



**Association for Evaluation and Accreditation
of Medical Education Programs (Turkey)
(TEPDAD)**

**HOLY SPIRIT UNIVERSITY OF KASLIK (USEK)
SCHOOL OF MEDICINE AND MEDICAL SCIENCES
UNDERGRADUATE MEDICAL EDUCATION PROGRAM
FINAL REPORT**

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General Evaluation

Holy Spirit University of Kaslik (USEK) School of Medicine and Medical Sciences was visited by the above mentioned group after the evaluation of the Self-evaluation Report which has been submitted to Association for Evaluation and Accreditation of Medical Education Programs (Turkey) (TEPDAD) and found satisfactory on November October 4-9 2018 and revisited on May 28-30,2019 .

The Faculty of Medicine of AUB was established in 2001 and registered its first students in 2002 and graduated the first students in 2009. The program is a seven year program composed of three years of premed and four years of medical program. .

Evaluation of WFME Global Standards for Basic Medical Education

1. MISSION AND OUTCOMES

1.1 Stating Mission: The mission of SMMS was defined by the faculty council. The mission is stated and published on the USEK webpage (<http://www.usek.edu.lb/school-of-medicine-and-medical-sciences/overview>). The mission encompasses health needs of its (Lebanese) community, qualification of the graduates regarding necessary knowledge, attitude and skills and continuous professional development.

Recommendations:

We recommend the institution to:

1. Include various aspects of social accountability in the mission
2. Review, renew and regularly revisit the mission statement with the participation of principal and external stakeholders.
3. Explicitly express global health in the mission.

1.2 Institutional Autonomy and Academic Freedom: The medical school has institutional autonomy in formulating the objectives, design and the implementation of the curriculum. The staff & the students have the freedom to address the content & delivery of the curriculum.

1.3 Educational Outcomes: 27 topics under 8 main headings are listed as educational outcomes (PEOs) and published at the university web page and student handbook. Student responsibility and ethical conduct have been defined.

Observation in the re-visit: The PEO's were reformulated in related to CanMedis nomenclature. The undergraduate competencies were linked with the postgraduate competencies.

Recommendations:

We recommend the institution to:

1. To reformulate the program outcomes in accordance with the relevant and commonly used international terminology (i.e. “*competencies*” and “*enabling competencies*” as used in CANMEDs -Physician competency framework 2015; Key Performance Criteria etc.).
2. More specific outcomes that can be translated into specific skills or behaviors, particularly other than knowledge related ones be used.
3. Link the undergraduate competencies with postgraduate competencies (i.e. ACGME competencies).
4. Relate the intended educational outcomes to the health needs of the community and other aspects of social accountability.

1.4 Participation in formulation of mission and outcomes: The mission and intended outcomes have been formulated by the Council. The principal stakeholders had limited contribution in this formulation.

Recommendations:

We recommend the institution to:

1. Include the other stakeholders in formulating the mission and intended outcomes including the community, graduates, professional societies and national authorities.

2. EDUCATIONAL PROGRAMME

2.1 Framework of the Program: USEK School of Medicine and Medical Sciences has a 7 year program consists of 3 years of basic science and 4 years of general medicine. There are traces of education strategies in the curriculum such as integration, student centered and systematic approaches. Learning outcomes, teaching methods and assessments are described in each course syllabus. The educational methods include lectures, tutorials, seminars, small group discussions, presentations; case based learning and clinical sessions. First contact with patient is provided at the end of 3rd year. Equality is ensured in delivery of curriculum. Having a course on clinical reasoning and the presence of a substantial amount of research training, which is supplemented with a thesis, are good practices in the curriculum.

We recommend the institution to:

1. Define Educational strategies clearly (ie. student centered, community oriented, outcome based, system based, integrated) and related practices should be more visible.
2. Increase longitudinal integration between cycle 1 and 2
3. Ensure earlier patient contact in the curriculum.
4. Include learning activities to confirm lifelong learning such as regular congress hosting and encouraging about local, national and international congresses attendance
5. Include more include more active, student centered and innovative methods such as PBL and Team Based Learning in the curriculum.

2.2 Scientific Method: The curriculum includes various aspects of scientific method including analytical and critical thinking, medical research methods and EBM at several stages of program (i.e. MDL215, MDL425, MDG630).

We recommend the institution to:

1. Enhance EBM teaching with practical applications i.e during real patient care

2.3 Basic Biomedical Sciences: The basic medical sciences courses create understanding of scientific knowledge, concepts that are fundamental for the application of clinical sciences. The program demonstrates some good elements of vertical integration ie. bibliographic research activity is an example of vertical integration. The clinicians are involved in basic science teaching as well.

Recommendations:

We recommend the institution to:

1. Revise the transition courses between basic and clinical years and made more clinically oriented.
2. Cover all organ systems in the anatomy course proportional to their weights in the topics of the educational program.
3. Review and increase horizontal and vertical integration during the Basic Medical Sciences (BMS)

2.4 Behavioral and Social Sciences, Medical ethics and jurisprudence: The social and behavioral science contribution in the curriculum are present at only in the early stage of medical education.

We recommend the institution to:

1. Expand Behavioral and Social Sciences courses 2. to clinical years.
2. Incorporate medical ethics with General Medicine Courses.
3. Make available community, field-based and outpatient rotations, to practice community related competencies, at least as electives.

2.5 Clinical sciences and skills: Clinical sciences and skills training are fully hospital based and consists of two cycles (externship-Med 1 and Med 2; internship-Med 3 and Med 4). General structure of medical years, syllabi, rotation schemes are clearly described. Students learn clinical sciences and skills at the bed side through traditional apprenticeship method. The main teaching hospital is fully equipped for student training. The students take responsibilities under direct supervision of the clinical teachers with a wide patient spectrum.

Recommendations:

We recommend the institution to:

1. The curriculum should be enriched with
 - a) systematically organized learning activities in the community,
 - b) health promotion and preventive medicine content,
 - c) structured skills training (skills lab / simulation lab) with mastery learning approach
 - d) longitudinal performance assessment of the students.

2.6 Programme Structure, Composition and Duration: Seven years undergraduate medical education program of USEK SMMS is composed of two cycles. The first cycle is composed of 110 credit and the second cycle is composed of 120 credits. The curriculum is discipline based rather than organ system based. Non-medical electives have been included in the program.

Recommendations:

We recommend the institution to:

1. Ensure a more efficient coordination and integration among the biomedical, behavioral, social and clinical subjects is required throughout the entire curriculum.
2. Review and modify the curriculum to increase horizontal and vertical integration.
3. Increase medical electives are increased beside non medical electives in the curriculum

2.7 Programme Management: There is a Curriculum Committee, under the governance of Faculty Council, which ensure representation of staff and students. Medical education committee is responsible from planning and implementing innovations in the education.

Observation in the re-visit: Various subcommittees have been created and the functions have been defined properly as recommended after the first visit. Documents related to functions, minutes and evaluations have been presented as evidence.

Recommendations:

We recommend the institution to:

1. Establish an "Education committee" which involves representatives from all departments, and educational sub committees as well as students.
2. "Education committee" to be in charge of planning, implementation and evaluation tasks in all extent of the program
3. "Education committee" has regular and ad hoc sub committees who are responsible from one aspect of education such as "program evaluation", "assessment", "skills training", "academic counseling", etc.

2.8 Linkage with Medical Practice and the Health Sector: There are some implications regarding that the program is linked with medical practice and health sector through clinical teaching, which takes place especially at affiliated hospitals.

Recommendations:

We recommend the institution to:

1. Establish and achieve linkages with external stakeholders such as health syndicates, NGOs, professional societies and Ministry of Health in the planning, implementation and evaluation of the curriculum.
2. Strengthen the linkage between medical practice and health sector through systematic learning activities in community settings.

3. ASSESSMENT OF STUDENTS

3.1 Assessment Methods: USEK –SMMS has defined, stated and published the principles, methods and practices used for student assessment. USEK uses MCQs widely in its assessment system. Quizzes and essays, structured oral exams, tutor evaluations and few other innovative assessment methods are being used. There is an appeal system regarding the process and results of the exams.

Recommendations:

We recommend the institution to:

1. Define a general matrix of the whole assessment program for outcome-based curricula, including a detailed blueprinting of all the exams and evaluations for validity aspect of the assessment systems and each single application.
2. Introduce and use of longitudinal evaluation methods (logbook, portfolio, progress testing etc.) as well other innovative methods (OSPE, OSCE, MiniCEX, etc.) in relation with the educational objectives.

3.2. Relation between assessment and learning: Assessment and evaluation practices are compatible with the objectives and methods used for teaching. Assessment system is partly promoting student learning. A good degree of balance exists between formative and summative assessment.

Recommendations

We recommend the institution to:

1. See recommendations for B 3.1
2. Introduce a systematic and comprehensive feedback system and used for all exams and evaluations.

4. STUDENTS

4.1 Admission Policy: USEK has a well-defined system for the admission and transfer of students. Faculty has a non-discrimination policy in admission procedures. Language proficiency at BS is a high standard for student admission. The medical school has a policy for admission of disabled students and students from another program and institutions.

Recommendations:

We recommend the institution to:

1. Develop a system in addition to academic success in student recruitment, that takes into account the important qualifications of the medical profession (i.e. using interviews, portfolios etc.).
2. Give an opportunity to appeal of admission decisions in the system developed

4.2 Student Intake: Size of student intake have been defined as 40-50 students per year according to the mission, commitment to society and its resources.

4.3. Student Counselling and Support: In SMMS, student counselling and support are conducted through the heads of departments of each cycle. USEK has procedures for student support system that addresses social, financial, personal needs and allocates its resources for this purpose.

Recommendations:

We recommend the institution to:

1. Develop an academic counselling system based on the needs and expectations of the students.
2. Consider and plan a structured career guidance and planning program before graduation

4.4. Student representation: There is a policy on student representation and appropriate participation. The level and means of participation is one of the good practice of student representation. The activities of student council (i.e.

integration day, graduation day) influence the learning environment positively and increase cohesion between students.

5. ACADEMIC STAFF/FACULTY

5.1 Recruitment and Selection Policy: There is a staff recruitment and selection policy defined by laws. Currently there are 115 faculty members of which 60 are full timers and 55 of them are lecturers. The number of Basic Science faculty members are limited. Distribution of full time vs part time faculty member is balanced. Peer review by teachers (PRT) is one of the good practices.

Recommendations:

We recommend the institution to:

1. Strengthen the basic science faculty staff and experienced academic faculty members recruited.
2. Apply PRT applications for all faculty members periodically and should be enriched by a constructive feedback system.
3. Develop a comprehensive, systematic performance assessment system at the School level that reflects the different responsibilities of the academic staff members; which would be useful in the promotion and professional development.
4. Define adding additional criteria to motivate instructors and professors to improve their teaching quality and engage into serving on committees.
5. Increase the number of teaching staff in basic medical sciences (ie. anatomy, clinical biochemistry) behavioral sciences (ie. public health, medical ethics) and clinical sciences (ie. family medicine, forensic sciences)

5.2 Staff activity and staff development: Several practices of faculty development (faculty peer review, professional development leave, project funding, faculty research distinction reward, etc.) have been implemented.

USEK provides opportunities for its staff to involve faculty development activities abroad (UK and USA) on teaching tasks. In 2015, LTEC has started to facilitate and supports faculty for teaching skills.

Observation in the second visit demonstrated that a sub committee has been established to plan and implement faculty development.

Recommendations:

We recommend the institution to:

1. Develop based on needs of the staff, a structured, systematic and preferably compulsory faculty development program and implemented at the SMMS.
2. Establish a committee or a responsible person to put an annual plan and get the necessary funds for continuous professional development.

6. EDUCATIONAL RESOURCES

6.1 Physical facilities: USEK-SMMS has sufficient physical facilities to ensure that the existing curriculum can be delivered as planned There is adequate space for individual studying in the library, computer labs and various study rooms that can be accessed for long hours.

Several measures are taken to ensure a safe learning environment (mandatory Health Insurance Plan; the Department of Environmental Health, Safety, and Risk Management ensures Environmental and Chemical Safety, Sanitation and Biosafety, Radiation Safety, and Life and Fire Safety).

A new modern building for the school has been opened recently to improve teaching and learning resources and practices with the advantage of being very close to the university hospital.

Recommendations:

We recommend the institution to:

1. Plan and implement a policy that the operation of the new skill labs reflects the learning outcomes and the curriculum.

6.2-Clinical Training Resources: The USEK University Hospital (CHU-NDS), under close supervision by the attending and residents, provides the necessary

resources for the clinical experience of medical students. Being in the same vicinity with the medical school is advantage for learning climate of the school.

6.3-Information Technology: Advanced and relevant electronic resources are available, accessible and ethical use has been ensured by Medical Student Code of Conduct.

Various information and communication technology opportunities have been presented for independent learning and accessing information. Students extensively use Moodle and utilize a specific software developed by the IT Department for assessment.

Recommendations:

We recommend the institution to:

1. Enhance (i.e. testing, question banking, interactive learning materials) and extend (i.e. curriculum management, program evaluation, e-portfolio, m-learning) the use of Moodle.

6.4-Medical Research and Scholarship: The Curriculum in USEK-SMMS prioritizes medical research and scholarship, which is supported by various teaching and learning activities included in the components of the “Epidemiology”, “Introduction to Medical Research” “Thesis of Medicine” .

6.5-Educational Expertise: The medical school has been supported by external educational experts at various levels to plan and improve the curriculum at different dates.

Observation in the second visit demonstrated that the school has taken some measures to promote internal expertise to participate in the educational activities for developing medical education.

Recommendations:

We recommend the institution to:

1. Formulate and implement a policy to develop and use of internal expertise in medical education (i.e. MS in Med Edu) included in the Strategic Plan.

2. Encourage, support and motivate the faculty members to be involved in expertise development activities in medical education (i.e. faculty development programs).

6.6. Educational Exchange: USEK SMMS has national and international collaboration with other educational institutions

There are well-defined policies and procedures for staff and student mobility as well as transfer of educational credits.

Recommendations:

We recommend the institution to:

1. Use national and international collaborations more effectively for staff and student mobility.
2. Make efforts to increase number of student exchange

7. PROGRAM EVALUATION

7.1 Mechanisms for program monitoring and evaluation: USEK has program evaluation mechanism and practices for monitoring of the processes and the outcomes of the curriculum. These practices involve structured feedbacks from students (Course Feedback, Rotation evaluation, Exit Survey, On Campus Well Being evaluation, Alumni Feedback) and the staff (Course Self-Assessment by Faculty).

The faculty council is in charge of curriculum management and program evaluation particularly as a component of managerial task.

The raw data is shared with related bodies in various settings and are used to improve different aspects of the curriculum by the Council.

Curriculum Committee and Medical Education Committee are involved in the process if the Council asks for.

Recommendations:

We recommend the institution to:

1. Establish a system, which consists of aims and objectives of the program evaluation, variables, appropriate methods, a set of indicators and a plan for data collection, analysis (triangulation), reporting and use of the results.

- 2 Set up a program evaluation system specific to the school evaluation model (CIPP, Logic, Stufflebeam, etc)” and used under the control of a “Program Evaluation Committee” within the medical school.

7.3. Performance of students and graduates: Some dimensions of the students’ performance are included in program evaluation (ie. GPA, external exam performance).

Recommendations:

We recommend the institution to:

1. Include all dimensions of the students’ performances linked with program outcomes and objectives of the curriculum phases, in program evaluation system.

2. Evaluation of graduates’ level of competencies is recommended using various methods (ie. standard tests, hands on performance, self and peer evaluation).

7.4. Involvement of stakeholders: Principal stakeholders are involved in program evaluation practices, through providing feedback and representation in related committees.

Recommendations:

We recommend the institution to:

1. Increase active participation of principal stakeholders (especially students, residents and faculty staff) and consider involvement of the external stakeholders.

8. GOVERNANCE AND ADMINISTRATION

8.1 Governance: The governance structure and functions have been defined within the USEK’s bylaws. The Dean is the chief administrative officer who reports directly to the President of the university.

Organizational structure is defined. The principal stakeholders are represented in various committees

Recommendations:

We recommend the institution to:

1. Define the relationships of various committees and standards of procedures be documented.

8.2-Academic Leadership: The administration of the medical school has described its responsibility of its academic leadership. A university Strategic Plan has been published with an alignment of the medical school plan.

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8.3-Educational budget and resources allocation: Educational administrators raised funds and built up a new setting specifically designed for medical education. This shows that the school has a clear line of responsibility and authority for resourcing the curriculum, with a dedicated educational budget for infrastructure and manpower.

8.4. Administration and management: The Dean is a visionary leader and a competent administrator. Administrative team is motivated and led a change for the school for improvement.

The curriculum is managed thru “Curriculum Committee” whereas “Medical Education Committee” is in charge of innovation in education and the future planning.

Recommendations:

See Standard 2.7

8.5. Interaction with the health sector: The medical school has limited interaction with the health and health-related sectors of society and the government, which are mainly related to the national policy makers

Recommendations:

We recommend the institution to:

1. Take an initiative to form working groups with the other medical schools in Lebanon to get active roles in preparing health policies with the health sector and the government in alignment with medical education.

9. CONTINUOUS RENEWAL

9.0 Continuous renewal: USEK has an institutional office for quality assurance (QAIE). Various feedback mechanisms have been defined and planned to use with review the outcomes of the courses on yearly basis and the entire curriculum every three years.

There is culture of continuous renewal and improvement at a certain level within the institution.

Recommendations:

We recommend the institution to:

1. Continue the efforts of continuous renewal and improvement with the same motivation using a systematic approach.