



Internal self-assessment study for medical education program and accreditation process

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Abstract

Introduction: Attempts from some colleges of medicine in Iraq were made trying to overcome the problems and suffocations that faced undergraduate medical studies in our country and trying to respond to our community health needs to increase awareness, evidence-campaign for staff members of the college and for administration and students focusing mainly on medical education quality and best practice.

Methods: Collection of data was done through questionnaires, interviews, documents and focus group discussions.

Results: The graduates are of good quality and having the necessary competencies and skills when compared to national, regional and international graduates.

There is no properly objective defined mechanism to evaluate our graduates regarding their performance in provision of health services to the community.

Discussion: There is a need to introduce a mechanism to evaluate graduates of our college and to monitor the community perception of the quality of services they do provide.

Keywords: Accreditation, Organization, Self assessment, Medical education

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Introduction:

Attempts from some Colleges of medicine in Iraq were made trying to overcome the problems and suffocations that faced undergraduate medical studies in our country and trying to respond to our community health needs. The already existed medical schools were mostly science oriented, not innovative and give minor role to primary health care. Our college among establishment was mandated for innovative approach to medical education emphasizing learning through the study of clinical problems.

The initiative on accreditation of medical schools has merged in April 2007 as a result of the recommendation of a workshop on medical education and the standards of Accreditation that organized through an appreciated technical support from the World Health Organization and has witnessed the participation of representatives of Ministry of Higher education, Ministry of Health and the 22 medical schools in Iraq.

The need for modernization and quality

improvement in medical education is linked with the remarkable increase in the medical schools in Iraq over the past decade, as well as the need of improving the quality of health services in our country.

The Accreditation and Quality Assurance unit have been responsible for performing the first Self Assessment with the help of Self Assessment Report committee.

The 1st stage was planned toward increasing awareness, shifting toward evidence- base and best quality culture through well structured and designed workshop to college staff members.

While in the implementation phase, more than 800 working hours were spent by the committee staff on the study.

The educational process of our college is characterized by acquiring medical, behavioral and social knowledge through satisfactorily understanding priority health problems.

The mission of our college did take into consideration the changes worldwide regarding the

concepts of primary health care, rapid explosion of information, and the new roles of basic medical sciences is creating an educational system able to graduate competent physicians who meet successfully the individual as well as community health needs at local and international level.

The Accreditation and Quality assurance unit Al Kindy College of Medicine and Curriculum Committee nominated self Report committee (Task force).to work in the self assessment study in September /2008.

The group adopted the Iraqi guide line of Accreditation of medical colleges which rely on WFME and GCC standards for undergraduate medical education with the full technical assistance of WHO/Iraq.

The general objectives of conducting the self assessment study of the task force are:

Increase awareness, evidence-campaign for Staff members of the college, Administration and students focusing mainly on medical education quality and best practice.

SWOT analysis focusing on Strength, Weakness and Suggestions points.

Preparation for planning for national accreditation according to international WFME standards.

Implementing the nationally approved plan of action by October 2010.

Methods of conducting the self study:

Increasing awareness:

Introducing the concepts of WFME and GCC standards, Accreditation, Quality assurance and the internal self Assessment study to the staff members, students, authorities and stake holders.

Internal Self Assessment Committee (Task Force):

Accreditation and Quality assurance committee did nominate the task force.

Approval of the National Accreditation guide line and WFME standards:

On national basis, according to the commitment and recommendations of Iraqi medical colleges deans, national accreditation committee with technical and financial support of WHO based on well structured timely revised plan of action.

The committee (task force) is established in August/ 2009.

Methods

Data collection and analysis:

Collection of data is done is through questionnaires, interviews, documents and focus group discussions.

Questionnaire: were approved on national basis after being studied, revised and approved to address the current situation of the college and structured according to WFME standards. The questionnaire

is composed of 9 fields which covers the whole 11 standards of our guidelines .the questionnaire designed, implemented and data were analyzed by the task force committee and involved confidentiality without listing names .more than 230 students were interviewed and almost all staff members were included.

Interviews: used to describe and list the current program information's and practices.

This will help also to have an idea about staff and members of the college opinions and contributions.

The self report committee took the responsibility of conducting the interviews with the staff members, students, decision makers and directors in MOH and medical teaching hospitals.

Focus Group: Discussions are conducted through focus group to have precise and informative opinions of staff members in addition to students to address these points and include them in the report.

Official documents are obtained from various departments, administrative and examinations units of the college

Analysis of information:

The information are collected, analyzed and reported to identify and categorize the areas of strength, weaknesses and the suggestions requested accordingly.

The self study components include the medical curriculum, students assessment and examination, monitoring and evaluation of the curriculum, students, staff, physical resources, management of medical school, research, continuing medical education, continuing quality improvement and governance.

Results

1. The Medical Curriculum

1.1 Goals and objectives

The overall goal of undergraduate medical education must be to produce broadly educated medical graduates who are competent to practice safely and effectively.

Graduates must have an appropriate foundation, not only to function upon graduation as a physician and be prepared to pursue long life learning and ready for further training.

Emphasis must be placed on the principles, attitudes and values in the practice of medical science, rather than on the acquisition of a detailed compendium of current knowledge or a comprehensive list of clinical skills.

The program must be responsive to the health and development needs of the community and ensures engagement of the community.

The mission of our college is based on creating an educational system targeted toward graduating component physicians who are able to meet with success the individual and community health needs at national and international one.

Our missions were written in a comprehensive clear manner, stating clearly the competencies of future graduates and enabling the college and its departments to realize the competencies required and design their program accordingly. 1.1 Goals and objectives

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Points of strength

The objectives and ILO (Intended Learning Outcomes) are properly Documented in a precise, realistic and achievable steps.

Educational aims were included under the title: Mission and Objectives.

The educational Goals and objectives are clear in congruence with WFME standards, and give priority to improve and promote the general health of the community.

The objectives are written clearly and the ILOs are clear for knowledge, understanding, intellectual skills, clinical and professional skills and it reflects the community aspects of the curriculum.

The objectives are relevant and suitable on national and global standards basis.

The community needs and priorities are among the vital issues that are taken into consideration.

Points of weakness

Few staff members are not contributing in formulation, nor well informed and oriented about the objectives.

Many Students are not well realizing the objectives intentions of the college, though active measures are being considered.

Community needs though well stated but need to be strengthened.

Suggestions

More consideration to community health needs.

Orientation and awareness to staff members and students about our intended learning outcomes to be consolidated.

1.2 Program duration

The duration to implement the program in Iraq and our college is not an exception. It is a six years program and is based on addressing common health needs and problems.

We believe that a program of 6 years is proper to graduate doctors who will obtain the necessary competencies that are needed for their 1st foundation year and future progress in the field.

Points of Strength

A six year program is accepted on national and global basis to provide the graduates with the necessary and important competencies to prepare graduates for better achievements during the 2 years foundation that will follow.

Points of Weakness

The need for investing properly the time spent in summer holidays to gain more clinical attachment.

Suggestions

Optional offers to medical students to have more clinical attachment mainly at the end of 3rd and 4th year.

1.3 Curriculum Design and Organization:

The curriculum clearly defines and describes the learning strategies based on the following characteristics:

Community oriented program responding to priority health needs.

Partial integration of subjects and disciplines at horizontal level.

Curriculum is divided into 3 phases: Healthy life, Pathogenesis and Clinical and primary care clerkship.

Subject system modules.

The six years program contains and based on analysis of common problems, curriculum research project assignment in year 4 (scientific thinking and research methodology). Motivating students toward more constructive thinking and so for statistics that is given during the 3rd year program.

The 1st 3 years of the program are devoted to address basic medical sciences toward more integrated module based on health problem ensuring adequate basic knowledge in their professional practice. The basic sciences materials include clinical applications, i.e. Anatomy syllabus is taught partially by surgeons' staff and so for Physiology, Microbiology, and biochemistry where some of the academic staff is of medical background.

Within the Community medicine curriculum, the students are subjected to topics related to health administration, communication, communicable and non communicable disease prevention including practical and clinical training.

Epidemiology and methodology are given extensively to cover students needs in conducting researches and dealing with epidemiological health figures and issues.

The curriculum document does not show clearly separate modules on behavioral sciences and it is embedded within the whole curriculum.

The students are given the opportunity to get in contact with patients and community through training in hospitals, PHCC and community settings (projects) which are done in systematic and clear student's objectives and tasks.

The curriculum committee and its structural curriculum unit is headed by the dean, in addition to secretary and administrative staff, the committee is composed of members representing different academic departments and student representatives.

The committee is responsible for managing all the curriculum, learning and student assessment activities. Departments are responsible also for teaching and training of students according to the schedule and time table organized and supervised by the curriculum in addition to design, plan and implement their own syllabus.

Points of Strength

-The curriculum does cover the basic and clinical sciences in well structured and sequential manner.

-The New curriculum is an attempt to respond to public agreement toward the need for strengthening health care providers competencies that are necessary for them to offer community health services. The curriculum responds also to scientific directives for higher educational reform.

It contains both aspects of training and education.
-Training is emphasized for the development of students' clinical competencies, educational aspects as well as the ability to solve problems.

It conceives the subject matter and toward more integration as the means to provide the students with basic knowledge and skills that enables them to provide the health care services required to promote

the health and welfare.

-It includes description of methods of student Assessment, stressing both formative and summative types and emphasizing the use of objective tests, class room work and student portfolio.

It applies mainly the behavioral and assumptions in its purpose and toward more constructive contents.

-No evidence of hidden and or tracking of the curriculum structure.

The curricular objectives do not exert any hegemonic -Role. The identification of the course prerequisites (foundation of skills) is the feature of vertical organization of the course at macro level. The contents are organized at the micro level in a hierarchical configuration.

It gives high degree of stratification and status for the subject matter and accordingly the time and credit given are higher than previous.

The curriculum allows enough time for the teachers to prepare for its implementation. The time allocated for teaching the whole curriculum is sufficient.

Physical facilities relative to the required is a weapon for proper implementation

Points of weakness

-Curriculum committee did not include sufficiently students' representatives.

-It did not point precisely to the interests of students which should be fulfilled when they study the course (self learning skills).

-The need to strengthen the objectives that are specific for development of positive attitudes, and ethical consideration.

-The principal of organization of the contents does not take into consideration the learners and their interest's opinions, though it might be included.

-Staff resistance to the required changes in the instructional strategies and assessment a method are present but to less extent regarding implementation and this point was dealt with in the administrative aspects of the curriculum.

Suggestions

-The curriculum committee should include in addition more active students' representatives.

-Educational aims and goals, clearly defined administrative goals must be high lightened.

-The course objectives to be upgraded to include objectives that focus more on the higher cognitive skills rather than recall and understanding that stress on the development of required attitudes.

-Content organization requires a lot of efforts to allow more integration of concomitant courses and more integration of the subject content to help students develop knowledge networks.

-Departments' staff must be motivated to develop their training and assessment skills through attending

workshops and meetings organized by the college and university.

-Department staff needs motivation to change their traditional methods of teaching to more innovative methods especially students centered learning, problem oriented methods and interactive discussions.

-Continuous monitoring of curriculum implementation must be ensured through well defined methods which are written in the curriculum documents and agreed on by the staff member.

1.4 Curriculum implementation: Curriculum: structure, Composition :

The curriculum follows the natural history of health and disease .It starts with natural and protective health and passing through the stages of health promotion, early detection of disease and the history of pathogenesis to prepare the student to the Interventional stages of diagnosing, managing and rehabilitating individuals and communities focusing on preventive measures. During all these stages special emphasis is made on priority health problems and targeting the state of population well being.

Graduates are defined in the curriculum document of our college with a level of performance of these competencies at graduation are closely related to job description for the foundation residency program that each graduate should pass before being allowed any kind of postgraduates training and or practice. These competencies are aligned with the new development in professional practice and health system development including postgraduate training schemes.

Points of strength

-There is a balance between theoretical, practical and clinical sessions.

-Basic sciences cover all aspects of human structure and functions.

-Appropriate chronology starting from normal, pre clinical and clinical phases.

-Curriculum committee is established and each discipline has the flexibility to plan and implement the curriculum belonging to the department.

Points of weakness

-The curriculum theory hours still represent a big bulk in relation to total hours regarding some of the taught subjects.

-Clinical applications in basic are not sufficient but dealt with more actively.

-Implementation of medical ethics is not illustrated clearly within each discipline.

-Elective topics not clearly defined.

Suggestions

-Practical and clinical part of curriculum should be increased.

-More flexibility and time to elective topics and according to priority health needs and relevant topics.

-To demonstrate and develop medical ethic syllabus.

1.5 Teaching and Learning Methods and Educational Settings:

They are consistent with the schools educational Objectives:

Teaching methods have different settings (lectures, tutorials, site visits, clinical and practical) are using strategies which promote student-centered, encourage active student enquiry, stimulate analytical thinking and organization of knowledge, and foster life-long learning skills.

The school is ensuring that students are made aware of the importance of information technology and medical informatics and those opportunities are provided for its learning and practices.

Professional clinical skills are introduced early in the curriculum and coordinated with basic medical sciences. Skills laboratories are under process of development and to be used in the preparation of students for their clinical clerkship phase.

Students throughout the program are exposed to a range of settings in which health care is delivered and health promotion is practiced. In addition to teaching hospitals and primary health care centers, students have the opportunity to work in the community, with families, in community health centers, in general practice, and in centers for those with chronic mental or physical disability including workplace to address occupational health.

Students are exposed to common medical problems in the outpatient setting, and experience the effect of the family and the community environment on symptom expression and therapeutic responses.

All clinical placements are well organized and adequately supervised. The objectives and the assessment of all clinical placements, in hospitals and in the community are defined and made known to both the students and the teachers.

Students are given the opportunity to undertake a supervised elective study in areas such as social or environmental and community service with identified objectives and for a minimum period of four weeks, which are assessed by the Faculty(The student has at least one project through the study period).

Students are exposed to issues and concerns that will violate medical ethics and be guided in the development of an ethical professional attitude.

There is an agreement among interviewed academic staff that the quality of different educational activities is acceptable, including lecture halls, practical sessions and discussion rooms. There are also adequate university facilities.

The communication between staff and students are valued positively, the activity performance are done properly regarding teaching and research.

Among students, there is an agreement that access to knowledge is easy in the college and that the college is spending a sufficient resources to cover the needs for adequate library, lecture rooms, labs and computers.

The communication system is sufficient regarding accessing to in formations requested and is partially funded.

The environment of lecture rooms, labs, examination halls, corridor, cafeterias, heating, and bathrooms. Lighting, cooling system and general atmosphere are adequate generally.

The availability of setups, clinics, patients, equipment, models and teaching materials are adequately available and functioning.

General satisfaction about teaching process was well identified and the academic staff are doing their best regarding delivering the curriculum.

Points of Strength

-The curriculum uses a variety of teaching –learning methods (lectures, tutorial classes, practical trainings- lab and clinical, seminars) and the format is well defined.

Points of Weakness

-Theoretical hours represent big bulk of the curriculum to some extent.

-Problem solving and self learning need to be strengthened.

-Inappropriate small group learning.

Lifelong learning curriculum contents is not clear

Suggestions

-More horizontal integration between different subjects and including different disciplines that deals with similar scientific headings and topics.

-Increasing awareness and introducing the problem solving and student self directed learning methods regarding different curricular topics.

Encouraging disciplines to implement their syllabus toward more integration.

-More reliance on computer assisted learning and E learning.

-To ensure wider use of EBM (Evidence Based Medicine)

2. Student Assessment and Examination

2.1 Assessment Methods:

A student learning outcome is to be measured using two strategies; the first strategy is the summative method (written). The second strategy is formative strategy including Continuous assessment that takes place during almost all learning activities in the form of quizzes, reporting, attitude, tasks during field, practical and clinical sessions.

End-of-Block Assessment: At the end of each block:

- Written exams (short and modified essays, MCQ's, problem based questions)

- Practical exams

- Clinical exams

- Oral exams

2.2 Relation between Assessment and learning:

The assessment is aimed to be always based on educational objectives. Teachers and trainers are asked to submit several questions and training tests based on the specific objectives they followed during teaching and training. The scientific committee of the department will evaluate the material submitted and choose the final sets to be administered for the students' assessments. All tests theoretical and practical are based on sets of integrated subjects.

The academic staff and students interviewed believe (in more than 75%) that exams and evaluation meets the learning objectives, 2/3rd of them think that formative assessment Percentage of the total final examination mark is allocated to in-course evaluation (formative assessment in more than 50%) and there is no need to change the percentage. the method of assessment using combination of (MCQ, clinical, practical, short based question, short essay) is preferable. in addition ,clinical and integrated method of assessment were among the most preferable rate in comparison to other methods of assessment.

Points of Strength

-Curriculum and CME committees are organizing several workshops and increasing the awareness to academic staff about student assessment.

-Well structured and defined organization regarding student assessment which include examination committees (central and on department level) with clear instructions on central basis.

-There is a common agreement that formative assessment and other innovative assessment methods are to be considered and to be given more weight.

-Objective evaluation is dominating the process.

Points of weakness

Many of our academic staff is not well oriented and trained about student assessment methods.

In many occasions the ILO (intended learning outcomes) of many topics, do not have specific assessment methods.

Innovative methods of assessment (OSCE, OSPE, Triple jump exercise) need to be used more widely.

The need for more transparency in discussing marks details with students.

Suggestions

Using and introducing more objective methods in assessment of students.

The ILO in all topics and subjects should be clearly

defined including all disciplines.

Introducing more specific measures to assess the validity and reliability of students' assessments for each specific topic and or course.

3. Monitoring and Evaluation of The Curriculum

3.1 Mechanism for program evaluation:

The curriculum includes a strategy to evaluate the program through the followings activities:

The College Council discusses educational events with evaluations under a fixed item of agenda.

Departmental committees evaluate syllabus and performance at the end of each year and feed back to the College Council.

The college council will revise and evaluate the departmental functions, scores of students and failure rates to assess the educational program.

By the end of each year, the college council will evaluate the overall performance of the curriculum.

External evaluation by inviting experts from outside college.

The staff is encouraged to conduct research to evaluate educational process and outcomes for publication in journals and in a special serial document.

Points of strength

The graduates obtain competencies that can deal with community health priorities and needs.

The college has mechanism for monitoring and evaluating of the curriculum.

College council is involved in reviewing and contributing to the program.

Points of weakness

The college had no decisive role in admission policy.

Students and staff involvement and contribution are not adequate.

Educational experts involved need to be supported.

The college needs to consider the feedback of its graduate about the curriculum.

There is a need for more and adequate review of the program of some departments.

Suggestions

The curriculum committee to involve wider members' spectrum including students and stakeholders (MOH, medical syndicate, community representatives).

-To develop a mechanism for graduates opinion about the program.

-To develop a clear ILO /VMO on departmental level.

3.2 Teachers and student feedback:

Feedback from each department to the teachers and to the college council on one hand and from the students (on occasions) to the faculty and college

council on the other hand.

Points of strength

-There is a role for student and academic staff feedback to the college council.

-Some academic staff is well oriented about the strategy of evaluation.

Point of weakness

-Proper mechanism for feedback from students and academic staff is not available.

Suggestions

-Introducing and increasing awareness of more specific indicators to evaluate the performance with more reliance on feedback from students and academic staff.

3.3 Student performance and quality of graduates

Student performance is dealt with through departmental councils meetings and through the verbal reports during training courses from the training staff members (on departmental level) that is submitted to the department and discussed thoroughly.

Though the competencies stated in the curriculum are adequate but still, some of the academic staff members in addition to some of the students are not well satisfied with the current educational outcome.

From our perspectives we do believe that the issue is mainly related to improper implementation of the already stated objectives of the curriculum.

Point of strength

-The graduates are of good quality and having the necessary competencies and skills when compared to national, regional and international college's graduates.

Point of weakness

-There is no proper objective defined mechanism to evaluate our graduates regarding their performance in provision of health services to community.

Suggestions

-The need to introduce a mechanism to evaluate graduates of our college and to monitor the community perceptions about the quality of services they do provide.

3.4 Involvement of stakeholders:

This is dealt with as mutual discussions with MOH, Iraqi National accreditation committee, Iraqi medical deans' council, medical syndicates, societies and university council.

Points of Strength

-Involvement of stake holder in curriculum program is adequate to some extent.

Points of weakness

-Not all stakeholders are actively participating.

Suggestions

- More involvement to activate stakeholders
- to have more feedback, based on evidence.

4. Student

4.1 Admission Policy and Selection

The policy for admission to higher education institutes is uniform for all institutes in Iraq. This policy is based on competitive application for enrollment in different colleges based on demand and number of seats. The major criteria are the academic scoring in the secondary school final examination after 12 years schooling.

4.2 Student intake

Students' intake is decided annually by the ministry of higher education and scientific research according to the national need as submitted by the ministry of health. In general terms, not all capacities at the college are seriously considered. The college is usually consulted on the already decided number of the students' intake and approximate number is compromised between the college and MOHE so that the total national number of intake is made.

4.3 Student support and counseling

Limited support and counseling is available as part of a national policy. Some support is provided in respect of housing, transport and cafeteria services. social, athletic and psychological counseling is available with some financial support for the 6th year students.

Financial support to students includes:

- Higher education package for students support
- The 6th year student's salaries.
- Sport services.
- Teaching services free of charge, including teaching programs, lectures and books.
- Free uniform for students with low prices.
- Supporting graduate ceremonies. (See Annex)

4.4 Student Representation

The students union is active in several ways. The students with highest scores to represent his class . In addition the representative of the sixth year class is representing all the college students in the college council. This process does follow certain regulations set by the university and MOHE.

In spite of the central criteria for selection, the interviewed academics and students do believe that other selection criteria should be added including mainly psychological test (more important than admitting test and interviews).also the admission criteria can not be reviewed regularly because of the central policy regarding selection criteria.

The total number of students in each class is between

50-70 students which fit the learning process facilities, and approved by 50% of the interviewed staff.

There is no special committee that deals with career and residency in the college and no experienced support from a counseling guidance for career and residency.

Students represented in the college council and curriculum committee should be strengthened according to opinion of the sample.

In addition and although that there is no documented organized mechanism to identify academic difficulties, but this is dealt with through the college council and on departmental level during the regular frequent meetings.

The new selected students may face some English linguistic difficulties during the 1st and 2nd year and this issue was considered by our teaching staff and the process of learning. More than 2/3rd of the students are not well oriented about the available financial aids that are available and offered from the college that can be useful to them during their study. And there are many services that are provided to the students during their study including students social club which is partially funded, halls and yards for practicing different kinds of sport, free of charge health services, salaries for stager students on monthly basis ,in addition to financial aid box offered by MOHE.

Point of strength

- The number of students in each class is acceptable.
- The selected newly admitted students are having the highest marks among their peers with the best scientific background and learning capabilities.
- Mechanism for student support is functioning adequately.
- There is a mechanism for student representation.
- The presence of cultural and gender diversities among the admitted students.

Points of weakness

- No real control on the number of accepted students in the college and or to reject the unqualified one.
- No real role of stake holders' opinion regarding policy of admission.

-Student's representatives are not elected in a democratic way.

Suggestions

-The college opinion to decide the exact number needed ,is to be committed and to select the most fit one according to well developed mechanism(written examination and interview)

-More support to students and more clear criteria to student involvement and representation.

-To develop a carrier guidance for the students during the time of admission and more social programs.

-To raise awareness about the presence of financial aids to students who are in need.

5. Staff

5.1 Faculty: Student Ratio

The academic staff cadre in overall, the medical school have a 1/10 number of staff for clinical learning and clarity with a ratio for laboratory of 1 to six, and for group work and lectures are 1:15 and 1:60 consequently.

More than 70 % of the faculty is full time. Each department has at least one full-time Professor or Assistant Professor. Departments also have adequate numbers of non-academic support staff (*secretaries, technicians*).

Some of our staff are newly admitted to MOHE and not well informed about recruitment policy of the staff applied at the college. In addition the years of experience is considered more preferable to others (teaching skills, research activity and credentials) in evaluating educational skills.

On the other hand, about 50% of the sample does not agree that promotion policy is adequately balanced between Teaching, Research and Services.

The student staff ratio in the college is 4/1 which is more than recommended standards, still there is lack in some of the clinical departments and this issue is dealt with through recruiting partial time medical staff.

Evaluation of the academic staff by their students is present but not on regular basis while regularity of evaluation by Dean and on departmental level is ensured and stated.

There is a well understanding of the roles and regulations regarding faculty appointment, promotion and dismissal. Also job description which includes teaching, research and service duties are well identified by academic staff.

The staff has sufficient input into college decision making, through their contribution and participation in the different committee structure of the college.

In addition, the academic staff are involved also in an active way in duties related to administrative and health care provision of MOH scientific meetings, health services and committees related.

Points of strength

-Adequate faculty-student ratio, student –lab ratio and group work ratios.

Adequate full to partial time academic staff ratio.

Points of weakness

-There is a need to maintain this ratio with proper quality.

Suggestions

-To re adjust the ratio according to the needs for more innovative methods of teaching.

5.2 Qualifications for Recruitment and Promotion

of Academic Recruitment

A central policy exists at the national level. However, eligible staff can choose to submit their application to each medical college and will be considered according to their qualification and experience. Each application will be considered by the college according to the vacancies available and approval of the department, university and ministry of higher education authority. Staff (Part time) from teaching hospitals may be requested by different departments for clinical teaching after taking their approval.

The need is determined by the college departments according to a formula approved by the university. Still there is unequal distribution of Academic staff in relation to departments.

Each academic staff is subjected to interview by a college committee specified for this issue to identify his teaching skills.

Regarding promotion:

Staff promotion in academic carrier depends on scientific and professional activities and regulated by central legislation.

Promotion committee is established in the college and the decisions made are supervised by higher committee in the university.

Points of strength

-The departments' needs are assessed by the department council and discussed in the college council.

-Clear mechanism and requirements to be fulfilled by academic staff in order to be promoted.

There is a joint appointment between hospital and college regarding the teaching process.

Points of weakness

-Clear designation between hospital practitioners and the college regarding research need to be revised.

Student opinions about staff are not considered properly.

-The need for more contribution to policy of Recruitment (central).

Suggestions

-Students' opinion and contributions are to be considered.

-To develop a mechanism for joining research between college staff and hospital practitioners.

5.3 The college had a proper plan for human resources development

Accreditation and quality assurance units are available besides the CME unit

Helping toward better staff development and career review. Staff must have access to staff development program that is appropriate to their needs.

All academic staff does have teaching, Research responsibilities in addition to involvement in

community services.

There is no special center for academic development but the college is moving toward providing Diploma degree in medical education for staff who are qualified and have the interest to improve the educational development of Academic staff.

Points of strength

-Presence of staff development activities and units related to accreditation and quality assurance program.

-Staff members are included within almost all committees of the faculty.

-Staff members are part of college administrative committees and units.

Points of weakness

-The process available for the mentoring of staff by their immediate superiors need to be documented.

-Curricular description in addressing the duties of academic staff members during implementation of the program need to be specified.

Suggestions

-Involvement of more staff members in workshops dealing with skill lab issues.

-To develop a Medical education program for staff members and to be a part of the promotion process requirements.

5.4 teaching support and advice on EBM good teaching and learning are available.

Teaching support and advice on Evidence Based Medicine teaching and learning are available.

Point of strength

-The college curriculum committee and CME are organizing workshops to increase awareness about role of EBM.

Point of weakness

Some academic staff is not fully aware of EBM teaching.

Suggestions

The need of more integration toward EBM teaching in the curriculum.

The need to address and develop a more structured plan for academic staff Capacity building.

6. Physical Resources

6.1 Teaching Facilities on Campus physical facilities (Inside college campus) which include

Lecture halls and small problem solving teaching hall.

Practical laboratories.

Skills laboratories.

Computer laboratories.

Library.

Museum of Anatomy department.

The library opens from 8:00-3:00am daily with

capacity of 50 students.

The total numbers of lecture halls are 5 in addition to 2 seminar halls of smaller capacity.

The museums of anatomy department contain samples of different organs and manikins.

The lecture halls capacity is exceeding 100 student/each, while the seminar halls capacity is 35/each.

The basic labs in the college are well equipped with enough spaces.

The skill lab is in process of development and to be equipped with the necessary simulators needed for the teaching process.

The building of each department contains almost 3 rooms, one for the head of the department, the other is occupied by the staff members of the department and the last one is for secretary purposes.

There is also a social club hall for the academic staff with adequate space and is well furnished.

There is a special unit building for the examination committee that contains 2 attached rooms that are well equipped .the big one is for the committee and the other is prepared for the academic staff examinations related activities.

Research lab is established and in the process of development.

Points of strength

Adequately supplied and well furnished lecture halls.

All lecture halls are supplied with data show.

Good equipped laboratories for departments.

The presence of skill lab, research lab and new discussion hall.

Points of weakness

Some of labs related to basic department are in need for more highly advanced teaching equipments.

Limited offices for faculty staff.

Pathology museum is not available.

Cadavers are not available,inspite of the effort spent.

Suggestions

More infra structure expansion (buildings).

Supplying basic labs with all necessary lab equipments.

Establishment of pathology museum.

Provision of cadavers and plastinated one.

6.2 library and learning resource facilities in our college

The computer lab provides excellent opportunities for students and staff to use simulated training programs and internet connection, in addition to library which is well equipped with computers and CDs related.

The college is providing services to academic staff and students like CD and electronic networking facilities.

Points of strength

- Learning resources are provided and for free.
- Access to computer based system is available.

Point of weakness

-Proper Audio visual aids that needs more relevant scientific materials.

Suggestions

Establishment of adequate audio visual aids within the skill lab building which need to be maintained and updated.

6.3 Student: Hospital Bed Ratio

With regard to the specialties of medicine, surgery, obstetrics & gynecology, pediatrics, a medical college has the access to at least 3 occupied hospital beds per student in a clinical clerkship rotation at a given time.

Point of strength

- Availability of medium size well equipped hospitals.
- Ratio of occupied hospital beds/student is adequate.

Points of weakness

-Al Kindy Hospital is not properly designed to adopt the increase number of students and the specialties' needed for training but the process of accrediting the hospital is one ,taking into consideration the teaching needs and demands.

Rehabilitation process of the hospital related to infrastructure is affecting the teaching process for the time being.

Some of the affiliated teaching hospitals are distant from the college campus.

The agreement between the college and the hospital administrators are still verbal and not documented which have some negative impact on coordination.

Suggestions

To establish a new teaching hospital having the major clinical and surgical specialties in addition to a well equipped outpatient with proper teaching facilities.

- More patient-student relationship and contact.
- Smaller group learning for better achievements.

The need for written agreement and instructions between the college and teaching hospitals.

6.4 Ambulatory Care Services

Access to outpatient clinics and primary health care centers are available. Learning and teaching in ambulatory care services is essential for the training of medical students.

Point of strength

- Availability of outpatient clinics and ambulatory care services.
- Availability of teaching PHCC.

Point of weakness

-The outpatient centers are not properly fit the learning process and need to have more space

and more equipment related to training facilities. (Accreditation process)

Suggestion

- Rehabilitation of the outpatient centers is needed.
- College newly poly clinic center to be activated and to be involved in the education process.

6.5 Educational, library and on-call facilities

Point of strength

- Educational, library and on-call facilities are available to some extent for students in
- The health care facilities

Weakness:

- Lack of proper facilities related to library.

Suggestions

- Establishing a proper on call facilities and library

6.6 Student Welfare Facilities

Many physical facilities are provided for student study, sport and recreation including many yards and halls for sports, social club and free college spaces and garden in addition to adequate space for car parking.

Points of strength

- Availability of internal and external stadium for sports.
- Student club is available.
- The presence of Female student resting halls.

Points of weakness

- The need for art hall.

Suggestions

-Provision of all necessary facilities and maintaining the already existing one.

7. Management of the Medical College

7.1 Administration and Structure within the University

The college is regarded by law as an independent administrative entity headed by the dean, vice deans and other senior managers. The educational process is at the top of the college priorities.

The mechanism of program evaluation is developed and include the components of educational process, materials system and student achievements and is the responsibility of the departments, curriculum committee and the college council.

The students role in educational program is not well developed, feed back results regarding program evaluation are not well documented and announced to academic staff among reviewing their opinions. Stakeholder's participation (MOH, NGOs, etc) is not well stated and not adequate .there is a need for more contribution from students to the evaluation process of teaching courses in addition to staff evaluation.

The best appropriate (agreed on) mechanism for program evaluation is the computerized one and this

method is exceeding the handout surveys and general evaluation student staff meetings.

Points of strength

-The curriculum committee is fully controlling the medical education program in the college.

Point of weakness

-Lack of knowledge from some staff members about the curriculum committee responsibilities.

-Lack of decentralization regarding decision making (regulations are to some extent bureaucratic, not considering the college specificities).

Suggestions

More decentralization for the college in its program management.

7.2 Relationship with affiliated institutions and the community are as follows:

University academic staff activities working within teaching hospitals and other health care institutions are integrated into the service and administrative activities of the affiliated institution.

Institutions associated or affiliated with university medical schools are sharing the educational and research objectives of the medical school.

The college has fruitful communication with, and receives the opinions of medical practitioners, allied health professionals, community health workers and recipients of health care in the community.

Points of strength

-Interactive cooperation between college and teaching PHCC and hospitals regarding Educational process and provision of health care.

Points of weakness

-There is no documented coordination regarding sharing the educational and research objectives of the medical school with medical practitioners in the community.

Suggestions

-Developing better communication methods to receive the opinions of medical practitioners for better involvement and engagement through a documented process.

7.3 Funding process in our college

Educational budget and resource allocation: Our College is funded under the patronage of MOHE (yearly regular budget besides projects and or extensions. The total budget of the college is allocated according to a uniform chapters including clear part devoted for education. The budget is centrally controlled by the university with flexibility regarding using the installments after getting the approval from college council and according to the priorities of the college.

Points of strength

-The presence of clear instructions and proper use of the fund allocated for the college.

Points of weakness

-Funding is based on central quota.

Suggestions

-Increasing the fund to adjust the needs of the college rehabilitations.

Giving more authorities to college in using the financial resources.

8. Research Environment

A curricular research program in year 4 is available. Groups of students plan choosing the topic, implement, data collect, analyze, discuss and write a publishable field interventional research. Each year this curricular research is presented by the students in front of an examining committee, giving scores by a faculty staff supervisor.

Annual research plans for academic staff including different departments where, academics plan their research for each coming year in coordination with the scientific committee of the department and the scientific committee of the college is available and is funded among request by the college (part of the fund of the college is specified for researches).

Research lab for the college is under process.

Point of strength

-Presence of research plan for students and academic staff.

-Presence of financial support from the college regarding academics staff research implementing and publishing.

Point of weakness

-The need for more electronic facilities and journal series (mainly up-to-date one).

-No clear policy for research activity plans.

-There is no constant percentage of research funds for the college.

Suggestions

-Introducing and developing a research policy and plan of action to the departments in more organized way.

-More budget to be allocated for future research conduction and as incentives.

-To allocate a percentage of fund for the research planning, implementation and publishing.

9. Continuing Medical Education

The college has written plan on CME that is known to staff and at university level.

Departments are participating in this activity according to their area of interest.

There is an acceptable CME program for academic staff including teaching skills, research enhancement and medical education .management skills CME programs are available but to less extent (Evaluation

process is not) well established

Points of strength

There is a CME unit that is active and implementing the CME plan

Points of weakness

There is no well defined strategic action plan included in the academic staff development.

Suggestions

CME need to be introduced as part of the program and to build the capacity of human resources in addition to having a strategic action plan.

Human capacity building must be supported by university .

10. Best Quality Management System

The college performs a comprehensive program evaluation every year to evaluate the college program.

This evaluation is based on research and analysis of data available. The college council, stakeholders and staff members are included in the process of evaluation.

The curriculum is evaluated and updated taking into consideration the relevance and based on evidence (Best Quality management system)

Medical colleges and associated teaching hospitals/ PHC have up-to-date medical records department to some extent, electronic database and instant retrieval facilities are not properly established. The process of audit is partially in place with regular monitoring to ensure continuing quality improvement in teaching, training as well as patient care.

Regarding continuous renewal:

It is stated that there is a procedure for regular reviewing and updating of the college structure and functions through the college council, dean, administrative and university. The process of continuous renewal is moving toward evidence based on research. Involvement in the process of discussing changes of policies of the college regarding curriculum policy is adequate, while it is limited regarding promotion policy and students enrollment due to centralization. Still it is adequate according to staff opinion.

Modifications of competencies of graduates is in accordance with the documented health needs mainly, public health training, new diagnostic instruments, and to a less extent regarding ethical consideration and clinical skills (60%-50% of the interviewed sample).

Adaptation of curricular model and instruction methods are appropriate and relevant to meet properly the graduate needs .the curricular element is also updated to meet the biomedical, social and cultural development.

There is a trend toward changing the already existing methods of student assessment based on our newly

stated objectives and goals.

Recruitment of academic staff is in accordance with the changing needs of the college.

There is an update to the education resources to meet the changing needs of our colleges including the size, educational program, contemporary educational principles. the organizational structure and management principles are developed to meet the changing circumstances and needs of the college.

The quality management system adopted in the college is adequate and functioning through accreditation and quality control unit supervised by the dean.

This system is adequate to certain extents in managing the existing academic activities and responding to the developments and changes in the college.

Points of strength

-Accreditation and quality assurance unit is established and working toward ensuring CQI in teaching, training as well as patient care.

-Curriculum unit is established and functioning.

Points of weakness

-The need for more electronic data base and retrieval facilities.

Suggestions

-Development of electronic data base data with well defined and written plan of audit.

11. Governance

The governance of the college is well documented by law and roles of Baghdad University and MOHE. the dean is a member and represents the college in Baghdad university council.

11.1 Academic leadership

The dean leads the college activities and chairs the medical accreditation and curriculum committees and college council with clear authority, delegation and job description of the vice deans, heads of departments and members of committees.

Each department is responsible for curriculum implementation of his area of study.

The academic leadership is relatively more solid and stable due to steadiness of leadership positions.

11.2 Administrative Staff Management:

The college is regulated by law as an independent administrative entity headed by the dean and other senior managers.

There is a link between hospital and the college, based on general agreements but with no formal link .the mechanism of organizational decisions regarding appointment, promotion, teaching, research, rewards and punishments are generally adequate and documented.

The contribution of academic staff toward mission,

goals, academic strengthening and achievements are adequate also.

The evaluation of staff regarding college financial resources and facilities are also satisfactory.

the extent of college budgetary authority are not adequate and is limited, while the flexibility of dealing with the available fund according to college priorities is not achieved due to centralization process. There is an overall satisfaction regarding governance and administrative structure.

Inspite of the existence of administrative college structure, but the human capacity is not well developed and are subjected to continuous shifting and substitutions.

Point of strength

Very fruitful relationship between the dean and college council and the college head of departments toward better program educational achievements.

Well documented and supervised policy regarding students' administration.

Point of weakness

The relation with university administrators need to be strengthened.

Development of a good communication with the university administrators for better achievements of the college program.

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References

1. www.ACGME.org/ac_website/nav_pages/nov-IRC.asp
2. www.WFME.org/standards/world-standards-programme
3. www.ACCME.org/education-and-support
4. www.LCME.org/standard.htm
5. www.AMC.org/index.php/ar/bme
6. www.avme.org/education/cvea/default.asp