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

LEBANESE AMERICAN UNIVERSITY SCHOOL OF MEDICINE

UNDERGRADUATE MEDICAL EDUCATION PROGRAM

FINAL REPORT

Site visit team (15.06.2023- 16.06.2023)

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General Evaluation

Lebanese American University School of Medicine (LAUSOM)was evaluated with a face-toface site-visit on June 15-16,2023. The site-visit was conducted by the above mentioned group on behalf of Association for Evaluation and Accreditation of Medical Education Programs (Turkey) (TEPDAD) two years after the virtual site-visit when the duration of provisional accreditation status of the school is expired.

Lebanese American University School of Medicine has graduated about 350 physicians since the establishment date in 2008, and 254 students are currently enrolled in the four-year medical education program. The faculty has 184 Academic staff members. The faculty has an organ-system based integrated curriculum supported with simulated based education.

During the virtual site-visit 24 faculty members, and 18 students were interviewed.

The institution’s educational settings were visited.

Evaluation of WFME Global Standards for Basic Medical Education

1. MISSION AND OUTCOMES

1.1 Stating Mission: The mission and vision statements cover education, service and research and publicized in the student handbook and shared through the website. Mission statement refers to an innovative medical education, research and patient care besides professionalism and global health. The mission encompasses some aspects of social accountability which includes education, service and research.

Recommendations:

We recommend the institution to:

1. Strengthen social accountability covering education, research and service in the mission statement in the upcoming renewal process.

1.2 Institutional Autonomy and Academic Freedom: The school has autonomy to devise its mission, plan, design and implement its curriculum, utilization of the resources and budget allocated by the university.

1.3 Educational Outcomes: The school has defined the intended educational outcomes and published in the Student Handbook in detail. Outcomes were described based on competencies. CanMed Framework was used to define outcomes at first. After program evaluation, AAMC (the Association of American Medical Colleges) framework was adopted to create the linkage between acquired outcomes and postgraduate training competencies. The AAMC competencies have been adjusted to meet the local needs. Population Health, Social Medicine and Global Health themes are included in the program. The program mainly covers

epidemiology and includes some aspects of global health issues and social determinants of the health.

Recommendations:

We recommend the institution to:

1. Consider population dynamics in Lebanon and define competencies related migration health issues

1.4 Participation in formulation of mission and outcomes: The mission has been formulated by the main stakeholders and revised by inclusion of wider stakeholders by asking their views by e-mail. The students have had minimal contribution in the formulation of the mission and intended outcomes. Mission and Outcomes Ad Hoc Committee including large group of stakeholders to review and update the mission statement and intended outcomes is established for the next review cycle.

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Recommendations:

We recommend the institution to:

1. Ensure active participation of all defined stakeholders in formulating the mission and intended outcomes in the next renewal process.
2. Share the review process of mission and outcomes transparently with educational administration.

2. EDUCATIONAL PROGRAMME

2.1. Framework of the Program: Curriculum in the pre-clinical years involves integrated teaching of disciplines in an organ-system approach. It includes relevant teaching and learning methods mainly which are lectures, problem-based learning sessions, clinical skills sessions, simulation, research projects besides samples of team-based learning, peer learning and flipped classroom in various courses. The

number of didactic lectures has been decreased recently (good practice). The clinical years are divided into discipline-based clerkships and teaching methods such as rounds, bed-side teaching, clinical simulations, community experience etc. are used. Preclinical and clinical programs were supported by longitudinal themes. Widely used student centered educational methods allow students to take responsibility of their own learning and enable them to collaborate with their peers. Students are also encouraged to use self-directed learning skills in the related courses and advisory meetings. The curriculum includes a fair amount of selfdirected learning activities and supports students to take responsibility for selflearning process to become life-long learners (e.g. PBLs, TBL, Personal Development Plan, research project tasks, year-long project). Independent self-study hours are placed in the program.

Student-advisor meetings to discuss students' progress and personal development plan are good practices to support life-long learning attitudes of the students. (good practice). The school has a clear policy for accessing the resources and educational opportunities in accordance with principles of equality. There are elements of social and behavioral sciences and medical humanities included in the program. In order to support readiness of the students for postgraduate practice, undergraduate medical education ends with a capstone course in which main scientific and clinical content of the whole curriculum are revisited briefly (good practice).

2.2 Scientific method: The principles of scientific methods are taught through the curriculum. There is a year-long research program, in preclinical and clinical years. Students actively participate in a supervised applied research project called YearLong Project (YLP), and have a chance to practice epidemiologic principles and biostatistical methods. EBM is included among intended competencies of the graduates and covered in clinical years theoretically (Good practice).

2.3 Basic Biomedical Sciences: The basic science disciplines are included in the first two years and integrated with clinical sciences in organ-system modules.

2.4 Behavioral and Social Sciences, Medical ethics and jurisprudence: The curriculum covers behavioral and social sciences, as well as medical ethics and jurisprudence by core courses in preclinical and clinical years. Social sciences are integrated throughout the curriculum with Continuity Experience Clerkship (CEC). The Clerkship exposes students to chronic diseases and social challenges of the patients and families. Additionally, medical ethics &laws are addressed and discussed in case triggered learning sessions in clinical years. Medical humanities are mainly addressed in PBL sessions. A "humanities thread" is planned to be applied from MED 1 to MED 4. Interprofessional Education (IPE) program provide experience for students in collaborative study with other health related disciplines' students. Global health topics are included in the curriculum.

Recommendations:

We recommend the institution to:

1. Place the planned "humanities thread" in the curriculum and implement related educational activities.

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 simulation-based education, where the students gain experience before they encounter real patients. Clinical training is implemented in two teaching hospitals and primary care centers besides some affiliated institutions. Students have a chance of early exposure to patients starting from the first year and spend a reasonable part of the program in planned contact with patients in relevant clinical settings. Health promotion and

preventive medicine are included in Primary Care and Continuity Experience Clerkships in the program.

Recommendations:

We recommend the institution to:

1. Increase the number of planned opportunities for students to gain experience in the community.

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 and via PBLs in preclinical years.

In order to support vertical integration of the preclinical program and experience of students with real patients and clinical settings “my first patient” module was added in to the first year and “clinical observership rotation” was added into the second year program (good practice).

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

Electives are limited to clinical clerkships in 4th year and lasts 14 weeks. The school covers the complementary and alternative therapies as expressed in objectives of the pharmacology course.

Recommendations:

We recommend the institution to:

1. Add a variety of medical and non-medical electives throughout the program.
2. Consider strengthening horizontal integration in the clinical years by developing teaching/learning activities provided by collaboration of two or more clinical disciplines.

2.7 Program Management: The medical school has a curriculum committee which is directly connected to Office of Medical Education. The Committee has the responsibility for planning and implementing the curriculum including curriculum reviews to achieve the intended educational outcomes of the school. The Committee is composed of all main stakeholders including student and faculty representatives.

2.8 Linkage with Medical Practice and the Health Sector: There is a limited collaboration with MoPH on voluntary basis with various projects. Some specific contents related to most common diseases in the country (e.g. thalassemia) are present in the curriculum.

The Capstone Course prepares the students for postgraduate practice.

3. ASSESSMENT OF STUDENTS

3.1 Assessment Methods: LAUSOM uses a variety of innovative assessment methods for summative and formative evaluation in all phases of the curriculum. A criterionreferenced pass/ fail grading system is used. Norm-referenced grading approach is referred to determine honor grade. The principles, methods and practices used for student assessment have been defined, stated and published in the guides and presented to students in meetings.

In the first two years of the curriculum, MCQ exams and OSCE are mainly used to test theoretical knowledge and clinical skills respectively. In years 3 and 4, Mini-CEX, 360^0 assessments, CPE, EMQs, OSPE, OSCE, essays, tutor evaluations are main assessment methods. Portfolio is used on voluntary basis and international exams (NBME, IFOM) are utilized for student assessment at the end of the semesters.

Progress test was planned to start in 2023-2024 academic year.

LAUSOM widely supports the academic staff to develop their skills in assessment process and procedures by conducting CME activities.

There is an appeal system for the students regarding the process and results of the exams.

Recommendations:

We recommend the institution to:

1. Implement planned progress testing in line with educational objectives.
2. Ensure connection between student assessment data collected from multiple sources and the program competencies by programmatic assessment approach

3.2. Relation between assessment and learning: Assessment practices are compatible with the intended outcomes and methods used for teaching and learning. A certain degree of balance exists between formative and summative assessment. Students' achievement is monitored closely. Students have a chance to discuss their assessment result with their advisor and develop a plan to improve their learning outcomes.

An achievement-oriented assessment system is used in the school.

Recommendations

We recommend the institution to:

1. Ensure an alignment between the model of education, assessment methods, grading, and decisions on student advancement with a programmatic assessment approach.

4. STUDENTS

4.1 Admission Policy: LAUSOM has a well-defined admission policy and declare a clear statement on the process of selection of students. Admission process includes MMIs.

Regulation for transfer of students from other programs and institutions is defined.

4.2 Student Intake: LAUSOM determines student intake according to their infrastructure and educational manpower, and follows a policy of equality for diverse applicants. Size and nature of student intake is periodically reviewed to determine next student generations. A dialogue was started with LOP to determine student intake nationally.

Recommendations:

We recommend the institution to:

1. Continue the dialogue with LOP and other stakeholders to develop a national policy to determine the number of students to be admitted.

4.3. Student Counselling and Support: LAUSOM has an academic counselling (advisory) system where students are assigned to an advisor for the preclinical and clinical years. LAU has a mechanism for psychological counseling for the students.

Career Advising Coordinator is present and "Career Day" is planned for the upcoming academic year (Good practice).

Two types of scholarships are provided regarding students' needs and academic achievement. There are limited number of activities related to career planning.

Recommendations:

We recommend the institution to:

1. Implement the planned "career day" activity to promote career pathways to the students.

4.4. Student representation: The students are actively involved in various educational committees which plan, implement and evaluate the educational program. The school has student representation for each year.

Student activities and student organizations are limited.

Recommendations:

We recommend the institution to:

1- Increase social activities for the students (e.g. sports, music, art).
2- Encourage students to establish an independent student committee for medical education that will prepare independent student reports evaluating educational program, faculty performance, facilities etc. from the student perspective.

5. ACADEMIC STAFF/FACULTY

5.1 Recruitment and Selection Policy: There is a faculty recruitment and selection policy which considers a balance between educational, research and scientific activities according to the needs of school. The faculty has an appropriate number of academic staff for its education, research and service load. The responsibilities of the academic faculty are defined and shared. Educational and scientific activities of faculty members are monitored by department chairs (Faculty Annual Appraisal).

Basic science disciplines are not organized under departmental structure.

Recommendations:

We recommend the institution to:

1. Reconsider the creation of independent basic science departments and increasing the number of academic staff in basic medical sciences.

5.2 Staff activity and staff development: The school recognizes meritorious academic activities by giving research and teaching awards. There is an active support to the faculty for CME-CPD activities. CME-CPD participation are closely monitored and evaluated.

Essentials in Medical Education course has been implemented and an advanced course is planned to enhance teaching skills of the faculty.

Recommendations:

We recommend the institution to:

1. Sustain basic faculty development program related to medical education and implement the planned advanced course.
2. Promote the participation of faculty members in the educational activities with CME/CPD credits.
3. Consider periodic revision of the tracks to ensure proper differentiation among them. A wider definition of scholarly activity - along Boyer's definitions - may help develop more differentiated tracks for teachers and clinicians that properly recognize their contributions and talents.
4. Include the contribution of the staff to the national health system and population health in the policy for staff promotion.

6. EDUCATIONAL RESOURCES

6.1 Physical facilities: LAUSOM has a very- well equipped educational infrastructure in the main campus that is suitable for the learning outcomes and curriculum. The school has a modern and well-planned clinical simulation center which is used for students' competency development.

Students' safety has been taken into account with proper measures.

The school offers required facilities for disabled medical students.

6.2 Clinical Training Resources: LAUSOM has a main teaching hospital besides affiliated hospitals exposing the students to underprivileged and underserved patients. The main teaching hospital currently have 166 beds and there are plans to increase capacity to 300 beds. A new teaching hospital at Jounieh will be included soon for clinical training.

The students' progress in the clinical clerkships is discussed and evaluated by the clerkship coordinators in monthly held "Clerkship Directors Meetings" (Good practice)

There is a high level of coordination between teaching hospitals (good practice).

6.3-Information Technology: Electronic resources are available and accessible within the campus. There is a link for the students to directly chat with the librarian (good practice). Various information and communication technology opportunities are presented for independent learning and healthcare delivery system.

Recommendations:

We recommend the institution to:

1- Consider planning which part of the curriculum can be managed or which competencies or learning objectives can be achieved by remote learning and prepare an official document (directive, regulation etc.) to be used as a guide in development of hybrid education programs in the future

6.4-Medical Research and Scholarship: Research training is given through Population Health Classes, course on clinical research, Computational Health Informatics, a comprehensive Year Long Program (YLP) and various lectures. YLP give a chance of working collaboratively with the community-based organizations to impact the determinants of health and an experiencing team-work as well (Good practice).

A clinical research unit and Assistant Deanship for Clinical Research were established recently (Good practice).

There is a six-week research elective conducted with Iowa University.

Recommendations:

We recommend the institution to:

1. Encourage the students to participate in basic and clinical research proactively.
2. Support the faculty members' research capacity by faculty development programs and ensure more time devoted to research for faculty staff.

6. 5-Educational Expertise: There are faculty members who have gained educational expertise through training in other institutions. Presence of medical education office is an advantage for educational expertise related to faculty development and continuous update of the curriculum.

6.6. Educational Exchange: There are limited exchange routes for the students.

Recommendations:

We recommend the institution to:

1. Strive to increase number of student exchange by having collaboration with prominent faculties of medicine.

7. PROGRAM EVALUATION

7.1 Mechanisms for program monitoring and evaluation: The school has regular data collection, analysis, and reporting practices within the scope of program evaluation. These practices involve feedback from students and faculty members,

and monitoring student performances. The feedbacks are evaluated, and the reports are shared with related bodies in various settings to be used to improve different aspects of the curriculum. CIPP model is used for program evaluation.

7.2. Teacher and student feedback: Student feedback is regularly received using structured feedback forms. Feedback from the faculty members is received both verbally in the meetings and written by module review forms. Feedback from faculty members includes mainly suggestions for education program.

7.3. Performance of students and graduates: Student performances over years are evaluated by the school. Each students' performance is monitored and evaluated by the Promotion Committee and the advisor. A Personal Development Plan is used. Performances in NBME an IFOM exams are followed and the graduate performance in residency placement is evaluated.

7.4. Involvement of stakeholders: The principal stakeholders are involved in program evaluation of LAUSOM.

Recommendations:

We recommend the institution to:

1. Enhance number and diversity of external stakeholders in program evaluation practices.

8. GOVERNANCE AND ADMINISTRATION

8.1 Governance: Governance structures and functions of LAUSOM have been defined including relationships within the university. The Academic Council is

chaired by the Dean. Numerous standing committees have been appointed with representation of the principal stakeholders.

8.2-Academic Leadership: LAUSOM 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 defined.

8.3-Educational budget and resources allocation: LAUSOM has the autonomy in planning and using the budget for resourcing the curriculum. The operational budget is requested annually from the LAUSOM. Resourcing of the curriculum is the highest priority of LAU administration and educational resources are distributed regarding educational needs. Outstanding educational infrastructure and facilities are the evidences of proper use of the educational budget.

8.4. Administration and management: LAUSOM has administrative and professional staff who support implementation of the educational program. A vice-dean in collaboration with administrative manager ensures good management and resource deployment.

8.5. Interaction with the health sector: Interaction with the health sector is limited to a small-scale initiative. Collaboration between the LAUSOM and health sector includes engagement of staff in different committees of MoPH and different projects. Recent efforts have been invested to establish partnerships with WHO, LOP, other medical schools and hospitals.

Recommendations:

We recommend the institution to:

1. Realize the strategic plan content related to interaction with health sector and social accountability

9. CONTINUOUS RENEWAL

9.0 Continuous renewal: The LAUSOM has an institutional culture of continuous quality improvement. Besides regular review of the educational program, necessary curriculum reforms have been implemented in a dynamic manner over the years and the infrastructure has been renewed according to the needs of the educational program. A Strategic Plan for 2023-2028 has been prepared.

Recommendations:

We recommend the institution to:

1. Create and share an official document including strategies to be referred for maintenance of education in cases of unexpected conditions that may lead to suspension of instruction.
2. Evaluate institutional achievements in relation with the strategic plan.