



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

Weill Cornell Medicine in Qatar

**UNDERGRADUATE MEDICAL EDUCATION PROGRAM
FINAL REPORT**

Virtual

6-9 October 2021

Face to face

24-26 May 2022

Virtual site visit team

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General Evaluation

Weill Cornell Medicine in Qatar (WCM-Q) was evaluated with a virtual site-visit on October 6-9, 2021 and face to face on May 24-26, 2022.

The virtual and face to face site-visit was conducted by the above mentioned groups 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.

Weill Cornell Medicine in Qatar has graduated about 503 physicians since the establishment date in 2001, and 197 students are currently enrolled in the four-year medical education program. The faculty has 64 full time and 717 part-time academic staff members. The faculty has an integrated four-year curriculum divided into three phases (foundational years, clerkships and post-clerkship) enriched with three themes (scientific basis of medicine, patient care, and physicianship) that extend throughout the four years.

During the virtual site-visit 42 faculty members, 32 members of education administration and 38 students were interviewed. A live stream virtual tour was given in the institution educational infrastructure. Additionally, 30 faculty members, 11 members of education administration and 12 students were interviewed during the face to face site-visit. A tour was organized in the WCM-Q and two teaching hospitals.

1. MISSION AND OUTCOMES

1.1. Stating Mission: Mission statement of WCM-Q and Division of Medical Education;

1. Covers education, service and research and publicized on the websites.
2. Points to provide finest medical education, research, improve patient care and the highest quality of care to the community.
3. Principal stake holders were included in reviewing the mission.

Recommendations:

We recommend the institution to:

1. Create mechanisms to include also external stakeholders directly in reviewing the mission.
2. Include social accountability more explicitly.
3. Evaluate the level of social accountability of the school.

1.2. Institutional Autonomy and Academic Freedom: WMC-Q has autonomy in planning, implementing and assessing the program, student intake, and allocating the financial resources.

The Medical Education committee is responsible for planning of resources.

The school ensures academic freedom for its staff and students and guarantees their free participation and publication of the results of the research.

The students have the freedom in expressing their views about related issues via the “Student Comment Corner”

1.3. Educational Outcomes: The school has defined the intended educational outcomes by using ACGME competencies framework (in 7 outcomes and 20 competencies).

The outcomes are published in the Student Handbook and at the website and shared with new students and faculty during the orientation courses.

Lifelong learning skills, health needs of the community, and needs of health care delivery and other aspects of social accountability were included in the competencies.

Appropriate student conduct is described with a set of regulations comprehensively and explicitly.

The students are prepared for future career for postgraduate training. WCM-Q assesses the linkage between outcomes acquired by graduation and those acquired during postgraduate training through the graduate and Residency Program Director surveys. Various surveys are done to collect information on the alumni preparation within ACGME competencies.

The intended educational outcomes include the student engagement in medical research and global health issues.

Recommendations:

We recommend the institution to:

1. Evaluate ACGME competencies in relevance to local context in Qatar.

1.4. Participation in Formulation of Mission and Outcomes: Internal stakeholders were included, but the other stakeholders were not included directly in the process.

The last review of the mission was done in 2020.

Recommendations:

We recommend the institution to:

1. Encourage participation of the faculty, clinical tutors, students and other stakeholders in formulating the mission and intended outcomes more proactively in future revisions.

2. EDUCATIONAL PROGRAMME

2.1. Framework of the Program: WCM-Q has four-year curriculum divided into three phases (foundational years, clerkships and post-clerkship). The school has three themes (scientific basis of medicine, patient care, and physicianship) that extend throughout the four years.

Foundational years (phase 1) begin with Essential Principles of Medicine course and continues with Health, Illness and Disease modules which are comprised of organ-based units.

The curriculum includes relevant teaching and learning methods mainly large-group discussions, small-group discussions, problem-based learning, clinical case discussions, seminars, role plays, blended and e-learning case-based sessions, simulation and research projects.

The clinical years (phase 2) are divided by discipline-based clerkships supported with didactic seminars, conferences and evidence-based medicine (EBM) activities.

At the phase 3 (post-clerkship) students concentrate on the advanced clinical skills and research. Students carry out a Scholarly Project, which starts in phase 1 and finalizes in phase 3 with a four-month block (Areas of Concentration).

They also take two innovative courses: Translational Science and Advanced Clinical Ethics.

Electives are present in clinical years (year 3 and 4).

Two transition courses in the curriculum (Transition to Clerkship and Transition to Residency) prepare students to their future clinical training.

Equal treatment of staff and students is assured with several published policy documents.

The curriculum includes some teaching methods that may support self-directed learning.

Social and behavioral sciences and medical humanities are embedded in various teaching activities.

Recommendations:

We recommend the institution to:

1. Consider including non-medical electives in the program.
2. Include emergency medicine clerkship as a mandatory course, rather than elective, so all the students will have the opportunity to gain experience in emergency medicine.
3. Increase the independent learning times in clerkship and phase 1 programs.

2.2. Scientific method: Instruction in the scientific method is provided in foundational year and analytical and critical thinking are supported within different activities in courses and clerkship throughout the curriculum.

There is an EBM activity in the Medicine, Pediatrics, and Obstetrics and Gynecology Clerkships.

There is a research program that starts in phase 1. Students are expected to participate in a scholarly project (Areas of Concentration) (good practice).

There is an elective course (Advanced Biomedical Science Research (ABSR) Elective) which gives the opportunity to be part of an original research Project.

The WCM-Q provides the students an opportunity to graduate with Honors in Research in condition of completing a clinical or laboratory research project.

The students are supported financially for research.

Recommendations:

We recommend the institution to:

1. Promote basic science research and student involvement more in these researches.

2.3. Basic biomedical sciences: The basic science disciplines are included in the first two medical years and integrated with clinical sciences in organ-system modules with partially embedded social and behavioral sciences in clinical years.

The current and anticipated needs of the society and the health care system are included partially in the program.

Recommendations:

We recommend the institution to:

1. Increase the content related to needs of the society and the health care system in the program.

2.4. Behavioral and social sciences, medical ethics and jurisprudence: The curriculum partly covers behavioral and social sciences in Foundational Years and in the Patient Care and Physicianship program.

Medical ethics is covered throughout the curriculum and a clinical ethics course is provided in clinical years. Medical legislation is integrated into the medical ethics curriculum.

Recommendations:

We recommend the institution to:

1. Include social and behavioral sciences and medical humanities with a more structured longitudinal program.
2. Develop and implement a medical humanities programs (art, narrative, history of medicine...).
3. Implement social and behavioral sciences course in Med 1 and Med 2.

2.5. Clinical sciences and skills: The clinical sciences and professional skills are taught through various methods and courses in the educational program.

Clinical training starts with clinical skills education in the Foundational years in the Clinical Skills and Simulation Lab (CSSL), where the students gain experience before they encounter real patients.

Students have opportunities to observe and participate in patient care starting from the first year and they spend a reasonable part of the program in planned contact with patients in relevant clinical settings.

Clinical training is undertaken at WCM-Q affiliated clinical centers and hospitals within the clerkship programs ranging from three to eight weeks.

Health promotion and preventive medicine are included in Patient Care and Physicianship Program and also incorporated into the clerkship programs. In Phase 3, there is the two-week Health Care and Public Health Clerkship.

Recommendations:

We recommend the institution to:

1. Provide more opportunities for students to gain experience in the community.
2. Monitor patient mix in the students' individual learning experience and fulfill the gaps, if any.
3. Provide more opportunities for students to utilize simulation facilities in the affiliated hospitals (i.e. obstetrics and delivery).
4. Implement IPE in the curriculum (if it is applicable in Med 1 and Med 2) otherwise to be required in Med 3 – Med 4 as formal sessions with other healthcare workers/students in other faculties in Qatar.
5. Consider allocating at least 2 weeks of vacation in Med 3.
6. Involve clinical tutors in planning and evaluation of program.

2.6. Program Structure, Composition and Duration: The structure of the program is well planned, integrated horizontally and vertically in the first two years. Horizontal and vertical integration is established with year(s)-long modules, PBL and case discussions in preclinical years.

The clinical years' program is discipline based, and partially integrated. The integration is supported with longitudinal themes.

Electives are limited by clinical clerkships in 3rd and 4th years.

Recommendations:

We recommend the institution to:

1. Add a variety of medical and non-medical elective courses throughout the program and increase electives especially in the first two phases.

2. Enhance horizontal and vertical integration of basic, clinical, social and behavioral sciences in the clinical years' program.
3. Increase the amount of learning opportunities in community settings.

2.7. Program Management: The medical school has a Medical Education Curriculum and Policy Committee (MECPC).

MECPC has four subcommittees: 1) Foundational Sciences Curriculum Committee; 2) Clinical Curriculum Committee (CCC); 3) Scholarship and Science Committee (SSC); and 4) Curriculum and Program Evaluation Committee (CPEC).

The Committee has the responsibility for planning and implementing, management, and evaluation of the curriculum, scholarly activities, and preparation for residency.

The Committee is composed of all main stakeholders including student and faculty representative.

A framework for program monitorization and evaluation process is recently defined as a process of Continuous Quality Improvement (CQI).

Recommendations:

We recommend the institution to:

1. Monitor Continuous Quality Improvement processes and use the results accordingly.

2.8. Linkage with Medical Practice and the Health Sector: There is reciprocal representation of WCM-Q and its affiliate hospitals on the Committees.

The school takes feedback from faculty and Residency Program Directors.

The transition courses before the graduation prepare students for residency training.

Several formal electives related to the coronavirus pandemic were added to the curriculum.

Recommendations:

We recommend the institution to:

1. Consider most common health problems of the society and plan the program accordingly for better linkage with medical practice.
2. Enrich the program with various activities to prepare students for postgraduate practices (e.g. community-based practices, primary health care).

3. ASSESSMENT OF STUDENTS

3.1 Assessment Methods: The principles, methods and practices used for student assessment have been defined, stated and published in the policy documents.

WCM-Q uses a variety of assessment methods for summative and formative evaluation. A criterion-referenced pass/fail grading system is used.

WCM-Q uses mainly MCQs, and OSCE for assessment of communication skills during the first phase.

MCQs (quizzes), faculty and resident rating and narrative assessment are main methods in phase 2.

There is structured assessment of the clinical skills during the phase 2. Direct Observation of Clinical Skills (DOCS) (Surgery, Pediatrics and Neurology), Mini-Clinical Evaluation Exercise (Mini-CEX) (Medicine and Obstetrics Gynecology), OSCE (Neurology and primary care) are used. The students have to complete a nine-station OSCE at the end of Phase 2.

Faculty and resident rating and narrative assessment are main methods in phase 3. Some courses include written or oral exam and at the end of the year students complete a scholarly Project.

Students have to pass the NBME subject exam in each clerkship.

The school has policy document to avoid conflicts of Interest in assessment and evaluation. Assessments are open to peer-review of faculty member (internal expertise).

There is an appeal system regarding the process and results of the assessment and graduate decision for the students.

There are efforts for evaluation of the reliability and validity of MCQs (psychometric statistics for MCQs, predictive validity...).

Recommendations:

We recommend the institution to:

1. Introduce and use more systematically the longitudinal evaluation methods (portfolio, progress testing, etc.) in line with the graduate competencies.
2. Consider extending formal, structured and objective assessment in all clinical clerkship.
3. Increase the number of OSCE stations; if it is not applicable, create OSCEs by merging blocks / clerkships together.
4. Use electronic logbook instead of paper based to monitor students throughout their clinical years.
5. Clarify the process to follow whenever a student has a gap in a specific competency (such as physical exam, communication, history taking...).
6. Consider implementing 360° assessment method, i.e. getting patient feedback to assess students and program.
7. Consider assigning a committee or a director to oversee the program of assessment at the school, from Med 1 to Med 4.
8. Expand the evaluation of the reliability and validity in all used assessment methods (OSCE, bedside evaluation, rubrics etc.).

3.2. Relation between assessment and learning: Assessment practices are matched with the intended outcomes.

The students have the chances to discuss their assessment results with the Course Director or an appropriate delegate. Students are provided with a detailed report of their performance in MCQ exam.

The students get feedback after the assessments.

Recommendations:

We recommend the institution to:

1. Develop a portfolio system to monitor and record students' progress.
2. Add blueprint and standard setting to the MCQ exams (quizzes) and OSCEs (at different levels).

4. STUDENTS

4.1. Admission Policy: WCM-Q has defined admission policy and criteria, and published the process of selection via websites and policy documents.

The medical school has a policy for admission of disabled students.

WCM-Q school has a policy for transfer of students from LCME-accredited program.

4.2. Student Intake: WCM-Q has a fixed number of student intake (maximum 50).

4.3. Student Counselling and Support: The school has two full-time Student Academic Counselors to support the students.

Several financial aids and scholarships are available for students.

Psychological/learning counseling is provided for the students confidentially.

Students have access to free healthcare.

Dean's Discretionary fund and part-time job opportunities are provided to the n students in need.

Academic records of students are kept confidential.

WCM-Q has an academic counselling (advisory) system where students are assigned to an advisor for four years (Longitudinal advisors).

Third-year students are assigned an official career advisor. Director for Medical Student Advising meet medical students in a career advising meeting.

Recommendations:

We recommend the institution to:

1. Evaluate the academic counseling system regularly.

4.4. Student representation: The students have two representatives for each year and are actively involved in various educational committees, which plan, implement and assess the educational program.

They participate in the formulation and review of the mission statement.

There are 38 active student clubs, and WCM-Q supports activities of clubs in various formats.

Recommendations:

We recommend the institution to:

1. Initiate student council for medical education and encourage them to produce independent reports.

5. ACADEMIC STAFF/FACULTY

5.1. Recruitment and Selection Policy: Recruitment process and positions are defined in the Academic Staff Handbook.

The faculty recruitment is done either to the division of medical education or research. There are clinical faculty members who are primarily located at affiliated institutions. There are full time faculty members and part-time faculty members employed from the affiliated institutions as clinical tutors.

Positions of academic staff are divided into the areas of excellence and pathways, and their expected contribution is described according to their pathway.

The faculty has an appropriate number of academic staff for its education, research and service load.

Educational and scientific activities of faculty members are monitored by relevant Associate Deans.

Recommendations:

We recommend the institution to:

1. Ensure that there is a balance in faculty recruitment and selection policy, which considers educational, research and scientific activities according to the needs of school.
2. Consider increasing the rate of full-time faculty members in the school, including major medical specialties.

5.2 Staff activity and staff development: The school recognizes meritorious academic activities by giving teaching awards.

The responsibilities and expected educational and scientific activities of faculty members are shared in Academic Staff Handbook.

There is a series of online modules for orientation of faculty members with updates every three years, as well as various activities for faculty development in

medical education. A mentoring system is present for the young faculty members.

The faculty members are supported for CME/CPD activities adequately.

Recommendations:

We recommend the institution to consider:

1. The policy for promotion to include contribution to the national health system and population health.
2. Using peer assessment of the faculty members in teaching.

6. EDUCATIONAL RESOURCES

6.1. Physical facilities: Modern, up-to-date, technically supported and adequate physical facilities ensure the delivery of the program for the faculty and students. Teaching spaces, clinical skills centers, simulation lab (CSSL) both in the school and the affiliated hospitals and anatomy lab are well equipped and designed.

Spaces for independent study are well organized and equipped.

Students' safety in learning environment has been taken into account with sharing the procedure in Safety and Security Handbook for lab studies and clinical studies as well as in orientation training.

6.2. Clinical Training Resources: Clinical training resources are ensured to give the students adequate clinical training with diverse categories of patients in affiliated institutions and primary healthcare centers.

Clinical Curriculum Committee is responsible for planning the clinical training.

Supervision of students in clinical training is extensively done and monitored closely by clerkship directors and Clinical Curriculum Committee.

Commonly used e-learning modules and simulations complement clinical skills training.

Recommendations:

We recommend the institution to:

1. Enhance the community-based education within the community.
2. Increase clinical education in outpatient set-up besides inpatient clinics.

6.3. Information Technology: Various information and communication technology opportunities have been presented for independent learning and healthcare delivery system.

The WCM-Q has adequate and effective IT, which can be used by faculty members as well as students internally.

Various policies related to IT use and ethical principles have been implemented initially from Weill Cornell NY and adjusted to meet the local needs.

Canvas is used as a tool for independent learning of the students and supported by a cloud-based system and distributed e-Library.

The training program includes managing electronic health records for the students and every student is given a tablet for its use in the clinical environment.

Students have access to the hospitals' electronic health records systems at an appropriate level, and are informed about the system.

6.4. Medical Research and Scholarship: The WCM-Q provides opportunities for students to be engaged in research. Research education is included in the curriculum with a longitudinal program (Area of Concentration) for the students and they are encouraged with Medical Student Research Award.

Area of Concentration program continues throughout four years of the medical curriculum and provides four months of protected time in the final year for students to conduct their own research projects.

Basic, clinical & translational and community-based research are further promoted with different courses (Advanced Clinical Ethics (ACE) course, Translational Science (TS).

Students have the opportunity to attend the national and international meetings and to publish articles as co-authors.

Research awards are presented to students.

Recommendations:

We recommend the institution to:

1. Create mechanisms to share the outcomes of students' research from various activities with local health authorities and community.
2. Encourage the students to participate in basic and clinical research more proactively.

6.5. Educational Expertise: Presence of medical education offices in the school and in the affiliated hospitals is an advantage for educational expertise related to faculty development and continuous update of the curriculum.

Internal educational expertise is present. Several academic staff have MSC degree in medical education. External expertise is obtained from Weill Cornell Medicine.

Research in education is encouraged and 8 projects have been conducted in the last three years (The Medical Education Research Grants Program).

Regular continuing professional development program is provided (Medical Education Journal Club, ACGME Regional Hub Workshops, Distributed e-Library information sessions, Medical Education Research Forum).

Recommendations:

We recommend the institution to:

1. Encourage the use of external expertise for program development and improvement.

6.6. Educational Exchange: There are two exchange opportunities for the students; 1) Medical Student Exchange Program and, 2) International Elective Opportunities

WCM-Q allows transfer of educational credits and transfer of students in certain circumstances.

Sabbatical leave is provided for academic staff.

Recommendations:

We recommend the institution to:

1. Increase number of student exchange by having collaboration with other medical faculties.

7. PROGRAM EVALUATION

7.1. Mechanisms for program monitoring and evaluation: The school has a regular data collection, analysis, and reporting practices within the scope of program evaluation. These practices include feedback from students and faculty members, and evaluation of student performance. Program outcomes and students' progress are monitored.

Feedback from the students and faculty members are collected regularly, evaluated, and the reports are shared with related staff and are used to improve different aspects of the curriculum.

The framework of the program evaluation system is schematized and published. The format and outline of the program evaluation report is shared.

The program evaluation is carried out by the Office of Educational Development (OED).

Result of the program evaluation is utilized to improve curriculum as part of CQI process.

CIPP model recently is planned to be used for further program evaluation.

Recommendations:

We recommend the institution to:

1. Analyze all components of the curriculum in the program evaluation comprehensively based on the collected data and reports.
2. Monitor and report CIPP model.
3. Consider creating various versions of program evaluation report for different stakeholders, i.e. more comprehensive version for program managers and a summarized version for external stakeholders.

7.2. Teacher and student feedback: Student feedback is regularly received using structured feedback forms.

Feedback from the students and faculty members is received both with structured forms and interviews.

AAMC's milestone surveys is used during to and post program (residency director, alumni survey).

7.3. Performance of students and graduates: Student performances over years are systematically collected, analyzed and evaluated. Besides, each students' performance is monitored and evaluated in Promotion Committee and the advisor.

Performances in USMLE exams are followed and the graduate performance in residency placement and their specialty choice are evaluated.

Student entrance qualifications and background and conditions are analyzed to support their performance.

7.4. Involvement of stakeholders: The principal stakeholders are involved in program evaluation of WCM-Q.

Residency Program Directors (RPDs) are asked to assess the performance of WCM-Q graduates.

The evaluation of the faculty (College's Annual Report) is shared with public.

8. GOVERNANCE AND ADMINISTRATION

8.1. Governance: Governance structures and functions of WCM-Q have been defined including relationships within the university.

The Joint Advisory Board (JAB), which is co-chaired by the Dean of WCM and the Minister of Public Health in Qatar, is the highest authority in WCM-Q.

The four committees on curriculum and program evaluation are ranked under the Medical Executive Curriculum and Policy Committee. The committees have been appointed with representation of the principal stakeholders.

A bidirectional relationship exists among WCM and WCM-Q.

8.2. Academic Leadership: WCM-Q has defined the responsibilities of its academic leadership for management of the medical educational program.

Responsibilities of the dean, associate dean, academic council, directors of special programs and centers and coordinators are well-defined and implemented.

8.3. Educational budget and resources allocation: WCM-Q has the autonomy in planning and using the budget for resourcing the curriculum.

The operational medical education budget is planned by the Dean and is submitted for approval to Qatar Foundation.

Resourcing of the curriculum is the highest priority of WCM-Q administration, and educational resources are distributed properly regarding educational needs.

Outstanding educational infrastructure and facilities are the evidences of proper use of the educational budget.

8.4. Administration and management: WCM-Q has administrative and professional staff who support implementation of the educational program.

The system is supported with very impressive expertise in medical education.

A vice-dean in collaboration with administrative offices ensures good management and resource deployment.

8.5. Interaction with the health sector: The school has collaboration with numerous institutions, including the Qatar Ministry of Public Health, Hamad Medical Corporation (HMC), the Primary Health Care Corporation (PHCC).

Recommendations:

We recommend the institution to:

1. Encourage the community health related projects to enhance social accountability.
2. Make efforts to institute collaboration with other medical/health science schools in the country to improve social obligations.

9. CONTINUOUS RENEWAL

9.0. Continuous renewal: There is an established continuous renewal culture in the school. WMC-Q has a structured, data-driven Continuous Quality Improvement and decision-making process.

Regular evaluation of the educational program and necessary curriculum reforms have been implemented in a dynamic manner and curriculum is developed based on these reviews.

The infrastructure has been renewed according to the needs of the educational program.

Strategic plan has been prepared for the medical school.

Process for policy formation and renewal of the curriculum is structured.