.4.2. formulate and implement an internal program for quality assurance of the management including regular review.

Basic standards:

8.4.1.1 The medical college must have an administrative and professional staff that is appropriate to support implementation of its educational program and related activities.

Annotation:

[Administrative and professional staff refers to the positions and persons within the governance and management structures being responsible for the administrative support to policy making and implementation of policies and plans and would include head and staff in the dean's office or secretariat, heads of financial administration, staff of the budget and accounting offices, officers and staff in the admissions office and heads and staff of the departments for planning, personnel and IT].

Evidence generation:

Present:

document/s showing that the college have administrative and professional staff who are appropriate [**appropriateness in number and qualifications**] to support implementation of its educational program and related activities.

Applied:

document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this adequacy had supported (for at least 80%) the implementation of the educational program and related activities

Effective:

document/s and/or results of survey, questionnaire or meetings

with stakeholders showing the impact of this adequacy on this implementation.

8.4.1.2. The medical college must have an administrative and professional staff that is appropriate to ensure good management and resource deployment.

Annotation: [*Management means the act and/or the structure concerned primarily with the implementation of the institutional and program policies including the economic and organizational implications i.e. the actual allocation and use of resources within the medical school*]. [*Implementation of the institutional and program policies would involve carrying into effect the policies and plans regarding mission, the curriculum, admission, staff recruitment and external relations*]

Evidence generation:

Present: document/s showing that the college have administrative and professional staff who are appropriate to ensure good management and resource deployment

Applied: document/s showing that this adequacy is applied for at least 80% of management and resource deployment.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this adequacy on good management and resource deployment.

Quality development standard:

8.4.2. The medical college should formulate and implement an internal program for quality assurance of the management including regular review

Annotation:

[the internal program for quality assurance would include consideration of the need for improvements and review of the management].

Evidence generation:

Present:

document/s showing that the college formulate and implement an internal program for quality assurance of the management including regular review.

Applied:

document/s showing that this regular review is applied for at least 80% of college management.

Effective:

document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this review.

8.5 INTERACTION WITH HEALTH SECTOR

Basic standard:

The medical college must

8.5.1. have constructive interaction with the health and health related sectors of society and government.

Quality development standard:

The medical college should

8.5.2. formalize its collaboration, including engagement of staff and students, with partners in the health sector.

Basic standard:

8.5.1. The medical college must have constructive interaction with health and health related sectors of society & government.

Annotation:

[Constructive interaction would imply exchange of information, collaboration, and organizational initiatives. This would facilitate provision of medical doctors with the qualifications needed by society]

*[The **health sector** would include the health care delivery system, whether public or private, and medical research institutions. The **health-related sector** would include institutions and regulating bodies with implications for health promotion and disease prevention, ex. with environmental, nutritional and social responsibilities].*

Evidence generation:

Present: document/s showing that the college have a constructive interaction with the health and health related sectors of society and government.

Applied: document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this constructive interaction is applied for (at least 80% of) related areas.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this constructive interaction.

Quality development standard:

8.5.2. The medical college should formalize its collaboration, including engagement of staff and students, with partners in the health sector.

Annotation:

*[To **formalize collaboration** would mean entering into formal agreements, stating content and forms of collaboration, and/or*

establishing joint contact and coordination committees as well as joint projects].

Evidence generation:

Present:

document/s showing that the college formalize its collaboration, including engagement of staff and students, with partners in the health sector.

Applied:

document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this formal collaboration is applied for (at least 80% of) related areas.

Effective:

document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this formal collaboration.

Area -9-
CONTINUOUS RENEWAL

CONTINUOUS RENEWAL

Prepared by:
Asst. Prof. Nazar Haddad

9. CONTINUOUS RENEWAL

Basic standards: The medical college must as a dynamic and socially accountable institution

9.1. initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the program.

Evidence generation:

Present: the college should demonstrate a programme for regular reviewing and update in its structure, content, outcomes/competencies, assessment, and learning environment. The College should state how frequent reviewing happen in addition to the state the body responsible for accomplishing these duties (Quality assurance or Curriculum Committee or equivalent)

Applied: The college should demonstrate meeting minutes of reviewing body state, state when did the reviewing process being undertaken and mention the main event accomplished

Effective: demonstrate the impact of these reviewing processes using either survey, questionnaire, or meeting with stakeholders

9.2. rectify documented deficiencies.

Evidence generation:

Present: The College should identify the areas in deficiencies in different aspect of the learning environment. This can be accomplished through meeting minutes from the reviewing committee or quality assurance department state the deficiency, in addition to the main suggestion need to solve them

Applied: the meeting minutes identified the deficiency should be efficiently approved by the college council or equivalent. Showing how the college response to these needs

Effective: document or survey showed that the rectified deficiencies being solved and modified its program to overcome deficiencies

9.3. allocate resources for continuous renewal.

Evidence generation:

Present: the college should demonstrate evidence of allocation of the suitable resource for continuous renewal in different areas of the structure, content, learning environment

Applied: the college should demonstrate the already used resource for the continuous renewal process

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this resource allocation.

Quality development standards: The medical college should**9.4. base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature.**

Annotation: *[Prospective studies would include research and studies to collect and generate data and evidence on country-specific experiences with best practice]*

Evidence generation:

Present: The college should base the process on renewal on studies and analysis in the medical education, this demonstrated by local paper or studies achieved by the medical education body in the college

Applied: the College should demonstrate how these finding of renewal consistent with evidence generated by the literature review achieved

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this on the process of renewal.

9.5. Ensure that the process of renewal and restructuring leads to the revision of its policies and practices in accordance with past experience, present activities and future perspectives.**Evidence generation:**

Present: the college should demonstrate the different version of polices written in different field of their practice

Applied: document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this is revision is applied for (at least 80% of) of the policies and practices at the college.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this revision.

9.6. address the following issues in its process of renewal:

9.6.1. adaptation of mission statement to the scientific, socio-economic and cultural development of the society.

Annotation: *[Mission statement refers to the vision of the college]*

Evidence generation:

Present: document/s showing that mission statement of the college (in its process of renewal) adapt the scientific, socio-economic & cultural development of the society.

Applied: document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this is adaptation is applied (in at least two renewal occasions) to the mission statement of the college.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this adaptation.

9.6.2. modification of the intended educational outcomes of the graduating students

Annotation: *[Educational outcomes or learning outcomes/competencies refer to statements of knowledge, skills and attitude that students demonstrate at the end of a period of learning. Outcomes might be either intended or acquired. Educational/learning objectives are often described in terms of intended outcomes. Outcomes within medicine and medical practice - to be specified by the medical college would include documented knowledge and understanding of (a) the basic biomedical sciences, (b) the behavioral and social sciences, including public health and population medicine, (c) medical ethics, human rights and medical jurisprudence relevant to the practice of medicine, (d) the clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving; and (e) the ability to undertake life-long learning and demonstrate professionalism in connection with the different roles of the doctor, also in relation to the medical profession. The characteristics and achievements the students display upon graduation can e.g. be categorized in terms of the doctor as (a) scholar and scientist, (b) practitioner, (c) communicator, (d) teacher, (e) manager and (f) a professional) in accordance with documented needs of the environment they will enter].*

Evidence generation:

Present: document/s showing that the college modify (in its process of renewal) the intended educational outcomes of the graduating

students in accordance with documented needs of the environment they will enter.

Applied: document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this is modification is applied (to at least 80% of) the educational outcomes.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this modification.

9.6.3. adaptation of the curriculum model and instructional methods to ensure that these are appropriate and relevant.

Annotation: *[Curriculum description would sometimes include models based on disciplines, organ systems, clinical problems/tasks or disease patterns as well as models based on modular or spiral design].*

[Instructional/ learning methods would encompass lectures, small-group teaching, problem-based or case-based learning, peer assisted learning, practicals, laboratory exercises, bed-side teaching, clinical demonstrations, clinical skills laboratory training, field exercises in the community and web-based instruction].

Evidence generation:

Present: document/s showing that the college (in its process of renewal) adapts curriculum model and instructional methods that are appropriate and relevant.

Applied: document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this is adaptation is applied.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this adaptation.

9.6.4. adjustment of curricular elements and their relationships in keeping with developments in the basic biomedical, clinical, behavioral and social sciences, changes in the demographic profile and health/disease pattern of the population, and socioeconomic and cultural conditions. The adjustment would ensure that new relevant knowledge, concepts and methods are included and outdated ones discarded.

Evidence generation:

Present: document/s showing that the college (in its process of renewal) adjustment of curricular elements and their relationships would include new relevant knowledge, concepts and methods and discard the outdated ones.

Applied: document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this is adjustment is applied.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this adjustment.

9.6.5. development of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructional methods

Annotation: *[Assessment methods used would include consideration of the balance between formative and summative assessment, the number of examinations and other tests, the balance between different types of examinations (written and oral), the use of normative and criterion-referenced judgments, and the use of personal portfolio and log-books and special types of examinations, e.g. objective structured clinical examinations (OSCE) and mini clinical evaluation exercise (MiniCEX). It would also include systems to detect and prevent plagiarism].*

[Assessment principles, methods and practices refer to assessment of student achievement and would include assessment in all domains: knowledge, skills and attitudes].

Evidence generation:

Present: document/s showing that the college (in its process of renewal) develop of assessment principles, and the methods and the number of examinations according to changes in intended educational outcomes and instructional methods.

Applied: document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this is development is applied.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this development.

9.6.6. adaptation of student recruitment policy, selection methods and student intake to changing expectations and circumstances, human resource needs, changes in the premedical education system and the requirements of the educational program

Annotation: *[Admission policy would imply adherence to possible national regulation as well as adjustments to local circumstances. If the medical school does not control admission policy, it would demonstrate responsibility by explaining relationships and drawing attention to consequences, e.g. imbalance between intake and teaching capacity]*

(Decisions on student intake would imply necessary adjustment to national requirements for medical workforce. If the medical college does not control student intake, it would demonstrate responsibility by explaining relationships and drawing attention to consequences, e.g. imbalance between intake and teaching capacity).

Evidence generation:

Present: document/s showing that the college (in its process of renewal) adapt a policy for student recruitment, selection methods and student intake according to the changing expectations and circumstances, human resource needs, changes in the premedical education system and the requirements of the educational program.

Applied: document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this is policy is applied.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this policy.

9.6.7. adaptation of academic staff recruitment and development policy according to changing needs.

Annotation: *[The staff recruitment and selection policy would include ensuring a sufficient number of highly qualified basic biomedical scientists, behavioral and social scientists and clinicians to deliver the curriculum and a sufficient number of high quality researchers in relevant disciplines or subjects].*

[Teacher training, development, support and appraisal would involve all teachers, not only new teachers, and also include teachers employed by hospitals and clinics].

Evidence generation:

Present: document/s showing that the college (in its process of renewal) adapt a policy for academic staff recruitment and development according to changing needs.

Applied: document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this policy is applied.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this policy.

9.6.8. updating of educational resources according to changing needs, i.e. the student intake, size and profile of academic staff, and the educational program

Annotation: *[Physical facilities would include lecture halls, class, group and tutorial rooms, teaching and research laboratories, clinical skills laboratories, offices, libraries, information technology facilities and student amenities such as adequate study space, lounges, transportation facilities, catering, student housing, personal storage lockers, sports and recreational facilities]*

[A safe learning environment would include provision of necessary information and protection from harmful substances, specimens and organisms, laboratory safety regulations and safety equipment]

[Effective and ethical use of information and communication technology would include use of computers, cell/mobile telephones, internal and external networks and other means as well as coordination with library services. The policy would include common access to all educational items through a learning management system. Information and communication technology would be useful for preparing students for evidence-based medicine and life-long learning through continuing professional development (CPD)].

Evidence generation:

Present: document/s showing that the college (in its process of renewal) update the educational resources according to changing needs.

Applied: document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this is updating is applied.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this updating.

9.6.9. refinement of the process of program monitoring and evaluation

Annotation: *[Program monitoring would imply the routine collection of data about key aspects of the curriculum for the purpose of ensuring that the educational process is on track and for identifying any areas in need of intervention. The collection of data is often part of the administrative procedures in connection with admission of students, assessment and graduation].*

[Program evaluation is the process of systematic gathering of information to judge the effectiveness and adequacy of the institution and its program. It would imply the use of reliable and valid methods of data collection and analysis for the purpose of demonstrating the qualities of the educational program or core aspects of the program in relation to the mission and the curriculum, including the intended educational outcomes. Involvement of external reviewers from other institutions and experts in medical education would further broaden the base of experience for quality improvement of medical education at the institution].

Evidence generation:

Present: document/s showing that the college (in its process of renewal) refine the process of program monitoring and evaluation.

Applied: document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this is refinement is applied.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this refinement.

9.6.10. development of the organizational structure and of governance and management to cope with changing circumstances and needs and, over time, accommodating the interests of the different groups of stakeholders

Annotation: *[Governance means the act and/or the structure of governing the medical school. Governance is primarily concerned with policy making, the processes of establishing general institutional and program policies and also with control of the implementation of the policies. The institutional and program policies would normally encompass decisions on the mission of the medical college, the curriculum, admission policy, staff recruitment and selection policy and decisions on interaction and linkage with medical practice and the health sector as well as other external relation]*

[Management means the act and/or the structure concerned primarily with the implementation of the institutional and program policies including the economic and organizational implications i.e. the actual allocation and use of resources within the medical school. Implementation of the institutional and program policies would involve carrying into effect the policies and plans regarding mission, the curriculum, admission, staff recruitment and external relations].

Evidence generation:

Present: document/s showing that the college (in its process of renewal) develop the organizational structure and of governance and management to cope with changing circumstances and needs and, over time, accommodating the interests of the different groups of stakeholders.

Applied: document/s and/or results of survey, questionnaire or meetings with stakeholders showing that this development is applied.

Effective: document/s and/or results of survey, questionnaire or meetings with stakeholders showing the impact of this development.